



RAPID APPRAISAL OF GENDER MANAGEMENT SYSTEM FOR NATIONAL HIV/AIDS RESPONSE



NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)





RAPID APPRAISAL OF GENDER MANAGEMENT SYSTEM FOR NATIONAL HIV/AIDS RESPONSE



**NATIONAL AGENCY FOR THE CONTROL OF AIDS (NACA)
2015**



Recommended Citation:

National Agency for the Control of AIDS, 2015.
Report of Rapid Appraisal of Gender Management System in the
National HIV/AIDS Response. Abuja, Nigeria.

All rights reserved. Except for duly acknowledged short quotations, no part of this publication may be reproduced in any form, electronic or mechanical without permission.

ISBN: 978-978-949-145-2
For further information, contact:

The Director General
823, Ralph Shodeinde Street
Central Business District,
Abuja, Nigeria

E-mail: info@naca.gov.ng
Website: <http://www.naca.gov.ng>
Tel: +234-9-4613726-9
Fax: +234-9-4613700

TABLE OF CONTENTS

Foreword	v
Preface	vii
Acknowledgements	ix
Acronyms and Abbreviations	x
Executive Summary	xii
1. Background	1
1.1 Goal of the rapid appraisal	4
1.2 Specific objectives	4
2. Literature Review	5
3. Methodology	11
3.1 The Procedure for Rapid Appraisal	12
3.2 Key Elements of Study for Reporting	12
4. Findings of the Rapid Appraisal on Gender Management Systems	13
4.1 Policy Environment	13
4.2 Human Resource and Capacity Building	14
4.3 Gender Responsive Financial Management	16
4.4 Gender Responsive Programming including Assessment & use of information	16

4.5 Gender Responsive M&E including indicators, tools & MIS	20
5. Challenges	21
5.1 Structure	21
5.2 Funds	21
5.3 Gender Expertise	21
5.4 Gender Norms	22
6. Recommendations	22
7. Contributions for GM Guidelines/ Capacity Training Manual	23
8. Conclusion	23
Appendix 1: The Study Team	26
Appendix 2: The Rapid Appraisal Protocol	34

FOREWORD

The completion of the Rapid Appraisal of Gender Management System (GMS) for national HIV/AIDS response is a significant milestone in the prevention and control of the pandemic in Nigeria. Despite increase coordination of the national HIV/AIDS response, HIV infection is still prevalent in the country.

HIV and AIDS affect men and women differently. Women and Girls constitute one of the most vulnerable groups to the HIV/AIDS epidemic. Gender inequality has been identified as a key driver influencing the vulnerability of women and girls to HIV infection. This is evident in the current HIV prevalence among the general population in Nigeria (3.4%) of which women constitutes 58%. The prevalence rate among young women between the ages of 15 and 24 years is estimated to be three times higher than among men of the same age. A focus on gender issues is central to reducing infection rates and improving the quality of life for those living with, and affected by HIV/AIDS.

The office of the President, through National Agency for the Control of HIV/AIDS (NACA) is committed to strengthen the coordination and management of the national HIV/AIDS response towards the achievement of the UNAIDS goal of eradication of HIV by the year 2030. The Agency with the support of UN Women and UNAIDS conducted this appraisal to inform the development of a robust gender management system for the national HIV/AIDS response.

Efforts to prevent and control HIV and AIDS remain a high priority on the national development agenda. I therefore urge all stakeholders to effectively mainstream gender and scale up HIV/AIDS programmes in their respective sectors and areas of special advantage.



Professor John Idoko

*Director General,
National Agency for the Control of AIDS (NACA)
2015*

PREFACE

With an estimated 3.4 million people living with HIV and AIDS out of a population of about 170 million people, Nigeria is estimated to have the third largest number of people living with HIV/AIDS globally. Women account for half of all adults living with the Human Immune-deficiency Virus (HIV). In sub-Saharan Africa, the region most severely affected by the pandemic, women constitute a majority – 58% according to the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates for 2012.

Strong evidence indicates that gender inequality is a major driving force of the HIV/AIDS epidemic, especially amongst women. In addition to key drivers such as socio-cultural, religious, economic, political, and environmental factors, gender norms and values often result in behaviours that put girls/women and boys/men at risk of HIV infection. Leveraging on the existing structure built by Enhancing Nigeria's Response to HIV/AIDS (ENR) Programme of United Kingdom Department for International development (DfID) to scale up its gains to the entire national response, the National Agency for the Control of AIDS (NACA) with the support of UN Women and UNAIDS carried out a national rapid appraisal of gender mainstreaming and Gender Management System for HIV/AIDS response. The rapid appraisal's aim was to assess the current status of gender mainstreaming and gender management system in HIV/AIDS response in order to develop a robust GMS for the national HIV/AIDS response in Nigeria. It was also to identify existing tools, manuals and strategies for GMS and document lesson learned and best practices that can contribute to the GM Guidelines and Capacity Building Manual for HIV/AIDS response in Nigeria.

This rapid appraisal of gender management system on HIV/AIDS response provides us yet another opportunity to identify current gaps and strengthen service delivery capabilities holistically. It equally lends credence to the goal of halting and reversing the HIV epidemic as outlined in the National Strategic Plan (NSP). The understanding of the gender dynamics of the HIV transmission and its interplay will significantly increase gender sensitivity of the national HIV/AIDS response.

I wish to acknowledge the strong support of our partners who have remained committed to the national response to date. In this regard, I want to particularly, thank UNAIDS and UNWomen for their financial and technical support for this assessment. The government remains committed to averting the potential negative effects of HIV and AIDS and bring it under control. This is demonstrated in the timely completion of the rapid appraisal. We all share common aspiration for successful national response and we can accomplish it if we resolve and commit to further improve upon our existing strengths. Success is possible through systematic sensitization and adoption of best practices in gender equality. Inaction will continuously impede progress towards achievement of our national HIV/AIDS objectives and priorities.

Dr. Akudo Ikpeazu

Director, Programme Coordination, NACA

ACKNOWLEDGMENTS

This Rapid Appraisal of Gender Management System is a result of immeasurable support and contributions by several organisations and individuals. We are particularly grateful to UN Women and UNAIDS for their unflinching support for gender equality and women empowerment initiative in the national HIV/AIDS response. Sincere appreciation goes to the national Gender Technical Committee (GTC) for guaranteeing technical soundness of the appraisal.

The earlier efforts of ENR Programme for institutionalizing Gender Management System for some States' HIV/AIDS response is recognized and appreciated.

In addition, we appreciate the efforts of consultants that worked with the NACA gender team. These include Mrs Banke Akirinmisi, Dr. Bisayo Odetoyinbo, Ms Ifeoma Madueke, Mrs Irene Okosun -Samuel, and Mrs OchanyaIyayi-Paul. The hard work of the staff of Gender and Orphans and Vulnerable Children (OVC) Division and all Gender Focal Officers of all Departments in NACA is very commendable. High regards is given to the Gender Focal Persons in SACAs, relevant Ministries, Departments and Agencies (MDAs) and other key informants of the study for their invaluable support.



