



Inter-University Council for East Africa



A TOOLKIT FOR MAINSTREAMING GENDER AND RIGHTS-BASED APPROACHES IN THE RESPONSE TO HIV & AIDS IN UNIVERSITIES

A DELIVERABLE OF THE EAC/AMREF LAKE VICTORIA PARTNERSHIP (EALP) PROGRAMME



April 2012



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Developed by the Inter-University Council for East Africa (IUCEA)

April 2012

Preface

The EAC/AMREF Lake Victoria Partnership (EALP), a project established to inform development of a framework for improving the effectiveness of the HIV responses in order to reduce HIV risks and vulnerabilities among mobile populations in the Lake Victoria Basin, identified GRBA as one of the general deliverables of the EALP Project. Each of implementing sector among the higher education, agricultural plantations and fisheries had to come up with interventions to address gender related challenges to management of HIV and AIDS.

Globally, years of engagement with the HIV and AIDS epidemic have shown that HIV and AIDS programmes that mainstream Gender and Rights-Based Approaches (GRBA) as a central goal maximize their overall effectiveness. As an institution of the EAC mandated to contribute towards strategic development of Higher education and research by facilitating contacts among universities in the region, IUCEA, was tasked to design and overseeing the baseline surveys and interventions that respond particularly to the vulnerabilities of the university communities to HIV and AIDS, especially in the Lake Victoria Basin.

Studies conducted in universities in the Lake Victoria Basin region in 2010, point out a number of pertinent gendered differences and human rights violations among students, which form a fundamental basis for multiple high risk behaviors and heightened vulnerability to HIV infections and impacts. Data from the behavioral studies enabled development of this Gender and Rights-Based Approach (GRBA) Mainstreaming Toolkit. The toolkit is aimed at strengthening the framework for the effectiveness of the HIV responses for university communities guided by gender rights based approaches. The Toolkit is intended to support implementers to understand, initiate and strengthen Gender and Rights-Based Approach interventions for improved response to HIV in their respective areas, in all of the HIV and AIDS intervention aspects of prevention, cure and mitigation.

The Higher Education institutions are expected to use this toolkit as one of the research based inputs in gender matters for administration and academic matters through various themes such as HIV&AIDS, Gender Mainstreaming, reproductive health, youth matters as well as in units and clubs related to these subjects.

The toolkit is informative to policy formulation processes, resource mobilization, research agenda-setting, program implementation and monitoring and evaluation. The toolkit can be used by any actor working with universities within and around the Lake Region and responding to HIV including policy makers, programmers, development partners, researchers and university communities, so as to promote and sustain mainstreaming of gender and rights based approaches in HIV responses. The toolkit will play an important role in promoting quality status of institutions in terms of teaching programmes, facilities and support systems.

I wish, therefore, to personally call upon universities leaders to go through this toolkit for effective dissemination and to extend my heartfelt gratitude to all stakeholders who actively participated in the process of development of this Toolkit

Prof. Mayunga H. H. Nkunya
Executive Secretary

Acknowledgements

Development of this Toolkit for mainstreaming gender and rights-based approaches (GRBA) in HIV responses in university communities within and around the Lake Victoria Basin would not have been possible without the technical and financial contribution of various individuals and organizations. Special appreciation goes to the Consultant- Ms. Eunice Odongi, who developed the GRBA toolkit under the guidance of EALP Team members and the National Technical Teams for her notable coordination efforts in supporting the entire process towards a successful completion.

The timely contributions made by the technical staff of the EALP partner institutions including Gender Experts, staff from IUCEA Secretariat and various universities in the East African Community partner states, representatives of EAC governments and AMREF are appreciated. Particular mention goes to the participants of the Entebbe consultative meeting in March, 2012. The meeting brought together EALP partners and stakeholders from EAC Partner States in Uganda, Tanzania, Rwanda, Kenya and Burundi at the Programme Implementation Team (PIT) meeting to provide final and valuable inputs to the content and format of the draft Toolkit.

We are greatly indebted to EALP Partner, AMREF, Lake Victoria Basin Commission (LVBC) and Lake Victoria Fisheries Organisation (LVFO) for the support in coordination of the Project. We are also greatly indebted to the Swedish and Norwegian Governments through the Swedish International Development Agency (Sida) for facilitating the development process of the GRBA mainstreaming Toolkit with the much needed funding through the EALP EAC/AMREF Lake Victoria Partnership (EALP) Programme.

The contributions of all individuals and organizations mentioned above are highly appreciated

Prof. Mayunga H.H Nkunya
Executive Secretary
Inter-University Council For East Africa

Acronyms and Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
AMREF	African Medical Research Foundation
ANC	Antenatal clinic
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral Drugs
AWP	Annual Work Plan
BCC	Behavior Change Communication
CBO	Community-Based Organization
CSO	Civil Society Organization
EAC	East African Community
EALP	EAC/AMREF Lake Victoria Partnership Programme
FPs	Focal Points
GAD	Gender and Development
GFP/U	Gender Focal Point/Unit
GIPA	Greater Involvement of People Living with HIV & AIDS
GRBA	Gender and Rights-Based Approaches
HCBC	Home and Community-Based Care
HIV	Human Immuno-deficiency Virus
HRBA	Human Rights-based Approaches
HTC	HIV Testing and Counseling
HVGs	Highly Vulnerable Groups
IEC	Information, Education, and Communication
IGAs	Income Generating Activities
IOM	International Organization for Migration
IUCEA	Inter-University Council for East Africa
JAPR	Joint HIV and AIDS Program Review
JICA	Japan International Cooperation Agency
JKUAT	Jomo Kenyatta University of Agriculture & Technology;
KIU	Kampala International University
LVB	Lake Victoria Basin
LVBC	Lake Victoria Basin Commission
LVFO	Lake Victoria Fisheries Organization
M & E	Monitoring and Evaluation
MARPs	Most-at-Risk Populations
MMUST	Masinde Muliro University of Science & Technology
MUST	Mbarara University of Science & Technology
MUHAS	Muhimbili University of Health and Allied Sciences;
NTT	National Technical Teams
NGO	Non-Governmental Organization
OIs	Opportunistic infections
OVC	Orphans and Vulnerable Children
PLHIV	People Living with HIV
PMTCT	Prevention of Mother to Child Transmission
RBA	Rights-Based Approaches
SAUT	SAUT - St. Augustine's University of Tanzania
STIs	Sexually Transmitted Infections
SUA	Sokoine University of Agriculture
UDSM	University of Dar es Salaam
UNAIDS	United Nations Joint Programme on AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
VCT	Voluntary Counseling and Testing
VMMC	Voluntary Medically-Assisted Adult Male Circumcision
WHO	World Health Organization
WLHIV	Women Living with HIV

Glossary of Key Terms

Gender	Gender refers to the socially constructed roles and responsibilities for men and women. The determination of the role and status of men and women is carried on through the process of socialization starting from the early stages of infancy. Gender roles vary depending on the place, time, and socio-economic, political and cultural context. This creates unequal power balances between men and women that subsequently lead to unequal access to key resources for enhancing livelihoods including HIV information and services. The relationships accruing from the constructed roles and responsibilities influence vulnerability and risk levels to HIV.
Gender Analysis	This is the systematic gathering and examination of information [using appropriate tools] on the relationships between men and women in terms of access to resources, their activities, and the constraints they face relative to each other. Gender analysis gives insight into gender relations i.e. the hierarchical relations of power between women and men. These are revealed in practices, ideas and representations (labour division, roles, resource allocation, abilities ascribed, attitudes, desires, personality traits, behavior patterns etc.
Social Construction of Gender	This refers to how society values and allocates duties, roles and responsibilities to women, men, boys and girls. This differential valuing creates the gender division of labour and determines differences in access to benefits and decision-making which in turn influences power relations and reinforces gender roles.
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 any planned action including policies and programmes in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated. Gender mainstreaming ensures that the special needs and priorities of female and male students, as well as men and boys, are considered at all levels and stages of development activities.
Gender Sensitization	This is the process of developing people's awareness, knowledge and skills on gender issues.
Gender integration	This is the strategy for making women's as well as men's concerns and experiences an integral dimension of the activity plans, implementation, monitoring and evaluation of these projects and interventions so that women and men benefit equally and inequality is not perpetuated.
Human rights	Human rights are the rights and freedoms a person has simply because he or she is a human being. They are neither created nor can they be annulled or abolished by any government or institution.
Gender-based violence	This is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.
Gender Division of Labour	This is the socially determined ideas and practices which define what roles and activities are deemed appropriate for women and for men.
Empowerment	The ability of a wo(man) to control her/his own destiny. The term can also be used to refer to the process and result of gaining attitudes, knowledge and skills that positions one to compete equally with others for available opportunities and resources and to exercise authority. For women to be empowered they must not only have equal capacities and equal access to resources and opportunities but must also have agency to use those rights to make choices and decision provided through leadership opportunities and participation in political institutions.

Gender Equality	This is the absence of discrimination on the basis of a person's sex in opportunities, in the allocation of resources and benefits or in access to services. An attainment of fundamental rights, a situation where men and women are seen to be equal, provided with equal opportunities in the society, enjoying equal benefits and are treated the same before the law.
Gender Equity	This refers to fairness and justice in the distribution of benefits and responsibilities between women and men. The concept recognizes that women and men have different needs and power and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes. Gender equity denotes the equivalence in life outcomes for women and men, recognizing their different needs and interests, and requiring a redistribution of power and resources
Gender Issues	Specific consequence of the inequality of men and women
Gender Sensitization	This is the process of developing people's awareness, knowledge and skills on gender issues.
Gender sensitivity	Awareness of gender issues and gaps, recognition that gender roles are socially constructed and can change over time and that women and men have equal rights to access to and control over resources, to participation and fair treatment in life and in development programmes
Gender responsiveness	Putting actions/activities in place to address gender-based unfairness and discriminatory treatment to promote equity, empowerment and advancement of both men and women.
Risky behaviours	This is defined within the following categories: having sexual intercourse before the age of 15 years; having sexual intercourse with more than one partner in the last 12 months; Non-use of a condom during the last intercourse; Non-use of sterile injecting equipment behaviour by; sex worker not consistently using condom with clients.
Gender Discrimination	Prejudicial treatment, restriction or exclusion made on the basis of one's gender - man or woman, which has an effect of impairing or nullifying the recognition, enjoyment of human rights and fundamental freedoms.
Vulnerability	Vulnerability refers to the probability that an individual (or group) is in a situation or behaviour that exposes them to HIV infection or unfavorable impact.
University Community	In this document, university community refers to the students, teaching and non-teaching staff and family members living with staff in the university.
Practical gender needs(PGNs)	Are the needs women identify in their socially accepted roles in society. PGNs do not challenge, although they arise out of, gender divisions of labour and women's subordinate position in society. PGNs are a response to immediate perceived necessity, identified within a specific context.
Strategic gender needs (SGNs)	Are the needs women identify because of their subordinate position in society. They vary according to particular contexts, related to gender divisions of labour, power and control, and may include such issues as legal rights, domestic violence, equal wages, and women's control over their bodies.

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PART 1
INTRODUCTION

1.1 Background Information

University students in sub-Saharan Africa are among the populations that are considered to be highly vulnerable and at greater risk to HIV. This is because majority of them fall within the 17 – 30 years age-group where sexual activity is high. Secondly, in the Lake Victoria Basin and its environs, the situation is expected to worsen given the inter-connectedness of population mobility and disease (Jeeves A. 2001). University communities (university students plus teaching and non-teaching staff) are among the most mobile populations; globally, migrants are classified among the highly vulnerable and most at risk to HIV as a result of movement and time away from home (Social Science & Medicine 2011). The EAC/AMREF Lake Victoria Partnership (EALP), a programme of the East African Community and coordinated by the Lake Victoria Basin Commission (LVBC) exists to establish a framework for improving the effectiveness of the HIV responses in order to reduce HIV risks and vulnerabilities among mobile populations in the Lake Victoria Basin. The component of EALP targeting university communities is coordinated and implemented by Inter-University Council for East Africa (IUCEA), a regional institution of the East African Community responsible for human resource development and research. IUCEA was tasked to design and oversee interventions that respond to the vulnerabilities of the university communities that arise from their intensive movements within the Lake Victoria Basin, both internal or cross-border.

1.1.2 Data of the 2010 HIV Sero-Behavioral Studies

In 2010, three HIV and AIDS sero-behavioral parallel studies were commissioned by EALP/IUCEA and undertaken in eighteen (18) universities, six in each of the three East African Community partner states of Uganda, Tanzania and Kenya. The findings of the studies show that HIV prevalence levels range from 0% to 2.21% (Table No. 1). The studies also show that HIV prevalence in the studied universities are well below both the national prevalence for the 15 – 24 age groups and the national averages of the three East African States.

Table 1: HIV Prevalence in Universities by Country (2010)

COUNTRY	National HIV Prevalence (%)		Av. HIV Prevalence in Universities (%)			Lowest HIV prevalence (%)		Highest HIV prevalence (%)	
	National	15 – 24years	M	F	Av.	Institution	Av. %	Institution	Av. %
UGANDA ¹	6.7	M -2.3; F – 4.8	-	-	1.2	Mbarara University	0.4	Gulu University	1.8
TANZANIA ²	5.8	-	-	-	0.56	Mzumbe University & MUHAS	0.0	SAUT	2.03
KENYA ³	6.3	3.8 ⁴	0.58	0.40	0.51	JKUAT	0.0	Baraton University	2.21

Key: M - Male; F – Female; Av. –Average; JKUAT - Jomo Kenyatta University of Agriculture & Technology; MUHAS - Muhimbili University of Health and Allied Sciences; SAUT - St. Augustine’s University of Tanzania

The disaggregated survey data capturing socio-economic and other variables in Table No. 2 below reveals the attitudes, practices, values and levels of knowledge depicted by the male and female students as they express their sexuality and response to the presence of HIV in campus life.

Table 2: Disaggregated data across the socio-economic categories of university students

Kenya	
<ul style="list-style-type: none"> - HIV prevalence in university students – 0.51% - HIV prevalence in male students – 0.58% - HIV prevalence in female students – 0.40% - HIV prevalence among orphaned students is higher - Sexual debut at 18 years and earlier in males than females; one year earlier in those who test positive - ¼ of the students practice primary abstinence; higher in females - Reasons for abstinence: religion (70%); chastity until marriage (66.5%); fear of contracting HIV (62.5%); - Anal sex – 2.5%; anal sex times 4 times higher among student living with HIV - Approx 50% have multiple sexual partners; more common in males - Sex for favors – 8.6% and more common among males - Intergenerational sex – 15.4%; higher among male students - Influence of drugs and alcohol into undesired sex – 16.2%; greater among male students; 43.8% among those testing HIV positive - Sexual partner sharing – 15%; more common with males; 33.3% in those HIV positive 	<ul style="list-style-type: none"> - Condom use – 2/3 - HIV Testing – 63.6% - 23.5% students living with HIV have had sex for favors - Sex with lecturers – 1.8%; more common with male students - Academic wives/husbands – 2.7%; more common with male students - STDs prevalence – 4.2%; 25% among PLHIV - Sexual violence – 8.9% - 15% of those testing positive have never taken HIV test - 76.4% either in behavior change group or Support Group for PLHIV - Sex during travelling – 10.1% - Sexual and physical assault cited as greatest risks between lecture venues <p style="text-align: right;"><i>(Kimiye, J. et al; August, 2010)</i></p>

Uganda	
<ul style="list-style-type: none"> - HIV prevalence in university students – 1.2% - Awareness of HIV – 97% - Comprehensive HIV knowledge at 71% - 50% believe that men are obliged to provide materially - Sexual debut at 18 years and earlier in males than females; - Casual sexual relationships – 52% - Sex with non regular sex partners is highest between 15 – 19years - Cross generational sex – 5%; 9% among sexually females and 6.5% among males - Majority of students pay for HIV test outside campus - Condom use – 51%; higher among younger students; lower in students under influence of alcohol (46%) - STD prevalence – 10%; highest in ages 36-40 years(20%) 	<ul style="list-style-type: none"> - Condom use at sexual debut – 59% - Multiple sexual partners – 24% - Transactional sex – 4% among sexually active - Pornographic exposure – 72% - Physical and sexual abuse – 17% - Access to frequent HIV messages – 46.7% - Peer-to-peer education on HIV – 71% - Induced abortion – 7% - Accepting attitude towards PLHIV – 52% - ¼ take alcohol more than x5 per month - 1/3 justify sexual violence - HIV risk perception – 12% - Primary abstinence – 22% - Secondary abstinence – 25% <p style="text-align: right;"><i>(Mayega R. W. et al; September, 2010)</i></p>
Tanzania	
<ul style="list-style-type: none"> - HIV prevalence in university students – 0.56% - negotiation for safe sex – 78% for male and 57% for females - HIV testing: males – 59%; females – 70% - Coercion into sex by instructors – males – 1%; females – 3.7% - Sex with sex workers – male students-5%; female students - 2% 	<ul style="list-style-type: none"> - condom use – over 65% - STD prevalence – males -6%; females - 10% - Casual sex – males-21% females-10% - Awareness of HIV -80% - proper HIV knowledge at 46% <p style="text-align: right;"><i>(Mvungi A. et al; November 2010)</i></p>

1.1.2 Gender and Rights Issues in Universities

A quick comparison of data in Table 2 depicts a trend that is similar across the EAC states; HIV prevalence in universities in the region does not paint a grim picture. Moreover, an analysis of the data generated by the studies does not demonstrate any significant correlation between mobility and the spread of HIV among students. However, the studies point out pertinent gendered differences and human rights violations among students which form a fundamental basis for multiple high risk behaviors and heightened vulnerability to HIV infections and impacts.

