United Nations
Educational, Scientific and
Cultural Organization

UNESCO's Short guide to
THE ESSENTIAL CHARACTERISTICS OF EFFECTIVE HIV PREVENTION

Rights-based

Scientifically accurate
and grounded in evidence

Culturally appropriate

Gender responsive

Age-specific

Participatory and inclusive

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ACRONYMS

ACASO	Africa Council of AIDS Service Organizations
ADB	Asian Development Bank
AED	Academy for Educational Development
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
CBO	Community-based organization
CCF	Christian Children's Fund
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CHAPS	Culture and Health Programme for Africa
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
DFID	Department for International Development (UK)
FBO	Faith-based organization
GAD/C	Gender and Development for Cambodia
GIPA	Greater Involvement of People Living with HIV
GNP+	Global Network of People Living with HIV
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit
HCP	Health Communication Partnership
HIV	Human Immunodeficiency Virus
IATT	Inter-Agency Task Team
ICASO	International Council of AIDS Service Organizations
ICPD	International Conference on Population and Development
ICRW	International Center for Research on Women
ILO	International Labour Organization
IPPF	International Planned Parenthood Federation
JLICA	Joint Learning Initiative on Children and HIV/AIDS
MDG	Millennium Development Goal
NGO	Non-governmental organization
ODI	Overseas Development Institute
OHCHR	Office of the High Commissioner for Human Rights
PATH	Program for Appropriate Technology in Health
RAPID	Research and Policy in Development
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNODC	United Nations Office on Drugs and Crime
USAID	US Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

INTRODUCTION

To promote efficient and effective responses, UNESCO will support approaches grounded upon available and emerging evidence, approaches that are holistic, rights-based, culturally-appropriate, age-specific, scientifically accurate, seek to meaningfully involve people with HIV and other key stakeholders, promote and foster gender equality, and build on the unique strengths and capacities of all UNESCO sectors.

UNESCO strategy for responding to HIV and AIDS (UNESCO, 2007)
http://unesdoc.unesco.org/images/0014/001499/149998e.pdf

This booklet aims to increase understanding of the characteristics of efficient and effective HIV and AIDS responses. It is designed to explain in a user-friendly and accessible format what these characteristics mean in practice, and how they can be applied, integrated and institutionalised into HIV and AIDS planning and programme processes.

It targets programme implementers and project managers developing and implementing activities (largely in the area of HIV prevention) within UNESCO. However, it will also be useful to other stakeholders undertaking similar work, including technical staff, programme implementers and managers in ministries involved in the AIDS response, UN and other development partners, and civil society.

As a quick reference guide, users can find out about the key characteristics of a specific approach, check on definitions, or identify tools to help put the approach into practice. It can help you, for example, to:

- Consider the key questions to ask to ensure that human rights principles or gender equality issues are addressed in the project cycle.
- Identify the entry points for involving different stakeholders, from programme design to monitoring and evaluation.
- Tailor communication efforts to different audiences.

The booklet is not a substitute for the vast amount of existing literature in these areas. Instead it guides users through the literature via web links and additional reference material for further exploration.

Legend


Key message


Key reference


Refer to other section in this booklet

1. HUMAN RIGHTS

1. HUMAN RIGHTS

Human rights refer to the 'basic rights and freedoms to which all humans are entitled'.[1] By agreeing to the various international human rights treaties and conventions, each State is accountable for promoting and protecting the human rights of its citizens; individuals also have a responsibility for respecting the rights of others. Yet it is clearly evident that human rights are not always exercised, respected or protected.

Adopting a human rights-based approach to HIV and AIDS can be very helpful to realise human rights as well as to improve access to HIV prevention, care, treatment and support. In practice, this means engaging with human rights in a systematic, deliberate and purposeful way. It also means using key human rights principles and standards for designing, implementing, and monitoring and evaluating policies and programmes. This section helps you to familiarise yourself with such principles and standards, and shows possible entry points for mainstreaming human rights into your activities.

An increasing number of countries have legislation and policies to deal with HIV in the world of work, and an increasing number of businesses worldwide are taking steps to address HIV in the workplace. This helps to protect the rights of HIV-positive workers.

On the other hand, the rights of people living with HIV are threatened in many countries by, for example, laws criminalising HIV transmission or HIV-related travel restrictions (laws and regulations that restrict the entry, stay or residence of HIV-positive people).

UNAIDS has issued recommendations and policy guidance on these issues:

Report of the international task team on HIV-related travel restrictions (UNAIDS, 2008) http://data.unaids.org/pub/Report/2009/jc1715_report_inter_task_team_hiv_en.pdf

Criminalisation of HIV transmission: policy brief (UNAIDS, 2008) http://data.unaids.org/pub/BaseDocument/2008/20080731_jc1513_policy_criminalization_en.pdf

1 Article 2 of the Universal Declaration of Human Rights: http://www.un.org/en/documents/udhr/

WHAT IS A HUMAN RIGHTS-BASED APPROACH?

This approach means that you should *consciously* design programmes with the intention of realizing human rights. Human rights principles and standards should guide programming in all areas and at all stages (See Table 1 below).

Table 1. Essential attributes of the human rights-based approach

1. **Contributes to the realization of the Universal Declaration of Human Rights (1948) and other international human rights instruments**, such as the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
2. **Adheres to, and is guided by, international human rights standards and principles:**
   - **Universality and inalienability:** all people everywhere in the world are entitled to human rights; no one can take these away from them.
   - **Indivisibility:** there is no hierarchy among human rights – they all have equal status.
   - **Interdependence and interrelatedness:** the realisation of one right will often very much depend on the realisation of other rights.
   - **Equality and non-discrimination:** all individuals are equal and entitled to human rights.
   - **Participation and inclusion:** everyone is entitled to active, free and meaningful participation in, contribution to and enjoyment of civil, economic, social, cultural and political development in which human rights and fundamental freedoms can be realised.
   - **Accountability and the rule of law:** States and other duty-bearers are answerable for the observance of human rights and have to comply with them.
3. **Supports the development of the capacities of 'duty-bearers' to meet their obligations and/or of 'rights-holders' to claim their rights.**

   Rights-holders are individuals and groups entitled to rights; to claim rights; to hold the duty-bearer accountable. The rights-holder also has a responsibility to respect the rights of others. In this sense, they are also duty-bearers.

   Duty-bearers are those who have a responsibility to respect, protect and fulfil human rights. *Respect* means abstaining from interfering in the exercise of a right; *protect* means preventing the violation of a right by a third party; and *fulfil* means taking positive measures to facilitate the exercise of a given right. The overall responsibility rests with the State. Other actors can be considered duty-bearers if they have the power to affect the lives of rights-holders.

UN Statement of common understanding on a human rights-based approach (2003) http://www.unescobkk.org/fileadmin/template2/appeal/human_rights/UN_Common_understanding_RBA.pdf

WHICH HUMAN RIGHTS INSTRUMENTS, STANDARDS AND PRINCIPLES ARE RELEVANT TO HIV?

There is no treaty that specifically addresses the human rights dimensions of HIV and AIDS, but several international conventions and resulting commitments are relevant to rights-based HIV programming (see Table 2 below).

Table 2. Some international commitments and human rights instruments relevant to HIV

The 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS both underscore the centrality of human rights and a rights-based approach in national responses to HIV and AIDS.

- Political Declaration on HIV/AIDS, 2006 http://data.unaids.org/pub/Report/2006/20060615_HLM_PoliticalDeclaration_ARES60262_en.pdf
- Declaration of Commitment on HIV/AIDS, 2001 http://www.un.org/ga/aids/docs/aress262.pdf
- Millennium Declaration and Development Goals, 2000 http://www.un.org/millenniumgoals
- Education for All, World Education Forum, 2000 http://www.unesco.org/education/efa/wef_2000/index.shtml
- Fourth World Conference on Women ('Beijing') Declaration and Platform for Action, 1995 http://www.un.org/womenwatch/daw/beijing/platform and Beijing +5, 2000 http://www.un.org/womenwatch/daw/followup/beijing+5.htm
- International Conference on Population and Development Programme of Action (ICPD), 1994 http://www.unfpa.org/icpd/index.cfm and ICPD +5 http://www.unfpa.org/icpd/icpd5-keyactions.cfm
- Convention on the Rights of the Child (CRC), 1989 http://www.unicef.org/crc
- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979 http://www.un.org/womenwatch/daw/cedaw

The human rights standards and principles with particular implications for HIV are:

- **Non-discrimination**: protection against discrimination when seeking help or services, or against any other limitation on the basis of one's HIV status.
- **Privacy**: protection against mandatory HIV testing; keeping HIV status confidential.
- **Health**: including the right to available, accessible, acceptable and quality services; and the right not to be denied health care/treatment on the basis of HIV status.
- **Education**: access to high-quality HIV prevention education and information and the ability to continue one's education regardless of HIV status.
- **Work**: not to be dismissed or discriminated against on the basis of HIV status.

- **Social security, assistance and welfare**: not to be denied these benefits on the basis of HIV status.
- **Freedom of opinion and expression**: not to be denied the right to freely seek, receive and impart information (including information about rights, and the tools and services, such as legal aid) that will help people to claim their rights; educational materials for those engaged in behaviour that might be illegal in certain countries (e.g. sex work, drug use).
- **Liberty and security, and freedom from cruel, inhuman and degrading treatment**: protection against imprisonment, segregation, compulsory treatment, and/or isolation in a special hospital ward on the basis of HIV status; freedom from sexual violence and from mandatory HIV testing. Limiting access to information, condoms, clean needles, drugs or other prevention/treatment components (e.g. to prisoners) may constitute cruel, inhuman or degrading treatment.
- **Freedom of movement**, regardless of HIV status.
- **Freedom to seek and enjoy asylum**, regardless of HIV status.
- **Freedom to enjoy the benefits of scientific progress and its applications**: important in the context of HIV, given the rapid and continuing advances in testing, treatment and the development of a vaccine.
- **Freedom to participate in public life**: participation in the formulation and implementation of HIV policy.
- **Freedom to marry and start a family**, regardless of HIV status.

For more information on human rights and HIV see:

International guidelines on HIV/AIDS and human rights (UNAIDS and OHCHR, 2006) http://data.unaids.org/Publications/IRC-pub07/jc1252-internguidelines_en.pdf

Handbook on HIV and human rights for national human rights institutions (OHCHR and UNAIDS, 2007) http://data.unaids.org/pub/Report/2007/jc1367-handbookhiv_en.pdf

Human rights and HIV, UNAIDS website: http://www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp

Office of the United Nations High Commissioner for Human Rights http://www2.ohchr.org/english/issues/hiv/index.htm

WHAT DO HUMAN RIGHTS PRINCIPLES MEAN FOR PROGRAMMING?

The rights-based approach means that human rights principles and standards should guide programming in all areas and at all stages. But what does this mean in practice? What can programmers *do*?

PARTICIPATION

In a rights-based approach, participation is not an add-on but a fundamental element. It aims to *empower* individuals and groups, especially the most marginalised, to articulate their expectations towards the duty-bearers,

and to take charge of their own development. Participation must be informed, active, free and meaningful. As a programmer, you can:

- ensure that affected and vulnerable people are able to participate in HIV-related decisions at various stages of the programme, through appropriate structures;
- consider what capacity-building and support may be needed to ensure the meaningful participation of rights-holders and particularly those belonging to disadvantaged groups (for example, to increase the advocacy skills of community representatives and other advocates).

For tools on community participation and ways to engage respectfully with stakeholders see: *Culture*

A key principle is that people living with and affected by HIV should be at the centre of the response. For specific tools see: *Involvement*

Encouraging dialogue on human rights

Involving local leaders and their organizations, and creating platforms for public debate, including through the media, can provide entry points for dialogue on human rights.

However, in certain contexts, talking about 'human rights' may not be acceptable to governmental authorities. In these cases, using the language of 'empowerment' can be more appropriate and can also resonate more with local communities, encouraging participation and ownership of local initiatives.

EQUALITY AND NON-DISCRIMINATION

In practice, this can mean:

- Giving priority to the most marginalised (since programmes cannot always reach everybody at once).
- Taking care to avoid unintentional (or indirect) discrimination. This might occur, for example, when inviting stakeholders to participate in programme design without considering that some groups may not be able to participate if they live in remote areas or if women have limited access to public fora.
- Taking into account that HIV-related stigma and discrimination can hinder active, free and meaningful participation of people living with HIV.
- Anticipating these issues and responding appropriately. For example, particular efforts may be required to extend sexuality education to groups of children at risk of not attending or completing school.

A key feature of the human rights-based approach is giving priority to the disadvantaged, the marginalised or those suffering discrimination, so that the benefits of development do not go only to those who are easy to reach or more privileged.

ACCOUNTABILITY

HIV and AIDS programmes can strengthen accountability by:

- Linking with other national or local programmes aimed at improving democratic governance and participation.
- Analysing and supporting the capacity of rights-holders (especially the poorest and most marginalised), as well as the capacity of the civil society organizations concerned, to claim their rights effectively.
- Supporting national human rights institutions to undertake or promote sexuality education.
- Supporting States to make information publicly available about the national response to HIV (e.g. epidemiological data, plans and budgets).
- Strengthening the capacities of duty-bearers to deliver on their commitments.

INDIVISIBILITY AND INTERDEPENDENCE

Consider, for example, that:

- The right to health cannot be separated from the right to privacy (including physical privacy and confidentiality regarding HIV status) and cannot be promoted at the expense of privacy.
- The links between sexual violence and HIV bring into play the right to liberty, security of the person and freedom from cruel, inhuman and degrading treatment.

Reviewing programming on HIV and AIDS, human rights and development (Canadian HIV/AIDS Legal Network for the Canadian International Development Agency – CIDA, 2002)
http://www.hurilink.org/tools/ProgHIVAIDS-tool-ENG.pdf

The Human Rights based approach and the United Nations system (UNESCO, 2006).
An overview of how UN agencies, programmes and bodies are mainstreaming human rights in their activities, with lessons learned and good practices.
http://unesdoc.unesco.org/images/0014/001469/146999e.pdf

Table 3 below shows examples of questions to ask at different stages of the programming cycle (from planning to monitoring and evaluation) to ensure that human rights principles are taken into account.