Dr. Yinka Falola Anoenmuah

Assistant Director, Programme Coordination, NACA

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ADSACA	Adamawa State AIDS Control Agency
ANSACA	Anambra State AIDS Control Agency
ANC	Antenatal Clinic
CEDAW	Convention on the elimination of all Forms of Discrimination against Women
DFID	United Kingdom Agency for International Development
ENR	Enhancing Nigeria's Response to HIV/AIDS Programme
FGM	Female Genital Mutilation
FHI360	Family Health International
FACA	Federal Agency for the control of AIDS
GFP	Gender Focal Person
GM	Gender Mainstreaming
GMS	Gender Management System
GTC	Gender Technical Committee
GTWG	Gender Technical Working Group
HIV	Human Immune Deficiency Virus
HR	Human Resource
JAR	Joint Annual Review
JMTR	Joint Mid-Term Review
KADSACA	Kaduna State AIDS Control Agency
LSACA	Lagos State AIDS Control Agency
LGA	Local Government Area

LM	Line Ministry
M&E	Monitoring & Evaluation
MARPS	Most-At –Risk Populations
MIS	Management Information System
MOE	Ministry of Education
MOWA	Ministry of Women Affairs
MOWASD	Ministry of Women Affairs and Social Development
NACA	National Agency for the Control of AIDS
NGO	Non-Governmental Organization
NGP	National Gender Policy
NSP	National Strategic Plan
OVC	Orphans & Vulnerable Children
PAGTA	Policy Advocacy & Gender Technical Advisor
PAGTWG	Advocacy & Gender Technical Working Group
PLHIV	People Living with HIV & AIDS
PMTCT	Prevention of Mother – To- Child Transmission
SACA	State Agency for the Control of AIDS
SACA PM/DG	SACA Project Manager/Director General
SIDHAS	Strengthening Integrated delivery of HIV/AIDS Services
SNR	Strengthening the Nigeria Response on HIV/AIDS

EXECUTIVE SUMMARY

Gender inequality is known to be a strong driver of HIV/AIDS. Women and girls tend to have unequal power in sexual relationships, economic decision-making, and access to health information and services, all of which greatly influence their vulnerability to the disease.

Following the recognition of gender inequality as one of the major forces impacting on the national HIV/AIDS response in Nigeria, the National Agency for the Control of AIDS (NACA) and its stakeholders have conscientiously mainstreamed gender in the last two National Strategic Frameworks (NSFs) for Action on HIV & AIDS (NSF I (2004-2009) and NSF II (2010-2015)). In addition, NACA has developed a Women, Girls, Gender Equality and HIV Strategic Plan and Programme Implementation Framework (2011- 2015). NSF II specifically states a commitment to the institution of Gender Management Systems (GMSs under Objective 1 of the Institutional Architecture, Systems, Coordination and Resources thematic area. NACA is at the verge of developing NSF III (2016-2020)

In view of the foregoing, the need to conduct a GMS assessment is significant to ascertain the level of its implementation in the States. The Enhancing Nigeria's Response to HIV & AIDS (ENR) Programme, a six-year, integrated HIV prevention and institutional strengthening programme funded by the UK Department for International Development (DFID) had taken a lead in establishing GMS towards achieving effective and sustainable HIV/AIDS programmes in some States in Nigeria. The project gave particular attention to developing GMS in the HIV/AIDS response of the seven focal States.

Leveraging on ENR's efforts, NACA in collaboration with UN Women and UNAIDS conducted a rapid appraisal in six States to represent the six geopolitical zones of the country.

The States are Adamawa, Anambra, Benue, Cross River, Lagos, Kaduna States and FCT. The aim of the appraisal was to ascertain the current status of GM and GMS in the national HIV/AIDS response in order to document lesson learned, best practices, challenges and capacity gaps in order to strengthen the gender management system in the NSP (2016-2020). The rapid appraisal also provided key information for the development of national Guidelines for GM in HIV response and GM training manual.

The assessment revealed different levels of understanding of gender mainstreaming and implementation of Gender Management System. Benue, FCT, Cross River, Kaduna and Lagos exhibited higher level of knowledge in GM & GMS while in Anambra and Adamawa the reverse was the case, the knowledge was very low. Worthy of note, is that Benue, Cross River and Kaduna States are ENR's pilot States. Key findings of the current GM status of SACA and other partners in these states under review include the following:

National Agency for the Control of AIDS has a functional Gender Unit in the Programme Coordination Department. The unit coordinates and works with other relevant MDAs at the federal level to ensure gender responsiveness of the national HIV/AIDS

The major structure of GMS in these States is the presence of a Gender Focal Person. Most of them are newly appointed with little knowledge of gender mainstreaming.

Few old programme staff have in-depth knowledge of what GM interventions are while the new and non-programme staff knowledge of gender mainstreaming is limited to disaggregation of data by sex.

Gender mainstreaming trainings are mostly ad-hoc and one-off which quickly fade. Some states have had their last GM training since 2011.

GMS is still donor driven and funded, therefore, sustainability is farfetched at all levels.

Recommendations

Training manual and gender mainstreaming guidelines should be developed in its simplest form; actionable steps clearly stated for easy technical use at all levels of programme implementation

NACA should provide leadership, technical support and coordinate for domestication of GMS at the state level.

There should be increased public awareness against HIV stigmatization while male champions should be identified and supported to partner in gender equality initiatives

There should be continuous advocacy and engagement for government funding for sustainable programmes for gender equality and women empowerment initiative especially for very vulnerable women and girls at the community level.

All relevant stakeholders should be involved in the processes of establishing gender management system for HIV response at State, LGA and community levels to ensure appropriateness within the local context.

1. BACKGROUND

Nigeria, with a population of about 170 million people and a HIV prevalence of 3.4% is estimated to have the third largest number of people living with HIV globally. Women account for half of all adults living with the Human Immune-deficiency Virus (HIV). The Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates for 2012 indicated that Sub-Saharan Africa is the region most severely affected by the HIV pandemic and women constitute a majority, which is 58%.

Strong evidence indicates that gender inequality is a major driving force of the HIV/AIDS epidemic, especially amongst women. In addition to key drivers such as socio-cultural, religious, economic, political, and environmental factors, gender norms and values often result in behaviours that put girls, women, boys and men at risk of HIV infection. Gender norms related to masculinity within patriarchal structures encourage men to have multiple sexual partners, putting them at high risk of infection. So interventions that will enlist men to take responsibilities for their actions and inactions as it affects them and the rest of their household become crucial.

A high percentage of women's employment is restricted to low income-generating activities concentrated within the unregulated, informal labour market which are not adequately represented in the National Accounting Systems. In the Federal Civil Service which is the largest single-entity employer in Nigeria, 76% of civil servants are men whereas 24% are women while women hold less than 14% of the total management level positions. Studies show that the feminization of poverty means that women and girls increasingly have to exchange sex for money, food, shelter or other needs, and are also vulnerable to being trafficked into sexual slavery. The cultural expectation that women will be the prime or only care-givers to their

infected family members creates disproportionate social and economic burdens on them and girls who due to the same cultural preference are often pulled out of school for care giving functions. All these exacerbate women's vulnerability to HIV. A meaningful gender transformative response will need to address all these issues in a systemic and consistent way with accountability structure in place.

This is very instructive in the achievement of the 90-90-90 target by 2030 in Nigeria. The target 90-90-90 to end AIDS epidemic by 2030 is a fast-track approach in the battle against AIDS for the next fifteen years. The approach outlines that 90 per cent of people living with HIV know their HIV status; 90 per cent who know their HIV-positive status are on treatment; and 90 per cent of people on treatment have suppressed viral loads. The approach emphasizes the need to focus on the countries, cities and communities most affected by HIV. UNAIDS states that the target requires extensive mobilization of human, institutional and strategic international partners, as well as significant commitments from both national and international.

