



Institutionalising Gender Management Systems: Experiences and Learning from the Enhancing Nigeria's Response to HIV & AIDS (ENR) Programme



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Foreword

HIV and AIDS affects men and women differently. In the context of a holistic and multidimensional response to the epidemic, such as championed by the Government of Nigeria, 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. Gender inequality is one of the major driving forces behind the AIDS epidemic, males and females are affected dissimilarly; with women and girls at a disadvantage. Their vulnerability to HIV and AIDS is not caused by their individual behavior, but by a complex mix of societal norms and value systems, including gender-based discrimination and violence, and the unequal power relations, which also makes men vulnerable to the disease. To reverse this situation and achieve a measure of success in Millennium Development Goal (MDG) goal 6, gender mainstreaming has been advanced as the panacea.

In view of the above, it is expedient that gender mainstreaming, which is a strategy for achieving Gender Equality and Women Empowerment (GEWE) should be promoted and practiced across all programmes, actions, plans and policies of government and organisations. Building on the guidance laid by the National Agency for the Control of AIDS (NACA) in the National HIV and AIDS Strategic Plan and the recently developed Women, Girls, Gender Equality and HIV Strategic Plan and Programme Implementation Framework, the ENR programme committed to addressing HIV and AIDS from a gender perspective. This is done through deployment of gender-sensitive strategies and methodologies, aimed at institutional strengthening and programme implementation, which ultimately impacts on males and females within the project states, ultimately improving access to HIV and AIDS information and services.

This document therefore aims at sharing ENR's experiences and lessons in gender mainstreaming, working with seven ENR states to institutionalise Gender Management Systems. ENR's expectation, therefore, is that institutions, organisations and individuals will learn from, and build on, ENR's experience in institutionalising Gender Management Systems in projects.



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Programme Director

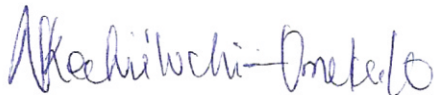
Enhancing Nigeria's Response to HIV and AIDS Programme

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Acronyms and Abbreviations

AAN	ActionAid Nigeria
AIDS	Acquired Immune Deficiency Syndrome
AKSACA	Akwa Ibom State Action Committee on AIDS
ANC	Antenatal Clinic
ASHWAN	Association of Women Living with HIV & AIDS in Nigeria
BBC	British Broadcasting Corporation
CAN	Christian Association of Nigeria
CBO	Community-based Organisation
CBP	Capacity Building Plan
CEDAW	Convention on the Elimination of all Forms of Discrimination Against Women
CEO	Chief Executive Officer
CiSHAN	Civil Society on HIV & AIDS in Nigeria
CRSACA	Cross River State AIDS Control Agency
CSO	Civil Society Organisation
DFID	UK Department for International Development
ENR	Enhancing Nigeria's Response to HIV & AIDS
FBO	Faith-based Organisation
FGM	Female Genital Mutilation
FSP	Family Support Programme
GAD	Gender and Development
GARPR	Global AIDS Response Progress Report
GBV	Gender-based Violence
GDI	Gender Development Index
GDN	Gender and Development Network
GEWE	Gender Equality and Women Empowerment
GFP	Gender Focal Person
GMS	Gender Management System
GMT	Gender Management Team
GTC	Gender Technical Committee
GTWG	Gender Technical Working Group
HAF	HIV & AIDS Fund
HIV	Human Immunodeficiency Virus
HQ	Headquarters
IGWG	Interagency Gender Working Group
HRBA	Human-rights-based Approach
HR	Human Resources
IPC	Interpersonal Communication
JAR	Joint Annual Review
JMTR	Joint Mid-term Review

JNI	Ja'amatu Nasril Islam
KADSACA	Kaduna State AIDS Control Agency
LACA	Local Action Committee on AIDS
LASACA	Lagos State AIDS Control Agency
LGA	Local Government Area
LM	Line Ministry
M&E	Monitoring and Evaluation
MARPs	Most-at-risk Populations
MDG	Millennium Development Goal
MIS	Management Information System
MOE	Ministry of Education
MOWA	Ministry of Women Affairs
NACA	National Agency for the Control of AIDS
NASACA	Nasarawa State AIDS Control Agency
NASCP	National AIDS and STI Control Programme
NBBSW	Non-brothel-based Sex Worker
NEPWHAN	Network of People Living with HIV & AIDS in Nigeria
NGO	Non-governmental Organisation
NGP	National Gender Policy
NLC	Nigerian Labour Congress
NNRIMS	Nigeria National Response Information Management System
NRR	National Response Review
NSF	National Strategic Framework
NSP	National Strategic Plan
NYNETHA	National Youth Network on HIV&AIDS
OCAG	Ohonyeta Care Givers
OCA	Organisational Capacity Assessment
OCAT	Organisational Capacity Assessment Tool
OGSACA	Ogun State Agency for the Control of AIDS
OVC	Orphans and Vulnerable Children
PAGTA	Policy, Advocacy, and Gender Technical Advisor
PAGTWG	Policy, Advocacy, and Gender Technical Working Group
PEP	Peer Education Plus
PLACE	Priority for Local AIDS Control Efforts
PLHIV	People Living with HIV & AIDS
PMTCT	Prevention of Mother-to-child Transmission
PSI	Population Services International
RH	Reproductive Health
SACA	State Action Committee on AIDS/State Agency for the Control of AIDS
SASCP	State AIDS and STI Control Programme

SFH	Society for Family Health
SNR	Strengthening Nigeria's Response to HIV & AIDS
SSTA	Systems Strengthening Technical Advisor
STAR	Society Tackling AIDS Through Rights
TA	Technical Assistance
TOR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV & AIDS
USAID	United States Agency for International Development

Executive Summary

Gender inequality is a major driving force behind the HIV and AIDS epidemic. In addition to fuelling the spread of HIV among girls/women and boys/men, societal constructs of masculinity and femininity impact the ability of different sub-groups to access prevention, care, treatment, and support services.¹ In recognition of this, coupled with in-country reviews that highlight gender inequalities as a potent force capable of derailing or crippling 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.

