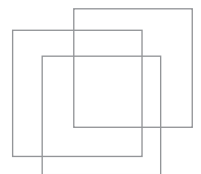




International
Labour
Office
Geneva

Guide to mainstreaming gender in workplace responses to HIV and AIDS



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Foreword

The guidance tool contained in this publication is intended to provide step-by-step support for all, particularly ILO constituents and their partners, who are involved in workplace responses to HIV in order to facilitate mainstreaming of gender throughout their programmes and activities.

Gender inequalities and HIV and AIDS are inextricably linked. Women account for around 50 per cent of all people living with HIV. They are disproportionately affected by HIV-related stigma and discrimination, violence, economic inequalities and the burden of caring for people living with HIV. At the same time, the workplace offers a unique entry point to promote both gender equality and broad access to HIV prevention, treatment, care and support.

To be effective, responses to the AIDS pandemic need to address the root causes of risk and vulnerability to HIV, including socio-cultural norms relating to the sexual behaviour of men and women, but also the issue of access to education, information on prevention and health services, as well as opportunities for decent work. As such, a gender mainstreaming approach is necessary to address meaningfully the different needs of women and men, girls and boys in the response to HIV. At the same time, the involvement of men is critical to efforts to promote responsible behaviour in sexual and reproductive health, and to eradicate violence against women. Moreover, because of widespread stigma and discrimination, men who have sex with men and transgender people in many parts of the world are particularly vulnerable to discrimination in access to prevention and care, and therefore to HIV infection.

In June 2009, the International Labour Conference adopted its Resolution concerning gender equality at the heart of decent work. This Resolution identified HIV and AIDS as one of many major challenges to gender equality in the world of work.

The following year in June the International Labour Conference adopted its Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200), the first human rights standard to focus on HIV and AIDS in the

world of work. The Recommendation places gender equality at its centre and emphasizes the reproductive health and reproductive rights of women and men at work. It is designed to make the best possible use of the central position that the world of work occupies in the lives of women and men to broaden the reach of the collective response to HIV and AIDS.

It is hoped that this guidance tool will contribute to building the capacity of those who are committed to achieving the Millennium Development Goals, and particularly to promoting gender equality and empowering women, and to halting and reversing the spread of HIV and AIDS.

Dr. Sophia Kisting
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List of acronyms

AIDS	Acquired immunodeficiency syndrome
ARV	Antiretrovirals
ART	Antiretroviral treatment
HIV	Human immunodeficiency virus
ILO	International Labour Organization
MSM	Men who have sex with men
NGO	Non-governmental organization
PLHIV	People living with HIV
TOR	Terms of reference
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization



Introduction

› Purpose and audience

This tool is intended to provide guidance on mainstreaming gender in world of work-related initiatives addressing HIV. The tool is designed for a wide range of stakeholders, especially ILO constituents – governments, and employers' and workers' organizations – as well as ILO staff and partners.

“The greater the gender discrimination in societies and the lower the position of women, the more negatively they are affected by HIV. Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS”.

ILO Code of practice on HIV/AIDS and the world of work, 2001

› Rationale

Gender inequality and HIV and AIDS are interconnected phenomena. The workplace is an important entry point to address both. In order to be effective, workplace initiatives on HIV must address gender issues including related and underlying HIV and AIDS vulnerabilities, as well as the specific needs of both women and men.

There are numerous insightful resources, reports, books and other materials that address issues related to HIV and AIDS, including in the world of work. Much has also been written on the links between gender and HIV and AIDS. However, despite the fact that workplaces offer a number of entry points, comprehensive guidance on how to address both HIV and AIDS and gender issues in world of work programmes and projects is scarce. This tool is intended to fill this gap. It draws on existing ILO tools and other guidelines on HIV and AIDS in the world of work and on gender mainstreaming in HIV and AIDS programming.

Both the Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200) and the 2001 ILO Code of practice on HIV/AIDS and the world of work emphasize the importance of promoting gender equality in responses to HIV and AIDS. The Code identifies gender equality as one of its ten key principles and emphasizes that “more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS” (key principle 4.3). Gender roles and relations between men and women affect the world of work because people take “gender identities” – their expectations and assumptions about women and men, girls and boys – to work with them. The workplace therefore mirrors the gender inequalities and discrimination that characterize society at large, and sometimes even exacerbates them through its structures, hierarchies and processes. Therefore, a gender mainstreaming approach should be integrated into all stages of the project cycle, from design and implementation through to monitoring and evaluation. Taking the gender dimension of HIV and AIDS into consideration should not be an optional add-on but an integral part of all activities on HIV and AIDS in the world of work.

In 2009 the International Labour Conference – which brings together member States and representatives of workers’ and employers’ organizations from those countries – adopted its Resolution concerning gender equality at the heart of decent work. The Resolution identified HIV and AIDS as one of major challenges to gender equality in the world of work, which it noted was increasingly affecting females who are young and poor. Among its recommendations, the Resolution called on ILO to “develop work-related policy options for governments in response to HIV/AIDS that address the different impact that the epidemic has on women and men”.¹ It also called for stepping up efforts to address gender-based violence and other obstacles to equitable access to and treatment and opportunities within the world of work which also render many groups of workers more vulnerable to HIV. Both the 2009 ILC Resolution and the HIV and AIDS recommendation highlight the importance of occupational safety and health concerns in the workplace when promoting gender equality as well as responding to HIV.

¹ ILO: *Provisional Record 13, Sixth item on the agenda: Gender equality at the heart of decent work (General discussion)*, Report of the Committee on Gender Equality, Geneva (2009).

› Outline

This tool is organized into four sections.

- The first section explains key gender concepts and provides relevant examples from excerpts of a workplace policy on HIV prevention, a background description and activities list from a project document, and a progress report on a project.
- The second section summarizes the links between gender inequality and HIV and AIDS risks and vulnerabilities, as well as ways that women and men, girls and boys are affected differently by the epidemic.
- The third section provides a checklist on issues to take into account when preparing key documents in the design phase of a project since this is the most critical phase for mainstreaming gender before subsequent implementation and evaluation. The steps within the design phase – which are situation analysis, formulation and implementation planning – are described in more detail along with subsequent phases and steps in the *ILO Technical Cooperation Manual – Version 1*.²
- The fourth and final section explains the reasons for establishing a workplace policy on HIV and AIDS and the elements within such policies. Examples of gender-responsive text within each element are provided.

