



**United Nations Economic Commission for Africa
African Centre for Gender and Social Development (ACGS)**

**COMPILATION OF BEST PRACTICES ON GENDER MAINSTREAMING
IN HIV/AIDS PROGRAMMING DERIVED FROM THE ENGENDERING
OF THE NIGERIAN NATIONAL STRATEGIC FRAMEWORK (NSF)**

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Table of contents

1	INTRODUCTION/BACKGROUND	1
1.1	Macroeconomic profile	2
1.2	Nigeria’s progress towards gender equality.....	2
1.3	Context	3
2	METHODOLOGY.....	4
3	PROFILE OF CASE STUDIES:	4
4	SELECTED BEST PRACTICES ON MAINSTREAMING GENDER AND HIV/AIDS	5
4.1	Federal-level government case studies	5
	Case study 1: Gender Technical Committee	5
	Case study 2: Engendering the NSF	5
	Case study 3: National Women Coalition on AIDS (NAWOCA).....	6
	Case study 4: National Human Rights Commission	7
	Case study 5: Federal Ministry of Women Affairs.....	8
4.2	Sub-national/State-level government case studies	9
5	EFFORTS OF DEVELOPMENT PARTNERS	10
5.1.	Selection of partner-supported case studies.....	10
	Case study 6: Engendering ICASA 2005.....	10
	Case study 7: UNIFEM Enugu Counselling.....	11
	Case study 8: UNIFEM Policy Appraisal.....	11
	Case study 9: CIDA NARF	11
6	CIVIL SOCIETY GENDER AND HIV/AIDS INTERVENTIONS	13
6.1	International NGOs	13
	Case study 10: Engendering Care and Support Efforts	13
	Case study 11: Gender, HIV/AIDS and the Workers Union	13
	Case study 12: Sexual and Reproductive Right Initiative	14
	Case study 13: “The Women Won’t Wait Campaign”	14
	Case study 14: Improving Quality of Life of PLWHA.....	15
6.2	Local NGO interventions.....	16
	Case study 15: CISHAN.....	16
	Case study 16: NEPWHAN.....	16
	Case study 17: JAAIDS	17
	Case study 18: SWAAN.....	17
	Case study 19: Alliance Right Nigeria.....	17
	Case study 20: Inter-Gender.....	17
7	ESTIMATED PROGRESS AND RESULTS FROM MAINSTREAMING GENDER IN THE NSF	17
8	LESSONS LEARNED.....	18
9	CONCLUSIONS AND RECOMMENDATIONS	19
	ANNEX 1-3	21
	REFERENCES	28

LIST OF ACRONYMS

ACHPR	African Charter on Human and Peoples Rights
AIDS	Acquired Immune deficiency Syndrome
ART	Anti Retroviral Therapy
CBO	Community-Based Organizations
CCA	Community Change Agents
CCE	Consultative Constituent Entity
CEDAW	Convention for the Elimination of all Forms of Discrimination against Women
CEDPA	Centre for Development and Population Activities
CIDA	Canadian International Development Agency
CiSHAN	Civil Society Network on HIV/AIDS in Nigeria
DCGG	Donor Coordinating Group on Gender
DFID	British Department for International Development
DPG	Development Partners Group
ECA	Economic Commission for Africa
ECOWAS	Economic Commission of West African States
EFA	Education for all
ETG	Extended Theme Group
FCT	Federal Capital Territory
FMOH	Federal Ministry of Health
GHI	Gender and Human Rights in HIV/AIDS Initiative
GP	General Population
GTC	Gender Technical Committee
GTT	Global Task Team
GWG	Gender Working Group
HC	Health Care
HCT	HIV Counseling and Testing
HEAP	HIV Emergency Action Plan
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and STIs in Africa
IEC	Information Education and Communication
ILO	International Labour Organization
IOM	International Organization for Migration
JAAIDS	Journalists Against AIDS
JFA	Joint Financing Agreement
LACA	Local Agency for the Control of AIDS
LGA	Local Government Authority
MAP	Multi-Country AIDS Programme
MDGs	Millennium Development Goals
MIS	Management Information System
NGOs	Non-Governmental Organizations
NACA	National Agency for the Control of AIDS
NAPEP	National Poverty Eradication Programme
NARF	Nigerian AIDS Response Fund
NAWOCA	National Women's Coalition on AIDS
NBA	Nigerian Bar Association
NCF	National Consultative Forum
NDE	National Directorate of Employment
NEC	National Executive Council
NEEDS	National Economic Empowerment and Development Strategy

NEPAD	New Partnership for African's Development
NEPWHAN	Network of People Living with HIV and AIDS in Nigeria
NERB	National Ethics Review Board
NGP	National Gender Policy
NHRC	National Human Rights Commission
NNRIMS	Nigeria National Response Information Management System
NPF	National Partnership Forum
NRR	National Response Review
NSF	National Strategic Framework
NURTW	National Union of Road Transport Workers
NYNetHA	Nigerian Youth Network on HIV/AIDS
OVC	Orphans and Vulnerable Children
OYSWOCA	Oyo State Women Coalition on AIDS
PABA	People Affected by AIDS
PAC	Project Action Committee
PE	Peer Educators
PEP	Peer Education Plus
PEPFAR	President's Emergency Plan for AIDS Relief
PLA	People Living with AIDS
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother To-Child Transmission
RH	Reproductive Health
PO	Project Officer
PSI	Population Services International
PSRHH	Promoting Sexual and Reproductive Health for HIV/AIDS Reduction
SACA	State Agency for the Control of AIDS
SEEDS	State Economic Empowerment and Development Strategies
SFH	Society for Family Health
SMEDAN	Small and Medium Enterprises Development Agency
SSP	State Strategic Plan
TWG	Technical Working Group
UNDP	United Nations Development Programme
UNGA	United Nations General Assembly
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
VCT	Voluntary Counselling and Testing

1. INTRODUCTION/BACKGROUND

1. Nigeria is the most populous country on the continent of Africa, with a population of 140 million and a GDP second only to South Africa's. The country as depicted in the map in figure 1 is a multi-ethnic federation divided into 36 States and the Federal Capital Territory of Abuja. There are more than 250 ethno-linguistic groups dotting the large expanse of the country, but the three dominant groups are the Hausas living in the North, the Ibos in the south-east, and the Yorubas in the south-west.

Figure 1: Map of Nigeria with 36 states



Source: http://www.waado.org/nigerdelta/Maps/Nigeria_States.html

2. Several years of military rule characterized by poor economic management contributed to setbacks which cost Nigeria valuable opportunities for investment in both human and infrastructural development. The prolonged period of economic stagnation translated to rising poverty level and the decline of its public institutions, including health infrastructure and services. The country also faced increasing political isolation and most human development indicators in Nigeria were comparable only to those of least developed countries, while poor governance undermined the effectiveness of various public institutions and service delivery systems. Flagrant abuse of office by both the military leaders and the higher echelons of public service resulted in a near-absence of accountability and probity during the eighteen years of military dictatorship.

3. By 1998/1999, the return to democratic rule signaled a favourable development environment and witnessed the resurgence of aid to the country from the international community, by both multilateral and bilateral donors, including specific aid for HIV/AIDS.

4. Following the elections in 1999, the first administration of President Olusegun Obasanjo (1999-2003) focused on ensuring political stability, strengthening democratic institutions, and tackling corruption. It recognized the need for political will in support of HIV/AIDS programming and re-invigorated the national coordination mechanism for HIV/AIDS. The second Obasanjo administration (2003 – 2007) embarked on a comprehensive economic reform programme based on a home-grown poverty reduction strategy, the National Economic Empowerment and Development Strategy (NEEDS). The development of NEEDS at the federal level was complemented by individual State Economic Empowerment and Development Strategies (SEEDS), which were prepared by all 36 Nigerian States and the Federal Capital

Territory (FCT). NEEDS emphasized the importance of private sector development to support wealth creation and poverty reduction in the country. The objectives of NEEDS were addressed in four main areas: macroeconomic reform, structural reform, public sector reform, and institutional and governance reform.

1.1 Macroeconomic profile

5. Some progress has been made to restore macroeconomic stability since the advent of democratic government. Table 1 shows the GDP growth rate in real terms from 2002 to 2004, although these figures are yet to be disaggregated by gender to give a more robust view of the gender dimensions of economic growth of the nation.