Both the Joint Mid-term Review (JMTR) of implementation of NSF 1 in 2007 and the Joint Annual Review (JAR) of implementation of NSF II in 2011 revealed that the political commitments to gender mainstreaming have yet to translate to practical and sustained action in the field. There is evidence that most of the efforts to mainstream gender in programming in Nigeria have been ad hoc and piecemeal. Since gender inequalities are grounded in systems, organisational cultures, and processes, only a systemic approach to gender mainstreaming can yield sustainable, replicable, and scalable results. This is the approach of GMSs.

In view of this, 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), with the goal of contributing to Nigeria's achievement of Millennium Development Goal (MDG) 6 by reducing the spread of HIV and mitigating the impact of AIDS, commissioned this study both to clarify the concept of GMS and to document its experiences from providing support to its seven focal states (Akwa Ibom, Benue, Cross River, Kaduna, Lagos, Nasarawa, and Ogun) to establish GMSs. The programme recognises that Gender Equality and Women Empowerment (GEWE) is an underlying pivot for the achievement of its purpose and outputs. Under ENR's Output 1, *Strengthened stewardship for an effective multi-sectoral and evidence-informed HIV prevention response by federal and state government*, one of the deliverables is to support its seven focal states to institute and operationalise GMSs towards achieving effectiveness and sustainability of their HIV & AIDS programmes.

A 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.²

Pre-implementation assessments by ENR revealed that the states were at different levels with regards to capacity and availability of GMS components. Four of the seven focal states participated in a preceding DFID-funded project, the Strengthening Nigeria's Response to HIV & AIDS (SNR) Programme: Benue, Cross River, Kaduna, and Nasarawa States. These had some GMS elements in place: Gender Technical Working Groups (GTWGs) existed but were not functional; gender training events had taken place but the skills acquired had

¹ 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).

² Matlin, S., 2011, Gender Management Systems in the Health Sector, Human Resource Development Division, Commonwealth Secretariat, London.

evaporated; some partners were collecting disaggregated data but this was not widespread; and data did not inform decision-making or resource allocation. Also, none of the State Action Committees on AIDS/State Agencies for the Control of AIDS (SACAs) had Gender Focal Persons (GFPs). In the three new focal states (Akwa Ibom, Lagos, and Ogun), an Organisational Capacity Assessment (OCA) during ENR's inception 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.

ENR's engagements with SACAs and partners in the seven states have yielded demonstrable results. The seven states are now at various levels of setting up functional GMSs. Overall, the enabling environment has been strengthened, as demonstrated by: the availability of gender-sensitive policies at state and institutional levels; improved GMS structures – all seven states now have clear lead agencies (Ministry of Women Affairs (MOWA) in Nasarawa and SACA in the six other states); functional GTWGs with clear Terms of Reference (TOR); the presence of GFPs in all SACAs, LMs, and Civil Society Organisations (CSOs); the establishment of an Inter-ministerial Committee on HIV & AIDS in Ogun State; and improved GMS mechanisms – better-coordinated gender training events, improved gender analysis, better resource allocation based on evidence, and data use for decision-making. Other achievements at the levels of SACA and other partners include the following:

- Enhanced understanding of the gender dimensions of the HIV & AIDS epidemic among SACAs and partners
- Enhanced capacity of SACAs and other partners in gender mainstreaming
- Enhanced clarity on the concept of GMS and increased momentum for its institutionalisation
- Strengthened linkages between SACAs, LMs, and civil society, including Faith-based Organisations (FBOs)
- Strengthened inter-ministerial collaboration
- Enhanced solidarity among CSOs
- Enhanced overall effectiveness of CSO partners
- Enhanced community organising and ownership of gender equality issues.

ENR's success in facilitating the following process of instituting and operationalising GMSs in its focal states can be attributed to the following good practices: proximity to SACA – ENR Offices are located within the premises of SACA in the various states, promoting skill transfer; availability of guidelines; NACA's political commitment to gender mainstreaming as stated in key documents, giving legitimacy to programming for gender equality at all levels; use of appropriate strategies in an iterative manner, appropriately targeting these strategies to the relevant audiences; dynamism and flexibility, working through available structures with no hard and fast rules; promoting ownership by SACA and its stakeholders through a bottom-up participatory approach.

So far, the key lessons learned from facilitating the process of instituting GMSs at state level include:

- Political will and commitment to gender mainstreaming at the national level (by NACA as the lead agency) stimulates political will at state level.
- Ad hoc and piecemeal training events on gender mainstreaming in HIV & AIDS programming do not, on their own, significantly improve the achievement of results. A systemic approach is required.
- Change is a product of sustained momentum over long periods of time.
- Stakeholders are likely to support gender mainstreaming and the institution of GMSs if they have clear understanding of the benefits of gender equity for both women and men.

All of the above have implications for the national response. NACA sits at the apex of linked institutions in the national response, and with its powers and mandates (stated in the NACA Act of 2006), it is strategically positioned to serve as the lead agency for a national GMS. NACA already has in place some of the components of GMS: A Women, Girls and HIV & AIDS Strategic Plan, a Gender Technical Committee (GTC), a draft National HIV & AIDS Training Curriculum, a gender-aware Monitoring and Evaluation (M&E) Department, and technical staff to drive the process.

The report concludes that NACA needs to take its rightful place and give partners the necessary big push to establish a functional GMS. In addition, the report makes several recommendations for different stakeholders towards working collaboratively to achieve this mandate.

1 Background

The HIV & AIDS epidemic is today acknowledged as an important development issue. In addition to creating new challenges, it is reversing some of the gains of the last few decades. Gender inequality is a major driving force behind the HIV&AIDS epidemic. 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. Gender norms related to masculinity within patriarchal structures can encourage men to have multiple sexual partners, putting them at high risk of infection. In many cultures in Africa, constructs of masculinity can also encourage older men to have sexual relations with much younger women. This contributes to higher infection rates among young women (15-24 years) than among young men. Violence (physical, sexual, and emotional), experienced by 10-60% of women (aged 15-49 years) worldwide, increases their vulnerability to HIV. Societal constructs of masculinity and femininity impact the ability of different sub-groups of girls/women and boys/men to access prevention, care, treatment, and support services.³

Women and men's differential vulnerability, the impact of the epidemic, and levels of access to treatment have been demonstrated by available statistics. The most recent Joint United Nations Programme on HIV & AIDS (UNAIDS) report names HIV as the leading cause of death among women of reproductive age globally; those aged 15-24 face infection rates that are double those of males of the same age. According to the report, an estimated 1.2 million women and girls in Africa were newly infected with HIV in 2011.⁴ In Nigeria, females constitute 58% (about 1.72 million) of People Living with HIV & AIDS (PLHIV). In 2011, Nigeria recorded 388,864 new infections and 217,148 AIDS-related deaths. Of the new infections, 214,483 occurred among women.⁵ Each year, 55% of AIDS deaths in Nigeria occur among women and girls.⁶

The Government of Nigeria and its partners have demonstrated tremendous political will to stem the tide of the HIV&AIDS epidemic. The National Agency for the Control of AIDS (NACA) and its partners in the national response 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 institutionalisation 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.

