Getting Started: HIV, AIDS and Gender in WFP Programmes

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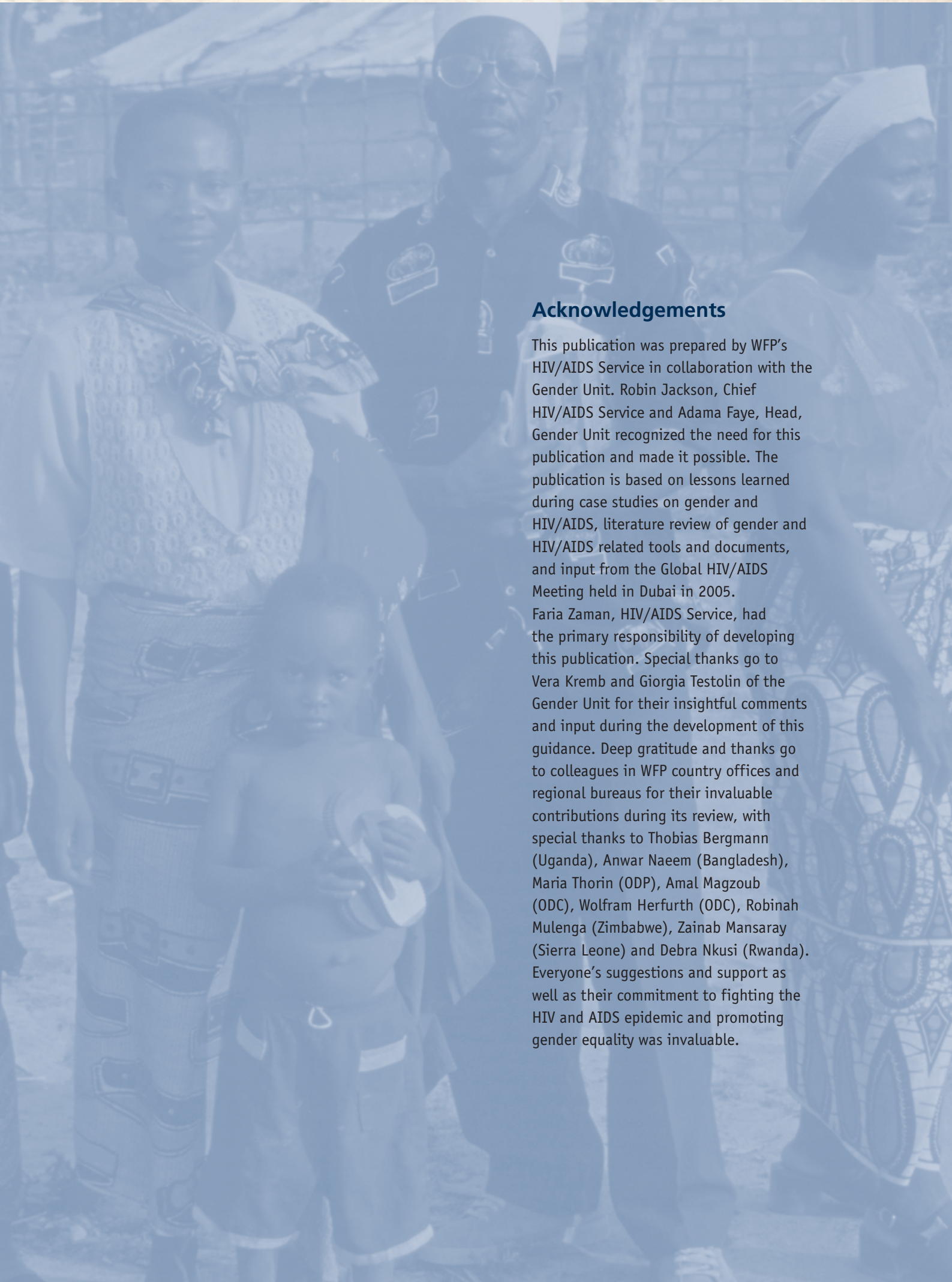

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"...gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS..."

Article 14, Declaration of Commitment on HIV/AIDS,
United Nations General Assembly Special Session on HIV/AIDS, June 2001.

Preface

Would the world have a serious AIDS epidemic today if gender inequalities were less pronounced? If more women had greater control of matters related to their reproductive and sexual health? If they enjoyed greater access to economic opportunities, resources and information, so that they would not need to resort to exploitative occupations? If more men were willing to assume responsibility for preventing HIV transmission and for caring for family members who are HIV-positive?[1] These are some questions that need to be addressed as the HIV and AIDS epidemic continues to escalate and as more and more people - particularly women and girls - become infected.

Globally there are now 17 million women and 18.7 million men between the ages of 15 and 49 living with HIV and AIDS.[2] In many societies, culture and traditional gender norms influence people's attitudes towards sex, sexuality and risk taking. The spread of HIV and AIDS is fueled by gender-based socio-cultural, legal and physiological factors. At the root of all this is gender inequality.

Gender has always been a priority for WFP. The empowerment of women and gender issues has been high on WFP's agenda since the 1985 World Conference on Women in Nairobi. Across all of its programmes including HIV- and AIDS-related interventions, WFP remains committed to work towards the United Nations and the Millennium Development Goals of gender equality.

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1 UNIFEM, 2000. "Gender, HIV and AIDS and Human Rights Training Manual."

2 UNIFEM, UNFPA and UNAIDS, 2004. "Women and AIDS: Confronting the Crisis."

HIV and AIDS has also become a priority for WFP. Since 2003, WFP has been a co-sponsor of UNAIDS and has made HIV and AIDS a priority in its work. The HIV and AIDS crisis is having a devastating effect in many of the countries in which WFP works and WFP is responding to the crisis within its mandate. WFP's approach is to use its existing food-based activities as a platform for intervention and is engaged with partners in several HIV- and AIDS-related activities. In all its operations WFP targets populations based on food insecurity and not on HIV status. WFP's HIV and AIDS interventions address i) prevention, education and awareness (reducing HIV transmission); ii) mitigation (reducing the impact of HIV and AIDS); and iii) care (providing direct support to people living with HIV and AIDS and their families). WFP's HIV and AIDS prevention education and awareness activities target school children and school teachers, beneficiaries of relief operations, people living with HIV and AIDS and their families and vulnerable communities and populations through various programmes such as school feeding, food for training, food for work, and relief operations. WFP works with governments, non-governmental organizations (NGOs) and other UN agencies to expand access to food and nutritional support for food-insecure people living with HIV and AIDS (PLWHA) and their families in care and treatment programmes. WFP's programming in support of orphans and vulnerable children (OVC) includes school feeding, take-home rations and awareness and education activities. WFP also has an HIV and AIDS workplace programme to extend HIV and AIDS awareness training to all staff worldwide.

As called for in WFP's Gender Policy, gender is being mainstreamed across all WFP programmes. However, given that WFP's HIV- and AIDS-related activities are new and still taking shape, WFP is working to understand the intersection between gender and HIV and AIDS and how gender can be more effectively integrated in the organization's efforts to address the epidemic.

This guidance document provides specific information for WFP staff and its partners about gender and HIV and AIDS to help strengthen programmes. WFP hopes to refine its approaches, to be more effective in fighting HIV and AIDS and promoting gender equality.

Section I: Introduction

Purpose

More than any other crisis, the HIV and AIDS pandemic has illustrated a need to carefully consider the cultural and traditional gender context when developing interventions. This guidance document provides key information to understand gender dimensions as they relate to HIV and AIDS and how the relative susceptibility and vulnerability to HIV and AIDS differs between men and women. It provides practical guidance on the issues that need to be examined regarding gender and HIV and AIDS within the context of WFP programmes, and offers examples of good practices from different countries on how to take action in the field. The ultimate goal of this guidance document is to enhance the overall effectiveness of WFP's programmes.

This guidance document focuses on the core areas of WFP's HIV and AIDS interventions: prevention, education and awareness; mitigation; and support to care and treatment programmes. The guidance also falls in line with and supports the implementation of WFP's Gender Policy, specifically Enhanced Commitment Women (ECW) VI, which is to ensure that gender is mainstreamed in all programming activities. While the guide does not directly address broad-based issues of gender mainstreaming and gender equality, it does, however, provide a range of ideas for country offices to learn from and consider in their efforts to address HIV and AIDS and promote gender equality.

