

Increasing and Improving Multilateral Development Banks' Funding for Reproductive Health & HIV/AIDS

A TOOLKIT FOR ADVOCACY

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About Gender Action

Gender Action was established in 2002. It is the only organization dedicated to promoting gender justice and women's rights in all International Financial Institution (IFI) investments such as those of the World Bank.

Gender Action's goal is to ensure that women and men equally participate in and benefit from all IFI investments.

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Forward

This toolkit provides tools for a civil society advocacy campaign to ensure that: (1) Spending by Multilateral Development Banks (MDBs) – the world’s largest public lenders – for reproductive health and HIV/AIDS increases and improves, and (2) MDBs end loan conditionalities which impede progress toward achieving reproductive health and HIV/AIDS Millennium Development Goals¹ (MDGs).

This Toolkit is especially timely in today’s global financial crisis. The financial crisis affects everyone but nobody more than the poor, especially women, who constitute their majority. While private investments in Least Developed Countries (LDCs) are drying up during the financial crisis, MDB investments are taking up some of the slack. In late 2008, the World Bank Group’s funding mechanism for the poorest countries received a \$42 billion replenishment from the richest countries for the next three years, a nearly 30% increase over the previous three years. But Gender Action’s research has shown that World Bank and other MDB loans indebt developing countries, crippling their ability to spend on health and other social services.

This is why Gender Action works to cancel LDC debt and ensure that MDB taxpayer-supported donor “aid” genuinely improves the lives of poor men and women.

Although most MDBs have outstanding gender rhetoric, Gender Action’s monitoring and analysis of MDB loans across sectors and around the world shows that MDB loans have harmful gender impacts (see www.genderaction.org). Gender Action reports reveal that despite MDB promises to promote reproductive health and combat HIV/AIDS described in Part 5 of this toolkit, only a tiny fraction of total MDB spending addresses these issues (Gender Action 2007; 2009).

Gender Action hopes that civil society groups worldwide will use this Toolkit to hold MDBs accountable on meeting their promises to achieve the reproductive health and HIV/AIDS Millennium Development Goals (MDGs). Gender Action is launching a global advocacy campaign to facilitate this process called “Leveraging MDB Funds for Reproductive Health and HIV/AIDS” presented in Annex 1. We hope that your citizen’s organization will join our campaign. For more information, contact us at info@genderaction.org.

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¹ Millennium Development Goals 5 and 6 respectively. See <http://www.un.org/millenniumgoals>

Table of Contents

| | |
|---|----|
| I. About This Toolkit..... | 6 |
| II. Knowing the Facts about MDB Spending on Reproductive Health and HIV/AIDS | 8 |
| III. Mainstreaming Reproductive Health and HIV/AIDS in MDB Projects..... | 11 |
| IV. Identifying International Human Rights Standards Related to Reproductive Health and HIV/AIDS..... | 13 |
| V. Understanding MDB Commitments to Reproductive Health and HIV/AIDS..... | 15 |
| VI. Conducting Gender Analysis of MDB Reproductive Health and HIV/AIDS Projects..... | 17 |
| VII. Mapping Leverage Points for Advocacy..... | 20 |
| Glossary of Terms..... | 28 |
| References..... | 31 |
| Annex 1: Leveraging MDB Funds for Reproductive Health & HIV/AIDS Advocacy Campaign Statement | 33 |
| Annex 2: Approved MDB Reproductive Health and HIV/AIDS Projects and Spending, 2000-2007 | 35 |
| Annex 3: Gender Action's Gender Assessment Indicators and Scorecard..... | 37 |
| Annex 4: Examples of Gender Assessment of MDB Reproductive Health and HIV/AIDS Projects..... | 38 |

Acronyms

| | |
|----------|--|
| ADB | Asian Development Bank |
| AfDB | African Development Bank |
| AIDS | Acquired Immune Deficiency Syndrome |
| BIC | Bank Information Center |
| CEDAW | Convention on Elimination of All Forms of Discrimination against Women |
| CRMU | Compliance Review Mediation Unit |
| DFID | UK Department for International Development |
| HIV | Human Immunodeficiency Virus |
| IDB | Inter-American Development Bank |
| IFI | International Finance Institution |
| IMF | International Monetary Fund |
| IP | Inspection Panel |
| MDB | Multilateral Development Bank |
| MDG | Millennium Development Goal |
| NGO | Non Governmental Organization |
| PCE | Participation and Civic Engagement |
| RBA | Rights-based Approach |
| STD | Sexually Transmitted Disease |
| UN OHCHR | United Nations Office of the High Commissioner for Human Rights |
| UNAIDS | Joint United Nations Program for HIV/AIDS |
| UNFPA | United Nations Population Fund |
| USAID | United States Agency for International Development |
| WB | World Bank |
| WHO | World Health Organization |

I. About This Toolkit

A Growing Demand for Reproductive Health Services: Gender Action's research reveals that despite their promises to promote reproductive health and combat HIV/AIDS, only a tiny fraction of total MDB spending addresses reproductive health and HIV/AIDS (Gender Action 2007a). Our most recent assessment of MDB spending shows that the amount allocated to reproductive health and HIV/AIDS is at most one percent of total MDB spending during 2000-2007 (Gender Action 2008).

Despite MDB commitments to empower women and promote gender equality, we found out that most MDB investments in reproductive health and HIV/AIDS lack gender sensitivity even though addressing gender roles is critical in reproductive health and HIV/AIDS programs. Moreover, MDB policy-based lending practices, such as health sector privatization and user fees, undermine meeting their reproductive health and HIV/AIDS MDGs commitments since they make health and other social services unaffordable to the poor.

Other research has shown that the Millennium Development Goal targeting reduction of maternal mortality ratios and achieving universal access to reproductive health care by the year 2015 (MGD 5), has made the lowest progress of all the development goals. According to UNFPA, in developing countries, women continue to die of pregnancy-related causes with only one third of births attended by skilled health personnel. Improving reproductive health, particularly family planning services, has a direct impact on eradicating poverty and hunger, accessing education and promoting gender equality. To achieve their development objectives, MDBs are committed to enhancing human well-being through investing in reproductive health.

HIV/AIDS Prevalence: As of December 2007, an estimated 33.2 million people worldwide were living with HIV, 2.5 million people were newly infected with HIV and 2.1 million AIDS deaths occurred (UNAIDS 2008). Out of the 33.2 million people living with HIV in 2007, 15.4 million were women and 2.5 million were children under 15 (UNAIDS & WHO 2007). In Sub-Saharan Africa almost 61 percent of adults living with HIV in 2007 were women (UNAIDS & WHO 2007). HIV/AIDS poses a challenge to MDBs' efforts to reduce poverty and promote socio-economic development in the world, particularly in the global South.

An Advocacy Campaign to Increase and Improve MDB Funds for Reproductive Health and HIV/AIDS: In late 2008, The picture just described convinced Gender Action to launch an advocacy campaign to pressure MDBs – the world's largest public lenders – to increase and improve their funds for reproductive health and HIV/AIDS, as well as remove their loan conditionalities which impede progress toward achieving the reproductive health and HIV/AIDS goals set in the MDGs. Our advocacy campaign aims to (1) bridge the gap and strengthen partnerships between MDB-watcher coalitions and women's rights coalitions (international and southern-based), in order to fortify advocacy effectiveness; (2) hold MDBs accountable on their promises to promote gender equality and women's empowerment; and (3) influence government officials, who represent countries in MDB decision-making bodies, to pressure MDBs to increase their spending on reproductive health and HIV/AIDS and ensure gender equality in all their investments.

Who is this Toolkit for? This toolkit is intended for MDB-watchers, women's groups, affected communities, MDBs and other donors, and all stakeholders interested in (a) gaining information that may benefit their projects, particularly those focusing on improving reproductive health and HIV/AIDS services in the poorest communities of the world; (b) building their capacity to persuade MDBs to promote gender equality in all their reproductive health and HIV/AIDS investments; and (c) contributing to increasing and improving MDB spending on reproductive health and HIV/AIDS.

The toolkit provides tools to build the capacity needed to persuade MDBs to increase spending and promote gender equality in all their reproductive health and HIV/AIDS investments. Specifically, it will help increase literacy on MDBs within reproductive health and rights groups and other women's rights activists, as well as build the capacity of MDB-watchers to conduct gender impact assessments of MDB investments and enable them to conduct advocacy to improve MDB spending on RH and HIV/AIDS.

How to use this Toolkit: This toolkit consists of seven parts and can be used in various ways. You can use the toolkit to learn the international standards and MDB policies related to gender equality, reproductive health and HIV/AIDS; track MDB funding for reproductive health and HIV/AIDS; learn how to conduct gender assessments of MDB projects; and identify leverage points for advocacy within MDBs and in your country.

- ❖ **Part one, *About This Toolkit***, provides background information on Gender Action's advocacy campaign to pressure MDBs to increase and improve spending on reproductive health and HIV/AIDS.
- ❖ **Part two, *Knowing the Facts about MDB Spending on Reproductive Health and HIV/AIDS***, demonstrates the findings of our research showing MDBs' track record in funding for reproductive health and HIV/AIDS projects during 2000-2007.
- ❖ **Part three, *Mainstreaming HIV/AIDS and Reproductive Health in MDB Projects***, illustrates how MDBs are increasingly addressing reproductive health and HIV/AIDS in a multisectoral approach involving other sectors such as education, transportation and tourism.
- ❖ **Part four, *Identifying International Human Rights Standards Related to HIV/AIDS and Reproductive Health***, provides a basic overview of international principles and standards that mandate governments to protect, promote, and respect the rights of all people with respect to reproductive health and HIV/AIDS.
- ❖ **Part five, *Understanding MDB Commitments to HIV/AIDS and Reproductive Health***, describes gender, reproductive health and HIV/AIDS commitments MDBs have made through their policies, strategies and programs of action.
- ❖ **Part six, *Conducting Gender Analysis of MDBs' HIV/AIDS and Reproductive Health Project***, provides a rationale for MDBs to mainstream gender analyses into their reproductive health and HIV/AIDS projects and describes MDBs' commitments to promote gender equality and empower women. This part also includes a "how to" section that will elucidate to our audience the necessary basic steps to conduct gender assessments of MDB reproductive health and HIV/AIDS projects.
- ❖ **Part seven, *Mapping Leverage Points for Advocacy***, maps the relevant leverage points for civil society and other activists to conduct advocacy on the MDBs. These include various units within the MDBs, accountability mechanisms, and other country-level leverage points.