Consequently, there emerges several 'micro-cultures' in campus life;

First, the culture of '**high risk-takers**' – displaying multiple risks with low risk perceptions. Here incidences of casual sex, multiple sexual partners, anal sex, and transactional and intergenerational sex, and pornographic exposure, early sexual debut, sharing sexual partners, academic spouses, alcohol and substance abuse are high. This culture is particularly common among male students. It is not surprising that Kenyan universities are posting a higher ratio for male university students unlike in most population-based studies in Africa where female-to-male HIV prevalence ratio is quite high. This reality is pitiful given the established fact that females are twice more likely to become infected due to biological, socio-economic, cultural and political reasons. Notably, the female genitalia have a larger surface area that comes into contact with viruses found in male semen.



Secondly, the culture of '**low risk takers**' comprising of individuals who have embraced specific practices that lower their HIV and related risk levels. This category displays high risk perceptions and is keen to negotiate for safer sex and use of condoms; practice either primary or secondary abstinence, HIV testing and counseling, management of STDs, and affiliation to Behavior Change Groups and or HIV Support Groups.

Thirdly, the micro-culture of '**HIV vulnerable group**' consists mainly of females who are rendered vulnerable because of their socialized subordinate position in society. This reflects a society in which the patriarchal ideologies of who to decide when, how, where and with whom to have sex with prevail and it is the prerogative of the male partner. Moreover some students, particularly female, face other forms of sexual and gender-based violence (SGBV). Studies have proven that SGBV is a cause and consequence of HIV. Polyandry was reported as a situation where several male students collude and share a single female

heterosexual partner, a phenomenon that is increasingly gaining popularity among young people in the region. The 'HIV vulnerable group' also includes fresh single undergraduates who are overwhelmed by the sudden social freedom offered by campus life especially in public universities where there exists no institutional code of conduct. Most of them are in the transition stages into responsible adulthood; progressively moving from social relationships to romantic relationships. In this age bracket the most essential question the young people ask themselves regarding relationships is: Can I Love? The study reports show that sex with non regular sex partners is highest between 15 – 19 years. In the absence of specific role models to influence them in shaping their decisions, the ill-equipped youngsters become vulnerable to alcohol and drug abuse, risky sexual practices underpinned by Internet and contemporary information media.

It is on the basis of these facts and data analyses that this Gender and Human Rights-Based Approach (GRBA) Mainstreaming Toolkit was developed.

1.2 Synopsis of the Toolkit

1.2.1 Why the Toolkit?

The EAC/AMREF Lake Victoria Partnership (EALP) programme aims to establish a framework for improving the effectiveness of the HIV and AIDS responses for mobile populations. One of the programme areas for the EALP is to intervene on cross-cutting issues such as gender and rights-based issues in the context of HIV thus rationale for a need to address the gender and rights issues in HIV for university communities with coordination provided by IUCEA. The toolkit is designed to bring together Gender Mainstreaming and rights-based approaches (RBA) methodologies and tools into the same programming process, rather than applying them separately.

1.2.2 How the Toolkit was developed

This Toolkit was developed following intensive desk reviews by subjecting relevant study findings, regional and country-specific policies, plans, strategies and on-going interventions to gender analysis frameworks (checklists and tools) and Treaties and Declarations on human rights and HIV. Key documents reviewed include:

- (i) The interpretation and analysis of the following survey data:
 - HIV sero-behavioral study in six universities in Kenya (Kimiye, J. et al; August 2010);
 - HIV sero-behavioral study in six universities in Tanzania (Mvungi A. et al; November 2010); and
 - HIV sero-behavioral study in six universities in Uganda (Mayega R. W. et al; September, 2010)
- (ii) Country-specific national AIDS policies and strategies
- (iii) HIV studies commissioned by EAC/AMREF Lake Victoria Partnership Programme (EALP) among other mobile populations

(iv) Socio behavioral studies conducted in the region

In addition, local and international direction outlined in consultative meetings, declarations, conventions, agreements and documents on gender and rights based approaches mainstreaming in the context of HIV and AIDS, current government policy documents, action plans, guidelines and review reports housed in National AIDS Councils and government institutions responsible for gender mainstreaming in the respective EAC members states

The initial draft document was used as a basis of engaging EALP Partners and stakeholders at the Programme Implementation Team (PIT) which brought together National Technical Teams, gender experts and actors from the partner states to review the content and layout of the proposed Toolkit. The inputs generated through the consultative process were consolidated into materials for enriching the final Toolkit that was submitted to IUCEA.

1.2.3 Objective of the Toolkit

The aim and objective of this toolkit is to strengthen the framework for the effectiveness of the HIV responses for university communities within and around Lake Victoria Basin including the host community within which they are established and interact closely with, guided by gender rights based approaches. The Toolkit is intended to support implementers to understand, initiate and strengthen GRBA interventions for improved response to HIV in their respective areas.

1.2.4 Purpose of the Toolkit and How to Use it

The Toolkit is focused on enhancing the capacity of implementers working with universities within and around the Lake Victoria Basin, including the flanking communities, to gain understanding of the implications of gender and rights issues associated with HIV in the region and subsequently enhance their capacity to design, implement and monitor effective interventions to address the pertinent gender and rights issues in their HIV & AIDS programmes. Employing this toolkit, the user should select and combine the tools needed for a specific task. Given that gender mainstreaming and rights-based approaches are relatively new in development processes, it is recommended that users of the Toolkit consult a gender specialist regularly, for additional help and clarifications. If users have difficulties with the understanding and application of concepts and tools for development of appropriate training materials based on this Toolkit;

The toolkit provides a cyclic framework and a process (see Figure 6) within which actors in GRBA /HIV and AIDS among the target group are able to:

- (i) Conduct an assessment/analysis to enable understanding of the nature, extent and implication of the problem facing their organization and their target group
- (ii) Make decisions and prioritize gender and human rights issues into administration of institutions and community functions.
- (iii) Develop and coordinate HIV and AIDS related GRBA programmes through;
 - Design of strategy and determination of entry point for intervention by developing Actions, targets and indicators

- Mobilization of resources to provide clear justification of the benefits the intervention will accrue by implementing the strategy, and mobilization financial and other resources to respond to the issue
- Implementation of a move from decisions to actions that can be measured
- Monitoring of the progress achieved against actions undertaken

1.2.5 Users of the Toolkit?

The toolkit is informative to policy formulation processes, resource mobilization, research agenda-setting, program implementation and measuring progress. The toolkit can be used by any actor working with universities within and around the Lake Region and responding to HIV including policy makers, programmers, development partners, researchers and university communities. The toolkit builds capacity and provides insight to key actors towards the identification and engagement of practical entry points and mechanisms in relevant structures and processes so as to promote and sustain gender integration and rights based approaches in HIV responses.

1.2.6 Layout of the Toolkit

Part 1: introduces the reader to the background information that necessitated the development of this toolkit for university communities. This discussion details the HIV situation among the university communities in the EAC Partner States providing overview of evidence on the prevalence and the differential effects of the epidemic in various institutions and categories of male and female students in eighteen universities; regional initiatives being undertaken to address HIV epidemic, gender and rights issues in HIV responses and lastly, the objectives and the process undertaken to develop the Toolkit.

Part 2: comprises of five modules which guide the user of the Toolkit to understand the concepts of gender and rights in the context of HIV; characterizes the university communities, identifies and prioritizes pertinent gender and human rights issues in university communities; makes an analysis of gaps and challenges in programming for gender and rights issues and finally outlines what must be done to realize effectiveness of HIV programmes in response to gender and rights issues in HIV by proposing a set of feasible strategies and actions as interventions for mainstreaming gender and rights issues in HIV responses.

Part 3: discusses the process of mainstreaming GRBA by overcoming the main challenges identified in literature reviews particularly increased and meaningful involvement by university administration, differentiated strategies targeting university students within their respective micro-cultures and niches and financial resource mobilization by stakeholders. The section includes M & E and sustainability processes to put in place in order to measure and sustain what is being implemented and the next steps to be undertaken to advance the GRBA processes in the Lake Victoria Basin region and in the institutions of higher learning. The last section,

Part 4 provides important resources for reference by Toolkit users.

PART 2

**MODULES FOR DEVELOPMENT AND
ADMINISTRATION OF GRBA IN THE
CONTEXT OF HIV AND AIDS**

2.1 Module I: Understanding Gender, Human Rights and Relationships with HIV

2.1.1 Overview

Gender mainstreaming and human rights approaches are relatively new paradigms in development approaches. In spite of this reality, effectiveness and sustainability of programmes at national and international levels demand that responses to the HIV epidemic must aim to address the underlying determinants of infection and impact, particularly *gender inequality and human rights violations*. In addition, international legal obligations and sound public health practice require that to reduce the spread and impact of HIV, policies and programs must protect and promote human rights. In order to respond strategically to these challenges, programme planners and managers implementing HIV and AIDS related programmes need to have a good understanding of gender and human rights concepts, linkage between gender inequalities and human rights and the spread of the HIV epidemic and effects of its burden. In this Module, description designed to meet these needs is presented.

2.1.2 Objectives

By the end of this module for dissemination processes such as training, users will be able to;

- (i) Be familiar with the language, terminology and concepts of gender and human rights.
- (ii) Understand the interactions between gender, human rights and HIV

2.1.3 Module Contents

- (i) Understanding Gender
- (ii) Differences between sex and gender
- (iii) What are the commonly used gender-related concepts?
- (iv) Understanding Human Rights in the context of HIV
- (v) Correlation between Gender, Human Rights and HIV

2.1.4 Understanding Gender

- (i) What is Gender?

Gender refers to the socially constructed roles and responsibilities associated with males and females which influence behaviors, attitudes and expectations. The determination of the role and status of men and women is carried on, through a process of socialization starting from the early stage of infancy. In universities, both the social lives of male and female students reveal attitudes, values, behaviours and practices and values that are a social construct of gender. Thus, as they express their sexuality and respond to the presence of HIV in campus life, risk and vulnerability levels vary among university students. Moreover, the value system that is based on the prescribed roles may create unequal power balances between men and women and subsequently leads to unequal access to key resources such as information, education, employment, credit and other livelihood en-

hancing services for HIV.

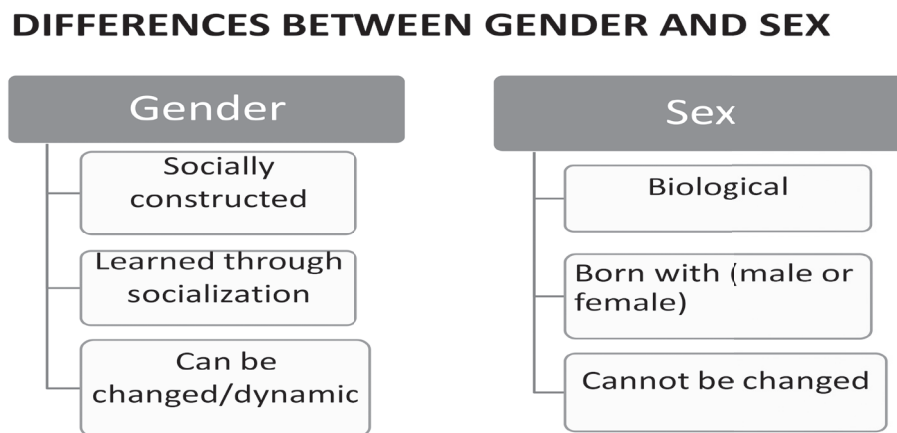
(ii) What is Sex?

Sex refers to the biological and physiological differences between men and women as determined by nature. Men and women as a result, play different roles that are shaped by biological, ideological, historical, religious, economic and social-cultural determinants.

2.1.5 Differences between sex and gender

There are clear differences between gender and sex as shown in Fig. 1 below.

Fig. 1: Differences between sex and gender



(i) What is sexuality?

This is the totality of the human being- of maleness and femaleness. It is the awareness of being a female or a male and the capacity to experience and to express oneself, sexually. Sexuality starts at conception and develops throughout life. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships and in speech.

2.1.6 What are the commonly used gender-related concepts?

(i) Gender Analysis

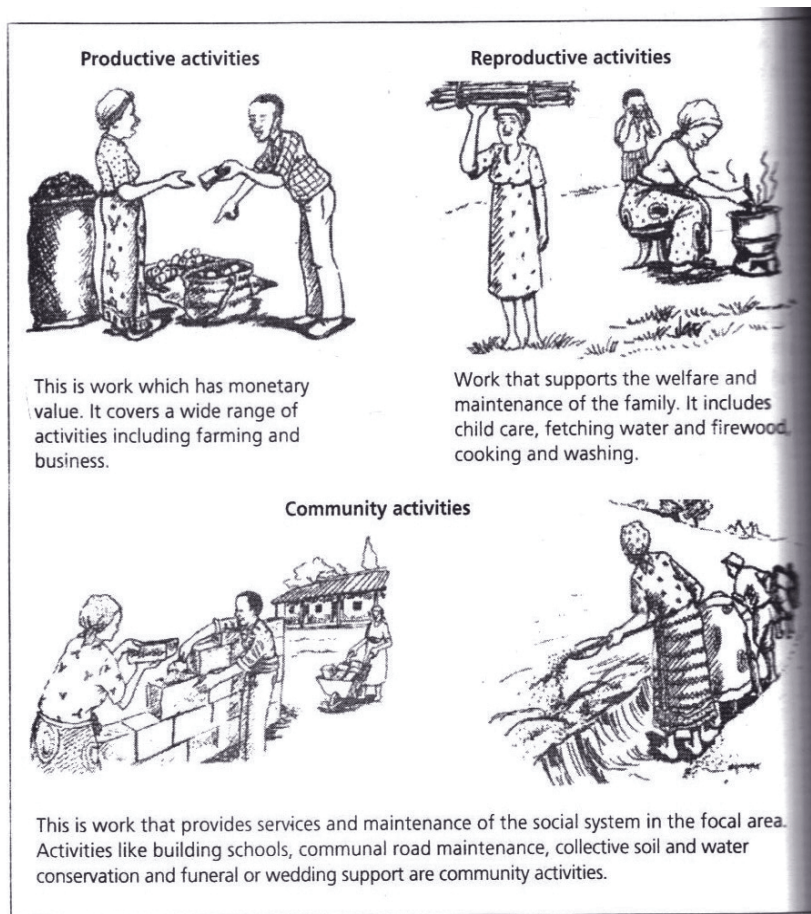
This is the systematic gathering and examination of information on the relationships between men and women in terms of access to resources and opportunities, their activities, and the constraints they face relative to each other. Gender analysis among university communities will provide insight into gender relations, including perceptions on hierarchical relations of power between males and females that tend to disadvantage female or male students. These are revealed in practices, ideas and representations (roles, resource

allocation, abilities ascribed, attitudes, desires, personality traits, behaviour patterns etc). They are the basis for which value is placed on certain jobs and sometimes academic courses which reflect the value placed on the respective sexes; these shape the opportunities and constraints that female and male students face in securing their welfare and livelihoods. These are also the basis for which male and female are aligned towards certain micro-cultures regarding HIV risks and vulnerabilities. On this, we place our approvals and disapprovals of behaviors and attitudes and practices of the different sexes.

(ii) Gender Division of Labor

This entails socially determined ideas and practices which define what roles and activities are deemed appropriate for women and for men. Across many African communities, the following general observations are constant: women have more duties/roles to perform; women work longer hours; division of labour disadvantages women. Fig.2 illustrates different labor roles in African culture.

Fig. 2: Illustration of different Roles



(iii) Types of Roles

(Refer to Fig. 3)

Reproductive Work/Role:

This includes the biological function of child bearing and child rearing and also social reproduction and maintenance of the workforce, e.g. by cooking and housekeeping.

Productive Work/Role:

This involves the production of goods and services for payment.

Community Work/Role:

The community role of women is usually an extension of their reproductive role and includes such tasks as the maintenance of collective resources such as roads. [Moser, 1999]

Source: a Training Handbook; NALEP; Nycander et al (2000)

Exercise 1

- (a) Identify and describe some striking attitudes, expectations, practices, and norms, sayings/beliefs attributed to female and male university students.
- (b) Discuss how the identified roles and responsibilities, attitudes, expectations, practices, norms, sayings and beliefs increase their risks and vulnerability to contracting HIV for
a) female students b) male students.
- (c) Develop a schematic presentation of gender relations in a university environment depicting roles played by male and female students, staff and other university community members that are based on gender approaches or perceptions, with potential for a need to intervene

2.1.7 Understanding Human Rights in the Context of HIV

(i) What are human rights?

Human rights are the rights and freedoms that a person has simply because he or she is a human being. They are neither created nor can they be annulled or abolished by any government or institution. One cannot lose these rights any more than one can cease being a human being. Both male and female university students are holders of human rights, independent of what they do, their religious affiliations, where they come from, where they live, marital status, year of study, citizenship, whether in public or private university or type of sponsorship.