Table 3. Checklist for reviewing project proposals and programmes

Participation and inclusion	■ Is there meaningful participation of key stakeholder groups (including women, children, people living with HIV and marginalised communities)? Are there any safeguards set for securing such participation? ■ Do monitoring mechanisms include adequate representation of persons belonging to vulnerable groups? Are they supported to ensure their participation is meaningful? ■ Are women and children (both girls and boys) participating in all stages of programming?
Non-discrimination and equality	■ Does the implementing organization have an adequate HIV workplace policy? ■ Are privacy and confidentiality respected and protected? ■ Has a situation analysis been undertaken, and does it include data disaggregated by sex, age and other relevant factors? ■ Does the programme promote non-discrimination and equality for all targeted persons/groups? ■ Does the programme promote gender equality? ■ Does implementation reach groups whose needs are not being met? ■ Will women and children (both boys and girls) benefit directly from the programme? ■ Does it complement other national activities so as to ensure all disadvantaged groups are reached?
Accountability and transparency	■ Does the programme promote government accountability at all levels for meeting obligations in terms of respecting, protecting and fulfilling human rights relevant to HIV and AIDS? ■ Does it include accountability mechanisms so beneficiaries and other stakeholders can monitor programme implementation? ■ Is relevant programme documentation available and accessible in national languages? Are the needs of persons with limited literacy addressed?
Indivisibility and interdependence	■ Does the programme treat all rights as equal? ■ Does it appropriately distinguish rights of immediate application and rights that may be implemented progressively? ■ Does it balance short and longer term goals, such as service delivery, education and law and policy reform? ■ Does it complement activities to respect, protect and fulfil rights in other areas?

Source: Adapted from Reviewing programming on HIV and AIDS, *human rights and development* (Canadian HIV/AIDS Legal Network for CIDA, 2002)

HOW TO
ENSURE A RIGHTS-BASED APPROACH?

Key actions/ steps	Tools and references
Find out about the human rights situation in a country	The Universal Human Rights Index provides access to human rights information for all countries from the UN system. You can find out which treaties a country has (or has not) signed and ratified, its reporting status, and the most recent Treaty Body and Special Procedures reports, observations and recommendations. http://www.universalhumanrightsindex.org/
Conduct a situation analysis	■ A good situation analysis helps to define: the main human rights challenges; their root causes; and the **capacity** gaps of both rights-holders and duty-bearers. Questions to ask may include: ■ Does the analysis of the epidemic identify marginalised and at risk populations and their needs? ■ Does it identify (through a participatory approach) why HIV infections occur among these different groups? Are the immediate, underlying and root causes identified? See also ***Challenge stigma and discrimination*** below for tools to involve people living with HIV in this analysis. ■ Is lack of confidentiality and/or HIV stigma and discrimination preventing people from: Getting tested and counselled for HIV? Gaining access to other HIV services? Disclosing their status to their sexual or drug-using partners? Adopting safer sexual behaviours and/or measures to prevent mother-to-child transmission of HIV? ■ Is inequality preventing women and young girls from: • Having sufficient access to HIV information; sexuality education; life skills programmes? • Having access to HIV prevention, testing, counselling, and commodities and to reproductive health services? • Being able to negotiate sex in relationships? • Being able to avoid sexual violence or coercive sex inside or outside marriage? ■ Are the groups most affected by the epidemic being reached by current HIV programmes? ■ Do laws and policies support the achievement of universal access[2] to treatment? ■ Are there references to the work of UN treaty bodies and UN special rapporteurs? ■ Do cultural practices affect the enjoyment of rights? ■ What steps are currently being taken? (e.g. campaigns and laws against stigma and discrimination, violence against women; legal reform; elimination of school fees; sexuality education and life skills programmes in schools.) ■ What are other organizations, including UN agencies, doing to support the realisations of these rights, and how can their work be strengthened?

2 At the World Summit in December 2005, all UN Member States have formally accepted the commitment to: 'Developing and implementing a package for HIV prevention, treatment and care with the aim of coming as close as possible to the goal of universal access to treatment by 2010 for all those who need it'.

Key actions/ steps	Tools and references
	■ What capacities do rights-holders and duty-bearers already have to support the realisation of these rights, and what capacities still need to be developed? ■ Is there a plan to measure/secure equity between women and men, rich and poor, young and old, urban and rural, ethnic and racial groups in access to HIV prevention, treatment, care and support? ■ Are media professionals adequately informed and updated about priority issues? How is the media presenting the issues for public debate? Is there a communication strategy in place? ⇨ *Evidence* **If information on these issues is not available, it might be an indication that human rights issues are not being sufficiently addressed.**
Make a plan	After conducting a situation analysis, you can plan for the intended results of the programme (the key human rights issues the programme is attempting to address) and how progress is to be measured and assessed. Questions to ask might include: ■ What are the main human rights issues that the project in question would try to tackle? ■ What specific capacity gaps will the project attempt to fill? ■ Are there references to internationally agreed human rights frameworks and goals? ■ Are the rights of vulnerable groups adequately addressed in the articulation of the project?
Challenge stigma and discrimination	The Stigma Index is a tool by and for people living with HIV that aims to measure HIV-related stigma and discrimination, increase advocacy and build the evidence base: http://www.stigmaindex.org *Protocol for the identification of discrimination against people living with HIV* (UNAIDS, 2000). A tool for measuring arbitrary discrimination in a range of key areas in everyday life. http://data.unaids.org/Publications/IRC-pub01/JC295-Protocol_en.pdf **The Stigma Index and the UNAIDS Protocol can also be used in a situation analysis as an empowering intervention for people living with HIV.** *HIV-related stigma, discrimination and human rights violations: Case studies of successful programmes* (UNAIDS, 2005) http://data.unaids.org/publications/irc-pub06/JC999-HumRightsViol_en.pdf *HIV and AIDS stigma and violence reduction intervention manual* (ICRW, 2006). Guide for community-based organizations to address stigma and gender violence in HIV prevention efforts. http://www.icrw.org/docs/2006_SVRI-Manual.pdf
Advocate and train others	*HIV/AIDS and human rights: young people in action* (UNESCO and UNAIDS, 2001). This is a training kit for young advocates. http://unesdoc.unesco.org/images/0012/001264/126403e.pdf *Understanding and challenging HIV stigma: Toolkit for action* (AED, ICRW, International HIV/AIDS Alliance, Revised edition, 2007). Training tool to help plan and organize sessions with community leaders or organized groups. http://www.icrw.org/html/projects/stigma.html

Key actions/ steps	Tools and references
	Making a difference: training materials to promote diversity and tackle discrimination (Save the Children 2005) http://www.savethechildren.lk/resourcecenter/eversion/080523090501Making%20a%20difference%20for%20CD.pdf *Young people: implementing a sexual and reproductive health and rights approach. Resource Pack* (International Planned Parenthood Federation (IPPF) and Deutsche Gesellschaft für Technische Zumsammenarbeit (GTZ)). It includes a matrix on the core areas of a programme in terms of participation, gender and rights, which can help at different stages of the programme cycle. http://www.ippf.org/NR/rdonlyres/C0E69099-0262-45A3-9F1B-56EBB0F74E26/0/Youngpeople_Respack.pdf
Monitor and evaluate	Setting appropriate indicators for monitoring the human rights situation in the context of a programme may be challenging. Changes take a long time, so outcomes and impact (such as legal reform – and making sure the law is actually enforced) may be beyond the programme's timeframe. In terms of outputs, the challenge is to come up with indicators that measure improvements in the **capacities** of rights-holders and duty-bearers to realise rights, and improvements in the enjoyment of rights. **What is the baseline against which you will measure progress? Are data available?** At the national level, you can often use existing data and special surveys (such as data collected by the Joint United Nations Programme on HIV/AIDS – UNAIDS). For project-specific outputs, you may want to commission smaller surveys or conduct interviews as part of your regular monitoring and reporting. **UNAIDS core indicators.** States are requested to report periodically on the implementation of the Declaration of Commitment on HIV/AIDS. UNAIDS' guidelines include an instrument to measure progress in the development and implementation of HIV policies, strategies and laws, with questions related to the realisation of human rights in the context of national HIV responses. You can use the country reports, submitted every two years, to evaluate country progress and to identify areas that require strengthening. *Guidelines on construction of core indicators: 2010 reporting* (UNAIDS, 2009) http://data.unaids.org/pub/Manual/2009/JC1676_Core_Indicators_2009_en.pdf See also: Country progress information: http://www.unaids.org/en/KnowledgeCentre/HIVData/CountryProgress/2007CountryProgressAllCountries.asp More examples of indicators can be found in: *Technical guidance for Global Fund HIV proposals: human rights and law* (Global Fund to Fight AIDS, TB and Malaria, 2008) http://www.who.int/entity/hiv/pub/toolkits/2-2a_HumanRights&Law_Jan09EN.pdf *Media development indicators: A framework for assessing media development* (UNESCO, 2008) http://unesdoc.unesco.org/images/0016/001631/163102e.pdf
Further reading	Reference materials

2. EVIDENCE

2. EVIDENCE

Evidence of what works – where, how and why – and what does not work should play a central role in shaping programme and policy decisions and interventions.

The term 'evidence' implies that the information is based on accurate and reliable, high-quality, rigorously-produced data – rather than opinion. 'Expert judgement' – the views of professionals who have expertise in a particular field – can also offer important guidance to policy-makers, for example, when there is no evidence from formal evaluations, or in addition to other data to provide extra 'certainty'.

Ideally, all of the different types and sources of evidence for and against the likely effectiveness of an activity should be carefully appraised. In practice, this might be difficult – often because the existing evidence may be scarce or imperfect.

Evidence – the information that either supports or contradicts the decisions taken in planning programmes and activities – is extremely complex. It is produced through diverse methodologies. It covers different kinds of medical, behavioural and social interventions, as well as different disciplines, from public health to the social sciences. In addition, the evidence base is continuously built upon. This requires keeping up-to-date with new information, reviewing one's programmes and, if necessary, refocusing them.

For example, important new findings from trials of the effectiveness of interventions for young people in sub-Saharan Africa have recently become available, and the recommendations from previous analyses have been updated. This new information needs to be disseminated widely by the researchers, and taken into account by implementers and policy-makers.

HIV prevention among young people in sub-Saharan Africa: the way forward. (London School of Hygiene and Tropical Medicine and the Mwanza Research Centre of the Tanzanian National Institute for Medical Research, 2009)
http://www.memakwavijana.org/images/stories/Documents/thewayforwardfulltext.pdf

WHY DOES EVIDENCE MATTER TO US?

Evidence is relevant to our work in different ways, and may require efforts to:

- assess it, and use it in planning and designing our programmes;
- generate it through scientific research, technical literature and knowledge synthesis;
- communicate it, including through advocacy efforts, and build skills for the communication of evidence;
- encourage its use for decision-making by different stakeholders.

ASSESSING THE EVIDENCE FOR AND AGAINST AN INTERVENTION

Doing this can sometimes be complex for multiple reasons. First, assessing the evidence for and against an intervention may require the synthesis of multiple types of evidence (although – in practice – this has often already been done and is available in various types of literature, from reports to research articles). Second, there may not be sufficient evidence, including statistical data, facts and figures. Third, this may require applying evidence produced in a certain setting to a different social and cultural context.

Some types of activities may need stronger evidence than others in order to be recommended for implementation, especially on a large scale. For example, providing basic scientific information about HIV transmission and how it can be avoided is relatively simple, largely acceptable to target populations and other gatekeepers (e.g. teachers), has a low risk of negative effects, and may bring other benefits (such as a potential increase in the use of contraception and a reduction in Sexually Transmitted Infections – STIs).

In contrast, condom promotion might be less acceptable among teachers and other gatekeepers, often because of the perception, in some settings, that it will result in more sexual activity. So, although its potential impact on HIV transmission is much larger than mere provision of information, condom promotion might require stronger evidence because it is seen as more 'risky'. Table 4 below shows why this might be the case, and the criteria you might want to consider for selecting one intervention over another.

Table 4. Why some interventions may require stronger evidence

Intervention	Feasibility	Measurable effect	Additional benefits	Acceptability	Risks	Evidence required
Provision of basic* information on HIV transmission and how it can be avoided	Relatively simple to implement; tried and tested	Probably not	Might lead to increase in use of contraception and to reduction in STIs	Largely acceptable to target populations and others (e.g. teachers)	Low risk of negative effects; positive impact on knowledge	Low
Condom promotion and provision in schools	Relatively simple to implement; tried and tested	Yes	Provides contraception and reduces other STIs	Controversial in some settings for cultural or religious reasons. Not always acceptable among teachers and other gatekeepers; policy-makers might resist it	Perceived risks that it leads to more promiscuity; risk that it will not be accepted by some stakeholders	High

* Note that this would not meet all the characteristics of effective HIV prevention.

Source: Adapted from *Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries* (UNAIDS Inter-Agency Task Team on HIV and Young People, 2006) http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf

When 'scientific evidence' appears incompatible with cultural norms (or even the law, in the case of harm reduction interventions in some coutnries), it helps to use the tools and lessons of the human rights and culturally appropriate approaches in advocacy and programming efforts. *Human rights*; *Culture*

ENSURING THAT THE EVIDENCE TRANSLATES INTO POLICY AND PRACTICE

In an ideal world, evidence would be disseminated to target audiences, who would then assimilate this new knowledge, and act upon it. In practice, it is not so simple.

Policy-makers are under diverse pressures and evidence is only one set of issues that influences them. Factors that determine whether evidence is used include:

- vested interests of stakeholders (those who stand to gain or lose from change)
- prevailing ways of thinking and practices (including stigma and discrimination against key populations at risk)
- the institutional setting and dynamics
- limited interaction between policy-makers, researchers and scientists
- limited attention by researchers and scientists to the policy implications of their work.

These factors help to explain why, in many contexts, prevention messages and interventions are still not targeting people most at risk, and laws and regulations continue to stand in the way of effective policies and programmes.

Credible, convincing and scientific evidence, however, does remain a powerful tool for getting the attention of policy-makers and programme implementers. Effective communication is fundamental to translating evidence into practice.

Evidence can help to build effective prevention strategies

HIV prevention efforts that do not address the unique factors driving the epidemic can lead to significant resources being invested in programmes that do not reach those most at risk, including those key to changing the dynamic of a country's epidemic.

To address this situation, National AIDS Authorities, UNAIDS and the World Bank are producing a series of reports analysing the modes of transmission, the existing HIV prevention response and the allocation of funding for prevention in five African countries. The reports assess whether HIV policies and interventions are linked to the drivers of the epidemics in each context and make recommendations to strengthen HIV prevention strategies. For example, the Swaziland report recommends a refocusing of prevention strategies on those sub-populations where most new infections occur, including married, cohabiting and steady couples. The Kenya report makes recommendations on the overarching strategies that are not specifically aimed at most-at-risk populations (such as those in certain mobile occupations like the fishing community and truck drivers).

The studies have already begun to feed into existing national planning and policy deliberations, in some countries going as far as informing development and review of prevention strategies and policy guidance.

Modes of transmission study series http://www.unaidsrstesa.org/hiv-prevention-modes-of-transmission

Similarly, in 2006 the Indian government improved its surveillance system and increased the population groups covered in a continuing effort to increase understanding of the epidemic. More accurate data have enabled India to improve the targeting of HIV prevention and treatment strategies and deploy resources more effectively. India has boldly focused its broad-based, multi-sector programme on prevention (supported with almost 70 per cent of the national HIV budget) and on the main drivers of the Indian epidemics – high-risk sexual behaviour (by sex workers and their clients, and men who have sex with men) and injecting drug use (Claeson and Alexander, 2008).