Please note that gender issues and effective gender integration efforts will vary within and among each country or community setting. Therefore efforts should be made to adapt WFP's HIV and AIDS interventions to a particular country's or community's context.

User Guidance

It is important to note that not everything presented in this document is relevant for all country offices and regional bureaus. Country offices can pick and choose the activities appropriate to their needs and circumstances, as well as their capacity to undertake HIV and AIDS initiatives. HIV and AIDS activities vary among WFP country offices: Some country offices, such as those in sub-Saharan Africa, are more advanced in their HIV and AIDS activities, while others may not yet have HIV and AIDS activities or are about to get started. Country offices not yet implementing HIV and AIDS activities can also use this document to learn from others, to stimulate discussion and to get ideas to start up such initiatives. For country offices already implementing such activities, this document offers guidance and suggestions for improvement.

Why is it important for WFP to address gender and HIV and AIDS?

- WFP's gender policy and ECW call for gender mainstreaming throughout all programmes.
- HIV and AIDS is affecting and infecting the communities WFP works with throughout the world.
- As a co-sponsor of UNAIDS, WFP has a responsibility to work with other UNAIDS co-sponsors at the HQ, regional and country levels to help prevent new infections and care for those already infected and mitigate the impact of the epidemic.
- Programmes that have mainstreamed gender are more effective in helping to reduce the spread of HIV and AIDS.
- WFP is committed to work towards the UN and Millennium Development Goals of gender equality.
- WFP recognizes the disproportionate impact the HIV and AIDS epidemic is having on women and girls, and strongly endorses the principles of the UNAIDS Global Coalition on Women and AIDS.
- WFP comparative advantage lies within its mandate to target and access vulnerable populations with food and nutrition assistance in wide and remote locations. WFP's programmes such as school feeding, FFW/T and MCH provide platforms to integrate gender and HIV and AIDS related activities.

Overview of WFP's Gender Policy and the Enhanced Commitments to Women

In 1987 WFP established its first gender policy. Since the Fourth World Conference on Women in 1995, WFP has pursued five Commitments to Women that were linked to the critical areas of concern of the Beijing Platform of Action. The five Commitments to Women were built on the key roles women play as managers of food within their households and communities. The five Commitments were later revised in 2002 to the Enhanced Commitments to Women, which focus on strengthening and fine tuning the implementation approach to gender mainstreaming. It must be noted that at the time of developing the Gender Policy for 2003-2007 and the ECW, HIV and AIDS was not yet a priority for WFP and therefore was not addressed in the ECW. However, given that WFP is a co-sponsor of UNAIDS and HIV and AIDS is now a priority area for WFP, HIV and AIDS will be included in the next Gender Policy 2008-2013 and the ECW in 2007.

After the fourth World Conference on Women in Beijing in 1995, WFP made a conscious shift in its programmes and policies to target women as household food managers. While it remains important for WFP to focus strongly on women and girls in its programme interventions to reach its goals, it is just as critical that programmes also involve men and boys for WFP to be fully effective in its programmes, particularly it's HIV and AIDS interventions.

Mainstreaming gender in all WFP programmes is crucial. In the context of HIV and AIDS, mainstreaming gender into all WFP's HIV and AIDS activities is even more critical given that gender norms and inequalities influence all aspects of the epidemic. Integrating gender into all programmes including HIV and AIDS interventions requires an ongoing awareness and effort - it is not a one time action or simply a matter of using correct terminology. Cultivating gender sensitivity in programmes also requires strategic planning for both the short- and long-term. WFP must take the initiative to establish appropriate partnerships with governments, other UN agencies and local and international NGOs to ensure that gender is incorporated across all programmes including HIV- and AIDS-related activities. This should be done in accordance with each country's context and national HIV and AIDS and gender strategies and policies.

The Enhanced Commitments to Women 2003-2007[3]

ECW I) Meet the specific nutritional requirements of expectant and nursing mothers and—where appropriate—adolescent girls, and raise their health and nutrition awareness.

ECW II) Expand activities that enable girls to attend school.

ECW III) Ensure that women benefit at least equally from the assets created through food for training (FFT) and food for work (FFW).

ECW IV) Contribute to women's control of food in relief food distributions of household rations.

ECW V) Ensure that women are equally involved in food distribution committees and other programme-related local bodies.

ECW VI) Ensure that gender is mainstreamed in programming activities.

ECW VII) Contribute to an environment that acknowledges the important role women play in ensuring household food security and that encourages both men and women to participate in closing the gender gap.

ECW VIII) Make progress towards gender equality in staffing, opportunities and duties, and ensure that human resources policies are gender sensitive and provide possibilities for staff members to combine their personal and professional priorities.

3 WFP, October 2002. "WFP Gender Policy 2003-2007. Enhanced Commitments to Women to Ensure Food Security."

Gender Terminology

*** Gender:** *The differences between women and men within the same household and within and between cultures, which are socially and culturally constructed and change over time. These differences are reflected in roles, responsibilities, access to resources, constraints, opportunities, needs, perceptions, views, etc. held by women and men. Thus gender is not a synonym for women, but considers both women and men and their interdependent relationships.*

*** Sex:** *The biological characteristics of being male and female, which are genetically determined.*

*** Gender Mainstreaming:** *Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action—including legislation, policies 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 and societal spheres so that inequality is not perpetuated. While the ultimate goal of gender mainstreaming is to achieve gender equality, it does not exclude positive measures to narrow and close the gender gap.*

* Source: WFP Gender Glossary

Gender Dimensions: *The gender dimensions of HIV and AIDS are the gender-based economic, social, legal, cultural and physiological factors that influence all aspects of the epidemic and are intimately linked to gender inequality.*

Section II: HIV, AIDS and Gender

HIV, AIDS, Gender and Food Security

Securing access to food is one of the main challenges facing people living with HIV and AIDS. HIV and AIDS affect all aspects of household food security, including access, availability and utilization, increasing the risks of malnutrition in children and adult family members. HIV and AIDS are both a cause and a consequence of food insecurity. HIV and AIDS can cause a previously food secure household to become food insecure because it strikes the most productive members of the family, it effects available farm labour, food production decreases, less nutritious crops are planted, off-farm incomes decrease, care costs rise and the entire livelihood system is threatened.[4] Food insecurity can also result in HIV infection. When a person is hungry and has no other way to feed their family, they might turn to illegal activities such as trading their bodies for food, cash or basic necessities.[5] In conflict situations, women are often raped or forced into sex in exchange for protection—survival sex.[6]

The HIV and AIDS epidemic erodes households' and communities' capacity to produce and afford food. When affected by HIV and AIDS:

- families divest assets, savings, and income;
- children are withdrawn from school;
- less-labor intensive and less-nutritious crops are produced due to the lack of labor;
- family members are drawn away from production or income-generating activities to care for sick relatives;
- the risk of malnutrition increases among children;
- numbers of children growing up without parents increases; and
- coping mechanisms erode over time.[7]

The net effect is that households become poorer when there is AIDS in the family. Further, agricultural knowledge between generations is lost.[8] Orphaned children are growing up without the necessary transfer of agricultural knowledge and skills for their future livelihoods. The loss of productive members of the household puts a great burden on those surviving to cope with severe labor shortages and increased household responsibilities. Also, when it comes to caring for a sick family member, the burden of care is disproportionately heavy on girls and women.

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4 WFP Guidance Note: HIV and AIDS, Food Security and Food Aid, 2003.

5 WFP Guidance Note: HIV and AIDS, Food Security and Food Aid, 2003.

6 WFP Guidance Note: HIV and AIDS, Food Security and Food Aid, 2003.

7 WFP Nutrition, Food Security and HIV and AIDS information sheet, 2003.

8 WFP Nutrition, Food Security and HIV and AIDS information sheet, 2003.

The Gender Dimensions of HIV and AIDS

The gender dimensions of HIV and AIDS are the gender-based economic, social, legal, cultural and physiological factors that influence all aspects of the epidemic and are intimately linked to gender inequality. HIV and AIDS does not affect all people equally. The imbalance between female and male risks and vulnerabilities has become evident as the rates of infection continue to escalate. Women account for nearly 50% of all people living with HIV worldwide. In 2005, 17.5 million (16.2-19.3) women were living with HIV- one million more than in 2003.[9] Thirteen and a half million (12.5-15.1 million) of those women live in sub-Saharan Africa.[10] According to UNAIDS, the widening impact on women is apparent also in South and South-East Asia (where almost two million women now have HIV) and in Eastern Europe and Central Asia.[11] In sub-Saharan Africa, the worst-affected region, adult women are up to 1.3 times more likely to be infected with HIV than their male counterparts.[12] Further, young women, aged 15-24 years, are estimated to be three times more likely to be infected than young men of the same age.[13]

The vulnerability of girls and women to HIV infection stems from several factors: A biological predisposition, gender inequality, the role of power in sexual relations, women's lack of economic empowerment, mobility and access to services and information, gender based-violence and migration all contribute to the spread of HIV and AIDS. With HIV and AIDS, burdens of care and blame tend to fall on women and girls as they bear the brunt of taking care of the sick. In many situations women are blamed for their husbands' HIV-positive status; this is true in many societies where patriarchy and men's sexuality are praised.