In view of the foregoing, the National Agency for the Control of AIDS (NACA) and its partners have adopted a systematic, all-inclusive approach to addressing the epidemic. In 2004, the first National Strategic Framework (NSF) for HIV/AIDS (2005-2009) was drafted. Prior to this, a National Response Review (NRR) conducted by NACA and the Expanded Theme Group on HIV/AIDS revealed that previous efforts to stem the tide of the epidemic were gender-blind. This informed the decision to make gender mainstreaming an integral part of planning in the national response; Both NSF I (2005-2009) and NSF II (2010-2015) and the National HIV/AIDS Policy mainstream gender equality perspectives.

One of the key findings of a Joint Mid-term Review (JMTR) of the implementation of NSF I in 2007 was the lack of institutionalization of gender as a critical issue of interest in the HIV/AIDS

response. It was argued that some of the gender-related goals, objectives, and strategies in NSF I were highly ambitious and not feasible within Nigeria's patriarchal context without first overhauling the existing structure. A unique feature of NSF II is its recognition of the need to pursue gender mainstreaming from a well- coordinated and systemic perspective under the thematic area Institutional Architecture, Systems, Coordination and Resources. The goal of this thematic focus is to strengthen structures and systems for the coordination of a sustainable and gender-sensitive, multi-sectoral HIV/AIDS response in Nigeria. Objective 1 under this thematic focus states: NACAs', SACAs' and LACAs' capacity to effectively coordinate sustainable and gender-sensitive multi-sectoral HIV/AIDS at national, state and LGA respectively strengthened. One of the indicators of success for this objective is the proportion of SACAs, LACAs, Line Ministries and other coordinating bodies with Gender Management Systems established and functional.

Over the past two years, the Enhancing Nigeria's Response to HIV/AIDS (ENR) Programme, a six-year, integrated HIV prevention and institutional strengthening programme, funded by the UK Department for International Development (DFID), has supported the coordinating bodies on HIV/AIDS at state level (State Agencies for the Control of AIDS State Action Committees on AIDS (SACAs) in the seven project states to institutionalize and operationalize Gender Management Systems (GMS).

Gender Management System (GMS) is an integrated web of structures, mechanisms, and procedures put in place within a given institutional framework for the purpose of guiding, managing, and monitoring the process of gender integration into mainstream culture, policies, and programmes in order to bring about gender equality and equity within the context of sustainable development. The National HIV/AIDS response is guided by the expiring National Strategic Framework (NSP), which recognises *feminization of HIV epidemic and the need to mainstream gender into the national response*. In preparing for the development of a new NSF

(2016-2020), it is important to understand the gender management system that supports the national HIV/AIDS response.

Leveraging on the existing structure built by ENR programme to scale up its gains to the entire national response, the National Agency for the Control of AIDS (NACA) with the support of UN Women and UNAIDS carried out a national rapid appraisal of Gender Mainstreaming and Gender Management System at the State HIV/AIDS response. The rapid appraisal's aim was to assess the current status of gender mainstreaming and gender management system in HIV/AIDS response at State level in order to develop a robust GMS for national HIV/AIDS response in Nigeria. It was also to identify existing tools, manuals and strategies for GMS and document lesson learned and best practices that can contribute to the GM Guidelines and Capacity Building Manual for HIV/AIDS response in Nigeria.

1.1 Goal of the Rapid Appraisal

The goal of rapid appraisal is the understanding of gender management systems in order to develop a robust gender management system for national HIV/AIDS in Nigeria.

1.2 Specific Objectives:

To assess the current status of gender mainstreaming and Gender Management System (GMS) in HIV/AIDS response at the State level

To document lesson learned and best practices in GMS in HIV response in the 6 States and the FCT.

To identify existing tools, manuals and strategies for GMS that can contribute to the GM Guidelines and Capacity Building Manual for HIV/AIDS response in Nigeria.

2. LITERATURE REVIEW

According to the Commonwealth toolkit, Gender Management System (GMS), is a network of structures, mechanisms and processes put in place within an existing organisational framework to guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of the organisation's work, in order to achieve greater gender equality and equity within the context of sustainable development. The GMS operates on four critical pillars, which are:

GMS Structure: The structure includes the management of the gender mainstreaming process and it requires broad stakeholder participation. It covers critical decision makers and also the civil society including the private sector. It has the secretariat; the gender management team and gender focal points.

GMS Processes: The processes include setting up the GMS structure; developing and implementing a national gender action plan and mainstreaming gender in the national plan

Enabling Environment: This covers political will, legislative and administrative framework, adequate financial and human resources; active participation of civil society, social and cultural orientation, women in position of authority and development of partnership

GMS Mechanism and Policy Strategies: These include gender analysis and mainstreaming skills, gender training and education, management information systems, performance appraisal system; policy partnership and programme reforms; legislative and human rights protection; economic reforms and financial accountability, research and data; monitoring and evaluation.

In the global Gender Gap Report 2014, Sweden is named as one of the world's leaders in equality. The report drawn up at the initiative of the World Economic Forum measures equality in the areas of economics, politics, education and health. Gender equality is one of the cornerstones of modern Swedish society; the aim of Sweden's gender equality policies is to

ensure that women and men enjoy the same opportunities, rights and obligations in all areas of life. The Swedish Government has successfully incorporated equality into preschools education; the aim is to give children the same opportunities in life, regardless of their gender by using teaching methods that allow each child to grow into a unique individual, resource allocation and sharing equal power between men and women. To further strengthen equality in the Country, a National platform was created at the Regions, Municipals and National in 2011 to drive down the principle of equality at all levels.

In Africa, Kenya has emerged as one of the leading countries in GMS, having a strong enabling environment for GMS structures and GMS mechanisms to strive in every sector but with special attention to the health sector. Gender Sector Coordination Group (GSCG) that is chaired by Ministry of Planning and Devolution include different partners from the Government of Kenya Ministries, UN Women, GIZ and many more. Partners form part of sub cluster groups including; Gender Policies, Legislation and Normative Work Budget, Policy Planning, Gender Mainstreaming and Social Economic Empowerment, SGBV and FGM. The objective of the Sector Working Group is to ensure that Gender is mainstreamed in all sectors and is on the forefront to ensuring equality for all is achieved in all sectors.

In view of the foregoing, one of the achievements recorded by the Kenyan Government is that the Ministry of Planning and Devolution has just developed GMS Training Manual 2015 to support Gender Mainstreaming in the line Ministries, Departments and Agencies. In a bid to scale-up Gender-Transformative strategy in-country, a USAID-funded FUNZO Kenya project, an Intra-Health works with the Kenyan Government to strengthen pre-service education of health workers, improve access to and quality of in-service training, build capacities of training

institutions and faculty for adequate, skilled, and equitably distribution of health workforce; For example, the project, established regional training hubs that have updated 8,000+ health workers in critical areas such as HIV, family planning, and MNCH.

The National Gender Policy

In Nigeria, GMS is an emerging strategy within the development framework. The National Gender Policy 2006 premised on four principles was developed to replace the Women's policy through extensive and consultative processes and has its “goal to build a just society devoid of discrimination, harness the full potentials of all social groups regardless of sex or circumstance, promote the enjoyment of fundamental human rights and protect health, social, economic and political wellbeing of all citizens in order to achieve equitable rapid economic growth; evolve an evidence-based planning and governance system where human, social, financial and technological resources are efficiently and effectively deployed for sustainable development”. The Federal Ministry of Women Affairs and Social Development is leading a multi stakeholder's review of the Policy and coordinating the development of a new National Gender Policy to meet the current and emerging need for gender equality and equity in the country.