Table 1: 2002-2004 GDP growth rate in real terms

Sector	2002	2003	2004
Agriculture	4.25	6.47	6.50
Oil and gas	-5.71	23.9	3.3
Distributive trade	6.48	5.76	9.7
Manufacturing	10.07	5.66	10
Others	17.67	-1.34	7.2
GDP	3.49	10.23	6.09

Source: National Bureau of Statistics

6. Today, the economy is based on the monolithic product of petroleum, which accounts for more than 95 per cent of the country's earnings, with a GNP of US\$ 36.4 billion and a GNP annual growth rate of 3.5 per cent. The low-income-earning labour force constitutes about 39.56 per cent of the population, with women comprising less than 37 per cent of that figure. Notably too, the generators of primary income remain traditional agriculture, the service sector and trading (UNICEF, 1995). The annual rate of inflation is now projected at 10.5 per cent (UNDP, 2000).

1.2 Nigeria's progress towards gender equality

7. Nigeria is ranked low in gender-related development with weak gender issues within the macroeconomic framework and growth projection templates of the country's planning in all the three tiers of government. This is indicative of the need for more participation of women in developmental processes and lobbying for more gender-responsive public policies in promoting accountability and transparency. A wide range of traditional, religious and socio-cultural factors like wife inheritance, the perpetration of female genital mutilations, wife disinheritance, multiple sex partners, polygamy and many other negative practices that are rampant in Nigeria continue to put women at a higher risk of HIV/AIDS infection.

8. In order to address persisting gender inequalities, Nigeria ascended to several regional and international treaties, covenants and declarations like CEDAW, EFA, MDG and ILO. African governments have equally and positively responded to the burden of underdevelopment by instituting specific development goals and strategies like the African Charter on Human and Peoples Rights (ACHPR) adopted in 1981 and its Women's Rights Protocol of 2003, the ECOWAS Protocol on Democracy and Good Governance, 2001, the Africa Union Solemn Declaration on the Advancement of Women (AUSD), and the New Partnership for Africa's Development (NEPAD) adopted in July 2001.

9. Evidence of inequalities vary across different sectors of the economy. Data show that of the 70 per cent of the population estimated to be living below the poverty line, over 65 per cent are projected to be women. The prevalence of communicable diseases like HIV/AIDS is also higher among women, partly because women are biologically more susceptible to contracting HIV than men. Women and girls account for 50 per cent of infected persons and the highest prevalence rate of 4.9 per cent is found among young women aged between 25 and 29 years. The infection rate among females 20-24 years of age is 5.6 per cent as compared with the overall infection rate of 5 per cent, while 60 per cent of new infections are among females 15-25 years of age. Laws guiding violations of women's legal and human rights exist, as complicated unwritten family laws and customs further undermine the legal/human rights of women. Women are responsible for carrying out 70 per cent of agricultural labour, and 50 per cent of animal husbandry and related activities usually un-included or recognized in the national accounting systems. Women face a higher incidence of violence, rape, hunger, displacement and disease during conflicts. There is also the lack of access to modern technology by disadvantaged men and women.

1.3 Context

10. The multi-sectoral approach adopted to control the HIV/AIDS first through HIV Emergency Action Plan (HEAP) of 2001 – 2003 and subsequently the National Strategic Framework (NSF) 2005 – 2009 paved the way for consolidated intervention efforts. The principle of the “Three – Ones” espousing one national strategic framework (NSF), one national management information system (NNRIMS) and one coordinating body, is the required foundation for all the stakeholders to build on.

11. The principles of the Paris Declaration, the Global Task Team (GTT) and the “Three – Ones” have presented a coherent mode of financing for HIV/AIDS among donor agencies. In order to unite their efforts, the Development Partners Group (DPG) harmonizes its efforts with those of the National Agency for Aids Control (NACA) and is constantly exploring joint financing agreements (JFA) for NACA. This mechanism is intended to resource the NACA-costed biannual work plan (2008 – 2009) through pooled, earmarked and direct funding.

12. The HIV seroprevalence surveys of ante-natal among Nigerian males and females, revealed an increasing trend from 1.8 per cent in 1992 to 5 per cent in 2003. As at 2003, 54.6 per cent of all infected persons were women and 45.4 per cent were male. The recent downward trends from 5.8 per cent in 2001 through to 4.5 per cent in 2005 does not cloud the distinct and disproportionate vulnerabilities, risks and impacts of the epidemic on women. Further stratification of surveillance data reflects that women aged 20-24 years were more affected in 2003 and 2005, with associated figures of 5.6 per cent and 4.6 per cent respectively for both periods. A projected 2.99 million Nigerians lived with the virus by the end of 2006 with 58 per cent (i.e. 1.74 million) of them being women. There is additional evidence that women shoulder the burden of care and support for infected persons within the home and communities.

13. Undoubtedly, programming for gender equality and respect for human rights in the control of HIV/AIDS in Nigeria has witnessed appreciable political, policy, programming support and growth since the adoption of the multi-sectoral response to HIV/AIDS in 2001. The operational support for i.e. State action committees on AIDS, civil society, gender advocates, stakeholders and individuals gender champions has been facilitated by the favourable environment created by the gender-responsive National Strategic Framework (NSF). The innovative thrust and high-powered advocacy efforts of the National Women's Coalition against

AIDS (NAWOCA) at the Federal and State levels will engender new approaches for addressing the disproportionate impact of HIV/AIDS on women.

2. METHODOLOGY

14. The selected best practices emanating from the implementation of the NSF were identified through a combination of efforts, including desk research of available reports and publications, the use of a generic questionnaire, interviews with key actors and stakeholders, and a focus group discussion with a cross-section of CSOs working on HIV/AIDS (see list of participant in Annex 3).

15. The distillation of information was undertaken based on the classification of target stakeholders into three categories, namely, government, civil society groups and international development partners/donors. A review of available publications and information on the reported results of interventions was also conducted to assess their contribution to the gendered objectives and activities outlined in the NSF. These were further examined to determine how and to what extent they respond to globally acknowledged gender and HIV/AIDS issues based on a) socio-cultural factors; b) biological factors; c) economic factors; political/legal factors; d) environmental factors and e) HIV/AIDS service delivery related concerns. Given that the NSF itself puts a strategic focus on the policy framework, the compilation strove to capture case studies that reflect institutional arrangements, advocacy, capacity-building, high-risk targeted interventions, partnerships and collaboration.

16. This report is by no means exhaustive. Anecdotal and unsubstantiated reports of gender-responsive actions were largely avoided to reduce controversy on outcomes and achievements. A collective review of impact, lessons learned and persistent challenges was then undertaken to guide the adaptation and replication of best practices.

3. PROFILE OF CASE STUDIES

17. The NSF is an HIV/AIDS intervention plan that Nigeria developed as part of the “Three Ones” to curb and mitigate the spread of HIV/AIDS. It provides the opportunity for programming by all stakeholders within a defined framework. The NSF is acknowledged as a major accomplishment in the continued efforts to promote gender-sensitive programming and interventions to address the higher prevalence rates among women as compared to men, the feminization of the epidemic, and the insensitivity of budget allocations to women-specific interventions and measures for addressing the burden of care that women bear for family members living with and affected by HIV/AIDS in Nigeria. It provides unique opportunities for responding to the different facets and issues surrounding the management of HIV/AIDS.

18. The array of stakeholders working at various levels and degrees since the introduction of the engendered NSF shows that policy change at the national level is a critical strategy for providing the multiple entry points necessary to mitigate the spread of the virus.

19. Although Nigeria is still ranked low in gender equality, much progress has been recorded across the three segmented targets of this study i.e. national and State Governments, development partners and civil society. Nigeria and her partners are particularly proud of efforts such as those of the Canadian International Development Agency (CIDA) and the United Nations Development Fund for Women (UNIFEM) which culminated in the inauguration of the Gender Technical Committee (GTC). The committee in turn facilitated within NACA internal operations for engendering of the NSF using gender experts. It is also the brain power behind NAWOCA.

20. The Joint Mid-Term Review (JMTR) of the NSF has shown progress ranging between 27 and 62 per cent, a feat recorded through the collaborative effort of all stakeholders. However, implementation gaps present opportunities for further interventions to de-feminize the epidemic, mitigate its spread and close gender-related inequalities in HIV/AIDS programming. This will serve as a contributory vehicle for achieving Millennium Development Goal (MDG) 3 in Nigeria.

4. SELECTED BEST PRACTICES ON MAINSTREAMING GENDER AND HIV/AIDS

21. Since the launching of the engendered NSF, various agencies, CSOs and the private sector have utilized individual or collective strategies to achieve planned results by aligning their interventions with some or all of the eight thematic areas of the NSF. Organizations like UNIFEM, CIDA, Action Aid and CEDPA have worked with diverse stakeholders and interest groups across the country and at different levels to create awareness and acceptance of gender issues in HIV/AIDS programming.