COMMUNICATING EVIDENCE

Effective communication is crucial to translating scientific research findings into information that policy-makers, programme managers, service providers, individuals and families can use to make decisions.

This requires developing a communication strategy that:

- identifies the different stakeholders and audiences
- considers their interests, perspectives and information needs
- defines messages that are understandable, relevant to the target audience(s), based on the available evidence and appropriate to the local culture See also *Culture*
- uses a mix of communication channels to reach intended audiences and reinforce the messages (see Table 5 below)
- outlines the timeline and specific opportunities
- specifies the resources (material, human and financial) required and how you will mobilise these resources
- identifies indicators to monitor and evaluate progress and outcomes
- promotes interaction between policy-makers, researchers and scientists.

Table 5. Examples of approaches for communicating evidence

Academic communication channels	■ incorporating scientific findings into the curriculum ■ conference presentations and seminars ■ journal articles and academic books ■ scientific research networks
Involving stakeholders (from policy-makers to communities) in the research process	■ advisory panels and review boards ■ direct involvement in the research (as survey respondents, expert groups, case study subjects, or action researchers) ■ stakeholder workshops to present results ■ participatory research engaging communities
Translating evidence into accessible, user-friendly formats	■ policy briefings ■ toolkits ■ videos, DVDs ■ supporting journalism to report on good evidence ■ theatre, dance and other audiovisual presentations
Electronic communication	■ websites ■ e-mail updates ■ blogs and online discussions ■ podcasts and other forms of audio and video files for downloading
Communicating via knowledge 'multipliers'	■ the media (radio, print and TV) – at international, national or community levels ■ specialist websites and other information clearinghouses

Source: Adapted from *Maximising the impact of development research: how can funders encourage more effective research communication?* (Barnard, Carlile and Basu, 2006) http://www.research4development.info/pdf/ThematicSummaries/Maximising_the_impact_17003IIED.pdf

HOW TO
PROMOTE THE USE OF EVIDENCE IN POLICY AND PRACTICE?

Key actions/ steps	Tools and references
Assess the evidence for and against an intervention	Questions to ask might include: ■ Is the activity feasible, practical, cost-effective? Does it have good potential for sustainability? ■ What is the potential for adverse or unintended outcomes (at individual and community level)? For example, encouraging male circumcision might lead to more circumcisions being performed in informal and non-sterile circumstances, or increase sexual risk-taking if the message is not communicated appropriately. ■ Is it acceptable and relevant to the target population? ■ Has it been pilot-tested in the relevant target group? Has it been appropriately evaluated and modified? Has it been implemented to a high standard? ■ Is there potential for additional health or social benefits? ■ To what extent was it developed in the light of existing experience? ■ Is the activity relevant to this context? *Preventing HIV/AIDS in young people: a systematic review of the evidence from developing countries* (UNAIDS Inter-Agency Task Team (IATT) on HIV and Young People, 2006). Provides a methodology (the Ready, Steady, Go! approach) for assessing complex evidence. 0http://whqlibdoc.who.int/trs/WHO_TRS_938_eng.pdf For more on HIV prevention for young people see: ⇨ *Age*
Use reliable sources	**UNAIDS and Cosponsors** UNAIDS: http://www.unaids.org ⇨ See *Websites* for the full list of UNAIDS Cosponsors **Country-specific** National AIDS Commissions or ministries of health (worldwide) http://hivaidsclearinghouse.unesco.org/index.php?id=36 **Clearinghouses** ELDIS HIV and AIDS: http://www.eldis.org/hivaids AIDS Portal: http://www.aidsportal.org UNESCO HIV and AIDS Education Clearinghouse: http://hivaidsclearinghouse.unesco.org **Information and analysis** AIDSMAP/NAM: http://www.aidsmap.com PlusNews: http://www.plusnews.org HIV this week: http://hivthisweek.unaids.org/

Key actions/ steps	Tools and references
	Kaiser Daily Global Health Policy Report: http://globalhealth.kff.org/News.aspx Other key websites are listed at: http://hivaidsclearinghouse.unesco.org/index.php?id=34
Present the evidence effectively	Ensure that the information presented is: ■ **Correct**, and that myths and misconceptions are corrected. ■ **Factual** and not based on opinion. ■ **Scientifically accurate**. ■ **Complete**, and does not withhold information (including about sensitive topics). ■ **Tailored** to the target group, with consideration of age, literacy level, sex and gender. ■ In an **appropriate format** (i.e. book, song, video, podcast, etc.) for the audience. For example, young people may be more easily reached in some settings through television or information and communication technologies. In other settings, radio may be the preferred tool for remote communities and marginalised groups. ■ Delivered using **appropriate language** (more on this below). Consider the audience: ■ **Communities**, in general, are the audience whose day-to-day language is furthest from that used by technical specialists. Recast messages into language used by relevant community groups. If generating evidence, engage communities from the outset and draw on their expertise and resources in devising solutions to the problems identified. ■ **Politicians and policy-makers** require the right messenger more than any other group. Consider approaching senior advisers who usually make very good messengers (and possibly allies). Try to understand the incentives that could make the politician interested in the issue. Keep your message to the bare essentials and tell them exactly what action they need to take. ■ **Conference participants**, which can include practitioners, decision-makers, researchers, and the media. Tailor your intervention to the objectives, audience and desired outcomes. *Developing summaries of evidence for health policy-makers in low and middle-income countries* (Rosenbaum, Glenton and Oxman, 2008) http://www.support-collaboration.org/evidencesummaries.pdf *From concept to critical discussion: A toolkit for preparing the best conference abstracts, presentations and posters* (Miller, 2009) http://www.ccaba.org/resources/Conference%20Abstract%20&%20Presentation%20Toolkit%20-%20edition%203%20-ENGLISH.pdf *Guidelines for effective use of data from HIV surveillance systems* (WHO, 2004). Contains sections on communication issues. http://data.unaids.org/publications/IRC-pub06/jc1010-usingdata_en.pdf

Key actions/ steps	Tools and references
Use appropriate language	The use of inappropriate language can result in stigma and discrimination, stereotyping, and rights violations. ✎ *UNESCO guidelines on language and content in HIV- and AIDS-related materials* (UNESCO, 2006) http://unesdoc.unesco.org/images/0014/001447/144725e.pdf ✎ *Terminology guidelines* (UNAIDS, 2008; regularly updated) http://data.unaids.org/pub/Manual/2008/JC1336_unaids_terminology_guide_en.pdf
Use the mass media effectively and appropriately	The following reporting guides and standards provide examples of good practice: ✎ *Reporting manual on HIV/AIDS* (Kaiser Family Foundation, 2009) http://www.kff.org/hivaids/upload/7124-05.pdf ✎ *The media and children's rights* (UNICEF, 2005) http://www.unicef.org/magic/media/documents/TheMediaAndChildrensRights2005.pdf ✎ *Minimum quality standards for HIV communication activities undertaken by media: Requirements for radio, TV broadcasters, internet content producers and the press* (UNAIDS, 2009) http://www.thegmai.org/JC1657_MinimumQualityStandards_eng.pdf Further resources: ✎ The media, children and young people. UNICEF MAGIC website: http://www.unicef.org/magic/index.html ✎ Programming tips – Global Media AIDS Initiative website: http://www.thegmai.org/programming_tips.cfm ✎ Panos network: http://www.panos.org.uk (contains links to regional websites) ✎ The Communication Initiative: http://www.comminit.com/
Strengthen the research to policy process	The Research and Policy in Development (RAPID) programme has developed a range of practical tools that can help researchers, policy-makers and other organizations to make better use of evidence in development policy and practice. ✎ Tools for policy impact: A handbook for researchers (Overseas Development Institute (ODI), 2004) http://www.odi.org.uk/RAPID/Publications/Documents/Policy_Impact_toolkit.pdf Further resources: ✎ http://www.odi.org.uk/RAPID/Tools/Index.html
Further reading	⇨ See *Reference materials* at the end of this booklet.

3. CULTURE

3. CULTURE

The word culture is associated with a range of definitions and interpretations and is not always easily understood. Within UNESCO, culture is understood in its broadest definition, on the basis of the 1982 Mexico Declaration.[3] Culture is not only the arts and creativity, but also modes of life, traditions, beliefs, perceptions of health, disease and death, family structures, gender relations, languages and means of communication, value systems and ways of living together.

Culture affects not only every aspect of how people choose to organize their lives, but also their perception of development and improvement. Hence, culture is obviously of particular relevance in development practice and cannot be regarded as a separate 'discipline'.

It is also important to highlight how culture is dynamic, constantly transforming while interacting with changing economic, social and cultural processes – dispelling the common misconception of culture as 'tradition'. And just as cultures can influence people, so individuals can influence culture too. People are continuously involved in reshaping culture, and its value and influence to each person can vary significantly.

WHAT IS A CULTURALLY APPROPRIATE APPROACH TO HIV AND AIDS?

While culture is meant to imply the context in which people live and work, a culturally appropriate approach is a **process.**

This process is based on the understanding that programmes and activities must be tailored to the cultural specificities of a community in order to be most relevant and effective. Nowhere is this perhaps more vital than in the context of HIV and AIDS, where understandings of health, relationships, individual and social choices, behaviours, lifestyles, access to information and options available to individuals and groups are all often strongly influenced by culture.

Because projects or interventions must be adapted, a 'one size fits all' recipe for a culturally appropriate approach does not exist.

However, lessons from a growing body of research and recommendations can help us in programme development and implementation. Before reviewing these, it may be helpful to outline briefly what culturally appropriate approaches are NOT:

3 http://portal.unesco.org/culture/en/files/12762/11295421661mexico_en.pdf/mexico_en.pdf

- A culturally appropriate approach **does not require equal acceptance of all values and practices** (such as harmful practices or non-compliance with universal human rights); therefore it is not an expression of moral relativism. Rather, it is about finding ways of engaging with different values and practices and seeking dialogue.
- A culturally appropriate approach **does not imply an exclusive focus on 'traditions'**, which are only one component of a person's culture. Recognising the entire context is important to understanding the dynamics that can put people at risk of HIV infection, and to strengthening access to and use of treatment, care and support services.
- Culturally appropriate approaches **should not be understood as those that only address harmful practices**, but rather as processes focusing on individual and community needs and assets that build ownership to catalyse change.

The approach is very much about the process of engaging people and communities. It is about finding ways to catalyse meaningful, positive change. It means finding out what people believe and think and what makes sense to them, and working with that knowledge.

UNESCO has two broad guidelines for putting culturally appropriate approaches into practice:

- HIV and AIDS interventions should not be prescriptive or based on a 'one size fits all' approach. Instead, they should be tailored to the social specificities of the communities involved.
- When possible, they should use a community's own cultural resources (i.e. popular culture, artistic and creative expressions) as part of the response.

Community participation, creating and maintaining relationships and communication are crucial to engagement processes (you will find tips and tools on how to do this at the end of this section). Here, focus is placed on assessing involvement, and on communicating about HIV and AIDS.

ENHANCING COMMUNITY PARTICIPATION

Community mobilisation is an approach in its own right, but it is relevant because it can help to identify and support the creative potential of communities and promote culturally appropriate interventions. Table 6 presents different types and levels of community participation and mobilisation, and assists you in reflecting on whether community involvement in your project could be enhanced.

Table 6. Assessing the degree of community involvement in your project

Level of community control	Type of community participation	Type of community mobilisation	Level of sustainability
High	**Self-mobilisation:** affected communities achieve an activity without help from an outside agency	**Collective action:** communities are leading the process of mobilisation and only requesting outside agency support if required	**High**
	Joint decision-making: affected communities and an outside agency make decisions together on an equal basis	**Co-learning:** communities and an outside agency are sharing skills, knowledge and resources during the mobilisation process	
	Functional participation: affected communities are invited to participate at a particular stage of action to fulfil a particular purpose	**Collaborating:** communities are working with an outside agency but are not necessarily building their own capacity in the process	
	Participation for material incentives: affected communities participate in an activity only because they need the material benefit of doing so (e.g. money)	**Consulted:** affected communities are asked about the process but their views may or may not have any influence over it	
Low	**Consultation:** affected communities are asked about an activity by an outside agency but their views may or may not have any influence over it	**Cooperating:** communities are mobilising but with little idea why	**Low**
	Information giving: people are simply informed that an activity is taking place and have no say on activity design or management	**Co-opted:** communities are forced to mobilise	

Source: Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS (International HIV/AIDS Alliance, 2006)

Community mobilisation is essentially a process to increase empowerment. As such, its tools and lessons are very useful to the human rights-based approach. An external organization can help to catalyse the process, bring impetus, technical expertise, broad experience, financial resources, or simply an outside perspective that may be lacking in the community.

Human rights

Useful toolkits on community participation and mobilisation

There is a vast literature on participatory approaches and community involvement. To learn more, or refresh your practice, you could read:

- Coordinating with communities: Taking action to involve communities (ICASO, 2007) http://www.icaso.org/guidelines.html
- How to mobilise communities for health and social change (Health Communication Partnership, 2003) http://www.hcpartnership.org/Publications/Field_Guides/Mobilize/htmlDocs/cac.htm
- Tools Together Now! 100 participatory tools to mobilise communities for HIV/AIDS (International HIV/AIDS Alliance, 2006) http://www.aidsalliance.org/includes/Publication/Tools_Together_Now_2009.pdf
- All Together Now! Community mobilisation for HIV/AIDS (International HIV/AIDS Alliance, 2006) http://www.aidsalliance.org/includes/Publication/All_Together_Now_2009.pdf

COMMUNICATING THROUGH CULTURALLY APPROPRIATE APPROACHES

In the context of HIV and AIDS, evidence is an important foundation for the design of policies, programmes and strategies (see *Evidence*). However, not all people and communities necessarily relate to this type of information, which implies methodologies, terminologies and concepts that are based on very particular views of the world.

To many people worldwide, evidence-based information may seem far removed from the ways they make choices and their day-to-day realities. Statistical data can seem very abstract, making it easy for people to disassociate themselves from 'the facts' and think that these are not relevant to their lives.

Evidence, when not presented in ways that resonate with individuals, that is accessible to the audience, or perhaps when not presented by someone who is trusted by a community, may have no impact at all. A common mistake is to assume that evidence alone can convince everyone to change their opinions or behaviours. It is therefore of the utmost importance to communicate evidence in ways that people outside the scientific community can understand and relate to.

Culturally appropriate approaches to communicating HIV prevention messages

It is crucial that prevention messages be conveyed to people by sources that they trust.