II. Knowing the Facts about MDB Spending on Reproductive Health HIV/AIDS

A Note on Methodology

The facts we present below are based on Gender Action's analysis of MDB-funded projects solely dedicated to reproductive health and HIV/AIDS, as well as other MDB-funded projects with HIV/AIDS and reproductive health components during 2000 – 2007. Our calculations are based on total funding commitments presented in the project documents found on MDB project databases online.

For MDBs with smaller numbers of Reproductive Health and HIV/AIDS projects, it was impossible to achieve a standard representative sample of 30 projects. For example, since AfDB website does not have a list of projects, we compiled a list of 19 projects with reproductive health and HIV/AIDS components from the projects mentioned in the AfDB annual reports from 2004-2007 that are available online. Therefore, information prior to 2004 could not be obtained. We were able to compile a list of 19 and 31 projects with reproductive health and HIV/AIDS components funded by the ADB and IDB respectively during 2000-2007.

Since the World Bank funded roughly 250 projects with reproductive health and HIV/AIDS components during the timeframe selected, our study analyzed a representative sample of 30 projects with a total funding amount of \$10 million or more from sub-Saharan Africa, Eastern Europe and Central Asia, East Asia and the Pacific, South Asia, Latin America and the Caribbean and Middle East and North Africa regions during 2000-2007.

Gender Action's initial research revealed that the majority of MDB operations addressing reproductive health and HIV/AIDS are project components in multi-sector projects (Gender Action 2007). Although the sample used for our analysis mainly includes projects with an exclusive focus on reproductive health or HIV/AIDS, some are broad health, education, and infrastructure projects with reproductive health and HIV/AIDS components.

For this reason, financial data is limited since MDBs do not isolate funding for reproductive health and HIV/AIDS components from total project costs in multi-sector projects, making it impossible to disaggregate total project costs into components that specifically address reproductive health and HIV/AIDS. Therefore the total project costs for MDBs presented here are estimates of MDB commitments to these issues.² The statistics in the remainder of this section portray MDB spending amounts and trends in recent years on reproductive health and HIV/AIDS.

General MDB Reproductive Health and HIV/AIDS Spending³

- ❖ **Fact # 1:** The amount allocated by MDBs to reproductive health and HIV/AIDS projects, which is estimated at \$1.5 billion, is less than one percent of total investments funded by MDBs during 2000-2007.

² In multi-sector projects that have reproductive health or HIV/AIDS as a component, we estimated that 25 percent of the total project cost was allocated to each component.

³ See Annex 2, Chart 1 & 2

- ❖ **Fact #2:** The World Bank, the largest MDB, was the largest funder of reproductive health and HIV/AIDS projects. It approved the largest number of MDB projects dedicated to reproductive health and HIV/AIDS between 2000 and 2007.
- ❖ **Fact #3:** The number of World Bank HIV/AIDS projects declined since 2004 but significantly peaked in 2007.
- ❖ **Fact #4:** AfDB was the second largest funder of reproductive health projects during 2000 -2007.
- ❖ **Fact# 5:** AfDB has the lowest number of projects dedicated to HIV/AIDS.
- ❖ **Fact # 6:** ADB approved the smallest number of reproductive health projects during 2000 -2007.
- ❖ **Fact # 7:** ADB has been decreasing the number of HIV/AIDS projects.

AfDB Reproductive Health and HIV/AIDS Spending⁴

- ❖ **Fact # 1:** AfDB total funding for reproductive health and HIV/AIDS projects during 2004-2007, which is estimated at \$204 million, constituted less than one percent of AfDB's total spending.
- ❖ **Fact # 2:** Between 2004 and 2007 AfDB funded 19 reproductive health and HIV/AIDS projects and components.
- ❖ **Fact # 3:** AfDB projects that exclusively targeted reproductive health and HIV/AIDS totaled \$171 million, out of which \$89 million funded HIV/AIDS and \$82.62 million funded reproductive health projects.
- ❖ **Fact # 4:** AfDB integrates HIV/AIDS into non-health sectors. Grants and loans for multi-sectoral projects with reproductive health and HIV/AIDS components totaled \$450.36 million during 2004-2007.⁵

ADB Reproductive Health and HIV/AIDS Spending⁶

- ❖ **Fact # 1:** The amount allocated to reproductive health and HIV/AIDS projects, which is estimated at \$102 million, is less than one percent of total investments funded by ADB during 2000-2007.
- ❖ **Fact # 2:** ADB has a stronger focus on HIV/AIDS than on reproductive health.
- ❖ **Fact # 3:** During 2000-2007, ADB funded 17 HIV/AIDS projects and only two reproductive health projects. Out of the total 19 projects, 17 were grants, including Technical Assistance, and two were loans.
- ❖ **Fact # 4:** ADB funding for HIV/AIDS ranged from \$150,000 to \$20 million between 2000 and 2007 while funding for reproductive health totaled \$1 million and \$36 million for the two projects funded during 2000-2007.
- ❖ **Fact # 5:** The number of ADB loans and grants dedicated to reproductive health and HIV/AIDS increased sharply in 2005 and started to decline in 2006.

IDB Reproductive Health and HIV/AIDS Spending⁷

- ❖ **Fact # 1:** IDB spent an estimated total of \$22 million in loans and grants for reproductive health and HIV/AIDS projects between 2001 and 2007. This represents less than one percent of total IDB investments during this period.

⁴ See Annex 2, Chart 3

⁵ It is impossible to disaggregate total project costs into components that specifically address reproductive health and HIV/AIDS. Therefore the total project costs for AfDB presented here are an overstatement of AfDB commitments to these issues.

⁶ See Annex 2, Chart 6

⁷ See Annex 2, Chart 5

- ❖ **Fact # 2:** Out of the estimated total amount spent, \$18 million was allocated to 10 reproductive health projects and components and \$4 million was allocated to 19 HIV/AIDS projects and components.
- ❖ **Fact # 3:** The amount of loans and grants for reproductive health peaked in 2004 because the IDB approved a \$20 million loan for the Social Protection Program in Honduras that has a reproductive health component.

World Bank Reproductive Health and HIV/AIDS Spending⁸

- ❖ **Fact # 1:** World Bank total funding for reproductive health and HIV/AIDS projects during 2000-2007, which is estimated at \$1.2 billion, constituted less than one percent of World Bank total spending during this period.
- ❖ **Fact # 2:** The estimated funding for reproductive health and HIV/AIDS projects averaged \$55 and \$106 million annually respectively during 2000-2007.
- ❖ **Fact # 3:** There was a sharp increase in reproductive health funding in 2006 and a sharp decline of reproductive health funding in 2007. This increase is partly due to the \$300 million allocated for the Argentina Provincial Maternal-Child Health Investment Project in 2006.
- ❖ **Fact # 4:** There was a decline in HIV/AIDS funding during 2004-2006 with a sharp increase in 2007. This increase could be attributed to a total of \$445 million that was allocated to HIV/AIDS projects in India, Kenya, Nigeria, Benin, and Ethiopia in 2007.

⁸ See Annex 2, Chart 4

III. Mainstreaming Reproductive Health and HIV/AIDS in MDB Projects⁹

Need for a Multisectoral Approach

Reproductive health and HIV/AIDS are usually considered health issues that should be addressed only by the health sector. However, reproductive health and HIV/AIDS affect other socio-economic sectors such as education, employment, agriculture, and infrastructure and are closely related to societal issues such as gender roles and relationships, legal structures, sexual violence and conflict.

Due to these linkages, MDBs have increasingly started to involve all sectors in promoting reproductive health and preventing and mitigating the impacts of HIV/AIDS. While MDBs are making progress in mainstreaming HIV/AIDS in multisectoral projects, they lag behind in promoting a multisectoral approach to reproductive health. Reproductive health programs need to be addressed in a broader context that links it not only to population and demographic issues, but also economic empowerment, education, environmental management and even food security.

❖ African Development Bank (AfDB)

AfDB has recently started to mainstream HIV/AIDS in non-health sector projects throughout the region, particularly in education, agriculture and transportation projects. According to AfDB, mainstreaming of HIV/AIDS into AfDB projects is done through screening project proposals to ensure that HIV/AIDS issues are taken into account and that all education, agriculture and infrastructure project designs include HIV/AIDS prevention, care and impact mitigation activities.

In 2006 AfDB signed the Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS.¹⁰ Other MDBs that signed this initiative include ADB and the World Bank. This initiative proposed to “coordinate their activities in order to mainstream HIV/AIDS prevention and treatment programs in infrastructure sectors, to reduce the impacts of the disease as a result of infrastructure interventions, to take opportunities for implementing further countermeasures and to contribute to strengthening the HIV/AIDS strategies of partner countries.” However, AfDB lags behind in efforts to mainstream reproductive health into its non-health sector projects. Its funding for reproductive health is mainly through maternal mortality reduction projects and national reproductive health support programs.

❖ Asian Development Bank (ADB)

ADB is increasing its emphasis on mainstreaming HIV/AIDS in infrastructure projects, especially in the transportation sector. In 2007, ADB commissioned case studies to review HIV prevention measures in its road and highway projects in China, Cambodia, Laos and Vietnam. However, ADB is not as progressive in applying a multisectoral approach to reproductive health. Reproductive health is often a component in ADB health sector projects such as those addressing women’s and child health, sanitation and public health as well as health financing.

⁹ Excerpts from Gender Action’s Closing the Reproductive Health and HIV/AIDS Funding Gap: A Gender Assessment of MDBs Investments (Draft 2008).

