



Checklists for Measuring Implementation of the Gender Mainstreaming Guidelines in HIV and AIDS, Tuberculosis and Malaria Programmes



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ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune eficiency Syndrome
ANC	Antenatal care
ARV	Antiretroviral
ART	Antiretroviral therapy
BC	Behaviour change communication
DOTS	Directly observed therapy, short-course
HIV	Human Immunodeficiency Virus
IEC	Information, education and communication
M&E	Monitoring and evaluation
MSM	Men who have sex with men
PEP	Post-exposure prophylaxis
SADC	Southern African Development Community
тв	Tuberculosis



INTRODUCTION

These 12 Checklists are intended to support the effective utilisation of the SADC Gender Mainstreaming Guidelines for HIV and AIDS, Tuberculosis and Malaria. They are generic guides, which Member States can utilise when measuring the level of compliance in gender mainstreaming in relation to those three communicable diseases.

The tools allow programme managers and policy makers to rapidly measure the extent to which strategic frameworks, monitoring and evaluation (M&E) frameworks, budgets and aligned policies have been made gender-sensitive. They are designed to address all the crosscutting areas that are outlined in the Gender Mainstreaming Guidelines.

In addition, the Checklists also focus specifically on HIV and AIDS, Tuberculosis (TB) and malaria, in line with the illustrations provided in the Gender Guidelines on how to mainstream gender in specific programming areas.

The Checklists are reciprocally linked to indicators that measure gender mainstreaming. However, they are compliance, not M&E, tools. The latter are to be utilised post-implementation, while the Checklists are intended for use during the planning and mapping process of programme conceptualisation, as well as design and costing.

The Checklists are:

- Management and planning tools, that will present an overall perspective of the status of gender mainstreaming across all the crosscutting issues and disease-specific areas;
- Valuable tools for identifying priority areas that require gender mainstreaming interventions, capacity strengthening, advocacy and budgeting at Member State level, and for recognising existing efforts and gains; and
- Tools that will facilitate reflection about the intricacy of gender mainstreaming, and the unpacking of key steps for effective implementation of gender mainstreaming.

PURPOSE

The purpose of the Checklists is to verify the level of implementation of the SADC Gender Mainstreaming Guidelines in HIV and AIDS, TB and malaria programmes.

They can be used:

- At the beginning of the strategic planning process, and to contribute to mapping a situational analysis;
- At the beginning of activity planning and design; and
- Continually, until all the questions are ticked "Yes" and gender mainstreaming in all the key programming areas of the three diseases has been optimally achieved.

USING THE GUIDE

The Checklists are quick and easy tools that can be used independently, depending on the specific priorities of individual Member States.

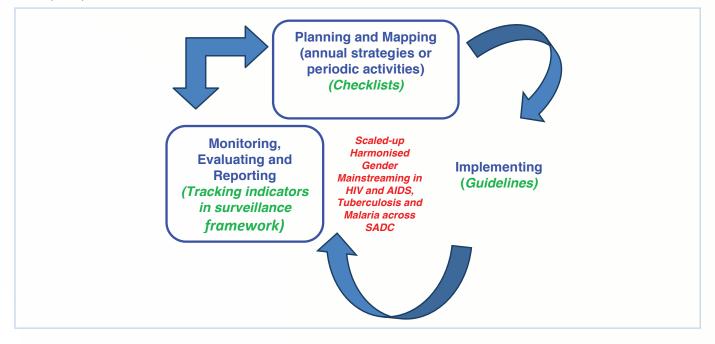
After completing the Checklists, Member States will be able to determine what level of mainstreaming they have achieved, and where the mainstreaming priorities and focus should be placed initially.

- The areas that are ticked "No" will be the priority areas that Member States can focus on as they pursue their gender mainstreaming agendas for the three diseases. Those same areas will correlate with specific sections in the Gender Mainstreaming Guidelines, which contain additional guidance on how to prioritise planning, costing and M&E framing;
- The areas that are ticked "In progress" can then be made secondary priorities for gender mainstreaming; and
- The areas that are ticked "Yes" would not require high priority attention from the Member State, since mainstreaming will have been achieved in those areas. However, they would require attention to ensure that the gender mainstreaming is sustained.