In many settings around the world, the words of traditional leaders may have more authority than a media campaign issued by the government. In Niger, where traditional chiefs hold a considerable amount of authority and prestige, UNICEF has collaborated with the *Association des Chefs Traditionels du Niger* since 2001 in an effort to foster attitudes and beliefs that are supportive to the health of women and children. Activities have included promoting girls' education and sharing information about HIV and AIDS. A UNICEF programme officer said: 'UNICEF has developed a partnership with Traditional Chiefs because they have a great influence in our country. Communities trust them, and when a chief speaks, the population listens.'

Source: *Traditional Chiefs encourage girls to go to school* (UNICEF, no date) http://www.unicef.org/infobycountry/niger_26032.html

Revitalising the tradition of intergenerational dialogue has the potential to close significant gaps in sexuality education. A programme of the Culture and Health Programme for Africa (CHAPS) called *Mama na Dada* in Kenya's Bondo District brought young and older people together for discussions about HIV and AIDS, adolescence and relationships. Before the programme, young people did not know who to talk to about their questions and problems. In the past, it was often the grandparents or other relatives who taught children about sexuality and reproduction. When this tradition faded, *Mama na Dada* revived and reinvented it. In the past, boys and girls were taught separately by their grandfathers and grandmothers and they also kept the information they learned separate from each other. In *Mama na Dada*, however, boys and girls are brought together into dialogue with elders. Now young people and older people, as well as boys and girls, talk about issues openly and honestly.

Source: *Using culture to change behaviour* (PATH, 2006)
http://www.path.org/files/CP_kenya_chaps_fs.pdf

Read more on how to communicate HIV and AIDS messages effectively and appropriately in the section on *Evidence*.

HOW TO
ENSURE A CULTURALLY APPROPRIATE APPROACH?

With cultural diversity, there is no blueprint or 'one size fits all' solution, making it impossible to systemise culturally appropriate approaches into one easy 'how to' guide. This section has been created using the experience of UNAIDS, UNESCO, UNFPA and others. *Reference materials*

Key steps/ actions	Tips and tools
Begin with assessing existing world views, community structures and networks	Engaging local researchers/research groups with experience in anthropological, ethnographic or sociological reviews can provide a strong foundation for a situation assessment. Asking yourself the following questions can also provide a strong start: ■ How are issues of health, sexuality, disease and healing understood in the community? How could these affect and/or enrich the design of the planned project? ■ What are the power structures that perpetuate the status quo and those that support change? What are the available 'points of leverage' and the potential benefits and dangers of using this influence? ■ What key historical and political issues surrounding HIV affect project implementation? ■ What in/formal community associations do people belong to (i.e. churches, schools, health units, income-generating projects, youth organizations, women's groups, ethnic or neighbourhood associations, trade unions, sports clubs, organizations of people living with HIV)? What influences, potentially positive and negative, do they have on members' behaviour? ■ What can and cannot be discussed (and by whom) in terms of reproductive health, gender issues and sexual education? Be aware of cultural taboos and how they are dealt with throughout programming. ■ What cultural prescriptions exist around love, relationships, sex and sexuality? What beliefs and practices surrounding death and dying are widespread? ■ What factors (i.e. stigma, gender inequality, poverty) influence the access that individuals and groups have to resources, information, treatment and care? ■ What are the differences in the experiences of women and men? ■ What dynamics are putting individuals and groups at risk? ■ What is the level of influence of religion and religious leaders? ■ What are the differences between conventional needs (legitimised by the institutions) and real needs (validated by the population)? ■ What resources and capacities exist within the community (knowledge, know-how, methods for solving problems and conflicts, open-mindedness to innovation, will to change)? ■ Are there conflicts, within or between different groups? What possibilities exist for dialogue?

Key steps/ actions	Tips and tools
	Avoid generalizations about people and their cultures For a participatory assessment, you could use the checklist and tools in: *All together now. Stage 2: Assessing together* (International HIV/AIDS Alliance, 2006) http://www.aidsalliance.org/includes/Publication/All_Together_Now_2009.pdf
Respectfully engage	Before designing a project, find out from community members what they hope to achieve. It is important that the project is understood and accepted by the community and that they actually think it is necessary. Soliciting views on different aspects of a project, from the overall strategy to specific advocacy messages, can foster local acceptance and instil a sense of ownership. If you are not a member of the community, listen to what the community has to say so that the project can be designed on the basis of people's cultural references and day-to-day realities. Familiarising yourself with these will help increase the overall acceptability and reception of the project. **Tips for engaging respectfully** **Forge and nurture relationships with the community** ■ Collaborate with local partners who can act as effective 'social change actors' and have the capacity and leadership to access local resources. When approaching potential local partners, be aware of their levels of legitimacy and capacity to influence and mobilise the community. ■ Find out what the community values and what the community members themselves identify as their needs (even when not directly related to HIV and AIDS). ■ Engage community and key opinion leaders, as well as local and community media, for an extensive platform for public debate. ■ Be aware of your own biases and reflect on your notions of sexuality, health and relationships and how these potentially influence your interaction with the community. ■ Avoid establishing an association with only a segment of the community and instead establish contacts among a range of ages and classes. ■ Participate in major events in the life of the community to build trust and respect. ■ Ensure that the whole community is well informed about the planned project and its effects. To do this, you need to be well informed about the community's communication networks – how, where and when information circulates. **Avoid value judgements** ■ Do not pass judgement about people's behaviour or beliefs. Rather, put your own values aside as you explore other people's thoughts and aspirations, and how they think they can best achieve them. **Use language sensitively** ■ Be cautious in using words or concepts that may offend. For example, when a community has practised female genital cutting for centuries, it might perceive that the use of the phrase 'female genital mutilation' is value-loaded language, which may lead to resistance. ■ Language sensitivity also applies to the choice of project titles and the messages they convey to the community. Sensitivity to culture is especially important for communicating messages about HIV and AIDS.

Key steps/ actions

Tips and tools

UNESCO guidelines on language and content in HIV- and AIDS-related materials (UNESCO, 2006) http://unesdoc.unesco.org/images/0014/001447/144725e.pdf

Demonstrate respect

- Show that you understand and respect the roles and functions of community leaders and groups, avoiding attitudes or language that may be perceived as patronising.

Show patience

A great deal of dialogue and awareness-raising may be needed to persuade others to accept new ways of thinking, especially ones that challenge beliefs closely tied to individual and social identities.

Invest as much time as necessary to clarify issues and address any doubts. If questions are not resolved, they may resurface later and derail progress.

Assume the role of 'facilitator'

- Building ownership by the community is potentially the most critical aspect of the facilitator's role. In other words, communities should be as active as possible in the conception, implementation and follow-up. Without this, the project is unlikely to have a sustainable impact.

Don't presume to have all the answers. Give up control and listen to others expressing their views, sharing their experiences and forming their own ideas and plans.

Internationally agreed principles of respecting and promoting cultural diversity are part and parcel of the cultural approach. UNESCO has developed a tool to help planners and programmers check whether they have given adequate consideration to cultural diversity principles:

The cultural diversity programming lens (UNESCO, 2008) http://203.146.233.8/fileadmin/user_upload/culture/Cultural_lens/CDPL_Toolkit_January_2008.pdf

Culture matters: Working with communities and faith-based organizations. Case studies from country programmes (UNFPA, 2004) http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/CultureMatters_2004.pdf

24 tips for culturally sensitive programming (UNFPA, 2004) http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/24tips_eng.pdf

A cultural approach to HIV/AIDS prevention and care (UNESCO, 2001):
1: Culturally appropriate information/education/communication: elaboration and delivery http://unesdoc.unesco.org/images/0012/001255/125589e.pdf
2: Handbook for strategy and policy building http://unesdoc.unesco.org/images/0012/001255/125588e.pdf
3: Field work: building the local response http://unesdoc.unesco.org/images/0012/001255/125586e.pdf
4: Handbook for project design http://unesdoc.unesco.org/images/0012/001255/125585e.pdf

Further reading

See *Reference materials* at the end of this booklet.

4. GENDER EQUALITY

4. GENDER EQUALITY

Being female or male influences personal experiences, risks and responses in relation to HIV and AIDS. Women and girls are particularly vulnerable to HIV infection both because of biological predisposition, and because of gender inequalities such as unequal power structures, unequal economic situations and gender-based violence.

Male gender roles, cultural norms and values also influence thinking and behaviours in ways that may increase male vulnerability to HIV. For example, by enhancing sexual risk-taking to conform to ideals of masculinity, or in some contexts, where men who have sex with men and transgender people are less able to protect themselves from infection because of laws, policies and stigma that act as barriers to accessing HIV information and services.

In HIV and AIDS programming, it is important to address gender inequalities and power imbalances that fuel the epidemic. This is done through processes and approaches that take into account the social norms, roles, behaviours and activities of women and girls and men and boys,[4] and how both women and men will benefit equally from HIV interventions. This section explains how this can be done in practice. It starts by clarifying concepts and definitions (Table 7 next page), and then shows how gender inequality issues can be addressed through the project cycle.

I am not a 'gender expert', is this for me?

Yes. All those involved in HIV- and AIDS-related programming need knowledge and awareness of gender-based inequalities and risk factors, and an understanding of how to address them in the design and implementation of their programmes. This is not a stand-alone activity, but rather an ongoing process that is integral to programme design and implementation. While a 'gender expert' may help to deepen your understanding of the gender equality issues in question and how to address them, you must be able to build in the requirements for gender equality throughout your projects and programmes.

Achieving gender equality may sound difficult and time-consuming. But a first and easy step towards this is to have an open mind and a willingness to listen and learn new ways of working.

4 For simplicity, throughout this section 'women and men' are used, but the phrase should be read to include girls and boys as well. Considerations of age, and the different dynamics at different ages, should not be ignored.

Table 7. Gender: some definitions

Gender: The characteristics of women and men that are *socially* constructed.

Sex: The *biological* differences between women and men.

Gender equality: The equal valuing by society of the similarities and the differences between men and women, and the roles they play. It is based on women and men being full partners in their home, their community and their society. This is the ultimate goal.

Gender equality is achieved when:

- Women and men have equal conditions to realise their full human rights.
- Women and men have equal conditions to contribute to and benefit from economic, social, cultural and political development.
- The similarities and the differences between women and men, and the different roles they play, are equally valued by society.

Gender equality is not the same as **gender parity** – the equal participation and equal representation, in terms of both quality and quantity, of both sexes in all areas. This is a necessary but insufficient condition for gender equality.

Gender equality is also not the same as **gender equity** – the process of being fair to women and men. To ensure fairness, measures must often be put in place to compensate for the historical and social disadvantages that prevent women and men from operating on a level playing field. While gender equity is a means, **equality is the result**.

GENDER RESPONSIVE PROGRAMMING

By recognising that women and men differ in terms of both sex and gender, appropriate interventions can be defined for them. Gender responsive programming also means advancing gender equality issues in programmes, policies and interventions to challenge bias, discriminatory practices, ideas and beliefs, as well as attempting to change them.

A gender analysis helps programmers to understand **gender roles, identities and power structures** in order to act on them.

Gender roles are the activities that women and men are expected to conduct within the household or community. Gender roles are: context-specific (to societies, cultural and historical time); not fixed (i.e. changing in response to wider changes and continuously challenged by individuals); diverse (differ between and within societies depending, for example, on class, race, ethnicity, caste, sexual orientation, gender identity); shaped by family, school, peer settings, cultural and religious setting, advertising and media.

Gender identities are individuals' understanding of themselves, regardless of their biological sex or their sexual orientation.

Gender power structures are the way power and influence are distributed between the sexes and genders. Power structures are sustained by gender roles, socio-cultural practices, economic conditions and legal and social frameworks (e.g. laws, marriage, extended families, schools, workplace, etc.).

The degree to which programming responds to this information will affect whether and how well the intervention contributes to:

- Redressing the factors related to gender inequality that make particular communities or social groups (including sexual minorities) vulnerable to HIV infection.
- Shifting entrenched gender stereotypes and unequal gender relations.
- Allowing people living with HIV a life of dignity and fulfilment, free from stigma and discrimination.

- Mitigating the impact of HIV and AIDS on women and men, households, communities and wider institutions.
- Helping to realise gender equality, empowerment and the advancement of women and girls as human rights. See also *Human rights*

'Gender equality must become part of our DNA – at the core of all of our actions. Together with governments and civil society, we must energize the global response to AIDS, while vigorously advancing gender equality. These causes are undeniably linked.'

Michel Sidibé, Executive Director of UNAIDS

Source: Opening speech for the 53rd session of the United Nations Commission on the Status of Women, 2 March 2009.

Different degrees of gender responsiveness

Many HIV and AIDS programmes have successfully addressed gender equality issues by acknowledging gender differences and designing programmes and services that meet the different needs and interests of women and men. These are 'gender aware' programmes.

One example is taking into account the imbalance of power in sexual interactions that may make it difficult for women to negotiate condom use, by funding the development of a female-controlled prevention technology like microbicides. Another is recognising the unique vulnerabilities that men face, for instance through HIV prevention programmes for men who have sex with men.

Although effective, it is important to remember that gender aware programmes do very little to change those conditions that create gender-related barriers in the first place, and do not challenge gender stereotypes. Gender transformative programmes are necessary for a more sustainable response.

One example of this is the Men's Perspective Project in Cambodia, which aims to increase respect for the rights of women, and recognition of their contribution to society at all levels. The project engages men to stand up and fight against domestic violence and discrimination, and acts as the secretariat of the Cambodian Men's Network, a platform of activist men who stand up against men's violence against women. Another is 'Program H' (a consortium of NGOs that has been working in Brazil and Mexico since 2000). It draws on mass media and youth culture to promote more 'gender-equitable' lifestyles among young men. Today an international alliance of partners is implementing the programme in various regions around the world.

Source: GAD-C website: http://www.gad.org.kh/CO_MPP.html; Promundo website: http://www.promundo.org.br/

GENDER RESPONSIVENESS AS A PROCESS

Being gender responsive is not just about addressing gender issues in the *content* of a programme – it is also about *process*. It implies:

- recognising the different perspectives of women and men;
- promoting the involvement of women and men in decision-making and ensuring that both can contribute equally during meetings and their views are taken seriously;
- addressing gender inequalities within organizations, developing understanding, capacity, and a gender policy that promotes equity among male and female staff;
- mainstreaming gender concerns throughout the project cycle.

HOW TO
ENSURE A GENDER RESPONSIVE APPROACH?

