



## Getting sensitive

Helping civil society groups gain funding for  
gender-sensitive HIV programmes

An Exploratory Project in Malawi and Uganda

## Content

Acknowledgements .....	3
Executive summary .....	4
Introduction .....	6
Global context and definitions .....	6
International agencies growing more sensitive .....	7
Civil society deserves further support .....	8
German initiative acts as catalyst .....	8
Methods .....	9
National partners and contexts – NGO partners .....	11
Capacity for country-level gender-sensitive initiatives .....	19
Training and coaching sessions .....	19
Achievements .....	21
Challenges .....	23
Lessons learnt .....	25
Capacity building for staff .....	25
Organizational development .....	26
Creating a political environment that enables gender-sensitive measures .....	27
References .....	29
Further reading and links .....	30
Abbreviations .....	31

**Published by:**  
Deutsche Gesellschaft für  
Technische Zusammenarbeit (GTZ) GmbH  
Dag-Hammarskjöld-Weg 1-5  
65760 Eschborn  
T +49 (0) 61 96 79-0  
F +49 (0) 61 96 79-1115  
I [www.gtz.de](http://www.gtz.de)

**German BACKUP Initiative**

**Responsible:**  
Andrea Milkowski, German BACKUP Initiative  
E [andrea.milkowski@gtz.de](mailto:andrea.milkowski@gtz.de)

Thomas Kirsch-Woik, "Strengthening the German  
Contribution to the global AIDS response"  
E [aids.ms@gtz.de](mailto:aids.ms@gtz.de)

**Writers:**  
Juliette Papy and Marianthi Vezertzi

**Edited by:**  
Anna v. Roenne, EPOS Health Management,  
Jim Boothroyd, freelance consultant

**Photographs:**  
Juliette Papy, Marianthi Vezertzi, Huzeifa Bodal,  
Andrea Milkowski

**Layout:**  
Nikolai Krasomil, [www.design-werk.com](http://www.design-werk.com)

**Print:**  
Druckerei und Verlag Klaus Koch

Eschborn, April 2009

# Acknowledgements

The German BACKUP Initiative and the project “Strengthening the German contribution to the global AIDS response” both implemented by German Technical Cooperation (GTZ) are grateful to their partners in this Exploratory Project: the International Planned Parenthood Federation (IPPF) and its affiliates, the Family Planning Association of Malawi (FPAM) and Reproductive Health Uganda (RHU).

The two technical consultants who advised the NGO partners and documented all steps of this learning process – Marianthi Vezertzi in Uganda and Juliette Papy in Malawi – deserve special recognition for their commitment to exploring the uncharted territory, at country level, between funding sources, like the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and civil society organizations in need of funding for existing and proposed gender-sensitive HIV programmes. Thanks also to Anna von Roenne, EPOS Health Management for the GTZ project “Strengthening the German contribution to the global AIDS response” for planning this project and for providing technical guidance to the two technical consultants throughout the process.

GTZ acknowledges the many who shared their expertise in this project: the project facilitators and trainers, the Ministry of Women and Child Development in Malawi, the Ministry of Gender, Labour, and Social Development in Uganda, the National AIDS Commissions in Malawi and Uganda, the Open Society Initiative for Southern Africa (OSISA), the Coalition on Women and AIDS in Uganda and other NGOs, donors and partner organizations. Support provided by country officers with GTZ in Malawi and Uganda throughout the project was also invaluable.

This report was written by Juliette Papy and Marianthi Vezertzi and edited by Anna von Roenne and James Boothroyd. GTZ thanks Kevin Osborne (IPPF) for his helpful comments on earlier versions.

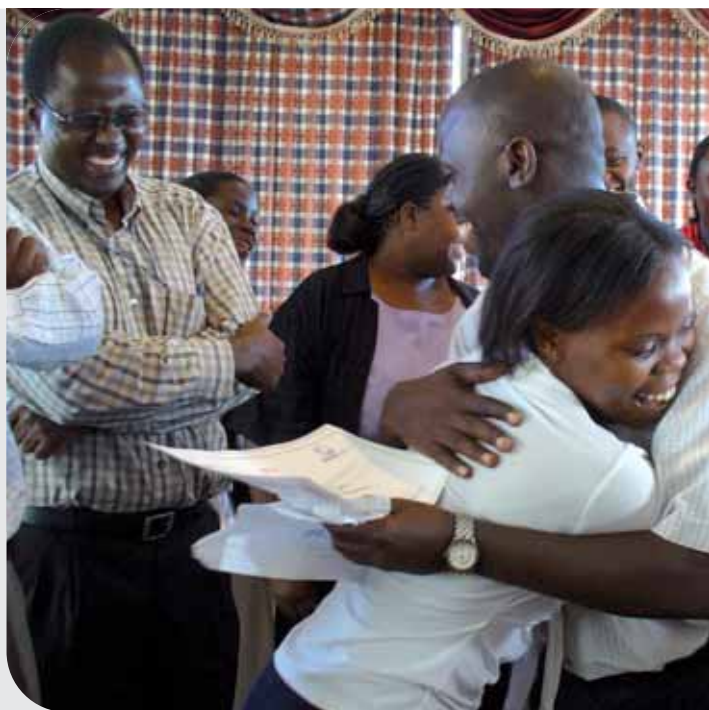
## Executive summary

In 2007, an estimated 22 million adults and children in sub-Saharan Africa were living with HIV. Women made up 60% of this total, with young women (aged 15-24) three to five times more likely to be infected than young men. Research shows that cultural, social and economic forms of inequality related to gender differences greatly increase the vulnerability of women and girls to HIV.

Growing recognition of this dangerous inequality, prompted by the concerted efforts of international non-governmental organizations and United Nations agencies, has caused the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other donors and governments to revise their policies and programmes so that they are gender-sensitive or gender-transformative. Many have also recognized that overcoming gender inequalities in HIV programming depends largely on the engagement of civil society organizations which, in countries with weak health care systems, are at the forefront of local responses to HIV and leading providers of HIV care and support.

Too often, however, these organizations lack the capacity to generate grant proposals and tap into new sources of financing such as the Global Fund. The German government aims to bridge this gap in two ways: 1) helping the Global Fund to make its tools and processes work better for women and girls (i.e. gender-sensitive); and 2) generating greater demand at country-level for Global Fund support of gender-sensitive proposals.

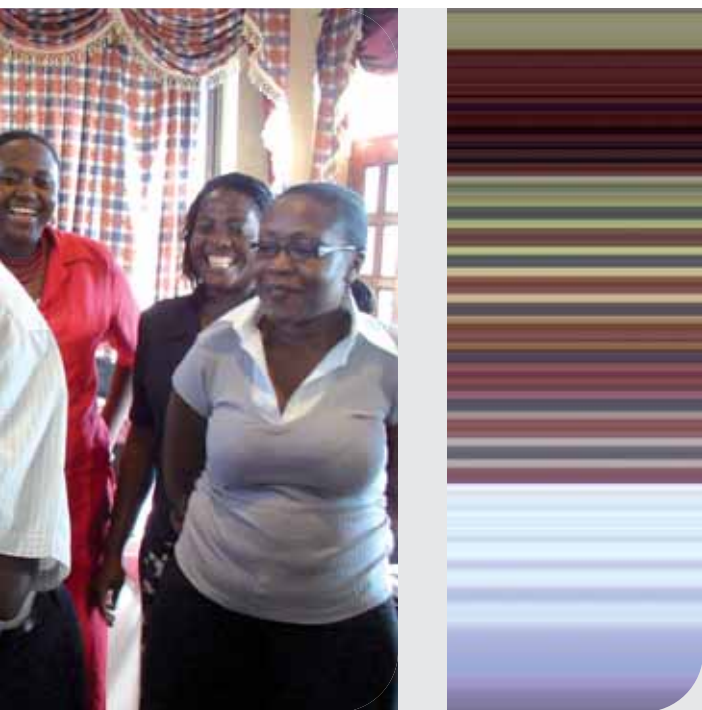
Achieving the second of these goals called for preliminary research. On behalf of the German government, therefore, GTZ launched an Exploratory Project, which provided start-up funding and technical support to NGOs in Malawi and Uganda to work in partnership with technical experts to identify how civil society organizations can best be helped to design and gain funding for gender-sensitive initiatives.