³ IGWG, 2004, How to Integrate Gender into HIV&AIDS Programme: Using Lessons Learned from USAID and Partner Organisations, Gender and HIV&AIDS Task Force, Interagency Gender Working Group (IGWG), United States Agency for International Development (USAID).

⁴ UNAIDS, 2012, <http://www.starfrica.com/en/news/detail-news/view/unaid-report-shows-critical-gaps-in-wor-243581.html>

⁵ NACA, 2012, Global AIDS Response Progress Report (GARPR), January 2011-December 2011 Reporting Period, Federal Republic of Nigeria.

⁶ NACA, 2012, Women, Girls and HIV in Nigeria, <http://naca.gov.ng/content/view/419/lang,en/>

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 NSF II posits that “the gender dimensions of Nigeria’s HIV&AIDS epidemic is well articulated and though the NSF mainstreams gender in all thematic areas, personnel with expertise in gender mainstreaming and the use of rights-based approaches are few. The need to institute Gender Management Systems in all SACAs [State Action Committees on AIDS/State Agencies for the Control of AIDS], LACAs [Local Action Committees on AIDS], Line Ministries and other coordinating bodies (following the example of NACA) cannot be over-emphasized”. 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 [Local Government Area] 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*.

A Joint Annual Review (JAR) of the national response was conducted in 2011. One of the findings of the JAR was that certain concepts/terminologies used in the NSF II and the National Strategic Plan (NSP) were not defined and shared widely. The JAR report posits that ‘without a common set of indicators with agreed definitions it will be extremely difficult to accurately report progress against the NSP’.

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 institutionalise and operationalise Gender Management Systems (GMSs). An initial institutional assessment conducted by ENR during the project’s inception phase revealed that though some gender-related activities were being implemented at the state level by SACAs and their partners, they lacked the kind of coordination and institutional approach offered by GMSs. This study was commissioned by ENR to document experiences and learning from the process of establishing GMSs in the seven project states – Akwa Ibom, Benue, Cross River, Kaduna, Lagos, Nasarawa, and Ogun States. The report gives a step-by-step description of the process, the various entry points, progress made so far, good practices, and results already achieved, as well as lessons learned. The report also touches on challenges, and discusses the implications of all these for NACA as the lead agency for the national HIV&AIDS response. Finally, the report makes recommendations for NACA and other stakeholders on how to institutionalise GMSs jointly in the national response.

An accompanying document gives a generic description of a typical GMS and its importance in ensuring that gender mainstreaming is effective and sustained to enhance the achievement of overall results.

1.1 Goal of the study

The overall goal of this study is to share ENR's experiences and learning from supporting state HIV&AIDS coordinating agencies to institutionalise GMSs, with a view to providing evidence that GMS is a tool for achieving sustainable HIV&AIDS prevention intervention.

1.2 Objectives of the study

The study has two clear objectives⁷. They are to develop for print:

⁷ Excerpt from the TOR, Appendix 1

1. A four-page (max.) introductory publication on GMS – the what, why, and how of the GMS, in essence the implementation framework.
2. A publication pulling together experiences and learning from the ENR states on implementing the GMS in the last two years, highlighting good practices for moving the process forward. This document will be targeting programmers, NACA, and others interested in possible replication of this GMS model.

1.3 Methodology

In this study, various methods were used to generate relevant information. An intensive desk review of relevant documents was initially conducted. The documents consulted included the ENR Logical Framework, ENR state reports, the National Response Analysis report (NACA, 2009), NSF II, the Women, Girls, Gender Equality and HIV Strategic Plan (2011-2015), the ENR Gender Strategy, and other documents on GMS and gender.

After the desk review, tools were developed for in-depth interviews with purposively selected ENR staff from Headquarters (HQ) and three states (Ogun, Nasarawa, and Kaduna) as well as staff of SACAs and other relevant stakeholders, including members of Gender Technical Working Groups (GTWGs) and representatives of Civil Society Organisations (CSOs). The tools used as discussion guides are included in this report in Appendix 2. In-depth interviews were conducted with NACA staff, ENR staff, and partners at HQ and in three states – Ogun, Nasarawa, and Kaduna. In some instances, interview questions were mailed to respondents electronically to generate information on key issues. A list of study participants has been included in this report in Appendix 3.

1.4 Overview of the ENR Programme

ENR is a six-year, integrated HIV prevention and institutional strengthening programme, funded by DFID, with the goal of contributing to Nigeria's achievement of Millennium Development Goal (MDG) 6 by reducing the spread of HIV and mitigating the impact of AIDS. The programme will contribute to this goal by achieving its purpose, which is to *improve the access of those most vulnerable to infection to effective HIV&AIDS prevention, treatment, care and support information and services*. The achievement of the purpose will ensure sustained behavioural changes among those most at risk, increased and consistent use of condoms, and improved access to effective HIV&AIDS prevention, treatment, care and support information and services. To achieve this purpose, there are three outputs at both the federal and state levels. These are:

Strengthened stewardship for an effective multi-sectoral and evidence-informed HIV prevention response by federal and state government.

Improved institutional and technical capacity of civil society to engage in HIV&AIDS prevention.

Improved knowledge, change in attitudes, and availability of commodities conducive to safer practices for effective HIV&AIDS prevention.

ENR is a consortium of eight partners: Society for Family Health (SFH) (Managing Agent), ActionAid Nigeria (AAN), Population Services International (PSI), Options Consultancy Services Ltd, the Population Council, Benguela Health Pty, BBC Media Action, and Crown Agents.