DFID supported Enhancing Nigeria's Response to HIV/AIDS (ENR) Programme

The six-year ENR programme was funded by the UK Department for International Development (DFID). The programme carried out various activities geared towards integration of HIV prevention and institutional strengthening. A key component of the ENR Programme was to institutionalise and operationalize GMS in other to achieve effective and sustainable HIV & AIDS programmes. This support was provided to seven focal States (AkwaIbom, Benue, Cross River, Kaduna, Lagos, Nasarawa, and Ogun).

As a prelude to the GMS support process in the States, a study was conducted. The study revealed that different States were at different levels with regards to capacity and availability of GMS components within their HIV/AIDS programme. Although some States had some GMS elements in place: Gender Technical Working Groups (GTWGs) which were non-functional; gender training events had taken place but the skills acquired had faded away due to lack of application; none existence of Gender Focal Persons (GFPs) in the State Agencies for the Control of AIDS (SACAs). The study also revealed availability of some sex disaggregated data collected by partners, but this was not widespread; and data did not in form decision-making or resource allocation.

In the three out of the ENR focal states (Akwa Ibom, Lagos, and Ogun), an Organisational Capacity Assessment (OCA) during ENR's inception equally revealed that SACAs, Line Ministries (LMs), and networks were underperforming with regards to gender mainstreaming. In all the States, there was a dearth of gender-sensitive policies.

As a result of the assessment, demonstrable systems were established which improved the GMS mechanisms. They were: better-coordinated gender training events, improved gender analysis, better resource allocation based on evidence, and data use for decision-making.

In view of the above, there is a need to conduct a rapid appraisal which is aimed at assessing the current status of gender mainstreaming and gender management system in HIV/AIDS response at State level. It will also identify existing tools, manuals and strategies for GMS and document lesson learned and best practices in GMS in HIV response in Nigeria.

Definition of Terms

Gender: Refers to differences in social roles and relations. Gender roles are learned through socialization and vary widely within and between cultures.

Gender Equality: Entails the concept that all human beings, both men and women, are free to develop their personal abilities and make choices without the limitations set by stereotypes, rigid gender roles, and prejudices.

Gender Mainstreaming: Refers to the process of assessing the implications for women and men of any planned action (including legislation, policies and programmes) in any sector and at all levels.

Gender Based Violence: Refers to violence perpetrated against any individual because of their gender identity or sexuality.

Gender-Sensitive: gender-sensitive policies, programmes or training modules recognize that both women and men are actors within a society, that they are constrained in different and often

Enabling Environment: There are different kinds of enabling environments in the context of HIV; an enabling legal environment is one in which laws and policies against discrimination on the basis of HIV status, risk behaviour, occupation, and gender are in place and are monitored and enforced.

Gender-Transformative: A gender-transformative HIV response seeks not only to address the gender-specific aspects of HIV but also to change existing structures, institutions, and gender relations into ones based on gender equality.

Gender-specific: The term 'gender-specific' refers to any programme or tailored approach that is specific for either women or men.

Sexual and Reproductive Health programmes and Policies: sexual and reproductive health programmes and policies include, but are not restricted to services for family planning; infertility services; maternal and newborn health services; prevention of unsafe abortion and post-abortion care etc.

3. METHODOLOGY

The study used descriptive research method. It started with extensive desk review of relevant documents of gender in the national HIV/AIDS response. These include the National Strategic Framework (NSF) for HIV/AIDS (2005-2009), the National Response Analysis Report 2009, the National Response Review (NRR), NSF II (2010-2015), the Women, Girls, Gender Equality and HIV Strategic Plan (2011-2015), ENR's Programme Report of Institutionalising Gender management Systems: Experiences and Learning, amongst others.

Six (6) States among the high prevalence HIV priority States from each geopolitical zone of the country and FCT were selected for the study. The States are Adamawa, Anambra, Benue, Cross River, Lagos, Kaduna and FCT.

NACA contracted a consultant for the rapid appraisal. She worked closely with study team which included the NACA gender team, the Gender Technical Committee (GTC) and the consultant contracted by UNAIDS to support the process for the development of the GM Guidelines and capacity building tools. The study protocol was developed with data collection tool and reporting template. Tools were pilot tested and field officers were trained before the field work in the selected States. The field officers conducted key informant interviews with key stakeholders in gender mainstreaming of HIV/AIDS response in the selected States and FCT.

Key stakeholders were interviewed in NACA and the States. SACA was the entry point for this exercise at the States. Specifically, the following officers were interviewed at the States:

1. The SACAPM/DG

2. Lead or focal Persons for Programme, Finance, Account & Audit, M&E, Policy & Partnership Coordination, Resource Mobilization as available/applicable
3. The gender focal officer of SACAs where available
4. The gender & HIV Focal person (s) of State Ministry of Women Affairs
5. Key partners for gender mainstreaming in the State HIV/AIDS Response or members of gender technical committee where available.
6. Any other identified partner or project on gender mainstreaming or gender related projects in the State.

3.1. The Procedure for Rapid Appraisal

The procedure for the rapid appraisal includes:

- Identification of the consultant to provide technical assistance

- Desk review of relevant documents

- Development of the rapid appraisal protocol including the data collection tools

- Data collection from the study sites

- Data analysis, report writing and validation meeting

- Use of the findings of the appraisal in the development of the gender mainstreaming guidelines and capacity building manual for the national HIV/AIDS response

3.2. The Key Elements of Study Analysis

The key study elements of the rapid appraisal related to the GMS are:

- Policy environment

- Human resource and capacity building

- Gender-responsive financial management

- Gender responsive programming including assessment and use of information

4. FINDINGS OF THE RAPID APPRAISAL ON GENDER MANAGEMENT SYSTEMS

4.1 Policy Environment

This section discusses the current status of existing gender-responsive policies as found out in the study sites. It was discovered that the National Gender Policy (NGP) has been adopted in almost all the states except in Adamawa and Anambra who had no prior knowledge of the existence of the national document. In Benue, the State Government has a Gender Special Advisor which shows the political commitment for gender sensitivity of the state administration. BENSACA has a gender friendly workplace policy which all the Line Ministries has adopted. Cross River is another state with gender responsive and gender friendly policies with a robust GMS in place from the top level. FCT equally has a gender friendly workplace policy; women are also well represented in the FAC management team, almost all the top management positions are occupied by capable women. In the other four states, Adamawa, Anambra, Lagos and Kaduna, the personnel policies are presumed to be gender friendly judging from the gender parity in the number of top management staff are very close except in Adamawa. However, there are no clear gender policies in existence.

BENSACA has a functional GTWG with a clear TOR, with quarterly meetings been held regularly. The State also receive technical support for UNAIDS especially at the sub-committee Policy, Advocacy Gender TWG (PAGTWG). The other six states under review have Gender Focal Person as the only structure of GMS in existence and gender is subsumed as a sub-committee in Policy & Advocacy TWG. All the states showed that SACA is facilitating and coordinating a collaborative HIV/AIDS response in their various states. They TWGs have

membership from implementing partners, business and labour committee, CSOs, WRAPA, MOWA, FIDA, MOJ, MOH, MOE, media, planning and Budgeting Dept., Human Right Commission etc.