› How to use this tool

This tool is intended to strengthen world of work initiatives in all sectors, public and private, formal and informal, by helping to make them more responsive to the links between HIV and AIDS and gender issues. It is not intended to replace existing ILO or other international tools and guidelines, but rather to consolidate and adapt their content to the specificities of workplace programmes as they relate to gender and HIV and AIDS. Users are encouraged to adapt and apply its contents to their specific situations and needs.

² ILO: *ILO Technical Cooperation Manual – Version 1*, Geneva (2010).



Key gender concepts

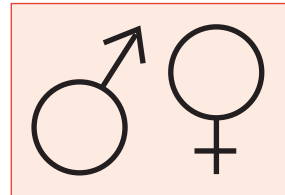
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This section briefly explains some key gender concepts and provides examples of integrating these in excerpts from a policy, project document, and activities on HIV and AIDS and the world of work.

› Sex and gender

The term “sex” refers to biological and universal physical attributes of men and women. For example, only women can give birth.

“Gender” refers to the socially-constructed roles, responsibilities and power relations between women and men, girls and boys, which are based on their sex. Gender-based roles and responsibilities are changeable over time and can vary due to other key factors such as ethnicity, economic class, religion and age. The concept of gender also captures norms, beliefs and practices concerning what is considered “male” and “female” behaviour, which not only influences individual identities but the way institutions, structures and systems – including workplaces – are organized.



› Men and masculinities

A “men and masculinities” approach to promoting equality between the sexes focuses on men and boys and how gender roles and stereotypes affect their identities and behaviour. Expectations about and ways that “masculinities” are defined vary within and across societies. Moreover, relations between men are gendered relations, as are those between men and women, including among men who have sex with men. Although gender inequality leads to oppression of the rights of women and girls, it also has a significant negative impact on men and boys. For example, men predominate in dangerous industries such as mining and may be more vulnerable to physical and psycho-social risk, from silicosis and tuberculosis to stress and alcoholism. There is also enormous pressure on men to spend long

hours at the workplace in their expected role as “provider” for the family. In societies and families where relations between the sexes are more equitable, men and women can enjoy more open, trusting and respectful relations with each other. And men can participate more equitably in child care – both as parents and as caregivers – thus helping to ease pressure on one spouse or partner to be “the breadwinner” and “head of the family”.³

› Transgender persons

“Transgender” applies broadly to persons who do not identify with the initial gender identity assigned to them at birth because of their sex. Such persons may self-identify as transgender, female, male, trans-woman or trans-man, transsexual or cross-dresser, or one of many other transgender identities which can vary between cultures. Some transgender persons undergo sex transition via surgical body modifications or hormone therapy, while others do not. Transgender persons may express their identity in a variety of “masculine”, “feminine” and androgynous ways that often do not conform to norms and expectations traditionally associated with their sex at birth. As a result, they often face high levels of discrimination and exclusion.

› Gender equality

Gender equality implies that all human beings – women and men, girls and boys – should enjoy equal rights, opportunities and treatment in all spheres of life. They should be free to make choices about their behaviour and aspirations and define their *practical and strategic gender needs*⁴ and interests without being limited by rigid gender roles, stereotypes and prejudices. Equality between women and men is a human rights issue and a pre-condition for achieving sustainable development and decent work for all women and men. Gender equality in the world of work means equity in opportunities and treatment, equal remuneration for work of equal value, equitable access to safe and healthy working environments, equity in relation to freedom of association and collective bargaining, fairness in terms of career development, maternity protection and paternity leave, and a balance between work and family responsibilities, the latter of which should be equally shared by both men and women.

³ “The Role of Men and Boys in Achieving Gender Equality”, Report of the Expert Group Meeting, United Nations Division for the Advancement of Women with the Joint United Nations Programme on HIV/AIDS, International Labour Organization, and United Nations Development Programme, Brasilia (2003).

⁴ Italicized text indicates the term is defined elsewhere in this section.

› Gender equity

Measures for gender equity seek to ensure more fairness in treatment and opportunities for women and men, according to their interests and respective practical and strategic gender needs. Such measures are strategies that are used to achieve the goal of gender equality. These measures help compensate for historical, economic, political and/or social disadvantages faced by one sex – usually women – in order to establish a more level playing field. Gender equity measures can include equal treatment or treatment that is different but responds to specific needs and interests while being equivalent in terms of rights, benefits, obligations and opportunities.

› Practical and strategic gender needs

Practical gender needs, which are linked to everyday living or “survival” such as eating, are tied to roles and expectations about unpaid work performed by women and by men in the household or community. For women, these needs are often linked to their expected traditional role as care giver to children or elderly, cleaning, and providing food and water. Initiatives such as projects that address women’s practical gender needs – including expediting food processing and preparation or locating safe drinking water sources closer to their homes to avoid having to walk great distances – can save them time for other activities. However, only addressing these practical needs does not challenge or help to change existing gender stereotypes and roles, and can reinforce and perpetuate the factors that contribute to barriers for women’s more equitable participation in paid work and decision-making.

Strategic gender needs focus on improving women’s status and giving them “voice” to empower women both personally and in society. Addressing these needs enables women to gain more equal access to job opportunities and training, receive equal pay for work of equal value, enjoy the right to own land and other assets, and have freedom of choice over sexual and reproductive health and rights. Strategic gender needs also concern prevention of gender-based violence, such as sexual harassment in the workplace. Addressing these needs implies a transformation of rigid gender roles and unequal power between the sexes in order to achieve greater gender equality. However, strategic gender needs cannot be met without addressing and responding to practical gender needs.

› **Women's empowerment**

Empowering women means supporting a process by which people become aware of unequal power relationships between women and men and are provided with the information, skills and resources necessary to enable them to challenge inequality in their homes, communities and workplaces. This process also involves promoting change in the socio-economic conditions that often subordinate women to men. Moreover, it means helping men become aware of the benefits of gender equality for their families, communities and for businesses and national economies. Greater participation of women in formal decision-making structures – such as in government and in employers' and workers' organizations – is a key aspect of empowerment, as is the development of life skills to help women assert their rights.

› **Gender-based violence**

Gender-based violence, for which women and girls are the large majority of victims although some groups of men and boys are as well, is closely linked with the AIDS epidemic. Such violence or the threat of it increases the victim's risk of HIV infection, which in turn elevates their risk of exposure to further violence.⁵ Women victims, especially between 15–24 years of age,⁶ have less ability to negotiate safer sex and access services including those concerning reproductive health and HIV prevention, treatment, care and support. Particularly vulnerable groups to gender-based violence are women in informal work arrangements, girl and boy child labourers, and women who are forced or bonded labourers, migrant workers, domestic workers, and sex workers.⁷ The ILO Recommendation concerning HIV and AIDS in the world of work, 2010 (No. 200) calls on governments, employers' and workers' organizations to take measures in or through the workplace to reduce HIV transmission and alleviate its impact by ensuring actions to prevent and prohibit gender-based violence and sexual harassment.