Joyful atmosphere as certificates are distributed at the end of the advocacy training in Uganda

In both settings, the Exploratory Project engaged technical consultants and staff of the partner NGOs in a process of joint-learning known as action research. This included careful analysis of the national and local contexts, joint-planning, training, technical support and, at the end, a detailed joint review.

Training focused on gender-sensitive programming, national advocacy and grant-proposal writing in support of more gender-sensitive national HIV strategies. Often, training workshops were combined with employee-coaching and organizational development, with technical consultants regularly assessing obstacles and progress in concert with staff of the NGO partners.



The final joint reviews concluded that the Exploratory Project addressed genuine gaps in capacity in a participatory way and had helped civil society organizations exert their influence nationally in support of gender-sensitive measures. As well, the NGOs began to mainstream gender in their programmes and structures, strengthening their ability to tap resources for HIV programmes, addressing gender.

Among the lessons learnt were that seed money and technical support for initiatives arising from training can consolidate new capacity in civil society organizations, but that the one year-period of the Exploratory Project was too short to achieve sustainable results. It was also found that training and technical support for specific staff members of NGO partners must be accompanied by sustained organizational development, and that further efforts are needed to forge strategic partnerships at the national level.

These and other findings of the Project have informed the new gender approach launched in January 2009 by the German BACKUP Initiative – a contribution to sparking demand for Global Fund support of country-level gender-sensitive HIV programmes.



# Introduction

## Global context and definitions

In 1997, for the first time, women made up 50% of the total number of adults living with HIV worldwide. In sub-Saharan Africa, home to two-thirds of all people living with HIV, 60% are now women. In some regions, women account for increasing percentages of all infections, especially young women (aged 15 to 24), who are particularly vulnerable. In sub-Saharan Africa, their risk of HIV infection is three to five times higher than that of young men (UNAIDS, 2008).

Research in this area indicates that HIV is a disease of inequality, often associated with economic transition, rather than a disease of poverty in itself (Piot P et al., 2007). Statistics from Kenya, Malawi, Uganda and Tanzania showed that HIV prevalence is lowest among the poorest quintile of women and highest among the wealthiest (Hanson H et al., 2008). In many of the countries hardest hit by HIV, women as well as men engage in sexual partnerships that carry a high probability of HIV infection such as relationships with multiple, concurrent sexual partners. This includes many young women who have unsafe sexual relations with much older men in the hope of material gain and enhanced social status (Leclerc-Madlala S, 2008).

The burden of caring for people with HIV, meanwhile, is shouldered mainly by females, owing to culturally embedded definitions of masculinity and femininity. Women and girls are the first to be asked to leave their schools or jobs and to give their time and financial resources over to the care of family members with HIV. And they often have little choice, both because their male relatives are empowered to make decisions for them and, by preference or training, are not prepared to take on the burden of care-giving themselves.

More policies and programmes are needed that are sensitive to the gender-specific risks and vulnerabilities of women as well as men and that provide them with the knowledge, skills and services they need to protect themselves and others from HIV infection. Furthermore, there is a growing awareness that it is not enough for HIV strategies to be merely gender-sensitive; if individuals are to share equal rights to sexual and reproductive health, and share more equally the burden of HIV, strategies must also attempt to be gender-transformative (see box for definitions). This requires drawing on the resources of women while helping men to assume greater responsibility for care and support, and for their own behaviour and its impact on others.

## Gender definitions

This report uses definitions, below, from the 2008 Gender Policy of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Please note, however, that when not referring specifically to gender-transformative measures, this text uses gender-sensitive in an inclusive way, to refer to both gender-sensitive and -transformative initiatives.

**Gender:** an array of socially constructed roles and relationships, personality traits, attitudes, behaviours, etc. that society ascribes differently to the two sexes. Gender is relational and refers not simply to women or men, but to the relationship between them.

**Gender-sensitive:** policies and programmes that aim to redress gender inequalities.

**Gender-transformative:** policies and programmes that attempt to re-define women and men's gender roles and relations.

Many governments, international agencies and non-governmental organizations are keenly aware of the need to address gender in HIV programming. The growing number of gender-sensitive HIV programmes reflects this; nevertheless, much more needs to be done in reforming HIV policies and reallocating financial and human resources to scale up and sustain gender-sensitive HIV programmes and services (UNAIDS, 2007). As well, country reports for the 2008 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) reveal policy advances do not necessarily reflect enhanced HIV responses and while policies free-up funding, these financial resources often fail to provide services for the women and girls who need them most. For these reasons, among others, the UN Secretary General has called Member States to not only integrate gender into national action plans, but to fully engage women in decisions related to HIV funding and programming.

### International agencies growing more sensitive

A recent study by Aidspace (Kageni A, Garmaise D, 2008) looked at the gender-responsiveness of successful Global Fund applicants in Sub-Saharan Africa and the implementation of Global Fund grants in five countries in this region. Among its findings was that Global Fund grants have not been particularly gender-sensitive – let alone gender-transformative. Few, for example, funded the development of policies promoting legal and human rights for women, income-generating activities for women and keeping girls at school. The study also pointed to a dearth of sex-disaggregated data from previous Global Fund grants, which inhibits detailed gender analyses of past interventions.

The Global Fund has, however, begun to respond to these shortcomings. In 2007, the Global Fund Board and Secretariat, together with the Chairs of Country Coordinating Mechanisms (CCMs) and major donors, declared their commitment to delivering change for women and girls. Reflecting this progress, the Round 8 call for grant proposals set out specific guidelines on gender. Titled “Ensuring a Gender Sensitive Approach”, these encouraged:

- The “know your epidemic” approach (promoted by UNAIDS) and analysis to identify gender inequalities;
- National HIV programmes that address gender inequalities and specific needs of women and men; and
- The use of gender-sensitive indicators for monitoring and evaluation of programmes.



First encounter with a female condom for two Malawian boys

In November 2008, the Global Fund launched a Gender Equality Strategy to help its partners at country-level focus harder on women and girls (a separate strategy focuses on sexual minorities) when drafting grant proposals and implementing programmes.

Other global agencies are also promoting gender-sensitive interventions. These include the Global Coalition on Women and AIDS; the Open Society Initiative for Southern Africa (OSISA); the WHO programme on Gender, Women and Health (WHO, 2009); the Center for Development and Population Activities; the International Community of Women Living with HIV/AIDS; the Global Network of People Living with HIV/AIDS and Just Associates.

### Civil society deserves further support

Civil society (non-governmental) organizations are at the forefront of local responses to HIV and leading providers of HIV care and support.<sup>1</sup> As well, the community level strategies are critical to bring about socio-cultural change and transforming gender roles (Epstein H, 2007).

As an authoritative study recently showed, governments of Southern African countries are now moving funding closer to the ground to better support community-level responses to AIDS (Birdsall K, Kelly K, 2007). But the problem is not just about moving money. The OSISA study highlights the need for a delicate balancing act: “marrying external forms of support to local ideas, motivations and forms of activity in a way that enables them, rather than dictating to them.” OSISA recommends funding agencies, governments and HIV coordinating authorities increase funding to civil society organizations so they can strengthen their networks and act more effectively together to provide HIV programmes and services that are effective and sustainable.

### German initiative acts as catalyst

Sharing this perspective, the German government aims to promote two beneficial trends:

- Gender mainstreaming in Global Fund procedures, operations and instruments; and
- Rising country-level demand for Global Fund support of gender-sensitive measures.

The second component aims to provide technical and financial support to partner countries for capacity development of national coordinating and decision-making bodies and civil society organizations towards attracting more global resources for gender-sensitive and gender-transformative HIV programmes. In this manner, the German government hopes to catalyze HIV initiatives tailored specifically for women and girls.

Before embarking on a fully fledged programme, however, there was a need for research to inform planning and implementation. GTZ, a technical cooperation agency whose main client is the German government, therefore, commissioned an Exploratory Project in Malawi and Uganda to investigate how civil society organizations might be empowered to access Global Fund grants to provide more gender-sensitive HIV programming. The aim was to provide a model for formulation and implementation of future gender and HIV capacity-building programmes.

<sup>1</sup> In this document, the term non-governmental organization (NGO) is used inclusively, encompassing both civil society organizations and community-based organizations. The term partner NGO refers specifically to the country-level organizations that served as partners of GTZ (German Technical Cooperation) in the Exploratory Project: the Family Planning Association of Malawi (FPAM) and Reproductive Health Uganda (RHU).