¹⁰ 2006 Joint Initiative by Development Agencies for the Infrastructure Sectors to Mitigate the Spread of HIV/AIDS. <http://www.adb.org/Media/Articles/2006/10438-regional-AIDS/joint-statement.pdf>

❖ **Inter-American Development Bank (IDB)**

IDB has a larger number of projects that focus exclusively on HIV/AIDS than those with HIV/AIDS components. However, it has used a multisectoral approach to link HIV/AIDS and economic sectors such as tourism. IDB does not fund multisectoral projects with reproductive health components. Its projects portfolio includes very specific reproductive health initiatives, such as those addressing sexual and reproductive health policies, reproductive health expenditures, reduction of maternal and infant mortality rates, improving maternal and child health, and adolescent reproductive health.

❖ **World Bank (WB)**

In 2002 the World Bank created the Global HIV/AIDS Program¹¹ to support its efforts to mainstream HIV/AIDS into all its sectors. Its reports reveal that by the end of FY 2007, 33 active World Bank projects in Africa had HIV/AIDS components worth \$300 million in commitments or 5 percent of total World Bank investments in Africa (World Bank 2007). World Bank reports also reveal that, by 2007 mainstreaming had been achieved in 25 out of 39 World Bank transport projects in the Africa Region (World Bank 2007). Moreover, the reports indicate that 60 percent of the 38 African education projects active in August 2004 included funding for HIV/AIDS interventions (World Bank 2005). However the interventions are rarely comprehensive since they tend to focus on prevention rather than mitigation (World Bank 2005).

World Bank funding for reproductive health is mainly through health, demographic, maternal child health and HIV/AIDS projects. Reproductive health is rarely a component in the Bank's transportation, infrastructure or agriculture projects.

¹¹ Available at http://www1.worldbank.org/hiv_aids/globalprogram.asp

IV. Identifying International Human Rights Standards Related to Reproductive Health and HIV/AIDS

MDBs, which claim their mission is to reduce poverty, should make the linkage between human rights and poverty reduction and call for a rights-based approach in development programs. International human rights law stipulates guidelines and standards (binding and non-binding) for government action and obligations in the context of gender, reproductive health and HIV/AIDS. Since MDBs are international organizations, they are subjects of international law and therefore bound by international human rights obligations (CIEL 2007). MDBs should play a significant role in helping member countries realize their human rights obligations.¹² Below is a list of international human rights treaties and declarations relevant to reproductive health and HIV/AIDS.

International Covenant on Economic, Social and Cultural Rights, 1976 –

recognizes the right of everyone to "the enjoyment of the highest attainable standard of physical and mental health". Health is understood not just as a right to be healthy, but as a right to control one's own health and body (including reproduction), and be free from any interference. It also requires member countries to take specific steps to improve the health of their citizens, including reducing infant mortality and improving child, environmental and workplace health, preventing, controlling and treating epidemic diseases, and creating conditions to ensure equal and timely access to medical services for all. Available at http://www.unhchr.ch/html/menu3/b/a_cescr.htm

Convention on Elimination of All Forms of Discrimination against Women (CEDAW), 1979 –

guarantees non-discrimination in access to health care, including provision of appropriate reproductive health services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation. Available at <http://www.un.org/womenwatch/daw/cedaw/text/econvention.htm#article12>

CEDAW Committee, General Recommendation 15 on Avoidance of Discrimination against Women in National Strategies for the Prevention and Control of AIDS, 1990 –

recommends that programs designed to combat AIDS should give special attention to the rights and needs of women and children, and to the factors relating to the reproductive role of women and their subordinate position in some societies which make them especially vulnerable to HIV infection. Available at <http://www.un.org/womenwatch/daw/cedaw/recommendations/recomm.htm>

The Paris Declaration, 1994 – declared at the Paris AIDS Summit, commits governments to make the fight against HIV/AIDS a priority and ensure that all persons living with HIV/AIDS are able to realize the full and equal enjoyment of their fundamental rights and freedoms without distinction under all circumstances. Available at data.unaids.org/pub/ExternalDocument/2007/theparisdeclaration_en.pdf

Cairo Programme of Action, 1994 – a consensus statement agreed at the United Nations International Conference on Population and Development which urges

¹² Although their charters are generally silent on human rights, MDBs are starting to recognize the relevance of human rights considerations in their activities (CIEL, 2007). However, MDB operational policies, which are mandatory and enforceable, make no specific reference to human rights.

governments to: make accessible, through the primary health-care system, reproductive health to all individuals of appropriate ages no later than the year 2015; effect significant reductions in maternal mortality by the year 2015; expand the provision of maternal health services in the context of primary health care; reduce maternal mortality through measures to prevent, detect and manage high-risk pregnancies and births, particularly those to adolescents and late-parity women; and address the nutritional needs of women of child-bearing age, especially those who are pregnant or breast-feeding. Available at <http://www.iisd.ca/Cairo/program/p07004.html>

Beijing Platform for Action, 1995 - an agenda for women's empowerment, agreed upon at the United Nations Fourth World Conference on Women. It recognizes that in most countries, the neglect of women's reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. The Platform commits governments to ensure equal access to and equal treatment of women and men in health care; enhance women's sexual and reproductive health; and remove legal and regulatory and social barriers to sexual and reproductive health education. Available at <http://www.un.org/womenwatch/daw/beijing/platform/plat1.htm#objectives>

International Guidelines on HIV/AIDS and Human Rights, 1997 – provides guidelines that countries must establish to ensure universal respect for and observance of human rights and fundamental freedoms for all, to reduce vulnerability to HIV/AIDS and to prevent HIV/AIDS-related discrimination and stigma. Available at www1.umn.edu/humanrts/instree/t4igha.html

United Nations Millennium Declaration, 2000 – adopted by the United Nations General Assembly, commits governments to reducing maternal mortality by three quarters, and under-five child mortality by two thirds, of their current rates by the year 2015; to halting, and beginning to reverse, the spread of HIV/AIDS; providing special assistance to children orphaned by HIV/AIDS; promoting gender equality and the empowerment of women as effective ways to combat poverty, hunger and disease; and stimulating development that is truly sustainable. Available at <http://www.un.org/millennium/declaration/ares552e.htm>

United Nations Millennium Development Goals (MDGs), 2000 - drawn from the actions and targets contained in the Millennium Declaration, the MDGs consist of eight goals adopted by the international community as a framework for the development activities. The international community agreed to reduce by two thirds the mortality rate among children under five (Goal 4), reduce by three quarters the maternal mortality ratio and achieve, by 2015, universal access to reproductive health (Goal 5), and halt and begin to reverse the spread of HIV/AIDS and achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it (Goal 6). Available at <http://www.undp.org/mdg/basics.shtml>

Declaration of Commitment on HIV/AIDS, 2001 – adopted by the United Nations General Assembly, the Declaration calls for the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic and recognizes that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS. Available at <http://www.un.org/ga/aids/coverage/FinalDeclarationHIVAIDS.html>

V. Understanding MDB Commitments to Reproductive Health and HIV/AIDS

While MDBs are subject to the above reproductive health and HIV/AIDS international standards, in addition, MDBs have committed to address reproductive health and respond effectively to HIV/AIDS by strengthening countries' health systems as well as increasing funding for health programs, including reproductive health and HIV/AIDS projects. This section presents policies that can be used by civil society to hold MDBs accountable for their promises and pressure for increased and improved MDB support for reproductive health and HIV/AIDS projects. The next section describes MDBs' gender policies which also play a critical role in reproductive health and HIV/AIDS issues.

African Development Bank (AfDB)

- ❖ **Policy on Population and Strategies for Implementation-2002:** Describes AfDB policy on population and its relationship to socio-economic development issues such as education, employment, reproductive health and migration. It provides a framework for the expansion of AfDB support to member countries in the population sector. Available at www.afdb.org/pls/portal/url/ITEM/FF9F033083F808B4E030C00A0C3D7D51
- ❖ **AfDB Strategic Plan 2003-07:** Promises to increase AfDB emphasis on primary health care, reproductive health, maternal and child health and the control of communicable diseases including HIV/AIDS, particularly on the gender dimensions of the HIV pandemic. Available at www.afdb.org/pls/portal/url/ITEM/F6310DD0CDDDB0861E030A8C0668C4F7D
- ❖ **HIV/AIDS Strategy -2001:** This Strategy is not publicly available. The failure to disclose such policies undermines transparency and the ability of civil society to hold the bank accountable. Gender Action and its partners have been pressing the AfDB to release such documents to the public.
- ❖ **Guidelines on Communicable Diseases - 2004:** These guidelines are also not publicly available.

Asian Development Bank (ADB)

- ❖ **Population Policy – 1994:** This is a framework for assistance in the population sector. It promotes efforts to assist in maternal and health care programs including family planning services. Available at www.adb.org/Documents/Policies/Health/health202.asp?p=policies
- ❖ **HIV/AIDS Strategy – 2005:** Commits the ADB to effectively respond to HIV/AIDS at the regional and country levels through leadership support, capacity building, and targeted programs. However, it is not publicly available.
- ❖ **Health Sector Policy - 1999:** Commits the ADB to enhance human well-being through investing in health to achieve its development objectives and increase its lending to the health sector with a continued emphasis on primary health care including reproductive health and family planning. Available at www.adb.org/Documents/Policies/Health/health202.asp?p=policies

Inter-American Development Bank (IDB)

- ❖ **Population Policy – (No date):** States that one of IDB priorities is to expand and improve the effectiveness of investments made in human beings to ensure they are a dynamic factor of development. The Population Policy commits to address maternal and child health care as a significant component of broader health programs. Available at http://www.iadb.org/aboutus/pi/OP_741.cfm
- ❖ **Public Health Policy (No date):** Recognizes that health is an important component of long-term socioeconomic development and prioritizes health activities that relate to establishing and expanding maternal and child health. Available at http://www.iadb.org/aboutus/pi/OP_742.cfm

World Bank (WB)

- ❖ **Global HIV/AIDS Program of Action -2005:** Describes how the World Bank strengthens its response to the HIV/AIDS epidemic at country, regional, and global levels through lending, grants, analysis, technical support and policy dialogue. Available at web.worldbank.org/.../EXTHIVAIDS/0..contentMDK:20658834~menuPK:4268340~pag
The World Bank also has regional HIV/AIDS strategies for East Asia and the Pacific, South Asia, Central Asia and Eastern Europe, Middle East and North Africa, and Africa.
- ❖ **Strategy for Health, Nutrition, and Population (HNP Strategy) -2007:** Describes the World Bank commitment to population, sexual and reproductive health, and maternal and child policy and prioritizes countries with high unmet needs in sexual and reproductive health. It also describes HNP's contribution to combating HIV/AIDS. Available at siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627.../HNPSstrategyFinalTextAnnexes.pdf

VI. Conducting Gender Analysis of MDB Reproductive Health and HIV/AIDS Projects

This section presents a rationale for mainstreaming gender into MDB reproductive health and HIV/AIDS projects and describes MDB gender action plans which commit MDBs to promote gender equality and empower women. The next section presents detailed tools on how to conduct a gender analysis of MDB reproductive health and HIV/AIDS projects. The section concludes with findings from Gender Action's analysis of six MDB reproductive health and HIV/AIDS projects.