These Checklists can be further adapted to, and integrated with, existing Checklists (including those that are more specifically tailored to the contexts of individual Member States)—which makes them highly flexible tools.

The current Framework uses indicators in the priority areas that were articulated in the Maseru Declaration on HIV and AIDS (2003).



Read through the following questions and tick the relevant column to indicate your response. If the answer is "No", complete the extreme right column by sharing the reason for not implementing.

Key: H = HIV and AIDS T = Tuberculosis M = Malaria

Checklist 1	Policy and Strategic Framework Review and/or Development		Yes			In progress			No		If "No", provide reason for not
		Н	т	Μ	Η	т	М	Н	т	М	implementing
strategic deve	sues clearly articulated in the policy and elopment and review process, ng major components?										
 Target aud Guiding pi Activities, Budget/Fi 	rinciples,										
• Is there an obj inequalities?	jective that addresses gender										
to the provisio	cy and/or strategic framework respond ons of national and regional gender ments that support and guide gender g efforts?										



 Does the policy and/or strategic framework take cognisance of the various vulnerabilities of women and men of different age groups and socioeconomic backgrounds? Does the policy and/or strategic framework clearly stipulate deliberate measures for targeting special groups, and disadvantaged and vulnerable women 				
and men (see below)?				
HIV Strategic Plan				
 Men who have sex with men (MSM), Commercial sex workers, Mobile populations, Military (armed forces), Prisoners, Refugees, Adolescent girls and boys, People who inject drugs, 				
Children, andPregnant women.				
TB Strategic Plan				
 Refugees, Prisoners, People living with HIV, and Military (armed forces). 				
Malaria Strategic Plan				
 Pregnant women. Pregnant women that use alternative health services instead of antenatal clinic services, People living with HIV, The elderly, Orphans and vulnerable children, Children younger than five years, and Adolescent boys and girls. 				
In order to determine which of their needs have to be incorporated into the framework or policy, does the process for developing strategic plans ensure involvement and consultation with all the targets identified above, including:				
 Women and men, MSM, Commercial sex workers, Orphans and vulnerable children, Prisoners and refugees, Pregnant women, Pregnant women that use alternative health services instead of antenatal clinic services, People living with HIV, The elderly, Children younger than five years, and Adolescent boys and girls? People living with HIV, The elderly, Children younger than five years, and Adolescent boys and girls? 				



Checklist 2	Research		Yes		In progress		ss No			If "No", provide reason for not	
CHECKIIST 2	nesearch	Н	т	М	Н	т	М	н	т	М	implementing
data collection	me's operational research agenda (methodology, n tools and analysis tools) gender sensitive so hows gender disparities in:										
Prevention,Control, andTreatment out	comes?										
	orm policy development, does the programme dic gender-sensitive research on:										
	king behaviours, and factors/barriers and the effects of treatment on										
included in dr	ogramme ensure that women and men are rug and vaccine trials to determine gendered response to drugs and vaccines?										
and perceptio	gramme carry out periodic knowledge, attitude ns surveys to determine whether women and needs are met after health research trials?										
	gramme ensure that all biomedical researches alke into account the sociocultural issues of both ann?										
research ins	ogramme facilitate collaboration with health titutions on communicable diseases to h findings on women and men in strategic										

Checklist 3	Monitoring and Evaluation	Yes			In p		No)	If "No", provide reason for not		
Checklist 5		Н	т	М	Η	т	Μ	н	т	М	implementing
 to reflect the convolution on women and Do the M&E the reflect the difficient on both wome Do management variables to recommunicable Has the progrim 	irameworks have gender-specific indicators to erential impact of the communicable diseases on and men? ent information systems incorporate gender iflect gender disparities in the management of										



•	Has the programme developed or reviewed M&E systems to routinely capture gender- and sex-disaggregated information?	
•	Does the programme collect, analyse and utilise sex- and age- disaggregated information for:	
	 Diagnosis, Health-seeking, Access to health services; Treatment adherence, HIV and TB co-infections, TB-related mortality rates, and Positive outcomes? 	
•	Has the programme built the capacity of relevant staff in gender- sensitive M&E?	
•	Do quarterly/annual reports have sex-disaggregated data? (i) Quarterly? (ii) Annually?	
•	Has the programme built the capacity of M&E and surveillance experts in gender-sensitive M&E?	