(ii) Guiding Values and Principles of human rights

Table 3: Guiding principles of human rights

Value/Principle	Meaning
Inherent in human beings	Only human beings are entitled to human rights.
Universal	They apply to all persons throughout the world irrespective of their circumstances or environments.
Inalienable	They cannot be forfeited (given up), transferred or lost.
Fundamental	They are important basic rights and should be given special protection by law.
Treat all as equal / Non-Discrimination	Human rights recognise that all humans are born free and equal in dignity and rights. Discourages any discrimination on grounds of race, sex, pregnancy, marital status, health status, ethnic or social origin, colour, age, disability, religion, conscience, belief, culture, dress, language or birth.
Inter-related and interdependent	Human rights are linked and dependant on each other. They embedded in and also influenced by the other characteristics of human rights. The inter-dependent use and enjoyment of a human right is dependent on an individual having all other rights as well.
Indivisible	All human rights have equal status, and cannot be positioned in a hierarchical order. Denial of one right invariably impedes enjoyment of other rights.
Oblige state actors to be accountable under the rule of law	They place an obligation to provide for them, respect them, promote them and fulfil them. States and other duty-bearers are answerable for the observance of human rights.
Internationally guaranteed	This means that human rights are recognised at the international level through various documents.
Focus on dignity of human Being	Human beings have intrinsic dignity. This intrinsic dignity does not depend on any circumstance, stage of development, or potential, and no human community can grant or rescind it.
Participation and Inclusion	All people have the right to participate in and access information relating to the decision-making processes that affect their lives and well-being.
Best Interest	Expects decisions to be made in the best interest of e.g. a child when faced with questions concerning human rights of children.
Egalitarian	Every human being has the same rights
Fundamental	Human rights protect basic and essential elements of human existence

(iii) What are human rights violations?

Human rights violations occur when duty bearers (individuals and the State) fail to respect, observe, protect, promote and fulfill them.

(iv) What are some of the Rights of university communities in the context of HIV?

In accordance with the survey findings, the following rights are relevant for both university students and staff in the context of HIV and AIDS:

- The right to health
- The right to human dignity
- The right to access to Justice
- The right to education
- The right to participate in culture and language
- The right to freedom from inhuman, degrading treatment and punishment
- The right to freedom and security

2.1.8 Correlation between Gender, Human Rights and HIV

Fig.3 below depicts the relationships between human rights violations, gender inequalities and HIV. The plus symbol (+) denotes a situation of 'increase'.

2.1.9 Human rights vis a vis gender:

Because addressing gender inequalities in the context of HIV aims to promote and protect the sexual and reproductive rights and harness the substantive participation of those who are most affected, it is by definition contributing to the promotion of human rights. This encompasses the following:

- (i) Socialized differences between women and men and the resultant hierarchical power relations in communities are used as a ground for devaluation of women's status, sexual abuse and exploitation, and enhanced discrimination and stigmatization.
- (ii) Due to the social construction of gender which results into specified roles and responsibilities and differential power relations between males and females, many rights (particularly sexual rights) of the subordinated populations, like female students, are violated. In tandem, many communities apportion greater blame and HIV related discrimination and stigma against females.
- (iii) Casual sex which includes sex with university instructors, intergenerational sex, coerced and unprotected sex, polyandry, compromise the capacity of the affected female or male university students or staff to negotiate for their sexual, reproductive health and related rights such as control over their sexuality, sexual health and fulfillment of their strategic needs like access to legal services, information and other HIV services. Denial and violations of these rights enhances exposure to HIV.

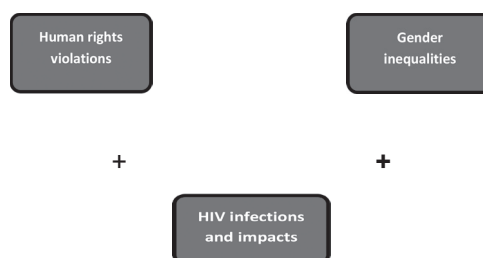
2.1.10 Rights and gender vis a vis HIV

- (i) The HIV epidemic can also be linked to gender and human rights issues in that;
Gender inequalities and human rights violations greatly contribute to the spread of HIV infections and its impacts. Lack of deliberate focus on gender disparities perpetuating the spread and impacts of HIV in any community, whereas the lack of promotion and protection of human rights increases the vulnerability to HIV infection and its impacts
- (ii) Based on a study conducted by Action AID in Kenya (2008), gender inequalities particularly gender based violence are a cause and consequence of HIV infections and impacts, in that; Prejudicial treatment, restriction or exclusion made on the basis of one's

gender has an effect of impairing or nullifying the recognition, enjoyment of human rights and fundamental freedoms.

- (iii) Human rights violations obstruct public health efforts to prevent new HIV infections and reduce the impact of the epidemic on individuals and communities.
- (iv) According to the 2010 studies, HIV services are poor or inadequate in universities, thus denying students the right to health, such as in the case of condoms availability especially female condoms which are completely absent in most institutions. Some students in Tanzania for example, are compelled to pay for HIV testing services outside the campus which may be due to lack of services, besides the general reason in fear for stigma; health facilities or clinics in the universities are not well equipped to handle reproductive health services. More female students than their male counterparts in Tanzania, students aged 36 – 40 years and students living with HIV posted higher prevalence for STDs than other students.
- (v) Students living with HIV face stigma, discrimination and gender-based violence. This is a violation of their rights and it is far greater in populations that have been systematically subordinated in the process of socialization or lower in the socio-economic ranks. Quite often females and people living with HIV face greater violation of their human rights. Because of their subordinate social or HIV status, communities find it easier to level blame on female students and those students living with HIV respectively for ills that society faces.

Figure 3: Relationships between human rights, gender and HIV



- Human rights violations are frequently observed among people in subordinate and lower socio economic status; people who do not have a voice.
- Promoting gender equality and the protection of human rights has therefore become an important strategy in reducing vulnerability to HIV. This means that the rights of both sexes and various age groups that are violated due to their subordinate positions are addressed.
- When individuals or groups of human beings are singled out as “responsible” for the HIV epidemic, when human beings are ostracized, harassed, isolated, marginalized, or treated less favorably and violently on the basis of their socialized roles and responsibilities; and when they are denied information, services and other resources that influence their livelihoods, they begin to engage in risk-taking behaviors and increase

their own vulnerability as well as put other lives into danger of HIV infection. Such treatment curtails their efforts of seeking for prevention, care, support and treatment services and resources that would otherwise help them avoid infection or ameliorate the effects of the epidemic due to fear of further stigma, discrimination and gender based violence. These demeaning and dehumanizing acts are attributed to misinformation, socialization, ignorance, inadequate knowledge about HIV and the modes of transmission or to moral judgments.

Exercise 2: Group Work and Plenary Presentation

- (a) Make a list of occurrences/beliefs that would compromise the health of female students because of how the university community expects them to behave (make a similar list for male students). These may include: 'married students should not be seen to access condoms', 'Men are polygamous by nature', and 'there is nothing like sexual abuse against a female friend' etc
- (b) Identify pertinent gender and rights issues/concerns of 1) Female university students; 2) Male university students.

2.2 Module II: Characteristics of University Communities and the associated Gender and Rights issues

2.2.1 Overview

University communities comprises of students and staff (teaching and non-teaching staff and household members). In the context of HIV vulnerabilities and risks, a number of factors influence access levels by students to HIV information, services and commodities for prevention, care, support and treatment. Firstly, either female or male students are not homogeneous; there are variations in age, year of study, marital status, their socialized values, attitudes and practices, religious values, place of accommodation, citizenship, type of sponsorship, economic status, HIV status and HIV knowledge level. Secondly, there are external factors that shape the accessibility to HIV resources and result in dissimilar outcomes; they include the characteristics of host community; whether university is a public or private institution, administrative commitment to HIV issues and the institutional culture.

The aim of Module II is to enable the user understand the characteristics and resultant pertinent gender issues and human rights violations facing male and female university students stemming from both internal and external environments. The Module divulges on socio-economic and cultural variables affecting the students and how their interactions within the confines of their social constructs influence their attitudes, expectations, practices and norms that determine their levels of risk and / or vulnerability to HIV infection and impacts. Include the mobility patterns of students – in campus based, commuting as well as international vis a vis national

2.2.2 Objectives

By the end of this module users will be able to:

- (i) Define characteristics of the university students and how their interactions with the internal and external environment predispose or cushion them from HIV infection and effects
- (ii) Define characteristics of the external environment of universities that influence the level of risks and vulnerabilities to HIV infection and effects
- (iii) Identify and discuss the implications of pertinent gender issues and human rights violations on the spread and burden of HIV amongst various categories of male and female university students.

2.2.3 Module contents

- (i) What Factors contribute to higher HIV vulnerability in females?
- (ii) What sexual behaviours and practices put males at greater risk to HIV?
- (iii) What are the implications of most commonly violated HIV-related Human Rights in universities?
- (iv) What are the Pertinent Gender and Human Rights Issues among University Students?
Analysis of the 2010 HIV sero-behavioral studies:
- (v) Which External factors Influence HIV risks and vulnerabilities?
- (vi) What Factors contribute to higher HIV vulnerability in females?

Factors that contribute to the disproportionate vulnerability of female and male students

to contracting HIV virus and differentiated role in living with the disease include:

- **Biologically** women are twice more likely to become infected with HIV. The female genitalia have larger surface area that comes into contact with viruses found in male semen.
- **In most communities, gender relations are characterized by unequal balance of power** between women and men. In the universities in the LVB HIV is primarily transmitted sexually. Power to decide on whom to have sex with, how and why often lies with the male student or those with higher socio-economic status leaving the female students and the inexperienced undergraduates with little or no choice to negotiate for safe sex or abstain altogether.
- Women's **economic dependency** increases their vulnerability to HIV. Research has shown that the economic vulnerability of women makes it more likely that they will exchange sex for money or favors, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky (Heise and Elias 1995; Mane, Rao Gupta, and Weiss 1994; Weiss and Rao Gupta 1998). This, however, is true for some female students as well as inexperienced undergraduate male and female students.
- More girls and young women tend to be exposed to **sexual abuse and violence**;
- Beliefs about **masculinity and femininity** affect the sexuality of both women and men as well as their risk of HIV and other STIs.
- The traditional norm of virginity for unmarried girls restricts their ability to **access information about sex** or negotiate for safe sex out of fear that they will be thought to be sexually active.
- Motherhood, like virginity, is considered to be a feminine ideal, using barrier methods or non-penetrative sex as **safer sex options presents a significant dilemma for women** (Heise and Elias 1995; UNAIDS 1999).
- **Female initiated methods of HIV prevention are not available** except the female condom which is hard to come by and its use is prohibitive due to relatively high cost.
- **Culture prevents open discussion around sex** with partners. The culture of silence dictates that "good" women are expected to be ignorant about sex and passive in sexual interactions.
- **Gender bias and secrecy surrounding sexual violence** and rape prohibits survivors from accessing post exposure prophylaxis.

(vii) What sexual behaviours and practices put males at greater risk to HIV?

- Notions of **masculinity that emphasize sexual domination** over women as a defining characteristic of male-hood drive men into having multiple concurrent sexual relationships, unsafe and casual sexual engagements and clients of sex workers.
- Men are socialized to be self-reliant, not to show their emotions, and not to seek assistance in times of need or stress (WHO 1999). This expectation of invulnerability encourages the **denial of risk**.

(viii) What are the implications of most commonly violated HIV-related Human Rights in universities?

HIV is a human rights issue. Human rights violations and cases of gender biases due to

an individual's social status, HIV status or perceived HIV status occurs daily. These could be portrayed as stigma, discrimination, sexual and gender-based violence, inaction and mis-action and orchestrated by fellow students, instructors, members of non teaching staff, HIV service providers, host community or household members when the student is away from campus.

- Although **discrimination and stigma** are on the decline in the Lake Victoria Basin region, the vices are prevalent among institutional populations due to ignorance and lack of sensitivity. Normally, they manifest as rejection, isolation, and suspicion. And quite often self stigma is high among affluent and educated individuals. This complicates the process of exposure and link to care and treatment. If not well counseled, the affected can grossly be affected in their academic performance, withdrawal or termination of studies or otherwise resort to subversive living and spreading the HIV infection further. Students living with HIV are critical to the solution of HIV in campuses and must be supported and counseled effectively to bring about this desired change as recommended by the GIPA principles.
- **Sexual and gender-based violence (SGBV)**: [studies show that women, girls and children are most often the victims of SGBV (UNAIDS, 2001). Tanzanian findings recorded the same trend (males – 1%; females – 3.7%).SGBV takes the following forms: rape, coercion into sex or physical abuse usually by someone the woman knows (UNFPA, 2001). The experience of violence, or fear that it might take place, disembowels students, particularly females as they move within campus. In the Kenyan report sexual and physical assault were cited as greatest risks between lecture venues. This fear limits the ability of affected students to participate in and benefit from initiatives for HIV prevention and AIDS mitigation (Southern African AIDS Training Programme, 2001) especially if they involve undertaking risks like travelling in the night to access the services or information.

(ix) What are the Pertinent Gender and Human Rights Issues among University Students?

Analysis of the 2010 HIV sero-behavioral studies:

According to the HIV sero-behavioral studies, there exist micro-cultures in campus life (see Figure 4).

⁵ **GIPA** – Greater Involvement of People Living with HIV is a principle aimed at enhancing participation of PLHIV towards quality and effectiveness of the national HIV responses. GIPA Principle was formulated in Paris AIDS Summit (**Paris Declaration, 1994**).

Figure 4: Micro cultures in universities illustrating practices, attitudes and perceptions that predispose or cushion non homogenous students from HIV risks and vulnerabilities

Non homogeneous Students	Sex	Year of Study,	Socialized Values,	Type of Accommodation,	HIV Status
Variations include:		Marital Status,	Socialized Attitudes	Type of Sponsorship	HIV Knowledge
	Age	Economic Status	Socialized Practices, Religious Values	Citizenship	Under or post graduate
'Higher risk-taking'	'The Vulnerable'			'Low risk taking'	
<ul style="list-style-type: none"> • Display low risk perceptions • High incidences of casual sex including with lecturers • Multiple sexual partners, • Cases of anal sex, • Transactional sex • Intergenerational sex, • High pornographic exposure rates, • Early sexual debut, • Sharing of sexual partners, • Academic spouses, • High alcohol and substance abuse <p>The proportion of male students is greater here than female students</p>	<ul style="list-style-type: none"> • Weak negotiation skills for safe sex • Male partner normally decides on how, when and with whom to have sex with • Coercion into sex • Sexual and gender-based violence (coercion into sex including with university instructors) • Polyandry practiced (several male sexual partners share female partner) • Underdeveloped life skills • Exposure to alcohol and drugs • Exposure to risky sexual practices underpinned via Internet and contemporary information media. • High discrimination and stigma <p>The proportion of female students and fresher single undergraduates is greater in this culture</p>			<ul style="list-style-type: none"> • Display high risk perceptions • Exhibit practices that lower their HIV risk • Negotiation for safer sex • High utilization of condoms, • Primary abstinence is high • Secondary abstinence is high • HIV testing and counseling is high, • Management of STDs, • Affiliates of Behavior Change Groups • Members of HIV Support Groups. • Sex with regular partner <p>Strong values particularly religious values are the guiding principles in this culture</p>	

(x) What factors Influence HIV risks and vulnerabilities?

Several factors in the external environment either aggravate or help to keep under check, the HIV risks and vulnerabilities facing the students. These include:

• **Institutional culture**

Institutional values can restrict or promote access to HIV services and commodities that help to mitigate HIV risks and vulnerabilities. A number of Christian-based universities in the region disallow HIV testing services and promotion of condoms in the university campus in order to control sex among unmarried students. However, this could mean higher prevalence of unprotected sex among students oblivious of their HIV status. Apparently, public and private universities do not have any code of conduct that would be reinforced to govern general conduct by students (with regards to sexual relationships and dressing).

- **Host community**

Some universities are established in urban areas; others are established in the rural set up. The characteristics of the host community greatly influence the quality of life in campus life. HIV services and commodities available in the host community will be accessible to students. On the contrary, drugs and alcohol, transactional sex and recreational facilities are available to students from the host community too. The HIV prevalence of the host community will influence the HIV prevalence of the university.

- **Administrative commitment to HIV, Gender and human Rights issues**

Other than human resource, funds are necessary to sustain programmes. Some universities have established HIV and AIDS Units or Committees in compliance with their government's directive. However, the level of administrative commitment by the university to HIV, gender and human rights varies. Some universities have institutionalized the process thereby giving guarantee to allocation of funds and sustained commitment to combat HIV and related issues among students. Below is the case for Makerere University. It is hoped that students bamboozled by the generosity of campus freedom and those affected or infected with HIV find support in the centre.