Rationale for Mainstreaming Gender into MDB Reproductive Health and HIV/AIDS Projects

It is crucial for gender analyses to be integrated into all development projects. To succeed, reproductive health and HIV/AIDS projects must address gender issues. In many developing countries gender gaps exist in reproductive health and HIV/AIDS services as well as HIV/AIDS status. Research by the WHO¹³ indicates that:

- 1. Compared to their male counterparts, women's health is more negatively affected than men's in countries where there is no guarantee of universal and affordable health care.*
- 2. Women are more vulnerable to HIV/AIDS infection.*
- 3. Women play a disproportionate role in taking care of their HIV/AIDS stricken families.*
- 4. Women are often marginalized and therefore not actively involved in designing reproductive health and HIV/AIDS interventions.*

MDB Commitments to Gender Equality

MDBs recognize that gender equality is essential to poverty reduction. They commit to promoting gender equality and empowering women through the following gender action plans:

- 1. AfDB Gender Plan of Action (2004-2007)** - commits the AfDB to promote gender equality through mainstreaming gender issues in all its activities and supporting the efforts of member countries to attain gender equality objectives. Available at http://www.afdb.org/pls/portal/docs/PAGE/ADB_ADMIN_PG/DOCUMENTS/ENVIRONMENTALANDSOCIALASSESSMENTS/GPOA%20-%202004%20TO%202007_0.PDF
- 2. ADB Gender and Development Plan of Action (2008-2010)** - reaffirms the ADB commitment to gender mainstreaming, vowing to identify activities that will lead to gender equality and women's empowerment. Available at <http://www.adb.org/Documents/Strategy/Gender-Action-Plan/in356-07.pdf>
- 3. IDB Gender Mainstreaming Action Plan (2003-2005)** - recommends that gender issues should be identified and incorporated throughout project cycle in order to advance gender mainstreaming in IDB operations. Available at <http://idbdocs.iadb.org/wsdocs/getdocument.aspx?docnum=361859>
- 4. World Bank Gender Action Plan (2007-2010)** - seeks to advance women's economic empowerment as a way to promote shared growth, accelerate the implementation of the third MDG and promote gender mainstreaming in its lending, particularly in health

¹³ See http://www.who.int/gender/hiv_aids/en/index.html

and education. Available at
<http://siteresources.worldbank.org/INTGENDER/Resources/GAPNov2.pdf>

How to conduct a gender analysis of MDB Reproductive Health and HIV/AIDS projects¹⁴

Based on Gender Action's experience conducting gender analyses of MDB projects across sectors and countries, we identified the following key steps to guide citizen activists through this process:

1. *Select projects:* Several criteria can be used to select the projects to be analyzed. Projects can be selected by sector (e.g. health, population, HIV/AIDS, etc), location (specific country or region), MDB funder (World Bank, ADB, AfDB or IDB), and stage (if the goal is to assess project implementation and conduct a gender impact assessment, one should select projects that are either completed or at final stages of implementation).
2. *Compile a list of projects:* Compile and print out lists of all active projects for the period that you want to analyze by sector or country. For example, search World Bank Projects from the World Bank homepage <http://www.worldbank.org/>, look for the "Projects & Operations" tab at top of the page, choose a simple search or click "Advanced Search," and search by keyword, project status, region, country etc. Include project name, project number, approval date, closing date, amount, major sector, category, and province. Most project design documents are available on MDB websites. However, project implementation and evaluation documents are not available online. Unfortunately, the AfDB does not provide its project portfolio online.
3. *Review project documents:* Scan project documents searching for gender keywords such as women, men, woman, man, female, male, girl, boy, widow, and gender. Then thoroughly review documents to determine the following:

- ❖ What are the **objectives** of the project? Is promoting gender equality one of them?
- ❖ What are the **project components**? Do any of them explicitly seek to address women's or girls' needs? What about the needs of men or boys? Who are the target "beneficiaries" and are they identified by gender? Are there any project components that could potentially make life harder or better for women and girls or men and boys in particular?
- ❖ Are there measures to ensure that both men and women **participate** in the project identification, design, implementation, and monitoring and evaluation?
- ❖ Are there gender-sensitive indicators for **monitoring or evaluation**?

4. *Identify gender indicators:* Identify gender indicators to be used to assess project documents, implementation, and impacts. These qualitative and quantitative indicators measure the extent to which women's and men's concerns are integrated in all phases of the project cycle. Using the indicators, prepare a scorecard to guide you in identifying the main gender issues throughout the project documents. (See Annex 3).

¹⁴ Adapted from Gender Action's IFI Gender Audit and Advocacy: A Toolkit for Chinese Civil Society Organizations (2008).

5. *Grade the projects:* Using a grading system, assign points to each indicator. For example, if the indicator is “fully achieved” it could be assigned 10 points, “partly achieved” it could attain 5 points and “not achieved” could be assigned 0 points. Since we use 10 indicators, (See Annex 3) the total number of points is 100. The points received by each project are used to determine their grade of A, B, C or F. Therefore a score between 100 - 75 would be an A, 74 - 50 would be a B, 49 - 25 a C and anything below an F. Then each project is scored as highly gender sensitive, moderately gender sensitive, slightly gender sensitive or gender-blind depending on whether a project has a very strong focus on gender issues throughout the entire project document or completely fails to mention gender issues (See Annex 4).

Case Studies: Gender Action’s Analysis of MDB Reproductive Health and HIV/AIDS Projects

To hold MDBs accountable on their promises to promote gender equality and empower women, Gender Action assessed the extent to which MDB-supported reproductive health and HIV/AIDS projects are gender sensitive.¹⁵ Gender Action selected six active MDB projects based on regional and thematic balance. We identified one project per regional bank and three World Bank projects. Half of the identified projects are reproductive health and the other half are HIV/AIDS projects.

The six projects we assessed through gender analysis of project documents include: Second Reproductive and Child Health (RCH) Project (*World Bank- India -2006*); Multi-sectoral HIV/AIDS Project (*World Bank-DRC-2004*); AIDS and STD Control Project III (*World Bank-Brazil- 2003*); Improving Maternal and Child Health (*IDB- Nicaragua-2004*); Support to Maternal Mortality Reduction (*AfDB- Tanzania-2006*); and HIV/AIDS Prevention and Control in Rural Development Enclaves (*ADB- Papua New Guinea-2006*).

While this initial desk review of project documents is not an in-depth study of MDB reproductive health and HIV/AIDS projects on the ground, it provides insight into the extent to which gender issues are addressed and mainstreamed in project designs (See Annex 4 for examples of our gender assessment findings). Gender Action hopes to follow up this initial desk assessment with field evaluations to reveal how gender is integrated in project implementation and evaluation. Our gender assessment of MDB reproductive health and HIV/AIDS project documents reveal that:

- 1. MDB projects miss numerous opportunities to take into account gender issues despite the critical importance of addressing gender in reproductive health and HIV/AIDS projects.*
- 2. Where gender issues were raised, the project documents failed to suggest follow up measures to address them.*
- 3. Where gender analysis was conducted, projects tended to focus only on women without addressing the need for men’s involvement in reproductive health interventions and HIV/AIDS prevention, care and treatment*
- 4. MDB reproductive health projects focus mainly on maternal health and not reproductive and sexual health and rights.*

¹⁵ Gender Action (Draft 2008), Closing the Reproductive Health and HIV/AIDS Funding Gap: A Gender Assessment of MDB Investments.

VII. Mapping Leverage Points for Advocacy

The previous section provided tools for conducting a gender analysis of MDB reproductive health and HIV/AIDS projects. Such analysis provides essential information needed for effective advocacy. This section presents information that can be used to build coalitions which pressure MDBs and their member governments to increase and improve spending on reproductive health and HIV/AIDS.

Need for an Advocacy Campaign to Pressure MDBs to Increase and Improve Funding for Reproductive Health and HIV/AIDS

MDBs should be held accountable for their promises to address reproductive health, combat HIV/AIDS and promote gender equality and women's empowerment. Civil society groups and affected communities can conduct advocacy to pressure MDBs to increase their spending on reproductive health and HIV/AIDS, integrate gender analyses into their projects, and remove loan conditionalities which impede progress toward achieving the reproductive health and HIV/AIDS goals set in the Millennium Development Goals (MDGs). Below are examples of leverage points for advocacy within MDBs and governments.

MDB Accountability Mechanisms

MDBs have accountability mechanisms permitting citizens who are harmed or feel potential harm from MDB-funded projects to take complaints for redress. To do so, citizens must demonstrate that projects breached MDB policies or operational rules and procedures. To date, all complaints taken to accountability mechanisms challenged MDBs for breaching environmental and resettlement policies (Gender Action 2008). Citizens groups or their representatives can file cases with MDB accountability mechanisms described below when there is breach of gender or any other operational policies in HIV/AIDS and reproductive health projects.