# Methods

The Exploratory Project was a partnership of GTZ and two established NGOs in Malawi and Uganda. The project partners were keen to learn about the challenges faced by NGOs at country-level as they advance gender-sensitive proposals to the Global Fund and national sources of funding. The two NGOs, the Family Planning Association of Malawi (FPAM) and Reproductive Health Uganda (RHU) (formerly Family Planning Association of Uganda), both affiliated with the International Planned Parenthood Federation, had earlier sought funding from the German BACKUP Initiative for their gender-sensitive projects. All three partners agreed that financial and technical support for gender-sensitive HIV initiatives led by country-level NGOs had to be grounded in a better understanding of the capacity of those organizations.

## Action research and joint learning

Under the Exploratory Project, therefore, GTZ provided two main forms of support. First, it offered start-up funding requested by the partners for their gender-sensitive HIV-projects (see box below); second, and the focus of this report, it offered technical support to develop their capacity in three critical areas of endeavour:

- Designing gender-sensitive HIV-programmes;
- Accessing financial resources from the Global Fund and national sources for these and other gender-sensitive and -transformative HIV programmes;
- Lobbying national authorities for more gender-sensitive HIV policies and programmes.

To allow GTZ and its partners to study the country-level opportunities and challenges facing NGOs seeking Global Fund support for gender-sensitive programmes, the Exploratory Project was designed as action research. This was a reflective process of problem-solving, where a local consultant in each country acted as a participating observer – supporting and advising the NGO partner, and staff, while monitoring progress.



Consultation of national stakeholders during the initial assessment in Uganda

The project was, therefore, conceived as an opportunity for GTZ, IPPF and their two country partners to learn together as they:

- Agreed on capacity building goals and activities during an initial needs assessment;
- Tested the capacity development methods; and
- Jointly reviewed the process and agreed on its outcomes.

## Initial assessments

The Exploratory Project started in October 2007 with assessments of the situation in each country. It looked at the national context, gender aspects of the country's HIV epidemic, and institutions and national programmes related to HIV and gender. The initial assessments also appraised the capacity of the two partner NGOs to develop proposals for their CCM and the likelihood of these being included in their country's Global Fund grant application. The findings of the initial assessments are described below (see Country context). Training sessions were tailored according to the findings of these initial assessments.

### Training and coaching

A sandwich approach was used, combining training workshops and ongoing coaching of the NGO partners to support them in applying their newly acquired skills and knowledge. The coaching consisted of regular review of goals, plans of action and results. As agreed with all partners, the training focused on three areas:

- Gender-related aspects of HIV and responsive programming;
- Advocacy for gender-sensitive programmes; and
- Networking and proposal writing to address gender and HIV.

### Implementation reports

The technical consultants developed monitoring tools and documentation to track relevant events and progress at the national and international levels. Using these tools, their monthly reports documented the progress of the project and any networking with partner organizations. The NGO partners submitted mid-term reports in June and September 2008, in preparation for final reviews.

The aim of this monitoring was to develop a better understanding of the situation at country level and the role of other stakeholders nationally and internationally in drafting successful proposals for gender-sensitive programmes funded by the Global Fund and other global health finances.

### Joint final reviews

Finally, GTZ, IPPF and the two NGO partners met to jointly review the projects in Malawi and Uganda and agree on lessons learnt.

Malawi's two-day joint review allowed stakeholders to examine the project's outcomes and assess feedback. Participants included the Ministry of Women and Child Development, the Society of Women and AIDS in Malawi and the Coalition of Women Living with HIV/AIDS in Malawi. Other participants included representatives of HIV-service organizations that were part of the CCM, UNAIDS, and the Open Society Institute.



Joint final review in Uganda with RHU and partners

Uganda's joint review examined progress against the project's action plans. Achievements and lessons learnt were shared and future initiatives proposed. The review included presentations, group work, joint learning and plenary discussions. Representatives of a coalition on women and girls, which includes RHU, were among the participants.

### National partners and contexts – NGO partners

The **Family Planning Association of Malawi (FPAM)**, founded in 1999, is a volunteer-based, non-governmental and non-profit organization that provides sexual and reproductive health (SRH) services to young people through five “youth life centres”. The association has 61 staff, including 29 technical experts – and 500 volunteers. Even though sex work is illegal in Malawi, FPAM has pioneered innovative approaches to meet the SRH and HIV-related needs of sex workers. This includes measures to empower young people economically and guard their rights, and providing HIV programmes for market vendors and care for young women after abortions.

FPAM is an associate member of the International Planned Parenthood Federation (IPPF) and works closely with Malawi's National AIDS Commission (NAC) and Ministry of Health (MoH). The MoH is responsible for setting policy in sexual and reproductive health for young people, supplying data and providing referral structures, clinical training and condoms at district level. FPAM projects are funded through a core grant from IPPF and support from UNFPA, UNICEF, JICA, the Netherlands and international NGOs such as the International HIV/AIDS Alliance. FPAM participated in the development of the Global Fund Round 7 proposal.

An initial assessment under the Exploratory Project found FPAM had potential capacity to influence national policy through its networks. While the organization had accessed global financing with a project grant from NAC, it was lacking the capacity to advocate for gender and HIV funding at national level and develop strategic partnerships.



FPAM Secretariat in Lilongwe, Malawi

**Reproductive Health Uganda (RHU)**, founded in 1957, addresses the demand for quality SRH services and rights in a gender-sensitive way, focusing on youth aged 10-24. Based in Kampala, with 29 branches and 19 clinics (two of which are mobile) throughout the country, it has 19 staff and 3895 volunteers. Outreach services are a core component of RHU's strategic plan, which adheres to IPPF standards. RHU is a full member of IPPF and a key partner of MoH, contributing significantly to Uganda's Reproductive Health and HIV and AIDS Programmes. Its other governmental partners are the Ministry of Gender, Labour and Social Development (MGLSD), the Ministry of Finance and the Uganda AIDS Commission. International donors include IPPF, Global Fund, UNFPA, UNICEF and the governments of Japan, Sweden and the United Kingdom.



The Headquarters of RHU in Kampala

### Project also kick-started local gender-sensitive initiatives

The main thrust of the Exploratory Project was action research on how best to build the capacity of NGOs for gender-sensitive work; but the project included start-up funding for two specific HIV projects proposed by the partner NGOs.

In Malawi, the German BACKUP Initiative provided start-up funding for a project developed by the Family Planning Association of Malawi (FPAM) titled "Serving young sex workers: Sexual and Reproductive Health Services and Economic Options for Livelihood." The initiative, beginning in February 2008, focused on sex workers in Chigwirizano, a suburb of Lilongwe, which is the capital city in central Malawi.



Sex workers receiving training in hair dressing skills, Malawi

In Uganda, the German BACKUP Initiative supported a project titled "Making money work for women: Enhancing Women's Access to Economic Resources and HIV/AIDS Services in Kabarole District, Uganda." The district was selected for the project owing in part to recent low levels of investments in communities and businesses, and falling household incomes.



Training women clubs in leadership and organizational development in Kabarole, Uganda



An initial assessment revealed RHU to be strong and cohesive with good networking and advocacy. The organization also had the development of gender-specific programmes as a strategic objective. The Exploratory Project, therefore, saw an opportunity to build the capacity of RHU for knowledge-management, advocacy and HIV programming that is gender-sensitive.

### **Malawi: epidemiology**

In Malawi (population 14 million), close to one million adults and children were living with HIV in 2007 (UNAIDS/WHO, 2008). In the same year an estimated 68 000 people died of AIDS and 560 000 children were orphaned, putting Malawi among the countries most hard-hit by HIV, worldwide (UNAIDS, 2006).

Nine out of every ten HIV infections in the country are the result of unprotected sex between men and women. According to Malawi's National AIDS Commission, young women (18-24) are far more likely to be infected than young men (8.4% versus 2.4%) and women represent 58.3% of adults living with HIV (UNAIDS/WHO, 2008). A Strategic Country Gender Assessment for Malawi notes that women tend to become sexually active at an early age and with older men, while men view younger women as more likely to be HIV-negative, thus fuelling the further spread of the pandemic (Ngwira et al., 2003).

The country's HIV epidemic, meanwhile, is spreading to rural areas where over 80% of the population reside. These areas are also characterized by high concentrations of poor and female residents (Demographic Health Survey, 2004). Here, it is common for poverty to encourage young women and girls to accept early marriage or to engage in transactional sex (in exchange for money, food or services), risking infection, as well as violence and abuse.