Recognising that Gender Equality and Women Empowerment (GEWE) is an underlying pivot for the achievement of the programme's purpose and outputs, ENR consciously mainstreams gender through development of strategies to ensure that those most vulnerable to HIV infection are reached and access services and information. The GMS is a well thought through approach which ensures that gender mainstreaming actions are delivered in a sustainable and practicable manner.

ENR has expressed unequivocal commitment to GEWE in all aspects of its programme. This commitment has been demonstrated through the development of an ENR Gender Strategy. One of the strategic objectives of the Gender Strategy is to *strengthen the capacity of government and its agencies to institutionalise GMS in their policies and programmes to achieve gender equality for women and men*. ENR has continued to pursue this objective conscientiously in the seven project states – Akwa Ibom, Benue, Cross River, Kaduna, Lagos, Nasarawa, and Ogun. Figure 1 is a representation of the ENR GEWE Strategy. It highlights its key strategies and multi-stakeholder approach.

Key personnel on the ENR programme posit that gender equality mainstreaming is crucial to the achievement of all output- and purpose-level results.

ENR is a prevention-focused programme that uses innovative and gender-sensitive methodologies including Interpersonal Communication (IPC) to reach the general population, Society Tackling AIDS Through Rights (STAR) to address socio-cultural norms, Peer Education Plus (PEP) for Most-at-risk Populations (MARPs), and PLACE (Priority for Local AIDS Control Efforts) targeting Non-brothel-based Sex Workers (NBBSWs) and their clients. Under each method, facilitators and implementers interrogate the gender dimensions of the epidemic and ensure that women and men are adequately reached with appropriate services.

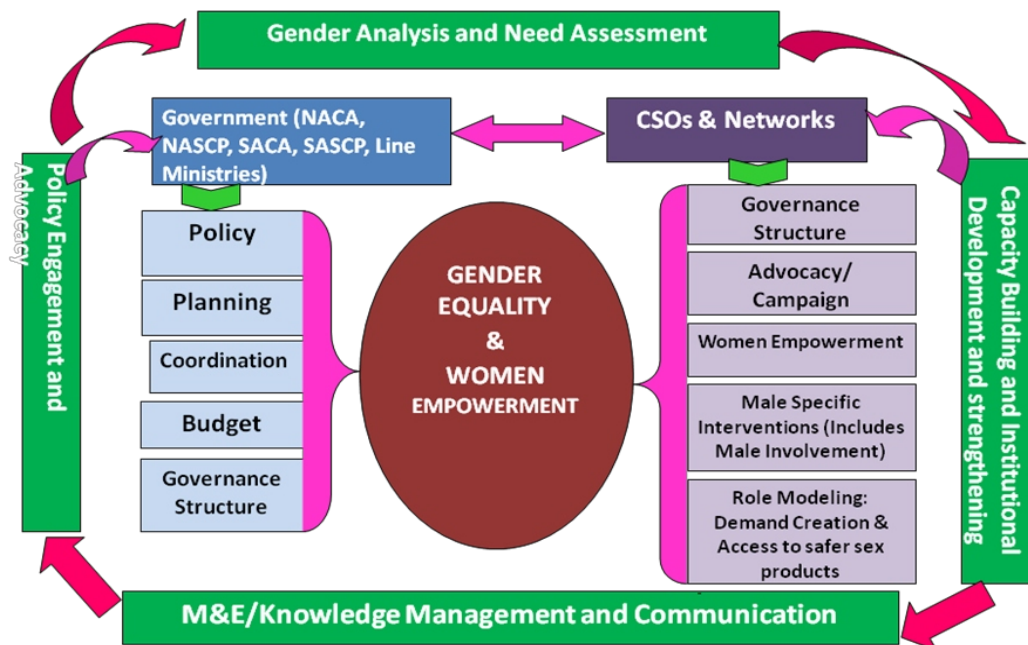


Figure 1 – Graphical Representation of the ENR Gender Strategy

2 Overview of GMSs

A 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.⁸

“ENR is working towards building on existing commitments which have been fluid and haphazard. We work to coordinate and build on existing efforts towards institutionalization of the gender mainstreaming process” - Study participant.

Mainstreaming gender in HIV&AIDS plans and programmes promotes the overall achievement of results. A UNAIDS study reveals that HIV&AIDS programmes that address gender equality as a central goal maximise overall effectiveness.⁹ However, sustaining the gains of gender-sensitive programmes requires an overhaul of the systemic inequalities that engender a vicious cycle. GMSs offer a holistic and systemic approach to changing the course of the epidemic sustainably through transformation of gender relations, alterations in systems and institutions, equitable distribution of resources, and social justice. Experience has shown that piecemeal solutions to gender inequality are not sufficient. GMSs seek to place gender on the agenda at all levels, targeting gender-based discrimination and injustice on all fronts simultaneously.¹⁰

2.1 Components of a GMS

A typical GMS has four key components: the enabling environment, GMS structures, GMS mechanisms, and GMS processes.

The enabling environment – A gender-sensitive national HIV&AIDS response does not happen in a vacuum. The contexts within which well-designed programmes are implemented are as important as the programmes themselves. Societal-level factors determine the extent to which women and men can access benefits even if they seem available to everyone. Factors that contribute to providing an enabling environment include:

- Political will and commitment to gender equality and equity at the highest levels, as expressed in national and state-level documents, including the Constitution of the Federal Republic of Nigeria, the National Gender Policy (NGP), State Gender Policies, and sectoral policies including all policies of critical sectors such as agriculture, health, education, etc.;
- Commitment to international and regional gender equality instruments, including the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa, and a host of others; and
- The presence of a critical mass of women in decision-making positions, including elective and appointive posts in government and the private sector at all levels as well as the active involvement of civil society – an active civil society helps strengthen the enabling environment through ongoing advocacy and lobbying.

GMS structures – These are structures required to coordinate and drive the functioning of the GMS. The core elements include a lead agency, a Gender Management Team (GMT), Gender Focal Persons (GFPs)/Inter-

⁸ Matlin, S., 2011, Gender Management Systems in the Health Sector, Human Resource Development Division, Commonwealth Secretariat, London.