› **Gender mainstreaming**

Gender mainstreaming is the process of assessing the implications for women and men of any planned action, with the objective of promoting

⁵ United Nations Commission on Human Rights, "Elimination of Violence Against Women," Resolution 2004/46, Fifty-sixth meeting, Geneva (2004).

⁶ United Nations: *The World's Women – Trends and Statistics*, New York (2010).

⁷ ILO: *Gender-based violence in the world of work: Overview and selected annotated bibliography*, by Adrienne Cruz and Sabine Klinger, Bureau for Gender Equality Working Paper 3/2011, Geneva.

gender equality. The ILO gender mainstreaming strategy uses a two-pronged approach. The first is through explicitly and systematically addressing the specific and often different needs and concerns of both women and men in all policies, analysis, strategies, and in every step of every initiative including resource allocation (gender budgeting), monitoring and evaluation. The second is through targeted initiatives when analysis shows that one sex – usually women – has been historically disadvantaged socially, politically and/or economically. Where inequalities are extreme or deeply entrenched, these should be addressed through gender-specific measures with women and men, separately or together, or through measures specifically designed to overcome inequalities.

Gender mainstreaming

“Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as men an integral part of the design, implementation, monitoring and evaluation of all policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of gender mainstreaming is to achieve gender equality”.

Agreed Conclusions (A/52/3.18)
Economic and Social Council
United Nations, New York, 1997

➤ **Gender analysis and planning**

Gender analysis is a tool to identify the needs and concerns of both females and males regarding their division of labour, access to and control over resources and benefits, practical and strategic needs, and challenges and opportunities for promoting more equality between women and men.

Gender analysis is the first step in designing and implementing a gender-responsive initiative including a technical cooperation project. This analysis entails the following:

- collect sex-disaggregated data and qualitative information about the population concerned;

- identify the division of labour between women and men – both paid and unpaid work including care in the household and community;
- gather information on both women and men's access to and control over productive resources such as land and credit and benefits such as income;
- understand the practical and strategic gender needs of women and men; and
- review challenges and opportunities within the larger context for promoting gender equality including capacities of government, workers' and employers' organizations and other relevant actors to mainstream gender and promote equality between women and men.⁸

The above analysis may indicate the need for gender-specific strategies and activities. The results of the analysis are also used to mainstream gender into subsequent steps of the initiative including strategy and objectives setting, defining results and indicators, as well as the subsequent phases of implementation planning, and monitoring and evaluation.

➤ **Gender budgeting**

Gender budgeting is an important feature of gender mainstreaming and subsequent implementation planning, as it helps ensure that a gender perspective is incorporated at all levels of the budgetary process as well as when revenues and expenditures are restructured. A dedicated budget is essential in order to specifically address the needs of women and girls from the policy to the project level. This is because although UNAIDS has reported that issues specific to women and girls are included in national HIV strategies, budget allocations to respond to these needs are insufficient.⁹ This indicates the extent to which the AIDS response must scale up its efforts, including through the world of work, to respond to the needs of women and girls so that universal access to HIV prevention, treatment, care and support is achieved.

➤ **Gender-blind, gender-responsive and gender-specific**

Categorization of the extent to which policies, programmes, projects and activities mainstream gender can vary among their stages or levels of achievement. For the sake of simplicity, this tool introduces only three

⁸ ILO: *Women Workers' Rights – Modular Training Package*, section on "Introduction to gender analysis and planning", International Training Centre, Turin (1994).

⁹ UNAIDS: *Global report*, Geneva (2010).

categories to describe such initiatives: gender-blind, gender-responsive and gender-specific.

Gender-blind

Gender issues are not formally integrated in any way throughout all phases and steps of the initiative or project. The result is that existing unequal power relations between women and men likely will be reinforced or even exacerbated.

- The often different needs and concerns of both women and men are neither recognized nor addressed;
- Information about the unpaid care work and sometimes even paid work of women is not gathered, analysed nor taken into account when planning implementation or in monitoring and evaluation phases.
- Little or no data is disaggregated by sex, hence subsequent analysis and setting of strategy and objectives, as well as indicators, monitoring and evaluation are not tailored to the specific needs and concerns of both women and men and cannot effectively promote more equality between them.

Example: Extract from a workplace policy on HIV prevention

The company will provide accurate and up-to-date information on HIV and AIDS to its staff on a regular basis during sessions held immediately after employees' core working hours. Free condoms will be made available at the medical service, where they can be picked up discreetly. Access to free, voluntary and confidential HIV testing and counselling shall be made available. Employees will be able to choose whether to go for testing before or after, but not during, working hours.

- What makes this policy gender-blind?
 - There is no mention of gender issues related to HIV and AIDS.
 - No distinction is made between male and female employees, and their specific needs are not taken into account. The policy assumes that both male and female employees will have the time and means before or after work to undergo training or go for HIV testing and counselling. However some employees, particularly women, may have family responsibilities to which they have to attend.
 - The policy does not specify whether only male or also female condoms will be made available.

Gender-responsive

This proactive approach consistently and formally features specific objectives and accompanying strategies to help empower women and promote gender equality.

- The specific and often different needs and concerns of both women and men in a given context are recognized and incorporated alongside other programmatic goals in order to promote gender equality and empower women.
- Responsibilities for unpaid care work in the household and community is taken into account when designing activities or providing services.
- Data is disaggregated by sex and qualitative information including about attitudes is incorporated.

Example: Extract from a technical cooperation project document

Background

The sector employs 875 workers, about 70 per cent men and 30 per cent women. Many are migrants from rural areas. Most have left their families and partners behind. Levels of literacy are generally low among the men, of whom some 40 percent are illiterate, and especially low among the women, of whom some 65 percent are illiterate. Few have had access to HIV prevention information. Sex work is flourishing in the area, and many male workers are reported as buying sex from both male and female sex workers. About one-fourth of the female workforce engages in transactional sex with male fellow workers and with men from surrounding communities to supplement their incomes, which are generally lower than their male counterparts. Anecdotal evidence shows that condom use among both women and men workers is very low, partly due to non-availability in local shops but also due to attitudes among male workers, who equate condom use with non-masculine behaviour.