22. To spearhead the process, government line ministries were trained by the Federal Ministry of Women Affairs on gender mainstreaming, whilst civil society and SACA capacities were built by donors and development partners to provide the requisite technical and programming skills for mainstreaming gender in planning, programme delivery and monitoring and evaluation of activities at different levels.

4.1 Federal-level case studies

23. **The Government** has provided ownership and strategic direction through political will/support at the highest level that has enabled the engendering of the NSF as the omnibus document for systematically addressing issues concerning gender and HIV/AIDS. This has provided various entry points for gendered interventions by stakeholders with attendant benefits to the Nigerian people.

24. **Case study 1: Institutional strengthening through the Gender Technical Committee** – The process of establishing the Gender Technical Committee was conceived and initiated in 2003 by CIDA and UNIFEM. The GTC formation recognized the need for effective coordination of efforts within and across institutions working on HIV/AIDS. The aim is to support on an ongoing basis the mainstreaming of gender equality in the national response as outlined in the NSF; provide technical assistance to NACA to boost the implementation and monitoring of the policy gender targets; and promote a deeper understanding of and commitment to gender-sensitive HIV/AIDS programming in Nigeria.

25. The 15-member committee comprises gender focal persons and organizations. To enable the committee to deliver its mandate, members are trained on gender and HIV/AIDS issues, and periodic meetings are held to review progress and hold members accountable for delivering gendered services. Gender perspectives are infused into sectoral HIV interventions through the committee.

26. **Case study 2: Policy engineering through engendering the NSF** – The earlier response of the Nigerian Government to the increasing rate of HIV/AIDS was a gender-blind HIV Emergency Action Plan (HEAP) which spanned 2001- 2004. The need to embrace a more integrated approach to the response brought about the development of the NSF.

27. The opportunity to mainstream gender into the National Response Review and the NSF in particular was a product of the earlier efforts of UNIFEM and CIDA in 2002 and sustained advocacy and partnership with NACA and the Extended Theme Group (ETG) in collaboration with other GTC members. A multi-pronged strategy was developed to support NACA in mainstreaming gender analysis and equality into the review process. It includes:

- i) Providing strong visibility for the GTC and platforms for engagement with NACA and ETG during the preparatory stages for the review process;
- ii) Ensuring sustained advocacy for the different thematic groups to focus on gender concerns and appreciate the need for gender experts and critical minimum mass of advocates to make a difference;
- iii) Supporting and influencing each of the thematic working groups to consistently mainstream gender equality into their work, proposed outputs and outcomes;
- iv) Assigning a gender expert to work with and provide technical support to the two lead consultants charged with overall direction of the National Response Review (NRR) and development of the NSF;
- v) Providing gender stakeholders with regular briefs and updates on progress to enrich and validate the work of gender experts during consultations with constituent entities for wider ownership;
- vi) Documenting lessons for sharing with others wishing to replicate the approach; and
- vii) Providing advocacy and training for SACA officials and stakeholders at State level to include gender equality aspects of the NSF in their State strategic plans (SSPs).

28. **Case study 3: High-level advocacy on gender and HIV/AIDS issues through the National Women Coalition on AIDS (NAWOCA)** – The Gender Technical Committee initiated the formation of NAWOCA to increase the involvement and participation of women living with HIV/AIDS and women's rights organizations in the national response to HIV/AIDS. It relies on the political will and high profile of the First Lady of Nigeria and the wives of the Governors of the 36 States and the FCT to address the disproportionate vulnerability of women and girls to HIV infection. NAWOCA is expected to strengthen the gender components of the NSF and reinforce prior commitments to gender inequality.

29. The inauguration ceremony which was witnessed by over 300 participants, including the Federal Minister of Women's Affairs and the wives of the Governors of the 36 States of the Federation and the Federal Capital Territory (FCT), Minister was hosted by the First Lady, Hajia Turai Yar'Adua, who also chairs NAWOCA. During the ceremony, Prof. Babatunde Oso timehin, the Director General of NACA, shared with the participants the focus and achievements of the National Response in the past few years, noting the need for broad-based support to stimulate more robust deliberations and action on gender and HIV/AIDS issues.

30. As part of its 5-year plan, the coalition has started advocating for improved access to information and education on prevention of HIV infection for all Nigerians. It has sought to improve HIV treatment, care and support and other reproductive health services for positive women. The coalition also aims to address issues of positive women and poverty and the need for increased commitment to empower them economically at all levels of society. It also advocates

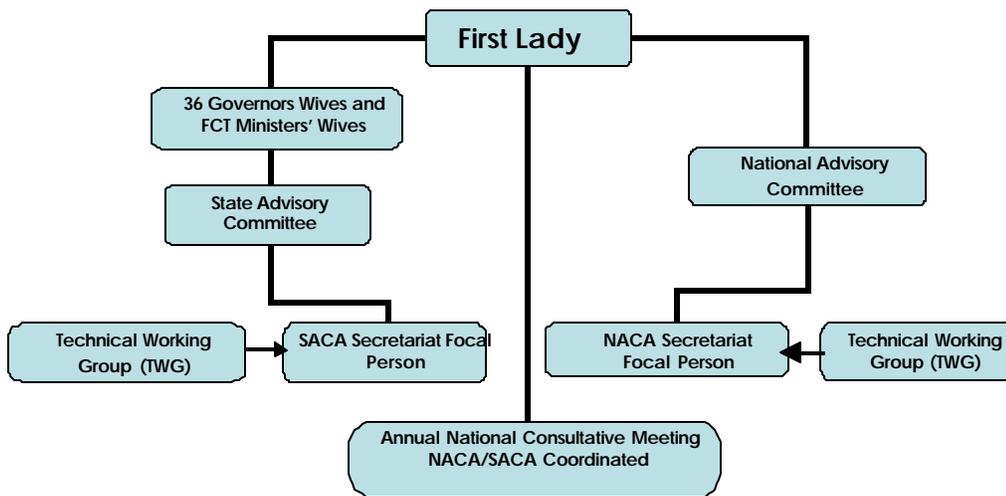
for improved access to educational opportunities for the girl child as a pathway to achieving Millennium Goal 6, which is to halt and reverse trends in the spread of HIV/AIDS.

31. Seven strategic tasks are assigned to NAWOCA to help prevent new HIV infection and mitigate the impact of HIV/AIDS on women and girls, namely, promoting:

- (i) Access to information and education on HIV prevention;
- (ii) Access to HIV treatment, care and support;
- (iii) Sexual and reproductive health in rights of girls and women;
- (iv) Girl child education;
- (v) Girls' and women's empowerment (poverty eradication) initiatives;
- (vi) Leading the crusade against stigmatization and discrimination of those infected; and
- (vii) Mobilizing support for policies and programmes focusing on women and girls.

32. At a two-day technical session which preceded the inauguration of NAWOCA, the structure of the coalition was developed, as well as a National Agenda for Action on Women and AIDS in Nigeria. The First Lady, as shown in figure 2, works with the National Advisory Committee to coordinate activities of the coalition through a technical working group served by a secretariat. This structure is also replicated at the State level. The coalition features an annual consultative meeting at the national level. It also provides guidance and leadership to the wives of the State Governors.

Figure 2: Structure of NAWOCA



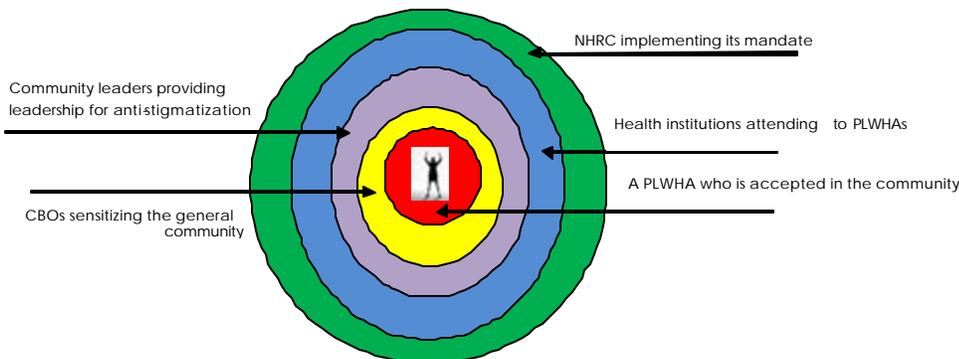
33. **Case study 4: Promoting gender and rights concerns in HIV programming through the National Human Rights Commission (NHRC)** – The commission’s statutory mandate is to undertake all matters relating to the promotion and protection of human rights in Nigeria. Its HIV/AIDS project seeks to promote and protect the human rights of people living with HIV/AIDS and influence behaviour change against stigmatization.