- ❖ **The AfDB Independent Review Mechanism** includes a Compliance Review and Mediation Unit (CRMU). For public-sector projects, the mechanism reviews compliance with all operational policies and procedures. For private-sector projects, compliance reviews can be undertaken for social and environmental policies only (Gender Action 2007b). Additional information about the AfDB Independent Review Mechanism is available at www.afdb.org/irm
- ❖ **The ADB Accountability Mechanism** consists of two complimentary phases. The Consultation Phase is essentially a grievance mediation phase which deals with impacts resulting from direct effect and material harm irrespective of operational policies and procedures. The Compliance Review Phase focuses on impacts resulting from direct effect (material and adverse) and violation of operational policies and procedures. Affected people (two or more) or their representative, are eligible to file complaints in both phases. Additional information about the ADB Accountability Mechanism is available at <http://www.adb.org/Accountability-Mechanism/default.asp>
- ❖ **The IDB Independent Investigation Mechanism** allows affected groups within member countries to request an independent investigation of alleged breach of IDB procedures and guidelines in IDB-supported operations that result in material harm. This mechanism was heavily criticized for lack of transparency and resources which led IDB to propose a new Consultation and Compliance Mechanism in 2005. A draft

mechanism released for public review in 2005, is still under consideration (Gender Action 2007b). Additional information about the IDB accountability mechanism is available at http://www.iadb.org/aboutus/III/independent_invest/independent_invest.cfm?lang=en

- ❖ **The World Bank's Inspection Panel** reviews cases of alleged failure by the World Bank to follow its own operational policies and procedures with respect to the design, appraisal and/or implementation of projects. Affected people (two or more) or their representative, are eligible to file complaints with the Inspection Panel. The Inspection Panel considers impacts that are related to rights and interests, direct effect, material adverse effects, and serious violations of operational rules and procedures (Gender Action 2008). Additional information about the Inspection Panel is available at <http://web.worldbank.org/WBSITE/EXTERNAL/EXTINSPECTIONPANEL/0,,menuPK:64132057~pagePK:64130364~piPK:64132056~theSitePK:380794,00.html>

MDB Units Relevant to Increasing Civil Society Influence in Project Decision-Making

In order for the public and civil society to influence MDB decision-making, they need to have access to essential information about MDB functions and projects, including their policies and strategies to combat HIV/AIDS, promote gender equality and reproductive health.

The first place to search for MDB information is on each MDB website. In cases where needed MDB information is not available on websites, civil society groups and citizens are encouraged to communicate directly with MDB officials since members of the public have the right to access information regarding MDB operations. Legally, MDBs must disclose various documents, including those related to specific projects, if requested by members of the public. Below are some of the MDB units that local communities and civil society groups can use to access specific information about MDB functions, operations and projects in order to increase public engagement and monitoring of MDB projects and activities in a specific country.

❖ **African Development Bank**

OSHD Department – Human Development: is responsible for health, social welfare and poverty reduction operations of the bank. See http://www.afdb.org/portal/page?_pageid=473,30725292&_dad=portal&_schema=PORTAL

AfDB Country Offices Contacts are available at http://www.afdb.org/portal/page?_pageid=293,158660&_dad=portal&_schema=PORTAL

❖ **Asian Development Bank**

Operations Evaluation Department: conducts and disseminates strategic evaluations in consultation with stakeholders. See <http://www.adb.org/oed/default.asp>

External Forum on Gender and Development: promotes and facilitates dialogue between ADB and external groups (such as development experts from government, NGOs, academia,

and other representatives of civil society) on gender and development issues. See <http://www.adb.org/Gender/forum.asp>

NGO and Civil Society Center: strengthens cooperation with civil society actors and responds to their concerns. The NGO and Civil Society Center rests under the Gender, Social Development, and Civil Society Division located in the Regional and Sustainable Development Department (RSSD). See <http://www.adb.org/ngos/ngocenter.asp>

Contacts of Gender and Development Specialists in ADB's country offices or headquarters are available at <http://www.adb.org/Gender/contact.asp>

Public Information and Disclosure Unit can be reached at disclosure@adb.org

ADB Headquarters and Field Office Contacts are available at <http://www.adb.org/About/contact.asp>

Civil Society Information Sources (civil society links by country) are available at <http://www.adb.org/ngos/cso-sources.asp>

Projects Database providing ADB portfolio of current and closed projects is available at <http://www.adb.org/projects/>

❖ **Inter-American Development Bank**

Office of Institutional Integrity is an independent IDB unit that investigates allegations of fraud and corruption occurring in activities financed by IDB, as well as possible cases of staff misconduct. See http://www.iadb.org/integrity/org_chart.cfm?language=EN&parid=3&item1id=3&item2id=6)

Office of Evaluation and Oversight conducts Country Program Evaluations (CPE); policy, strategy, thematic and instrument evaluations; and oversees the Bank's internal monitoring and evaluation system, processes and instruments. See http://www.iadb.org/aboutus/departments/staff.cfm?language=English&dept_id=OVE

Office of External Relations ensures that the public in the member countries is kept adequately informed of the IDB's activities by disseminating IDB's policies, programs and projects to gain broader support and understanding for IDB development agenda. See http://www.iadb.org/aboutus/departments/staff.cfm?language=English&dept_id=EXR

Social Sector's Team Contacts are available at http://www.iadb.org/aboutus/departments/staff.cfm?language=English&dept_id=SCL

Country Offices and Contacts are available at <http://www.iadb.org/aboutus/vii/cof.cfm?language=english>

Field Office Public Information Contacts are available at http://www.iadb.org/aboutus/pi_contacts.cfm

❖ World Bank

Participation and Civic Engagement (PCE) Group: focuses on promoting participation and civic engagement in Bank supported operations. It aims to strengthen engagement with CSO in policy dialogue and in formulation of development programs and projects. See <http://go.worldbank.org/SVA4YVGR00>

Civil Society Team: serves as the institutional and global focal point for the World Bank's engagement with civil society. It provides guidance and technical assistance to program staff on how to consult and involve civil society in World Bank operations, undertakes ongoing outreach efforts to global civil society networks and provides civil society groups with access to Bank information, personnel, and other resources. See <http://go.worldbank.org/8DJ82AMKB0>

Health Systems & Financing Group: is part of the Human Development Network's Health, Nutrition & Population Unit. It works on a number of issues related to health systems, including health finance, health insurance, human resources for health, pharmaceuticals, public/private partnerships and hospital management. HSF supports Bank projects through the development and dissemination of knowledge and technical assistance. See <http://go.worldbank.org/8IITTRPU70>

Global HIV/AIDS Monitoring and Evaluation Team: supports the development of national monitoring and evaluation frameworks, operational plans and budgets. See <http://go.worldbank.org/UMIJGMCOL0>

AIDS Campaign Team for Africa: serves as the region's focal point and clearing house on HIV/AIDS and provides a variety of services including supporting African countries through knowledge dissemination and exchange, and mainstreaming HIV/AIDS into the Bank's work in multiple sectors. Contact Information available at actafrica@worldbank.org

Gender and Development Group: mainstreams gender issues in the social sectors of health and education and intensifies gender integration in the non-social sectors that support shared growth and lead to increased economic opportunities for women, such as the energy, finance, transport and agriculture sectors, among others. See <http://go.worldbank.org/GZXJ0EXNI0>

Region Gender Team Africa: develops and maintains a region wide, country-level database of sex-disaggregated and gender-relevant data and indicators and strengthens networking, communications, and capacity on gender issues within the Bank and within the region. See <http://go.worldbank.org/SYZ2PXE4Q0>

Independent Evaluation Group: assesses what works and what does not, how a borrower plans to run and maintain a project, and the lasting contribution of the World Bank to a country's overall development. Its goal is to provide an objective basis for assessing the results of the Bank's work and to provide accountability in the achievement of its objectives. See <http://www.worldbank.org/oed/>

Public Information Services Unit: coordinates and promotes proactive and transparent information disclosure programs and practices in countries where the Bank operates. See <http://go.worldbank.org/E39AN1XM60>

World Bank Country Contacts with physical addresses, emails, phone and fax numbers are available at <http://go.worldbank.org/OZTCU2M020>

Projects Database providing World Bank's portfolio of current and closed projects is available at <http://go.worldbank.org/0FRO32VEI0>

A list of World Bank staff working with civil society at the country, regional and global levels is available at <http://go.worldbank.org/WZAC4X2A70>

Links to some of the World Bank's civil society interlocutors is available at <http://go.worldbank.org/KK5KGT24X0>

Country-level MDB Leverage Points

Since MDBs are public institutions, they are accountable to the public of member countries. At the country level, there are various places where civil society and other activists can advocate for gender equality and greater involvement in decision-making processes in the context of MDB-supported reproductive health and HIV/AIDS projects. This section provides government offices which civil society and other activists can contact to request information about MDB activities, complain about negative impacts of projects and human rights violations, and pressure their governments to increase and improve reproductive health and HIV/AIDS spending at the MDBs.

❖ Ministries of Finance

Ministries of Finance represent each member country at the MDBs' decision-making bodies including the boards of directors and governors. The Ministry of Finance is the country's main liaison with the MDBs. Therefore, countries' Ministries of Finance have some power in decision-making processes regarding MDBs' policies and priorities. Civil society and other activists must ensure that Ministries of Finance policies and strategies for countries' development are in sync with those of other ministries such as Ministries of Health or Women.

❖ Parliamentarians (Legislators)

Ideally, parliamentarians of every country would need to approve MDB operations. However, frequently only government administrations have power to approve MDB operations in countries. In some countries, specific legislative committees must review and approve MDB loans undertaken by the government. In these cases, parliamentarians are another leverage point for civil society and other activists to increase public scrutiny of projects supported by MDBs. Civil society should pressure for parliamentarians to be more involved in MDB operations in their countries because they represent the needs and interests of their constituencies.

❖ Affected Local Communities

The residents of the communities where projects are undertaken have the right to be informed and participate in development projects that affect their lives and communities. Too often these communities lack representatives to voice their opinions or grievances. Civil society groups and other activists can represent local communities to ensure that their

voices are heard before decisions that affect their lives are made by governments and MDBs.

Building Coalitions: List of Organizations Working on Similar Issues

In order to conduct an effective advocacy campaign to pressure MDBs to increase and improve their spending on reproductive health and HIV/AIDS, local communities and civil society groups must identify and build alliances with other groups working on similar issues. Such coalitions provide a united voice that can be instrumental in influencing a positive response. Coalitions are also useful for increasing literacy on MDBs within international and southern-based reproductive health and sexual rights and other women's groups and strengthening partnerships between MDB-watcher coalitions and women's rights coalitions.