When there is HIV and AIDS in the family, the burden is disproportionately on women and girls. The epidemic has increased women's economic and social burdens as caretakers and breadwinners, disrupting the productive/reproductive interface.[14] Time and financial constraints mean that choices must be made, many of which directly impact on women's ability to ensure their family's food security.[15] Time spent on agricultural production as well as childcare may be reduced, affecting the household's food consumption and children's nutritional status. Moreover, it is not only mothers that are affected. In some areas, there are a significant number of households headed by grandmothers and older children, often girls. Women and girls, as a result of the HIV and AIDS epidemic, often:[16]

- assume additional responsibilities such as taking car of their husbands ill with HIV and AIDS;
- take on responsibility for other people's children;
- engage in additional activities to ensure their family's food security, such as petty trade and other income-earning activities;
- engage in risky sexual behavior for cash, food or goods; and

9 UNAIDS Epidemic Update, December 2005.
10 UNAIDS Epidemic Update, December 2005.
11 UNAIDS Epidemic Update, December 2005.
12 UNAIDS Epidemic Update, December 2005.
13 UNAIDS Epidemic Update, December 2005.
14 WFP Guidance Note: HIV and AIDS, Food Security and Food Aid, 2003.
15 WFP Guidance Note: HIV and AIDS, Food Security and Food Aid, 2003.
16 WFP Guidance Note: HIV and AIDS, Food Security and Food Aid, 2003.

- girls are usually the first to be withdrawn from school to help care for the sick and support the family.

Gender inequality also leaves men vulnerable to HIV infection. For example, men tend to have more sex partners than women, thereby increasing their own and their partners' risk of infection. Men who migrate for work and live apart from their families may pay for sex.[17] Further, men who have sex with men are at particular risk because of the ease of transmission. In many countries gender roles and expectations often condone men's violence against women, grant men the power to initiate and dictate the terms of sex, and make it extremely difficult for women to protect themselves from either HIV or violence.[18] Given that men are involved in almost every case of transmission, and almost always have the power and decision-making authority, it is critical that they be engaged to prevent HIV infection.[19] In essence, men's involvement is needed to empower women to protect themselves.

Another important dimension of gender and HIV and AIDS is gender-based violence (GBV) against women and girls and sometimes boys. GBV and HIV and AIDS are inextricably linked; it is a serious human rights issue throughout the world. According to the United Nations General Assembly Declaration on the Elimination of Violence Against Women, gender violence is defined as *"Any act of gender-based violence that results in or is likely to result in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."*[20] GBV is pervasive in all societies and has serious implications for women's, girls' and boys' ability to protect themselves from HIV infection. GBV is both a cause and consequence of HIV infection.[21] For example, girls and women who are raped may be infected with HIV as a result of the rape. The fear of violence may prevent women from insisting on the use of condoms or other safe sex methods.

17 UNFPA. 2000. "Partners for Change: Enlisting Men in HIV and AIDS Prevention."

18 UNFPA. 2000. "Partners for Change: Enlisting Men in HIV and AIDS Prevention."

19 UNFPA. 2000. "Partners for Change: Enlisting Men in HIV and AIDS Prevention."

20 Declaration on the Elimination of Violence against Women, United Nations General Assembly resolution 48/104 of 20 December 1993.

21 UNIFEM, UNFPA and UNAIDS. 2004. "Women and AIDS: Confronting the Crisis."

Gender Issues Related to HIV and AIDS

Women's physiological susceptibility: Because of anatomical differences, women are many times more likely than men to contract HIV and other sexually transmitted infections.

Power imbalance between men and women: Gender norms related to sexuality often place men in dominant roles and women in subordinate roles. Unequal relations between men and women limit women's ability to control whether, when and how to engage in sexual relations.

Access to care, treatment, support and information: Men are often the main decision-makers within households, which may make it difficult for women to access resources, information and services that they need.

Women's unequal economic situation: Both married and unmarried women have comparatively limited access to and control of economic assets, which increase the likelihood of their inability to negotiate safe sex.

Burden of care and coping: Within families and communities, gender norms assign women and girls the primary role of care giver. In the context of HIV and AIDS, women's and girl's burden of care has increased, as they generally assume the burden of care for PLWHA. Girls often have to drop out of school, reducing their chances of escaping the cycle of poverty.

Gender-based violence: GBV affects both the risk of contracting HIV and the consequences of disclosing HIV status.

Socio-cultural norms: Some socio-cultural norms prevent both women and men from obtaining critical information about HIV and AIDS, such as the culture of silence and taboo around sexual matters in some cultures.

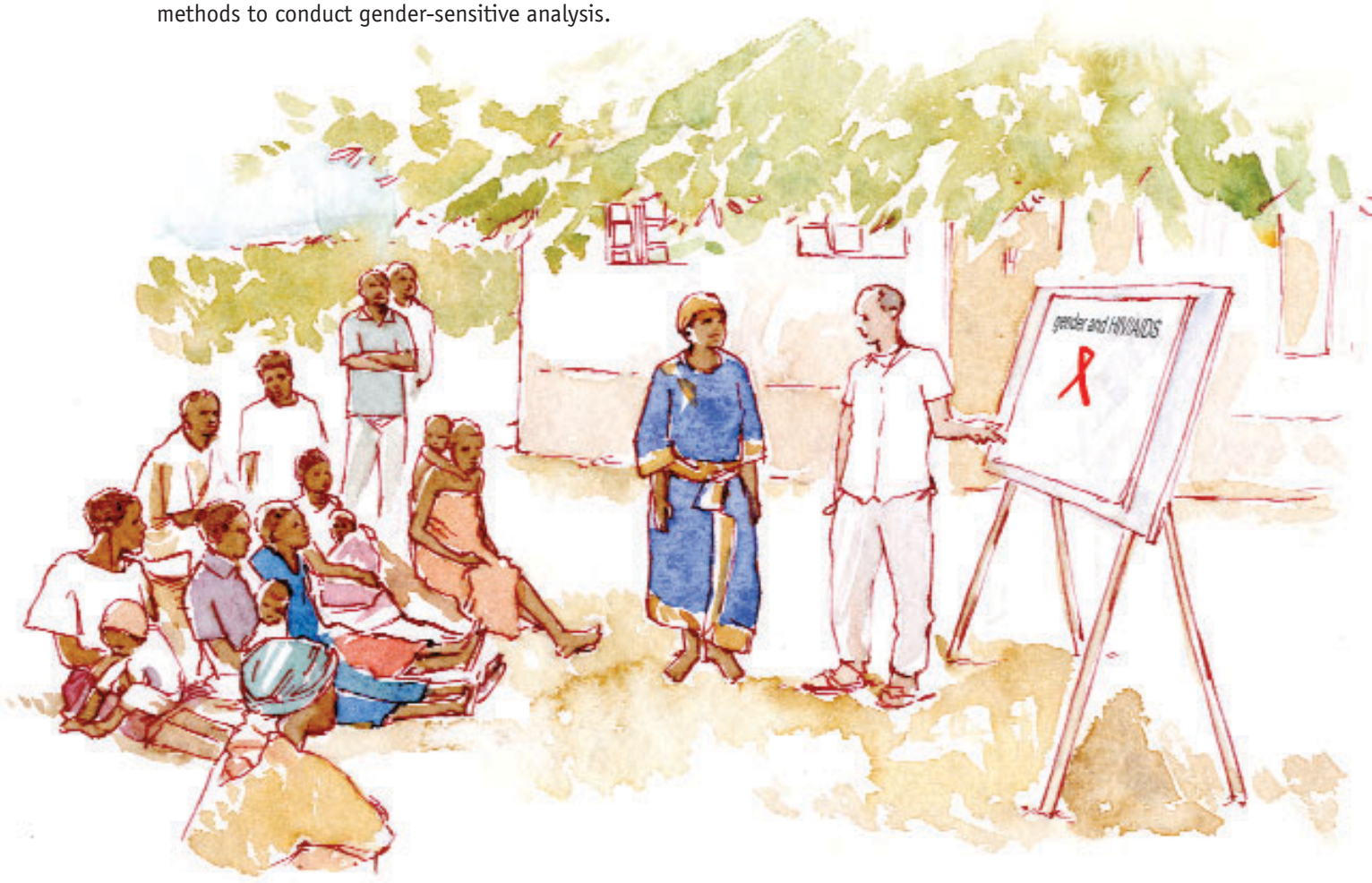
Mobility and migration: Because of limited access to employment, men sometimes have to leave their communities to seek employment. This increases vulnerability to HIV for both men and women through unprotected sex with female or male sex workers.