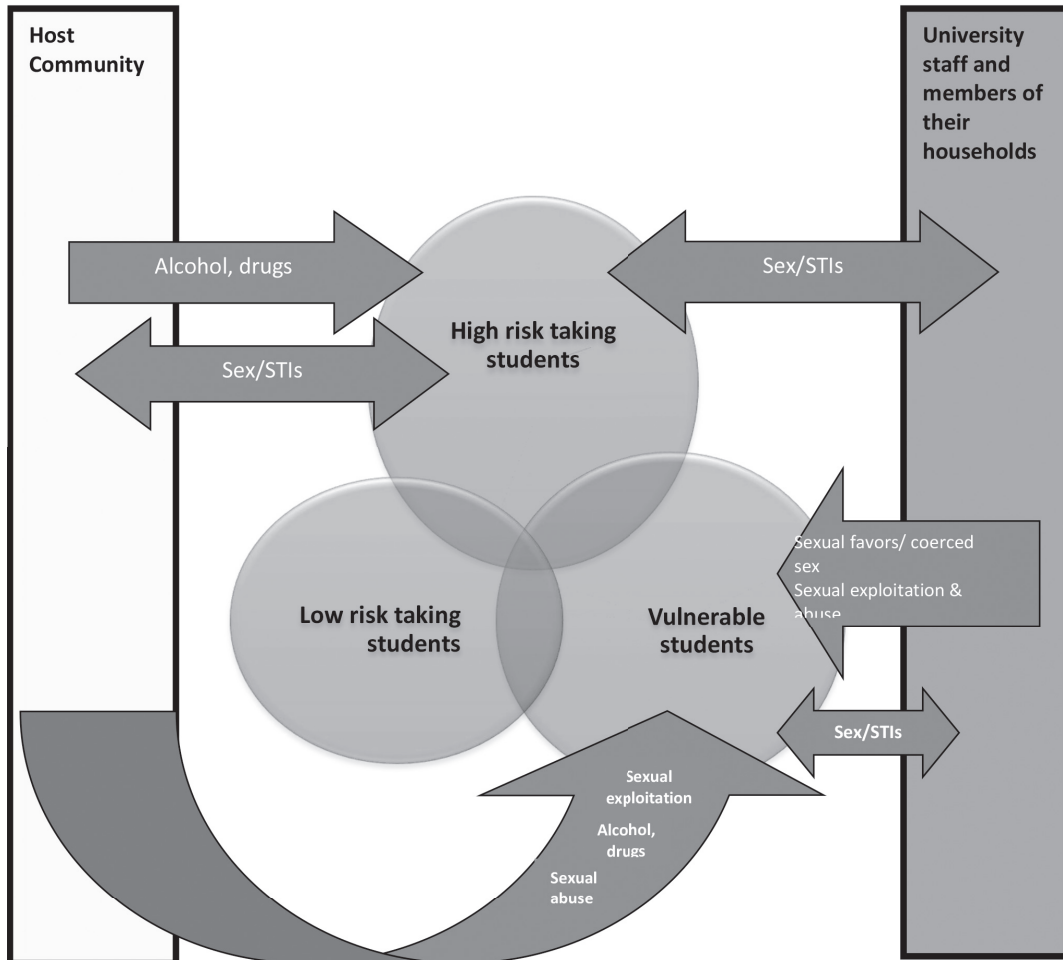
The case of Makerere University, Kampala Uganda

The Counseling and Guidance Centre of Makerere University is headed by a Counseling Psychologist. It exists to help students and staffs address personal or emotional challenges that may affect them while studying or working in Makerere University. The Centre works closely with all university units to enable students realize their academic and personal potential and to assist staff in addressing psychological issues that may affect them in living worthy and productive lives. The Centre provides the following services:

- | | |
|---|--|
| <ul style="list-style-type: none">• Individual Counseling• Career Guidance & Counseling• Academic support services• Group Counseling | <ul style="list-style-type: none">• Outreaches to halls of residence and hostels• Seminars and workshops for students and staff• Self-help print and online materials• Staff services |
|---|--|

Figure 5 below demonstrates the interactions between university students and flanking communities and how they influence vulnerabilities and risks to HIV.

Figure 5: Illustration of how students are predisposed to HIV as they interact with the flanking populations



Exercise 4: Debate or Focused group Discussion

- A focused group discussion of separate female and male students, (preferably divided according to variable shown in Figure 6a) can help to identify the pertinent gender and rights issues and concerns of university students. If the discussion takes a debate form, then each individual receive a card with the topical statement below. They will then argue for or against the statement and persuade the rest of the group that their position is correct.

Statement: Female and male students in Universities have the same rights and opportunities.

According to several participants attending the EALP Partners and Stakeholders' workshop in Entebbe (13 – 15 March, 2012) which brought together National Technical Teams, gender experts and actors from the partner states to review the draft Toolkit, universities should consider 'a dressing code' or issuing guidelines on dressing in campus. The participants raised concerns over dressing standards in campus life which they described as unacceptable for public image and lacking decency particularly among many female students. The workshop was informed that excessive exposure of the female body often awakens the sexual urge in males and contributes to increased cases of unprotected sex.

Exercise 5

- (a) Identify and explain the most commonly violated HIV – related human rights of 1.) Female and 2.) Male students in university.

Example

HIV-related human right	Description of the violation	Those frequently violated	The violators
'Right to human dignity' OR 'The right to freedom from inhuman, degrading treatment and punishment'	Discrimination or stigmatization or isolation and rejection or bad mouthing the student who is suspected or is known to be living with HIV	Students known to be living with HIV, students suspected to be living with HIV due to history of high risk life, students with chronic illnesses etc	Fellow students, members of staff

- (b) Clarify the reasons that cause female students (or male students) to engage in any of the following high risk practices: What can be done to reduce HIV and STDs risks involved;

High risk practice	Reasons for engaging in the High risk practice by female/Male students	Suggestions on what can be done to reduce the practice
Sex with multiple concurrent sexual partners		
More than one sexual partner within 12 months		
Unprotected/unsafe sex with a new partner whose HIV status is unknown		
Alcohol and substance abuse		
Anal sex		
Coerced sexual intercourse		
High pornographic exposure rates,		
Transactional sex/sex for favors		
Academic spouses		
Sharing of sexual partners		

2.3 Module III: Challenges facing responses to Gender, Rights and HIV issues in Universities

2.3.1 Overview

This Module brings to surface and interrogates the reasons why universities and other actors are not effectively addressing existing gender and human rights issues despite their proven counter-productive effects on individuals, households, the community and development.

2.3.2 Objectives

By the end of the Module the users will:

- (i) Understand the challenges that hamper Universities from identifying and addressing gaps on gender and human rights in HIV programming in universities.
- (ii) Be able to discuss and understand practical solutions to challenges faced by their organizations in identifying and addressing gender and human rights issues in HIV responses within universities.

2.3.3 Module Contents

- (i) HIV interventions and responses in universities
- (ii) Challenges facing the provision of HIV services in universities
- (iii) Gaps and Constraints in the GRBA Mainstreaming process in HIV responses in the universities within and around the Lake Victoria Basin

2.3.4 HIV interventions and responses in Universities

(i) What interventions are in place to respond to HIV and related issues in the Lake Victoria Basin?

EAC/AMREF Lake Victoria Partnership (EALP) Programme developed a strategy and interventions for strengthening partnerships working among mobile populations within the Lake Basin area. In addition, the EALP programme involved collaboration with African Medical and Research Foundation (AMREF) which is responsible for **capacity building and documentation** of the programme experiences. EALP interventions complemented national or, institutional initiatives which are at varied levels of development.

(ii) What is the international direction in regards to informing HIV responses within the region?

- **High Level Meeting, - United Nations General Assembly Special Session on AIDS (UNGASS 2011),**

During the High Level Meeting, (UNGASS, 2011), the Heads of State and Government and representatives of States and Governments in New York made the following Political Declarations to intensify response to HIV and AIDS at community, local, national, regional and international levels:

High Level Meeting, - UNGASS 2011 - Declaration

- *Commit to address, according to national legislation, the vulnerabilities to HIV experienced by migrant and mobile populations and support their access to HIV prevention, treatment, care and support (No. 84);*
- *.....each country should define the specific populations that are key to its epidemic and response, based on the epidemiological and national context (No. 29);*
- *Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV epidemic, including in the areas of prevention, treatment, care and support (No. 39).*
- *Pledge to eliminate gender inequalities and gender-based abuse and violence, increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence, and, in this context, reiterate the importance of the role of men and boys in achieving gender equality (No. 53).*
- *Commit to ensure that national prevention strategies comprehensively target populations at higher risk and that systems of data collection and analysis about these populations are strengthened (No 61).*
- *Commit to national HIV and AIDS strategies that promote and protect human rights, including programmes aimed at eliminating stigma and discrimination against people living with and affected by HIV.....supporting national human rights learning campaigns (No. 80).*
- *Commit to ensuring that national responses to HIV and AIDS meet the specific needs of female and male students, through strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of human rights and reduction of their vulnerability to HIV (No. 81).*
- *Reiterate with profound concern ... sub-Saharan Africa, remains the worst affected region and that urgent and exceptional action is required at all levels to curb the devastating effects of this epidemic, and recognize the renewed commitment by regional institutions to scale up their own HIV and AIDS responses (No. 9).*
- *Express grave concern that some 3,000 young people become infected with HIV each day, and note that most young people still have limited access to sexual and reproductive health programmes that provide the information, skills, services and commodities they need to protect themselves recognizing the importance of reducing risk taking behaviour and encouraging responsible sexual behaviour, including abstinence, fidelity and correct and consistent use of condoms (No. 25).*
- *Commit to encouraging and supporting the active involvement and leadership of young people, including those living with HIV, in the fight against the epidemic at the local, national and global levels, and agree to work with these new leaders to help develop specific measures to engage young people about HIV, including in communities, families, schools, tertiary institutions, recreation centers and workplaces (No. 56)*
- *Commit to redouble HIV prevention efforts by.....:*
 - *Ensuring that all people, particularly young people, have the means to exploit the potential of new modes of connection and communication;.....*
 - *Sensitizing and encouraging the active engagement of men and boys in promoting gender equality (No. 59);*
- *Commit to promoting laws and policies that ensure the full realization of all human rights and fundamental freedoms for young people, particularly those living with HIV and those at higher risk of HIV infection. so as to eliminate the stigma and discrimination they face (No.*

The Operational Plan for the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV supports the implementation of the Action Framework

which focuses on the persistent gender inequalities and human rights violations that put female and male students at a greater risk of, and more vulnerable to HIV.

(iii) What is the regional direction that is informing GRBA-sensitive HIV responses in the LVB region?

- At the East African Community Level, the treaty for the establishment of the EAC (Article 7) spells out the importance of a people-centered Gender and Community Development Initiative. Indeed, one of the objectives of the EAC, as defined in the mandate of the sectoral committee on gender is to “mainstream gender in all its endeavors” and to enhance “the role of women in cultural, social, political, economic and technological development.”
- The Final draft of the EAC Strategic Plan for Gender, Youth, Children, Persons with Disability (PWD), Social Protection and Community Development (2012-2016; Page 10) acknowledges that gender inequalities still persists in the East African Region and cites that sexual and gender based violence including rape, human trafficking particularly of girls and women is rampant.
- In fulfilling its mandate, IUCEA has been guided by a five Year rolling Strategic Plan (2006/07 -2010/11) and the Inter-University Council for East Africa Act 2009. One of the goals of the referred Strategic Plan is ‘Gender balance and gender mainstreaming.

(iv) What are country-specific directions that are informing HIV responses in the Lake Victoria Basin region?

- In **Uganda**, the following machinery, policies and strategies exist to guide gender, human rights and HIV mainstreaming in the institutions of higher learning:
 - The Ministry of Gender, Labour and Social Development exists to advocate for rights and social protection of the vulnerable groups.
 - National Council for Higher Education (NCHE) Uganda
 - National HIV&AIDS Strategic Plan (2007/8-2011/12) developed by the Uganda AIDS Commission (UAC) guides all responses on HIV in the country.
- In the **United Republic of Tanzania**, the following machinery, policies and strategies exist to guide gender, human rights and HIV mainstreaming in the institutions of higher learning:
 - HIV/AIDS Policy and the National Multi-sectoral Strategic Plan (NMSP) which is all inclusive for the Tanzania people including the youths
 - Tanzania Commission for Universities (TCU), Tanzania
- In **Kenya**, the following machinery, policies and strategies exist to guide gender, human rights and HIV mainstreaming in the institutions of higher learning:
 - Commission for Higher Education (CHE), Kenya
 - Kenya has categorized the youth aged 15 – 24 years as vulnerable populations. One of the outcomes the national Strategic Plan aims to achieve is reduced risky behavior among the general, infected, most-at-risk and vulnerable populations. Aligned to the

national strategy, Kenya has developed and launched a National Action Plan for Mainstreaming Gender in HIV responses (2009/10 – 2012/13) which focuses on reducing HIV vulnerability among PLHIV particularly WLHIV, single mothers, adolescent girls, men and women in polygamous arrangements, people with disabilities among others. The National AIDS Control Council finalized the development of the Human Rights and HIV Manual in 2011.

2.3.5 Programmatic responses and Challenges facing provision of HIV services in Universities

University communities are large populations handling an energetic age group with dynamic ideologies, diverse socio-economic statuses, different accommodation provisions, unique values and dissimilar academic arrangements and therefore the challenge to focus on this group is real. Makerere University, for example has an annual student enrolment of 36,664 and staff membership of 4,123 (2011 data). Non-core academic programmes in universities are thereby accorded insufficient attention. Whereas some universities include a course on the Basic Facts of HIV within the common introductory curriculum for undergraduates, others have department and examinable courses on the subject.

HIV programmes targeting university communities are either led by the university administration (AIDS Control Units or committees), outreach programmes by NGOs or student-led initiatives by students' clubs, networks or associations. Different universities are at varying stages of developing HIV policies and strategies and provide different sets of HIV services. The most common commodity available is the male condoms, HIV testing kits and drugs for treatment. Except for a few universities that have developed a workplace sexual harassment policy, the programmes do not appear to make deliberate effort to encourage discourse on how socialized gender inequalities and human rights violations affects HIV prevention, transmission, treatment, and care and support for students and staff in universities; neither do they encourage discussion on the power imbalances between female and male students; students and lecturers; students and members of the host community; and how these imbalances affect the transmission and prevention of HIV. Limitations that compound these shortcomings include insignificant financial and human resource, insufficient healthcare infrastructure, insufficient or sporadic supplies of HIV and related commodities. Research in the region also reveals that there is low technical capacity on HIV, gender and or human rights based approaches. These are attributed to concepts being relatively new in development agenda.

An analysis of on-going programmes targeting university communities reveals the following gaps:

- (i) Participation by university management is low and this is reflected in funding levels for HIV initiatives and the number of HIV programmes either initiated or supported by the university administration.
- (ii) Inadequate efforts to encourage the participation of student leaders, student associations, students' networks and groups formed by students to respond to HIV in campus in their development planning process around HIV.
- (iii) Failure to deliberately target members of staff, their spouses and their household

members to participate in HIV programmes.

- (iv) No efforts to encourage students living with HIV to participate in decision-making and planning process around HIV as required under the Greater Involvement of People Living with HIV (GIPA) principles.
- (v) Inadequate HIV services, information, commodities (HIV Testing and counseling, male and female condoms, male circumcision, Post-Exposure Prophylaxis for students who are sexually violated, ARVs, reproductive health including STD treatment, information on HIV services and on HIV support groups).
- (vi) The programmes do not encourage discussion about socially assigned gender roles and responsibilities that influences the thinking of students on sexuality issues, stigma, discrimination and sexual and gender-based violence.
- (vii) There are no deliberate efforts to ensure that both females and males are educated to understand one another's priority needs regarding sexuality.
- (viii) Failure to address the finance related difficulties that predispose some students to HIV.
- (ix) Inadequate counseling to undergraduates and other students on sexual and reproductive health issues
- (x) Weakness in providing information on risk behaviours and sexual practices and their implications.
- (xi) Weakness in discussing how empowerment of females and undergraduates with life skills could help lower their vulnerability to violence and HIV.

2.3.6 Gaps evident at various levels

The following gaps have been identified at various levels

(i) Gaps at Policy level

- Lack of clear policy direction on the HIV risky behaviors and practices and HIV vulnerabilities facing students in universities.
- Not all universities have relevant policies to advance gender and rights issues in HIV responses.

(ii) Gaps at regional level

- Weak structural linkages to facilitate harmonized responses and sharing of working practices in the EAC region.
- Low understanding of GRBA concepts and mainstreaming mechanisms by implementers and therefore no effective integration in programmes and projects
- Weak coordination and collaboration of the various responses from different actors and implementers, raising questions on possible duplication.

(iii) Gaps at Organizational level

- Minimal or lack of finances allocated for the implementation of HIV and related policies to address risks and vulnerabilities

- Apparently, no responsiveness to pertinent gender and rights issues in HIV programmes. This underscores the realities on the low technical capacity and the failure of the implementing organizations to mainstream gender and human rights approaches in HIV responses.
- No specific fund allocation to gender and rights issues in HIV interventions or in support of student-led initiatives.
- Weak coordination of HIV services within the university and therefore irregular supplies of the much needed commodities and services for HIV prevention, care, support and treatment for infected and affected institutional populations particularly the students.
- Involvement of university staff and administration in the response to HIV within universities is wanting

(iv) Gaps at University Community level

- Human rights violations and gender inequalities are evident in the perceptions, attitudes and practices within the campus and interactions with both university staff and host community. Given these contexts, human rights including sexual and reproductive health rights of students and other vulnerable populations are violated through stigmatization, discrimination and violence. In response, there is general apathy from the community on the implications of inequalities and violations and no effort seem to be done to counter the issues.

Exercise 6: Group discussions and plenary presentations

- Brainstorm on the reasons that restrain or prevent a) male students and b) female students from accessing available HIV-related information, services and commodities (HIV Testing and Counseling, Anti-retroviral Treatment, Capacity building opportunities on HIV, OIs management, Condoms, PMTCT, Male Circumcision, Post exposure prophylaxis, STI treatment, nutritional management of HIV etc).
- For each of the reasons outlined above, what can be done at individual level, at organizational level and at institutional level order to encourage access?

2.4 Module IV: Strategies for Mainstreaming GRBA & HIV in University Communities

2.4.1 Overview

Gender, sexuality and rights-based determinants of HIV have in many cases been either completely omitted or de-emphasized by decision makers, and have seldom been incorporated into programs. In order to be effective and sustainable in Sub Saharan Africa, national and international responses to the HIV epidemic must aim to limit the immediate spread and impact of HIV and AIDS and also address the underlying determinants of infection and impact; gender equality and violation of human rights. Failure to address these issues will render efforts to stem the epidemic futile. Module IV introduces the process of mainstreaming gender and RBA; relevant strategies, proposed actions and factors to take into consideration during the programming cycle in order to achieve transformation and desired outcomes in HIV programmes in universities within and around LVB region.

2.4.2 Objective

By the end of this Module, the users will have increased technical capacity towards ensuring that concerns, needs and human rights of both female and male university students are considered and prioritized at all stages of any planned action so as to promote gender equality and the respect for human rights.