This select list includes some of the international and national organizations that work on reproductive health and rights, HIV/AIDS, women's rights and gender issues. Local communities can contact these and similar advocacy organizations in their countries.

Global and Northern Organizations

Sexual and Reproductive Health and Rights

34 Million Friends of UNFPA - www.34millionfriends.org
Action Canada for Population and Development - www.acpd.ca
Advocates for Youth - www.advocatesforyouth.org
Center for Development and Population Activities (CEDPA) - www.cedpa.org
Center for Reproductive Rights (CRR) - www.reproductiverights.org
Center for Health and Gender Equity (CHANGE) - www.genderhealth.org
Engenderhealth - www.engenderhealth.org
Feminist Majority - www.feminist.org
Global AIDS Alliance - www.globalaidsalliance.org
Global Health Council - www.globalhealth.org
Health Action International - www.haiweb.org
International Planned Parenthood Federation (IPPF) - www.ippf.org
IPAS - www.ipas.org
NARAL Pro-Choice America - www.naral.org
Network for the Improvement of World Health - www.niworldhealth.org
Planned Parenthood Federation of America (PPFA) - www.plannedparenthood.org
Population Action International (PAI) - www.populationaction.org
Population Council - www.popcouncil.org
Population Services International (PSI) - www.psi.org
RH Reality Check (Online community) - www.rhrealitycheck.org
UNAIDS - www.unaids.org
Youth Coalition for Sexual and Reproductive Rights - www.youthcoalition.org

Women's

Association for Women's Rights in Development (AWID) - www.awid.org
Center for Women's Global Leadership (CWGL) - www.cwgl.rutgers.edu
Center for Women Policy Studies - www.centerwomenpolicy.org
Equality Now - www.equalitynow.org
Gender Public Advocacy Coalition - www.gpac.org
International Gender and Trade Network (IGTN) - www.igtn.org

International Women's Health Coalition - www.iwhc.org
Jewish Women International – www.jewishwomen.org
Just Associates - www.justassociates.org
Ms Foundation for Women www.ms.foundation.org
National Organization for Women - www.now.org
National Council for Research on Women (NCRW) - www.ncrw.org
National Council of Women's Organizations (NCWO) - www.womensorganizations.org
UK Gender & Development Network - www.gadnetwork.org.uk
Vital Voices Global Partnership - www.vitalvoices.org
Women's Campaign Forum - www.wcfonline.org
Women's Environmental & Development Organization (WEDO) - www.wedo.org
Women Won't Wait Coalition - www.womenwontwait.org

Regional and Southern Organizations

Sexual and Reproductive Health and Rights

Fundacion para Estudio e Investigacion de la Mujer - www.feim.org.ar
International Community of Women Living with HIV/AIDS Southern Africa (ICW-Southern Africa) - www.icw.org
Latin American and Caribbean Women's Health Network - www.reddesalud.org
Pacific Institute for Women's Health - www.piwh.org

Women's

African Women's Development and Communications Network - www.femnet.or.ke
African Women's Development Fund - www.awdf.org
Center for Domestic Violence Prevention - www.raisingvoices.org
International Women's Rights Action Watch-Asia Pacific - www.iwraw-ap.org
Open Society Initiative for Southern Africa (OSISA) - www.osisa.org
Tanzania Gender Networking Programme (TGNP) - www.tgnp.org

List of MDB-Watcher Organizations that monitor MDB Investments and Policies

Global and Northern

50 Years is Enough Network - www.50years.org
ActionAid International - www.actionaid.org
ActionAid UK - www.actionaid.org.uk
ActionAid USA - www.actionaidusa.org
Bank Information Center - www.bicusa.org
Bank Track - www.banktrack.org
Bretton Woods Project - www.brettonwoodsproject.org
Center for International Environmental Law – www.ciel.org
Christian Aid - www.christianaid.org
European Network on Debt and Development - www.eurodad.org
International Accountability Project - www.accountabilityproject.org
Jubilee USA Network - www.jubileeusa.org
RESULTS - www.results.org

Regional and Southern

African Forum on Debt and Development - www.afrodad.org

Central and Eastern Europe Bankwatch Network - www.bankwatch.org

Focus on the Global South - www.focusweb.org

Jubilee South - www.jubileesouth.org

NGO Forum on ADB - www.forum-adb.org

Glossary of Terms

Accountability Mechanism: A quasi independent body or policy that facilitates the process in which citizens or their representative can bring concerns or complaints regarding the implementation of MDB project, policies and/or procedures to the institutions' attention. With such a system people have a means to voice and seek solutions to their problems and report violations.

Gender: The social differences and relations between men and women that are learned, changeable over time, and have wide variations both within and among societies and cultures. These differences and relationships are socially constructed and learned through socialization processes in families, schools, faith communities and other societal institutions.

Gender Advocacy: A process initiated by citizens or civil society groups with the goal of achieving gender equality through policy enactment, implementation and reform.

Gender Equality: The concept that all human beings – men and women, boys and girls – are free to develop their personal abilities and make choices without limitations set by stereotypes, rigid gender roles and prejudices. Gender equality means that the different behaviors, aspirations and needs of women and men are considered, valued and favored equally. It does not mean that women and men have to become the same, but that their rights, responsibilities and opportunities will not depend on whether they are born male or female.

Gender Integration: Involves identifying and then addressing gender differences and inequalities during program and project design, implementation, monitoring and evaluation.

Gender Mainstreaming: The process of assessing and addressing the implications for women and men of any planned action, including legislation, policies or programs, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic and societal spheres so that women and men benefit equally and inequality is not perpetuated.

Gender Sensitive: Policies, laws, projects and organizations that actively recognize and identify individuals as gendered beings who are constrained in different and often unequal ways. They analyze and address the differing and often conflicting needs, interests and priorities between men and women, boys and girls.

Heavily Indebted Poor Countries (HIPC) Initiative: An initiative launched in 1996 by the IMF and World Bank, with the aim of ensuring that no poor country faces a debt burden it cannot manage. The initiative entails coordinated action by the international financial community, multilateral organizations and governments, to reduce to sustainable levels the external debt burdens of the most heavily indebted poor countries.

Loan Conditionalities: Conditions attached to loans and grants provided by international financial institutions such as the World Bank and IMF. Examples of loan conditions include trade liberalization, deregulation and privatization. Failure to comply with the conditions may result in loss of financial support by the development banks.

MDB Watchers: Organizations that monitor and hold accountable the activities of MDBs, such as the World Bank and regional development banks, to ensure that they do not violate human, environmental and gender rights of communities they are supposed to help.

Millennium Development Goals: The Millennium Development Goals (MDGs) are eight goals to be achieved by 2015 that respond to the world's main development challenges. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations-and signed by 147 heads of state and governments during the UN Millennium Summit in September 2000 (UNDP).

Multisectoral Approach to Reproductive Health and HIV/AIDS: An approach that involves all sectors, such as transportation and tourism, in addressing reproductive health and HIV/AIDS.

Odious Debt: Debt resulting from loans to an illegitimate or dictatorial government, which used the money to oppress people or for personal purposes that should not have to be repaid by the current government.

Opportunistic Infections: Infections that take advantage of weakness in the immune system. People living with HIV/AIDS usually suffer from these infections.

Poverty Reduction Strategy Papers (PRSPs): Strategy papers prepared by member countries, in partnership with the World Bank and IMF, that describe the country's macroeconomic, structural and social policies and programs over a three year or longer horizon in order to promote broad based growth and reduce poverty, as well as identify associated external financing needs and major sources of financing.

Reproductive Health: According to Cairo Programme of Action reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so.

Reproductive Rights: Reproductive rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence.

Rights-based Approach (RBA): An approach to development that is based upon international human rights standards derived from international treaties and declarations

such as equality and equity, accountability, empowerment and participation. There is not one universally accepted RBA, but rather many different rights-based approaches that constantly evolve to meet shifting development needs and standards.

Sex: The physical, genetic traits that distinguish individuals as female, male or intersex.

Sexual Rights: Sexual rights embrace human rights that are already recognized in national laws and international human rights documents. They include the right of all persons, free of coercion, discrimination and violence, to the highest attainable standard of sexual health; access to sexual and reproductive health care services; access to information related to sexuality; and respect for bodily integrity.

Twin-Track Approach: An approach to gender mainstreaming that promotes two simultaneous efforts: (1) integrating gender awareness and equality into all levels of work and management; (2) working to empower women as an unequal social group in order to attain women's rights and gender equality (DFID).

Women's Empowerment: the process by which women attain gender equality and secure their basic human rights. It involves women becoming aware of sex-based unequal power relationships; acquiring a greater voice in which to speak out against inequality found in the home, workplace and community; determining their own agendas; gaining skills; solving problems; and developing self-reliance.

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Annex 1: Leveraging Multilateral Development Bank (MDB) Funds for Reproductive Health & HIV/AIDS Advocacy Campaign Statement

Advocacy Campaign to Increase and Improve MDB Funds for Reproductive Health and HIV/AIDS

Gender Action invites your organization to become a member of a dynamic advocacy campaign to pressure Multilateral Development Banks (MDBs) - the world's largest public lenders - to increase and improve their spending on reproductive health and HIV/AIDS, as well as remove their loan conditionalities which impede progress toward achieving the reproductive health and HIV/AIDS goals set in the Millennium Development Goals (MDGs).

The MDB Funding Challenge

In 2007 Gender Action published a report, *Mapping Multilateral Development Banks' Reproductive Health and HIV/AIDS Spending*, which revealed that despite their promises to support reproductive health and combat HIV/AIDS, only a tiny fraction of total MDB spending addresses reproductive health and HIV/AIDS. We also found that most MDB investments in reproductive health and HIV/AIDS lack gender sensitivity despite the critical importance of addressing gender roles in reproductive health and HIV/AIDS programs. In addition, MDB policies and practices undermine meeting their MDG reproductive health and HIV/AIDS commitments. Health sector privatization and user fees, for example, make reproductive health and HIV/AIDS services unaffordable to the poor.