Gender roles: The traditional roles of men and women also contribute to behaviours that foster HIV risk or inhibit preventive action.

What is Gender Analysis in HIV and AIDS for WFP?

In order to develop effective programmes, gender analysis must be done during programme/project design, implementation, monitoring and evaluation. Gender analysis refers to the examination of a social process which considers the roles played by women and men, including issues such as the division of labor, productive and reproductive activities, access to and control over resources and benefits, and socio-economic and environmental factors that influence women and men.[22] In the context of HIV and AIDS, gender analysis will give an understanding of the dynamics in households directly affected by HIV and AIDS, communities affected by HIV and AIDS, and communities where WFP is considering introducing HIV and AIDS interventions. Gender analysis provides information, which recognizes that gender is important in understanding the different patterns of involvement, behavior and activities that women and men have in economic, social and legal structures, as well as the way women and men benefit from development programmes.

In-depth understanding of needs, social norms, roles, responsibilities, access to and control over resources, decision-making ability, and constraints of women and men and their views on the issues being addressed by the project are essential for effective programmes. To obtain a reliable gender perspective, it is essential for programmers to speak separately and directly to women and men, obtaining both qualitative and quantitative information. Focus group discussions, structured and unstructured interviews, mapping exercises, gender analysis matrices, and role playing are some methods to conduct gender-sensitive analysis.



22 WFP Gender Glossary

Examples of key questions to ask as part of gender analysis in WFP Programmes: (Please note that these questions are examples and not an exhaustive list).

- What are the different needs, roles and interests of women and men?
- Who manages food within the household?
- How is food distributed within the household?
- Who cultivates land and grows food in the household?
- What are different coping mechanisms available to men and women to lessen the risk of food insecurity for their families?
- Does the programme/project have any specific gender goals or objectives?
- What benefits do women and men gain from the WFP intervention? Are there specific positive and/or negative impacts of the programme on women and men?
- Did women and men participate in selecting and designing the programme?
- What programme activities are women and men participating in? How are they participating?
- How do access to and control of resources, information and services affect women's and men's participation in the programme/project, and do they benefit from the programme/project?
- How do gender roles (workload, time, mobility, etc.) influence the ability of women and men to participate in the project/programme?
- What are the power dynamics between women and men?
- Which decisions are made by men and which by women?
- What are social and cultural constraints and opportunities of women and men?
- What are the relations between women and men in a society, community and within the household?
- Who is the main income earner in the family? What are the income-generating opportunities and needs of men and women?
- Where is it convenient for women and/or men to collect food aid?
- Who collects food?
- Who in the household controls WFP food rations?

(Cont.) Examples of key questions to ask as part of gender analysis in the context of HIV and AIDS:

- What benefits do WFP's HIV and AIDS prevention activities have for women and for men?
- When households are affected by HIV and AIDS, what are the different coping mechanisms of women and of men? Of girls and boys?
- When households are affected by HIV and AIDS, what is the impact on girls' and boys' school attendance? Are more girls withdrawn from school?
- What are women's and men's responsibilities related to caring for PLWHA?
- What are the health risks for women and for men? How are they different and why?
- What barriers (e.g., self confidence, mobility, financial resources, and role in decision making) do women and men encounter in accessing health services and health information?
- Where do women and men go to access health services and information?
- Which communication channels would be most appropriate for women and men?
- Can women and men discuss their health problems/issues among themselves? Is this culturally accepted?
- Where could women and men go to learn more about ways to address their health concerns?
- What social networks exist in the community for men and for women? Can these networks help to address health concerns?
- What types of prevention messages are appropriate for women? What types of prevention messages are appropriate for men?
- Do the prevention messages reinforce inequitable gender roles and gender stereotypes?
- Does our information reach both women and men?
- How can we reach men and women in places where they feel comfortable gathering?
- Do the messages have positive female and male role models?
- What are the constraints women and men face in accessing messages, activities, services or products?
- What community based sensitization and awareness activities do women and men prefer?
- Do public campaigns address the issue of HIV and AIDS as one that couples are taking responsibility for together, rather than just women or just men?

What are the elements of risk for HIV and AIDS that are different for women and for men?

For females:[23]

- ♀ Physiological factors make women more susceptible than men to contracting the HIV virus.
- ♀ Inability to negotiate safe sex because men hold the power in decision-making.
- ♀ Sexual gender-based violence against women and girls.
- ♀ Conflict and post-conflict situations, which make women more likely to engage in unsafe sex for survival.
- ♀ Occupational factors, such as commercial sex work.
- ♀ Female genital mutilation (FGM).
- ♀ Wife inheritance where widows are "inherited" by their brothers-in-law or another male family member.
- ♀ Women's economic dependency on men increases their vulnerability to HIV infection.
- ♀ Gender and cultural norms.
- ♀ Early or forced marriages.
- ♀ Poverty sometimes prompts women and girls to engage in risky behavior, such as exchanging sex for gifts or money.

For males:[24]

- ♂ Occupational factors such as military, trucking, mining, etc., which separate men from their families.
- ♂ Sexual norms and practices that encourage men to have multiple sex partners.
- ♂ Men who have sex with men.
- ♂ The norm of masculinity that expects men to be knowledgeable and experienced regarding sex.
- ♂ Unhygienic circumcision practices.

23 The Gender and Development Group, the World Bank, November 2004. "Integrating Gender Issues into HIV and AIDS Programs: An Operational Guide."

24 The Gender and Development Group, the World Bank, November 2004. "Integrating Gender Issues into HIV and AIDS Programs: An Operational Guide."

What happens if we don't undertake gender analysis? What happens if it's just "business as usual?"

- Women and/or men may not benefit equally from the project.
- There could be adverse affects on women and/or men.
- Programme activities may not be appropriate for women and/or men.
- The programme may not address the needs of women and/or men.
- Men and boys may be excluded and may not receive information as much as women and girls.
- Programme activities, messages and practices may reinforce gender stereotypes.
- Women and/or men may not be able to access services or information.
- Gender roles may negatively influence the ability of women and men to participate in the programme.
- Programme results are not achieved.
- Gender analysis is an effective tool for helping to halt the epidemic; without it, the epidemic will continue to grow, disproportionately affecting women and girls.
- Ownership of the programme/activity by communities is undermined.
- Conflicts and disagreements may arise between women and men, which may lead to GBV.

Section III: Getting Started

What does WFP need to do?

The importance of partnerships

Collaboration and partnership are essential. Given that WFP's core competencies are food and logistics, it must work with other organizations and governments that bring other competencies and expertise to carry out HIV- and AIDS-related activities. Partnerships play a critical role in all of WFP's programmes: Governments, for example, usually oversee and facilitate the implementation of programmes; NGOs implement programmes, with a focus on strengthening community mobilization, monitoring activities and providing complementary inputs; and UN agencies provide technical expertise. In essence, partnerships provide invaluable help to WFP in implementing programmes, mobilizing communities, distributing food and providing expertise in areas such as gender and HIV and AIDS.

Basic actions

- Start thinking about gender and HIV and AIDS: Ask some basic questions such as, *"How can WFP through its programmes reduce the vulnerabilities of women to the epidemic?"* and *"How can WFP through its programmes reduce the burden of care on women?" How can WFP raise awareness of HIV and AIDS and gender issues in its existing programmes?" "What partners can WFP work with?"*
- Understand the current players and interventions relating to in-country HIV and AIDS activities that are taking into consideration gender issues and present WFP as a valid and willing partner in addressing gender and HIV and AIDS.
- Plan and coordinate with government ministries such as the Ministry of Women's Affairs (MOWA), Ministry of Education (MOE), Ministry of Health (MOH), national AIDS committees, national AIDS/STD programmes and local government, including district-level offices, to integrate gender into HIV and AIDS activities/interventions.