Outcome

1. *Reduced HIV risk for women and men workers*

Activities

- 1.1 *Training of peer educators: Fifteen peer educators will be trained on HIV and AIDS. During their selection attention will be paid to a representative proportion of both women and men, so that at least five of the 15 peer educators should be women. The training will take place during working hours to allow both women and men workers to attend. It will cover basic information on HIV transmission, prevention and treatment, and focus on gender issues in particular including the practical and*

strategic needs of women and men workers. Issues concerning HIV risks linked to sex work will be emphasized.

1.2 Condom distribution: Condom machines providing free male and female condoms will be made available in the men and women's lavatories.

- What makes this document gender-responsive?
 - The background section of the project document differentiates between women and men workers including regarding composition of the workforce, literacy levels, knowledge regarding HIV and AIDS, and attitudes about condom use.
 - The training of peer educators requires a proportional representation of both women and men trainers, and the training is planned during working hours so that all can attend.
 - Both female and male condoms will be provided.

Gender-specific

Gender-specific interventions are used when gender analysis shows that one sex – usually women – has been historically disadvantaged socially, politically or economically.

Interventions may be with women only or with men only, and/or with women and men together. Examples are capacity building workshops to build women's negotiation and advocacy skills, workshops with men to sensitize them about gender issues and the benefits of equality and women's empowerment for their families and communities, and workshops with women and men to discuss ways of working in partnership toward these goals.

Example 1: Extract from a technical cooperation project document

Activities

Training of peer educators: As many female workers go home directly after work to attend to their households and children, arrangements have been made with company management to allow for peer education training sessions to take place during core working hours, so that both women and men workers can attend. Because a needs assessment has shown that workers are very reluctant to speak about sexual and reproductive health matters in front of the opposite sex, sensitive topics will be addressed in male or female-only group sessions. As literacy levels among the female workforce are low, the material used in women-only and combined sessions will be mostly visual

or audio-visual. Sessions that bring together women and men will include a module on men's equitable sharing of household and parenting responsibilities to free up more time for women to take part in vocational training and skills-enhancing courses.

- What constitutes good practice in this document in terms of gender-specific actions?
 - Training sessions take into account the needs of both women and men trainers regarding timing of the sessions.
 - Training sessions take into account women and men's literacy levels and reluctance to speak openly about some matters in front of the opposite sex by offering separate sessions and adapted materials.
 - Training sessions address practical gender needs by encouraging more equal sharing of unpaid care work by men, as well as women's strategic need for better access to vocational and skills-building training.

Example 2: Extract from a technical cooperation project progress report

This project seeks to address the HIV-related needs of men and women who are call centre workers in seven provinces of the country. It includes gender-responsive training sessions on HIV and AIDS for call centre managers, employees and their spouses and partners. Special sessions for adolescent children of call centre workers are also held every two months.

The mid-term evaluation confirmed findings of an earlier needs assessment, as it showed that most or 95 per cent engage in sexual relations with the opposite sex, and about 20 per cent of the male workforce has sex with other men. In order to better respond to the HIV-related needs of men who have sex with men, the second phase of the project will include a specific module in each training session on men who have sex with men and HIV and AIDS. The project will also seek to build partnerships with local NGOs that work with men who have sex with men in order to provide more tailored HIV services for this group.

- What constitutes good practice in terms of gender-specific activities in this document?
 - While the first phase of the project did reach out to the partners and children of call centre workers, it inadvertently neglected to address the specific HIV needs of men who have sex with men. This shortcoming was recognized as part of a mid-term evaluation.
 - The project then adapted its strategy by including a module on men who have sex with men and by partnering with local and relevant NGOs to better address the needs of these workers.

Understanding the links between gender inequality and HIV and AIDS risks and vulnerabilities

This section provides a brief overview of why and how men and women, girls and boys are affected differently by HIV and AIDS.

› Some facts and figures

HIV and AIDS affect women and men, girls and boys and transgender persons differently in terms of risks, vulnerability and impact. Biological factors put women, especially adolescents, at higher risk than men of HIV infection. Norms related to “feminine” and “masculine” roles and behaviours – as well as the social and economic status of women, men and transgender persons – strongly affect their access to HIV information and services, their attitudes and sexual behaviour, and how they cope with living with HIV should they be infected.

Socio-economic inequalities make it more difficult for women and girls to protect themselves against HIV infection and exacerbate the impact of HIV and AIDS on them. At the same time, many men and boys are subjected to expectations regarding “masculine” behaviour, which may increase their vulnerability and make them more prone to high-risk behaviour and to stigmatization if they seek advice on reproductive and sexual health matters. Transgender persons (male-to-female persons in particular) face especially high HIV risks and vulnerabilities, as they are often victims of the harshest forms of discrimination and stigma due to the ways in which they express their identity.

Of the estimated 33.3 million people globally living with HIV in 2009, slightly more than half were women (15.9 million). While the ratio of women to men living with HIV remains stable globally, infection rates among



women are rising in several countries as transmission patterns shift from high-risk groups to the general population, where increasing numbers of vulnerable women and girls are becoming infected. UNAIDS estimates that approximately 370,000 girls and boys were infected with HIV in 2009, bringing the total number of children under 15 years old who are living with HIV to 2.5 million.¹⁰

In sub-Saharan Africa, more women than men are living with HIV. The vulnerability of women and girls remains particularly high in this region, where 76 per cent of all HIV-positive females live. In other regions, men are more likely to be infected with HIV than women, often in more concentrated epidemics involving men who have sex with men or people who inject drugs.¹¹

The term “men who have sex with men” describes a behaviour rather than a specific group of people. Men who have sex with men include self-identified gay, bisexual and heterosexual men, many of whom may not consider themselves homosexual or bisexual since they may also be in a heterosexual marriage or engage in sexual relationships with women. Sex between men occurs in every nation, but sexual relations between consenting adult men is surrounded by taboo and as of 2009 was illegal in 86 countries, seven in which such relations are punishable by death.¹² Moreover, the issue of men who have sex with men is under-researched and not often addressed in HIV prevention efforts. Globally, five to ten per cent of people living with HIV are estimated to be men who have sex with men, and the majority also have sex with women.¹³

HIV prevalence among transgender people, which is estimated to exceed that of men who have sex with men, ranges from ten to 42 per cent in a number of Latin American and Asian countries. Comparatively little research has been done on transgender persons living with HIV, and infection rates in this population could be much higher.¹⁴

¹⁰ UNAIDS: *Global report*, Geneva (2010).

¹¹ Ibid.

¹² Ibid.

¹³ UNAIDS: *UNAIDS Action Framework – Universal Access for Men who have Sex with Men and Transgender People*, Geneva (2009).

¹⁴ Ibid.