	Observitet 4	Oursian Daliusari		Yes		In p	orogr	ess		No		If "No", provide
	Checklist 4	Service Delivery	Н	т	М	Н	т	М	Н	т	М	reason for not implementing
•		amme developed and implemented a Patients gender perspective?										
•	Does the prog involvement of	ramme implement strategies that promote the inen in:										
	 Control, Prevention Care and s Impact mit 	support, and										
•	Does the prog involvement of	ramme implement strategies that promote the women in:										
	 Control, Prevention Care and s Impact mit 	support, and										
•	leaders and the prevailing	gramme engage and encourage community traditional leaders to take responsibility for socioeconomic norms that reinforce gender increase women and men's vulnerabilities?										
•	sex and sexua the sick, and g	ramme integrate sensitising activities on gender, lity, male involvement in the provision of care for lender-based violence for both women and men ag outreach programmes?										
•		amme promoting the use of female-based hods (such as female condoms)?										



Checklist 5	Institutional Coordination Mechanisms for		Yes		In progress		In progress N				If "No", provide reason for not
Oneckiist 5	Gender Mainstreaming	н	т	м	Н	т	М	н	т	М	implementing
stakeholders i	tional coordination mechanisms with relevant n the following sectors, for effective control of by using a multisectoral approach?										
 Health reservence Ministry of Sectors with food suppion Agriculture promoted) Inter-progri 	e (malaria, especially where irrigation farming is										
coordinating c of Reference to	ramme established Gender Focal Points and committees from existing staff with clear Terms o oversee the mainstreaming of gender issues in ation of communicable disease programmes?										
	cal Points? ordinating committees?										
gender mainst	ramme integrated specific responsibilities on creaming in staff job descriptions and staff key nat have to be appraised periodically?										
relevant stake	gramme formed strategic partnerships with holders who can influence policy change with der mainstreaming in communicable diseases?										
	en an assessment on resource mobilisation towards facilitating gender mainstreaming nechanisms?										

Checklist 6 Advocacy, Communication and Social		Yes			In progress					If "No", provide reason for not
Mobilisation	н	т	М	Н	т	М	н	т	М	implementing
• Has the programme developed and disseminated information, education and communication (IEC) materials on communicable disease prevention and control that address negative gender stereotypes and sociocultural issues?										
• Does the programme promote the use of gender- and culturally-sensitive IEC materials to deconstruct negative stereotypes about femininity and masculinity, while taking into account high illiteracy levels among women?										
• Has the programme developed and implemented community- based interventions that raise awareness and transform gender norms on violence, and that encourage women and men to take responsibility for the health and wellbeing of their families?										



- Does the programme encourage open discussions in communities on gender-based violence, stigma and discrimination with regards to the three communicable diseases?
- Does the programme encourage equal participation of women and men (including community leaders and traditional healers) in all community-based mobilisation campaigns to increase knowledge and understanding on disease prevention measures?
- Does the programme utilise existing international, regional and national commemorations to educate communities about the gender dimensions of communicable diseases, such as
 - Malaria Week,
 - World AIDS Day,
 - TB Day,
 - International Women's Day,
 - 16 Days of Activism against Gender-Based Violence,
 - and - Others?
- Do the IEC and behaviour change communication (BCC) strategies address sociocultural issues that negatively affect prevention strategies for communicable diseases for both women and men?
- Has the programme ensured that education and awareness creation addresses negative stereotypes, cultural barriers, values, beliefs and gender-based cultural norms about masculinity and femininity that contribute to the spread of communicable diseases?
- Do IEC materials and sessions target different groups of people, including mothers, fathers, pregnant women, adolescent girls and boys, and school children, with a major focus on prevention and early treatment-seeking?
- Has the programme integrated information on:
 - (i) Malaria and HIV co-infection,
 - (ii) TB and HIV co-infections, and
 - (iii) Malaria, TB and HIV and AIDS and their consequences

for pregnant adolescent girls in the education life skills curriculum to increase awareness among children and youth?