Key actions/steps	Tips and tools
Conduct a gender analysis	Questions to ask might include: ■ **Gender roles**: What do men and women do? Where? When (daily and seasonal patterns)? ■ **Gender identities**: What are the positive and negative attributes given to men and women in your community? What are the different ideals of motherhood and fatherhood? ■ **Gender power structures**: What are the most important cultural practices and traditions in the community? What are the roles of women and men in them? How many women are in parliament/government/local councils? What are the rights and obligations of women and men in the constitution and with regard to other legal frameworks (e.g. family and inheritance law)? Who benefits and who loses out from these structures and systems? For an outline gender analysis framework see: ✎ *Gender manual: A practical guide for development policy-makers and practitioners* (DFID, 2002) http://www.dfid.gov.uk/Documents/publications/gendermanual.pdf There are several methods for collecting and analysing this information. Tools and techniques (for example, for assessing power, vulnerability, or the extent to which proposed strategies and activities result in transformed gender relations) are included in: ✎ *Operational guide on gender and HIV and AIDS* (UNAIDS Inter-Agency Task Team (IATT) on Gender and HIV/AIDS, 2005); Part of: Resource Pack on Gender and HIV/AIDS. http://www.unfpa.org/hiv/docs/rp/op-guide.pdf
Assess the overall degree of gender responsiveness of a project	**Gender unaware (gender blind)** policies and interventions: do not differentiate between needs, aspirations and capacities of each gender; perpetuate dominant policies, practices, ideas and beliefs that foster gender inequality. Example: school textbooks including subject matter, illustrations and language that reproduce gender stereotypes. **Gender aware** policies and interventions differentiate and address the similar and different needs, aspirations and capacities of each gender, but do not challenge dominant biased and discriminatory policies. As such, existing practices, ideas and beliefs are left in place. Example: a project that aims to deepen teachers' understanding of the issues related to gender and HIV and AIDS, but does not develop materials that help teachers to challenge the gender inequalities that are driving the epidemic. **Gender transformative**: policies and interventions go beyond addressing the needs, aspirations and capacities of each gender. They also challenge biased and discriminatory policies, practices, ideas and beliefs and attempt to change them. Example: learning practices where teachers address gender equality issues, use the lessons to engage in a debate about gender, and challenge gender stereotypes.

Key actions/steps	Tips and tools
Review a project proposal for its gender content	If you have been asked to review a project proposal for its gender content, the following questions might help: ■ Does the project document include a gender context analysis? ■ Are the data provided disaggregated by sex? ■ Does it identify attainable and clear gender-responsive objectives, results and performance indicators, based on the findings of the gender context and needs analysis? ■ Are the resources appropriate in order to meet the project's gender-specific and gender-responsive objectives? ■ What is the gender balance in the project team? ■ Are impact studies and evaluations planned to measure the attainment of gender equality objectives? ✎ *Handbook for gender focal points in UNESCO National Commissions* (UNESCO, 2005) http://unesdoc.unesco.org/images/0014/001405/140572e.pdf
Integrate gender into HIV through the project cycle	The following manuals, checklists and training materials can assist you through all stages of your programme: ✎ *Resource pack on gender and HIV/AIDS* (UNAIDS IATT on Gender and HIV/AIDS, 2005). This resource pack is comprised of a review paper, an operational guide, and fact sheets on a range of topics. http://www.unfpa.org/public/op/edit/publications/pid/357 ✎ *Integrating gender issues into HIV/AIDS programs: An operational guide* (World Bank, 2004). A collection of tools and practical examples of how to strengthen HIV and AIDS programmes by integrating a gender perspective. http://siteresources.worldbank.org/INTGENDER/Resources/GenderHIVAIDSGuideNov04.pdf ✎ *Manual for integrating gender into reproductive health and HIV programs.* (Population Reference Bureau for the Interagency Gender Working Group, 2003) http://www.prb.org/pdf/ManualIntegrGendr.pdf ✎ UNESCO Gender Lens and other gender mainstreaming tools are available on the UNESCO's Division for Gender Equality website http://portal.unesco.org/en/ev.php-URL_ID=11340&URL_DO=DO_TOPIC&URL_SECTION=201.html ✎ UNIFEM Gender, HIV and AIDS web portal: http://www.genderandaids.org/ **Programme examples** ✎ Integrating multiple gender strategies to improve HIV and AIDS interventions: a compendium of programs in Africa (ICRW, 2009) http://www.aidstar-one.com/sites/default/files/aidstarone_gender_compendium.pdf
Develop gender sensitive indicators	Gender sensitive indicators allow measurement of benefit to women and men. The choice of appropriate indicators might be difficult. This will vary according to project goals, the state of the epidemic, the level of understanding of how gender issues affect HIV and AIDS, and the availability of sex-disaggregated data. Expanding the capacity to collect sex-disaggregated data might be necessary; this should include partnerships with community-based organizations and other groups working on gender-specific issues.

Key actions/steps	Tips and tools
	Examples of gender-sensitive indicators **Input** ■ Amount of HIV and AIDS budget targeting gender-sensitive measures ■ Ministries that have incorporated gender-sensitive issues in annual plans **Output** ■ Participation of women's organizations in HIV and AIDS policy development, implementation and monitoring ■ Number of gender-sensitive HIV and AIDS prevention programmes integrated into school curricula **Outcome** ■ Number of women and men who know at least two methods of protection against HIV ■ Number of women who report using a condom with a regular partner during the last 12 months **Impact** ■ HIV prevalence among 15-24 year old males and females ■ Life expectancy by sex *Factsheet on gender-sensitive HIV/AIDS indicators for monitoring and evaluation* (UNAIDS IATT on Gender and HIV/AIDS, 2005) http://www.unfpa.org/hiv/docs/rp/factsheets.pdf (the indicators factsheet is at the end of the document). *The why and how of gender-sensitive indicators: A project level handbook* (CIDA, 1997) http://www.acdi-cida.gc.ca/INET/IMAGES.NSF/vLUImages/Policy/$file/WID-HAND-E.pdf
Involve men and boys, and address their specific needs	It is important to work with men on gender issues to reduce women's vulnerability to HIV infection. But remember that men's vulnerability is also linked to gender norms and roles, and that men too are affected by gender-based and sexual violence. *Working with men, responding to AIDS. Gender, sexuality and HIV: A case study collection* (International HIV/AIDS Alliance, 2003). Contains examples of HIV and AIDS projects that are working with men or that address other issues and problems relating to men (e.g. gender identity, sexuality, violence). http://www.aidsalliance.org/includes/Publication/wwm1103_working_with_men.pdf *The truth about men, boys and sex* (IPPF, 2009). Explores some of the priority issues and interventions for different groups of men and boys. http://www.ippfsar.org/NR/rdonlyres/C1579050-CA7D-43C6-911F-D69DC5B1B795/0/TruthAboutMenBoysSex.pdf *It takes 2: Partnering with men in reproductive and sexual health* (UNFPA, 2003). Guidance on effective and gender-sensitive ways to engage men in reproductive and sexual health programmes. http://www.unfpa.org/upload/lib_pub_file/153_filename_ItTakes2.pdf *Young men and HIV prevention: Young people in action* (UNFPA/Instituto Promundo, 2007). Practical information on how to design, implement and evaluate HIV prevention activities that incorporate a gender perspective and engage young men and relevant stakeholders. http://www.promundo.org.br/materiais%20de%20apoio/Toolkit-ENG.pdf

Key actions/steps	Tips and tools
	UNAIDS Action framework: Universal access for men who have sex with men and transgender people (UNAIDS, 2009) http://data.unaids.org/pub/Report/2009/jc1720_action_framework_msm_en.pdf For further resources see: *Involvement*
Use gender-neutral language	Imprecise word choices may be interpreted as biased, discriminatory or demeaning, even if this is unintentional. Care with language helps to show greater sensitivity and avoids giving offence. Avoid using the masculine form of pronouns 'he, him, his' to indicate both males and females. Instead, try using the gender-neutral plural 'they', or reword the sentence. For example '*The consultant must submit his report at the end of the assignment' can be rephrased as: 'Consultants must submit their report at the end of the assignment'; and 'Each doctor should send one of his nurses to the workshop*' can be best expressed as '*Each doctor should send a nurse to the workshop*'. Other gender neutral substitutes might be *chairperson* rather than *chairman*; *workforce* or *human resources* instead of *manpower*. This also applies to choosing images: in the workplace, depict both men and women as all types of professionals and workers (doctors *and* nurses); in school settings, show girls *as well* as boys doing well in mathematics and science; in community life, include visuals of men as community health aides and preschool teachers, and women in leadership positions (e.g. judge or police officer). Guidelines on gender-neutral language (UNESCO, 1999) http://unesdoc.unesco.org/images/0011/001149/114950Mo.pdf
Assess readiness to work with sexually diverse populations	Sexual diversity tool kit (IPPF, 2008). Contains a survey for staff, an indicator guide, and an index used to assess an organization's readiness to work with sexually diverse populations (including lesbian, gay, bisexual, transgender and intersex). http://www.ippfwhr.org/SDtoolkit_en
Train on gender skills	UNESCO's Gender equality eLearning programme: http://portal.unesco.org/fr/ev.php-URL_ID=45221&URL_DO=DO_TOPIC&URL_SECTION=201.html Stepping Stones is a participatory training package on HIV and AIDS, gender issues, communication and relationship skills used worldwide to promote change. http://www.steppingstonesfeedback.org or http://www.stratshope.org/t-training.htm for the full training package. Gender or sex: Who cares? Skills-building resource pack on gender and reproductive health for adolescents and youth workers with a special emphasis on violence, HIV/STIs, unwanted pregnancy and unsafe abortion (IPAS, 2001). http://www.ipas.org/Publications/asset_upload_file99_2439.pdf Notes for trainers: http://www.iwtc.org/ideas/9b_genderTOT.pdf
Further reading	See *Reference materials* at the end of this booklet.

5. AGE

5. AGE

HIV infections occur primarily in the economically productive age group (aged 15–49). Within this group, young people need special attention: according to UNAIDS,[5] around 40 per cent of new HIV infections worldwide are among young people aged 15–24. Yet globally the vast majority of young people remain inadequately informed about sex and sexually transmitted infections.

The number of children living with HIV globally also remains high,[6] and many more children are affected by HIV even though they may not be infected with the virus themselves.

This section focuses on ways of tailoring HIV and AIDS interventions to the age-specific needs of children and young people, for example, by providing children and young people with age-appropriate, culturally relevant and scientifically accurate information, and involving them in HIV and AIDS programmes.

Targeting specific age groups is important, but groups should never be seen as homogeneous – within any context, needs and potential vary enormously.

As for other age groups, HIV risk and vulnerability should be a key consideration. Young people most at risk include young drug injectors, sex workers and men who have sex with men. Young people living on the streets, young migrants and marginalised out-of-school young people are vulnerable to engaging in high-risk behaviours.

What about older people?

There is still low awareness of the impact of HIV and AIDS on older people, the social, economic and psychological burden of the pandemic on their lives, and the crucial contribution that they (and in particular older women carers) are making in the response. And as antiretroviral drugs extend life expectancy, the number of people growing older with HIV is increasing.

Prevention measures rarely target the older generation, despite the fact that many older people are sexually active and therefore at risk of transmitting, or being exposed to HIV. Lack of awareness of HIV and AIDS among older people is also problematic for younger generations, as older people care for and need to educate children and youth about the disease.

Mind the gap: HIV and AIDS and older people in Africa (HelpAge International, 2008) http://www.helpage.org/Resources/Policyreports/main_content/JVgP/Working-for-Life-Englishhigh-res.pdf

5 UNAIDS. 2009. *2009 AIDS Epidemic Update.* Geneva: UNAIDS.

6 UNAIDS. 2009. *2009 AIDS Epidemic Update.* Geneva: UNAIDS. UNAIDS. 2008. *2008 Report on the Global AIDS Epidemic.* Geneva: UNAIDS.

What works?

An updated systematic review of the effectiveness of HIV prevention interventions for young people (based on studies from sub-Saharan Africa) has identified which approaches are ready for widespread implementation, supported by evidence that they improve knowledge, reduce reported risky sexual behaviour, and/or increase the use of health services.

In schools: curriculum-based sexual health education programmes, led by adults or older, well-trained youth, with or without the involvement of peer educators from within the same school, and based on proven quality criteria.

In the mass media: message delivered through radio and other media (e.g. print), with or without TV.

In health services: Training service providers and making facilities more 'youth friendly', together with activities in the community and involvement of other sectors to create demand.

In geographically defined communities: interventions targeting young people and delivered using existing organizations, and interventions targeting the whole community, delivered through traditional networks or through community-wide activities.

For young people most at risk: interventions that provide information and services through facilities and outreach.

HIV prevention among young people in sub-Saharan Africa: The way forward (London School of Hygiene and Tropical Medicine and the Mwanza Research Centre of the Tanzanian National Institute for Medical Research, 2009)
http://www.memakwavijana.org/images/stories/Documents/thewayforwardfulltext.pdf

SUPPORTING AGE-SPECIFIC MESSAGING AND SEXUALITY EDUCATION

HIV prevention messages, including those delivered through sexuality education programmes, must be appropriate to the culture and developmental age of the target audience, as well as scientifically accurate. Most experts believe that children and young people want and need sexuality education and sexual health information as early and as comprehensively as possible.

Table 8 below provides some examples of learning objectives of comprehensive sexuality education for different age groups. These can be fine-tuned to each specific context when developing curricula, materials and programmes to reflect the needs and characteristics of a specific country or region, such as social and cultural norms and the HIV situation.

Table 8. Examples of learning objectives for sexuality education – by age

Age 5-8	Age 9-12
■ good and bad decisions and their consequences ■ different types of communication ■ 'body rights' and private parts of the body	■ skills needed for managing relationships ■ how gender role stereotypes contribute to forced sexual activity and sexual abuse ■ the emotional, economic, physical and social challenges of living with HIV

Age 12-15

- decision-making, communication, negotiation and refusal skills (e.g. responding to potential sexual harm and unsafe sexual practices)
- reducing the risk of acquiring or transmitting HIV and other sexually transmitted infections (including the correct use of condoms)
- personal values in relation to a range of sexuality and reproductive health issues

Age 15-18+

These learning objectives can also be used with more mature learners in tertiary education:

- the concept of sexual and reproductive rights and relevant legislation; legal, social and health consequences of sexual decision-making; laws concerning abusive relationships
- influence (positive and negative) of mass media messages on sexual behaviour and risk-taking, safer sex and gender equality; how culture and gender role stereotypes can affect people, relationships and sexual behaviour
- stigma and discrimination in relation to people living with HIV

Source: *International Technical Guidance on Sexuality Education: an Evidence-Informed Approach for Schools, Teachers and Health Educators. Vol. 2: Topics and learning objectives* (UNESCO, 2009) http://unesdoc.unesco.org/images/0018/001832/183281e.pdf

Note: Specific learning objectives depend on the age and cognitive ability of the students – they may vary from the ability to understand or explain a concept, to the ability to demonstrate a skill.

Sexuality education programmes can be more effective and more attractive to young people if they play a role in developing the curriculum. This provides them with the opportunity to: identify concerns and beliefs about sexuality; propose activities that address such concerns; and suggest refinements in all activities during pilot testing.

INVOLVING CHILDREN AND YOUNG PEOPLE

It is not possible to tailor HIV and AIDS interventions to the age-specific needs of children and young people without some degree of involvement on their part. There are different ways of doing this, depending on the age of those whose involvement is desired.