➤ **Women and girls: key risks and vulnerabilities**

- Women are **biologically more at risk of HIV infection** than men and twice as likely to contract the virus through unprotected sex, particularly when they sustain injuries (small or large) due to friction during intercourse or have a sexually transmitted infection.
- **Sexual subordination** in marriages or relationships, where women are often expected to be ignorant about sexual practices and passive in sexual interactions, makes it difficult if not impossible for them to negotiate condom use for safer sex or to refuse unsafe sex. This is particularly the case if they fear violence and/or abandonment.
- **Violence against women and girls**, whether by family members or close acquaintances, partners or strangers, has been shown to increase women's risk of becoming infected with HIV. Such violence hampers women's ability to adequately protect themselves from HIV infection and/or assert healthy sexual decision-making. Violence or fear of violence prevents many women from negotiating safer sex, getting tested for HIV, disclosing their HIV status, and seeking treatment and support.
- **Economic and social dependency** on men diminishes the bargaining power of women to negotiate safer sex, and may also prevent women from seeking HIV testing and counselling and adhering to antiretroviral treatment. Due to such dependency women may lack money needed to pay for health services or transportation, and/or have to ask permission from their husbands or other male family members to access such services, which may pose an insurmountable barrier to access.
- In most countries, women and girls are traditionally the main care givers within their families and communities. Therefore they are more heavily impacted by the **burden of caring for HIV-infected family and community members** than men and boys. This increases their workload and diminishes their ability to access schooling and/or engage in income-generating activities.
- The burden of HIV and AIDS on women and girls is compounded by **poverty**, as women are over-represented among the poor in all regions of the world. During times of economic hardship, families often allocate resources to men and boys first and to women and girls later – or not at all – with consequences for the latter's health and ability to access basic services. Girls are more likely to be taken out of school and be forced into child labour than boys, including the worst forms of child labour. Females and some males may

be forced to make a living through selling sex or exchanging sex for food, shelter and protection, which increases their risk of HIV infection.

- A significant proportion of **migrants and refugees** in many countries are women. In some settings, such as domestic work, this puts them at a higher risk of gender-based violence and hence of HIV infection.
- **Limited access to education and higher rates of illiteracy** affect women and girls disproportionately and make it more difficult to access HIV prevention and treatment information.
- **Discriminatory property, inheritance, custody and support laws** deprive many women of financial security and income-generating activities if they have lost their partner or have been abandoned because they themselves are living with HIV. Many HIV-positive women are then forced into **sex work** (“survival sex”) and girls into **commercial sexual exploitation** where they have little or no negotiating power regarding condom use.
- **HIV-related stigma and discrimination** often affect women more than men, which in turn marginalize women who are living with HIV and excludes them from society as well as from income-generating activities.
- Many women are engaged in economic sectors – such as subsistence farming, domestic work and in the informal economy – where their activities are **not covered by social security or other occupational benefits**.
- Because of the taboos and stigma that surround **men who have sex with men**, many also have female partners or wives as a way to protect against possible stigma. The HIV infection risk of these female partners is particularly high because, as a result of this stigma, their male partner often faces barriers in accessing HIV prevention and treatment services.
- **Men and boys: key risks and vulnerabilities**
 - **Norms, stereotypes and expectations about “masculine” behaviour** can affect males’ knowledge and confidence about sex, lead to abuse of power by some in sexual relationships, increase rates of alcohol and substance abuse, and lead to non-consensual and/or unsafe sex including casual and/or multiple sexual partnerships. Norms, stereotypes and expectations can also discourage males from seeking HIV-related prevention and treatment services.
 - In male-dominated **sectors of economic activity**, working conditions may increase exposure to risk. For example, in transport or construction sectors it is

not uncommon for workers to be separated from families and housed in men-only living arrangements. Such situations can heighten the risk of engaging in unsafe sex and having multiple and concurrent sexual partnerships.

- **In many countries sexual relations between men are outlawed or surrounded by stigma, discrimination and taboos.** As a consequence, men who have sex with men have a heightened risk of exposure to HIV because they are less likely to have access to or actively seek HIV prevention, information and treatment services.
- Whether heterosexual or homosexual, **unprotected receptive anal sex** with an HIV positive partner or a partner whose HIV status is unknown poses a much higher risk to HIV infection than unprotected receptive vaginal sex. This puts men who have sex with men at heightened risk of acquiring HIV.
- In many countries, HIV and AIDS services are provided primarily in family planning, prenatal and child health clinics. These services are usually designed and delivered based on the **assumption that only women have reproductive health responsibilities**. Because services are aimed at reaching women and meeting their needs, it is more challenging for men to benefit from such services.
- Boys from families affected by HIV and AIDS, particularly if they have lost one or both parents or caregivers because of AIDS, may be taken out of school and forced into **child labour**, including its worst forms such as commercial sexual exploitation.

Given that unequal power relations between women and men mostly favour men, engaging them to adopt and encourage responsible attitudes and behaviour to prevent HIV is crucial. At the same time, it is important for both women and men to nurture and support responsible and non-violent masculine identities and promote mutual respect and care for partners and children in the context of family relationships. As partners, brothers, fathers and often as leaders, men must be involved actively in dialogue, action and policies that address gender inequalities and the resulting vulnerabilities that put both women and men at risk of HIV.

➤ **Transgender persons: key risks and vulnerabilities**

- **Transgender persons living with HIV** often face a double burden of stigma and discrimination because of their self-identification as transgender, as well as their HIV status. Fear of stigma and discrimination prevents many

from getting tested, disclosing their HIV status, and seeking and accessing HIV counselling and treatment services.

- **Stigma and discrimination** because of self-identification and behaviour that does not conform with broader societal norms, stereotypes and expectations about “masculine” or “feminine” behaviour can limit access to appropriate health information and services, including HIV-related, due to fear of negative repercussions should transgender persons reveal their sexual identities.



Responding to diverse needs: mainstreaming gender into HIV and AIDS project design

3

This section provides step-by-step guidance based on practical checklists that highlight issues to take into account when planning a gender-responsive initiative. Guidance covers the three main phases of project design which are situation analysis, formulation and implementation planning.

The checklists also provide some concrete examples of steps that should be taken (“yes”) and to avoid (“no”). Ideally, all questions should be answered “yes”, although some suggestions may not be applicable in all contexts. However the fewer “yes” answers, the less effective the project may be in responding to HIV and AIDS.

It is important to recall that most women and men are often reluctant to disclose their HIV status and/or their sexual orientation at the workplace. Therefore it should be assumed that all groups may comprise people living with HIV, men who have sex with men, and/or transgender people. For this reason stigma and discrimination, and the specific HIV-related needs and concerns of key populations at higher risk, should be integrated into the design of any initiative or activity.