At the federal level, NACA has a gender policy incorporated in the NACA handbook that is awaiting approval by the NACA Board. There is a functional Gender Unit in the Programme Coordination Department. The unit coordinates both the internal and external gender mainstreaming in the national HIV/AIDS response. NACA also has Gender Focal Officers in all the Agency's Departments. The officers work closely with the Gender Unit to ensure appropriate gender response in their arm of the operations. There is a functional National Gender technical Committee (GTC), it holds quarterly meeting and some ad-hoc meetings as the need arises. It has membership from all relevant MDAs, development and implementing partners, civil society groups, labour groups, human right groups and representatives of women and children living with HIV/AIDS

4.2 Human Resource and Capacity Building

The Civil Service Commission is responsible for staff recruitments and posting at the Federal and State levels. This indicates that the SACAs and the MDAs have no control of staff posted to them. This implies the need to engage with the Civil Service Commission on gender issues related to recruitments. However, it was reported that for the management level staff of SACAs in five States, there is gender parity, except Adamawa State that has 8 males & 1 female and FCT has the reverse case, 1 male and all others at the management level position are females. NACA has almost 50% gender parity for the management level staff, however, at the Director's level, there are just two (2) females among the seven Directors.

One of the elements of the GMS is sustained capacity training on gender mainstreaming. BENSACA GFP has been attending several GM training since she had been appointed, the most recent training attended had been the one organised by SFH at Kaduna in July 2015. It was observed that during the interviews with non-programme staff of BENSACA and the line ministries, gender mainstreaming knowledge was very low and still resisted. Gender is understood as 'the women thing'. Thus, the need for a step down training by the BENSACA GFP to the agency's non-programme staff and the Line Ministries. Prior to this, BENSACA had been collaborating with the Line Ministries, Benue State University, IPs to organise gender mainstreaming training for stakeholders, LGAs representatives from which gender desk officers were created and linkages were strengthened.

Gender-based training curriculum/tools is not available in any of the States. UNAIDS and ENR had developed tailor-made training tools which they use for their trainings but the curriculum or manuals were not available in the States.

NACA had organised some gender mainstreaming training for management level staff, some years past. There are also some capacity building sessions incorporated in the quarterly GTC meetings. There is equally an ongoing effort to incorporate some gender mainstreaming modules in the NACA induction training for new staff. However, there are no structured manual and guidelines for the capacity building to facilitate both the internal and external gender mainstreaming in the HIV response.

4.3 Gender-Responsive Financial Management

One of the SACA Project Managers said 'Budget is drawn according to programmatic thematic areas of SACA and not specifically for gender- responsive activities'. However, some States said there are budget allocation for gender activities but funds are not always released for its implementation. The Line Ministries said, gender has never been considered as a factor in budget allocation, utilisation or auditing. NACA make provision for gender unit during the budgeting processes but the funds are hardly ever released for the activities. Most of the activities of the Unit are supported by development partners.

4.4 Gender Responsive Programming Including Assessment and Use of Information

Benue, Cross River and Kaduna States have been reported to be very progressive in gender responsive programming. Below are some key stories from the states to buttress the depth of gender dimensions in programming:

BENUE SACA (BENSACA)

A prevention programme officer reported that gender –specific intervention called “Men Taking Action Programme” was designed for men to champion the course of removal of the culture that relegates women to the background and denies women right to negotiate safe sex. The efforts also include support for young mothers to remove barriers that impede their access to PMTCT services. These activities include campaigns against HIV stigma, intensive sensitization of husbands to support their wives for PMTCT, advocacy to religious leaders and traditional rulers on the issue of treatment and empowerment of women to promote gender equality and self –worth. Gender dynamics was also identified and addressed in the data

collection procedure, which ensured training of both male and female data collectors to address the needs of some women who would only want to talk to female data collector. The Agency also mainstreamed gender into their work, through advocacy to Local Government Chairmen Wives to champion the PMTCT scheme at that level. Gender assessment and the information gathered have always informed their strategy of intervention at every level of planning and implementation.

ADAMAWA SACA (ADAMAWA SACA)

The Agency works on all the thematic areas of the NSF but no specific gender issues are addressed in their work due to low knowledge of gender mainstreaming and its dynamics.

CROSS RIVER SACA (CRSACA)

Gender mainstreaming has been focus of partner's interventions in the State. The SNR project of DFiD was mentioned to have played a significant role to this effect since 2007. The United States Government (USG) projects in the State also work closely with the State Ministry of Women Affairs to address gender concerns identified in the course of implementation of their projects. However, the SACA team desires an in-depth of the gender work being supported by the USG projects in the Ministry and the team is in consultation with the Strengthening Integrated Delivery of HIV/AIDS Services SIDHAS USAID Project to provide technical support for the strengthening of the gender management system of the State HIV/AIDS response. The State's team said the State's strategic and operational plans, implementation, resource mobilization and evaluation are all gender - responsive. They also said there have been interventions to address gender-related harmful practices like Female Genital Mutilation (FGM), rape, widow inheritance, wife battering, harmful widowhood practices, and drug use

among young males. The CRSACA team also asserted that the training processes in the state response are gender sensitive and gender issues are of great consideration when they develop their activities. They equally ensure gender balance in selection of beneficiaries of the projects. A checklist was developed by the gender TWG for interpersonal communicators (IPCs) to use in the communities to track gender sensitive activities.

KADUNASACA(KADSACA)

Kaduna as one of the ENR states benefitted from gender technical support of the project. The number of women involvement in decision making had increased and the number of male access to treatment, care and support had also increased. It was recorded that there is an increased awareness of female condom although accessibility is poor. Women empowerment programmes are organised more often and there is increased efforts for sensitization of HIV among women in purdah (Muslim women that are kept at home) and create access to HIV services for them. Furthermore, in order to sustain access to HIV services, the SACA office became a collection spot for antiretroviral drugs when health facilities were on strike. SNR, later ENR is the only project that has made the establishment of GMS possible in the state.

LAGOS SACA(LSACA)

The Agency organised a programme on women empowerment that ran for 2 years (2013-2014) through a project called SMILE with 250 women beneficiaries. The LSACA has not fully structured the gender mainstreaming strategy for its operations. However, with the support of NACA, a GFO has been identified and continuous support and monitoring is ongoing to ensure a better structure to identify and address gender issues in the State HIV response. Also there is a good working relationship between LSACA and the State Ministry of Women Affairs and

Poverty Alleviation. According to the findings of the gender analysis conducted in 2015 by the FHI360 SIDHAS Project in some States including Lagos, stigma and discrimination against persons living with HIV is rife in communities and within the workplace. In Lagos, there is in place the Stigma and Discrimination Law and HIV Workplace Policy but people are not aware of these legal provisions and they are not being enforced. Disclosure of HIV positive status is higher among women of reproductive age than men; therefore the women face a lot of stigma and discrimination upon disclosure of their HIV status. Efforts are ongoing to share the information with the SACA office for future gender interventions.

ANAMBRASACA(ANSACA)

The Agency commenced gender mainstreaming as a programme strategy during the inception of HPDP II in 2011. Presently, gender issues are not specifically addressed in the State work-plan. There is no structure in place to identify or address related gender issues in the state HIV response.