2.4.3 Module Contents

- (i) Understanding Gender Mainstreaming
- (ii) Importance of Gender Mainstreaming in Universities
- (iii) Guide for effective GRBA mainstreaming
- (iv) Sustainable GRBA mainstreaming process
- (v) Mainstreaming GRBA in HIV responses in universities communities: the Focus and the Strategies
- (vi) Strategies and Actions for mainstreaming GRBA by Implementers
- (vii) Proposed Programmes targeting university Communities

2.4.4 Understanding Gender Mainstreaming

(i) Gender mainstreaming is not:

- A feminine issue
- Just about improving access of or balancing the statistics
- About having well written statements
- About blaming anybody for the inequalities which exist
- About only female university students or male university students alone taking action
- About only female university students benefiting from it
- About stopping or replacing gender specific policies and projects targeted at either female or male university students

(ii) Gender Mainstreaming

Mainstreaming a gender perspective in the universities is the process of assessing the implications for female and male university students of any planned action, including legislation, policies or programmes, in all areas and at all levels.

- It is a strategy that will entail the making of the concerns and experiences of female and male university students in universities an integral dimension of the design, implementation, monitoring and evaluation of any planned action including policies and programmes in all political, economic and societal spheres so that both female and male students benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.

*United Nations Economic and Security Council, E.1997.L.30.Para.4.
Adopted by ECOSOC July 7, 1997*

(iii) What is the scope of Gender mainstreaming?

Gender mainstreaming covers:

- Policy design
- Decision-making
- Access to resources
- Procedures and practices
- Methodology
- Implementation
- Monitoring, research and evaluation

(iv) What are the entry points for Gender mainstreaming in universities?

• **Organizational/Institutional level**

Gender Mainstreaming at the institutional level is the best entry point for Gender Mainstreaming. If the university in question mainstreams gender, then all policies, programs and products emanating from the university will be gender-aware. This requires considerable management commitment, a clear policy, a well-defined strategy and subsequently the allocation of resources, enhancement of human capacity and appropriate adaptation of systems

• **Policy level**

Gender Mainstreaming at the policy level is the next best entry point. If gender is mainstreamed at the policy level, then university programs and projects resulting from the policy are bound to address gender issues. However, gender is a cross-sectoral issue. Often, institutions issue a general gender policy. Therefore the general policy should be used as a blue print to guide the incorporation of relevant gender policy guidelines in all other policies.

• **Programmes/projects level**

The above entry points have unique challenges. The most common entry point for gender and rights-based mainstreaming in universities is likely to take off faster at the project level. Therefore, advancing initiatives around GRBA and HIV should not necessarily be pegged

on a policy. Links between the project activity and any sex-disaggregated impact are easier to identify. It is also easier to understand the sex-differentiated needs and priorities of females and males participatory assessments and to assess, *a priori*, any differential impact.

2.4.5 Why is Gender and rights approach (GRBA) mainstreaming important in Universities?

- (i) There are pertinent gender issues and human rights violations that have been identified as the fundamental basis of multiple high risk practices and sexual behaviors and vulnerable lifestyles that characterize students albeit the presence of HIV in universities; these must be addressed.
- (ii) GRBA mainstreaming recognizes that gender and human rights are the most fundamental organizing features in society and affects lives from infancy.
- (iii) Gender presupposes recognition of male and female identities in the university communities.
- (iv) Gender recognizes that differences exist in men's and women's lives and therefore the needs, experiences and priorities of males and females in university are different.
- (v) GRBA mainstreaming represents a further step in the search for equality in the institutional populations in the region.
- (vi) GRBA mainstreaming is a pro-active process designed to tackle the policy and programmatic inequalities which discriminate against either the males or females or are blind to human rights violations in the university community in the response to HIV.
- (vii) So that differences between female and male students in the university communities may never be used as a ground for violation of reproductive health and sexual rights, discrimination and stigma.
- (viii) It is proven that gender and rights-based approach mainstreaming will produce long-lasting changes in the university community; deconstruct harmful norms, transform perceptions, practices and attitudes and transform even institutional practices.
- (ix) This will foster partnership between males and females in the university to ensure both participate fully in the development of the university benefit equally from outcomes and available resources.
- (x) It will respond to the root causes of inequalities and human rights violations in universities within and around the Lake Victoria region in the context of HIV and put remedial action in place
- (xi) The process ensures that initiatives reduce gender inequality and eliminate denial or violation of human rights.

(United Nations; ECOSOC, 1997 Implications)

2.4.6 Guide for effective GRBA mainstreaming

(i) Gender and Development (GAD) Approach

- The recommended approach for gender mainstreaming is the gender and development approach (GAD). GAD takes a departure from the previous Women in Development (WID) approach that views female university students as the centre of a problem. It regards female students as having been excluded and therefore focuses entirely on them in its development processes. GAD is an approach that is hereby applied to focus on relationships between male and female university students and other males and females that interact with the students from among the staff and from the host community and therefore aims at the development of both sexes.
- The focus of gender mainstreaming must be the unequal relations between females and males within universities that are constructed by socialization processes and are nurtured consciously or unconsciously by societal norms, attitudes and expectations. These power relationships are the basis for risks and vulnerability to HIV. The power relationships prevent equitable development by either promoting or constraining access to HIV information and services and thereby the utilization of the same for prevention, care, support and treatment. We must therefore work towards ensuring that females and males share decision-making power, opportunities and resources. *[Source: Gender Analysis and Gender Planning Training Module for UNDP staff].*

(ii) What does a human rights-based approach in the Universities entail?

The 2010 UNAIDS Report on the Global AIDS Epidemic encourages a rights-based approach to HIV towards the realization and protection of the rights of people by avoiding exposure to HIV; enabling and protecting people living with HIV so that they can live and thrive with dignity; attention to the most marginalized within societies; and empowerment both vulnerable and most at risk populations through encouraging social participation, promoting inclusion and raising rights-awareness. The design and approach used in this Toolkit has fused gender mainstreaming with RBA methodologies and tools into the same programming process, rather than applying them separately. The two approaches have a lot in common in what they aim to achieve. When used to its full potential either gender mainstreaming or RBA tools can produce similar results. With reference to gender mainstreaming strategies, RBA approach turns 'needs into 'rights' [Refer to Table 3]..

- A human rights-based approach (HRBA) in university communities aims to support better and more sustainable development outcomes in academic and social fronts by addressing the inequalities, discriminatory practices and violations or denials and unjust power relations. In a human rights-based approach, the plans, policies and processes of development are anchored in a system of rights and corresponding obligations established by law.
- In human rights-based approach, human rights will determine the relationship between students (rights-holders) with their entitlements and the corresponding duty-bearers (State and non-state actors including the government, university administration and HIV service providers) with correlative obligations and works towards strengthening the capacities of university students to make their claims, and of duty-bearers to meet their obligations.

2.4.7 What does a sustainable GRBA mainstreaming process entail?

‘The Ladder’ method is appropriate for an organization about to initiate systematic gender and rights mainstreaming work. The Ladder consists of eight steps (see Figure No. 4) which mirror the stages of a project cycle (identification, design, resourcing, implementation, monitoring and evaluation).

(i) Step 1: A Mainstreaming Approach to key Stakeholders in the university community
Step 1 targets Decision-Makers within the University community.

- Sensitivity and efforts on gender and human rights to change attitudes within organizational structures are vital elements in the GRBA mainstreaming process. Before the mainstreaming work begins, the entire management on down and including board members of key implementing organizations in the university community, must undergo **sensitization training in gender mainstreaming and RBA in HIV responses**. Leaders of student associations and networks, HIV related clubs and representatives of staff organizations should be taken through this training.
- In addition, key stakeholders need a briefing and should be brought into full picture of the new initiatives or renewed efforts on the policy or project cycle to mainstream gender and rights-based approaches in HIV responses within the university community. Below is a list of possible key stakeholders:

Box No. 1: SENSITIVE GRBA STAKEHOLDER CHECKLIST FOR UNIVERSITIES

1. University’s AIDS Control Unit/Committee together with the Gender Focal Point >> Co-coordinators
2. National AIDS Council representatives with expertise on gender and HIV Mainstreaming
3. Council for Higher Education representatives in charge of HIV Mainstreaming
4. National Human Rights Agency representative with expertise in Human Rights Mainstreaming
5. Key government departments and institutions working around formal education, Gender and Human rights including organization in-charge of Higher Education, Gender, Youth, institutional workers and human rights.
6. NGOs undertaking HIV and related programmes with the university
7. Development partners operating in the region with a GRBA mandate
8. Male and female representatives from private sector in the region
9. Religious leaders representatives from the host community
10. An umbrella organization of women’s movements and human rights advocates in the region
11. Any NGOs or community groups that represent men’s gender interests in the region
12. Think tanks or policy analysts with experience and expertise in gender and rights issues
13. Research coordination division of the university and research organizations in the region

Figure 6 gives a snapshot of the stages of these processes. The various student categories must all be involved in all the processes and at all levels.

Figure 6: The processes visualized in the Gender Mainstreaming Process

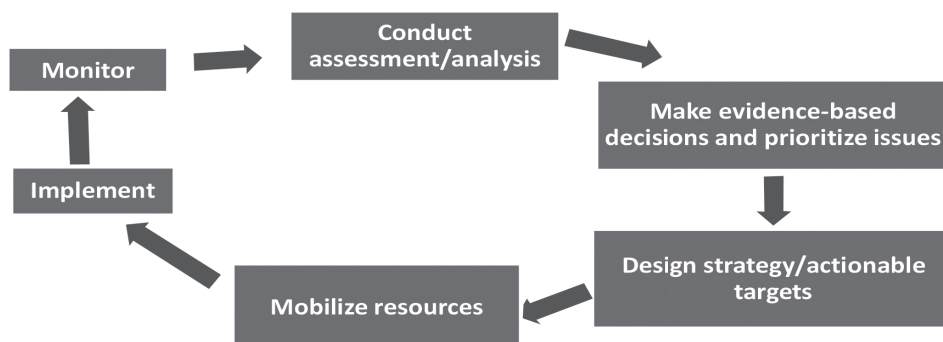
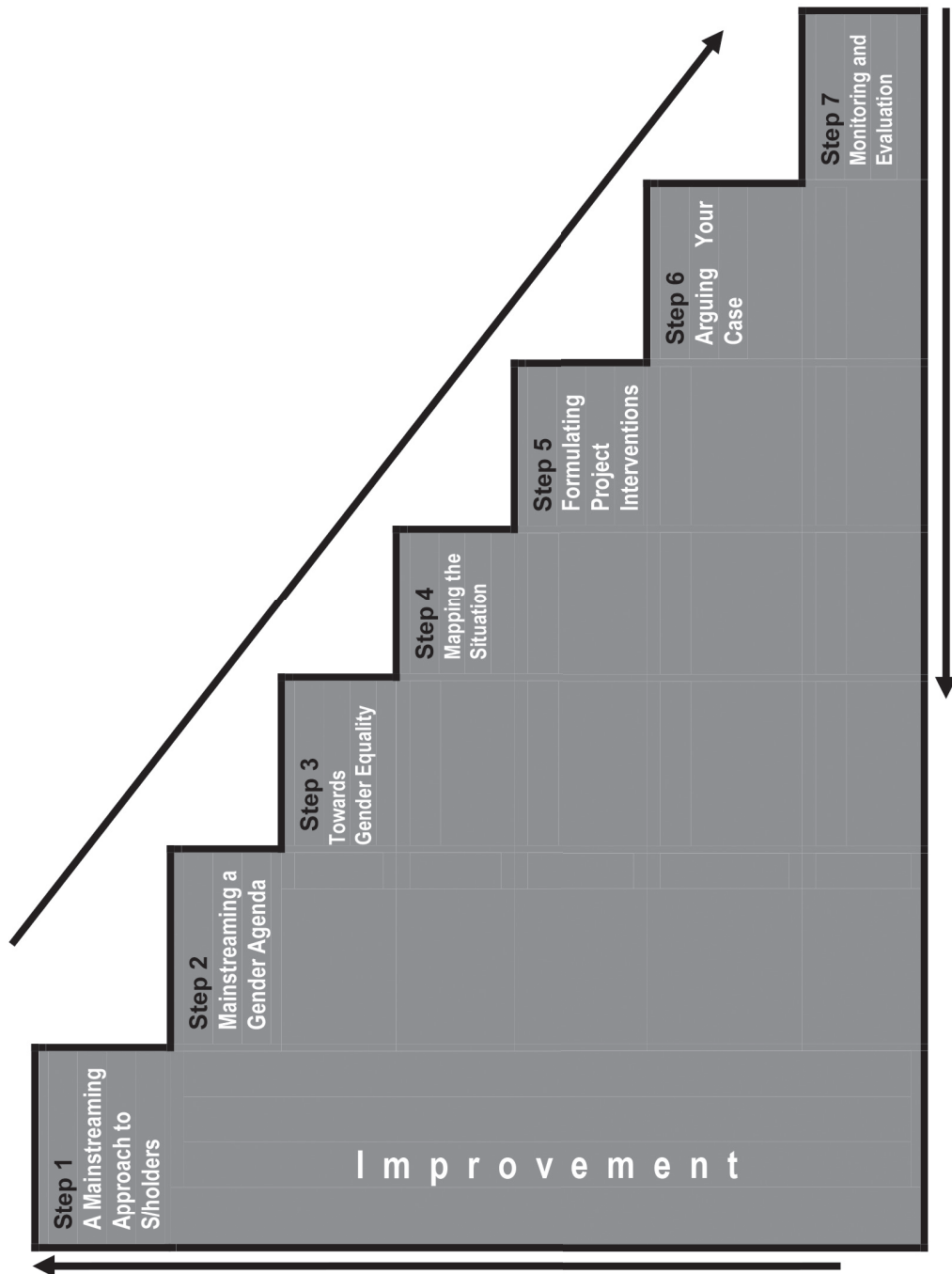


Figure 7: The 'Ladder' method for systematic gender mainstreaming in project work



(ii) Step 2. Mainstreaming a Gender Agenda

Step 2 answers the question: What is/are the pertinent gender and rights issue(s) in the university community?

- Gender and rights disparities exist in every community. However, the most pertinent issues and/or those when addressed can bring about greater positive change must be prioritized. This necessitates collection of data and examination of information on social relations in order to understand and identify the gender issues and rights violated. In this Toolkit, these issues have been analyzed in sections 2.2.3 and 2.2.4. However, any organization planning to conduct a similar study targeting university students and staff can apply the following gender analysis tools:

Key Questions to ask when conducting a gender analysis	Gender Analysis Tools to Apply
Who does what in the community?	- ***Gender Daily Calendar - Activity Profile
Who has access to which resources/assets/benefits? Who controls which resources/assets/benefits? Resources, assets and benefits are of two kinds (a) tangible, such as property or education, and (b) intangible, such as status, influence and, above all, time.	- Access and Control Profile - Benefits Analysis Chart
What are the needs of women, boys, girls and men?	- ***Identification of Needs Profile

(***)These tools can be applied among institutional populations and are illustrated below.

- **Gender Daily Calendar**

The Gender Daily Calendar will reveal how female and male students spend their days at campus in the course of a 24-hour day. Several daily calendars can be developed for both the busy learning weekdays and weekends when there are no formal learning sessions for students. The tools are administered to provide insight on when and where to direct programme activities while targeting either female or male students or both. The same can be developed for university staff members and their families [see Exercise No. 7].

- **Identification of Needs Profile**

The groups of students classified under various micro-cultures in Module III have unique gender needs; both practical and strategic needs. Some of these are captured in Table 4: Identification of Needs Profile. The tool helps to identify gender-based differences in men and women's needs. It also helps to classify these gender-based patterns and needs as either practical or strategic gender needs.

Table 4: Practical and strategic gender needs in relation to HIV for various university students

Issue(s) or practice(s) in the Universities	Highly affected	Priority SGN for affected students	Priority SGN for affected populations
Economic dependence on fellow students, staff or from members of the host community by students for financial support	All	<ul style="list-style-type: none"> • Awareness and educational forums on income opportunities • Linkage to IGAs or work opportunities in the campus for needy students • Linkage to financial and loaning facilities • Life skills education 	<ul style="list-style-type: none"> • Extracurricular education, guidance and counseling • Control of personal decision making prowess • Control life options
Violations and abuse of reproductive health rights, discrimination and stigma including sexual and gender based violence	The Vulnerable	<ul style="list-style-type: none"> • Awareness and education on rights • Access to counseling and Legal rights for the affected • Life skills Education • Comprehensive information on HIV and AIDS 	<ul style="list-style-type: none"> • Elimination of sexual and other forms of gender-based violence, stigma and discrimination • Control over personal health decision-making • Responsible sexual behaviour
Peer influence and pressure into alcohol, drug and substance abuse and irresponsible sexual practices	The Vulnerable and the Low-risk	<ul style="list-style-type: none"> • Life skills Education • Comprehensive information on HIV and AIDS and related risk factors • Information on available support – e.g. counseling and pastoral care 	<ul style="list-style-type: none"> • Control over personal health decision-making • Responsible sexual behaviour by female and male students
Sexual exploitation including sexual favors to needy students (needy = those in need for good academic grades and the need to fulfill demands and expectations of campus lifestyle)	The Vulnerable	<ul style="list-style-type: none"> • Comprehensive information on HIV and AIDS and related risk factors • Life skills Education • Awareness and education on rights • Access to counseling and Legal rights for the affected 	<ul style="list-style-type: none"> • Elimination of sexual and other forms of exploitations • Control over personal health decision-making • Responsible sexual behaviour by female and male students
Low risk perceptions, risk taking attitudes, denial of risks, hyper-masculinity and low participation in reproductive health issues	The High risk students	<ul style="list-style-type: none"> • Comprehensive information on HIV and sexuality including HIV services and commodities • Information on options for sexual and reproductive health • Awareness and counseling 	<ul style="list-style-type: none"> • Control of personal decision making prowess • Responsible sexual behaviour by female and male students • Health-seeking behaviors

Low negotiation power for safer sexual, reproductive health and related rights	The Vulnerable	<ul style="list-style-type: none"> Information on services and options for sexual and reproductive health Life skills Education Information on available HIV services 	<ul style="list-style-type: none"> Control over personal health decision-making Equitable Power relations between men and women
Harmful Cultures <ul style="list-style-type: none"> Early sexual debut. Low levels of male circumcision. Cross/inter generational sex 	All	<ul style="list-style-type: none"> Access to information and services related to HIV prevention e.g. male circumcision, STI management, condom etc 	<ul style="list-style-type: none"> Control over personal health decision-making and livelihoods
Prevalence of STIs and failure to seek medical attention for management of STDs	All	<ul style="list-style-type: none"> Information of STDs and HIV and available STI service delivery points Provision of SRH/HIV integrated services at health facilities 	<ul style="list-style-type: none"> Control over personal health decision-making and livelihoods
Excessive social freedom	All	<ul style="list-style-type: none"> Information on HIV services and sexual and reproductive health Life skills Education 	<ul style="list-style-type: none"> Responsible sexual behaviour by female and male students Health-seeking behaviors

Key: PGN – Practical Gender Needs; SGN – Strategic Gender Needs.