› Situation analysis

The situation analysis, which is carried out prior to formulation of a project document, comprises stakeholder identification and analysis, problem analysis, and institutional analysis. The information gathered at this step becomes part of the background and rationale provided in the project document to justify the initiative.

In terms of gender mainstreaming, the situation analysis should answer the following questions.

- Have you collected qualitative and quantitative information including sex-disaggregated data on the **HIV prevalence** among men and women, and transgender persons of working age in the community country/region?

To answer this question, refer to available surveillance data.

- Have you collected qualitative and quantitative information including sex-disaggregated data on the **gender-related factors** that put certain group(s) of workers at particular risk of HIV?

To answer this question, provide information on:

- the **legal and policy framework** regulating the rights and roles of men and women, especially in relation to HIV and AIDS;
- **social and cultural factors that influence gender relations** including access to and control over productive resources and benefits, the division of labour (both paid work as well as unpaid care work including taking care of children and elderly), and beliefs and norms that can act as constraints or opportunities to promote gender equality;
- **contextual factors related to the workplace** such as type of work and location, roles and responsibilities including decision making and authority, living arrangements, entitlements such as pay, social security and leave, and risks such as heightened exposure to gender-based violence including sexual harassment.

- Have you collected comprehensive information on **institutional frameworks** in terms of addressing gender issues related to HIV?

To answer this question, provide information on:

- the **implementation capacity of stakeholders and partners** in terms of mainstreaming gender including mandates, policies, programmes, practices and institutional arrangements (such as staffing and funding), staff attitudes and capacity to plan, and monitoring and evaluation systems related to gender and HIV.

- Have you collected comprehensive information on the expected **effects of an initiative** on men and women, boys and girls and on gender relations, taking into account the possible different outcomes?

Formulation

The situation analysis that includes the above-described gender focus then feeds into formulation of the project document. The latter comprises selecting strategies, setting objectives and indicators, defining outputs and activities, and providing an assumption analysis. The gender-responsive formulation phase can include:

- empowering women workers through employment creation and income-generating opportunities;
- promoting sexually-responsible behaviour, such as including a focus on clients of sex workers;
- addressing gender-related barriers and opportunities for men and women workers to have equitable access to HIV prevention, treatment, care and support services.

The project formulation step should take into account the following issues.

➤ Have you consulted a **gender specialist** (within ILO or external) before formulating the project document and has a draft been shared with them for comments before finalizing it?

➤ Have you made provision and allocated resources in the budget for technical inputs and backstopping by a **gender specialist**?

➤ Concerning the design of activities and relevant materials, have you made provision for the **involvement of people living with HIV**, particularly women, as well as men who have sex with men and transgender persons and their respective organizations?

➤ Does the project **encourage the involvement of both men and women** in activities that aim to empower women, prevent parent-to-child transmission, and provide HIV counselling for couples?

➤ Have you explored **possibilities for linking with ongoing initiatives** that seek to empower women such as entrepreneurship development or that address stress, alcohol and substance abuse, sex discrimination, and/or workplace violence including sexual harassment?

When setting objectives, consider the following questions.

- Does the project have an **objective** related to gender equality?

Examples of relevant objectives include:

- reducing HIV-related risks and vulnerabilities among women and men and promoting equality between them and women's empowerment;
- reducing gender-based violence such as with capacity-building measures for women's economic empowerment and engaging men to help prevent such violence;
- promoting gender equality and women's empowerment.

Gender-responsive outputs can address the following issues:

- **workplace policies and programmes** that are gender-responsive;
- **HIV prevention, treatment, and care and support services** that are equitably available to both women and men;
- **training manuals, information materials and communication strategies** that challenge gender stereotypes and promote gender equality and women's empowerment;
- **skills development and employment creation programmes** for people living with or affected by HIV, especially women;
- **gender-based violence** in the workplace and home;
- **socio-cultural norms about expectations, roles and responsibilities related to traditional “masculine” and “feminine”** stereotypes, and how unequal power and relations between women and men can increase HIV risks and vulnerabilities;
- **shared responsibilities** regarding sexual and reproductive health;
- **stigma and discrimination** against people living with HIV, especially women;
- stigma and discrimination against men who have sex with men;
- stigma and discrimination against transgender persons.

Consider the following questions when defining outputs.

- Does the project have **outputs** related to gender equality?

Examples include:

- a **better understanding** on the part of project partners, stakeholders

and beneficiaries of the gender dimensions of HIV and their increased commitment to address these;

- increased access to HIV prevention and treatment for women and girls;
- negotiation skills training for women and adolescent girls;
- increased commitment of men to adopt and encourage attitudes and behaviours to prevent HIV, including respect and care for female partners and promoting equality between girls and boys.

➤ Are all **activities** envisaged in the project gender-responsive rather than gender-blind, and are some gender-specific if necessary?

In addition to examples already provided in previous sections, consider extending gender-responsive initiatives to other key stakeholders for which programmes and activities can include:

- development of HIV workplace policies and programmes;
- training for judges competent in labour matters and labour inspectors, HIV focal points and/or trainers;
- sensitization of representatives of tripartite partners, including formation of HIV and AIDS committees and business coalitions;
- skills development and employment creation for people living with HIV.

When designing activities, consideration should be given to the following.

- Aim for **equal representation** of both women and men at all different levels of policy development processes and training activities.
- Take into account **cultural sensitivities** in relation to gender in staffing and training activities. For example, in some cultures a female trainer might be better received and more suitable to provide training on HIV and sexuality to an all-female group.
- Develop **specific initiatives and organizational arrangements** to address the specific needs of women or men workers, including men who have sex with men and transgender persons. For example: Do the location, physical arrangements, timing and duration of activities allow all beneficiaries to participate fully? Do women need additional training or specific materials because of lower education levels? Will women and men be able to discuss issues around sexuality more freely when in separate groups?
- **Partner with existing initiatives** that seek to empower women, for example through entrepreneurship development for women or initiatives that

address stress, alcohol and substance abuse as well as gender-based violence in the workplace.

Additional issues to address include:

- **socio-cultural norms on masculinity and femininity** related to gender stereotyping and unequal power relations between men and women and resulting HIV risks and vulnerabilities;
- **the universality of human rights**;
- **gender-based violence** in the workplace and home;
- promotion of more equitably **shared responsibilities** with regards to sexual health and parenting;
- **stigma and discrimination** against people living with HIV, especially women, including access to prevention and treatment services; and
- stigma and discrimination against men who have sex with men, and transgender persons including access to health care.