- Has the programme developed models for male involvement to promote gender equality and community participation, including caring for the sick and taking responsibility for family members' efforts to access health services, as part of:
 - (i) Malaria initiatives,
 - (ii) TB initiatives, and
 - (iii) HIV and AIDS initiatives?



.	Capacity Development for Gender		Yes			In progress			No		If "No", provide
Checklist 7	Mainstreaming	Н	т	М	Н	т	М	Н	т	м	reason for not implementing
mainstreaming health sector,	ramme developed and implemented gender capacity building activities for all staff in the with a view to promoting an understanding on of the gender dimensions of communicable										
Has the progra	mme developed a gender module for both										
(i) Pre-service (ii) In-service	and aning of staff?										
: •	r module been integrated into training curricula, thin capacity building programmes for staff?										
	ramme integrated gender sensitisation in all alth personnel, both										
(i) Pre-service (ii) In-service?	and										

Checklist 8	Decentralisation of Health Services		Yes		In progress			s No			If "No", provide reason for not
Oneckilsto		Н	т	м	н	т	м	Н	т	М	
men (especiall as transport),	ure access to such services by both women and y those that cannot afford indirect costs, such has the programme decentralised diagnosis for communicable diseases, such as:										
	d counselling services, and and TB microscopy services?										
Are diagnosis	and treatment services free?										
Where payme services subside	nts are required, are diagnosis and treatment dised?										
1 N	gramme provide for mobile clinic services to o increase access to services for both men and										
A CONTRACT OF	gramme create awareness on the available to the communities?										



Checklist 9	Financing for Gender Mainstreaming		Yes	;	In p	orogr	ress		No	I	If "No", provide reason for not
Oneckiist 9		Н	т	М	н	т	М	н	т	М	implementing
 Does the prog 	ramme conduct:										
makers, pr services? (ii) Capacity b makers, pr	on on gender-responsive budgets for policy rogrammers and health staff that provide health building in gender mainstreaming for policy rogrammers and health staff providing health livery on gender mainstreaming?										
1 0	ramme provide adequate financial resources to er-sensitive surveillance and M&E systems?										
1 0	ramme implement resource tracking for gender- g activities for the disease in question?										

Checklists 10-12 are for disease-specific areas, as per the illustrations presented in the Gender Mainstreaming Guidelines

Checklists 10 – HIV and AIDS

Checklist 10.1	Prevention and Vulnerability Reduction		Yes		In p	rogr	ess		No		If "No", provide reason for not
Checklist 10.1		н	т	М	Η	т	М	н	т	М	implementing
programmes	programme implement awareness-creation for enhancing the use of female prevention such as female condoms?										
through variou	nme providing female prevention technologies is entry points for easy access by adolescent cial sex workers and mobile women and men?										
	amme facilitated the integration of social welfare ctions in all health centres for easy collaboration exual violence?										
post-exposure	ramme ensure that provision of comprehensive prophylaxis (PEP) services inform emergency trauma counselling, timely and user- friendly and support?										
	ramme decentralised PEP to enable women ve access to the services in hard-to-reach rural										
violence with	gramme implement PEP for victims of sexual but making a police report a condition for ettings where police services cannot be easily										
communication sexuality, hum	rogramme implement gender-sensitive HIV n strategies and integrate training on gender, an rights and customer care in the existing ng plans for health personnel?										