34. The NHRC project of sensitization of health institutions, community leaders, CBOs, PLWHAs, etc. on linkages between HIV/AIDS and human rights focused on the reduction of

stigmatization and discrimination in selected areas. In addition, it provided windows for the handling cases of violation of the rights of people living with AIDS and people affected by AIDS.

35. Recognizing the need to respect the rights of people living with HIV/AIDS and promote anti – stigmatization is one of the cardinal issues in ensuring a safe environment and equal rights of all Nigerians. The vision of the project as captured in figure three is to see PLWHAs fully accepted by their communities. Different entities in the community were also strengthened to play active roles in promoting the rights of PLWHA. As a national agency, the project impacted health institutions, community leaders, CBOs and PLWHAs. It also strengthened the capacities of these stakeholders to positively influence behaviour change towards fair treatment of PLWHAs. Key achievements of the project include sensitization of 28 health care institutions and designation of 32 focal persons for gender and human rights (G & HR) for the concerned institutions. About 70 community leaders and FBOs sensitized to support PLWHA, about 76 PLAs and 19 informal support groups were assigned as M&E agents for G & HR. Workplans were developed for the G&HR focal persons, a management information system (MIS) was established for the project and the creation of inter-group networks were facilitated to promote learning and experience sharing.

Figure 3: A model showing the contribution of four actors engaged by NHRC to create a conducive society for PLWHAS



36. **Case study 5: Delivering HIV/AIDS objective through the NGP** – The Federal Ministry of Women Affairs (MoWA) has developed a national gender policy whose overall goal is to build a just society devoid of discrimination and to harness the full potential of all social groups regardless of sex or circumstance...”. The principles and ideals of the NGP are in line with the objectives of the NSF as it relates to gender mainstreaming and HIV/AIDS. Programming for gender using the six policy strategies outlined in table 2, on a national scale provides additional opportunities for strengthening ongoing and new interventions on HIV/AIDS at all levels.

Table 2: NGP broad delivery strategies and outcomes

STRATEGIES	OUTCOMES
Policies, partnerships and programmes reforms	Mainstreaming of gender concerns across sectors and at all levels
Information, communication and value re-orientation	Increased gender knowledge, attitude and practice, male involvement and positive gender culture

Capacity-building and skills development	Technical expertise and appropriate tools and instruments for sustained gender-responsive development
Legislation and human rights protection	Gender justice and guarantee of human rights
Economic reforms and financial accountability	Reliable desegregation of data and indicators
Monitoring and evaluation	Effective gender equality tracking and benchmarking of progress

37. To create the appropriate enabling environment for the dual use of the NGP as an HIV management tool, the MOWA conducted training in gender mainstreaming and HIV/AIDS programming for 30 line ministries, 150 officers of State Ministries of Women Affairs and parastatals and 50 NGOs in 2005/2006. Directors and senior cadre officers were trained on a zonal basis in 2008, commissioners of the 36 State MoWA and the FCT, MoWA Ministry staff from grade levels 3 – 9 and commercial sex workers were also given gender training. The gender-supportive workplace policy on HIV/AIDS developed by the ministry was also distributed to Commissioners of Women Affairs.

4.2 Sub-national (State) Government case studies

38. The SACAs serve as coordinating bodies using the NSF at State level to implement State-owned interventions. Usually, each State has its peculiar challenges informed by economic, social, traditional and political encumbrances. Therefore, generic programmes from the national level are largely unimplementable at State level due to the distinctive and limiting factors that come to play in the various States.

39. The willingness and support of the States to ensure that the gender requirements of the NSF are implemented through strategic programming will go a long way to mitigate the epidemic.

40. Out of the 36 States and the FCT so far, eleven (11) States have demonstrated measurable progress in mainstreaming gender in their respective agendas. Six (6) States, namely, Kaduna, Kogi, Enugu, Ondo, Ogun and Kwara have organized training on gender mainstreaming into HIV/AIDS programming. Some others such as Ondo, Kogi and Sokoto have not only stepped up their gender mainstreaming training but have mainstreamed gender into their State strategic plans (SSP), thus providing the enabling policy and programming framework in the State. Kebbi, Bauchi, Ondo and Borno States have used media and publicity to create awareness of gender HIV/AIDS and issues.

41. In the area of high-level advocacy, several States have launched their State's equivalent of NAWOCA. These State chapters have achieved the following:

42. **Ekiti State:** has trained State judges, magistrates, senior judicial staff and other Government functionaries on HIV/AIDS and gender mainstreaming, while focal persons of line ministries were trained in HIV/AIDS budget tracking and mainstreaming of HIV/AIDS into the SEEDS document.

43. **Oyo State:** has inaugurated the Orelope local government chapter of the coalition – **OYSWOCA** and has partnered with Fidson Pharmaceutical Ltd., a private company, to distribute blood tonic to pregnant women. Sensitization has been organized for women in Local government on how to access HCT and PMTCT services, using the occasion to educate them about HIV/AIDS and PMTCT. Publication and distribution of pamphlets on HIV, AIDS and

PMTCT has been used as a strategy to increase awareness amongst women of childbearing age. Over 3,000 ladies at the Nigerian Baptist Convention held in Ibadan were also sensitized on HIV and AIDS and prevention of mother-to-child transmission .

5. EFFORTS OF DEVELOPMENT PARTNERS

44. Depending on individual priority area(s) of focus within the NSF, partner support to the national response spans resource mobilization to influencing policies and supporting programme implementation. This is attuned with the principles of the new aid modalities which espouses an aid delivery system where recipient countries take leadership in defining and implementing nationally determined strategies and priorities, donors support those national development strategies and harmonize aid-based contributions on country priorities and around locally identified issues in the spirit of self-determinism

45. The NSF aptly demonstrates this good practice as it is Nigeria's expressed priority concerns, needs and requirements for mitigating the spread of HIV/AIDS. It is also truly reflective of the principle of the "Three Ones".

46. Alignment and harmonization of support is achieved through platforms such as the Donor Coordinating Group on Gender (DCGG), UN Gender Theme Group (UNGTG), Gender Technical Committee on AIDS (GTC) and Expanded Theme Group (ETG) on HIV/AIDS. These platforms offer donors the opportunity to gain insight into agency efforts, results achieved and any existing gaps. They provide opportunities for donors to learn from each other's peculiar programming models and approaches.

47. The case studies selected for development partners have largely influenced strategic interventions at both the national and the sub-national levels.

5.1 Selection of partner-supported case studies

48. Among international development partners (IDPs), **UNIFEM** has played a notably supportive role to deepen gender equality knowledge and programming skills among stakeholders. This has helped to drive and sustain the impetus of gender mainstreaming in HIV/AIDS programming.

49. **Case study 6: Engendering the 14th ICASA 2005** – The goal of engendering the International Conference on AIDS and Sexually Transmitted Infections in Africa (ICASA 2005) was to enhance the overall analysis of the dynamics of HIV/AIDS during the conference, promote adequate representation of the voices and experiences of women and men living with HIV/AIDS, as well as increase the public profile of positive women and the Nigerian AIDS Response Fund (NARF).

50. The cascading effect of the NARF led UNIFEM to form partnerships with groups like GTC, NACA, Action Aid International, World Young Women Christian Association, Helpage International, Grassroots Organizations Together in Sisterhood, the Federal Ministry of Women Affairs, and the Centre for Development and Population Activities (CEDPA).

51. The ICASA strategy led to the development of appropriate mitigation measures based on increased awareness of the gender dimensions of HIV/AIDS and mainstreaming approaches. It targeted young boys and girls, policymakers, community women and men and those living with HIV/AIDS. Over 300 youth benefited from the pre-gender training conference.

52. Several sessions allowed the airing of the voices and experiences of women and men living with HIV/AIDS who were adequately represented at the conference. Similarly, there was an unprecedented public profiling of positive women and the UNIFEM project.

53. **Case study 7: UNIFEM Enugu Counselling Project** – Under this project, UNIFEM supports the development of a gender-responsive HIV/AIDS policy for health-care facilities in Enugu State. The first of its kind in the country, the policy provides for intensive counselling, confronts discrimination against pregnant women, and ensures equal access for men and women to anti-retroviral drugs. Working with the Catholic Annunciation Group as an implementing partner, a network of community-based organizations was mobilized to serve as grassroots counsellors and community advocates. These groups have sustained gendered services within the communities beyond the life of the project.