Traditional practices such as wife inheritance and initiation ceremonies, norms of masculine behaviour such as having multiple and concurrent relationships with younger females, make it hard for women to act on prevention messages (Government of Malawi, 2003). Women and girls here are often left to serve as primary caregivers for people with HIV and children orphaned by the disease.

### **Malawi: response to HIV and gender issues**

Since the emergence of HIV in the 1980s, the Malawi government has developed policies and programmes that, despite Malawi's severe epidemic, have probably slowed the spread of HIV and softened some of its worst impacts. Its response to HIV has been multi-sectoral and line ministries are urged to mainstream HIV into their sectoral plans. The country's NAC facilitates policy development, coordinates the National HIV/AIDS Strategic Framework through rolling Integrated Annual Work Plans, and monitors results. MoH, meanwhile,



National AIDS Commission in Lilongwe, Malawi

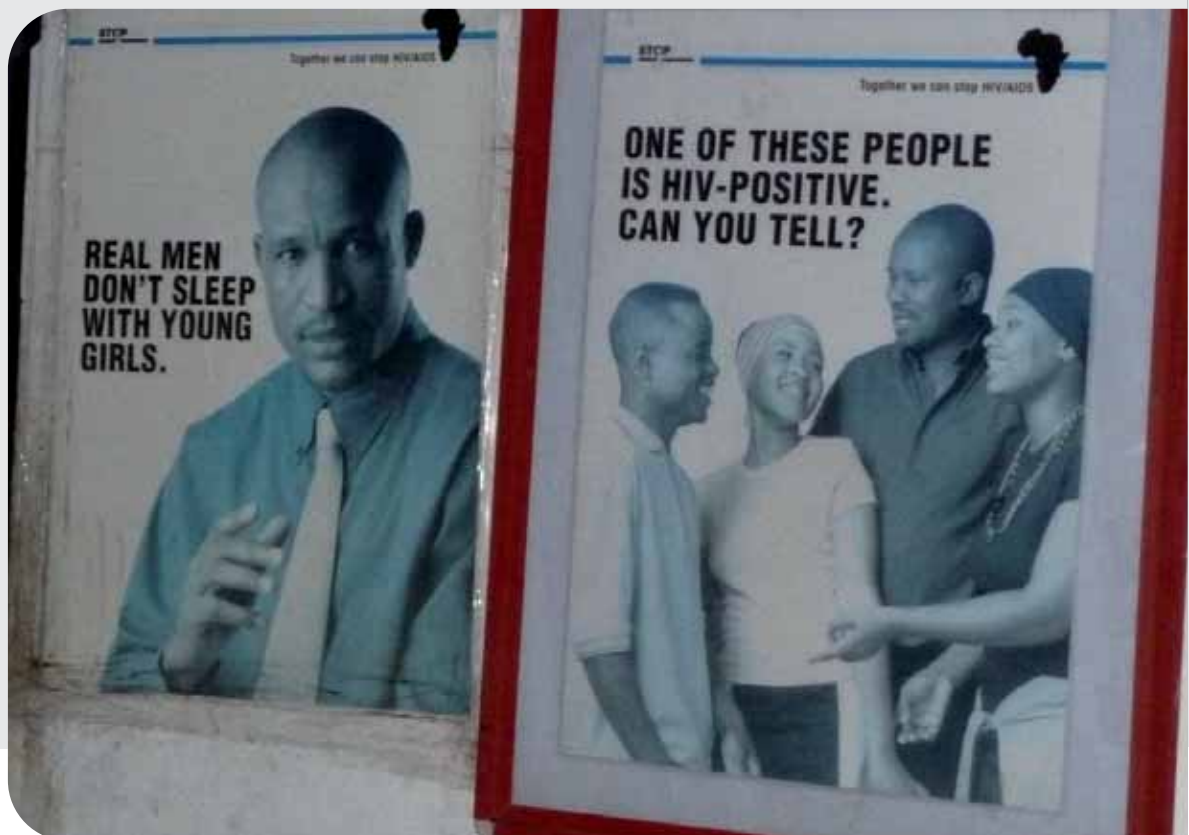


plays a leading role in the National AIDS Framework, especially in the provision of HIV testing and counselling, prevention of mother-to-child transmission (PMTCT) and the scaling up of HIV treatment and care.

Most HIV services have been decentralized to district and community levels. Since October 2008, HIV initiatives have been coordinated and managed by City and District Assemblies. The assemblies appoint District AIDS Committees: local bodies to which NGOs and community-based organizations submit grant proposals. At higher levels, government agencies, national and international NGOs apply for funding directly via the secretariat of the National AIDS Commission. An enduring problem, which the NAC is currently addressing, are delays in the disbursement of funds and multi-year funding to sustain long-term projects.

International donors to Malawi's HIV programme include Global Fund, World Bank Multi-country AIDS Programme, Canadian International Development Agency, United Kingdom Department for International Development, and Norwegian Agency for Development Cooperation. In 2006, the Global Fund joined other international partners in supporting an HIV and AIDS Pool Fund managed by Malawi's NAC. In 2008-2009, Global Fund provided 80% of the programme funding allocated by NAC (SUS 110 million).

The Government of Malawi has also developed a National Gender Policy (2000) and a National Gender Programme (2004-2009). The Ministry of Women and Child Development oversees the implementation of gender policies and two key programmes: the National Plan of Action on Women, Girls and HIV and AIDS; as well as an HIV-related programme for orphans and



Campaign on cross-generational sex in Salima, Malawi

vulnerable children. Delays in funding from the NAC, coupled with weak procurement and accounting systems at the ministerial and district levels, however, have undermined the implementation of the former plan of action.

Some of these challenges have been addressed through UNAIDS and the Flemish Government's support to gender-sensitive initiatives at the ministerial, district and community levels through a four-year programme titled "Enhancing community and national capacity to effectively address vulnerabilities of women and girls to HIV and AIDS" (2006-2010). In 2008, the United States President's Emergency Plan for AIDS Relief (PEPFAR) also provided funding for its "Gender Initiative on Girls' Vulnerabilities" in Malawi as well as Botswana and Mozambique.

A gender analysis of national HIV programmes for the Mid-Term Evaluation of the Strategic Management Plan (2006) found that while policies gave "enough space for practical action to address gender issues in HIV/AIDS and vice-versa", these policies were not translated into action. Weaknesses included:

- Inadequate gender analysis and mainstreaming within organizations that partner with NAC, and in district assemblies and district AIDS committees;
- Failure to translate gender-disaggregated indicators into data for gender initiatives;
- Resistance at all levels to gender equality and women's empowerment;
- A lack of involvement of men and boys; and
- Inflexible systems that prevent women's groups from engaging in national response.

### Assessment of Malawi's capacity to address gender issues

The initial assessment for the Exploratory Project recognized that the government had acknowledged the need to incorporate gender in the national HIV response. Evidence for this included the prevention and support for young people and women funded in Global Fund Round 7 and the development of ministerial capacity to ensure that the HIV response is gender-sensitive. Despite this, limited knowledge (among national and decentralized government authorities and CSOs) of programmes that work for women and girls is an important challenge on the way to a gender-oriented AIDS response in Malawi.

### Malawi: support from Global Fund

Malawi has been successful in three rounds of Global Fund grants; but gender has not been a focus of any of them.

Round 1 provided US\$ 178 million for the "National Response to HIV/AIDS in Malawi" (2003-2008), mainly biomedical programmes such as counselling, testing, HIV treatment and care. Round 5 channelled US\$ 20 million into care and support for AIDS orphans (2006-2011) and though the proposal mentioned gender mainstreaming and equality this did not translate into specific gender-related initiatives. Global Fund Round 7 provided a further \$36 million for "Intensifying HIV/AIDS Behaviour Change Communication for all and Scaling up of HIV Prevention Services for Young People in Malawi" (2008-2013). The successful proposal mentions that women and girls are among those disproportionately affected by HIV and includes some interventions to reduce the vulnerability of young girls (i.e. economic empowerment of young people, promotion of female condoms).

The Global Fund's new Rolling Continuation Channel has also allocated no less than US\$ 314 million to Malawi over the period 2009-2014, but apart from measures for PMTCT and the inclusion of female condom distributions, none of the other components in this proposal are specific to women and girls.