FCT SACA (FACA)

In order to understand gender dimension among other issues of HIV in the FCT, the Agency conducted a needs assessment to ascertain the rate of prevalence among male and female. It was discovered that more women were affected and infected and are in abject poverty with no or weak economic power and life skills. With the World Bank supported funds, these women were empowered with Income Generating Activities (IGAs). Gender dynamics is also considered when providing services to the vulnerable children in the implementation of the World Bank supported activities of FACA.

4.5 Gender Responsive M&E Including Indicators, Tools and Management Information Systems (MIS)

All the states seem to have a gender-responsive M&E systems in place as laid out by the national M&E system. The main emphasis is on disaggregation of data by sex which informs decision making at the programme level. There are no gender targets and indicators clearly stated and monitored in the DHIS. The only gender-responsiveness in the MIS is the sex-disaggregated data. BENSACA integrates lesson learnt in gender dynamics on the field into planning and implementation while FACA monitors and evaluates interventions which informs the next level of planning. All other states have no such reports. NACA is working closely with the Strategic Knowledge Management Department of the Agency through the National Strategic Knowledge Management TWG (NSKMTWG) to address the identify gender gaps in the national M&E systems as articulated in the 2013 JMTR, the Gender Assessment of the National HIV/AIDS response and other relevant studies.

5 CHALLENGES

5.1 Structure

Evidently, the ENR states have shown remarkable lead in progress with the establishment of GMS. Most of the States still face different forms of challenges. Specifically, there is lack of continuity in the GMS of States that have benefited from support from development partners project like ENR while those States without partners with interest in gender mainstreaming do not have any clear strategy or activities dealing with gender dynamics of the HIV response.

5.2 Funds

Funding for GMS is generally donor driven, both at the national and state levels. Budgets are either not available for gender mainstreaming strategies and activities or not released. Hence, gains of GM efforts are not sustained beyond life of projects. Governmental effort to institutionalise GMS is not striking.

5.3 Gender Expertise

Most of the GM trainings are irregular ad hoc trainings and take 2-3 years interval for another donor driven training, which does not yield much result. The staff that were trained would not step the training down to others; then they are transferred and the knowledge is lost. In some situations, the GFPs appointed have no TOR and are posted out of the office at irregular intervals. Most of the officers posted to support gender work are neither trained in gender nor trained on the job to provide the needed specialized skills for gender mainstreaming in the response.

5.4 Gender Norms

Despite efforts to bring to the fore and address socio-cultural issues driving the HIV epidemic, there are still high level gender inequality issues that must be addressed to enable females cope with the burden of HIV. Gender inequality are thickly entrenched in the systems, religions and the illiteracy of women. These need to be addressed in order to reduce women's vulnerability to HIV.

6 RECOMMENDATIONS

Sustained GM training/mentoring

Ad hoc and unstructured training is not enough to manage the entrenched gender inequality in the systems and structures embedded in institutions and patriarchal environments. Sustained and hand-holding techniques are required to build the capacity of the GFPs, CSOs and LMs in order to build strong GMSs for informed advocacy and lobbying to get a buy-in of the State government for sustainability. For tertiary school students to be gender sensitive and aware, GM should be incorporated into University curriculum to eliminate another emergence of gender-blind generation. Health workers should not be left out in the capacity training since they are the hub of treatment, to proffer GM quality services.

Increased public sensitization on stigma and discrimination of PLHIV

Addressing stigma and discrimination would go a long way in strengthening and enhancing gender-responsive HIV/AIDS programming at the communities. Though there's a Law addressing it nationally but it's not domesticated. Public campaigns should be launched at the villages, markets for public acceptance and change in behaviour etc. Aggressive sensitization and encouragement of PLHIV to live openly and healthy should be emphasized.

7

CONTRIBUTIONS FOR GM GUIDELINES/ CAPACITY TRAINING MANUAL

The training manual should have modules on sensitization, advocacy, resource mobilization, gender budget allocation, GM for the youths, techniques on male involvement and gender budget tracking etc.

The modules should be very explicit and at its simplest form in order for any literate eligible person to understand and run with.

All relevant stakeholders should be carried along during the development of the manual and tools in order to have a Nigerian content.

Simplest methods of mainstreaming gender into HIV/AIDS response should be clearly spelt out.

8

CONCLUSION

Gender inequality which is identified as one of the key drivers of HIV/AIDS epidemic needs to be strategically addressed in order to achieve the global 90-90-90 targets. The inequality is constructed and reinforced by social institutions. It is grounded in systems and require systemic shift to make the results available for the benefit of males and females in the society.

The GMS is a highly effective mechanism for addressing the structural and systemic roots of gender inequality. Documentation indicated NACA's commitments to provide leadership in establishing a functional GMS for the national *response*. The rapid appraisal of the GMS for the national HIV/AIDS response provides the premise for strengthening the system to play its role in the fight against HIV in Nigeria. The information gathered would be highly useful in the emerging National Strategic Plan (NSP- 2016-2020).

REFERENCES

1. Enhancing Nigeria's Response to HIV and AIDS Programme. 2013. *Institutionalizing Gender Management Systems: Experiences and Learning from the Enhancing Nigeria's Response to HIV/AIDS (ENR) Programme*. Published by National Agency for the Control of Aids. Retrieved from <http://www.naca.gov.ng>
2. Federal Ministry of Health Nigeria. 2012. *National HIV/AIDS and Reproductive Health (Survey, NARHS plus II)*. Report.
3. FHI360, 2015. Preliminary Findings of Gender Analysis of 4 SIDHAS States in Nigeria.
4. Interagency Gender Working Group (IGWG). 2004. *How to Integrate Gender into HIV/AIDS Programme: Using Lessons Learned from USAID and Partner Organisations, Gender and HIV/AIDS Task Force, IGWG, United States Agency for International Development (USAID)*.
5. Joint United Nations Programme on HIV/ AIDS. 2013. *UNAIDS report on the global AIDS epidemic. Geneva*.
[http://www.unaids.org/sites/default//UNAIDS_Global_Report_2013_en_1. Pdf](http://www.unaids.org/sites/default//UNAIDS_Global_Report_2013_en_1.Pdf)
6. Joint United Nations Programme on HIV/ AIDS (2014) 'Fast Track Strategy'.
7. Matlin, S. 2011. *Gender Management Systems in the Health Sector, Human Resource Development Division, Commonwealth Secretariat, London*.
<http://www.un.org/womenwatch/daw/csw/matlin.htm>.

8. Population Reference Bureau. 2012. *2012 World Population Data Sheet*. Retrieved from www.prb.org/pdf12/2012-population-data-sheet_eng.pdf
9. United Nations Development Programme. 1995. Human Development Report.
10. The United Nations System in Nigeria. 2013. *Gender Equality Briefing Kit*. UN Gender Theme Group Nigeria.