(iii) Step 3. Moving Towards Gender Equality

Step 3 answers the question: What is the goal of mainstreaming a gender perspective?

- The responsible gender focal unit in the implementing organization or university should develop an implementation strategy on how the gender mainstreaming work is to be led and organized. This includes objectives, setting targets and indicators, monitoring process, follow-up, coordination and evaluation procedures, resource allocation, capacity building etc. The implementation strategy should answer the following questions:
 - What do we want to change?
 - How do we want things to be?
 - How do we get there?
 - How can we determine if the work is having any effect?
- A comprehensive strategy on gender mainstreaming should also address the internal environment (corporate, office) in which policies/regulations and programmes are developed and implemented to ensure that the working environment is gender-sensitive, guaranteeing equal opportunities and treatment to both men and women. In

universities, the target will focus on management structures, the AIDS Control Units/ sub-Committee and the Gender Focal Unit, leadership structures of students and staff.

(iv) Step 4. Mapping the Situation:

- Step 4 answers the question: What Information do we have? This point entails the summing up of available information and filling information gaps towards implementing the strategy. Consultation among stakeholders [Refer to Box No. 1] and with both female and male students, representatives of staff organizations, and representatives of host community to identify their own priorities, success stories, lessons learned tools and mechanisms if necessary.

(v) Step 5. Formulating Policy or Project Interventions from a Gender Perspective

Step 5 is done from a gender perspective

- The organization produces an action plan with clear objectives, indicators and measures for creating a more gender-equal operation.
- A critical aspect here is to ascertain that financial inputs have been “gender-proofed” so that the planned intervention benefits both males and females

(vi) Step 6. Arguing Your Case: Gender Matters!

Step 6 Involves arguing the case convincingly that Gender Matters!

- Experience has shown that decision makers are sometimes reluctant to devote scarce resources to gender equality and rights based activities; decision-makers (especially those who control budgets) must be convinced of the positive implications of GRBA and that their investment will pay off. Reasons for resistance vary, from misinformation or lack of information about gender issues, to restricted resources, to cultural or traditional perceptions about gender roles. Evidence based data, sensitization training and negotiations help!
- At this point bring into perspective international Treaties and Declarations [see section 4.3] that commit the State and the university and respective non-state actors as duty-bearers to respond to gender inequalities and human rights issues in the university.
- State benefits and what positive changes are expected to the university community as a result of the interventions. On the contrary, state the effects of failing to mainstream gender and rights in the university’s HIV projects.
- Justify the added value for mainstreaming gender and rights-based approaches in university communities. Such arguments include bringing under control the spread of HIV in Universities, stemming HIV related risky practices and vulnerabilities among university students, advancing justice and equality; credibility and accountability; efficiency and sustainability of the project.

(vii) Step 7. Monitoring and Evaluation: Keeping a ‘Gender-sensitive’ eye on things

- This step calls for putting in place a mechanism to achieve monitoring and follow-up.
- The three aspects of monitoring are i.e. levels of monitoring, gender-sensitive monitoring plans and gender sensitive targets are all important. Details on these are discussed in Part 3. Ensure to involve the males and females in the university community in the follow up processes.
- Evaluation will answer the question: How Did We Do? It is a question of accountability

for resources used.

- Gender Mainstreaming and rights-based approaches are continuous processes and results are not realized overnight!

Exercise 7: Gender Daily Calendar

Discuss what males and females normally do at given hours and fill your responses in a blank Daily Activity Calendar below

Female students		Male students	
Time	Activity	Time	Activity
.....	Wakes Up	Wakes Up
.....
.....
.....
.....
.....
.....
.....	Retires to bed.	Retires to bed

PART 3
IMPLEMENTATION OF
GRBA MAINSTREAMING PROCESS

3.1 Implementation of GRBA Mainstreaming processes in Universities

3.1.1 Overview

Implementation of the Gender and rights-based-approach mainstreaming HIV programmes in universities will ensure that the special needs and priorities of 'high-risk', 'low-risk' and the 'vulnerable' categories of the university male and female students are considered at all levels and at all stages of development activities. At the end of this section, prioritized strategies forming the basis and focus of the framework which consolidates recommended GRBA focus and actions to be addressed in the universities in the immediate future will be established.

3.1.2 Objective

The objective of GRBA mainstreaming process in Universities is to accentuate recommended strategies and actions that programmes and projects should prioritize in their interventions to advance the implementation process in universities.

3.1.3 Contents

- (i) Mainstreaming GRBA in HIV responses in universities communities: the Focus and the Strategies
- (ii) Strategies and Actions for mainstreaming GRBA by Implementers
- (iii) Proposed Programmes targeting university Communities
- (iv) Prerequisites for Implementing Organizations
- (v) The Logical framework Approach in Programming
Proposed areas for Research

3.1.4 Mainstreaming GRBA in HIV responses in university communities: the Focus and the Strategies

Evidence on the ground distinguishes the following three key areas for interventions in order to bring about the desired changes in the mainstreaming of gender and human rights based approaches in HIV responses in the university communities:

- (i) Engaging and strengthening the institutional structures and processes in the universities through which policies are formulated, curricula and strategies are developed and HIV interventions are prioritized, planned, monitored and evaluated and coordinated to inform subsequent project cycles on gender and human rights issues. This call for management commitment and buy-in for resources to be allocated, particularly funds to establish or strengthen structures and procedures for mainstreaming HIV and GRBA. HIV policies and GRBA policies are as a priority, strengthened institutional coordination mechanisms on GRBA.
- (ii) Strengthening capacity and networking activities: This calls for the strengthening of technical capacity and networking among actors including policy-makers, researchers implementing agencies, development partners, donor agencies and students on gender and rights issues and perspectives in HIV. There is need to harmonize and stan-

standardize GRBA guidelines, policies, protocols and tools and avoid duplications. This calls for building of the technical capacities and expertise of all actors on GRBA in order for them to appeal/lobby/advocate, mobilize and commit resources to address the pertinent gender and human rights issues in HIV among the university communities. To achieve this, a working group consisting of representatives of the universities and countries is relevant to provide oversight and coordination leadership on this. The need to document and share working practices in the region is an important aspect of networking.

- (iii) Increasing the participation of university communities in policy making and programme management cycles is vital. Primary targets here include students' clubs, associations and networks and staff involvement. In particular, student-led initiatives on HIV responses must be strengthened to realize improved responses and on the other hand, staff should be fully involved. This calls for educational campaigns, creating dialogue and consultations towards mobilizing students and staff to understand the implications of gender inequalities and human rights violations as the basis for multiple risks and vulnerabilities for HIV spread and impacts, and thereby respond to behavior change campaigns, demand action from duty-bearers and increase access to available services to reverse the effects of HIV.

3.1.5 Strategies and Actions for mainstreaming GRBA by Implementers

Strategies for mainstreaming gender and rights-based approaches can take various approaches including development and implementation of policies and legislation, education (sensitization, campaigns, training), information sharing (awareness-raising through targeted messaging and policy briefs), advocacy and lobbying etc. Here below are some of the specific strategies to be adopted by universities and organizations working in universities:

- (i) Build the technical capacity among key staff in the universities and organizations on gender analysis, planning and rights programming in HIV.
- (ii) Establish GRBA Focal Points in universities to coordinate GRBA issues across programmes and actors.
- (iii) Strengthen coordination mechanisms of HIV in universities and bring those involved up to speed on the correlation between gender, human rights and the spread and impacts of HIV.
- (iv) Increase resources for programmes and socio behavioral research targeting to deconstruct harmful gender norms, attitudes, practices and perceptions that accrue from the socialized roles and responsibilities e.g. the art of failing to negotiate for safer sex by females as well as understand relationships of social dynamics and academic performance
- (v) Accelerate programs to empower populations that are highly vulnerable to HIV and educate communities on their contextual human rights
- (vi) Target to empower men with accurate knowledge on the reproductive and sexual rights of rights of women and girls.

- (vii) Institutionalization of HIV and GRBA – department Deconstruct – high risks
- (viii) Build the capacity of vulnerable groups to demand and access appropriate information, knowledge and services to empower themselves towards effective protection and response to the causes and consequences of HIV
- (ix) Sensitize and educate students undertaking multiple risky practices and sexual behaviors on the correlation of the risks with HIV and provide information on sexual and reproductive health and options
- (x) Conduct joint advocacy campaigns working within universities on the importance of reducing stigma and discrimination, and addressing harmful gender norms and gender-based violence.
 - Building through and strengthening partnerships working across the spectrum on development targeting female and male university students and especially those predisposed to multiple risks and vulnerabilities, and HIV to build synergies and joint strategies and programmes.
 - Strengthening of partnership with media in the three partner States to create more awareness on the issues facing university students.
 - Equipping Commissions/Councils for Higher Education with correct information to raise awareness on the implications of gender and rights dimensions in HIV in university communities.
 - Strengthening technical linkages between gender experts, Commissions/Councils for Higher Education and national AIDS councils in the three partner states.
- (xi) Utilize leadership of university staff and student associations and networks to promote gender sensitive social transformation towards reduction of HIV risks and vulnerabilities.
 - Collection, analysis and dissemination of gender sensitive data
 - Continuously gather disaggregated data to inform policy formulation, strategies and programmes in universities
- (xii) Carry out studies to determine risk factors and most vulnerable populations in Rwanda and Burundi universities and provide disaggregated data to inform decision making on university populations.
 - Lobby the governments to formulate gender and rights-responsive national and sectoral policies for university populations on HIV.
 - Delineate the specific policy actions that are essential for ensuring empowerment of the 'Vulnerable' and the group at high risks from the international blueprints -the Cairo Agenda, the Beijing Platform for Action and International Guidelines on HIV and AIDS and Human Rights (UNAIDS/OHCHR) and domesticate the norms into practical observance in the context of HIV.
 - Review/finalize policies and strategies taking into account the multiple risks

and vulnerabilities and the instruments cited above.

- Explore the effective use of mobile phones and Internet to disseminate HIV-related messages.
- (xiii) Provide support to HIV Support groups and clubs to increase access and utilization of HIV care and treatment services including psycho-social support of students living or affected with HIV.
- (xiv) Document/adapt good practices that are gender-transformative and observe human rights principles in nature and roll out in universities.
- (xv) Contribute to the review of national gender neutral policies in the health sector to enhance their responsiveness to the HIV multiple risks and vulnerabilities of the various micro-cultures.
- Contribute to the integration of gender equality, rights approaches and HIV into broader development processes, including National Development Plans, their implementation and review by adopting HIV and gender as a cross cutting theme for strategy development

Participate in the development of sector-specific gender-sensitive indicators in HIV and AIDS programmes and develop gender-sensitive indicators in HIV and AIDS programmes for organizational projects

3.1.6 Proposed Programmes targeting university Communities

A number of studies have documented the effectiveness of behavior change programs among a broad range of populations at risk of HIV infection (Auerbach, J.D., et al. 2006). These include;

- (i) Targeting female university students to remain sexually abstinent or delay initiation of sexual activity.
- (ii) Since males determine when, how and with whom to have sex target male students and male staff with programs to decrease the number of sexual partners as well as using condoms consistently and correctly if sexually active.
- (iii) Programs targeting reduction in excessive alcohol consumption and drug abuse particularly among male students and male staff.
- (iv) Education of students on the dangers of anal sex
- (v) Imparting life skills to vulnerable students so that they can protect themselves from sexual exploitation, withstand discrimination and stigma
- (vi) Promoting management of STDs, HIV testing and disclosure and drug adherence
- (vii) Promoting support groups for students living with HIV
- (viii) Promoting the 'know your HIV status' campaign among the new students and finalists

Underscore the importance of role models, within the peer group in the university community, who behave in gender-equitable and human rights-based approaches to life.

Exercise 8: Divisional/Department – based Group work

Determine and prioritize at least three strategies for advancing the GRBA-HIV agenda in your organization – target both the internal and external environments of the organization.

3.1.7 Prerequisites for Implementing Organizations

(i) Capacity Building of implementers

Management staff and key programme staff and coordinating units for HIV and GRBA in all implementing organizations (universities and non state actors) to undergo gender sensitization training based on this GRBA Toolkit. Give priority to the sensitization of decision-makers in order for them to envisage importance of the GRBA mainstreaming in HIV and subsequently support the mobilization of staff and resources for cascading trainings. The wealth of information that is generated from the trainings must be captured, analyzed and well packaged relevantly towards informing organizational priorities including plans, research agenda, policy decisions, internal and external mainstreaming programmes, funding and administrative functions of the organizations.

- In addition, individual universities can create discussion forums on their organizational websites where students and professionals can engage in debates on various dimensions on GRBA. To complement this, the following are recommended:
- Equip resource centers with materials on gender mainstreaming and rights-based approaches.
- Include gender mainstreaming and rights-based approaches in the introductory curriculum for undergraduates.
- Encourage inter-university debates on the implications of gender and human rights issues on human welfare
- Institutionalize an award scheme for categories like ‘The most human-rights sensitive’ student or staff.

(ii) Establishment of relevant structures

The GRBA Focal Point/Unit and GRBA Committee are essential to drive, coordinate and sustain the process of mainstreaming GRBA in HIV programmes while providing quality assurance to the processes in place. The committee should, preferably be headed by senior staff in the organization especially from policy division/department. Some of the critical roles of the Gender Focal point/Unit are:

The Role of Gender FP/Units in NGO/University

- Support the development of gender and human-rights sensitive strategies and programme;
 - Support staff in understanding and applying a gender perspectives and rights-based approaches,
 - Development or determination of which tool and methodology to apply given the process at hand requires integration of gender and rights-based approaches;
 - Support advocacy and negotiation initiatives towards the allocation of funding for GRBA in HIV programmes in the organization
 - Conduct gender and human rights analysis of project target groups
 - Collection and dissemination of information on gender and rights issues and on best practices;
 - Assistance in monitoring and evaluating progress in GRBA mainstreaming in decision-making, programme and budgetary allocations.
- Network with other stakeholders in advocating and lobbying for the advancement of gender, human rights and women's empowerment and empowerment of other vulnerable populations in the university and those at risk in the respective country and the Lake Victoria region

(iii) Development of a GRBA policy

- A policy on GRBA is crucial in directing initiatives of the organization around gender and human rights. However, advancing initiatives around GRBA and HIV should not necessarily be pegged on a policy. An organizational Action Plan should facilitate the organization to get started. The policy and or the Strategy should address itself to the following aspects:
- **Women representation in decision-making** structures; the university needs to demonstrate deliberate efforts to increase participation of women in decision-making structures at all levels.
- **Mobilization of resources:** due to the large numbers of student population they serve, every university must mobilize commensurate resources and establish a mechanism to minister to the psycho-social needs of the students, provide counseling and guidance services particularly on matters associated with HIV, sexuality, reproductive health and rights.

3.1.8 Proposed areas for Research

Below are suggested areas to be considered for future studies to inform more focused strategies and actions among the university communities:

- (i) Sexual practices and orientations; genesis and impacts on families
- (ii) HIV sero-behavioral studies in the universities in Rwanda and Burundi to provide disaggregated data to inform decision making
- (iii) Research and clinical trials on Microbicides, pre-exposure prophylaxis (PrEP), HIV and AIDS vaccines and other female-initiated HIV prevention methods.
- (iv) Assessment of organizational capacity of universities to mainstream GRBA
- (v) Baseline studies on GRBA in universities'
- (vi) Targeted socio behavioral research targeting to understand relationships of social dynamics and academic performance

(vii) Effects of religious values on moral standards and behavior of institutional populations

Scanty and excessive exposure of the human body, particularly by females, and the effect on sexual urges of the beholders.