- Does the programme build awareness about the availability of antiretroviral drugs (ARVs), as well as existing services to encourage both women and men to seek health care services and to comply with treatment requirements?
- Has the programme intensified awareness of the availability and importance of adherence to treatment (as well as of other existing services) to encourage both women and men to seek treatment and to comply with treatment requirements?
- Does the programme promote the adoption of safer sexual behaviours and provide the correct information to dispel misconceptions that increase the vulnerability to women and men?
- Does the programme implement programmes that increase women's economic independence by emphasising property, land and inheritance rights?
- Is the programme promoting the integration of functional linkages between HIV and AIDS, family planning and sexual reproductive health, with particular attention to sexually active women and men, including adolescent boys and girls?
- Is the programme integrating sexual reproductive health rights in life skills training and education for out-of-school youths, with a special focus on girls?
- Has the programme developed and implemented protocols for the management of gender-based violence, including the management of rape and other cases of sexual abuse?
- Has the programme trained health workers and developed an appropriate referral system for the management of genderbased violence?
- Has gender-based violence been integrated into the healthtraining curriculum?
- Has the programme widened survivor-friendly initiatives (such as support clinics) to increase access to health services?
- Has the programme advocated for the formulation of reviews of policies and legislation to address sociocultural practices that predispose women and girls to HIV infection (such as gender-based violence, early marriage and other harmful practices that violate women and girls' rights)?
- Does the programme promote male-specific prevention methodologies—for example, couples counselling for male circumcision?

Checklist 10.2 Prevention of Mother-to-Child		Yes		In p	orogr	ess		No		If "No", provide reason for not
	н	т	М	н	т	М	Н	т	М	implementing
• Does the programme ensure the availability of antiretroviral therapy (ART) in rural health centres by increasing the numbers of centres that run PMTCT programmes, in order to reduce referrals and enhance access for rural communities?										



- Does the programme provide food supplements to all HIVpositive mothers who have been advised not to breastfeed, with a major focus on those who are from food-insecure households?
- Does the programme provide psychosocial support to all HIV-positive mothers and attend to their specific concerns regarding side effects of ART, as well as stigma and discrimination?
- Does the programme include functional coordination mechanisms with TB programmes to track all HIV-positive pregnant mothers with TB who are using PMTCT services?
- Does the programme promote male involvement in PMTCT to reduce gender-based violence, stigma and discrimination?
- Does the programme strengthen post-testing counselling and peer support by training HIV-positive people in lay counselling to provide PMTCT services in their communities?
- Has the programme trained its health personnel to be responsive to the needs of HIV-positive pregnant women and their partners, as well as to the needs of adolescent pregnant girls, and does it do so using a rights-based approach?
- Has the programme devised functional follow-up mechanisms through community-based programmes to reach out to HIVpositive adolescent pregnant girls who may not attend clinics, as well as to all HIV-positive mothers who have gone through the PMTCT programmes after delivering their babies, in order to avoid rapid progression towards AIDS?

	progression towards AIDS?										
Checklist 10.3	HIV Testing and Counselling		Yes		In p	rogr	ess		No		If "No", provide reason for not
		н	т	М	Н	т	М	Н	т	М	implementing
taken cognisa	esting and counselling programme component ance of the specific needs and concerns of nen in order to facilitate easy access to those										
testing and co gender dynam for pre-counse • Have health pe	ramme developed and implemented an HIV unselling protocol that takes cognisance of the ics of the epidemic and that provides guidance elling, testing and post-test counselling? ersonnel been trained in counselling to deal with ychosocial issues for clients and HIV-positive e referrals?										
	ng and counselling been integrated into the lealth service delivery systems to enhance rices?										
to effectively	amme intensified partner testing and counselling deal with gender-based violence, stigma and —issues that are commonly experienced by omen?										



- Has the programme encouraged the participation of women and men to conduct door-to-door counselling in activities to promote provider- and client-initiated testing and counselling?
- Has the programme developed and implemented gendersensitive protocols of disclosure?
- Has the programme developed and implemented protocols for discordant couples?

Checklist 10.4	Tractment Core and Support		Yes		In p	rogr	ess		No		If "No", provide reason for not
Checklist 10.4	Treatment, Care and Support	н	т	М	н	т	М	н	т	М	implementing
	ramme implemented deliberate measures to and										
• Has the progra and men?	mme increased access to treatment for women										
of free ARV pro well as existing	ramme create awareness about the availability ophylaxis treatment, such as contrimoxazole, as g services to encourage both women and men nd comply with treatment?										
adequately sto	gramme ensure that all health centres are ocked with ARVs and other essential items to to ART for HIV-positive women and men?										
	gramme have mobile clinics to ensure that hes household and community levels?										
	ramme provide nutritional and medical support d care centres?										
supplement	gramme promote the integration of nutritional programmes in HIV and AIDS support plassist the worst affected households?										
	rogramme strengthen community coping nrough the promotion of food security activities?										
measurements	ogramme conduct periodic anthropometric and ensure that nutritional supplements are HIV-positive patients on ART?										
health personrDoes the prog	ramme provide adequate medical guidance to caregivers on the provision of palliative care to										
Does the prog	ramme implement burnout strategies for care- with accumulated stress?										
	ramme provide protective devices for caregivers nem on how to prevent HIV infection during the re?										