APPENDIX 1: THE STUDY TEAM (NATIONAL AND STATES)

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
1.	DR. AKUDO IKPEAZU	NACA	DIRECTOR, PROGRAMME COORDINATION	aikpeazu@yahoo.com
2.	DR KAYODE OGUNGBEMI	NACA	DIRECTOR, SKM	kogungbemi@naca.gov.ng
3.	DR. PRISCIL LA IBEKWE	NACA	DEPUTY DIRECTOR, PROGRAMME COORDINATION.	pibekwe@naca.gov.ng
4.	DR. YINKA FALOLA- ANOEMUAH	NACA	ASSISTANT DIRECTOR	yinkaduke@yahoo.co.uk ofalola-anoemuah@naca.gov.ng
5.	MRS. MERCY EGEMBA	NACA	PROGRAMME OFFICER	mnegemba@gmail.com megemba@naca.gov.ng
6.	FAVOUR IYAMU	NACA	PROGRAMME OFFICER	aiyamu@naca.gov.ng
7.	MR ESOR FABIAN	NACA	PROGRAMME OFFICER	eesor@naca.gov.ng
8.	OKORUKWU AMARACHI	NACA	PROGRAMME OFFICER	pokorukwu@naca.gov.n g

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
9.	NWAFOR EMEKA IFEANYI	NACA	PROGRAMME OFFICER	inwafor@naca.gov.ng
10.	NTE IFEANYICHUK WU	NACA	PROGRAMME OFFICER	inte@naca.gov.ng
11.	MR. ABEL O. EHIGIATOR	NACA	CAO/HEAD HR	aehigiator@naca.gov.ng
12.	OLISAH BLESSING	NACA	ACCOUNTING OFFICER	bolisah@naca.gov.ng
13.	KOLAWOLE ALABI	NACA	CHIEF PROGRAMME OFFICER	calabi@naca.gov.ng
14.	IRENE OKOSUN	NACA	CONSULTANT	reneeokosun@gmail.com
15.	OCHANYA IYAJI-PAUL	NACA	CONSULTANT	ochanyaomaie@gmail.com
16.	AHMADU SULAIMAN TAHIR	ADSACA	DIRECTOR, CORDINATION	talk2ahmadu2015@yahoo.com
17.	DR. STEPHEN JOHN	ADSACA	EXECUTIVE SECRETARY	wizemannstv@yahoo.com

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
18.	OBEKE CHIBUGWU	ANSACA	PROGRAMME OFFICER	chiobeke@yahoo.com
19.	TOCHUKWU- NGIGE SYLVIA U.	ANSACA	CMO/GFP	sylviangine@yahoo.com
20.	UNACHUKWU JOSEPHINE	ANSACA	PERSONAL ASSISTANT	Jochuks64@yahoo.com
21.	EMEJULU OGECHUKWU	ANSACA	PERSONAL ASSISTANT	ogechukwuemejulu@ymail.com
22.	AMAECHI OSEMEKA	ANSACA	M & E OFFICER	bomaosemeka@gmail.com
23.	DR. ONYEKACHUK WU IBEZIM	ANSACA	EXECUTIVE DIRECTOR	Kaibezim2005@yahoo.com
24.	ADUBA NJIDEKA	ANSACA	PROGRAMME OFFICER	njideadaba@yahoo.com
25.	PAULINE CHENGE	BENUE MINISTRY	GENDER FOCAL PERSON	paulinechenge@gmail.com

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
		OF WOMEN AFFAIRS & SOCIAL DEVELOPMENT		
26.	ESTHER IGWE	BENUE MINISTRY. OF WOMEN AFFAIRS & SOCIAL DEVELOPMENT	HIV DESK OFFICER	
27.	SHIMINENGE IKYAAGBA	BENUE MINISTRY. OF HEALTH	DIRECTOR, RESEARCH	shimkyaagba@yahoo.com
28.	DR. FADIYA TEMITOPE	UNAIDS	STATE PROGRAMME MANAGER	temitopef@unaid.org
29.	GRACE WENDE	BENSACA	PROJECT MANAGER	ashiwende@yahoo.com
30.	IVANDE DENEN IGUNDUNASSE	BENSACA	M&E OFFICER	Iva4reality@gmail.com
31.	REGINA AMEH	BENSACA	PROCUREMENT OFFICER	ginameh@yahoo.com

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
32.	NANCY AII-WINA	BENSACA	CARE & SUPPORT OFFICER	nguvanaii@yahoo.com
33.	DORCAS ORKPEH	BENSACA	PREVENTION OFFICER	mbatem@yahoo.com
34.	JOSEPH TYOVENDA	BENSACA	PROJECT ACCOUNTANT.	jivenda@yahoo.com
35.	GRACE AMEH	BENSACA	ASSISTANT. PROJECT ACCOUNTANT.	grace4christ@yahoo.com
36.	REBECCA IDOKO	BENSACA	CMO	beckyogah@gmail.com
37.	MERCY APEL	BENSACA	ASST. CMO	
38.	TERSOO SHAPER	BENSACA	ASST. PREVENTION OFFICER	terpera2000@gmail.com
39.	WENCE-KURAUN, WINIFRED	BENSACA	GENDER FOCAL PERSON	winifredwencekuraun@gmail.com
40.	GEORGE-AKPEN BENITA	BENSACA	INFORMATION OFFICER.	

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
41.	ENIFU DOUGLAS	BENSACA	PAO	
42.	MBAFAN AONDOAKAA	BENSACA	ASSISTANT M&E OFFICER	
43.	LUCY ANYAMBULA	BENSACA	S.O	
44.	DR. UCHE OKORO	FCTSACA,	PROGRAMME MANAGER, FACA	Okoro.uche@yahoo.com
45.	ZUBANIATU ALIYU	FCTSACA ,	HIV FOCAL PERSON, SOCIAL DEVELOPMENT SECRETARIAT	
46.	MRS ANIYOM IRENE	CRSACA	DIRECTOR-GENERAL	aniyom_irene@yahoo.com
47.	MRS EDEM EFFIONO	CRSACA ,	GENDER FOCAL PERSON CRSACA	sweetmoon@yahoo.com
48.	DR. MARK DAVID ANTHONY	KDSACA,	DTCS/PM	gaiyamimo@yahoo.co.uk
49.	ANDREW BALA MAKAMA	KDSACA,	DPBCC/CMO	balkwas@yahoo.com

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
50.	Mrs. Abu YakubuBamalli	KDSACA,	DIRECTOR, ADMIN AND FINANCE	yakubumusa132@yahoo.com
51.	Nuhu Peter	KDSACA,	M&E OFFICER	nupet@yahoo.com
52.	NuhuSaniDamau	KDSACA,	DIRECTOR, FINANCE & SUPPLY	
53.	Elizabeth Shem Audu	KDSACA,	POLICY, ADVOCACY & GENDER OFFICER	shemlaw944@gmail.com
54.	Catherine B. Duniya	KDSACA,	DIRECTOR, WOMEN AFFAIRS	duniyacatherine@gmail.com
55.	Haruna Gora	KDMWASD	PRINCIPAL. ADMINISTRATIVE OFFICER, WOMEN AFFAIRS	musaharunagora@gmail.com
56.	Rose .J. Bagu	KDMWASD,	DPRS	rosijobagu@gmail.com
57.	DR. OLUSEGUN OGBOYE	LSACA,	PROGRAMME MANAGER	dr.ogboye@yahoo.com , o.ogboye@lsacanigeria.org

S/N	NAME	ORGANISATION	DESIGNATION	E-MAIL
58.	FISHER OLADIPUPO	LSACA,	SENIOR PROJECT OFFICERS	oladipupofisher2002@gmail.com
59.	DR. PRINCESS OLUFEMI KAYODE	LSACA,	EXECUTIVE DIRECTOR	priness@mediaconcern.net
60.	TAIWO FIBISOLA M. CHIEF	LSACA,	YOUTH DEVELOPMENT OFFICER	folatee@yahoo.com
61.	MRS. OYENUGU OLAIDE. O	LSACA,	GENDER FOCAL PERSON	

APPENDIX 2: THE RAPID APPRAISAL PROTOCOL

PROTOCOL FOR THE RAPID APPRAISAL OF GENDER MAINSTREAMING AND THE GENDER MANAGEMENT SYSTEMS (GSM) IN THE NATIONAL HIV/AIDS RESPONSE IN NIGERIA

1. BACKGROUND

Gender Management System (GMS) is an integrated web of structures, mechanisms, and procedures put in place within a given institutional framework for the purpose of guiding, managing, and monitoring the process of gender integration into mainstream culture, policies, and programmes in order to bring about gender equality and equity within the context of sustainable development. The National HIV/AIDS response is guided by the expiring National Strategic Framework (NSF), which recognises *feminization of HIV epidemic and the need to mainstream gender into the national response*. In preparing for the development of a new NSF (2016-2020), it is important to understand the gender management system that supports the national HIV/AIDS response.