⁹ UNAIDS, 2004, Report on the global AIDS epidemic,

¹⁰ Commonwealth Secretariat

ministerial Committees, a Parliamentary Gender Caucus, and a Gender Equality Commission/Council. The lead agency initiates and strengthens the institutional arrangements, works to ensure that gender is mainstreamed in all policies, plans and programmes, and that the core programmatic elements – goal, objectives, and indicators – are gender-sensitive. Communication and coordination are part of the core mandate of the lead agency.

The Gender Management Team is constituted by key officers representing critical sectors , including Line Ministries (LMs), the private sector, Development Partners (DPs), and civil society. It is important to include persons who firmly believe in gender equality, understand the gender dynamics of the epidemic and have the political clout and influence to engender change.

GFPs are desk officers charged with the day-to-day responsibilities of gender mainstreaming and drawing attention to marginalisation and gender gaps. They serve as advocates, lobbyists, and resource persons, working to garner support for gender mainstreaming and disseminating information within their institutions.

GMS mechanisms – GMS mechanisms have four core elements – gender analysis, gender training, Management Information Systems (MISs) and performance appraisal systems. Gender analysis is the collection and analysis of sex-disaggregated data, which reveal the differential impact of development activities on women and men, and the effect of gender roles and responsibilities on development efforts. It is important to develop standard training modules on gender and HIV&AIDS for ongoing training of stakeholders. In addition, the lead agency needs to maintain a central MIS which serves as a clearing house for information and analyses on gender and HIV&AIDS. Institution of a gender-aware performance appraisal system that tracks progress at all levels – individual, organisational, and entire-national-response – is crucial. This ensures accountability by all players.

GMS processes – GMS processes entail setting up GMS structures and mechanisms, developing and implementing a National Gender Action Plan, and mainstreaming gender in the national, sectoral, and organisational plans.

3 Situation Report on GMSs in the Seven ENR States

This section discusses the state of affairs with regards to existing components of GMSs in the seven ENR states prior to the commencement of the project. It is important to note that four of the seven project states (Benue, Cross River, Kaduna and Nasarawa States) participated in the Strengthening Nigeria's Response to HIV&AIDS (SNR) Programme, a DFID-funded five-year programme that preceded ENR.

At the inception of the ENR programme, the capacity of SACAs and state-level partners in the three states where SNR did not operate (Akwa Ibom, Ogun, and Lagos) to mainstream gender effectively was assessed using the Organisational Capacity Assessment Tool (OCAT).¹¹ The OCAT has various domains, one of which focused on the gender mainstreaming capacity of SACA and other state-level partners (LMs, and CSOs/networks). The emphasis was on the capacity of these institutions and organisations to mainstream gender effectively in a coordinated and sustained manner.

This analysis reveals that the three ENR states assessed had low capacity for gender mainstreaming; work was primarily rudimentary and ad hoc rather than systemic. Figure 2 below shows the Gender Index for the three ENR states – Akwa Ibom, Ogun, and Lagos. The figure indicates that at the time of the assessment only the activities of networks in Lagos State and LMs in Ogun State were beginning to yield some results with regards to gender mainstreaming. All the SACAs showed rudimentary steps towards implementing a gender-sensitive HIV&AIDS response.

The Organisational Capacity Assessment (OCA) report, coupled with assessments carried out under SNR, show that different states were at different levels with regards to the existence of the elements of GMS. We have presented below a summary of how each state fared with regards to the existence of GMS components prior to interventions by ENR.

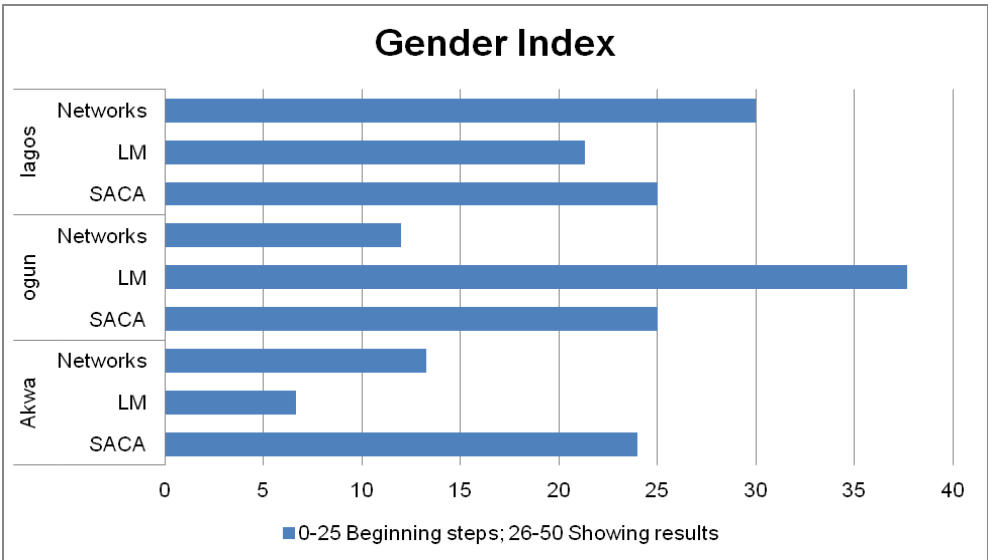


Figure 2 – Gender Index for Akwa Ibom, Ogun, and Lagos States (Source: OCA report, 2010).

¹¹ OCAT is a tool to identify capacity gaps and actions to strengthening the capacity of the institutions to deliver HIV&AIDS prevention, treatment, care and support services.

3.1. Enabling environment

As stated earlier, each of the seven ENR states are at different levels, though with some form of similarity. For instance, in all the seven ENR states, there were no state-wide gender policies at the inception of the programme. In addition, there was a dearth of enabling policies, and the legislative framework was essentially generic. Lagos State, however, had a law in place protecting PLHIV before ENR commencement in the state. In Akwa Ibom, Lagos, and Ogun States, LMs and networks were at rudimentary levels with regards to institutionalising GMSs (Figure 2). Also, in all the ENR states (with the exception of Benue), the number of women in decision-making positions within SACAs, LMs, and CSOs was inadequate. Though all the states had active CSOs, many were not working closely and collaboratively with SACAs. Lagos is an exception in this regard. Prior to ENR, Lagos SACA already had a critical mass of CSOs working closely with it to tackle HIV&AIDS in the state, holding meetings with its CSO partners on a regular basis. Lagos SACA has been the classic example of how SACAs can coordinate other partners in the state-wide response.