Example: Extract from a training module

Background

While approximately 90 per cent of male workers in this enterprise are able to read and write in both the official and the local language, most women workers have had access to only very basic formal education. As a consequence, women are almost exclusively employed to assemble pieces in hall C, whereas the male workforce takes care of the delivery of the final product and of administrative issues. There is little contact between the women and the men. Workers report that approximately ten per cent of male workers have sex with men.

Activity

NO

As they work separately and face different HIV risks and vulnerabilities, men and women workers will be trained on HIV and AIDS-related issues separately. Due to budget and time constraints, it will unfortunately only be possible to produce a set of written information leaflets to be distributed after the training. Illiterate female workers will probably be able to ask their husbands to read out the leaflet for them.

YES

To overcome constraints posed by the separation of women and men in the workplace and to meet the HIV and health needs and concerns of both sexes including men who have sex with men, training sessions will have an equal number of male and female participants

and will be carried out by both a male and a female trainer. In addition to addressing HIV-related issues, these joint training sessions will address gender equality more broadly, including access to formal education for both girls and boys, and shared household and parenting responsibilities. A simple set of pictorial information material on HIV and AIDS will be produced to reach both literate and illiterate workers. To ensure that gender and cultural concerns are addressed, the material will be produced together with the female and male HIV focal points in the company.

➤ Are **indicators** gender-inclusive?

Indicators are used to measure progress and evaluate to what extent pre-established targets have been met. Gender-inclusive indicators measure benefits to women and men, and capture quantitative and qualitative aspects of changes in relations between them in a given setting over a period of time. Such indicators seek to assess progress of a particular initiative towards achieving gender equality or of diminishing barriers such as discriminatory laws toward women.

Some examples of gender-responsive indicators follow.

Quantitative indicators

- can measure participation of all stakeholders in project identification and design meetings (disaggregated by participants' sex, age and if possible socio-economic background such as job grade and income levels, as well as type of participation);
- benefits such as increased employment and pensions (disaggregated by beneficiaries' sex and age).

Qualitative indicators

- level of participation as perceived by stakeholders through the different stages of the project cycle (disaggregated by sex and age);
- degree of participation in decision-making by an adequate number of women (with definition of "adequate" to be agreed by all stakeholders) through stakeholder responses and by qualitative analysis of the impact of different decisions on them.

Process indicators

- rate of participation of both women and men in project activities such as meetings and training as well as in decision-making processes;

- extent to which the terms of reference for project staff and consultants call for in-depth knowledge and experience of gender mainstreaming as related to HIV and AIDS programming;
- extent to which provisions are made to train project staff on issues related to gender and HIV and AIDS, if required.

Input indicators

- degree to which a project team is balanced in terms of women and men;
- data on quantity of information material distributed to women and to men;
- amount of money spent on gender-specific activities.

Output indicators

- number of gender-responsive and/or gender-specific HIV workplace policies and programmes (with criteria for measuring “gender-responsive” and “gender-specific” clearly defined);
- sex-disaggregated data on number of stakeholders trained to mainstream gender and HIV such as trainers, labour judges and labour inspectors, and HIV focal points;
- sex-disaggregated data on number of workers trained on gender issues in relation to HIV;
- sex-disaggregated data on number of workers trained who are subsequently able to identify ways to prevent HIV infection;
- quantity and quality of gender-responsive training materials produced (with criteria for measuring “gender-responsive materials” clearly defined).

Outcome or impact indicators

- sex-disaggregated data on the number of people trained whose knowledge, attitudes and behaviour have changed in favour of HIV prevention (including consistent and correct condom use), and whose attitudes have changed in a more positive way toward men and women living with HIV, men who have sex with men, and transgender persons, as well as toward the goals of women’s empowerment and gender equality;
- data on number of workers – particularly women, men who have sex with men, and transgender persons – who feel they have a greater voice in the workplace and/or that their health-related needs are adequately addressed.

Examples of gender-inclusive indicators

NO

The success of the project shall be measured against the following indicators:

- *number of representatives from employers' and workers' organizations having successfully completed the training course for focal points (target: 60);*
- *number of training materials produced;*
- *number of workers who have received the HIV and AIDS information package (target: 600);*
- *percentage of workers who have adopted positive attitudes towards condom use and people living with HIV.*

YES

The success of the project shall be measured against the following indicators:

- *number of representatives from employers' and workers' organizations who have actively participated in and successfully completed a training course for focal points (target: 30 women, 30 men);*
- *quality and variety of training materials produced that incorporate gender equality issues;*
- *number of female and male workers who have received an HIV and AIDS information package (target: 300 women, 300 men);*
- *percentage of workers who have adopted positive attitudes towards condom use and people living with HIV (target: 80 per cent women and 80 percent men workers).*

➤ Implementation planning

Implementation planning comprises a performance plan, work-breakdown structure, implementation plan, and a monitoring plan. This step of the design phase demonstrates that the project is feasible in terms of responsibilities, schedule and resources. In order to be gender-responsive, the following should be taken into account.

Human resources

- Are appropriate human resources available including project staff or external collaborators who have knowledge and technical expertise on the issues of both gender and HIV and AIDS in the local context?
- Is provision made for any necessary training of project staff on gender issues and HIV and AIDS?
- Is the project team balanced in terms of women and men?

Example: Composition of the project team

NO

Because the target group are men workers in the mining sector, project staff including trainers will be mainly men.

YES

The project team shall be balanced in terms of representation of women and men. Given the project focus on male workers in the mining sector, an assessment will be made – with assistance of a gender and sectoral expert and project partners – as to the proportion of male-female trainers.

Budget

- Are sufficient financial resources allocated for compiling sex-disaggregated data and gender-related information to carry out the gender-specific components of training activities and to develop gender-responsive materials?
- Are the resources to be spent on male and female beneficiaries proportionate in relation to expected results?

Time

- Is the time allocated to address gender issues in project activities sufficient, including for women-only or men-only group sessions if needed?

Example: Training session

NO

In order to keep participants' attention, short information sessions covering basic information on HIV transmission, prevention and treatment will be provided to men and women workers together. At the end of each session, participants will receive a copy of the ILO Recommendation concerning HIV and AIDS and the world of work, 2010 (No. 200), which addresses gender issues.

YES

To sustain attention of participants, training sessions will cover basic information on HIV transmission, prevention and treatment with a focus on gender-based risks and needs. This will be done in an interactive way including through groupwork and role plays. Half of each training session will be held in single-sex groups to allow participants to speak more freely about issues related to sexuality. Key issues discussed in each group will be presented to the mixed group by the facilitator or a volunteer from the group.

