

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

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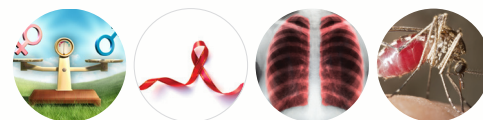
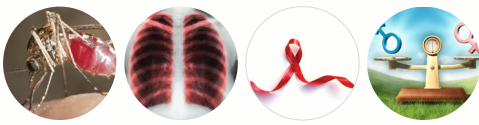


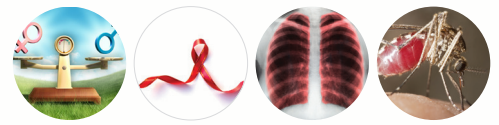
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ACRONYMS AND ABBREVIATIONS

| | |
|----------------|--|
| AIDS | Acquired Immune efficiency 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 |
| TB | 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:

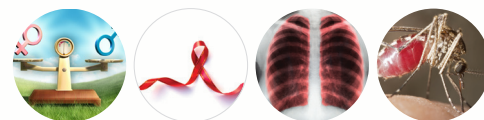
- At the beginning of the strategic planning process, and to contribute to mapping a situational analysis;
- At the beginning of activity planning and design; and
- Continually, until all the questions are ticked “Yes”—and gender mainstreaming in all the key programming areas of the three diseases has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



- 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, and
- Pregnant women.

TB Strategic Plan

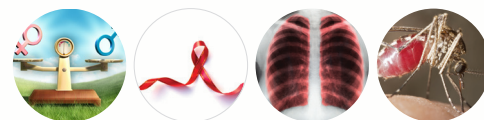
- Refugees,
- Prisoners,
- People living with HIV, and
- Military (armed forces).

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.

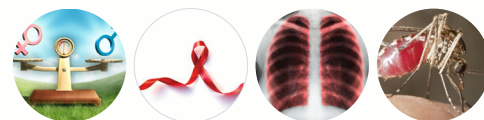
In order to determine which of their needs have to be incorporated into the framework or policy, does the process for developing strategic plans ensure involvement and consultation with all the targets identified above, including:

- 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?



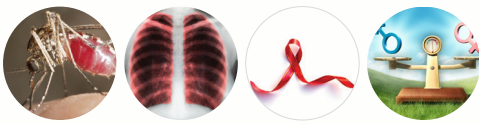
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| <ul style="list-style-type: none"> • Has the programme developed or reviewed M&E systems to routinely capture gender- and sex-disaggregated information? • Does the programme collect, analyse and utilise sex- and age- disaggregated information for: <ul style="list-style-type: none"> - 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? <ul style="list-style-type: none"> (i) Quarterly? (ii) Annually? • Has the programme built the capacity of M&E and surveillance experts in gender-sensitive M&E? | | | | | | | | | | |
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| Checklist 4 | Service Delivery | Yes | | | In progress | | | No | | | If "No", provide reason for not implementing |
|-------------|--|-----|---|---|-------------|---|---|----|---|---|--|
| | | H | T | M | H | T | M | H | T | M | |
| | <ul style="list-style-type: none"> • Has the programme developed and implemented a Patients Charter with a gender perspective? • Does the programme implement strategies that promote the involvement of men in: <ul style="list-style-type: none"> - Control, - Prevention, - Care and support, and - Impact mitigation? • Does the programme implement strategies that promote the involvement of women in: <ul style="list-style-type: none"> - Control, - Prevention, - Care and support, and - Impact mitigation? • Does the programme engage and encourage community leaders and traditional leaders to take responsibility for the prevailing socioeconomic norms that reinforce gender inequities and increase women and men's vulnerabilities? • Does the programme integrate sensitising activities on gender, sex and sexuality, male involvement in the provision of care for the sick, and gender-based violence for both women and men through existing outreach programmes? • Is the programme promoting the use of female-based controlled methods (such as female condoms)? | | | | | | | | | | |

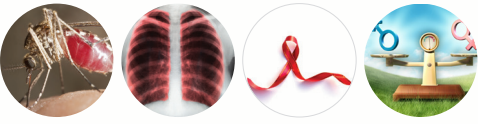


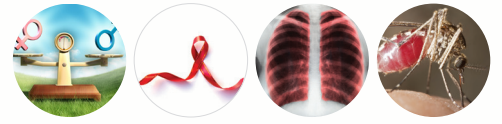
- Does the programme encourage open discussions in communities on gender-based violence, stigma and discrimination with regards to the three communicable diseases?
- Does the programme encourage equal participation of women and men (including community leaders and traditional healers) in all community-based 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?



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| <ul style="list-style-type: none"> • Is the programme collecting, analysing and utilising sex-disaggregated data on TB in case detection on the following issues: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> (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: <ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - TB/HIV - MDR-TB, and - Extremely drug-resistant (XDR) TB <p>among prisoners, refugees and other risky groups?</p> <ul style="list-style-type: none"> • 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? | | | | | |
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