3.1.9 The Log frame Approach

Stakeholders targeting the universities are encouraged to develop a Logical frame work in order to contribute to the same goal and objectives. Based on the outcome of the HIV sero-behavioral studies in the universities, the overall goal and objectives below have been proposed:

Overall Goal	Reducing practices and attitudes that predispose university students to HIV risks and vulnerabilities.
Purpose	Students access and utilize information and services for reducing risks and vulnerabilities that predispose them to HIV infection and impacts
Outputs	<p>Outputs will be determined greatly by the project and areas offocus. However, in order to contribute to the same goal and purposes above, the following outputs are proposed.</p> <ul style="list-style-type: none">• Action Plan developed and implemented on the implications of gender and rights issues in HIV responses in universities• Partnerships and networking within the LVB region strengthened• GRBA Policy developed to guide gender and rights responses to HIV• Gender disaggregated data gathered and analyzed for evidence-based advocacy and programming• Resources mobilized to address gender and rights issues in HIV programmes in universities• GRBA Regional Advocacy Strategy developed• Baseline studies on GRBA in universities' conducted• Increased resources for socio behavioral research and HIV• Coordination mechanisms of HIV responses in universities established and or strengthened• Increased awareness on gender and human rights among students and staff

- Main activities**
- Establish a GRBA Focal Point/Unit in implementing organizations including individual universities
 - Establish a GRBA Committee to give visibility to GRBA processes in programmes and the mobilization of funds in implementing organizations and individual universities.
 - Develop a GRBA Policy
 - Target awareness-raising and sensitizations/campaigns organizational assessment of universities to mainstream GRBA in initiatives
 - Build the technical capacity among key staff in the universities and implementing organizations
 - Conduct education forums for communities on their reproductive and health rights
 - Conduct campaigns and trainings targeting to deconstruct harmful gender norms
 - Sensitize and educate students undertaking practices and with attitudes that predispose them to the risks and vulnerabilities HIV
 - Conduct inter-university joint advocacy campaigns to reduce risky behaviors and vulnerabilities related to HIV among students
 - Collect, analyze and disseminate gender sensitive data in the context of HIV
 - Make appeals to university administration and management to formulate/review and increase funding for the implementation of gender and rights-responsive policies for university populations on HIV.
 - Document and disseminate good practices that are gender-transformative and observe human rights principles

Note:

Every implementing organization will develop indicators and pre-conditions aligned to the overall goal, the purpose, the outputs and the activities within their mandate and comparative advantage. Part 4.0 has recommended gender-sensitive indicators from which stakeholders can shop and align to respective levels of objectives outlined in their log frame.

3.2 Sustainability of GRBA Mainstreaming Process

3.2.1 Overview

Majority of gender and rights-based interventions and programmes receive minimal attention and suffer from underfunding in organizations. This has been largely attributed to limited understanding of these approaches particularly by senior managers in organizations. Nevertheless, there is need to strengthen the financial resource mobilization within the implementing organizations. This module discusses some of the viable strategies and ways of mobilizing funds for GRBA approaches and next steps towards sustaining GRBA initiatives particularly in universities within and around the Lake Victoria Basin.

3.2.2 Objective

By the end of the Module the users will be able to identify practicable strategies for mobilizing funds for on-going or new GRBA projects in the organization.

3.2.3 Module Contents

- (i) Financial Resource Mobilization
- (ii) Strategies for Mobilizing Financial Resources for GRBA activities of implementing organizations in universities and partners in the Lake Victoria Basin
- (iii) Strategies for Mobilizing Financial Resources for GRBA activities for LVBC/IUCEA
- (iv) Proposed Next steps for LVBC/IUCEA

3.2.4 Financial Resource Mobilization

The establishment of the GRBA Focal Point and the establishment of the GRBA Committee within an organization are important structures to support both the visibility of GRBA processes in programmes and the mobilization of funds. Preferably, the GRBA should be led by a senior staff in the organization able to influence decisions.

3.2.5 Strategies for Mobilizing Financial Resources for Implementing Partners in Lake Victoria Basin

- (i) **Fundraising** by identifying and engaging existing funding opportunities. These include multi-lateral and bilateral donors, UN agencies and country-specific UN Joint programmes, philanthropic funding e.g. Bill & Melinda Gates Foundation, decentralized funds and Global Fund Rounds 8, 9 and 10 of which one of the three Components focuses on Gender Equality.
- (ii) **Integrate gender and rights perspectives in National Development Plans and Strategies** including the National AIDS Strategic Plans to ascertain that available funds are allocated to address these issues.
- (iii) Utilize any of the several options for planning the **mainstreaming of GRBA perspectives**- including women-specific projects, women's component in a general project and a general project with gender mainstreamed into it, followed by justification for mobilization of required funds.

- (iv) **Engage existing national HIV funding mechanisms** used for the prioritization of actions that are advanced in the next programme phase. For example Kenya, has an annual Joint AIDS Programme Review (JAPR) which develops consensus on areas to give special attention for funding in a subsequent year. Identified areas later constitute the priority actions in the call-for-proposals.
- (v) Every organization funded to implement GRBA interventions should make an effort to provide proof to accounting officers or development partners that previous allocated funds produced benefits and positive results. Good financial management builds trust and reputation, credibility, positive image and attracts new resources.
- (vi) **Appeal to university management** to increase funding or support programmes and action plans emanating from AIDS control Units or HIV mainstreaming subcommittee, GRBA mainstreaming actions and student-led initiatives.

3.2.3 Strategies for Mobilizing Financial Resources for IUCEA

- (i) **Build capacity of non-state actors to mobilize devolved funds** to address gender and rights issues in HIV within university communities.
- (ii) **Gather and analyze gender disaggregated data for evidence-based advocacy and programming.** Key staff in the organization and particularly those who are involved in budgeting require continuous evidence-based sensitization to appreciate the importance of GRBA in their programmes.
- (iii) IUCEA in collaboration with Council/Commission for Higher Education to **engage government institutions and departments** in Partner States and potential development partners by lobbying and advocating (using policy briefs of the sero-behavioral studies reflecting pertinent gendered differences and human rights violations which form a fundamental basis for multiple high risk behaviors and heightened vulnerability to HIV infections and impacts) for funding for **GRBA PERSPECTIVES IN HIV AND OTHER PROGRAMMES.**
- (iv) Facilitate the **strengthening of partnerships within Alumni Associations** in individual universities to mobilize funds for such causes as well as encourage philanthropic spirit in old students; e.g. some of the great politicians in Kenya who are old students of Makerere University.
- (v) As part of **cooperate social responsibility**, universities should allocate a definite fund to target host community with HIV and related information.
- (vi) **Prioritize and allocate mobilized financial resources** to tackle the Gender and rights issues in HIV in the Lake Victoria Basin region.
- (vii) **Develop policy briefs and share with relevant UN agencies, development partners** and the larger donor community on prioritized areas of focus on Gender, human rights and HIV in Lake Victoria Basin.
- (viii) Send communications and advocacy material to raise their awareness on the gravity of the gender and rights issues in the Lake Victoria Basin regions and make the gendered differences and human rights violations that form a fundamental basis for mul-

multiple high risk behaviors and heightened vulnerability to HIV infections and impacts in university communities an **agenda at bilateral consultations**.

- (ix) **Develop criteria in funding applications to multilateral and bilateral donors** for HIV and AIDS to measure and ensure they include explicit components on gender equality and equity.
- (x) **Include gender and human rights agenda in global gatherings** where participating States make Declarations and Priority Commitments on policy formulation, programming and resource allocation and follow-up by translating agreements in national agenda; such as the International AIDS Conference in July 2012; High Level Meeting on AIDS (UNGASS; 2013).

3.2.7 Proposed Next steps for IUCEA

(i) Institutional Requirements

- Establish a **Regional GRBA Committee** drawing membership from AIDS and Gender Units of the universities, gender and human rights experts from National AIDS Council and National Human Rights bodies, NGOs undertaking HIV and related programmes, Development partners operating in the region with a GRBA mandate, private organizations, Faith-based organizations, research organizations representatives of Councils for Higher Education in charge of HIV Mainstreaming, representatives of university students associations and networks. Its mandate will be to ensure gender-balanced and human rights harmonized approaches across the region and advocacy for the profiling of gender and rights issues of the mobile populations of the Lake Victoria Basin in policies, institutional procedures, programmes and budgets through relevant structures including the EAC Caucus of Members of Parliament on Social Affairs, the Sectoral Council on Gender, Youth, Children, Social Protection and the National Technical Teams (NTT). The committee should provide guidance on the harmonization of policies and strategies, prioritization of programmes and M & E of GRBA initiatives in the Lake Victoria Basin region and disseminate these to respective countries through the NTTs.
- Establish the position of a **Gender and human rights Advisor at Lake Victoria Basin Commission** to provide technical support, coordination and capacity building for the harmonization of gender and rights issues across regional programmes and partners states targeting mobile populations.
- With support from councils/commissions of Higher Education, advocate for the **institutionalization of Gender and Rights mainstreaming sensitization** as one of the general/introductory courses for all university students undertaking undergraduate studies

(ii) Policy and programmes

- Development of a **generic GRBA-HIV policy for the customization by actors** working with university communities.
- Sexual harassment at workplace policy guidelines for universities an urgent requirement.

- Support universities to define mechanisms of incorporating **distance learning**/correspondence students in HIV programme - e.g. by providing online services through the organizational website or using cell phones.
- Development and implementation of a **GRBA Regional Advocacy Strategy** with any of the following proposed objectives:
 - To Promote high risk perceptions through promotion of low risk practices among students who are at high risk to HIV in universities.
 - To Promote sexual and reproductive health rights and build capacity of vulnerable students to demand these rights
 - To Develop ‘AIDS competent’¹ university communities which have the skills and flexibility needed to understand and manage the HIV and AIDS crisis in their respective communities.
- Support specific countries to use data from the country-specific sero-behavioral surveys to **package targeted awareness-raising and sensitizations/campaigns** for the various student ‘micro-cultures’ and staff in the universities. [Section 4.4 gives the steps of developing an advocacy strategy].
- Develop a simplified **Popular Version** to be used for Training of Trainers (TOTs) and GRBA FP/Units for cascading trainings and awareness creation on gender and rights issues to university communities.
- Develop a **Trainers Manual** for university communities in the Lake Victoria Basin based on this GRBA Toolkit.
- Support country mechanisms to review/develop and implement institutional policies and action plans that aim at improving access to knowledge on health information and sexual rights among female and male students and university staff.
- Facilitate universities to sensitize university students and staff on their sexual and reproductive health and rights and facilitate them to organize themselves, advocate and lobby for these rights from respective governments and other duty-bearers.
- Facilitate the development of **models for HIV prevention, care and support** for the ‘high risk’, the ‘low risk’ and the ‘vulnerable’ university students based on the gendered inequalities and human rights violations illustrated in this Toolkit. Test and replicate the same models in other universities, colleges and schools.

¹ The term **AIDS competent** is adopted from the AIDS Competency Framework in Kenya and it is used to describe the ability of a community to recognize causes of vulnerability and risk to HIV; build capacity to respond to HIV; network to exchange and share knowledge and skills; and to mitigate its effects.

PART 4
M& E AND RESOURCES FOR GRBA
MAINSTREAMING PROCESS

4.1 Monitoring and Evaluation

4.1.1 Overview

This section comprises the monitoring and evaluation mechanisms for a Gender and RBA programme among the university communities in the context of HIV. The section dedicates itself to describing the GRBA monitoring approach and determination of indicators to measure progress of interventions undertaken reflecting achievements for both the internal and external environments of an organization.

4.1.2 Objectives

By the end of the Module the users will:

- (i) Be able to apply the processes of measuring progress and evaluating results by gender mainstreaming and RBA standards
- (ii) Be able to identify immediate GRBA-HIV targets and indicators for identified actions to undertake within their organizations or within the university communities.

4.1.3 Module Contents

- (i) Monitoring the Mainstreaming of GRBA in university Communities
- (ii) Targets and Indicators

4.1.4 Monitoring the Mainstreaming of GRBA in University Communities

- (i) Monitoring focuses on tracking changes from a baseline; evaluation focuses on progression towards desired outcomes.
- (ii) In monitoring and evaluation aspects of equality, non discrimination and participation must be built into the baseline, targets and indicators to form a complete framework for monitoring and evaluating the project/programme by gender mainstreaming and HRBA standards.
- (iii) Good monitoring and evaluation helps us to learn from the past and contributes to more informed decision-making, better decisions, and greater accountability to stakeholders, and this is key in gender mainstreaming and RBA programming.

4.1.5 What must you consider in the process of monitoring GRBA in university communities?

- (i) During monitoring the project officer should be keen to consider whether the greater context of gender roles and relations within society are a potential risk (i.e. stereotypes or structural barriers that may prevent full participation of and therefore the success of the project).
- (ii) Additionally, it is prudent to note and minimize any potential negative impact of the intervention on the rights of the target population.

4.1.6 Monitoring should be done at two levels:

- (i) Implementing organizations and individual universities need to develop their own targets and gender-sensitive indicators for monitoring project progress on the main-

streaming of GRBA both within the corporate for tracking progress of developmental activities undertaken among the university students and staff.

- (ii) Secondly, the Inter-university Council for East Africa (IUCEA) Secretariat needs to put in place its own monitoring mechanism for coordination and tracking progress by implementing organizations and universities. With support of the implementing organizations and collaborating universities, IUCEA must therefore develop tools to be adopted by all implementing partners for harmonization and standardization of programme review processes. Lastly, IUCEA together with all actors needs to establish a mechanism that would facilitate the actualization of this process.

4.1.7 Targets and Indicators

(i) Targets

Integrating a gender perspective means that effective targets are also gender sensitive: these should consider the situation and needs of females and males in the university communities.

(ii) Indicators

The rule here is to work with few indicators and use both qualitative and quantitative indicators; too many indicators are difficult to track. Some of the immediate activities implementing organizations and individual universities are expected to undertake will correspond to the following indicators:

Table 5: Examples of short-term targets and output indicators

Target intervention	Indicator	T/F	Information Source /Means of verification	Remarks
Sensitize key ⁸ staff in the university on GRBA in the context of HIV	Proportion and No. of staff in the organization trained on the basics of the understanding of gender, gender mainstreaming and human rights based approaches disaggregated by sex, department, division and cadre		Organizational training reports	The HIV mainstreaming subcommittee/AIDS Control Unit and Gender FP must be part of this process
A Gender and Rights Focal person/unit established and functional	Existence of trained GRBA FP /U with specific roles and responsibilities (JD) No. of staff in the organization trained on GRBA Mainstreaming		Official Appointments File	Where the Gender and Rights FP already exists, it requires redefining and strengthening in its roles and responsibilities. See proposed responsibilities for a GRBA FP in Section 3.2
Conduct review of HIV related organizational policies and strategies from a gender and HR perspective	Proportion and No. of HIV related policies reviewed		Minutes of review meetings Documented GRBA gaps and recommendations	The recommendations should be incorporated in relevant policies during their development or reviews. For example Sexual Harassment Policy recommendations should be incorporated in the Human Resource Policy as well as HIV Mainstreaming Policy for the Institution. See Checklist on review of programmes and policies in Part 4

⁸⁸ Key staff for individual universities include the managerial cadre and especially those who make policy and financial decisions for running programmes

Conduct educational forums on gender and rights in the context of HIV among university students and staff	No. of University students and staff attending educational forums on gender and rights disaggregated by gender, Association and leadership role, year of study, marital status, nationality and religious affiliation		Project reports	
Develop Action Plan to address pertinent gender and rights issues in the university community	GRBA – HIV project paper developed and finalized by individual university		Annual Work Plan report Project reports	
Advocate or appeal for a specific/increased budgetary allocation towards HIV-GRBA programmes undertaken by Gender subcommittee/AIDS Control Unit and student-led initiatives	Proportion and amount of funding/additional annual funds allocated by the organization to advance gender and HR programmes in HIV		Organization's financial reports Annual Work Plan and Budget	
Establish a regional GRBA Committee to provide support to GFPs in all actors in the region	-No. of GRBA Committee members trained on ToR -GRBA Committee AWP/Calendar -Membership records listed by sex, cadre and department/organization		Training Report for GRBA Committee on ToR Minutes of meetings for GRBA Committee	EAC/IUCEA/LVBC/LVFO requires a multi-sectoral GRBA Committee to provide support to organizations operating in the region on gender and rights issues as well as support networking and harmonization of policies and programmes.
Build capacity of Implementing non state actors on GRBA processes in the context of HIV	Proportion and No of Implementing non state actors with key staff trained on gender mainstreaming, analysis and gender planning and RBA processes disaggregated by country, project component No of Implementing non state actors with projects to mitigate gender and human rights issues among university communities		Training reports	This action should be facilitated by EAC/IUCEA and governments of the 3 Partner States
Develop a Gender and HR Policy	Gender HR policy in place		Policy validation/launch meeting reports	A regional generic Gender and Human Rights policy can be developed for customization by individual universities
			Progress reports IUCEA/LVBC/LVFO	

Note: Organizations are free to modify or add the proposed targets and indicators in order to suit their environment. Sub Section 4.1 provides a list of more indicators that universities and NGOs can adopt for monitoring their progress on GRBA initiatives in HIV responses.