In Benue, Cross River, Kaduna, and Nasarawa States, CSOs have been the bedrock of the HIV&AIDS response. Under SNR, CSOs' interaction and collaboration with SACAs were strengthened. Availability of highly motivated CSOs in these states provided a solid foundation on which to build GMS structures under ENR.

3.2. GMS structures

With regards to structures, three of the four states that participated in the SNR Programme – Benue, Cross River, and Kaduna – had GTWGs in place prior to ENR. (In contrast, Akwa Ibom and Lagos States had no GTWG prior to ENR.) However, these extant GTWGs were non-functional and were only reactivated with ENR support. Nasarawa, the fourth SNR state, had no GTWG, but has had a Gender Task Force in place since 2008. Although some SACAs and LMs had developed work plans under SNR, these were not implemented, and none of the previous SNR states had appointed GFPs in their SACAs. Additionally, most ENR states had no in-house GMTs/committees/GFPs in place at SACAs/LMs, except for Benue State. In Ogun State, the Ministry of Women Affairs (MOWA) was responsible for promoting gender mainstreaming.

The above available structures in some of the states served as entry points for ENR to initiate the process of institutionalising GMSs.

3.3 GMS mechanisms

In the seven ENR states, there were inadequate skills in gender analysis. Planning, staffing, budgeting, and programme implementation were mostly gender-blind or gender-neutral. Various implementing partners, including SNR, had conducted gender training events for SACA and its partners, especially in the four previous SNR states; however, these training events were ad hoc and the skills acquired through them had long since evaporated. None of the states had a harmonised Gender Training Curriculum. In addition, though some partners in the states (especially those that were involved in SNR) had begun to collect disaggregated data, the process of collating and feeding these to the national MIS was neither synchronised nor systematised. Besides, data did not significantly influence decision-making; neither were allocations of resources informed by evidence from the gender perspective.

In all seven states, performance appraisal systems did not mainstream gender as an area in which personnel were required to demonstrate results.

3.4 GMS processes

In all seven states, GMS processes were either non-existent or inadequate. In Benue, Cross River, Kaduna , and Nasarawa, where GTWGs were on ground prior to ENR, previously developed action plans were not implemented, and the group seldom met.

4 Establishment of GMSs in ENR States: What Did ENR Do?

ENR has supported the institution of GMSs through several iterative steps. For convenience, these have been categorised as follows:

4.1 Capacity building

In order to develop a responsive Capacity Building Plan (CBP), ENR conducted a rapid assessment focusing on skills and competence. These assessments highlighted existing capacity gaps and informed the development of a CBP for tailored training, mentoring, and skill transfer.

ENR commenced the deployment of the CBP developed for each institution shortly after the assessments. A series of sensitisation meetings and gender mainstreaming training events were held for key staff and management of SACA and other partners, including ENR CSO partners,¹² Local Action Committee on AIDS (LACA) HIV focal persons, and representatives of existing Technical Working Groups (TWGs). These meetings and training events were conducted to enhance participants' awareness of the gender dimensions of the epidemic and create momentum for the establishment of GMSs.

4.2 Development of GMS Guidelines/Action Plan

In order to deepen knowledge of GMSs, ENR conducted a strategic GMS concept clarification meeting with SACA GFPs (as noted above, some states did not have focal persons on gender but hurriedly nominated staff to represent SACAs), ENR Policy, Advocacy, and Gender Technical Advisors (PAGTAs), and the Systems Strengthening Technical Advisors (SSTAs)¹³ from the seven states. Also in attendance were the Director of Capacity Building, the Policy and Advocacy Specialist, the Strategic Planning and Coordination Specialist, the ActionAid Women's Rights Coordinator, and the ENR Gender Specialist.

One of the key outputs of this meeting was the development of *Guidelines and Action Plan for the Institution of Gender Management Systems for SACAs and Partners*. The draft guidelines were tailored to the needs of the states and can serve as a reference document for the establishment of GMSs for the entire national response. See Appendix 4.

4.3 Setting up GMS structures and mechanisms (GMS processes)

ENR worked closely with SACAs in the seven states to carry out several activities including:

- Advocacy to and sensitisation of stakeholders on the importance of establishing GMSs and approaching gender mainstreaming in a more sustained and systemic manner.

- Organisation of a stakeholders' forum and appointment of relevant stakeholders as TWG members: where TWGs existed prior to ENR, as in Nasarawa, Kaduna, Cross River, and Benue States, these were revitalised with TORs and Gender Action Plans.

- Inaugurations of GTWGs: some states have a Policy, Advocacy, and Gender Technical Working Group (PAGTWG) while others have stand-alone GTWGs. In addition, all TWGs in Lagos State have appointed Gender Champions whose basic role is to ensure that gender mainstreaming remains a central focus in all programming.

¹² These are CSOs that ENR provided with sub-grants to implement HIV prevention programmes at community/state levels.

¹³ Systems Strengthening Technical Advisors provide technical support to the SACAs in strengthening their systems.

Assessment of the gender- and HIV-responsiveness of existing Human Resources (HR) policies in SACAs, LMs, and partner CSOs, with recommendations for their review: SACAs have expressed concerns over their inability to influence HR policies since their staff are mostly seconded from LMs. This, however, does not preclude the need for advocacy for HR policy review by the various LMs. Many CSO partners were reported to have revised their HR and operational policies to reflect gender responsiveness as at the time of this study.

Ensuring that Technical Working Groups meet regularly: meetings serve as platforms to share ideas and experiences, and to provide feedback on ongoing work. A meeting of the Ogun State PAGTWG was observed during this study. The SACA Chair, who doubles as the GFP, presided. The meeting had several CSO and Faith-based Organisation (FBO) partners and representatives from LMs in attendance. From the minutes of the previous meeting and the proceedings of this meeting, held in the SACA Conference Room, it is clear that partners have fully bought in to the idea of GMS and are making coordinated efforts to set up all structures required to function effectively at both individual and state levels.