NAC is the Principal Recipient for all Global Fund grants targeting HIV. Sub-recipients that receive funding via NAC include MoH and the Ministry of Women and Child Development (which is implementing the Round 5 component for orphans and vulnerable children).

#### **Uganda: epidemiology**

In 2007, Uganda's population was 28.4 million people with average annual growth of 3.2%, one of the highest in the world (Population Secretariat, Ministry of Finance, Planning and Economic Development). When hit hard

by the HIV epidemic in the 1980s, Uganda's multi-sectoral response was one of the few success stories in the developing world. HIV prevalence declined dramatically from a peak of 18% in 1992 to 6.4% in 2005 (Ugandan Sero-Behavioural Survey, 2006).

According to UNAIDS (2008), however, there are signs of a possible resurgence in sexual risk-taking. In the last five years infections have increased, with 132 500 new cases in 2005 alone. HIV prevalence is higher in women than men (7.5% of women and 5% of men), the disparity being even greater between ages 30 to 34 (12.1% of women and 8.1% of men).

Gender-based violence and socio-economic factors increase women's vulnerability to HIV infection. Nearly one in five adolescent females (ages 15–19) reported their first sexual experience involved force or coercion (Biddlecom et al., 2007). The Uganda Demographic and Health Survey (2006) estimates 70% of women had experienced either physical or sexual violence. Three out of four unmarried, sexually-experienced adolescent girls reported receiving gifts or money in exchange for sex, usually from an older man (Darabi et al., 2008). About 90% of new infections occur through heterosexual contact, according to the National Statistical Office (2001).

#### **Uganda: response to HIV and gender issues**

The Ministry of Health in Uganda has been responsible for the National AIDS response since 1982. In 1992, the Ugandan AIDS Commission was founded to oversee, plan and coordinate HIV prevention and control. A decentralized structure translates national policies and initiatives at the level of districts, counties, sub-counties and parishes. At the district and sub-county levels, AIDS taskforces provide political leadership while AIDS committees are responsible for technical aspects of programmes and services. The establishment of a Civil Society Fund for HIV and AIDS in 2006 (with four representatives of civil society on the steering committee and funding from major international donors) was an important step in further harmonization and coordination of Uganda's response to HIV.



View from the Ministry of Gender, Labour and Social Development in Uganda



Campaign on cross-generational sex, Ministry of Health and PSI, Uganda

Uganda is now implementing a National Strategic Plan on HIV/AIDS (2007-2012) that aims to reduce the incidence of HIV by 40%, expand social support and scale-up care and treatment so that it reaches 80% of those in need. The Plan also addresses gender in the context of HIV – and the government has developed a policy in support of orphans and vulnerable children.

This reflects awareness in Uganda's government of gender issues. The Ministry of Gender, Labour, and Social Development drafts policies and oversees programmes supporting women's empowerment and advancement. The implementation of the Gender Policy and Action Plans is done through line ministries such as health and education, partner NGOs and CBOs. Reference groups on Gender and Human Rights are based within the MGLSD.

In 2007, the Ugandan Gender Policy was revised to focus on gender development, and for the first time an action plan was developed to address gender issues in the context of HIV. As well, the National Action Plan for Women was revised to focus on systematic impact monitoring, including sex aggregated data collection for interventions at household, community, district and national levels.

The report on the implementation of the national HIV and AIDS strategic plan for 2007-2008 and the National Priority Action Plan (2008-2009) from the Ugandan AIDS Commission show increased access to prevention, care, treatment and social support for the general population. Widespread gender-based violence (GBV), however, is reflected in the increasing incidence of HIV among couples and among women.

A Domestic Relations Bill, which addresses the property rights of married women, widow inheritance, marital rape and equal sexual rights, is now before Parliament, though mired in controversy. The Peace, Recovery and Development Plan for Northern Uganda, meanwhile, has been reviewed from a gender perspective and an action plan has been developed to encourage its implementation.

#### Uganda: support from Global Fund

Uganda's HIV response has benefited from three Rounds of Global Fund grants, though none of the successful proposals specifically tackle gender inequalities.

Round 1 provided US\$ 36 million for a “Uganda comprehensive country proposal for scaling up the National Response to HIV/AIDS”. This mentions women and commercial sex workers, and includes support for PMTCT, but a gender perspective and gender mainstreaming are not systematically incorporated.

Global Fund Round 3 was to deliver nearly US\$ 83 million in support for “Expanding Anti-Retroviral Therapy and Care and Support of Orphans and Other Vulnerable Children”; but dispersal of the funds was halted owing to financial mismanagement. The grant included money for PMTCT as well as support for orphans and widows.

In Round 7, Uganda received about US\$ 70 million for “Scaling up Prevention, Care, Treatment and Health Systems strengthening for HIV/AIDS” – less than a third of the requested amount. Some of this money will go towards reducing domestic violence and protecting vulnerable groups such as women and girls. Gender empowerment is mentioned in the proposal, but there are no interventions to promote this and no indicators to monitor it.

In Round 8, Uganda brought in technical consultants with expertise in gender and reproductive health to help in framing the proposal, but the country chose not to apply for funding in this round. The more gender-sensitive draft proposal was incorporated into the country’s Round 9 submission.

### Assessment of Uganda’s capacity to address gender issues

The initial assessment done under the Exploratory Project found the Ugandan government understood the value of systematic and sustained measures to address gender inequalities in its national HIV response. It concluded, nonetheless, that progressive policies in this area were not being translated into effective programmes and services, owing to a lack of capacity in national coordinating structures and civil society groups and a lack of funding, earmarked specifically for gender-sensitive interventions.



# Capacity for country-level gender-sensitive initiatives

## Training and coaching sessions

As part of the initial assessment at the outset of this project, workshops were held with the two partner organizations, where shortfalls were assessed and content chosen for capacity building. Here, GTZ and the two NGOs agreed on a framework for the Exploratory Project with an operational plan and an outline of expected results including goals, objectives and indicators. Next, the NGOs finalized their operational plans with support and coaching from the two technical consultants. These included capacity-building measures recommended during the initial assessment and activities that made use of skills newly acquired by NGOs in the training sessions. These measures focused on:

- Gender-sensitive and -transformative programming;
- Advocacy for gender awareness in national HIV programmes; and
- Gender-sensitive proposal writing.

In Malawi, the Exploratory Project was also to provide FPAM with specific support for organizational development (strategic planning, development of partnerships and human resources, project management etc.) and other training and coaching, in response to gaps identified in the initial assessment. This work was postponed; however, as plans were already underway to conduct a similar long term exercise as part of FPAM's accreditation process with IPPE.

The project developed and tested different forms of training and workshops on gender-responsive programming for HIV, advocacy and proposal development. These included the following sessions.

**HIV and gender training – theory and practice of gender-sensitive HIV programming:** Participants in this three-day session, offered in Malawi and Uganda, studied patterns in HIV epidemiology and gender determinants of HIV infection, including social, economic and cultural factors that affect women in particular. They learnt about policies and legal frameworks for gender and HIV in the respective countries. Finally, they were introduced to concepts and tools for established gender-sensitive HIV approaches, including indicators for monitoring and evaluation of programmes.

In Malawi, experts from the Ministry of Women and Child Development, NAC, Malawi Law Commission and College of Medicine contributed to discussions of HIV and gender issues and the national framework. In Uganda, the training was offered to staff at RHU headquarters and additional training was offered for staff at branches of the organization in Kabarole and local stakeholders. RHU combined this decentralized training with the disbursement of funding for the women's groups engaged in their local initiative ("Making money work for women: Enhancing Women's Access to Economic Resources and HIV/AIDS Services in Kabarole District", see text box above), exploiting an opportunity for further advocacy and networking.



Exploring gender norms during training in Uganda

At the end of the workshop, each organization presented an action plan on how to integrate gender in its respective programmes.

**Advocacy workshop:** Participants at this workshop, which lasted three days in Malawi and two in Uganda, learned basic skills of advocacy and how to position their organizations at country level to advance gender-sensitive responses to HIV. Participants also worked in groups to develop advocacy plans.