Exercise 9: Divisional/Department – based Group work

Develop a GRBA-HIV Action Plan targeting the internal environment of the university or organization and programme activities targeting university students and staff using the format and example below:

Broad Activity	Specific Actions	Indicators & Targets	Key Actors	Time Frame	Res	Means of verification
Develop a GRBA-HIV Policy	<ul style="list-style-type: none"> - Secure services of a TA - Planning and technical backstopping meetings - Validation/launch meeting - Produce copies of report 	GRBA-HIV Policy for the organization by.... /....2012	GRBA Committee GRBA FP HIV subcommittee /AIDS Control Unit Policy Division		???	GRBA-HIV Policy Document

4.2 GRBA Indicators

Below is a 'shopping list' of gender –sensitive and rights based approaches indicators that can be adapted by stakeholders responding to HIV in university communities:

Table 6: GRBA Indicator –'shopping List'

ISSUES	Proposed Interventions	Performance Indicators
Non responsive organizations to GRBA issues in HIV responses	<ul style="list-style-type: none"> • Build capacity of implementing organizations on GRBA mainstreaming • Sensitize university administration, students and staff on the implications of gender and rights issues in HIV • Conduct review of HIV related organizational policies and strategies from a gender and HR perspective • Advocate for a specific/increased budgetary allocation towards HIV- GRBA programmes • Build capacity of IPs /CBOs on GRBA processes in the context of HIV 	<ul style="list-style-type: none"> • Proportion and No. of staff in the university/organization or representatives of students and staff associations and networks trained on the basics of gender, gender mainstreaming and GRBA disaggregated by sex, department, division and cadre, association. • No. of TOTs trained on GRBA-HIV disaggregated by age, sex and occupation • GRBA-HIV Policy and implementation plan • Proportion and No. of HIV related policies reviewed • Existence of trained GRBA FP/U with specific roles and responsibilities • Proportion and amount of funding/additional annual funds allocated by the organization to advance gender and HR programmes in HIV • No of NGOs/universities/associations of students or staff with projects to mitigate gender and human rights issues in universities • Proportion of universities and other implementing organizations in the university communities that have developed gender sensitive indicators
Pertinent gender inequalities and human rights issues within university communities	<ul style="list-style-type: none"> • Conduct educational campaigns within university communities on GRBA in the context of HIV • Promote safer sexual practices in the target group • Empower women, first year undergraduates and other identified vulnerable groups with life skills and safe sex negotiation skills • Development and implementation of targeted BCC messages • Innovative outreach services for HIV service delivery points 	<ul style="list-style-type: none"> ♦ Number of training programmes and gender awareness creation on GRBA in HIV. • No of participants attending capacity building sessions by sex and age and socio-economic status • No. of female and male students and practicing 1° or 2° abstinence • Frequency of condom use including in sex work and in casual sex • No of multiple concurrent sexual partners (by age and sex and year of study) • No of students practicing polyandry • Levels of pornographic exposure • Levels of alcohol and drug abuse • Prevalence of stigma and discrimination

<p>Harmful cultures</p> <ul style="list-style-type: none"> Alcohol and drug abuse Sexual and gender-based violence 	<ul style="list-style-type: none"> Educate on the implications and linkages between alcohol abuse and HIV Educational campaigns to deconstruct harmful gender norms and attitudes 	<ul style="list-style-type: none"> No. attending education and campaigns disaggregated by sex and age Prevalence of sexual and gender based violence
<p>Human rights particularly for children, women and other disadvantaged groups violated through GBV, stigmatization and discrimination</p>	<p>Education and advocacy on relevant rights of women and children</p>	<ul style="list-style-type: none"> Proportion of university students and staff and host community who understand HIV related and SRH rights and where to get legal assistance if rights are denied or violated (by sex, age and marital status) No of female and male students joining university support groups No of students seeking counsel on sexual and reproductive health issues
<p>Low male involvement in HIV programmes</p>	<p>Education and advocacy on male involvement</p>	<p>Proportion of men and boys involved in HIV programmes as support partners, accessing HIV services for prevention, care, treatment and support, and programme implementation.</p>

Outcome Indicators

Outcome level indicators may include the following:

- Proportion of implementing organizations working with university communities mainstreaming GRBA in HIV.
- Percentage of male and female students and men/boys and women/girls from staff households in the university community who engage in risky behaviour² (disaggregated by age and sex and location)
- Number of eligible university students and staff members participating or accessing HTC, ARVs, STI treatment, OI treatment, counseling and testing at facility, home based, workplace and community outreach programmes
- Gender responsive and rights-based policies and guidelines developed and operationalized to inform HIV programmes on HIV in universities.
- Percentage of eligible PLHIV in university communities receiving ARVs (disaggregated by sex and age groups and category of vulnerable group³)
- Percentage of men and boys in university communities involved in HIV prevention, care, treatment and support services
- Number of university community structures supported to catalyze, promote and sustain positive social transformation programs (disaggregated by type of structure and location, target vulnerability)
- Percentage of university budget allocated to GRBA mainstreaming initiatives

² **Risky behaviours** : having sexual intercourse before the age of 15 years; having sexual intercourse with more than one partner in the last 12 months; Non use of a condom during the last intercourse; Non use of sterile injecting equipment with the injection; sex worker did not use a condom with their most recent client

³ Refer to Section 3.12

4.3 Treaties & Declarations on Gender, Rights and HIV

- **United Nations Millennium Declaration (2000):** recognizes that the equal rights and opportunities of women and men must be assured by setting Millennium Development Goals (MDGs). MDG No. 3 is committed to the promotion of gender equality and empowerment of women; MDG 6 is committed to combating HIV.
- **Convention on the Elimination of all forms of Discrimination against Women (CEDAW):** recommends that State Parties must ensure that AIDS programmes give special attention to the rights and needs of women and children, rid women of discriminatory practices and violence.
- **UN Guidelines on HIV-related Human Rights:** recommend that member States should take concrete steps to protect human rights in the context of HIV.
- **Beijing Platform for Action (PFA):** calls for gender-sensitive initiatives that address STIs, HIV and sexual and reproductive health issues. It calls upon governments to take measures to prevent and eliminate violence against women.
- **Commonwealth Plan of Action on Gender and Development (1995):** works to achieve gender equality and envisages a world in which women and men have equal rights and opportunities at all stages of their lives to express their creativity in all fields of human endeavor.
- **The Universal Declaration on Human Rights:** spells out all rights that human beings are entitled to.
- **The International Covenant on Economic Social and Cultural Rights (ICESCR):** deals with issues of social and economic right e.g right to health, right to education, right to food, right to water.
- **The International Covenant on Civil and Political Rights (ICCPR):** deals with issues pertaining to political and civil rights e.g. right to vote, freedom of movement.
- **The Convention on the Rights of the Child (CRC):** addresses issues relating to the rights of children.
- **The Convention on the Rights and Dignity of Persons with Disabilities (CRDPWD):** addresses issues relating to the rights of persons with disabilities
- **The African Charter on Human and Peoples Rights:** A regional agreement that addresses the general rights of human beings in the African region
- **The Protocol to the African Charter on the Rights of Women ('Maputo Protocol'):** A regional agreement that address issues relating to the rights of women
- **The African Charter on the Rights and Welfare of the Child:** A regional agreement that address issues relating to the rights of children
- **The Convention on the Rights of Migrant Workers (CRMW):** addresses issues pertaining to the rights of migrant workers
- The regional treaties establishing **Courts of Human Rights.**
- The **United Nations General Assembly (UNGASS) Declaration of Commitment on HIV and AIDS 2001**, where participants from 189 countries committed themselves to: recognizing basic human rights; providing strong leadership at all levels of society; reducing vulnerability; providing a wide range of prevention strategies etc
- The Paris Principles on Greater involvement of Persons Living with HIV and AIDS (GIPA) 1994.
- **The Abuja Declaration** on HIV, TB and other opportunistic infections 2001.

4.4 Checklist for assessing gender-sensitivity of Policies and Programmes

The aim of this checklist is to provide HIV programmers and policy makers with a tool to assess the gender sensitivity of their programmes and policies. Adapt the items on this checklist to fit the social and cultural needs of specific participants, programmes/policies, and/or organizations.

Table 7: Checklist for assessing gender sensitivity in programmes and policies

Dimension		Tick as appropriate	
		NO	YES
Does the policy or programme...	Encourage members of the university community particularly female and male students to participate in the development planning process?		
	Use innovative and nontraditional means to solicit the participation of community members, especially female and male students, in the development planning process?		
	Encourage people living with HIV/AIDS, especially female and male students, to participate in the development planning process?		
	Include all participants, especially female and male students, in the development of programme/policy goals and objectives?		
	Provide gender training for BMU committee members and other leaders at the beaches?		
	Include facilitators from the university community?		
	Include facilitators who are comfortable with discussing gender sensitive issues?		
	Tailor activities to the particular economic, political, and cultural realities of participants?		
	Tailor activities to address the power imbalances between women and men and between girls and boys?		
	Encourage community members, especially female and male students, to participate in peer education? (For example, leading segments of the workshop discussions, demonstrating condom use, etc.)		
	Encourage people living with HIV/AIDS, especially female and male students, to participate in the programme implementation?		
	Provide access to information and knowledge about HIV/AIDS to all participants equally?		
	Encourage discussion about socially assigned gender roles affecting women, men, adolescents, and the elderly?		
	Enable women and men, and girls and boys to understand one another's needs?		
	Include more gender-sensitive components to enhance your programme or policy.		
	Include participatory activities (group activities, role playing, brainstorming, mapping, story-telling, etc.)?		
	Produce educational materials that promote positive representations of women, men, girls, and boys, as well as people living with HIV/AIDS?		
	Occur at a time and place that is convenient to all participants, especially female and male students?		
Provide transportation for participants in an effort to encourage attendance?			
Provide child-care for participants during programme activities?			

Dimension		Tick as appropriate	
		NO	YES
Programme/Policy Implementation and Programme/Policy Development	Attempt to ensure that women and men, and girls and boys are listening to the needs of one another? For example, have participants represent one another in role play, have participants summarize and repeat the issues raised in discussion, etc.		
	Encourage discussion of the various social factors, such as economics, politics, and social structure that put women or men more at risk for HIV/AIDS?		
	Encourage discussion of the biological factors that put women or men more at risk to HIV		
	Encourage discussion of how gender inequality affects HIV/AIDS prevention, transmission, treatment, and care?		
	Address the financial difficulties brought on by HIV/AIDS, which often disproportionately affect female and male students? (For example, laws which do not allow women to inherit land from their husbands, the need for widows to seek out new forms of income to support their families, the burden of health care costs which often become the responsibility of women)		
	Encourage discussion on the power imbalances between women and men; girls and boys and how these imbalances affect the transmission and prevention of HIV/AIDS? (For example, the difficulties women face in insisting that their partners use condoms, the ability to choose when and with whom to have sex, etc.)		
	Encourage discussion of how empowerment of female and male students could help lessen their vulnerability to HIV/AIDS? (It is crucial to include men and boys in this discussion so they can participate and support women and not to be threatened by their empowerment.)		
	Work to eliminate the power imbalances between women and men and between girls and boys? Address the issue of violence against female and male students?		
	Provide opportunities for female and male students to become empowered through HIV/AIDS education? (For example, enhance the self-confidence of female and male students by encouraging them to attain new skills, take on more responsibilities as desired, become local leaders in health promotion, etc.)		
	Encourage/acknowledge the support that female and male students can provide to one another?		
	Encourage equal communication among participants about sexuality, sexual health, and sex practices (dry sex, anal sex, sex with commercial sex workers, etc.)?		
	Address the double standard that exists between women and men in relation to sexual activity? (For example, men being allowed to engage in sex outside of marriage or sexual experience before marriage while women are not)		
	Address the issue of sexual abuse (rape, incest, etc.)?		
	Address adolescent sexuality and the effect it may have on HIV/AIDS?		
	Address the importance of equal access to education for both girls and boys?		
	Address the reproductive and sexual health needs of children and adolescents?		
	Facilitate awareness in adults of the reproductive and sexual health needs of children and adolescents?		
	Encourage adults to address the reproductive and sexual health needs of children and adolescents? Provide demonstrations to all participants on how to use both male and female condoms and encourage all participants to practice their use?		
	Encourage discussion about the possible difficulties associated with condom use experienced by both women and men?		
	Address how HIV/AIDS affects on how women and men make reproductive choices?		
Encourage the involvement of both women and men in care giving responsibilities in home-based care activities?			
Encourage the involvement of both women and men in family planning and PMTCT?			

Dimension		Tick as appropriate	
		NO	YES
Have your policies stated and affirmed the commitment to gender awareness (in the goals and objectives, mission statement, etc.)?			
Does your organization . . .	Address how to avoid HIV transmission from mother to child (both before and after birth)?		
	Address the need to improve the quality of health services for female and male students?		
	Address the need to improve access to health services for female and male students (transportation, financial, etc.)?		
	Address the various health care changes that occur over a lifetime and how those changes affect HIV/AIDS treatment and prevention? (For example, a woman's health needs and HIV/AIDS susceptibility may change significantly as her body changes through adolescence, child-bearing years, and menopause.)		
	Encourage men and boys to participate equally in HIV/AIDS prevention efforts?		
	Encourage men and boys to help with domestic tasks as women's lives are impacted by HIV? (Greater assistance with domestic tasks may be needed if a mother, sister, or wife becomes ill, if she has to care for infected loved ones, if she has to begin to generate the family income, etc.)		
	Encourage men to become more involved in the care of their families?		
	Encourage and support participation among women and men in practices and activities? (For example, do both women and men have an opportunity to participate in discussions, to manage and develop programmes/projects, to hold advisory positions, to participate equally in planning and implementation of services, etc?)		
	Monitor internal practices in an effort to identify areas that are not currently gender sensitive?		
	Continually adapt internal practices in an effort to remain gender sensitive?		
	Support gender awareness among staff? (For example, provide gender sensitivity training to staff members at all levels.)		
	Have ideas of gender sensitivity formalized at all levels? (For example, include gender sensitive practices from entry level positions through top management level.)		
	Employ both women and men?		
	Provide women access to a variety of positions at all employment levels?		
	Pay women and men the same for equal work?		
Support the needs of employees, both women and men, with families? (For example, provide childcare facilities, allow employees to work flexible schedules, provide leave to care for loved ones, etc.)			
Provide both women and men access to training activities and extension services to facilitate professional development?			

4.5: Development of an Advocacy Strategy

4.5.1 Advocacy

This is the process of bringing change in the attitudes, practices, policies and laws of influential individuals, groups and institutions. Advocacy is carried out by people proposing improvements on behalf of themselves or others. In addition advocacy must create awareness of the problem, lobbying for socio-cultural and political changes and promoting new ways of thinking and acting at community, national and international levels.

4.5.2 Advocacy Principle

Effective HIV and AIDS advocacy strategy is based on the following guiding principles:

- (i) Advocacy activities should **avoid increasing harm** particularly for people infected or affected by HIV.
 - (ii) **Rights based** – advocacy activities should aim to protect the rights of people infected and affected by HIV.
 - (iii) **Goal oriented**
 - (iv) **Evidence based**
 - (v) **Holistic** – advocacy activities should concentrate on the mutually reinforcing prevention and care perspectives
 - (vi) **Relevant and contextual** – should fit the social, cultural, political and legal contexts of the society.
 - (vii) **Targeted** - - fit within the social, political and funding context
 - (viii) **Preparedness** – should lead to behaviour change and change in cultural practices and national policies, establishment of new policies and reaction on how institutions, the mass media and others deal with HIV, readiness with evidence and channels of communication to respond to emerging issues
- **Involvement of others** – particularly PLHIV

4.5.3 Advocacy process

STEP 1: Identify the problem—Ascertain the issue of focus

STEP 2: Set Goal and Objective(s)

STEP 3: Identify Target Audience:

- (i) **Primary target audience** includes the community leaders, opinion leaders, decision-makers, politicians, etc who have the authority to bring about the desired changes.
- (ii) **Secondary target audience** includes persons who have access to and are able to influence the primary audience – friends or relatives, other male or female elders and opinion leaders, media, religious leaders, policy-makers

STEP 4: Build support

The larger the support base the greater the chances of success. CSOs should create alliances and synergies enlisting support from individuals and media etc.

STEP 5: Develop the Advocacy Message

Ask yourself the following questions: Who are we trying to reach with the message? What do we want to achieve with the message? What action do we want the recipient of the message to take?

STEP 6: Channels of Communication

The appropriateness of the medium depends on target audience e.g fact sheets, flyers, brochures, community or public debates, workshop or seminars, press kits, press releases, press conferences, SMSs

STEP 7: Raise Funds

STEP 8: Develop and implementation Plan

STEP 9: Implement, Monitor and evaluate

Conclusion

An analysis of the data generated by the HIV sero behavioral studies do not demonstrate any significant correlation between mobility and the spread of HIV among students. And although HIV prevalence among university students within and around the Lake Victoria Basin does not paint a grim picture, low risk perceptions coupled with high vulnerabilities that lead to a dramatic increase in HIV incidences are prevalent. Facilitated by excessive academic and social freedom and peer pressure that is characteristic of campus lifestyles in the region, few students espouse abstinence, few engage in safe sex and enroll in support groups. Effective and sustainable HIV responses in university communities must aim to address the underlying determinants of HIV of infection; gender inequalities and human rights violations. Priority HIV interventions and service provision should be towards the pertinent gendered differences and human rights violations. These form a fundamental basis for multiple high risk behaviors and heightened vulnerability to HIV infections and impacts as demonstrated by the 2010 HIV sero-behavioral studies in the three Partner States.

Regional strategies for responding to HIV in university communities of the Lake Victoria Basin are committed to addressing gender and human rights as cross-cutting issues. This commitment needs to be translated into national policies and programmes by all actors. National and university policies and guidelines on HIV, gender and human rights which should be translated into practice on GRBA are either non-existent or not implemented/reinforced in universities. The management of universities needs to redefine their role and commitment to HIV and increase support to reverse imminent HIV incidences and consequences among university students and staff. Administrative Units responsible for mainstreaming gender and rights based approaches in HIV in universities require funds and adequate human resources to facilitate capacity building on gender and rights based approaches and provide effective coordination of all actors including student-led and staff-led initiatives on HIV prevention, care, support and treatment services. Of primary importance, high level administrative support is critical for allocation of financial resources required to address gender inequalities and human rights violations that step up vulnerabilities and risks to HIV.

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