Involvement of TWGs in advocacy for gender-sensitive budgetary allocation for HIV&AIDS: in particular, the CSO partners under the umbrella of the Gender and Development Network (GDN) in Ogun State have been closely involved in holding government to account over electoral promises to women and pushing for the passage of the Ogun SACA into an agency.¹⁴

With regards to the development of Gender Action Plans, each ENR state had developed plans to guide the HIV&AIDS response in each state. For instance, Lagos State has a Gender and HIV Mainstreaming Sectoral Plan (2012), while Benue State, through the PAGTWG, has a Gender Action Plan in place. In Nasarawa, the Nasarawa State AIDS Control Agency (NASACA) is developing a gender-sensitive operational plan, which is derived from the State HIV&AIDS Strategic Plan. Additionally, six LMs, 29 LACAs, and six networks were supported in the development of gender-sensitive operational plans for 2012. Three CSO partners in Nasarawa State were supported in the development of gender-sensitive strategic plans.

In Akwa Ibom, Cross River, Kaduna, and Ogun States, Gender Action Plans (work plans or working documents) have been developed for the various TWGs. These are reviewed at meetings and generally guide the activities of partners.

4.4 GMS structures established

All the activities highlighted above under GMS processes have yielded results. SACAs and their partners have been flexible in their approach to setting up GMS structures. Rather than reinvent the wheel and create parallel structures, partners used existing structures as entry points. Where GTWGs existed prior to ENR engagement with the states, efforts were targeted at making these working groups functional. For example, in Nasarawa State, a Gender Task Force was inaugurated in 2008 with the support of UNICEF. In -depth interviews with key stakeholders in Nasarawa State revealed that a clear TOR had been developed for the Gender Task Force. In other instances, rather than create GTWGs, existing thematic working groups have been strengthened with the appointment of Gender Champions. This model is being implemented in Lagos and Nasarawa States.

Cross River State implements the stand-alone GTWG model, while Kaduna, Akwa Ibom, Benue, and Ogun States operate a fused PAGTWG model. In Ogun State, the TWG has been revitalised, with SACA identified as the lead agency. A Gender Action Plan is now in place, and gender has been mainstreamed in the State Unified Plan as well as in the programmes of LMs, networks, and CSOs.

¹⁴ Activities of GDN were elaborated during the PAGTWG meeting in Abeokuta on 28 June 2012.

In Kaduna State, the PAGTWG meets on a quarterly basis. In addition, the Kaduna State AIDS Control Agency (KADSACA) has a functional internal Gender Committee with representation from all the six departments. This committee ensures that gender is mainstreamed in all departmental activities, reporting to the KADSACA GFP. Kaduna State has developed a gender-responsive HIV&AIDS State Strategic Plan, and the LMs and LACAs have HIV&AIDS Priority Plans that are highly gender-responsive.

In all seven states, SACAs and LMs have appointed GFPs. In Lagos State, the HIV focal person in each of the LMs doubles as the GFP. In Ogun State, all CSO network members of the PAGTWG have appointed GFPs. In all the other states, the ENR CSO partners have also appointed GFPs. In Akwa Ibom State, TOR have been developed for the GFPs of the various networks. In Kaduna State, KADSACA, LMs, LACA, and FBOs (Ja'amatul Nasir Islam (JNI) and the Christian Association of Nigeria (CAN)), as well as CSO partners, have appointed GFPs and are active.

All seven states have identified clear lead agencies for their GMSs. While Nasarawa State has identified MOWA as the lead agency, SACAs have been mandated to serve as lead agencies in the six other ENR states. In Kaduna State, the GFPs for CSOs, LMs, LACA, and FBOs (JNI/CAN) submit monthly gender reports to KADSACA.

Though tremendous progress has been recorded in setting up GMS structures, only Ogun State now has an Inter-ministerial Committee on HIV&AIDS. None of the seven ENR states has a Parliamentary Gender Caucus. Also, none of the states has a Gender Equality Commission. There is a need to intensify advocacy towards setting up these structures.

4.5 Strengthened enabling environment

Since the inception of ENR, SACA and its partners in the various TWGs have worked hard to strengthen the enabling environment by facilitating and/or supporting the drafting of bills, and by embarking on targeted advocacy towards the passage of pending bills in the various Houses of Assembly.

In Cross River State, gender-sensitive laws are currently in place, including laws prohibiting Gender-based Violence (GBV), Female Genital Mutilation (FGM), child marriage, and widow inheritance, laws in favour of property inheritance for women, and an anti-stigma law on HIV&AIDS. Also, the Cross River State Workplace Policy has been passed into law, and implementation of the law is being monitored closely by relevant groups.

In Ogun State, a Gender Equality Bill is currently before the House of Assembly awaiting passage. A National Workplace Policy on HIV&AIDS has been domesticated and is awaiting the Governor's assent. Also, a critical mass of CSOs and networks are working collaboratively with SACA, e.g. the National Youth Network on HIV&AIDS (NYNETHA), Civil Society on HIV&AIDS in Nigeria (CiSHAN), the Association of Women Living with HIV&AIDS in Nigeria (ASHWAN), the Network of People Living with HIV&AIDS in Nigeria (NEPWHAN), and the Interfaith HIV&AIDS Coalition of Nigeria.

In Nasarawa State, an Anti-stigma Bill on HIV&AIDS has passed the first and second readings at the House of Assembly. Also, a gender-sensitive HIV&AIDS Policy has been developed. These both contribute to reducing discrimination and exclusion, and strengthen the enabling environment for HIV&AIDS programming. An interviewee from Nasarawa State asserted: "NASACA now uses gender-sensitive criteria to appraise policies and plans. At meetings, people often ask how ongoing programmes benefit women and men".

Akwa Ibom State Action Committee on AIDS (AKSACA) was supported by the GTWG in the development and adoption of a Gender Policy statement; this was drawn from the NGP. The Gender Technical Committee (GTC) is working closely with MOWA to develop a state-wide Gender Policy for Akwa Ibom State.¹⁵ Further, the GTWG is currently engaging in legislative advocacy for an anti-stigma law in the state.

In Cross River State, the process of developing a state-wide Gender Policy is ongoing. In Benue State, the State Ministry of Women Affairs and Social Development has decided to adopt the NGP as their strategic guide (rather than develop a State Gender Policy).