54. **Case study 8: UNIFEM Policy Appraisal Initiative** – Still working with CIDA under the NARF project, this intervention seeks to promote the emergence of a coherent policy environment for the achievement of the gender-responsive and human rights-based targets of the National Strategic Framework on HIV and AIDS. In pursuit of its objectives, three policies – agriculture, education and health – were audited from gender and human rights perspectives and sensitivity. So far, the outcomes of the project have:

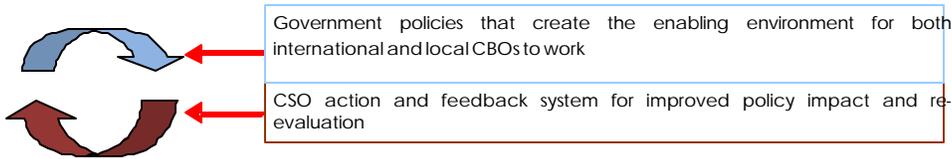
- Supported government at federal and State levels in selected areas to integrate gender equality and human rights into HIV/AIDS policies.
- Increased awareness among key stakeholders of the gender equality and human rights implications of HIV/AIDS.
- Strengthened the capacity of NACA to deliver on a gender-sensitive national response mandate through embedded technical expertise.

55. **Case study 9: CIDA NARF Project** – It was launched in September 2003 as an expression of the commitment of CIDA and support to Nigeria's response to the HIV/AIDS epidemic. The fund contributes to an enabling health, social and political climate of reduced vulnerability to HIV/AIDS through the capacity development of stakeholders on gender equality and respect for human rights. It provides opportunities for a broad multi-sectoral approach to tackling HIV/AIDS prevention, care and support, and promotes gender considerations and respect for human rights in HIV/AIDS programming.

56. The two mutually supportive components of NARF are reflected in the schematic of figure 4. One arm provides support to HIV/AIDS policy and institutions of government as well as multi-sectoral agencies like NACA, while the other supports local initiatives through community-based and non-governmental organizations.

57. NARF support for policy processes of government institutions has contributed significantly to stimulating the policy environment to enable stakeholders to incorporate gender and human rights considerations in their response to HIV/AIDS. It also encourages a feedback system from communities back to the national level for policy review and/or re-formulation, as programming lessons are used to refine policy directions and processes.

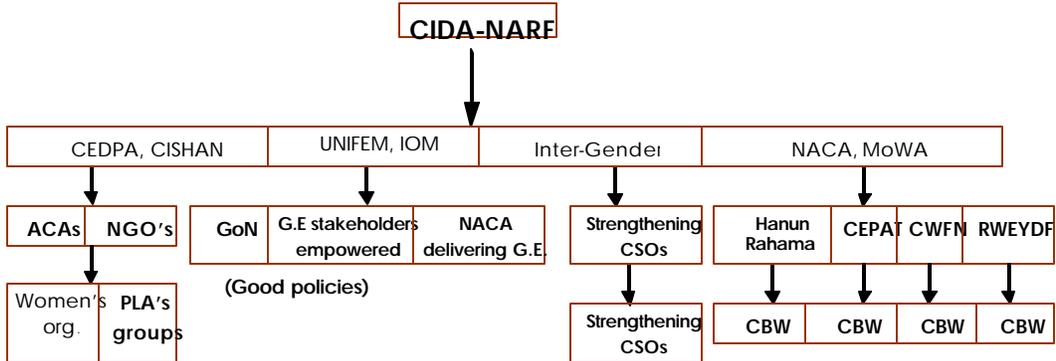
Figure 4: Usage of policies and the feedback system encouraged by NARF



58. NARF is the only fund dedicated solely to addressing gender equality and human rights concerns in Nigeria’s response system. The goal of NARF is to support the improvement of the health of Nigerian women and men, girls and boys through the control of the spread of HIV/AIDS and provision of sustainable equitable care and support to those infected and affected by the disease.

59. During its first phase in 2003, the capacities of 120 CBOs and 116 CSOs were developed in preparation for phase II. The increased community acceptance of PLWHAs, who are participating actively and making presentations at community meetings, is an indication that the stepdown training/ownership of projects has made a significant impact. Under the direct support component, grants are made available to implementing partners to use unique entry points to address gender, human rights and HIV/AIDS concerns. A selection of NARF partners and sub-partners is presented in figure 5.

Figure 5: Sketch of NARF component/action areas



60. Some substantive gains of NARF include the facilitation of gender equality mainstreaming in HIV/AIDS programmes at the sub-project level through improved capacity of various stakeholders to address gender concerns in prevention, care, support and mitigation. Another value added is the gender management meetings that take place both at the national and at the local levels, where all CIDA stakeholders come together to share and expand their knowledge and experience.

61. Other significant achievements of the fund are support to the Multi-country AIDS Programme (MAP), the Gender Mid-term Review of the NSF and Nigeria’s proposals for the Global Fund Round Eight as well as peer review for engendering strategic plans in the States. Project trainees at community level are now vibrant members of the State-level GTC.

6. CIVIL SOCIETY GENDER AND HIV/AIDS INTERVENTIONS

62. With support from donors, local and international NGOs and CSOs have been actively engaged in the implementation of the NSF, especially in the delivery of the gender components and targets of the framework.

6.1 International NGO interventions

63. **Case study 10: Engendering care and support efforts – AIDS Alliance in Nigeria**, an umbrella HIV/AIDS organization mobilized and built the capacity of PLWHAs along the transport corridors of Itam, Lokoja and Gombe. The project targeted people living with AIDS groups in the selected States to effectively mainstream gender equality and human rights issues in their interventions, especially their care and support activities. The three focus groups formed in these States established a total of 800 registered satellite support groups. *These focus groups have grown from 17 female and 14 male PLA participants to 472 female and 333 male participants across the country.*

64. The project impact is affirmed by evidence showing:

- Participating communities and families' ability to better care for and support women and men, girls and boys living with and affected by HIV/AIDS in a sustainable manner.
- The creation of pockets of ideal/standard health, social and political climates with reduced vulnerability of women and men, girls and boys.

65. Under this initiative, the primary beneficiaries were PLAs in transport corridors of the three focal States, people affected by AIDS, health facilities and the community members within the selected States. The initiative strengthened networking and linkages to health facilities and relevant partner organizations; enhanced referral procedures to PO and health facilities; provided platforms for quarterly gender management meetings; and promoted increased availability of information, communication and educational materials.

66. **Case study 11: Gender, HIV/AIDS and the Workers Union – The Solidarity Centre** is an international non-profit organization that works to empower unions with the necessary tools and education for a better and more productive workplace. Their intervention under the NARF sought to support the improvement of the health of Nigerian women and men, girls and boys through the control of the spread of HIV/AIDS among its members and to better equip them to provide equitable care and support to those infected and affected by the disease.

67. The purpose of the project was to strengthen the capacity of the National Union of Road Transport Workers (NURTW) and other partner organizations to integrate gender equality and respect for human rights into HIV interventions. The strategy used included advocacy visits to 30 identified Project Action Committee (PAC) members and a policy review. As a consequence of this intervention several gains were recorded, including the training of 66 PLAs and PAC members on gender and human rights issues in HIV/AIDS; development of 20 gender-sensitive proposals for accessing seed grants under the project. This was a follow-up to the training for PLAs on project design, proposal writing, financial management, project monitoring and evaluation and report writing. Advocacy visits were also made to the NURTW leadership at the State and national and levels on the need for a gender-sensitive workplace HIV/AIDS policy for its members. This project is an innovative approach of introducing gender and HIV/AIDS issues into the traditionally male-dominated transport industry.

68. **Case study 12: Sexual and reproductive health initiative – ACTION AID INTERNATIONAL** Nigeria undertook this programme with the objective of promoting sexual and reproductive health for HIV/AIDS reduction (PSRHH). The programme is geared at increasing behaviours conducive to sexual and reproductive health among poor and vulnerable populations in Nigeria. The PSRHH 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). It is aimed at supporting major initiatives for improving the health of the Nigerian population. Managed by Population Services International (PSI), it supports the Nigerian Government's response system to reduce HIV/AIDS under the coordination of NACA, in conjunction with the Nigeria Response to Reproductive Health, coordinated by the Department of Community Development and Population Activities of the Federal Ministry of Health. PSI is an international non-profit organization implementing the PSRHH programme in partnership with Society for Family Health (SFH).