Is the programme promoting the provision of family food baskets (rather than only to individuals who are living with HIV) and encourage dietary diversification for all infected children, women and men? Does the programme promote male involvement in the • provision of care in home-based care? Does the programme utilise various gatherings to provide • information to both women and men on HIV and AIDS, and on prevention, treatment, care and support services? Does the programme conduct social mobilisation campaigns • on negative cultural practices to transform community gender norms related to care-taking responsibilities, including strategies for promoting the participation of men and boys in care giving roles?

Chooklist 10 5	Impact Mitigation		Yes		In p	orogr	ress		No)	If "No", provide reason for not
Checklist 10.5	Impact Mitigation	н	т	М	Н	т	м	н	т	М	implementing
	amme devised follow-up systems for both male ents on treatment, particularly for:										
	n PMTCT after delivery, and id men on TB treatment?										

Checklists 11 – Tuberculosis

Checklist 11.1	Pursue High-Quality DOTS Expansion and		Yes		In p	rogi	ress		No		If "No", provide reason for not
Checklist 11.1	Enhancement	н	т	М	Н	т	М	Н	т	М	implementing
resistant (MDF	amme created awareness about TB, multidrug-) TB and its gender dimensions to dispel myth ptions about TB in communities?										
them available	proscopy services decentralised to make to women, men, girls and boys of varied to backgrounds in remote and hard-to-reach										
 (i) Couple co for all TB-s (ii) Free TB se (irrespectiv access ser (iii) Nutritional adherence standardis male and f Has the progra sociocultur 	rogramme provide: unselling to manage stigma and discrimination suspected patients; envices to ensure that all categories of people re of age, sex and socioeconomic status) can vices; and support to all TB patients to promote TB to treatment by ensuring that provision of ed treatment includes nutrition support to both temale TB patients? amme identified and dealt with specific ral barriers that block the access of both women to TB services?										



.

	 Is the programme collecting, analysing and utilising sex- disaggregated data on TB in case detection on the following issues: 	
	 (i) Health-seeking behaviour, (ii) Diagnosis, (iii) Treatment, (iv) Adherence to treatment, and (v) Health outcomes? 	
	• Does the programme collect, analyse and utilise sex- disaggregated data based on:	
	(i) Age,(ii) Occupation,(iii) Rural and urban dichotomies?	
	• Does the programme ensure that standardised treatment with supervision and patient support (including nutrition support) is made available to both male and female TB patients?	
	• Does the programme identify specific barriers to access for both women and men, and integrate them in strategic plans for implementation?	
	• Does the programme ensure that laboratory results are disaggregated by sex, age and occupation?	
	 Does the programme ensure that M&E systems and impact measurement of treatment and outcomes are done with a gender perspective, i.e. ensure that desegregation of data on TB is based on age, sex, occupation, and rural and urban dichotomies in order to strategically deal with gender disparities in the following respects: 	
	 In-case detection from symptoms, Health-seeking behaviour, Diagnosis, treatment, adherence, and Health outcomes? 	
	 Does the programme include both women and men in community advocacy, communication and social mobilisation as a strategy to empower people with TB, as well as their communities? 	
	• Have gender dimensions of the epidemic been taken into consideration in addressing:	
	 TB/HIV MDR-TB, and Extremely drug-resistant (XDR) TB 	
	among prisoners, refugees and other risky groups?	
	 Is there any provision of incentives such as food nutritional food packs to poor patients and MDR-TB cases that have been on treatment for a long time? 	
1		· · · · · · · · · · · · · · · · · · ·