- Seek and establish partnerships with UN agencies that have expertise and experience in gender and HIV and AIDS such as UNDP, FAO, UNFPA and UNIFEM. For example, UNDP is a major player in HIV and AIDS and in many countries UNDP is implementing the Global Fund To Fight AIDS, Tuberculosis and Malaria. UNIFEM is the UN agency for gender and HIV and AIDS and has the expertise and tools to provide technical assistance. FAO is incorporating HIV and AIDS into all its programmes and is assessing impacts of HIV and AIDS on food security.
- Understand the linkages between HIV and AIDS, food security and gender.
- Advocate for the recognition of the link between HIV and AIDS and food security.
- Explore potential partnerships with other organizations: For example, community-based organizations (CBOs) and NGOs with gender and HIV and AIDS expertise that are present at the community level but not currently partners.
- Identify organizations that are implementing effective and innovative gender and HIV and AIDS activities, and work with the local government to replicate such models in communities.
- Share WFP's Gender Policy and ECW's with all partners.
- Country offices and regional bureaus that have participated in the WFP Gender Unit Training of Trainers on the Enhanced Commitments to Women should utilize their own expertise to build capacity of staff and partners on gender.
- Ensure that all programmes are well-linked and culturally appropriate.
- Involve community leaders and elders, both women and men, to help design and implement activities and mobilize communities.
- Listen to the views and opinions of communities, both women and men, to bridge gaps and address problems.

How can WFP do all this?

Gather information and initiate partnerships

- Assess development programmes in the country with regard to gender and HIV and AIDS to build knowledge and awareness. Carry out a quick background desk review on HIV and AIDS and gender to understand current progress and achievements in the national government and local government, plans for the future, and who the key players are (including UN agencies, NGOs, donors, researchers and others within the country).

- Draw on vulnerability analysis and mapping (VAM) data, as well as reports from UNAIDS, UNDP, UNIFEM, UNFPA, the government and NGOs to understand gender sensitive HIV and AIDS activities/interventions that are already in progress.
- Take stock of the HIV- and AIDS-related programmes in the country. Are there HIV- and AIDS-related activities? Is gender being mainstreamed in HIV and AIDS activities? Explore the strengths and weaknesses with regard to gender and how they can be addressed.
- Join committees such as those on women, gender and HIV and AIDS, orphans and vulnerable children, prevention of mother-to-child transmission of HIV (PMTCT) and UN theme groups on HIV and AIDS and country teams to establish WFP's presence and strengthen relationships with UN agencies.
- Initiate a meeting with the MOH and MOWA, UN agencies and NGOs to build consensus and understanding on what needs to be done and how WFP can work together to integrate gender issues related to food security and HIV and AIDS in the country.
- Set up a one-day workshop with UN agencies and NGOs to document and share experiences in gender and HIV and AIDS in the country and explore possibilities for collaboration and partnership. Include UN agencies and NGOs that have experience working with gender, women's empowerment, male involvement, PMTCT, and HIV and AIDS, and explore ways in which that expertise can be utilized and partnerships formed.
- Seek out and collaborate with organizations, which can provide complimentary services for beneficiaries, such as training in income-generating activities, information, services and resources related to other needs such as linkages to psychosocial support, self-help groups, inheritance rights, legal assistance, orphans, micro credit, employment, livelihood initiatives, etc.). Distributing food rations alone, without provision of such complimentary services by partners, will not bring about changes in society, women's empowerment and gender equality. There is a great need to link beneficiaries to networks and the wider community to access other services and information to help ensure sustainability.
- Partner with UNIFEM (where there are UNIFEM country or regional offices) to more effectively incorporate gender dimensions to address HIV and AIDS. It is strongly recommended that country offices and regional bureaus initiate discussions with UNIFEM to explore opportunities for partnership. Some potential entry points could be: Joint application for UNAIDS programme acceleration funds; joint roundtables to raise awareness of gender and HIV and AIDS among policymakers, the UN system in specific countries, and other local organizations; joint guidance papers to sensitize policy makers within partner governments on issues related to gender and HIV and AIDS.

➢ Pursue discussions with the United States Peace Corps (in countries where PC is operating) for partnership. The Peace Corps assigns volunteers to teach in rural schools and work with schools and hospitals to assist OVCs. There is potential for WFP to work with the Peace Corps in several activities such as addressing HIV and AIDS and gender issues in programmes, establishing school gardens, animal husbandry, and income-generating activities to help OVCs in the community.

➢ Work with partners to integrate strategies to address stigma, discrimination and gender-based violence across prevention and care programmes/activities.

Key questions to ask partners

- What is the government's policy on gender? What does it say about gender and HIV and AIDS?
- Are there any gender-sensitive HIV and AIDS projects that can serve as good models/practices to replicate?
- What partners are we currently working with, which have expertise in gender and/or HIV and AIDS?
- What materials (training curriculum, resources, etc.) are currently available on gender and HIV and AIDS?
- Who are the government's other partners in gender and HIV and AIDS related work and what are their activities?
- What are the existing gender-sensitive HIV and AIDS interventions in the country being implemented by the government, UN agencies, NGOs and CBOs? How widely are these programmes being implemented, and where are they located? How many individuals have been reached by these programmes to date?
- What advocacy work has been done by government agencies and NGOs specifically focusing on HIV and AIDS and gender?

Explore and initiate creative approaches

Prevention Education and Awareness Activities

- Incorporate gender dimensions of HIV and AIDS (women's physiological susceptibility), women's unequal social and economic situation, power imbalance between men and women, burden of care and coping, access to care, treatment, support and information, roles of men and women, gender norms within cultures) in all HIV- and AIDS-related awareness and prevention education activities across all programmes.
- Take a family approach by teaming together male and female community health educators to educate husbands and wives within the same family on health and gender issues in programmes that utilize community health workers such as FFW.
- Include gender awareness and HIV and AIDS prevention education at food distribution points in all programmes.
- Utilize schools and school-related entities such as school health clubs, parent-teacher associations (PTAs) and school boards to reach communities to build awareness of gender and HIV and AIDS.
- Give information on HIV prevention directly to men, not only through their wives/female partners.
- Encourage partners to design male-focused information, education and communication activities.
- Initiate advocacy campaigns with partners on GBV.

Examples of WFP'S HIV Prevention Education and Awareness Activities

Swaziland

WFP and UNFPA Training Relief Committee

WFP and UNFPA, in partnership with the Ministry of Health (MOH) are jointly implementing a project to raise awareness and understanding of HIV and AIDS, gender and related issues among communities through Relief Committees. WFP Relief Committees are composed of 11 female members and two male members and are responsible for food distribution and management. There are a total of 179 relief committees out of which 163 were trained over a four-month period beginning in May 2003. Two committee leaders from each Relief Committee participated in a five-day Training of Trainers (ToT) by UNFPA and the MOH, which included participatory methods and videos. The training modules were developed

jointly by WFP and UNFPA and covered a wide range of topics, including HIV and AIDS (including PMTCT and anti–retroviral therapy (ART), gender issues, GBV, sexual reproductive health, family planning, safe motherhood, adolescent health, child abuse and nutrition education. Following the ToTs, Relief Committee leaders were expected to train their fellow committee members, who then were supposed to educate and raise awareness among the general community at the food distribution point. The project also supplied clinics with gloves, condoms, diapers, and sheets for women to access. Information, education and communication (IEC) materials, such as posters on male involvement, family planning, adolescent health and gender-based violence, were developed and disseminated to several clinics.

Malawi

Initiative on the Prevention of Sexual Harassment

In Malawi, over 1,000 people from the government, WFP, UNICEF, NGO partners, transport managers and truck drivers were trained and sensitized on Protection of Women and Children against Sexual Exploitation and Abuse in Humanitarian Operations. Flyers and posters in local languages were also distributed in schools, food distribution points and maternal child health programmes. WFP contracted a local NGO that specializes in communication to issue a special programme on Capital Radio on the respective theme, which reached a large number of Malawians, especially in rural areas. WFP's partners embarked on other sensitization activities to further disseminate the message: Save the Children UK sensitized 55,000 beneficiaries during food distributions; Oxfam and Malawi Red Cross presented plays to beneficiaries; GOAL trained traditional authorities so that local leaders have a common understanding on the issue and could help prevent these incidents from occurring.