Certification of participants by the Millennium Gender Trainers Team upon completion of the HIV and Gender training in Malawi

**Proposal development workshop:** Offered over three-days in Malawi and two in Uganda, this workshop introduced participants to processes and requirements for working through the National AIDS Commission to access support from Global Fund. They also learned about stages in project cycles and developing a logical framework approach for gender-sensitive HIV proposals. This approach weaves together top-down and bottom-up methods of project management: for example, top-down analysis to identify project activities, and bottom-up verification to ensure that these activities are comprehensive and appropriate. Rigorous risks and assumptions analysis reinforce the findings and the approach concludes by identifying the controls needed to monitor and manage projects successfully. Participants also learned about methods of problem analysis, objective analysis and budget preparation.

In Malawi, a session with representatives from NAC addressed challenges in proposal submission and in being grant-recipients. Participants agreed that this helped in promoting dialogue between civil society organizations and NAC.

**Strategic partnerships workshop:** This one-day session in Malawi was arranged to help FPAM play a proactive role in steering national HIV policies towards more gender-sensitive approaches. Participants learned about the added value of strategic partnerships, how to select partners and agree with them on goals and how to build effective partnerships and monitor their results. They found the workshop useful for understanding the value of partnerships and how to make them successful.

Despite these successes, facilitators and participants alike agreed that the Exploratory Project allocated too little time to these training sessions. This meant that the sessions covered only minimum content and left participants with insufficient time to agree on the actions their organizations needed to strengthen their capacity further in each area: theory and practice of gender-sensitive programming, advocacy, proposal-writing and strategic partnerships.

As well, it became clear that inviting all staff to the training sessions was inefficient. Instead, the sessions might achieve better results if provided exclusively to staff members with the basic knowledge and organizational responsibilities to benefit fully and apply newly acquired skills – e.g. by developing an advocacy plan or forging new partnerships. Alternately, the training could be extended, allowing several days for all participants to develop the basic skills and knowledge needed to profit more from the training.

**Coaching and Support:** As well as these training sessions, the two technical consultants in Malawi and Uganda met regularly with members of the steering committees of the NGO partners and with staff members serving as focal points for the Exploratory project to help them apply their newly acquired skills. This included checking progress against agreed plans of operation and assessing results according to targets set in the initial assessment.

## Achievements

As noted in the Introduction, the general goal of the Exploratory Project was to provide information to shape gender-sensitive HIV capacity-building programmes supported by GTZ. This goal has been achieved as the findings of the action research informed the new Gender Component of the German BACKUP Initiative to sparking demand for global finance for country-level gender-sensitive HIV programmes.

In assessing the specific achievements of the Exploratory Project, however, one should consider both its process and its progress towards stated goals. As action research, the project's achievements were measured in two ways: by the technical consultants (participant-observers), based on observations of how the NGO partners made use of newly acquired skills; and jointly with the NGO partners, during the follow-up workshop in Uganda and the joint final reviews in September 2008.

At least three areas of achievement are noteworthy:

### Project addressed need with evidence-based measures in a participatory way

The project design and implementation was informed by extensive background analyses of the context and gaps, challenges and opportunities in gender and HIV programming in both countries. This included the preliminary analysis for the proposals put forward by IPPF and its country-level member organizations – FPAM in Malawi and RHU in Uganda – and the findings of the initial assessment. As such, the Exploratory Project responded to clearly identified gaps in capacity for gender programming in civil society organizations.

Furthermore, the type of capacity building needed and how to undertake this work was influenced by workshops with each of the partner NGOs – part of the initial assessment. These face-to-face workshops helped to identify the type of training to be provided and useful partners for networking on gender-related issues during the project.

### Project helped NGOs to influence national policy and decentralize response

In Malawi, FPAM used its new skills to begin formalizing alliances. It joined with partners to form a coalition of organizations focusing on gender issues, which received funding from the Open Society Institute to develop a grant proposal for Global Fund Round 8. Ultimately, the coalition did not succeed, owing to challenges including poor timing and a lack of leadership, and the CCM chose not to forward its proposal in Round 8. Nonetheless, this work is to be carried forward in preparations for Round 9 and the experience gained has been worthwhile.

The training in advocacy that staff of FPAM staff received was also useful in familiarizing staff members with concepts, processes and aims. This encouraged FPAM to play a more vocal role in gender-related forums, such as the national Technical Working Group on Women, Girls and HIV and AIDS (i.e. providing useful insights on the lack of access of marginalized sex workers to health services).

In Uganda, RHU used its newly acquired skills in national HIV Technical Working Groups to advance gender-sensitive programming as a priority and to steer more funding towards measures addressing the vulnerability of women and girls to HIV.

Additionally these skills helped RHU strengthen the work of the national Coalition on Women and AIDS, of which it is a member. The coalition advocates for enhancing women's capacity to influence policies, programming and monitoring and evaluation of interventions addressing HIV and the rights of women and girls. Representatives of the coalition also took advantage of the training in advocacy and proposal-writing offered by the project.

As a result, members of the coalition were able exert their influence in the Reference Group on Gender Based Violence at MGLSD. For example, they succeeded in having GBV treated as a priority in an HIV strategic plan focusing on Northern Uganda, an area racked by violence and civil war in the last 20 years.

RHU also organized a successful national forum for stakeholders to discuss ways of advocating for measures to address gender and HIV, and how civil society groups can further increase their effectiveness in these areas. The forum attracted representatives from MGLSD and other line ministries and government agencies such as the Population Secretariat and the Uganda Bureau of Statistics. Members of Parliament and representatives of development partners, other civil society organizations, the media and academia also took part. RHU also plans to make this high-level meeting an annual affair.

In Uganda, the Coalition on Women and AIDS that was represented in the advocacy and the proposal writing training, conducted a training in project proposal writing for its members. Following this, six of the CBOs under the Coalition submitted their proposals to the Civil Society Fund and will receive funding. In addition to this, RHU developed and submitted a series of proposals that address risks and vulnerabilities of women and girls to HIV infection.



Group work "defining strategic partnerships"

### **NGOs are now mainstreaming gender in their programmes and structure**

In Malawi, newly gained theoretical knowledge about gender programming was used to orient FPAM staff members who had not attended project training, and in integrating gender into the organization's peer education manual and 2009 budget. While knowledge of gender issues has increased among staff, the organization acknowledges that there is a gap between this awareness and how to adapt its own programmes in a way that takes full account of these new understandings.



In Uganda, RHU identified capacity gaps in gender and HIV and used the capacity assessment to strengthen the skills of staff and help them develop an action plan for mainstreaming gender into the organization's structures, systems and processes. As a result, RHU's 10-Year Strategic Framework now incorporates gender as a cross-cutting theme. Gender-sensitive tools are also being developed to sustain this mainstreaming over the long term, e.g. a supervisory gender-sensitive checklist and gender-disaggregated data.



### **Greater capacity to tap resources for gender-oriented programmes**

Training and technical support under the Exploratory Project gave FPAM staff the skills need to submit an expression of interest and prepare project proposals to Malawi's National AIDS Commission, in line with requirements.

In Uganda, RHU and the Coalition on Women and AIDS now have a number of staff and volunteers who can develop gender-sensitive project proposals and advocate effectively for gender-sensitive responses to HIV.

## **Challenges**

### **Project did not allow enough time and resources**

In both countries, the partner organizations faced time and staff constraints. The operational plan included too many activities within the 12 months allotted for the joint action research and capacity development measures. This meant that the NGO partners and their technical consultants were unable to complete the implementation of their action plans and witness expected results.

While the project did address identified needs and gaps in capacity, it did not cater for additional manpower and, therefore, burdened staff with extra work at a busy time. This led to delays in implementation and, at times, to low prioritization of the capacity building opportunities by the NGO partners.

Furthermore, in Malawi, FPAM was unable to fill the key position of advocacy officer until the end of the Exploratory Project; and in Uganda, high staff turnover delayed the implementation of some activities.

### **Budgets limited training and planned activities**

Both in Malawi and Uganda, the duration of training was dictated by budgets and the length of time that staff could leave work to attend these capacity building sessions. This may have compromised the quality of training.





RHU addressing the media about the role of gender in HIV infection

Some of the activities in the action plans developed during the training workshops required financial support for implementation. For instance, there was a need to conduct a participatory gender audit with external facilitation to identify gender gaps in RHU and to develop a consolidated action plan; however, inadequate budgets forced the postponement of this work. Similarly, the budget did not allow for much needed advocacy.

#### Technical support and advocacy in Malawi

The project provided for a technical consultant to help FPAM throughout the project. The technical consultant felt that she could have further boosted the capacity of FPAM if she had been allowed to participate more in daily implementation of the project and to give more support to FPAM staff in exploring new areas and using new skills.