69. An in-depth study on HIV/AIDS revealed there are both systemic and structural approaches driven by patriarchy which may hamper the implementation of the PSRHH. There was also a gender audit to further identify gaps within programming and implementation arrangements. This was to ensure that gender issues were not excluded in the different cycles of the project processes. It was observed that the project impact would be more significant when a desegregation of the peculiar female and male issues of out-of-school youth is undertaken. Target groups reached included highly at risk groups such as female sex workers, female/male out-of-school youths, transport workers and their assistants (long distant truck drivers, taxi drivers, inter-city bus and car drivers and Okada motorcycle riders), men in uniformed services (especially the military and the police in Nigeria). The programme Gender Working Group acts as a monitor to ensure that all the gender gaps are addressed as agreed in the action plan. A model for addressing out-of-school youths called the Peer Education Plus (PEP) was also designed. A gender audit of the PEP was conducted to articulate concrete solutions to address the peculiar needs of girls and boys, thereby increasing the reach of the programme.

- Gender-specific activities undertaken include the development of a gender curriculum; national gender training for project partners; zonal gender trainings with practical sessions on the "how to" of gender mainstreaming in HIV/AIDS programming. Regional trainings (17 sessions) involving community members as allies for driving the process targeted faith-based organizations.

70. The result of this model was a wider-than-planned reach covering a larger geographical spread. Consequently, there has emerged vibrant CSOs that are driving the PSRHH in 33 locations, thus advancing knowledge and awareness of gender and HIV/AIDS in new territories and among new interest groups. There are 271 participating CBOs with six (6) women-focused CBOs mostly in the north (Kano and Kaduna). Other States are recording gender parity in the structure of participating CBOs.

71. **Case study 13: ACTION AID INTERNATIONAL – The "Women Won't Wait Campaign"** focuses on ending violence against women and curbing the spread of HIV infection. The campaign seeks to bring to the fore and deepen the understanding of the linkages between violence against women and the spread of HIV virus among women and girls.

The Women Won't Wait Campaign has seen many traditional rulers and pressure groups spearheading the elimination of violence against women in their communities (Ojukwu Mark Ojukwu – actionaid)

72. The strategy utilized was for traditional institutions and pressure groups like the Umu Adas' of Enugu and Ebonyi States working to eliminate

widowhood and inheritance practices through intense advocacy in Ebonyi State. As part of the campaign, Action Aid conducted gender training for Cross River State officials, FCT Action Committee on AIDS, SACAs of Benue, Kaduna, Enugu and Nassarawa States to increase their understanding of gender mainstreaming in HIV programming. Furthermore, the Local Agencies for the Control of AIDS (LACAs) and the **Council of Elders** were sensitized on violence against women, leading to the institution by the Tor Tiv of Benue State of the *Tor Tiv Summit on HIV/AIDS*.

73. **Case study 14: Improving the quality of life of PLWHAs – The Centre for Development and Population Activities (CEDPA)** focuses on prevention, care and support in order to improve the quality of life of PLWHAs and their families and mobilize women to achieve equality. This approach to gender mainstreaming is to build strong families, communities and societies that are systematically equipped and capable of combating HIV/AIDS and other diseases whose management/control are normally suppressed by poverty.

74. In implementing the Gender and Human Rights in HIV/AIDS Initiative (GHI), the aim was to strengthen the capacity of partner organizations to integrate gender equality and respect for human rights, in order to help: (i) communities and families care for and support women and men, girls and boys living with and affected by HIV/AIDS in a sustainable manner; and (ii) create a healthy, social and political climate of reduced vulnerability of women and men, girls and boys to HIV/AIDS. Under the initiative, eighteen (18) civil society organizations were trained and their skills developed in project design, management and monitoring of HIV/AIDS interventions that integrate gender and human rights.

75. This project's target beneficiaries were youth, women of reproductive age, men of reproductive age, persons living with HIV/AIDS, persons affected by HIV/AIDS – orphans, widows, women's organizations and religious institutions. Activities undertaken as part of the project included:

- (i) Training of staff and stakeholders of one CSO per focal State to understand issues of gender and HIV/AIDS;
- (ii) Training of trainers workshop on human rights and gender for all focal States' CSOs, to build capacity, expand their knowledge base and skills in gender mainstreaming; and
- (iii) Two step-down trainings, the first on gender, human rights and HIV/AIDS, and the other on advocacy skills to better negotiate on gender and human rights (GHR) issues.

76. The CEDPA delivery strategy was based on community mobilization and peer education models. The project has been handed down to CBOs and FBOs for sustainability. Collaboration and partnership were enhanced through experience and report sharing and an improved referral network. This result is that close to 80 per cent of the planned target has been achieved.

6.2 Local NGO interventions

77. **Civil Society HIV AIDS Network (CISHAN)** coordinates about 2,600 NGOs, CBOs and FBOs working on various HIV/AIDS issues towards a unified goal of curbing the challenges relating to treatment and stigmatization of people living with HIV/AIDS. Members of civil

society play an important role as foot soldiers in the delivery of services that are catalytic to making the country's efforts achieve grassroots impact.

78. CISHAN coordinates groups like people living with HIV and AIDS, youth organizations, women's organizations, businesses, trade unions, professional and scientific organizations, sports organizations and a wide spectrum of religious and faith-based organizations across the country.

79. **Case study 15: CISHAN** is a national network of civil society organizations working on issues related to the prevention and impact mitigation of HIV/AIDS in Nigeria. Its activities in curbing the impact of HIV/AIDS from a gender perspective are necessary to promote equality in interventions. In the spirit of the engendered NSF, the project aimed to improve the knowledge base and capacity of CISHAN members and project staff on mainstreaming gender and human rights in HIV/AIDS programming. It also built the capacity of the Nigerian Bar Association (NBA) members on issues of gender and human rights in HIV/AIDS in Nigeria.

Figure 6: Cross-section of participants at the focus group discussion on best practices in HIV/AIDS programming



80. The purpose was to reduce the incidence of gender and human rights abuses, stigma and discrimination targeting PLWHAs in focal States. The various activities carried out by under the project were:

- Capacity-building for ten (10) CSOs in funds management, participatory needs assessment approaches and gender equality and human rights;
- Development and production of a gender and human rights training module jointly with stakeholders; and
- Development of baseline data and information on the gender and human rights situation in the NARF focal States through desk reviews and consultations with stakeholders.

81. **Case study 16: NEPWHAN (Network of People Living with HIV and AIDS in Nigeria)** – Although their programming is not gender-specific in content, the organization itself operates through various interest groups for effective coverage of issues related to each specialized group.

82. **Case study 17: Journalists against AIDS (JAAIDS)** – This project develops leadership skills among youths, with participation being 50 per cent male and 50 per cent female. It also

convenes bimonthly meetings/training for legislators and communities on policy advocacy. Balance in participation between men and women is a key objective of the meetings.

83. **Case study 18: Society for Women and AIDS in Africa Nigeria (SWAAN)** – The chapter has 26 branches across the country designing programmes according to the local peculiarities of their various States. However, SWAAN's main area of work covers prevention, resource mobilization, treatment, care and support. It recently trained bankers on basic facts about HIV/AIDS. The participation ratio between women and men was 70 per cent female as against 30 per cent male.

84. **Case study 19: Alliance Right Nigeria** – This organization has a project that targets sexual minorities who are mostly overlooked in programming for HIV/AIDS due to societal discrimination. It focuses specially on men sexing men (MSM) lesbians and molested children. A recent intervention for the MSM was to teach them safe methods of meeting with other men. Twenty (20) MSM were trained on safe preventive methods. Another project of the organization is the "People's AIDS Agenda", which sets out priorities for achieving universal access to prevention, treatment, care and support in Nigeria. The project responds to changes in administration at all levels, while the situation of AIDS remains the same among the people. It outlines what is needed for different constituencies and why. For instance, under prevention, some of the demands being pursued also reflect the NSF objectives :

- (i) to reduce vulnerability of women and girls to HIV and AIDS because of their increased susceptibility to HIV/AIDS due to their physiological make-up, harmful practices, rape and gender inequalities, including the bearing of a disproportionate burden of HIV/AIDS care; and
- (ii) to provide free and comprehensive treatment at all levels for PLWHAs, introduce workplace interventions and PMTCT/RH services for women living with HIV. The comprehensive "People's AIDS Agenda", which highlights how the organization's work intersects with the NSF, is attached as annex 2.