2. GOAL OF THE RAPID APPRAISAL

The goal of rapid appraisal is the understanding of gender management systems in order to develop a robust gender management system for national HIV/AIDS in Nigeria.

3. SPECIFIC OBJECTIVES:

1. To assess the current status of gender mainstreaming and Gender Management System (GMS) in HIV/AIDS response at the State level
2. To document lesson learned and best practices in GMS in HIV response in the 6 States and the FCT.

3. To identify existing tools, manuals and strategies for GMS that can contribute to the GM Guidelines and Capacity Building Manual for HIV/AIDS response in Nigeria

Key Element of the Study

Policy environment

Human resource and capacity building

Gender-responsive financial management

Gender responsive programming including assessment and use of information

Gender responsive M&E including indicators, tools and MIS

4. PROCEDURE

The procedure for the rapid appraisal includes:

Identification of the consultant to provide technical assistance

Desk review of relevant documents

Development of the rapid appraisal protocol including the data collection tools

Data collection from the study sites

Data analysis, report writing and validation meeting

Use of the findings of the appraisal in the development of the gender mainstreaming guideless and capacity building manual for the national HIV/AIDS response

5. LOCATION

The rapid appraisal would be conducted in six States representing the six geopolitical zones including Adamawa, Benue, Kaduna, Anambra, Lagos and Cross River States and FCT

6. DURATION

The rapid appraisal is being conducted in August 2015

7. STUDY GROUP

The study team will conduct key informant interviews with key stakeholders in gender mainstreaming of HIV/AIDS response in the States. These include:

1. The SACAPM/DG
2. Lead or focal Persons for Programmes, Finance, Account & Audit, M&E, Policy & Partnership Coordination, Resource Mobilization as available/applicable
3. The gender focal officer of SACAs where available
4. The gender & HIV Focal person (s) of State Ministry of Women Affairs
5. Key partners for gender mainstreaming in the State HIV/AIDS Response or members of gender technical committee where available.
6. Any other identified partner or project on gender mainstreaming or gender related projects in the State.

DATA COLLECTION TOOL FOR THE RAPID APPRAISAL OF GENDER MANAGEMENT SYSTEM IN NATIONAL HIV/AIDS RESPONSE IN NIGERIA

Introduction: This study is being conducted by National Agency for the Control of AIDS (NACA) with the support of UN Women and UNAIDS. Its aim is to understand gender management systems in the States in order develop a robust gender management system for national HIV/AIDS response in Nigeria. Your state has been selected as one of the study sites. Please feel free to share information candidly. Reports of the study will be shared with you. We require your details for the database of study participants. No comment will however be traced to any particular respondent in the report. Thank you.

Name of respondent:

Position:

Telephone:

Email address:

A. Gender Management System Structure

1. What structure of gender management system is used for the HIV response in your state? Discuss recruitment procedure. Are there officers recruited to provide gender related expertise in the State response? Is sex balance promoted in recruitment? (gender parity) How many males and females? How many males & females in management position? (Admin/ PM)
2. Does your State have a gender policy? (Admin/ PM)

3. Does SACA have a gender-responsive personnel policy and gender friendly policy?
(Admin/ PM)
4. Is there any structure for training State teams and partners on gender responsive HIV/AIDS programming? If yes, describe. Share curriculum and available tools.
(Admin/ PM)
5. Is there gender technical committee or working group in the State? If yes, who coordinates it? Is GTWG functional and do they meet regularly? Is there TOR? Provide information about how it runs? In particular, which ministries (Women Affairs, Health, Information, etc.) are involved and how? (ADMIN & GFP)
6. Are there any challenges in establishing and running the structures for gender management system in the State?
7. How has the use of gender related expertise enhanced the implementation of State H I V response? What are the specific overall, results? Please cite specific examples. (PM & GFP)
8. Any recommendations (going forward)?
- B. Assess level of knowledge in gender mainstreaming (State Team)**
9. What thematic area of the NSF do you work on?
10. What are the gender issues that you address in your work on HIV/AIDS?

11. Have you ever attended any training on gender mainstreaming? (Yes or No)
12. Who organized it? Where? Duration?
13. What do we mean by gender mainstreaming?

C. Assess status of gender mainstreaming

14. How do you mainstream gender into your work on HIV/AIDS? Do you have tools for assessing gender sensitivity of programmes and projects?
15. Since when have you adopted gender mainstreaming as a programming strategy?
16. How has the gender mainstreamed programming improved your capacity to achieve your targets with respect to HIV prevention, treatment, care & support?
17. Is gender mainstreamed into strategic and operational plans, implementation, resource mobilization and evaluation? Are there gender considerations in planning, budgeting and implementation? How? Is there a tool to do this?
18. Is gender analysis conducted as part of programme plans, implementation, and evaluation (Programme & M&E)
19. Are budget allocation, utilisation and auditing performed to meet the differential needs of both sexes? What proportion of your budget is allocated to gender-specific work?

20. Are gender targets and indicators clearly stated and monitored. Does SACA have a gender-responsive MIS? Are sex-disaggregated data/gender statistics collected and analysed and used for decision-making and programming (M&E)?
21. Any remarkable achievement that you will like to share with us?(For 21)
22. What are the challenges that you face addressing those issues?
23. How best do you think that these challenges can be addressed?
24. What are the key lessons learned?

D. Assess how gender is being mainstreamed into HIV Programmes in Nigeria

25. What are the methods that you use for mainstreaming gender into your work?
26. To what extent does your institution involve men and women in the design and implementation of your programmes?
27. How does your institution/organization/programme ensure that women and men access benefits/services without marginalization? Discuss specific inclusion measures.
28. How do you measure achievements?
29. Do you organize training on gender related subjects especially in relation to HIV/AIDS?
30. Please state the ones you have organized in the past one year.

31. Who are the beneficiaries of the training?
32. Do/Did you organize any post training evaluation to assess whether participants use what they learn at your training?
33. What training gaps have you identified in relation to HIV/AIDS response in Nigeria?
34. Describe any specific successes that you have achieved with regards to gender mainstreaming. What are the key benefits of these achievements?
35. Mention the people/groups (partners) that made GMS implementation possible.
36. What were the lessons learned in the process?
37. Any challenges?

E Identify existing tools and manuals for gender mainstreaming in HIV response in Nigeria

38. NACA is in the process of developing a gender mainstreaming training manual and tool kit, what will you like to see in such resource material?
39. What gender mainstreaming tools including manuals are you aware of? Which ones do you use?
40. Does your organization have one?
41. Obtain copies, where available.