More could have been done, as well, in positioning FPAM for high-level advocacy on gender-sensitive HIV programming. While FPAM is a key player in terms of service delivery, this is primarily at district level. And while FPAM networks at the national level, it is still not sufficiently well placed to conduct high-level advocacy on gender and HIV issues. The project could have helped the NGO partner draw more on its expertise in district-level service delivery, while working with like-minded organizations to influence national decision-makers.

The Malawian NGO partner also lacked time to complete its project workplan, undermining its advocacy (a new area for programme staff). While staff was trained in advocacy, its members did not have the time to use skills acquired to develop an advocacy plan and materials. This contributed to FPAM's failure to formalize relationships with strategic partners at the national level.

#### Partnerships, expertise and knowledge-management in Uganda

RHU has successfully worked with the Coalition on Women and AIDS, however, without any formal strategic partnerships. The Ugandan NGO partner also needs to seek other partners in more formal arrangements to strengthen advocacy and push for more measures to address the vulnerability of women and girls to HIV.

A lack of consultants with gender and HIV expertise who were willing to work for the budgeted amount also led to the cancellation of advocacy training in Kabarole District. RHU may need to develop a comprehensive data bank for consultants in various disciplines and at various consultancy rates to help in the selection of consultants.

The project also revealed that RHU needs to improve its knowledge management. While the project offered useful lessons for advancing gender-sensitive HIV programming and helping civil society groups attract global financing for this, RHU could do more to document these best practices.

# Lessons learnt

## Capacity building for staff

### **Joint assessments identify needs of staff**

Joint capacity assessments between funding organisations and their partners allow for tailor-made capacity-building plans that address genuine needs. In the Exploratory Project this approach led to training that enhanced the capacity of the partner organizations in gender-sensitive programming, advocacy and proposal writing. By involving other NGOs, an increasing number of them will build the capacity to develop successful proposals for submission to the Global Fund and other financing mechanisms.

### **Careful selection of trainees and development of action plans pay dividends**

Capacity building is most effective when it helps specific staff members to make use of newly acquired skills. Therefore, the selection of participants needs to take into consideration their prior knowledge and organizational roles. For example, advocacy and proposal-writing workshops are best for staff that already do this sort of work. Trainees must also have a basic level of knowledge, so that they are able to use their newly acquired skills to at least sketch out a proposal or draft an advocacy strategy. In organizations without employees devoted to advocacy, training can be offered to senior decision-makers who will be able to develop an advocacy plan.

Secondly, trainings should include the development of action plans that are part of CSO's regular strategic planning, budgeting and implementation. This guarantees that new skills add to and are sustained by on-going activities.

### **Training should be tailored for country-specific programming and funding cycles**

Capacity development measures developed and implemented by the partners need to be tailored to address policy and funding opportunities for civil society to make HIV programmes work for women and girls. This would include not only proposals to Global Fund, but also opportunities to tap the tremendous resources that are often already available in countries hard-hit by HIV. In Malawi, for example, this demands training in advocacy at the district and community levels as the national HIV response and funding mechanisms are increasingly decentralized.

### **Seed money and assistance for initiatives after training consolidates new capacities**

Small grants can help NGOs and local groups test innovative initiatives soon after training. When coupled with technical support, these partner organizations also have the guidance they need to effectively implement and monitor and evaluate gender-sensitive projects. In turn, this can attract further funding for scaling up and sustaining innovative programmes.

## Organizational development

**Donors must invest in organizational development of NGOs over long term to ensure that staff fully exploit newly gained capacity**

As noted, the Exploratory Project in Malawi and Uganda needed more time to achieve its goals, as building the capacity of organizations demands long-term financial and technical support, as well as a sustained commitment from those involved.

Furthermore, some NGOs require concurrent technical support for organizational development to absorb the new knowledge and use the newly acquired skills. As mentioned earlier, for example, in Malawi external factors prevented FPAM from taking advantage of organizational development assistance proposed in the initial assessment (see Gender Sensitive Projects, Capacity building). As a result, the organization was not able to fully exploit its new capacity. As well, human resources, governance and networking may determine how an NGO is able to use its newly acquired capacity for gender-sensitive HIV programming. Efforts to improve an organization's documentation and sharing of good practices can also strengthen its ability to collaborate with other groups and scale up best practices.

Appointing a focal person with responsibility for coordinating capacity-building and ensuring that new skills are applied regularly can also help sustain the benefits of training and technical support throughout an organization.

### **NGOs need to build capacity to forge strategic partnerships and networks**

Too often civil society organizations compete for funding among themselves and miss out on opportunities to advance common interests. When they are equipped and well organized, however, they can help to create an enabling environment for gender-sensitive HIV responses and other beneficial measures, at all levels in a country.



Satellite Session GTZ/OSISA 'Making AIDS funding work for women and girls' at the ICASA, Dakar, December 2009

The Exploratory Project helped FPAM and RHU develop organizationally so that it could join coalitions of other civil society groups to advance gender-sensitive proposals for Global Fund Round 8.

In Uganda, RHU staff used skills acquired in advocacy training to work with a coalition that had access to national HIV authorities and the CCM to establish gender-sensitivity as a key aspect of the national response. The coalition also lobbied at the national level to further decentralize funding for HIV services.

In Malawi, the coalition that formed to advance a gender-sensitive proposal for Global Fund Round 8 was undermined by a lack of leadership and coordination. This hurt its credibility and the coalition did not survive. There is often a need, therefore, for NGOs to prepare systematically – not in an ad hoc manner for individual calls for proposals – for strategic partnerships. Among other measures, this often requires analysis of each coalition member's strengths, niche and added value in advancing toward gender-sensitive programming. For example, given their core work, FPAM and RHU were well-suited as coalition members able to advocate for gender-related improvements to formal health service delivery. Coalitions, however, also need to have agreed strategies and a functional secretariat.



### **Creating a political environment that enables gender-sensitive measures**

During the Exploratory Project, it was observed that changes in the national context influenced how and when NGOs could access funds for gender-sensitive programmes.

### **Coordination among partners boosts gender-sensitive initiatives at country level**

As in other areas, good coordination and communication among agencies leading gender-sensitive initiatives at all levels in a country helps to optimize the benefits of these initiatives. This is also true for initiatives at the international level, such as those run by the Open Society Institute, United Nations Development Fund for Women (UNIFEM) and UNAIDS.

For example, NGOs engaged in gender-sensitive advocacy and programming need to be aware of relevant discussions in meetings of technical working groups, CCMs and donor agencies. Donor agencies also need to find ways of supporting organizations that have less capacity, instead of working exclusively with the same established groups, often based in the capital. This may require alternative modes of selecting partners to ensure that NGOs with less capacity can also be helped to promote projects that work for women and girls.

### **Civil society groups should strive for greater cohesion and accountability**

The Exploratory Project showed that NGOs in Malawi have limited capacity and experience in collaborating and building strategic partnerships. This greatly affects their credibility at the national level. In Uganda, civil society has a better understanding of strategic partnerships and networking, but competition for resources often pits one group against another.

Civil society organizations, therefore, need to work together and share information, presenting donors and funding agencies with one coherent programme of work.

Stakeholders in Malawi also indicated during the final review that for civil society to maximize its potential for fundraising, groups need to be more accountable and transparent. Some organizations will need technical support to achieve this.

### **Programmes must address a country's specific perceptions of gender**

Stakeholders consulted during the final review of the Exploratory Project in Malawi pointed to a flaw in the country's gender-sensitive programmes – few men participate in them. This was viewed as a serious shortcoming, as men are the traditional decision-makers in society and without their support the programmes are vulnerable.

Also, the introduction of gender-sensitive measures in Malawi led many to believe that their aim was to reverse traditional roles. Few in Malawi support this perceived goal, so efforts are needed to correct this misperception and explain the actual aims.





Discussing the project's outcomes and contextual challenges with stakeholders in Malawi

### **Countries must develop their own expertise in gender-sensitive programming**

A shortage of expertise at country-level in gender-sensitive programming made it difficult for partner NGOs to find the required technical experts in both Malawi and Uganda. Future projects should consider exploiting regional expertise and plan their budgets accordingly. The aim, however, must be to strengthen expertise in country, by building the knowledge of people who are more likely to remain in key organizations.