Leadership Skills, Gender, HIV and AIDS Training of Trainers

The Malawi country office developed an integrated training of trainers manual, which aims to build capacity and enhance training skills to conduct leadership training for women and men at the grassroots level. In early 2005 all WFP partners and district school feeding coordinators were trained, then the same training was rolled out in communities and approximately 250 community members were trained. The main thematic areas of the manual include: ToT skills, gender, gender and HIV and AIDS, leadership skills, and community participatory decision-making.

Wellness Centers for Transport Workers

In order to safeguard the health and well-being of transporters and local communities they come into contact with, in 2005 WFP and TNT, a global leader in transport and

logistics, started a pilot project aimed at reducing the spread of HIV and sexually - transmitted infections (STIs) along the transport corridors. WFP is dependent upon a reliable and efficient transport sector to deliver humanitarian support throughout the region. Services provided at the Wellness Centers are free and available at convenient hours and include: Information and education on reproductive health, HIV/AIDS and STIs diagnosis, and treatment of STIs and minor ailments. The first phase of the project involves two Wellness Centers in Malawi, one container-based centre situated in Mwanza on the Malawi-Mozambique border point and another in the WFP warehouse in Blantyre. The second phase of the project will see the scale-up of services and expansion to the Mozambican port of Beira and the Beira-Tete corridor. This initiative addresses gender issues by involving men and making them aware of HIV/AIDS and STIs and encouraging them to be responsible for their own health and the health of their partners.

Peru

The project "Mejorando la Salud y la alimentación de familias afectadas por el VIH/SIDA" assists men and women living with HIV and AIDS as well as their children. The project supports the work of "Solas y Unidas" (Alone and Together) - an organization that was formed in 1995 to help women living with HIV and AIDS by providing vocational training, literacy and leadership training while also providing recreational and educational services for their children.

Sierra Leone

WFP Sierra Leone country office has established a successful track record of contributing to women's empowerment and taking a gender approach in its work. The country office is mainstreaming gender issues into its HIV/AIDS awareness and sensitization activities. For example, HIV and AIDS and gender awareness training is done in refugee camps. Further, the country office has developed a facilitator's manual on HIV and AIDS, sexual gender-based violence and gender issues. The manual is being used to train partners to implement awareness sessions. The country office has also included a clause in all MOUs, which states that partners are required to undertake prevention and awareness activities for project beneficiaries in all programmes.

Mozambique

Food for Training - HIV and AIDS Activists - *Magude Seat*
This programme involves training 'activists' in HIV and AIDS awareness, care and support for PLWHA. Activists are community members or representatives of NGOs and are responsible for collecting funds, providing care and support to PLWHA, and educating communities about HIV and AIDS. For example, in one programme, a young female activist addressed the community about myths associated with HIV and AIDS, the importance of testing, and how to support to HIV-positive family members. WFP provides food rations to the activists who participate in training and train others in individual homes and in public forums. As the latter takes about three days, activists are compensated with food for the lost income opportunity. This is especially helpful for women activists who carry the greater burden of care.

India

Food for Health and Development Project (FFHD)
The Food for Human Development project is a FFW project, with which WFP has integrated a prevention education component to raise awareness among beneficiaries of HIV and AIDS and gender issues. It is using female community health workers called *Swasthya Sevikas* to educate women's self help groups on HIV and AIDS, safe motherhood and other related issues. The *Swasthya Sevikas* are virtually the sole source of information on health and nutrition for women in remote tribal communities. *Sevikas* are well respected and accepted within communities. Beneficiaries reported many positive impacts in their daily lives. For example, one self-help group member recently visited a pharmacy where the pharmacist tried to pass off used needles to her. She refused the dirty needles and told the pharmacist to provide new clean needles to avoid possible HIV transmission.

Other examples

In Sudan, HIV and AIDS awareness raising is being conducted by WFP partners for women attending supplementary feeding centers.

In Bangladesh, WFP in collaboration with its partner Family Health International developed a training module on HIV and AIDS. Beneficiaries and partner NGOs participated in the training process. The module will be an essential part of the regular training package for beneficiaries.

Mitigation Activities

- Utilize peers to impart information about social and health issues to other peers in projects that target adolescents. Peer education is a very effective teaching and learning mechanism that could be replicated in projects, which focus on adolescents.
- Take a gendered approach towards life skills training, which would help to break down gender - based stereotypes. For example, projects that target adolescents should provide all types of training to both boys and girls, regardless of their perceived gender roles.

An example of WFP's Mitigation Activities

Junior Farmer Field and Life Schools

WFP, in collaboration with FAO, is developing and implementing Junior Farmer Field and Life Schools (JFFLS) in Mozambique and several other countries in Africa. The main objective of the schools is to empower children to handle their futures, improve their livelihoods and become able agents of their own change. The JFFLS seek to institute gender equality attitudes and improve children's nutrition, agriculture knowledge, life skills and self-esteem, thereby reducing the chance of pursuing HIV-risky survival strategies. In each country, orphans and vulnerable children from 12-17 years of age are trained for 12 months using a combination of traditional and modern agricultural techniques. An equal number of girls and boys learn about field preparation, sowing, etc. and entrepreneurship. In addition, the schools enhance children's life skills through drama and other techniques. Participatory educational theatre establishes bridges with the community and explores sensitive issues such as health and psycho-social problems, children's rights, gender roles in agriculture and HIV and AIDS. It provides meaningful communication and enables the children to build trust, explore risks, solve problems and develop more gender-equal attitudes.

Treatment, Care and Support (PMTCT, ART, Tuberculosis (TB), Home-Based Care (HBC) Activities

- Increase male involvement in care, treatment and support-related activities. As it stands now, WFP tends to be more women-focused in terms of its approaches and dissemination of food and information. While it is imperative that women's needs are addressed and met, it is also essential to give adequate attention to meet the needs of men, particularly within the context of HIV and AIDS. WFP should put forth efforts to increase male involvement in HIV- and AIDS-related activities. This can be done, for example, by enhancing and strengthening awareness and training for men, involving men as caregivers in home-based care and encouraging their participation in PMTCT programmes.
- Involve men in PMTCT programmes by including them in awareness-raising at food distribution sites and couples counseling. One possible entry point is partnership with the Elizabeth Glaser Foundation, which is implementing PMTCT programmes in several countries and working to involve men in such initiatives.
- In collaboration with partners such as UNIFEM, UNFPA and others, develop approaches that reach men with needed information and services through MCH, PMTCT and other programmes.

- Work with partners to make PMTCT and MCH programmes gender-informed by developing approaches that reach men with needed information and services, and by promoting community-based participation, education and mobilization to increase knowledge about MCH and PMTCT programmes and promote understanding of these programmes as the equal responsibility of men and the community.
- Work with partners to train men as caregivers in HBC activities to help relieve burden of care from women and girls.
- Work with partners to consider the interests of men when planning couples counselling, such as including topics of relevance to men.
- Encourage and work with partners to have community dialogue on HIV and AIDS and PMTCT and to include these perspectives in PMTCT program design and implementation. Community perceptions and stigma strongly influence PMTCT programmes, hence it is very important to consider and involve communities.
- Work with partners to promote broader community and male involvement in care-taking norms.

Examples of WFP's Support to Care and Treatment Programmes

Zimbabwe

Male Involvement in Home-Based Care (Africare)
WFP is partners with the international NGO Africare. WFP supports Africare's home-based care programme, which has a strong gender focus. The male involvement initiative within the HBC programme emerged from the realization that women were shouldering the burden of care for sick family and relatives. In the absence of ART in most poor settings, women were already experiencing burnout. To lighten the burden of care on women, Africare embarked on training men as caregivers. The male caregivers initially targeted only male clients to assist with bathing clients where there was a need. At first men were unable or reluctant to provide the same type of care and support to female clients, this challenge led to the recruitment of female volunteers. Village units in the project site are now served by teams of 40 caregivers with an equal gender balance. Both men and women volunteers have access to bicycles to enable them to visit homes, which are generally spaced out in rural areas. This initiative has indeed challenged the myth that men cannot provide care for the sick. It has also reduced the burden of care on women.

Male Involvement in PMTCT Programmes
In one particular PMTCT programme, health personnel encourage husbands to help their wives carry food rations during the third trimester (6-9 months) of pregnancy. The programme observed that men were not only helping their wives carry rations home, some men also joined PMTCT support groups. This kind of male involvement has helped support women who have disclosed their positive status.