A Project with a Campaign to Close the Funding Gap

Gender Action has embarked on a project to increase and improve MDB investments in reproductive health and HIV/AIDS. The goal is to increase the number of poor women, men, boys, and girls with access to high quality family planning, reproductive health, and related HIV/AIDS services in the global South to which MDBs contribute funding. This goal can be realized by achieving the following objectives:

1. *Increase MDB funding for reproductive health and HIV/AIDS services;*
2. *Improve the quality of MDB reproductive health and HIV/AIDS projects through gender integration; and*
3. *End MDB harmful policy conditionalities.*

The project will generate three much-needed deliverables:

1. *An in-depth report presenting the MDBs' role in reproductive health and HIV/AIDS services to inform advocacy, especially focusing on the World Bank but also investigating the Inter American Development Bank, the African Development Bank, and the Asian Development Bank;*
2. *A toolkit for advocacy to help guide and inform advocacy campaign; and*
3. *A dynamic advocacy campaign.*

The advocacy campaign will entail:

1. *Increasing literacy on MDBs within international and southern-based reproductive health and sexual rights and other women's groups;*
2. *Developing and strengthening partnerships between IFI-watcher coalitions and women's rights coalitions to fortify campaign effectiveness; and*
3. *Holding MDBs accountable on their promises to promote gender equality and women's empowerment and pressuring donor governments to do the same.*

Gender Action will establish an online listserv to facilitate communication for advocacy. The forum will be used for exchanging ideas and suggestions regarding campaign strategies, joint advocacy, capacity building, and research; deciding collectively on mechanisms through which organizations will work in collaboration with each other; and sharing documents and new developments relating to MDB funding for reproductive health and HIV/AIDS.

Benefits for Your Organization

By joining this campaign your organization will:

1. Gain information that may benefit your own projects, particularly those focusing on improving reproductive health care and HIV/AIDS services in the poorest communities of the world.
2. Strengthen partnerships and build the capacity needed to persuade MDBs to promote gender equality in all their reproductive health and HIV/AIDS investments.
3. Contribute to increasing and improving MDB spending on reproductive health and HIV/AIDS.

Please Respond by Email with the Following Information

If your organization wishes to become a member of this campaign, kindly sign onto this statement and submit to Mande Limbu (mandel@genderaction.org).

Joining this Campaign gives Gender Action permission to send your organization campaign information and updates and contact your organization regarding campaign activities.

My Organization would like to join this Campaign!

Name of Organization:

Contact Person:

Email:

Date:

Annex 2: Approved MDB Reproductive Health and HIV/AIDS Projects and Spending, 2000-2007

Chart 1

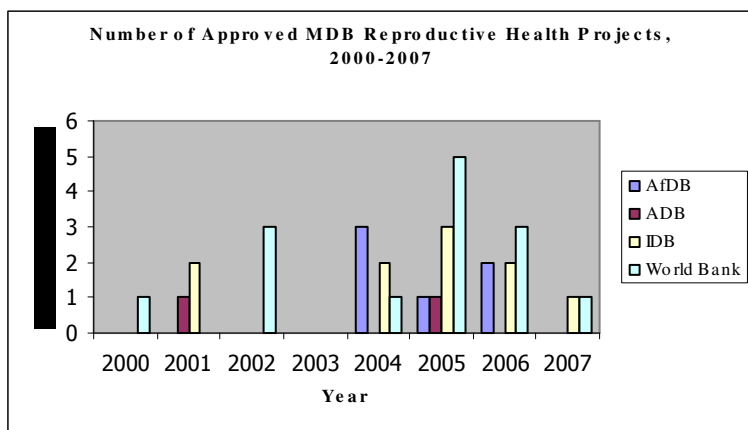


Chart 2

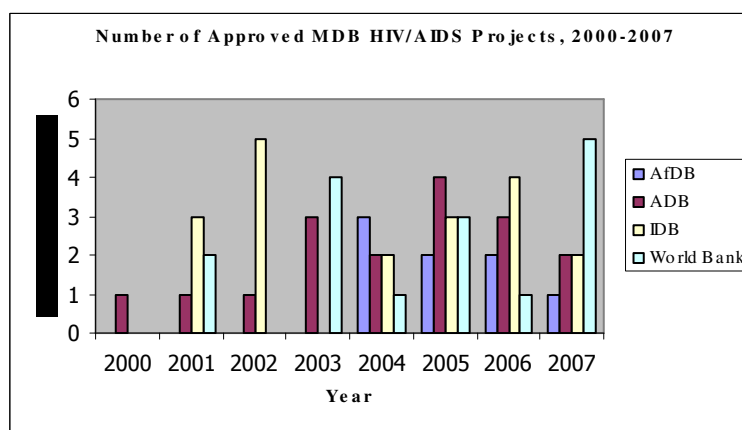


Chart 3

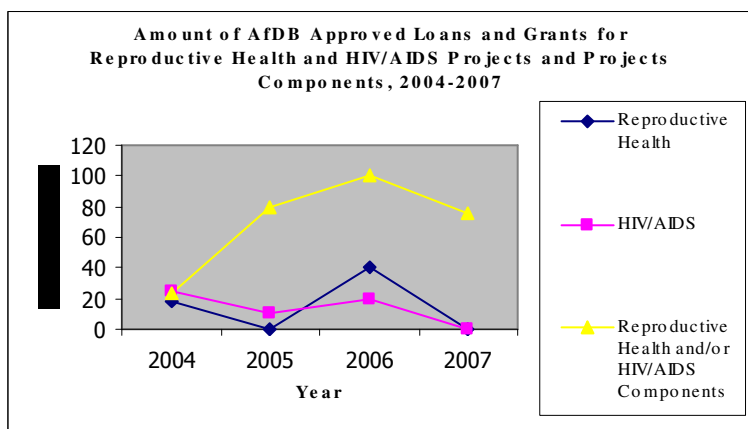
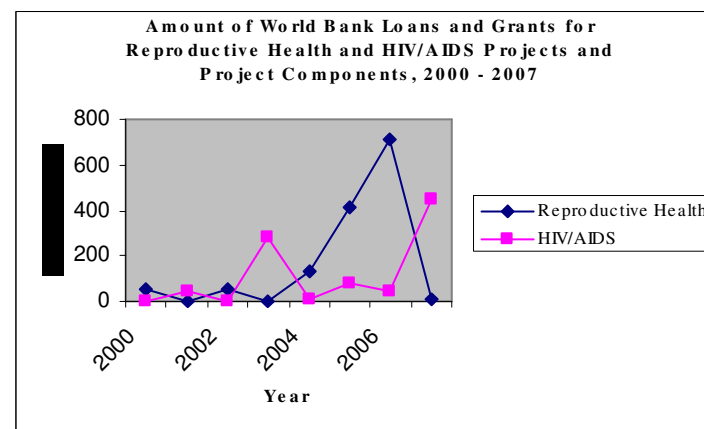


Chart 4



AfDB's financial statements are reported in Units of Account (UA). As of June 2008, 1UA was equivalent to US \$1.62.

Chart 5

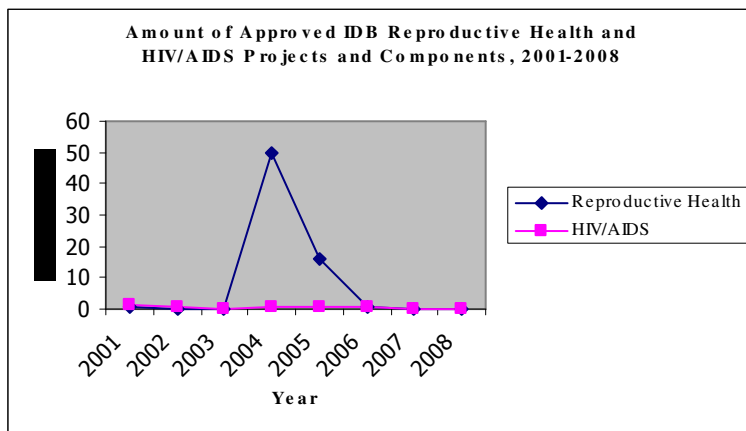
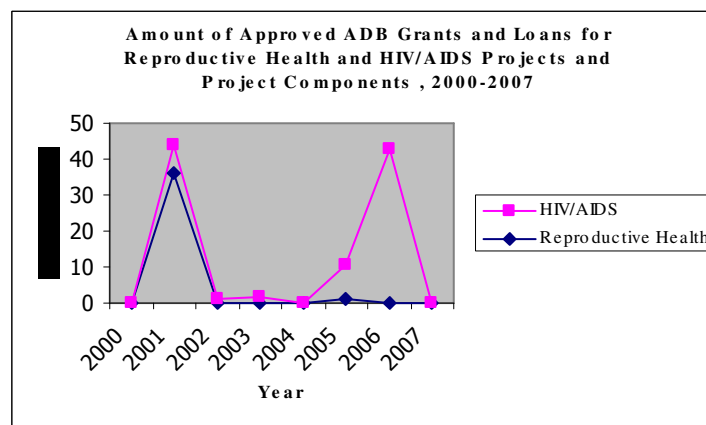


Chart 6



Annex 3: Gender Action's Gender Assessment Indicators and Scorecard

| Gender Sensitive Indicator | Fully Achieved | Partly Achieved | Not Achieved |
|--|----------------|-----------------|--------------|
| 1. Gender Present: Explicitly analyzes gender relations between men and women, boys and girls, in all relevant areas/aspects/components. | | | |
| 2. Gender Inequality: Acknowledges and seeks to redress disparities and inequalities between men and women, boys and girls. | | | |
| 3. Gendered Impacts: Considers the differential impacts of policies, projects or interventions on women and men, boys and girls. | | | |
| 4. Gendered Outcomes: Ensures that outcomes benefit men and women, boys and girls equally. | | | |
| 5. Gender Equality: Explicitly promotes equality between men and women, boys and girls. | | | |
| 6. Gender Differences: Examines differences and inequalities <i>between</i> women and <i>between</i> men. Does not lump all men or all women together as single, homogenous categories. | | | |
| 7. Gender Perspective: Examines gender from a human rights or empowerment perspective. | | | |
| 8. Gender in Context: Links gender relations to local and/or global political struggles, economic trends, historical patterns and/or current social realities. | | | |
| 9. Gender Disaggregated Data: Provides gender desegregated data | | | |
| 10. Human Rights Perspective: Examines gender from a human rights or empowerment perspective. | | | |

Gender Scorecard

If the indicator is “fully achieved” it is assigned 10 points, “partly achieved” is assigned 5 points and “not achieved” is assigned 0 points. The points received by each project are used to determine their grade of A, B, C or Fail.