Checklist 11.0	TB/HIV, MDR-TB and Other Challenges		Yes		In p	orog	ress		No		If "No", provide reason for not
Checklist 11.2	ID/IIV, MDR-ID and Other Challenges	н	т	М	н	т	м	н	т	м	implementing
	gramme create awareness about TB and its g both women and men, by using multi-faceted										
Is the program vulnerable gro	nme implementing specific activities that target ups, such as:										
Mobile porCommerciOrphans a	soners, ng with HIV,										
vulnerable and	ramme addressed TB/HIV, MDR-TB among d at-risk groups by taking into account the sions of the epidemic and applying appropriate pr:										
Prisoners,Refugees?											
	mme ensuring collaborative TB/HIV initiatives ne specific needs of women and men, based on action rates?										
 Is the program with adequate 	me screening for HIV and are persons provided counselling?										
patients is dor TB? Does the prog	nme ensuring that couple counselling for TB te to avoid rejection and neglect of women with ramme provide nutrition supplements as part of ess and counselling activities?										
	programme implement social mobilisation dispel myths about TB?										
disadvantaged	ramme promote the provision of incentives to I male and female patients, as well as MDR-TB re been on treatment for a long time?										

Chacklist 11 3	Health Systems Strengthening		Yes		In p	orogr	ress		No		If "No", provide reason for not
Oneckiist 11.5	Health Systems Strengthening	н	т	М	н	т	М	н	т	М	
	s decentralised to all health facilities (especially to ensure women and men have access?										
	personnel trained in gender mainstreaming, ve indicators and M&E systems?										
country referr	ramme strengthened its regional and inter- al mechanisms to effectively cover mobile romen, men, girls and boys) with TB services?										



- Does the programme ensure that TB control programmes take into account the different needs and situations of women, men, girls and boys?
- Has the programme put in place mechanisms for strengthening the health system to efficiently respond to HIV/ TB co-infections?

Checklist 11.4	Engage all Care Providers		Yes		ln p	rogr	ess		No		If "No", provide reason for not
		н	т	М	н	т	М	Н	т	М	
and men in TB	gramme promote equal participation of women control programmes (for example, by involving ale role models in TB awareness campaigns)?										
and public-priv	ramme ensure the promotion of public-public, vate mix approaches, as well as the participation omen and men from rural and urban areas, for ion?										
in designing IE	ramme engage both TB patients and caregivers EC materials with a view to ensuring that IEC B reflect the views and realities of TB patients ??										

Checklist 11.5	Empower TP and Affected Communities		Yes		In p	rogr	ess		No		If "No", provide reason for not
Checklist 11.5	Empower TB and Affected Communities	н	т	М	Н	т	м	Н	т	М	implementing
	gramme create awareness about TB, the rights , and available TB health services?										
including cur participate in	gramme ensure that both women and men, ed TB patients and those on treatment, IB control programmes at community level? gramme encourage dialogue among peers on										
and social i stereotypes al	ramme ensure that all advocacy, communication nobilisation initiatives are free of negative bout women and men in TB-related activities? rramme create awareness using role models?										
Does the prog Stop TB camp	ramme promote the use of male role models in paigns?										
sensitive IEC	ogramme produce and disseminate gender- materials to deconstruct negative stereotyping t men in TB-related activities?										
	gramme encourage community participation in ion, with a special focus on male involvement in of care?										



- Does the programme ensure that the Patients' Charter for Tuberculosis Care takes cognisance of prevailing gender issues in care provision, gender-based violence, and stigma and discrimination?
- Does the programme translate the Patients' Charter for Tuberculosis Care into local languages and disseminate it to communities?