CHILDREN

Actively engaging children in issues that affect them often requires changes in adult thinking and relationships with children. Mainly, this means adults listening with an open mind to children.

A participatory model is the Child-to-Child approach, where children themselves support the health and development of other children. The approach is being used worldwide to involve children actively in HIV prevention and in supporting children whose families are affected by HIV and AIDS.

The child-to-child approach to HIV and AIDS with school children in Uganda

The child-to-child approach has been used in primary schools in Uganda to help children support each other in coping with the impact of HIV and AIDS. The children followed these steps:

Step 1. Understanding the issue: Learning what happens to children when their parents or guardians are living with HIV by reading and discussing stories and newspaper articles.

Step 2. Finding out more about how it affects their community: Children discuss with their friends in class or in the health club the problems facing them and other children in families affected by HIV and AIDS. School children visit children who have dropped out of school because their parents are sick or have died. They learn about their problems and the help they might need. They also find out what support is available for children from local community-based and faith-based organizations.

Step 3. Discussing findings and planning action: Children discuss what they have learnt and plan for action to support each other. They prepare posters, songs and a drama to show the situation of children affected by HIV and AIDS. They also plan for ways to offer practical help to each other at school and to others who cannot come to school. Teachers provide support for their plans.

Step 4. Taking action: Children organize a special event for children and adults in the community, where they display their posters, perform drama, teach songs to others and hold discussion groups. Their teachers support them in facilitating discussions with adults. Children also make contributions to a small fund to help other students, motivate families to help other children in need, and to mobilise support from local organizations for child-headed households.

Step 5. Evaluating action: Children discuss changes at school and in the community among themselves, visit the children who have dropped out of school to find out whether they now receive more support and understanding from other children. They discuss what further action needs to be taken and what they can do better.

Step 6. Doing it better: Children continue with these activities using all opportunities, individually and as a group, to help each other to cope with the impact of HIV and AIDS.

Source: Healthlink Worldwide http://www.healthlink.org.uk/projects/hiv/ccath_approach.html

Child-to-Child: A practical guide. Empowering children as active citizens. (Gibbs and Mathers, 2002) http://www.child-to-child.org

YOUNG PEOPLE

Actively engaging young people in their community, in all areas and activities of their concern, involves recognizing and nurturing their strengths, abilities and interests by providing real opportunities for engagement.

Involving young people helps to build better programmes. It avoids wasting time and money on services they do not want to use, and it gives them greater ownership and commitment to a service. But do not forget that it is also their right. Enabling the voice of young people to be heard is also an effective way of overcoming resistance from adults to programmes that provide comprehensive education so that they can exercise choices and take decisions that affect their own lives.

The **project cycle** offers several entry points for involvement (see Table 9). Creating internal processes that sustain involvement of young people should also be complemented by capacity-building to allow them to fulfil their role effectively.

Gaining **adult support** may be crucial for the success of a programme focused on young people. For example, the support of parents or teachers for HIV prevention programmes in schools may positively influence

acceptance of, and interest in, the programmes among adolescents. The support of a local leader can positively influence the perceptions of adults. So, some activities that ultimately benefit young people are targeted not at them, but at the adults whose values strongly influence them.

Table 9. Involving young people through the project cycle: entry points

Stage of programming cycle	Entry points/Activities
Design and planning	■ Needs identification and assessment ■ Collection and use of baseline data for programme design ■ Participatory research to inform programme design ■ Field testing of programme materials ■ Development of strategies, activities, projects
Management	■ Staff positions (volunteer or paid) ■ Internships and apprenticeships ■ Linkage activities with related youth services ■ Network development among youth organizations
Implementation	■ Training of programme implementers (e.g. service providers, peer educators) ■ Peer education/counselling/promotion/distribution ■ Media and education activities: • message development • materials and curriculum development • spokespersons within established media • youth-initiated newsletters, magazines, radio shows ■ Organization of events, fairs, celebrations ■ Provision of counselling and other services in health facilities
Monitoring and evaluation	■ Tracking the implementation of activities ■ Monitoring the extent and quality of youth participation ■ Providing input into the research design ■ Designing of questionnaires and other data-gathering instruments ■ Collecting information/data ■ Conducting analysis of data and reporting to relevant stakeholders
Oversight/ Governance	■ Members of advisory board ■ Members of board of directors ■ Members of youth councils
Advocacy	■ Representation at meetings (from local to international) ■ Organization of local (to international) meetings on youth-relevant issues ■ Giving testimonies before decision-making bodies ■ Developing policy positions and statements ■ Giving interviews and statements to local and national media ■ Members of youth parliaments

Source: Adapted from *HIV/AIDS and communities: involving children and youth as part of the solution.* (Christian Children's Fund (CCF), prepared for the Joint Learning Initiative on Children and AIDS (JLICA), 2008)
http://www.jlica.org/userfiles/file/CCF%20JLICA%20Summary%20Report-ChildandYouthInvolvementCompletewithAnnexes.pdf

Ethical issues must be considered when working with children and young people affected by HIV and AIDS. Respect their right to privacy and confidentiality and the principle of informed consent.

Children and their guardians should have the opportunity to give informed consent to involvement in an activity. Maintaining high ethical standards is particularly important when conducting information-gathering activities. You will need to balance the need to enhance children's participation with the need to minimise their exposure to potential harm.

HOW TO
ENSURE AN AGE-SPECIFIC APPROACH?

Key actions/steps	Tips and tools
Understand young people and the context	Understanding how young people experience the transition from childhood to adulthood can help programme managers, service providers and policy-makers to design more practical, effective programmes. *Developmentally-based interventions and strategies: Promoting reproductive health and reducing risk among adolescents* (FOCUS on Young Adults, 2001). For each developmental stage, this tool outlines the common factors (biological, emotions, cognition, identity, family, sexuality, society, ethics and morality), suggested goals and activities. http://www.fhi.org/en/Youth/YouthNet/Publications/index.htm *Preventing HIV/AIDS among adolescents through integrated communication programming* (UNFPA, 2003). Contains checklists for analysing the situation of young people, government policy and response and organizational capacity: http://www.unfpa.org/upload/lib_pub_file/224_filename_hiv_adolescents02.pdf Understanding the context also means identifying the risk of HIV infection. Defining sub-groups of young people based on HIV risk and vulnerability can help to prioritise the type and the content of interventions: ■ Those **most-at-risk**, already engaging in high-risk behaviours, have the highest need for specific HIV programming efforts. ■ Those who are more **vulnerable** to start engaging in high-risk behaviours may require a wider, less specific approach focused on improving the safety of their environment. ■ Those at **low risk** can benefit from HIV prevention activities integrated in broader interventions (e.g. sex and health education in schools and mass media campaigns). *Responding to the HIV prevention needs of adolescents and young people in Asia: towards (cost-) effective interventions* (UNICEF, UNESCO and UNFPA 2007) http://www.unescobkk.org/fileadmin/user_upload/hiv_aids/Documents/2009/Policy_paper_Responding_to_the_Needs_Jan.pdf *HIV/AIDS prevention and care among especially vulnerable young people: a framework for action* (WHO and Safe Passages to Adulthood programme, 2004) http://www.safepassages.soton.ac.uk/pdfs/evypframework.pdf Accompanied by: Case studies of success and innovation (WHO and Safe Passages to Adulthood programme, 2006) http://www.safepassages.soton.ac.uk/pdfs/evyp_casestudies.pdf

Key actions/steps	Tips and tools
Plan and develop age-specific prevention activities	*International technical guidance on sexuality education: an evidence-informed approach for schools, teachers and health educators* (UNESCO, 2009). Vol. 1: The rationale for sexuality education; Vol. 2: Topics and learning objectives. http://unesdoc.unesco.org/images/0018/001832/183281e.pdf Volume 2 of the guidance provides a 'basic minimum package' of age-specific standard learning objectives for curriculum development. It can also be used in conjunction with other general planning tools. Checklists to guide programmers in planning communication activities for HIV prevention (advocacy, behaviour change communication, education) can be found in: *Preventing HIV/AIDS among adolescents through integrated communication programming* (UNFPA, 2003) http://www.unfpa.org/upload/lib_pub_file/224_filename_hiv_adolescents02.pdf Planning school-based sexuality education programmes: *Evidence and rights-based planning & support tool for SRHR/HIV prevention interventions for young people* (World Population Foundation, 2008) http://www.wpf.org/documenten/PlanningSupportTool_SRHR_Education_July2008.pdf *Training and resource manual on school health and HIV/AIDS prevention* (Education International and WHO, 2001) http://portal.unesco.org/education/en/ev.php-URL_ID=36390&URL_DO=DO_TOPIC&URL_SECTION=201.html Other useful resources on interventions for young people: The UNAIDS Inter-Agency Task Team (IATT) on HIV and Young People has developed seven guidance briefs covering: most-at-risk young people, interventions in different settings and sectors (community, education, health, humanitarian emergencies and the workplace), and a global overview. http://www.unfpa.org/public/iattyp/ *Youth: the standard package of activities* (Khmer HIV/AIDS NGO Alliance – KHANA, 2008). An easy-to-use outline that can be adapted to other contexts. http://www.aidsalliance.org/includes/Publication/Package_of_Activities_Youth.pdf
Collect data in an ethical manner	*Ethical approaches to gathering information from children and adolescents in international settings: guidelines and resources* (Population Council, 2005) http://www.popcouncil.org/pdfs/horizons/childrenethics.pdf *Investing when it counts: generating the evidence base for policies and programmes for very young adolescents* (UNFPA and Population Council, 2006). Part III: Ethical considerations. http://www.unfpa.org/upload/lib_pub_file/583_filename_investing.pdf

Key actions/steps	Tips and tools
Involve children	*So you want to consult with children? A toolkit of good practice* (International Save the Children Alliance, 2003) http://www.savethechildren.net/alliance/resources/childconsult_toolkit_final.pdf *Seen and heard: Involving children in responses to HIV and AIDS* (Panos, 2008) http://www.panos.org.uk/download.php?id=933 *Building blocks in practice. Participatory tools to improve the development of care and support for orphans and vulnerable children* (International HIV/AIDS Alliance, 2004). The Building Blocks series also includes Asia-specific, Africa-specific, French and Portuguese language materials, all available at http://www.aidsalliance.org *Building resilience: a rights-based approach to children and HIV/AIDS in Africa* (Save the Children Sweden, 2006) http://www.crin.org/docs/save_children_hiv.pdf The Child-to-Child trust is an international network promoting children's participation in health and development: http://www.child-to-child.org
Involve young people	The International Planned Parenthood Federation (IPPF) has developed a resource pack on youth-friendly programming, called 'Inspire'. It includes several tools: a) Provide: A self-assessment guide to increase young people's access to a broad range of youth-friendly services. b) Participate: A self-assessment guide to strengthen meaningful participation of young people in programmes and policies. c) Explore: A toolkit to support young people as researchers on sexuality and sexual decision-making. d) Springboard: A hands-on guide to developing effective youth-friendly centres. http://www.ippf.org/en/Resources/Guides-toolkits/Provide+Strengthening+youth+friendly+services.htm *Setting standards for youth participation* (IPPF, 2004) http://www.ippf.org/NR/rdonlyres/DF423C28-F09C-4912-BE27-6C9970354EE5/0/Setstand_YouthPart.pdf *Young men and HIV prevention: Young people in action* (UNFPA/Promundo, 2007). This toolkit contains practical information on engaging young men and relevant stakeholders in designing, implementing and evaluating HIV prevention activities http://www.promundo.org.br/materiais%20de%20apoio/Toolkit-ENG.pdf See also *Involvement*
Work with the media	Child-friendly media programmes can offer an ideal vehicle for education on HIV and AIDS. One example is *Tsehai Loves Learning*, a weekly Ethiopian television show for young children designed to offer counselling about parental loss. It features Amharic-speaking giraffe puppets. http://portal.unesco.org/ci/en/ev.php-URL_ID=24814&URL_DO=DO_TOPIC&URL_SECTION=201.html

Key actions/steps	Tips and tools
	Examples of media initiatives by, with and for children can be found on UNICEF's MAGIC website, together with other resources on children, young people and the media. http://www.unicef.org/magic/bank/index.html *Evidence*
Monitor and evaluate	*National AIDS programmes: a guide to indicators for monitoring and evaluating national HIV/AIDS prevention programmes for young people* (WHO, 2004) http://www.who.int/hiv/pub/epidemiology/napyoungpeople.pdf
Further reading	See *Reference materials* at the end of this booklet.

6. INVOLVEMENT

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Involvement has long been an integral part of development practice. Experience has shown that when programmes are planned and developed together with those whose well-being is at stake – a community or 'target group' – these programmes are more likely to be relevant, acceptable and effective.

Various sections of this booklet provide tools and tips on involving target groups in HIV prevention programmes. For example, tailoring HIV interventions to the age-specific needs of young people requires some degree of involvement on their part (⇨ *Age*). It is essential to involve men and boys in efforts to eliminate gender inequalities – to address the gender norms and roles that make both women and men vulnerable to HIV infection (⇨ *Gender*). The culturally appropriate approach is very much about engaging communities (⇨ *Culture)*, and as involvement is intricately linked to empowerment, it is an essential feature of the human rights-based approach (⇨ *Human rights*).

Here you will find additional suggestions on how to involve individuals and communities in programming, and on how to promote the Greater Involvement of People Living with HIV (the GIPA principle).

'*When you involve and empower people living with HIV the result goes far beyond averting infections or preventing disease. It results in positive development outcomes, people going back to work, maintaining families, doing positive things for their communities and the world.*'

(Participant at GNP+ and UNAIDS International Technical Consultation on 'Positive Prevention', Tunisia 27-28 April 2009)

The same applies to all those who may be under-represented in the HIV response – young people of different ages, women and other at-risk or marginalised populations.

WHAT DOES INVOLVEMENT MEAN?

In this booklet the terms involvement and participation are used interchangeably. They describe a process that is best understood as a continuum from low to higher levels of involvement, as shown in Table 10 below.

Table 10. The continuum of participation

Informing	Consulting	Collaborating	Empowering
One-way communication: disseminating information about an intended project, programme or strategy.	Gaining stakeholder input on a proposed or ongoing activity. Can influence decision-making to a certain extent.	Engaging stakeholders in making decisions about activities and resources that affect them.	Through participation and transfer of skills, those affected are involved at all levels in shaping activities or programmes and are able to take control over decisions (from the personal to the policy level).

Low participation — High participation

The table does not suggest that there is one 'right' level of participation – different levels will be appropriate for different situations and programming stages.

Other key principles to keep in mind include:

- People need to be involved at the level that most directly affects them; different groups may need to be considered, and their participation may vary over time. What matters is to be transparent about the selection of participants.
- A desired (and achievable) level of participation should be agreed at the outset; this will help to manage expectations.
- The process may require efforts to ensure there are appropriate structures for meaningful participation, particularly of the most marginalised. Capacity-building interventions may also be needed.