85. **Case study 20: Inter-Gender** – A gender, research and development centre works to strengthen, with support from a number of donors, the capacity of partner organizations (POs) to integrate gender equality and respect for human rights into their activities. The NARF-supported project is geared towards strengthening the capacity of women-focused CSOs in Gombe, Ikom and Lokoja, in an effort to mainstream gender equality and human rights into HIV initiatives through participatory approaches and to improve the standard of living of high at risk secondary target groups. The project targets are women-focused CSOs, high risk groups such as commercial sex workers, local manicurists and pedicurists and out-of-school youth.

7. ESTIMATED PROGRESS AND RESULTS FROM MAINSTREAMING GENDER IN THE NSF

86. In order to assess progress towards gender targets within the NSF, tools were developed during the NSF mid-term review to collect data on the gender results achieved in the implementation. This was to help evaluate concretely how the NSF implementation squared with the realities and concerns of both women and men at all levels and across the eight thematic areas of the NSF and between and among the spectrum of partners involved.

87. The table produced by the gender review consultants revealed that some action areas achieved as high as 62 per cent, while others recorded less than 25 per cent. This indicates that

there is room for improvement in gender programming. A synopsis of results achieved through the implementation of gender-focused interventions is captured in boxes 1 to 5.

Box 1: HIGHLIGHT OF BEST PRACTICES OF MANAGING FOR GENDER RESULTS

- The Tor Tiv Summit on HIV/AIDS
- The pressure groups formed in Ebonyi, Enugu, Kano, Lagos and various other States against gender-insensitive HIV/AIDS programming
- Action Aid conducting gender audit for programmes and strategic plans
- CIDA – NARF providing funding for government, international and local NGOs and CBOs to implement programmes at the national and the grassroots levels
- Sustained efforts by UNIFEM for gender equality in HIV/AIDS programming
- The formation of NAWOCA

Box 2: IMPACT OF THE GENDERED NSF

- Increased visibility and legitimacy of gender equality issues in HIV and AIDS programming
- Development of a strong gender-responsive National Strategic Framework on HIV/AIDS
- Institutionalization of the Gender Technical Committee (GTC)
- Strengthened partnerships and linkages between NACA, UNIFEM, CIDA, UNFPA, CSOs, the GTC, ETG and increased membership of the GTC.
- Wide acceptance and usage of the NSF in Nigeria and replication of the NSF in other countries
- Opportunity to review and update gender issues within the NSF by the younger generation as needed

Box 3: OUTCOMES of CSO INTERVENTIONS

- *Support to PLA group is effective, efficient and relevant in addressing HIV/AIDS issues in Gombe, Kogi and Cross River States.*
- *PLA groups are effective in integrating gender equality and human rights in HIV/AIDS interventions in target States*

Box 4: Results, Action AID Nigeria GM

The Traditional Council of Elders in Benue, Enugu, Kaduna and Nasarawa States trained on gender and violence against women

Box 5: UNIFEM – ICASA 2005 PROJECT

1. **Mainstreamed gender into the programme structure of ICASA 2005**
2. **Participants were aware of gender dimensions of HIV/AIDS during ICASA 2005**
3. **Policymakers, programme planners/implementers and HIV/AIDS activists equipped with skills for mainstreaming gender into their work on HIV/AIDS programming and eradication in Africa**

8. LESSONS LEARNED

88. The five principles of the New Aid Modalities provide a unique opportunity for collaborative action around gender mainstreaming in HIV/AIDS programming. Although the principles are not widely used, Nigeria has produced a gendered strategic plan for HIV/AIDS programming and template for coordinating activities of all HIV/AIDS actors in the national response congruent with the “Three Ones” principle of one coordinating body, one monitoring and evaluation system and one strategic framework. Donors and other stakeholders are aligning partnerships and linking their funding to this single framework by supporting gender-focused initiatives across various sectors.

89. Some common lessons that can be drawn from the initiatives are that the prerequisites for successful gender and HIV/AIDS mainstreaming include the following:

- i) Political will from government, high-level officers, opinion leaders and management teams of agencies /organizations.
- ii) Technical expertise in gender equality mainstreaming within institutions and groups serving as focal points and providing technical support to partners and stakeholders on a steady and predictable basis.
- iii) A gender team, management unit or committee to coordinate gender-sensitive interventions in a systematic way and openness to collaborative engagement.
- iv) Availability of an appropriate, enabling framework and action plan to guide programming, monitoring and evaluation.
- v) Tools and instruments to help different groups and stakeholders better understand gender issues, concepts and delivery modalities.
- vi) Clear understanding of entry points that are flexible and responsive to the distinctive needs of women and men, girls and boys.
- vii) Need for dedicated funds that can be deployed to respond to the differential needs of women and men and to address issues not captured in mainstream plans and actions.
- viii) Need for sustained advocacy and pressure groups to demand protection of the rights of all and lead the change process, especially within local communities.

90. However, despite the results achieved and the tremendous effort across the board, there is no national forum where organizations come together to share their experiences in different areas. There is a need to strengthen partnerships and have a common gender-disaggregated data pool for easy access to information.

9. CONCLUSION AND RECOMMENDATIONS

91. On the strength of these lessons, and in addition to providing financial and technical aid, donors must harmonize their activities through the various organized groups to make their actions more consistent, transparent and collectively effective. This will foster the adoption or replication of the NSF-inspired gender mainstreaming activities/interventions. The existence of groups such as the DCGG, the UN Gender Theme Group and the ETG have contributed in no small measure to the achievement of established results and are therefore commended to all. These groups also assist in designing strategic plans and development programmes and aligning their activities to avoid duplication and enhance knowledge learning.

92. In order to sustain and increase commitment towards achieving considerable benchmarks and targets and Millennium Development Goal 2, donors and partners should be accountable for results through systems, procedures and investments that are supportive of their respective gender and HIV policies.

93. The principal conclusion drawn by the researcher as informed by the field work carried out is that the selected cases presented in this report reflect the added value and benefits of gender mainstreaming, especially in the empowerment of women, families and communities. To accelerate the pace at which the HIV epidemic is contained, gender mainstreaming has demonstrated itself as a necessary and useful strategy, from the case studies described. Thus, such initiatives should be documented, studied more closely for medium-and long-term impact and their delivery methods improved. The documentation of best practices by ECA is therefore timely and essential. More funding should be made available to optimize the objectives and scope of organizations involved in gender mainstreaming in general, and especially those with exemplary practices.

ANNEX 1

STRUCTURE AND FRAMEWORK: NATIONAL WOMEN'S COALITION ON HIV/AIDS

Name: NATIONAL WOMEN'S COALITION ON HIV/AIDS (NAWOCA)

Role: UNIFIED ADVOCACY PLATFORM FOR ADDRESSING THE DISPROPORTIONATE VULNERABILITY OF WOMEN AND GIRLS TO HIV INFECTION

National Advisory Committee (NAC)

To be constituted in consultation with the First Lady who is the Chair. Shall comprise women representatives of:

- a. People living with HIV
- b. Women leadership in Government at national level
- c. Technical Working Group on Women with HIV/AIDS and Federal Ministry of Women Affairs and NACA
- d. Women of substance

Under the leadership of the First Lady, the National Advisory Committee shall meet twice a year. It shall be responsible for the following:

- Promote and provide policy and programmatic direction for the Coalition
- Receive and review State reports
- Conduct advocacy activities
- Attend the annual National Consultative Forum (NCF)

Technical Working Group (TWG)

- Comprise women with programmatic expertise in the thematic areas of the work of NAWOCA and the Women Agenda on HIV/AIDS to be constituted in consultation with the First Lady
- Shall meet at least four times a year
- Shall provide programmatic oversight to the women focal person based in NACA
- Shall contribute to the work of the National Advisory Committee
- Shall attend the National Consultative Forum
- May provide support to State Technical Working Group on request

Focal person on women and AIDS

- Liaise with and collate State reports
- Serve as secretary to National Advisory Forum, TWG and National Consultative Assembly
- Liaise with the Office of the First Lady on NAWOCA programmes
- Document all meetings of NAC, TWG and NCF

Role of the First Lady

- Provide overall leadership for the NAWOCA
- Preside over the National Advisory Committee and Annual Consultative Meetings
- Undertake public advocacy on the Women's Agenda on HIV/AIDS

Role of Governors' wives

- Provide necessary support to SACAs/FACA
- Provide State-level leadership for NAWOCA
- Preside over the State Advisory Committee and Annual Consultative Meetings
- Undertake public advocacy on the Women's Agenda on HIV/AIDS

Role of NACA/SACA/FACA

- Provide secretariat and focal staff for NAWOCA
- Mobilize technical and financial resources
- Constitute, convene and host Technical Working Group meetings
- Coordinate and host national and State consultative forums.