Checklists 12 - Malaria

	Malaria Integrated Vector Control	Yes			ln p	orogr	ess	s No			If "No", provide
Checklist 12.1		н	т	М	н	т	М	н	т	м	reason for not implementing
 Does the programme address the specific health needs, constraints and vulnerabilities of: (i) Women and (ii) Men? 											
• Does the programme implement deliberate measures in targeting vulnerable populations with malaria control measures, such as repellents and insecticide-treated nets:											
 Migrant populations, Pregnant women, People living with HIV, The aged, Orphans and vulnerable children, Refugees, Child-headed households, Female-headed households, Commercial sex workers, and Night duty workers, such as security guards? 											
	ramme conduct social mobilisation campaigns ling malaria, using both women and men from										
• Does the programme create awareness about effective vector control measures that target both women and men (such as ensuring good sanitation in their surroundings, and avoiding stagnant waters)?											
of both sexe	gramme facilitate and encourage involvement as in vector control interventions, such as management, indoor residual spraying and										
of women's d	gramme adequately focus on the importance ecision-making roles at household level, with a ting the use of treated bed nets										
dimensions of	gramme create awareness about the gender malaria and the importance of women's rights control household resources?										
 Does the progroups? 	ogramme subsidise bed nets for vulnerable										



Obeeklist 10.0	Molaria Dravantian in Drasmanav	Yes			In p	rogr	ess		No		If "No", provide
Checklist 12.2	Malaria Prevention in Pregnancy	Н	т	М	н	т	М	н	т	М	reason for not implementing
insecticide-trea	ogramme ensure regular provision of free ated nets to all pregnant women, deliberately who do not attend antenatal clinics, as well as escent girls?										
• Does the programme regulate operations of traditional birth attendants in villages and ensure that there are clear and proper linkages with mainstream health systems?											
	gramme promote male involvement in malaria atives for pregnant women?										
• Does the programme conduct community-based advocacy that targets women and men with malaria prevention strategies at household level?											
• Does the programme ensure women's access to the full range of clinical maternal reproductive health options, including access to health care services where women can deliver their babies with a skilled provider and where intermittent preventive therapy for malaria is provided?											
• Does the programme implement activities to strengthen antenatal clinic services at community and district levels to ensure integrated service delivery occurs in reproductive health services, HIV and AIDS, and malaria prevention and treatment programmes?											
to reach singl	ramme work with community-based structures e pregnant women and pregnant adolescent not access antenatal clinic services?										
human rights (rights) and cus	gramme train health personnel in gender and women's rights, gender and sexual reproductive tomer care) to ensure health-friendly services to omen and pregnant adolescent girls?										
of free drugs, a	ramme create awareness about the availability as well as existing services that encourage both en to seek care and comply with treatment?										
	amme devised a system of monitoring usage treated nets by pregnant women at household										

Checklist 12.3 Diagnosis and Case Management	Yes			In p	orogr	ress	No			If "No", provide reason for not
Checklist 12.5 Diagnosis and Case Management	Н	т	М	Н	т	М	н	т	М	
• Does that programme implement activities aimed at accelerating scaling up of community-based management of malaria using Artemisinin-based combination therapy to increase access for poor women and men?										



- Does the programme integrate gender issues in both pre- and in-service training materials to enhance understanding and appreciation of gender disparities in malaria diagnosis and treatment?
- Does the programme provide for collection, analysis and utilisation of sex- and age- disaggregated information on case finding for malaria?
- Is the age-and sex-disaggregated information analysed taking into account the prevailing sociocultural practices, occupations, and other pertinent factors?

Checklist 12.4	Epidemic Preparedness and Response	Yes		In progress			s No			If "No", provide	
GHECKIIST 12.4		н	т	М	Н	т	М	Н	т	М	reason for not implementing
building of h gender issues	laria control programme undertake capacity ealth workers to enhance understanding of in the epidemic and response, and to enhance of integrated disease surveillance and										
sensitive IEC	ramme developed and implemented gender- and BCC strategies to address epidemic and response?										
	gramme ensure that all control interventions nen and women of various socioeconomic										
	ramme ensure that the most vulnerable groups vith malaria, including:										
People liviMobile po	ounger than 5 years, ng with HIV, oulations, and ned persons and the elderly?										
	ramme promote involvement of men and women reparedness and response, using participatory										
the implement among displa	gramme facilitate multisectoral collaboration in tation of epidemic preparedness and response ced communities to ensure that the specific en and men are addressed?										
free drugs, as	ramme create awareness about the availability of well as of existing services that encourage both then to seek care and comply with treatment?										



Checklists for Measuring Implementation of the Gender Mainstreaming Guidelines in HIV and AIDS, Tuberculosis and Malaria Programmes

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