Sensitivity to local social and cultural norms is essential throughout the process: engage respectfully. *Culture*

Involving communities

Often the community is closest to the action in responding to HIV, by providing the day-to-day support that prevents HIV infections, caring for those living with AIDS, and mobilising individual responses. As such, its involvement in HIV programming is vital.

The community might include:

- people living with HIV, their groups and networks
- community networks and community-based organizations, including those that involve or support key populations
- local, national and international non-governmental organizations
- AIDS service organizations
- faith-based organizations
- NGO networks and NGO support organizations.

What steps can be taken to support the community's active and meaningful involvement? Guidelines developed by the International Council of AIDS Service Organizations (ICASO) provide practical options – including standards, structures, processes and methods – from which you can select those most useful to your context.

Coordinating with communities: Taking action to involve communities (ICASO, 2007)
http://www.icaso.org/guidelines.html

ENSURING GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV

The Greater Involvement of People Living with HIV (or the GIPA principle) has been recognised as critical to halting and reversing the epidemic. People living with HIV can provide valuable experience and knowledge, and their public involvement can break down fear and prejudice. Crucially, the principle is about realising the rights and responsibilities of people living with HIV, and strengthening their capacities as 'rights-holders'. Human rights

The GIPA Policy Brief (UNAIDS, 2007) contains recommendations for governments, civil society and international donors on how to increase and improve the involvement of people living with HIV in global, regional and country AIDS responses.
http://data.unaids.org/pub/Report/2007/JC1299-PolicyBrief-GIPA_en.pdf

HIV-positive people have the right to make decisions about the level and type of their involvement. They also have the right to choose to be involved without making their HIV status public.

There are different ways in which people living with HIV can be involved, and different levels of involvement – from beneficiary (of services such as medical care and counselling) to inclusion, participation (e.g. in the delivery or planning of services), to 'greater' involvement (taking part at a more strategic level such as policy-making and management).

The typology of involvement presented in Table 11 (next page) can help you to analyse the current level of involvement in your setting, determine what types of involvement might be encouraged, and promote a common understanding of the issue. (Although based on examples of involvement in NGO health service delivery, the table can be adapted to different situations.)

Table 11. Types of involvement of people living with HIV

Level of involvement	Activities	Expertise	Knowledge and power	Vocality	Visibility
Access	Access services e.g. counselling.	May participate in training courses but are reluctant to tell others about it. High concern about stigma and discrimination.	Reluctant to carry out 'advocacy' in the community because do not want to disclose HIV status.	No voice as 'person with HIV'.	Usually invisible, do not want to disclose HIV status.
Inclusion	Support staff in tasks not related to HIV and AIDS. Participation in outreach activities as volunteer on occasional basis.	Talk about own experience of HIV and AIDS and give a 'human face' to HIV and AIDS. May have had basic training.	Are only involved in decisions affecting their own care or with direct implications for the day-to-day delivery of services.	Give testimonies from time to time about their own experience.	Usually low.
Participation	Carry out HIV and AIDS-related activities as employees or regular volunteers; usually receive financial compensation.	Have personal experience of living with HIV as well as theoretical knowledge of HIV and technical skills for service delivery. Expertise is officially recognised by employer.	More autonomous decision-making than at the 'inclusion' level; more likely to be considered equal. May be involved in planning (but usually only of the services they deliver).	Knowledge of living with HIV goes beyond own personal experience. Conduct outreach education.	Medium. Varies from low to high depending on the individual and context. Each individual may have different levels of visibility in different contexts e.g. among family, colleagues, other PLHIV.
Greater involvement	Take part in areas including management, policy-making and strategic planning. Employed as directors, programme coordinators or managers. May represent the organization in external forums.	Use a wide range of skills, including organizational and managerial skills.	Considerable decision-making power and autonomy. Shape programmes and policies.	Speak on behalf of other people with HIV, stand up for the rights of a virtual community; provide a social voice for HIV-positive people.	Very high. While the risk of stigma and discrimination remains, individuals are likely to be able to cope better through high levels of personal acceptance and support.

Source: Adapted from *Involvement of People Living with HIV/AIDS in community-based prevention, care and support programs in developing countries*: A multi-country diagnostic study (Population Council and International HIV/AIDS Alliance, 2003) http://www.popcouncil.org/pdfs/horizons/plha4cntryrprt.pdf

As the table shows, people living with HIV may begin at the lowest level of involvement as beneficiaries or as service users – this is not a bad thing. However, by providing an appropriate environment, as well as appropriate skills, experience and opportunities, they can be more meaningfully involved, with wide-ranging benefits for themselves and to HIV responses at all levels. It is worth noting that the progression from 'Access' to 'Greater Involvement' is not always a linear set of steps that are achieved in sequence. The types of involvement for each individual will vary at different points in their life and in different contexts. This is particularly true of visibility, where an individual may be very visible in one setting but invisible in another, such as with family members to whom they have not disclosed their HIV status.

A study based on 17 NGOs in four developing countries has found that all types of involvement can make a difference. However, it is important to be transparent about the reasons for choosing one type over another.

The Involvement of People Living with HIV/AIDS in community-based prevention, care and support programs in developing countries: A multi-country diagnostic study (Population Council and International HIV/AIDS Alliance, 2003)
http://www.popcouncil.org/pdfs/horizons/plha4cntryrprt.pdf

Avoid tokenism. Tokenistic involvement means that people with HIV are assigned positions because they are HIV-positive, but they have no influence on decision-making.

'*[…] Some NGOs started to involve people living with HIV but they offered no support or training and the people with HIV did not have the right skills, they could not fulfil the responsibilities placed on them. This led to a backlash against the idea of involvement.*'

'*I feel that that sometimes we are being used by donors and governments for their own credit without meaningful involvement. For example, they can no longer get Global Fund money without us. GIPA should be a good thing, but I feel there is a real danger that it can become a tool to exploit us.*'

Source: *Valued voices: a GIPA toolkit* (Asia Pacific Network of People Living with HIV/AIDS and Asia Pacific Council of AIDS Services Organizations, 2005)
http://www.gnpplus.net/cms-downloads/files/2005%20Valued%20Voices%20-%20A%20GIPA%20Toolkit.pdf

HOW TO
ENSURE MEANINGFUL AND EFFECTIVE INVOLVEMENT?

Key actions/steps	Tips and tools
Ensure involvement at all stages of programming	Asking the following questions might help: **Analysis** ■ Who are those directly affected? What are their characteristics, roles in social setting, level of organization, prevailing social norms? ■ What is their previous history of participation? ■ What are the possible constraints regarding their involvement? ■ How can their view enrich the programme? ■ Who can participate in this stage? Who best represents those affected? Where should meetings be organized in order to facilitate participation? **Be transparent about the programme goal and objectives** **Design** ■ How can activities increase opportunities to participate? What kind of activities would allow individuals/groups to be involved? ■ How can the team adapt activities for different levels of experience and interests? ■ What are the existing (human and material) resources? Are they sufficient? **Provide documents, including a summary of the objectives, rationale, activities, resources and the implementation timeline of your project in a language and format that is understandable to all.** **Monitoring and evaluation** ■ How can those affected have input in the development and monitoring of project management plans? Who should participate and why? ■ What type of participatory monitoring system will be effective? ■ How might outside specialists and affected individuals work together to design, plan and carry out the evaluation? ■ How can those affected participate in documenting and disseminating the results? ■ How to develop indicators/evaluation criteria with those affected that are pertinent and reflect their own experience? ■ What participatory evaluation methods would be useful? *Participation guide: involving those directly affected in health and development communication programmes* (Health Communication Partnership, 2007) http://www.jhuccp.org/legacy/pubs/tools/participationguide.pdf

Key actions/steps	Tips and tools
Involve populations most at risk	Stigma, negative attitudes and, in many countries, laws create barriers to involvement of people who use drugs, sex workers, men who have sex with men and transgender people. Special efforts should be made to ensure that these populations are meaningfully involved. Successful examples of involvement can be found in the following documents: **Drug users** ✎ *Nothing about us without us: greater, meaningful involvement of people who use illegal drugs* (Canadian HIV/AIDS Legal Network, International HIV/AIDS Alliance, Open Society Institute, 2008). http://www.soros.org/initiatives/health/focus/ihrd/articles_publications/publications/nothingaboutus_20080603/Int%20Nothing%20About%20Us%20(May%202008).pdf ✎ *Training guide for HIV prevention outreach to injecting drug users* (WHO, 2004) http://www.who.int/hiv/pub/prev_care/trainingguideweb.pdf **Men who have sex with men** ✎ *Rapid assessment and response adaptation guide on HIV and men who have sex with men* (WHO, 2004) http://www.who.int/hiv/pub/prev_care/en/msmrar.pdf ✎ *HIV and men who have sex with men in Asia and the Pacific* (UNAIDS, 2006) http://data.unaids.org/Publications/IRC-pub07/jc901-msm-asiapacific_en.pdf See ⇨ *Gender* for further resources. **Sex workers** ✎ *Toolkit for targeted HIV/AIDS prevention and care in sex work settings* (WHO, 2005) http://whqlibdoc.who.int/publications/2005/9241592966.pdf ✎ *Giving a voice to sex workers in Madagascar: the Alliance's work with FIMIZORE* (International HIV/AIDS Alliance, 2008) http://www.aidsalliance.org/includes/Publication/Giving_a_voice_to_sex_workers_English_pdf See also ⇨ *Human rights*
Promote the more meaningful involvement of people with HIV	Practical steps that different actors (governments, civil society, organizations of people living with HIV, development agencies) can take include: ■ Taking action to enable people living with HIV to claim their rights through supportive legal and policy environment. See ⇨ *Human rights* ■ Promoting positive and non-discriminatory attitudes and policies. See ⇨ *Human rights*. ■ Offering psychological support, including peer support. ■ Promoting the adoption of HIV workplace policies. ■ Supporting the creation and strengthening of organizations of people living with HIV. ■ Working in partnership with organizations and networks of people living with HIV. ■ Training, engaging or employing people living with HIV in delivery of HIV services. ■ Nurturing an organizational culture that promotes diversity and inclusiveness.

Key actions/steps	Tips and tools
	Any strategy should take into account factors related to the social context that can limit involvement: ■ Poverty, and needing to earn an income as a first priority. ■ Poor health, especially where there is limited access to health care and treatment. ■ Access to education and training, which might be required for performing certain tasks. ■ Gender inequalities in access to education and services, such as domestic and childcare responsibilities and financial dependence on men, which can prevent HIV-positive women from becoming involved. ■ Stigma and discrimination, including attitudes towards gender and sexuality; homophobic attitudes have been reported as reasons preventing men who have sex with men from becoming involved. *GIPA policy brief* (UNAIDS, 2007) http://data.unaids.org/pub/Report/2007/JC1299-PolicyBrief-GIPA_en.pdf **The mass media play an important role in fighting stigma and discrimination and in promoting inclusion. See: ⇨ Evidence for tools on media communication.**
Strengthen organizations of people living with HIV and other civil society organizations and networks	No one can or should decide for these organizations what kind of involvement of people living with HIV is good for them. However, technical assistance can be provided to help them analyse: ■ Where they are in terms of involving people living with HIV and where they would like to go. ■ Potential benefits, obstacles and risks. ■ What organizational strengths will make involvement of people living with HIV easier to implement. **Criteria** to assess involvement might include: ■ Amount of **time** spent by people living with HIV taking part in the activities of the organization. ■ **Type and level of remuneration** given by the organization in exchange for their time, skills and efforts. ■ **Categories of skills or expertise** used by people living with HIV when they take part in the activities of the organization. There are several tools for assessing and building the capacity of organizations and communities: *Network capacity analysis: a toolkit for assessing and building capacities for high-quality responses to HIV* (International HIV/AIDS Alliance, 2007), which includes a rapid assessment guide and workshop facilitation guide. http://www.aidsalliance.org/publicationsdetails.aspx?id=278 *CBO/FBO capacity analysis: a tool for assessing and building capacities for high-quality responses to HIV/AIDS* (CORE Initiative, 2005) http://www.coreinitiative.org/Resources/Publications/Capacity_Analysis/index.php

Key actions/steps	Tips and tools
	Coordinating with communities: taking action to involve communities (ICASO, 2007). The tool can be used for assessing community-based organizations, planning, advocacy and for developing guidelines on community involvement. http://www.icaso.org/guidelines.html *Valued voices: a GIPA toolkit* (Asia Pacific Network of People Living with HIV/AIDS and Asia Pacific Council of AIDS Services Organizations, 2005) http://www.gnpplus.net/cms-downloads/files/2005%20Valued%20Voices%20-%20A%20GIPA%20Toolkit.pdf *Increasing the involvement of HIV-positive women in HIV organizations* (Asia Pacific Network of People Living with HIV/AIDS, 2008) http://www.apnplus.org/document/APN%20Gender%20Guide%20FINAL%205%2021%202008.pdf Self-assessment tools for NGOs: a series of checklists to measure programmes against the core principles of 'The Code of Good Practice for NGOs Responding to HIV/AIDS'. Topics include community capacity-building, involvement of people living with HIV and of other key populations, human rights. http://www.hivcode.org
Create a supportive environment for people with HIV	Organizations need to promote a culture that encourages meaningful involvement. This includes promoting behaviours, language and attitudes that encourage involvement. HIV and AIDS workplace policies are not only a means of preventing HIV in the workplace, but also serve to address and redress stigma and discrimination, and to support people with HIV to work effectively at all levels. *Human rights* **HIV and AIDS workplace policies: what should they cover?** ■ compliance with national laws ■ guarantee of confidentiality and privacy ■ protection of employees affected by HIV against discrimination, victimization and harassment ■ no HIV screening of employees or job applicants ■ entitlement to company/statutory benefits and services ■ equality for women in working terms and conditions, and protection where necessary (e.g. against sexual harassment) ■ protection of workplace health and safety ■ care and support for workers and their families ■ information and education on HIV and AIDS for employees and their families ■ provision of condoms, free or at affordable prices ■ training for managers, workers' representatives, peer educators and others if relevant, e.g. health and safety officers. Policies should be shaped by local needs and conditions. The International Labour Organization (ILO) has prepared a sample workplace policy that can be adapted to different contexts, and step-by-step, easy-to-use guidance. *A workplace policy on HIV/AIDS: what it should cover*: http://www.ilo.org/public/english/protection/trav/aids/examples/workcover.pdf

Key actions/steps	Tips and tools
	Action on HIV/AIDS in the workplace. A step-by-step guide. Step 4: http://www.ilo.org/public/english/protection/trav/aids/steps/step-4.htm In the education sector, HIV and AIDS workplace policies need to address the needs and impact of HIV and AIDS on teachers and other educational staff (from the school to the Ministry of Education). ILO and UNESCO have developed workplace policies and related resource materials. UNESCO webpage on workplace policies in the education sector: http://portal.unesco.org/en/ev.php-URL_ID=36078&URL_DO=DO_TOPIC&URL_SECTION=201.html
Further reading	See *Reference materials* at the end of this booklet.