NATIONAL WOMEN COALITION ON HIV/AIDS

Agenda

Nigeria has between 2.9 and 3.3 million people living with HIV/AIDS (FMOH, 2005). Current projections show that women and girls account for over 50 per cent of these alarming figures. It is noteworthy that the highest prevalence rate of 4.9 per cent is found among young women aged between 25 and 29 years. This poses among other things a high risk of mother-to-child transmission in the country, since this group comprises women in their active reproductive age. Women and girls bear the brunt of the infection, and the burden of caring for the sick and elderly, and they often lack the power to make decisions on issues that have implications for their sexual and reproductive health and rights. Gender inequality and low status of women continue to fuel women's vulnerability to HIV infection as well as make it difficult for them to cope with the consequences of the epidemic. With this scenario, there is no doubt that women bear a greater burden of the HIV epidemic than men.

Addressing the legal, social, economic and cultural factors that make women vulnerable to HIV infection has become urgent and desperate. Women need to take the lead in ensuring that existing structures and institutions as well as programmes and policies respond effectively to issues of gender inequality that exacerbate women and girls' vulnerability to HIV. That is why the women of Nigeria from the 36 States of the Federation and the Federal Capital Territory have come together under a unified platform, the **National Women Coalition on AIDS**, to advocate for more women-and girls-focused interventions. This Coalition, under the leadership of the First Lady of the Federal Republic of Nigeria, Hajiya Turai Umar Yar'adua, affirms the following as its areas of focus:

ANNEX 2

AGENDA FOR ACCESS TO INFORMATION AND EDUCATION ON PREVENTION, TREATMENT, CARE AND SUPPORT FOR HIV AND OTHER REPRODUCTIVE HEALTH SERVICES

Enormous resources are currently being invested by the Federal Government of Nigeria and other development partners in the provision of drugs and services to women and girls who are infected with HIV. However, several factors militate against the effective management and delivery of these services.

Presently, many infected women and girls especially in the rural areas are unable to access drugs and services, partly because they are poor and live far away from treatment centres.

Many women and girls also lack access to information that they need to be able to protect themselves against infection. Furthermore, only 10.8 per cent of the population has ever been tested for HIV. The Coalition shall therefore advocate:

- improved access of women and girls living with HIV to quality education and information on opportunistic infections, nutrition, antiretroviral therapy and reproductive health and rights.
- Improved access of women and girls living with and directly affected by HIV to comprehensive care and support services.
- Improved access of women, men, boys and girls to information and education on HIV and AIDS, sexually transmitted infection (STIs), and reproductive health as well as HIV counselling and testing.

ADDRESS WOMEN'S ISSUES AROUND POVERTY

Fewer women than men own or control resources in Nigeria. Women have limited access to credit, which often means high levels of impoverishment, which are exacerbated by HIV and AIDS. Existing poverty alleviation strategies and programmes do not adequately cater for the needs of women and girls. Thus they are often highly dependent on their male counterparts for survival. The Coalition shall therefore advocate:

- That all existing government poverty alleviation initiatives and programmes under the National Economic Empowerment and Development Strategy (NEEDS) e.g. NAPEP, SMEDAN, NDE etc. should be responsive to the special needs of women and girls.
- That job and skills acquisition opportunities be created for women and girls at all levels.

PROMOTE ACCESS TO EDUCATION FOR THE GIRL CHILD

In many Nigerian cultures, less value is placed on female education than that of boys. When girls are denied educational opportunities they are often introduced into sexual activity at an early stage of their life. They also often lack access to necessary information that could help them become less vulnerable to HIV/AIDS. The Coalition shall therefore advocate:

- That all States of the federation and FCT ensure the implementation of the Government's policy on compulsory basic education for every Nigerian child, such that all Nigerian girls are enrolled, retained and complete at least basic education.
- The adoption and implementation of the Child's Rights Act by States that are yet to do so.
- The creation of scholarship schemes for the girl child and orphans and vulnerable children.
- The establishment of functional youth-friendly centres and women development centres where they do not exist.

SECURE WOMEN'S RIGHTS

Addressing women and girls' vulnerability to HIV/AIDS as well as enabling them to cope effectively with the consequences of the epidemic require that appropriate and issue-specific laws are made and implemented. The Coalition shall therefore advocate the:

- Review and repeal of all laws and policies that discriminate against women and girls, including those relating to rape, wife battery, early marriage and sexual abuse.
- Passage of an anti-stigma and discrimination bill into law.
- Engendering of HIV and AIDS implementation at all levels.

PREVENTION EFFORTS

Reversing the trend of HIV/AIDS epidemic in Nigeria requires that HIV response programmes pay particular attention to HIV prevention mechanisms that women and girls can control as well as those that can prevent new-born infections. The Coalition shall therefore advocate:

- Increased interventions that prevent primary infection of women.
- Investment in microbicides research and women's access to and knowledge about female condom
- Scaling up of HIV counselling and testing (HCT) services.
- Prevention of unintended pregnancies among women and girls, including those who are already positive.
- Increased integration of prevention of mother-to-child transmission (PMTCT) into existing health care delivery systems in the country.

DECISION-MAKING

Negative cultural norms and societal perceptions of women have meant that women's participation in decision-making in the household and at public levels is low. Women and girls' lack of capacity to make decisions, including those relating to their health, is bound to increase

their risk of contracting HIV as well as facing other health problems such as maternal mortality. Efforts at enhancing the participation of women and girls in decision-making require that institutions and structures that sustain women's subordination are challenged. The Coalition shall therefore advocate:

- Extensive gender and reproductive health training for women, men, girls and boys at all levels.
- Increased meaningful involvement of women living with HIV and AIDS in all aspects of programming.
- Increased efforts at promoting male involvement in HIV prevention and reproductive health interventions.
- Interventions to build the capacity of religious and traditional institutions on gender, HIV, maternal mortality reduction and other reproductive health and rights issues as well as violence against women.

MITIGATING IMPACT

The impact of HIV and AIDS is more devastating on women than on men. Studies have also shown that there are over 1.8 million children orphaned by AIDS in Nigeria and many of these are living in child-headed households where girls are often the ones taking responsibility for the well-being of their siblings. The consequences of HIV and AIDS on the lives of widows and orphans can be and are detrimental to their health and well-being. The Coalition shall therefore advocate:

- Strengthening of families and care givers to support orphans, vulnerable children, women living with and directly affected by HIV and AIDS.
- Strengthening socio-economic, nutritional and psychosocial support programmes at all levels for vulnerable groups, including orphans and vulnerable children and women living and directly affected by HIV and AIDS.

CAPACITY-BUILDING

Taking effective leadership in addressing issues around women and girls' vulnerability to HIV and effective coping mechanisms requires that female leaders acquire relevant skills and capacity for effective and efficient programming and advocacy. The Coalition shall therefore advocate:

- Training of women leaders, including members of the Coalition, on gender and HIV and AIDS as well as reproductive health and rights.
- Establishment of life skills training centres for vulnerable women, women living with HIV and youths in all States of the federation and the FCT.
- Establishment of a research fund on women and HIV and AIDS and increased funding of research on HIV/AIDS in general.

MONITORING AND EVALUATION

In order to ensure implementation of the above action points, the focal person for the Coalition will be required to monitor and report progress towards achievement of the Agenda. The Technical Working Group shall at all its meetings review progress made and makes recommendations. On an annual basis, a consultant will be hired to conduct an evaluation.

Strategic tasks:

Prevent new HIV infection and mitigate impact of HIV/AIDS on women and girls by:

- (i) Promoting access to information and education on HIV prevention
- (ii) Promoting access to HIV treatment, care and support
- (iii) Leading the crusade against stigmatization and discrimination of those infected
- (iv) Mobilizing support for policies and programmes centred on women and girls
- (v) Promoting the sexual and reproductive health rights of girls and women
- (vi) Promoting girl child education
- (vii) Promoting girls and women empowerment (poverty eradication) initiatives.

ANNEX 3

FOCUS GROUP DISCUSSION ON HIV AIDS GENDER MAINSTREAMING BEST PRACTICES, CIVIL SOCIETY HOUSE,

4 JABA CLOSE, AREA 11, GARKI – ABUJA, 21 October 2008

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