The consensus of stakeholders at the review in Malawi was also that organizations need to improve their monitoring and evaluation of gender-sensitive programming, to document and disseminate best practices on HIV interventions that work for women and girls.



# References

- Biddlecom AE et al.** (2007). Protecting the Next Generation in Sub-Saharan Africa: Learning from Adolescents to Prevent HIV and Unintended Pregnancy. New York, Guttmacher Institute.
- Birdsall K, Kelly K** (2007). Pioneers, Partners, Providers: The Dynamics of Civil Society and AIDS Funding in Southern Africa. Braamfontein, Centre of AIDS Development Research and Evaluation (CADRE) and Open Society Initiative for Southern Africa (OSISA).
- Darabi L et al.** (2008). Protecting the Next Generation in Uganda: New evidence on Adolescent Sexual and Reproductive Health Needs. New York, Guttmacher Institute.
- Epstein H** (2007). The Invisible Cure: Africa, the West and the Fight against AIDS. New York, Farrar, Strauss & Giroux.
- Global Fund** (2007). Scaling up a gender-sensitive response to HIV/AIDS, Tuberculosis and Malaria by the Global Fund, The Global Fund Board Input, 16th Board Meeting, 12-13th November 2007, China.
- Global Fund** (2008). Addendum to Report of the Policy and Strategy Committee, The Global Fund's Strategy For Ensuring Gender Equality in the response to HIV/AIDS, Tuberculosis and Malaria (The Gender Equality Strategy). Global Fund Gender Policy.
- Government of Malawi** (2003). National HIV/AIDS Policy: A call for renewed action. Lilongwe, National AIDS Commission, Office of the President and Cabinet.
- GTZ** (2007). Accelerating Action – A technical support guide to develop capacity and to benefit from global health financing, German BACKUP Initiative.
- Hanson H et al.** (2008). HIV control in low-income countries in sub-Saharan Africa: are the right things done. A CoAction review article. Global Health Action 2008. DOI:10.3402/gha.v.1i0.1837.
- Kageni A, Garmaise D** (2008). Do Global Fund Grants Work for Women? An Assessment of the Gender Responsiveness of Global Fund-Financed Programmes in Sub-Saharan Africa. New York, AIDSPAN.
- Leclerc-Madlala S** (2008). Age-disparate and intergenerational sex in southern Africa: the dynamics of hypervulnerability, 22(4):S17-S25. Pretoria, Human Sciences Research Council of South Africa.
- Ministry of Health** (March 2006). Uganda HIV/AIDS Sero-Behavioural Survey 2004-2005. Kampala.
- National Statistical Office and ORC Macro** (2001). Malawi Demographic and Health Survey 2000. Calverton, Maryland.
- Ngwira N, Kamchedzera G, Semu L** (2003). Malawi Strategic Country Gender Assessment, presented to the World Bank and UNDP.
- Piot P et al** (2007). Squaring the circle: AIDS, poverty, and human development. PLoS Med 4(10):e314. DOI:10.1371/journal.pmed.0040314.
- Population Secretariat** (2007). State Of Uganda Population Report 2007. Kampala.
- Uganda AIDS Commission** (2007). National Strategic Plan for the HIV/AIDS National Response (NSP) 2007/2008 -2010/2011. Kampala.
- Uganda Bureau of Statistics** (2006). Uganda Demographic and Health Survey. Kampala.
- UNAIDS** (2006). Report on the Global AIDS Epidemic. Kampala.
- UNAIDS** (2007). 20th Meeting of the UNAIDS Programme Coordinating Board: Presentation of policy guidance to address gender issues. Geneva.
- UNAIDS** (2008). Report on the Global AIDS Epidemic. Geneva.
- UNAIDS/WHO**. Epidemiological Fact Sheet on HIV and AIDS: Malawi. 2008. Geneva. Update: [www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008\\_MW.pdf](http://www.who.int/globalatlas/predefinedReports/EFS2008/full/EFS2008_MW.pdf)
- UNGASS** (2008). Country Progress Reports. New York.
- UNGASS** (2008). Report of the Secretary General, 62nd session, Agenda Item 44. New York.
- WHO** (2009, in press). Integrating gender into HIV/AIDS programmes in the health sector: tools to improve responsiveness to women's needs. Geneva.

## Further reading and links

CEDPA (2008). Evaluation of the CEDPA Alumni Coaching Program ([www.cedpa.org](http://www.cedpa.org)).

Government of Malawi. (2005). Malawi HIV and AIDS National Action Framework 2005-2009. National AIDS Commission, Office of the President and Cabinet. Lilongwe.

The Global Network of People Living with HIV/AIDS (GNP+): ([www.gnpplus.net/component/option,com\\_frontpage/Itemid,1/](http://www.gnpplus.net/component/option,com_frontpage/Itemid,1/)).

GNP+ (2008). Verdict on a Virus: Public Health, Human Rights and Criminal Law: ([www.gnpplus.net/images/stories/2008\\_verdict\\_on\\_a\\_virus.pdf](http://www.gnpplus.net/images/stories/2008_verdict_on_a_virus.pdf))

HIV Prevention Report Card for Malawi (2006). IPPF, UNFPA, Global Coalition on Women and AIDS (GCWA) and Young Positives: ([www.ippf.org/NR/rdonlyres/88147ACB-E804-4EAA-80BA-F98565A7466A/0/Malawi.pdf](http://www.ippf.org/NR/rdonlyres/88147ACB-E804-4EAA-80BA-F98565A7466A/0/Malawi.pdf))

International Community of Women Living with HIV/AIDS: ([www.icw.org](http://www.icw.org)).

J. Fleischmann (2008). An Analysis of the Gender Policies of the Three Major AIDS Financing Institutions: The Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Bank and the President's Emergency Plan for AIDS Relief, UNAIDS. Geneva.

Just Associates: [www.justassociates.org](http://www.justassociates.org).

Open Society Institute Southern Africa: [www.soros.org/about/foundations/southernafrica](http://www.soros.org/about/foundations/southernafrica).

The Global Coalition on Women and AIDS: [www.womenandaids.unaids.org](http://www.womenandaids.unaids.org).

The Global Fund's Second Replenishment Conference (2008-2010) Communiqué, Berlin September 2007.

The Global Fund: [www.theglobalfund.org](http://www.theglobalfund.org).

Uganda AIDS Commission (October 2002). HIV/AIDS Coordination at Decentralized Levels in Uganda: Guidelines for District HIV/AIDS Coordination.

Uganda AIDS Commission, Republic of Uganda (2007). Moving Towards Universal Access: National HIV & AIDS Strategic Plan 2007/8-2011/12. Kampala.

UNAIDS/Global Coalition on Women and AIDS (2006). Keeping the Promise: An Agenda for Action on Women and AIDS. Geneva.

World Health Organization: [www.who.int/gender/documents/en/](http://www.who.int/gender/documents/en/).

World Health Organization (2008). Gender Mainstreaming Policy: [www.who.int/gender/en/](http://www.who.int/gender/en/)

# Abbreviations

<b>ART</b>	antiretroviral therapy (for HIV)
<b>CCM</b>	Country Coordinating Mechanism
<b>FPAM</b>	Family Planning Association of Malawi
<b>GBV</b>	gender-based violence
<b>GLOBAL FUND</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>GTZ</b>	German Technical Cooperation
<b>ICASA</b>	International Conference on AIDS and STIs in Africa
<b>IPPF</b>	International Planned Parenthood Federation
<b>MGLSD</b>	Ministry of Gender, Labour and Social Development (Uganda)
<b>MoH</b>	Ministry of Health
<b>NAC</b>	National AIDS Commission (Malawi)
<b>OSISA</b>	Open Society Institute for Southern Africa
<b>PMTCT</b>	prevention of mother-to-child transmission of HIV
<b>RHU</b>	Reproductive Health Uganda
<b>SRH</b>	sexual and reproductive health
<b>UNAIDS</b>	Joint United Nations Programme for HIV/AIDS
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization

Deutsche Gesellschaft  
für Technische Zusammenarbeit (GTZ) GmbH

Dag-Hammarskjöld-Weg 1-5  
65760 Eschborn/Germany  
T +49 (0) 6196 79-0  
F +49 (0) 6196 79-1115  
E [info@gtz.de](mailto:info@gtz.de)  
I [www.gtz.de](http://www.gtz.de)