Other examples

In **Cambodia**, WFP partners provide IGA training, micro-credit, literacy and numeracy training to household members of PLWHA, who are mostly women.
In **Malawi**, WFP and its partners are advocating for men's involvement in HBC and are sensitizing men on gender issues and HIV and AIDS.

What if a country or region doesn't have HIV and AIDS activities yet and wants to get started? What can they do?

Beginner steps:

- Understand the epidemic in your region/country (prevalence, issues, trends, modes of transmission, etc.). Collect baseline information about the problems/issues and make sure gender-disaggregated data and gender issues are part of the process.
- Identify and understand the key gender issues in the country/region. Utilize existing information and other organizations to access this information. For example, UNAIDS, UNFPA, UNICEF and UNIFEM would be good starting points.
- Refer to other HIV- and AIDS-related guidance documents produced by WFP such as Getting Started: HIV Prevention in School Feeding Programmes, Getting Started: Transport Workers and Getting Started: PMTCT. Draw on examples and lessons learned from these guidance documents to get ideas and an understanding of how things can work.
- Initiate a meeting on HIV and AIDS and gender with WFP senior management and decision-makers in your office. Discuss how your office plans to integrate HIV and AIDS activities into current programmes and identify your priorities. You will need their support in the future, so it is important that they appreciate your role and responsibilities as focal point.
- Keep Headquarters and regional office focal points informed about what you are doing so that they can provide information and support as needed. Establish relationships with people who can support you in these offices. Feel free to call on the HIV and AIDS Service and the Gender Unit for assistance and support.
- Build a network among local and international colleagues to help support HIV and AIDS and gender activities.
- Start with something that can be relatively easy to mainstream into existing WFP activities. For example: Mainstreaming HIV awareness into WFP programming could be an easy add-on to existing programmes. WFP's activities in rural areas offer an ideal platform and outreach for partners to conduct awareness activities. Prevention and awareness and community sensitization can be integrated into FFT and FFW programmes. Further, MCH activities lend themselves for including prevention messages into nutrition and health counseling and training. In countries that have school feeding projects, WFP can advocate for prevention education in schools, partnering with UNICEF or others. Ideally, partnerships should be established without additional costs to WFP, but based on mutual benefits and synergies.
- Find out what other organizations in the region/country are doing to help address HIV and AIDS. Are they mainstreaming gender in HIV and AIDS work? Are any of these organizations already a partner of WFP? How can WFP help support those initiatives?

- Make a list of potential partners and set up meetings to discuss with them their HIV and AIDS activities and potential collaboration together. Identify expertise in country to help WFP start up HIV and AIDS activities such as prevention education and awareness.

These suggestions will help open the door to starting HIV and AIDS activities and taking gender into consideration in these activities. As your country/region makes progress, you can refer to the other suggestions and ideas presented in this document.

Key Concluding Points

➢ Recognize the valuable role WFP has to play in the fight against HIV and AIDS and promoting gender equality.

➢ WFP's approach should focus on engaging with those initiatives that already exist at grassroots level, carried out by both women and men.

➢ Ensure that gender-sensitive HIV and AIDS activities are in line with the government's vision.

➢ Conduct gender analysis in programme design, implementation, monitoring and evaluation.

➢ Put forth greater efforts to involve men and boys.

➢ Establish new partnerships and strengthen existing ones in order to integrate gender issues into HIV and AIDS activities across WFP's programmes.

➢ Explore potential opportunities and entry points with new partners such as other UN agencies and NGOs to integrate gender issues in HIV and AIDS activities.

➢ Launch pilot activities within current programmes.

➢ Initiate periodic exchanges with partners to help facilitate a timely response to overcome obstacles and move forward.

➢ Be flexible and consider partners' suggestions in addressing challenges.

➢ Utilize experiences, expertise and the resources of other organizations and partners to integrate gender and HIV and AIDS in WFP programmes.

Section IV: Additional Information

Gender, HIV- and AIDS-Related Resources

BRIDGE-Gender and Development in Brief. Issue 11: Gender and HIV and AIDS
www.ids.ac.uk/bridge/dgb11.hmtl

BRIDGE-Cutting Edge Pack: Gender and HIV/AIDS. www.ids.ac.uk/bridge/dgb11.hmtl

Engenderhealth. http://www.engenderhealth.org

Johns Hopkins University Center for Communication Programs (JHU/CCP) 2002. "The Gender Guide for Health Communication Programs." Zaman, Faria, and Dr. Underwood, Carol

Stepping Stones – Gender, Sexual Health, HIV and AIDS, Gender Violence
www.mrc.ac.za/gender/stepping.htm

The Gender-AIDS listserv. Gender-AIDS is an international forum on issues around gender and HIV and AIDS moderated by the Health & Development Networks Moderation Team. To subscribe to the listserv, go to www.hdnet.org

The Gender and Development Group, the World Bank, November 2004. "Integrating Gender Issues into HIV and AIDS Programs: An Operational Guide."

UNAIDS Global Coalition on Women and AIDS: A UNAIDS Sponsored Initiative
womenandaids.unaids.org

UNIFEM Gender and HIV Web Portal, accessible at http://www.genderandaids.org

UNIFEM, UNFPA and UNAIDS. 2004. "Women and AIDS: Confronting the Crisis."

USAID Interagency Gender Working Group (IGWG). May 2004. "How to Integrate Gender into HIV and AIDS Programs: Using Lessons Learned from USAID and Partner organizations." The IGWG offers a range of gender-related tools and materials. To access these materials online, please visit the IGWG website at http://www.igwg.org

WFP Rome, Italy, March 2005. "Integrating Gender Perspective into Vulnerability Analysis." ODAV (VAM)

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Johns Hopkins University Center for Communication Programs (JHU/CCP) 2002. "The Gender Guide for Health Communication Programs." Zaman, Faria and Dr. Underwood, Carol

The World Bank Gender and Development Group, November 2004. "Integrating Gender Issues into HIV and AIDS Programs: An Operational Guide."

UNAIDS Epidemic Update, December 2005

UNFPA. 2000. "Partners for Change: Enlisting Men in HIV and AIDS Prevention."

UNIFEM. 2000. "Gender, HIV and AIDS and Human Rights Training Manual."

UNIFEM, UNFPA and UNAIDS. 2004. "Women and AIDS: Confronting the Crisis."

USAID Interagency Gender Working Group (IGWG). May 2004. "How to Integrate Gender into HIV and AIDS Programs: Using Lessons Learned from USAID and Partner Organizations."

WFP 2005. "Integrating Gender Dimensions and Prevention Education to Address HIV and AIDS in WFP Programmes: Entry Points and Opportunities in India." Zaman, Faria and Ali-Khan, Fatima

WFP 2005. "Integrating Gender Dimensions and Prevention Education to Address HIV and AIDS in WFP Programmes: Entry Points and Opportunities in Sierra Leone." Zaman, Faria and Ndjiaye, Maguette

WFP 2005. "Integrating Gender Dimensions and Prevention Education to Address HIV and AIDS in WFP Programmes: Entry Points and Opportunities in Swaziland." Zaman, Faria and Ali-Khan, Fatima

WFP. October 2002. "WFP Gender Policy 2003-2007. Enhanced Commitments to Women to Ensure Food Security."

WFP 2005. Key Outputs: Gender and HIV and AIDS Session - HIV and AIDS Global Meeting, Dubai October 2005

WFP Gender Glossary

WFP Guidance Note: HIV and AIDS, Food Security and Food Aid 2003

WFP Nutrition, Food Security and HIV and AIDS Info Sheet 2003

Glossary of HIV, AIDS and gender-related terms

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
The most severe manifestation of infection with the human immunodeficiency virus (HIV). The Centre for Disease Control and Prevention (CDC) lists numerous opportunistic infections and cancers that in the presence of HIV infection constitute an AIDS diagnosis. There are also instances of presumptive diagnoses when a person's HIV status is unknown or not sought. This was especially true before 1985, when there was no HIV-antibody test. In 1993, CDC expanded the criteria for an AIDS diagnosis to include CD4+ T-cell count at or below 200 cells per micro litre in the presence of HIV infection. In persons aged five and older with normally functioning immune systems, CD4+ T-cell counts usually range from 500 to 1,500 cells per micro litre. PLWHA often have infections of the lungs (TB, pneumonia), brain, eyes and other organs, and frequently suffer debilitating weight loss, diarrhoea and a type of cancer called Kaposi's sarcoma. AIDS is a syndrome, so it is incorrect to refer to it as the AIDS virus.