A- 100-75 (Highly Gender Sensitive)
C- 49- 25 (Slightly Gender Sensitive)

B- 74- 50 (Moderately Gender Sensitive)
Fail- 24- 0 (Gender Blind)

Annex 4: Examples of Gender Assessment of MDB Reproductive Health and HIV/AIDS Projects

Project Name: The Second Reproductive and Child Health (RCH) Project. (World Bank)

Country: India

Approval Date: August 2006

Amount: US\$360 Million

Type: Loan

Reviewed Project Documents: Project Information Document (Concept Stage), Project Information Document (Appraisal Stage), Project Appraisal Document, Integrated Safeguards Data Sheet.

Brief Project Description: The project objective is to expand the use of essential reproductive and child health services of adequate quality with reduction of geographical disparities. The project consists of the following three components. (1) Improvement in essential reproductive and child health services, (2) Technical assistance, monitoring and evaluation, and (3) Polio Eradication. The project will help reduce maternal and child mortality and morbidity, lower fertility and the rate of population growth.

| Gender Sensitive Indicators | Fully Achieved | Partly Achieved | Not Achieved |
|---|----------------|-----------------|--------------|
| 1. Gender Present: Explicitly analyzes gender relations between men and women, boys and girls throughout the entire project document. | | | √ |
| 2. Data: Provides gender desegregated data. | | | √ |
| 3. Gender Inequality: Acknowledges and seeks to redress disparities and inequalities between men and women, boys and girls. | | | √ |
| 4. Gendered Impacts: Considers the differential impacts of projects or interventions on women and men, boys and girls. | | | √ |
| 5. Gendered Outcomes: Ensures that project outcomes benefit men and women, boys and girls equally. | | | √ |
| 6. Participation: Enhances participation of women, men and youth in project planning, implementation and evaluation. | | √ | |
| 7. Gender Equality: Project documents explicitly promote equality between men and women, boys and girls. | | √ | |
| 8. Differences: Examines differences and inequalities <i>between</i> women and <i>between</i> men. Does not lump all men or all women together as single, homogenous categories. | | √ | |
| 9. Human Rights Perspective: Examines gender from a human rights or empowerment perspective. | | | √ |
| 10. Gender in Context: Links gender relations to local and/or global political struggles, economic trends, historical patterns and/or current social realities. | | √ | |

Score: Gender-blind**Grade: F**

Practical Gender Needs: Focusing on the reproductive needs of women, the project aims to reduce maternal mortality in India by ensuring women's access to reproductive health services such as safe motherhood services.

Strategic Gender Needs: In improving essential reproductive and child health care services, the project conditions Indian States to promote pro-gender and pro-reproductive rights focus. Developing a gender-sensitive approach to improving reproductive health will address strategic gender needs that might result into gender equality in reproductive health programs.

Missed Opportunities for Addressing Gender:

- According to the integrated safeguards data sheet, in order to receive funding from the project, each of the states in the country would need to formulate a five-year program that would, among other things, incorporate a revised strategy to improve maternal and child health which places a greater focus on gender and reproductive rights and incorporate a new subprogram for adolescents. The project document does not provide specific details of how its activities will promote gender equality, reproductive rights and adolescents' reproductive health.
- In order to mainstream gender, the project documents mention specific strategies that have been developed to address the constraints faced by poor and marginalized women and children such as targeted mobile and community-based outreach services and creation of adolescent friendly health and counseling services. The project should explicitly commit to extend the same services to poor men and adolescent boys.
- The project components include efforts to expand and improve behavior change communication through mass media. This component fails to include specific gender-sensitive behavioral change communication strategies including encouraging women and young girls to negotiate use of contraceptives with partners, providing adolescents, especially girls, with sexual and reproductive health information and making reproductive health services male friendly through outreach services to encourage and engage them in reproductive health matters.
- To enhance human resource, trainings will be provided to improve skills of service providers. The project fails to describe measures that will be taken to ensure gender equality in selection of trainees despite its acknowledgement of acute shortage of female doctors in rural areas.
- The project seeks to expand the limited services for safe motherhood. However it does not address the role of men in safe motherhood. The project should include activities that are geared to increase male involvement in safe motherhood services such as counseling male partners of pregnant women, raising their awareness and providing them with information about risky pregnancies and deliveries. Engaging men in safe motherhood activities is crucial since they are the primary decision makers in the families especially regarding issues of pregnancy and childbirth.
- The project will include a comprehensive Information, Education and Communication (IEC) strategy targeting communities and providers. The project should include gender-sensitive IEC materials that will enable men, women, boys and girls to act responsibly to avoid pregnancy and delivery-related complications. Project activities should address gender issues as they relate to community awareness, sensitivity and behavior towards safe motherhood.
- The project will "ensure community participation and stakeholder involvement in project implementation and nurture partnerships with private and NGO sectors." In terms of community participation, in order to ensure participation of women, men, boys and girls in project design and implementation, the project documents should sufficiently address; gender issues, assess the implications of women's and men's responsibilities, the benefits and control that are influenced by different socio-economic and cultural factors. In terms of nurturing partnerships with private and NGO sectors, the project should ensure that women organizations are engaged.

Project Name: HIV/AIDS Prevention and Control in Rural Development Enclaves (ADB)

Country: Papua New Guinea

Approval Date: April 2006

Amount: US\$15 Million

Type: Grant

Reviewed Project Documents: Design and Monitoring Framework, Initial Poverty and Social Assessment, Report and Recommendation of the President to the Board of Directors (Proposal) and the Grant Agreement.

Brief Project Description: The objective of the project is to assist the government of Papua New Guinea in their fight against HIV/AIDS. The four components include (1) Establish Public-Private Sector Partnerships in Rural Development Enclaves and Interagency Partnerships, (2) Community Behavior Change and Social Marketing of Condoms, (3) Strengthen and Expand Surveillance System for HIV and (4) Project Management

| Gender Sensitive Indicators | Fully Achieved | Partly Achieved | Not Achieved |
|---|----------------|-----------------|--------------|
| 1. Gender Present: Explicitly analyzes gender relations between men and women, boys and girls throughout the entire project document. | √ | | |
| 2. Data: Provides gender desegregated data. | | √ | |
| 3. Gender Inequality: Acknowledges and seeks to redress disparities and inequalities between men and women, boys and girls. | | | √ |
| 4. Gendered Impacts: Considers the differential impacts of projects or interventions on women and men, boys and girls. | | | √ |
| 5. Gendered Outcomes: Ensures that project outcomes benefit men and women, boys and girls equally. | | √ | |
| 6. Participation: Enhances participation of women, men and youth in project planning, implementation and evaluation. | | | √ |
| 7. Gender Equality: Project documents explicitly promote equality between men and women, boys and girls. | | | √ |
| 8. Differences: Examines differences and inequalities <i>between</i> women and <i>between</i> men. Does not lump all men or all women together as single, homogenous categories. | √ | | |
| 9. Human Rights Perspective: Examines gender from a human rights or empowerment perspective. | | | √ |
| 10. Gender in Context: Links gender relations to local and/or global political struggles, economic trends, historical patterns and/or current social realities. | √ | | |

Score: Slightly Gender Sensitive

Grade: C

Practical Gender Needs: None

Strategic Gender Needs: None

Missed Opportunities for Addressing Gender:

- The Gender analysis that was conducted for this project indicated that the social and economic status of women is very low, and poverty motivates many women to sell or exchange sex for cash and other goods or services. It is also indicated that the epidemic has been rather evenly divided among males and females. However infections among females of the age group 15-25 have been increasing disproportionately. The burden of caring for the sick and providing food for families falls heavily on women. A few organizations have been working to improve women's rights but little progress is evident. Despite these findings, the project's primary beneficiary is the rural population and does not specifically indicate a focus on gender.
- The project will focus on improving and extending health services to the surrounding communities of the development enclaves. In doing so the project should take into consideration the socio-cultural factors and gender discrimination that affects women's access to healthcare. More specifically, the project should address barriers such as unequal power relations between men and women that prevent women from attaining health care.
- The project will develop local civil society organizations' competency to work directly with affected communities to address issues related to the epidemic. It is crucial for the project to ensure the participation of women-focused organizations that can play a significant role in safeguarding the interests of women, increasing women's awareness to HIV/AIDS prevention and safe practices, and providing support to those living with HIV/AIDS.
- The project document indicates that high-risk sex behavior is associated with the surrounding populations of rural enclave development sites (HIV/AIDS hotspots) because of increasing poverty. However it does not disaggregate data based on gender to show how poverty affects women and men, girls and boys in these communities. The project document also indicates that sexually active young people in general are particularly likely to have higher prevalence of HIV. The project should have addressed the socio-economic differences between young girls and boys that might make one group more vulnerable to HIV than the other.
- The project briefly mentions the impact of the changing sexual cultures including extramarital sex and multi-partnered pre marital sex but does not include any activity to measure the levels of these risky behaviors between men and women or boys and girls.
- The project will strengthen local civil society organizations and local communities to undertake long-term behavioral change strategies and increase social marketing of condoms. Although this component is critical to HIV/AIDS prevention, the project fails to consider gender-specific prevention strategies for behavioral change and condom use among women. For example, barriers to condom use affect more women than men since in most cases women do not have control over condom use. The project should have included a gender-sensitive strategy that focuses on empowering women to negotiate or refuse sex without use of condom. Moreover, social marketing of condoms which aims at expanding condom sales and improve levels of adoption of safer sex should include the marketing of both male and female condoms, the preventive method that women can control. Also the project activities should include education sessions for women on how to use female condoms.
- Regarding social marketing of condoms, the project should also reach out to young people. Due to cultural attitudes young people especially adolescent girls, who are sexually active, might not have access to information about use of condoms or might feel uncomfortable to discuss use of condoms for fear of being judged by other members of the society for wanting to use condoms.



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