REFERENCE MATERIALS

This booklet has been created largely from the documents quoted in the main sections, as well as the following additional references.

1. HUMAN RIGHTS

Danish Institute for Human Rights. (2007). *Applying a human rights-based approach: an inspirational guide for civil society*. Copenhagen: Danish Institute for Human Rights. Accessed online 17 June 2009 from http://www.humanrights.dk/files/pdf/Publikationer/applying%20a%20rights%20based%20approach.pdf

International Council of AIDS Service Organizations (ICASO), African Council of AIDS Service Organizations (ACASO) and the International HIV/AIDS Alliance. (2007). *Coordinating with communities. Part A: Background to involving communities*. Toronto: ICASO. Accessed online 24 July 2009 from http://www.icaso.org/publications/Coordinating%20With%20Comminities%20English%20Book%20B.pdf

Joint United Nations Programme on HIV/AIDS (UNAIDS). Undated. Briefing Note: HIV and Human Rights. Geneva: UNAIDS. Accessed online 24 July 29 from http://www.unaids.org/en/PolicyAndPractice/HumanRights/default.asp

Office of the High Commissioner for Human Rights (OHCHR). (2008). *Claiming the Millennium Development Goals: a human rights approach*. New York: OHCHR. Accessed online 24 July from http://www.unhcr.org/refworld/docid/49fac1162.html

Office of the High Commissioner for Human Rights (OHCHR). (2006). *Frequently asked questions on a human rights-based approach to development cooperation*. New York: OHCHR. Accessed online 21 August 2009 from http://www.ohchr.org/Documents/Publications/FAQen.pdf

United Nations Development Programme (UNDP). 2006. *Applying a human rights-based approach to development cooperation and programming: a UNDP capacity development resource*. New York: UNDP. Accessed online 27 June 2009 from http://www.hurilink.org/tools/Applying_a_HR_approach_to_UNDP_Technical_Cooperation--unr_revision.pdf

United Nations Education, Scientific and Cultural Organization (UNESCO). (2005). *HIV/AIDS in Asia: human rights and the education sector*. Bangkok: UNESCO. Accessed online on 17 June 2009 from http://www2.unescobkk.org/elib/publications/HIV_AIDS_EDU2/HIV_AIDS_EDU2.pdf

United Nations Population Fund (UNFPA). (2006). *A human rights-based approach to programming*. New York: UNFPA. Accessed online 16 June 2009 from http://www.unfpa.org/upload/lib_pub_file/680_filename_hr_book.pdf

United Nations Development Fund for Women (UNIFEM). (2007). *CEDAW and the human rights based approach to programming*. New York: UNIFEM. Accessed online 16 June 2009 from http://www.unifem.org/attachments/products/CEDAW_HRBA_guide_pt1_eng.pdf

2. EVIDENCE

Auerbach, J. D. et al. (2009). *Addressing social drivers of HIV/AIDS: some conceptual, methodological, and evidentiary considerations*. New York: aids2031.

Claeson, M. and Alexander, A. (2008). Tackling HIV in India: evidence-based priority setting and programming. *Health Affairs Journal*, 27(4), 1091–1102. Accessed online 27 June 2009 from http://content.healthaffairs.org/cgi/content/abstract/27/4/1091

Barnard, G., Carlile I., and Basu, RD. (2006). *Maximising the impact of development research: how can funders encourage more effective research communication?* London: DFID. Accessed online 24 July 2009 from http://www.research4development.info/pdf/ThematicSummaries/Maximising_the_impact_17003IIED.pdf

Rychetnik, L. et al. (2004). A glossary for evidence based public health. *Journal of Epidemioliology and Community Health*, 58, 538–545. Accessed online 24 July 2009 from http://jech.bmj.com/cgi/reprint/58/7/538

San Francisco AIDS Foundation. Undated. *What is the 'Evidence' in Evidence-Based HIV Prevention?* San Francisco: San Francisco AIDS Foundation. Accessed online 16 June 2009 from

http://www.hiv-prevention.org/docs/topics/Evidence_fact_sheet.pdf

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2006). *Reporting guide on HIV and AIDS for journalists in Eastern and Southern Africa*. Nairobi: UNESCO. Accessed online 21 August 2009 from http://aids-africa.unon.org/publications/training.pdf

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2006). *Media and HIV/AIDS: training of trainers workshop on development of multimedia materials*. New Delhi and Dhaka: UNESCO. Accessed online 26 November 2009 from http://portal.unesco.org/ci/en/files/22159/11479388361report_aids.pdf/report_aids.pdf

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2008). *Media, communication, information: celebrating 50 Years of theories and practice*. Reports prepared for UNESCO on the occasion of the International Association of Media and Communication Research (IAMCR) 50th Anniversary Conference 2007. Paris: UNESCO. Accessed online 26 November 2009 from http://unesdoc.unesco.org/images/0016/001611/161158E.pdf

3. CULTURE

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2006). *Collaborating with traditional healers for HIV prevention and care in sub-Saharan Africa: suggestions for programme managers and field workers*. Geneva: UNAIDS. Accessed online 16 June 2009 from http://data.unaids.org/pub/Report/2006/jc0967-tradhealers_en.pdf

Program for Appropriate Technology in Health (PATH). (2006). *Using culture to change behaviour*. Seattle: PATH. Accessed online 18 June 2009 from http://www.path.org/files/CP_kenya_chaps_fs.pdf

Somma, D. and Kessler, C. (2003). *The cultural approach to HIV/AIDS prevention*. Geneva: Swiss Development Agency. Accessed online 18 June 2009 from http://www.sdc-health.ch/priorities_in_health/communicable_diseases/hiv_aids/cultural_approach_to_hvi_aids_prevention

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2001). *A cultural approach to HIV/AIDS prevention and care*. Paris: UNESCO. Accessed online 17 June 2009 from http://unesdoc.unesco.org/images/0012/001255/125589e.pdf

United Nations Population Fund (UNFPA). (2008). *Reaching common ground: culture, gender and human rights*. New York: UNFPA. Accessed online 17 June 2008 from http://www.unfpa.org/swp/2008/presskit/docs/en-swop08-report.pdf

4. GENDER EQUALITY

Asian Development Bank (ADB). Undated. *Checklist: gender in education project checklist*. Philippines: ADB. Accessed online 21 August 2009 from

http://www.adb.org/Documents/Manuals/Gender_Checklists/Education/gender_checklist_education.pdf

Asian Development Bank (ADB). Undated. *Checklist: gender in health projects*. Philippines: ADB. Accessed online 21 August 2009 from http://www.adb.org/Documents/Manuals/Gender_Checklists/Health/health.pdf

Gender and development for Cambodia (GAD/C) website. Accessed online 24 July 2009 from http://www.gad.org.kh

Instituto Promundo website. Accessed online 24 July 2009 from http://www.promundo.org.br/

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2009). *Addressing women, girls, gender equality and HIV: UNAIDS action framework*. Geneva: UNAIDS. Accessed online 26 November 2009 from http://portal.unesco.org/en/files/46484/12537789899IA_framework081009final.pdf/IA%2Bframework081009final.pdf

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2006). HIV and men who have sex with men in Asia and the Pacific. Geneva: UNAIDS. Accessed online 24 July 2009 from http://data.unaids.org/Publications/IRC-pub07/jc901-msm-asiapacific_en.pdf

Population Reference Bureau (PRB). (2003). *Manual for integrating gender into reproductive health and HIV programs*. Washington, DC: PRB. Accessed online 16 June 2009 from http://www.prb.org/pdf/ManualIntegrGendr.pdf

Smyth, I., March, C. and Mukhopadhyay, M. (1999). *A guide to gender-analysis frameworks*. London: Oxfam/GB.

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2008). *Booklet 5: Effective Learning. Good policy and practice in HIV & AIDS and education series*. Paris: UNESCO. Accessed online 16 June 2009 from http://unesdoc.unesco.org/images/0017/001797/179711e.pdf

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2005). *Handbook for gender focal points in UNESCO National Commissions*. Paris: UNESCO. Accessed online 24 July 2009 from http://unesdoc.unesco.org/images/0014/001405/140572e.pdf

US Agency for International Development (USAID). (2009). *Integrating multiple gender strategies to improve HIV and AIDS interventions: a compendium of programs in Africa*. Washington, DC: USAID. Accessed online 24 July 2009 from http://www.aidstar-one.com/sites/default/files/Gender_compendium_Final.pdf

5. AGE

Gibbs, S. et al. (2002). *Child-to-Child: a practical guide. Empowering children as active citizens*. London: Child-to-Child Trust. Accessed online 24 July 2009 from http://www.child-to-child.org/guide/guide.pdf

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2009). *2009 AIDS epidemic update*. Geneva: UNAIDS. Accessed online 26 November 2009 from http://data.unaids.org/pub/Report/2009/2009_epidemic_update_en.pdf

Joint United Nations Programme on HIV/AIDS (UNAIDS). (2008). *2008 Report on the global AIDS epidemic*. Geneva: UNAIDS. Accessed online 24 July 2009 from http://data.unaids.org/pub/GlobalReport/2008/JC1510_2008GlobalReport_en.zip

United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Population Fund (UNFPA), Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat and International Planned Parenthood Federation (IPPF)-Western Hemisphere. (2008). *Overcoming barriers to educating young people about sex and HIV: session notes*. Report from a side event at the UN General Assembly High-Level Meeting on AIDS, 10 June 2008. Accessed online 26 November 2009 from http://portal.unesco.org/en/files/42328/12144011581HLM_side_event_Summary_notes.pdf/HLM_side_event_Summary_notes.pdf

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2008). Booklet 5: Effective Learning. Good Policy and Practice in HIV & AIDS and Education Series. Paris: UNESCO. Accessed online 16 June 2009 from http://unesdoc.unesco.org/images/0017/001797/179711e.pdf

United Nations Children's Fund (UNICEF). (2009). Preventing HIV with young people: the key to tackling the epidemic. New York: UNICEF. Accessed online 24 July 2009 from http://www.unicef.org.uk/publications/pdf/HIVpreventionreport.pdf

World Bank. (2005). *Children & youth: a resource guide*. Washington, DC: World Bank. Accessed online 17 June 2009 from http://siteresources.worldbank.org/INTCY/Resources/395766-1187899515414/ResourceGuide.pdf

6. INVOLVEMENT

Health Communication Partnership (HCP). (2003). *How to mobilize communities for health and social change*. Baltimore, HCP. Accessed online 21 August 2009 from http://www.hcpartnership.org/Publications/Field_Guides/Mobilize/pdf/

Population Council and International HIV/AIDS Alliance. (2003). *The involvement of people living with HIV/AIDS in community-based prevention, care and support programs in developing countries: a multi-country diagnostic study*. New York: Population Council. Accessed online 24 July 2009 from http://www.popcouncil.org/pdfs/horizons/plha4cntryrprt.pdf

United Nations Educational, Scientific and Cultural Organization (UNESCO). (2008). *Booklet 4: Partnerships in Practice. Good policy and practice in HIV & AIDS and education series*. Paris: UNESCO. Accessed online 17 June 2009 from http://unesdoc.unesco.org/images/0017/001797/179715e.pdf

United Nations Population Fund (UNFPA) and Population Council. (2006). Investing when it counts: generating the evidence base for policies and programmes for very young adolescents. New York: UNFPA and Population Council. Accessed online 21 August 2009 from http://www.popcouncil.org/pdfs/InvestingWhenItCounts.pdf

GENERAL

USEFUL WEBSITES

- UNESCO's response to HIV and AIDS
  http://www.unesco.org/aids
- EDUCAIDS
  http://www.educaids.org
- UNAIDS Inter-Agency Task Team (IATT) on Education
  http://www.unesco.org/aids/iatt
- UNESCO Clearinghouse on HIV & AIDS and Education
  http://hivaidsclearinghouse.unesco.org/

UNAIDS COSPONSORS

- International Labour Organization (ILO)
  http://www.ilo.org/public/english/protection/trav/aids/
- Office of the United Nations High Commissioner for Refugees (UNHCR)
  http://www.unhcr.org/pages/49c3646ce3.html
- United Nations Development Programme (UNDP)
  http://www.undp.org/hiv/
- United Nations Educational, Scientific and Cultural Organization (UNESCO)
  http://www.unesco.org/aids/

- United Nations Children's Fund (UNICEF)
  http://www.unicef.org/aids/
- United Nations Office on Drugs and Crime (UNODC)
  http://www.unodc.org/unodc/en/hiv-aids/index.html
- United Nations Population Fund (UNFPA)
  http://www.unfpa.org/hiv/index.htm
- World Food Programme (WFP)
  http://www.wfp.org/hiv-aids
- World Health Organization (WHO)
  http://www.who.int/hiv/en/
- World Bank
  http://www.worldbank.org/aids/
- UNAIDS Secretariat
  http://www.unaids.org/

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© 2005 Pradeep Tewari, Courtesy of Photoshare
Caption: A man promotes HIV/AIDS awareness in Sector-11 of Chandigarh, India, on the eve of World Aids Day.

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Caption: Marta Valdés displays her ink-stained finger after voting in Bogota, Colombia.

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Caption: An educator with French NGO Pharmaciens Sans Frontières (PSF) explains HIV prevention messages to a sex worker's client in the Preak Leap neighborhood of Phnom Penh, Cambodia.

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Caption: A young woman participates in carnival in Porto Alegre, Brazil.

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Caption: A woman in Mozambique who just attended a PMTCT (Prevention of Mother-to-Child Transmission) counseling session during an antenatal visit.

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Caption: Teenagers in need of reproductive health education for protection against HIV, Tangerang Banten, Indonesia.

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Caption: An adolescent peer volunteer demonstrates correct condom use to the students of Government Sr.Sec.School, Khuda Lahora, Chandigarh, India, under the Adolescent Development and Empowerment Project run by the Ministry of Sports and Youth Welfare, Government of India.

This short guide aims to increase understanding of the characteristics of efficient and effective HIV and AIDS responses. It is designed to explain in a user-friendly and accessible format what these characteristics mean in practice, and how they can be applied, integrated and institutionalised into HIV and AIDS planning and programme processes.

It targets programme implementers and project managers developing and implementing activities (largely in the area of HIV prevention) within UNESCO. However, it will also be useful to other stakeholders undertaking similar work, including technical staff, programme implementers and managers in ministries involved in the AIDS response, UN and other development partners, and civil society.

As a quick reference guide, users can find out about the key characteristics of a specific approach, check on definitions, identify tools to help put the approach into practice, and access additional reference material for further exploration.