ANTIRETROVIRAL DRUGS (ARVs)
Refers to the drugs used against HIV infection. Different classes of antiretroviral drugs affect HIV at different stages of its cycle.

ANTIRETROVIRAL THERAPY (ART)
A treatment that suppresses or stops a retrovirus, in this case, HIV.

GENDER
The differences between women and men within the same household and within and between cultures that are socially and culturally constructed and change over time. These differences are reflected in roles, responsibilities, access to resources, constraints, opportunities, needs, perceptions, views, etc. held by women and men. Thus gender is not a synonym for women, but considers both women and men and their interdependent relationships.

GENDER ANALYSIS
Gender analysis refers to the examination of a social process which considers the roles played by women and men, including issues such as the division of labour, productive and reproductive activities, access to and control over resources and benefits and socio-economic and environmental factors that influence women and men

GENDER DIMENSIONS of HIV and AIDS
The gender dimensions of HIV and AIDS are the gender-based economic, social, legal, cultural and physiological factors that influence all aspects of the epidemic and are intimately linked to gender inequality.

GENDER EQUALITY
A term which reflects an equal sharing of power between women and men, in their equal access to education, health, administrative and managerial positions, equal pay for work of equal value and equal seats in parliament, among others.

GENDER EQUITY
The fair distribution of resources and benefits between women and men, according to cultural norms and values. This concept has different implications in different countries

because it is based on different cultural standards. It is usually based on the traditional perception that women and men do not necessarily have the same needs and rights.

GENDER MAINSTREAMING
Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action—including legislation, policies 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 and societal spheres so that inequality is not perpetuated. While the ultimate goal of gender mainstreaming is to achieve gender equality, it does not exclude positive measures to narrow and close the gender gap.

GENDER SENSITIVITY
Understanding and consideration for socio-cultural factors underlying sex-based discrimination. Gender-sensitive planning uses specific methods and tools to provide women and girls more opportunities for their participation in the development process and to measure the impact of planned activities on women and men.

GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA (GFATM)
GFATM, established in 2001, is an independent public-private partnership. It is the largest global fund in the health domain, with over US$2 billion currently committed. The purpose of the Fund is to attract, manage and disburse additional resources to make a sustainable and significant contribution to mitigate the impact of HIV/AIDS, tuberculosis and malaria in countries in need, while contributing to poverty reduction as part of the Millennium Development Goals.

HIV-INFECTED
As distinct from HIV-positive, which can sometimes be a false positive test result, especially in infants of up to 18 months of age, the term HIV-infected is usually used to indicate that evidence of HIV has been found via a blood or tissue test.

HIV-NEGATIVE
Showing no evidence of infection with HIV, for example absence of antibodies against HIV, in a blood or tissue test. Synonymous with "seronegative."

HIV-POSITIVE
Showing indications of infection with HIV, for example presence of antibodies against HIV, in a test of blood or tissue. Synonymous with seropositive. Tests may occasionally show false positive results.

HUMAN IMMUNODEFICIENCY VIRUS (HIV)
The virus that weakens the immune system, ultimately leading to AIDS. Since HIV means "human immunodeficiency virus," it is redundant to refer to the HIV virus.

OPPORTUNISTIC INFECTIONS
Illnesses caused by various organisms, some of which usually do not cause disease in people with healthy immune systems. People living

with advanced HIV infection suffer opportunistic infections of the lungs, brain, eyes and other organs. Opportunistic infections common in persons diagnosed with AIDS include TB, pneumonia, parasitic, viral and fungal infections and some types of cancers.

ORPHANS
UNAIDS defines an orphan as any child under age 15 who has lost one or both parents. In the context of HIV/AIDS, it is preferable to say "children orphaned by AIDS" or "orphans and other children made vulnerable by HIV/AIDS." Referring to these children as "AIDS orphans" not only stigmatizes them but also labels them as HIV-positive, which they may not necessarily be. Identifying a person by his or her medical condition alone also shows a lack of respect for the individual.

PEOPLE LIVING WITH HIV/AIDS (PLWHA)
With reference to those living with HIV/AIDS, it is preferable to avoid certain terms: "AIDS patient" should only be used in a medical context – most of the time, a person with AIDS is not in the role of patient; the term "AIDS victim" or "AIDS sufferer" implies that the individual in question is powerless, with no control over his or her life. It is preferable to use "people living with HIV/AIDS," or "PLWHA," since this reflects the fact that an infected person may continue to live well and productively for many years. Referring to PLWHA as innocent victims – it is often used to describe HIV-positive children or people who have acquired HIV medically – wrongly implies that people infected in other ways are somehow deserving of punishment. It is preferable to use "PLWHA," or "people with medically acquired HIV," or "children with HIV."

PERINATAL (MOTHER-TO-CHILD) TRANSMISSION
Transmission of HIV from mother to baby during pregnancy, at birth or through breast-feeding. Also sometimes referred to as vertical transmission. Ninety percent of children reported with AIDS acquired HIV infection from their HIV-infected mothers.

PLWHA
Acronym for "people living with HIV/AIDS."

PREVALENCE RATE
Usually given as a percentage, HIV prevalence refers to the proportion of individuals in a population who have HIV at a specific point in time. UNAIDS normally reports HIV prevalence among adults aged 15–49.

SEX
The biological characteristics of being male and female, which are genetically determined.

SEXUALLY TRANSMITTED INFECTION (STI)
Also called venereal disease (VD), an older public health term, or sexually transmitted diseases (STDs). Sexually transmitted infections are spread by the transfer of organisms from person to person during sexual contact. The complexity and scope of STIs have increased dramatically since the 1980s: More than 20 organisms and syndromes are now recognized as belonging in this category.

SEX WORKER
This term is preferable to "prostitute" and "commercial sex worker," which have negative connotations. The term "sex worker" is non-judgemental and recognizes the fact that people sell their bodies as a means of survival or to earn a living.

TRANSMISSION
HIV is spread most commonly by unprotected sexual contact with an infected partner. The likelihood of transmission is increased by the presence of other sexually transmitted diseases that cause ulcers or inflammation. HIV is also spread through contact with infected blood, most often by sharing drug needles or syringes contaminated with minute quantities of blood containing the virus. Children can contract HIV from their infected mothers during pregnancy, at birth or through breast-feeding. In places that lack adequate screening measures, HIV can be transmitted by transfusion of blood or blood products.

WOMEN'S EMPOWERMENT
Improving the status of women also enhances their decision-making capacity at all levels, especially as it relates to their sexuality and reproductive and sexual health. Experience and research show that reproductive and sexual health programmes are more effective when they take steps to improve the status of women. Programmatic efforts that empower women provide an enabling environment for broadened, linked services that account for the social, political, psychological, economic, and sexual dimensions of women's health and well-being.

List of Acronyms:

AIDS: Acquired Immune Deficiency Syndrome

ART: anti-retroviral therapy

CBO: community-based organization

ECW: enhanced commitments to women

FAO: Food and Agriculture Organization

FGM: Female Genital Mutilation

FFT: food for training

FFW: food for work

GBV: gender-based violence

HIV: Human Immunodeficiency Virus

HBC: home-based care

IDPs: internally displaced persons

IEC: information education communication

IGA: income-generating activities

JFFLS: junior farmer field life schools

MCH: maternal child health

MDG: Millennium Development Goals

MOE: Ministry of Education

MOH: Ministry of Health

MOWA: Ministry of Women's Affairs

MOU: memorandum of understanding

NGO: non-governmental organization

OVC: orphans and vulnerable children

PTA: parent/teacher association

PLWHA: people living with HIV/AIDS

PMTCT: prevention of mother-to-child transmission of HIV

SF: school feeding

STI: sexually transmitted infections

TB: tuberculosis

TNT: Thomas Nationwide Transport

TOT: training of trainers

UK: United Kingdom

UN: United Nations

UNAIDS: The Joint United Nations Programme on AIDS

UNDP: United Nations Development Programme

UNFPA: United Nations Fund for Population Activities

UNICEF: United Nations Children's Fund

UNIFEM: United Nations Fund for Women

VAM: vulnerability analysis mapping

WFP: The World Food Programme

WV: World Vision

Photo credits: Far left and upper right corner – Andrew Thorne-Lyman (WFP). Lower right and center – Fatima Ali-Khan

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