Some general DON'TS

In order for an HIV and AIDS project or activity to successfully mainstream gender, it is important to bear in mind a few DON'Ts.



- Don't confuse "gender" with "women".

Gender refers to both women and men and their roles in society, and gender issues need to be addressed in both mixed and single-sex groups.

- Don't reinforce gender stereotypes by referring to commonly-held assumptions about stereotypes of "male virility" or of being sexually irresponsible and similar assumptions. At the same time, avoid portraying women as powerless and passive "victims".

Both women and men are important players in preventing HIV and responding to HIV-related stigma and discrimination, and all people benefit from responsible, respectful, consensual and mutually satisfying sexual relationships.

- Don't assume all sexual relationships are heterosexual.

Although some or all the men in a group may have female sex partners or be married to women, some may have concurrent sexual relationships with other men. The same applies to women.

- Don't focus on "numbers" only.

Ensuring an equal participation of women and men also applies to the degree and level of their participation.



Mainstreaming gender into workplace policies on HIV and AIDS

› Why is a workplace policy necessary?

A workplace policy provides a framework for action to reduce the spread of HIV, manage its impact and sensitize all workers and management about the need to prevent stigma and discrimination against people living with or affected by HIV. Workplace policies can be developed at national, sectoral and enterprise levels and should be informed by local needs and conditions. Depending on the particular situation, a policy can consist of a detailed document just on HIV and AIDS. It can be part of a wider policy agreement on safety, health and working conditions, or it can be a short statement of principle.

The ILO Recommendation concerning HIV and AIDS and the World of Work, 2010 (No. 200) and the 2001 ILO Code of practice on HIV/AIDS and the world of work provide guidance on workplace policies and programmes on HIV and AIDS. Both instruments emphasize the importance of recognizing and responding to the gender dimensions of HIV and AIDS and of promoting gender equality.

The HIV and AIDS Recommendation, which builds on the ten key principles set out in the Code of practice, expands on the principle of gender equality. The preamble of the Recommendation notes that gender inequalities put women and girls at greater risk of HIV infection and make them more vulnerable than males to its impact. The Recommendation states that gender equality and the empowerment of women should be key factors in the global HIV response. It emphasizes the need to mainstream gender concerns in the development, implementation, monitoring and evaluation of policies and programmes.

The Recommendation describes the following measures to be taken in or through workplaces to reduce transmission of HIV and alleviate its impact:

- ensure respect for human rights and fundamental freedoms;
- ensure gender equality and the empowerment of women;
- ensure actions to prevent and prohibit violence and harassment in the workplace;
- promote active participation of both women and men in the response to HIV and AIDS;
- promote involvement and empowerment of all workers regardless of their sexual orientation and whether or not they belong to a vulnerable group;
- promote the protection of sexual and reproductive health and sexual and reproductive rights of women and men.

➤ **Elements that can be included in a workplace policy on HIV and AIDS**

1. General statement

The workplace policy on HIV and AIDS should begin with a general statement or introduction that relates the policy to the local context, taking into account existing business practices.

Sample language

Company or public sector workplace X recognizes the seriousness of HIV and AIDS and its impact on women and men workers and the workplace as a whole. X supports national efforts to reduce the spread of HIV infection and minimize the impact of the disease by responding to the specific needs of both women and men employed in this workplace, as well as their families and dependents.

The purpose of this policy is to facilitate consistent and equitable access for men and women workers, their families and dependents, to HIV prevention, treatment, care and support services. This policy has been developed and will be implemented with the active involvement of women and men workers at all levels.

2. Policy framework and general principles

The policy should establish the general principles that serve as a basis for specific provisions. These can include: gender equality, freedom from HIV-related stigma and discrimination, equality of opportunity and treatment in terms and conditions of employment, protection against unjustified termination on the basis of HIV status, and prohibitions against mandatory HIV testing and disclosure for employment purposes.

Sample language

X does not discriminate or tolerate discrimination against employees or job applicants on any grounds including sex, sexual orientation, and real or perceived HIV status.

3. Specific provisions

At a minimum, the workplace policy should include provisions covering the following areas.

- Scope of application
- Measures to be taken on HIV prevention through providing information, education and training
- Measures to facilitate treatment, care and support for workers, their families and dependents
- Provisions indicating how the policy is to be implemented and including measures to address non-compliance

Sample language

X does not tolerate any type of violence or harassment in the workplace, including sexual violence and sexual harassment.

Appropriate and tailored information and education programmes will be conducted to inform women and men employees about HIV and AIDS, which will enable them to protect themselves and others against HIV infection. X recognizes that women often face greater HIV-related risks and vulnerabilities than men and will therefore place emphasis on empowering both women and men workers with regard to their sexual and reproductive health and sexual and reproductive rights and responsibilities, while encouraging men workers to be equally involved in the HIV response.

Training shall be arranged for key staff including managers, supervisors, and personnel officers; union representatives; trainers; peer educators; and occupational safety and health officers. The target will be to have an equal representation of women and men in training sessions.

Education and training sessions will be held at times convenient for both women and men workers, and reasonable time off will be given for participation in these sessions.

Promoting gender mainstreaming through ILO participatory gender audits

A participatory gender audit of an organization or group can help identify good practices in mainstreaming gender, as well as areas to improve and strategies to render its work more gender-responsive.

ILO uses participatory gender audits to promote individual and organizational learning on ways to mainstream gender in order to help achieve equality between women and men. A gender audit, which is conducted during a two-week period by a team of four trained facilitators, encourages dialogue and reflection among members of the group that has volunteered to undertake this highly participatory exercise.

The facilitators promote use of a self-assessment approach and take into account both objective data – gathered through a review of the group's internal and public documents – as well as perceptions including those of staff, management and stakeholders including constituents or clients. Workshops and interviews are held with members of the group, and its stakeholders are also consulted. At the end of the audit, a report is submitted to management and staff in order to share good practices identified in promoting equality between women and men, as well as challenges and recommendations. The report addresses, among other areas that are key to effectively mainstreaming gender, the following:

- mainstreaming gender as a cross-cutting concern within the group's objectives, programme and budget;
- existing gender expertise and competence;
- information and knowledge management on gender issues;
- choice of partner organizations;
- advocacy products and public image;
- staffing and human resources;
- organizational culture and its effects on gender equality.

Follow-up to the report and implementation of its recommendations are the responsibility of the audited group.

See the ILO Gender Equality website (www.ilo.org/gender) for more information.

This is a joint publication of the ILO Programme on HIV/AIDS and the World of Work and the ILO Bureau for Gender Equality.



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