With ENR's support, partner organisations within the state HIV&AIDS response have reviewed personnel and operational policies and plans with a gender lens. In Benue State, partner organisations have developed gender policies and incorporated gender perspectives in their HR policies. Similarly, the three ENR partner CSOs in Akwa Ibom State, four partner CSOs in Kaduna State, and four partner CSOs in Cross River State have been supported in the development of gender policies.¹⁶ In all the ENR states, gender has been mainstreamed into the Strategic Plans of ENR partner CSOs.

In all seven states, a critical mass of highly motivated CSOs now works collaboratively with SACAs to strengthen the state HIV&AIDS response. They include broad-based networks such as NEPWHAN, NYNETHA, CiSHAN, faith-based networks (CAN and JNI), the Interfaith HIV&AIDS Coalition of Nigeria, GDN (in Ogun State), ASHWAN, and several others. These CSOs continue to lead advocacy for gender mainstreaming, resource allocation, gender budgeting, and gender-sensitive planning. They also provide Technical Assistance (TA) to SACA and LMs as the need arises. Some CSOs have developed gender strategies to guide their programming and operations. The PAGTWGs in Ogun, Nasarawa, Benue, and Kaduna States have facilitated/supported the development of state-wide HIV&AIDS Workplace Policies.¹⁷

With regards to women's representation and participation in decision-making within the states' HIV&AIDS response, there have been significant improvements at all levels in the seven states. In Kaduna State, for instance, KADSACA staffing is becoming more inclusive of women: management staff is comprised of six males and three females; senior staff of 15 males and 12 females; and junior staff of 20 males and four females. In Benue SACA, eight out of 11 management staff are women. In Cross River State, the Cross River State AIDS Control Agency (CRSACA) has two female and two male management staff, and of the four ENR CSOs, three have female Chief Executive Officers. In Lagos State, the Lagos State AIDS Control Agency (LASACA) has four female and three male staff; in Nasarawa State, the Nasarawa State AIDS Control Agency (NASACA) has two female and four male staff. The NASACA Board has attained 30% female representation. Figure 3 below shows the SACA staff composition in the seven ENR states.

¹⁵ Source: Notes on Gender mainstreaming in ENR, Akwa Ibom State.

¹⁶ Source: Notes on Gender mainstreaming in ENR, *ibid*.

¹⁷ Meeting proceedings of Ogun State PAGTWG at the SACA Secretariat, 28 June 2012.

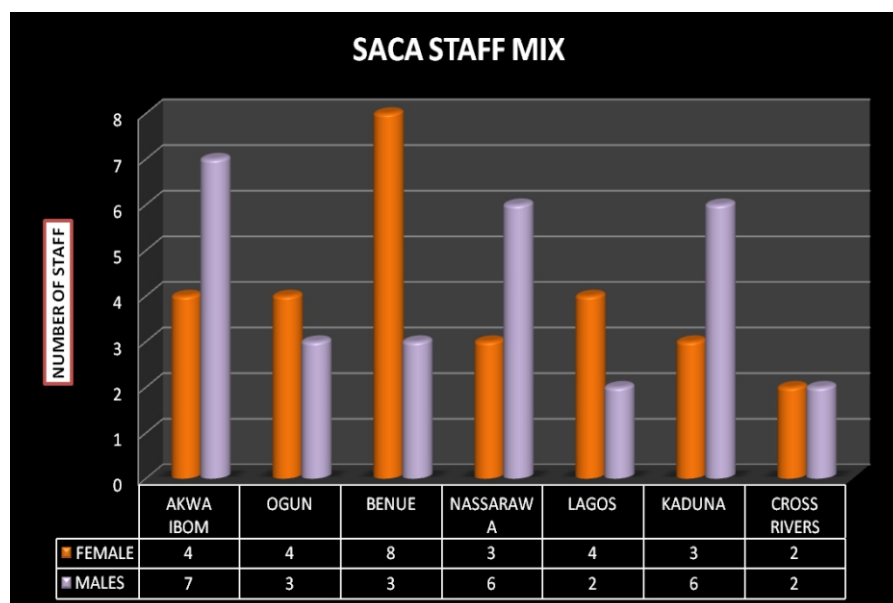


Figure 3 – SACA Staff Composition in the Seven ENR States

4.6 Enhanced GMS mechanisms

In all ENR states, reports show that SACAs and their partners in the TWGs have been trained in gender analysis and mainstreaming. In Kaduna State, selected persons representing LACA, CSOs, LMs, FBOs, and networks, and GFPs/HIV focal persons, have been trained on gender and related issues. This has led to improved gender mainstreaming in the activities of the various stakeholders and their work plans. Kaduna State has a CSO gender network which interfaces with the KADSACA HIV&AIDS GTWG. This has improved the mainstreaming of gender in all KADSACA programmes. The CSO gender network recently conducted a gender analysis of data from the Ministry of Education (MOE). The analysis highlighted: the total number of girls enrolled compared to that of boys; numbers of girls and boys that complete primary and secondary schools; and issues that lead to the high level of drop-out of pupils, especially of girls in primary schools. One of the factors associated with girls' low enrolment and high drop-out was the non-availability of girls' toilets.

In order to address the low levels of girls' enrolment, retention in school, and primary and secondary school completion rates, the MOE in Kaduna State worked with the CSO gender network to train 200 Directors and School Principals in gender mainstreaming and related themes. This has resulted in improved implementation of the Family Life and HIV&AIDS Curriculum in Kaduna State. In addition, the MOE has facilitated the construction of toilets specifically for girls in 10 schools. The impact of this on girls' enrolment is yet to be assessed.

Kaduna State has strengthened the skills of eight CSOs, four networks, two FBOs, and three media houses in gender planning and monitoring, through a three-day training event and a number of follow-up mentoring visits. This has given greater visibility to gender issues in the media, especially in articles written by journalists who participated in the training event.

Gender desk officers have been trained in gender-responsive budgeting by MOWA in Kaduna State. This training aimed to influence gender-sensitive budgeting in LMs. The outcome of this training is yet to be assessed but there are individual testimonies about how this work has brought about more gender-sensitive

budgeting. The gender/HIV focal persons for LACA, CSOs, LMs, and FBOs, as well as GFPs/HIV focal persons, Directors/Chief Executive Officers (CEOs), and representatives of networks, have also been trained in gender-responsive budgeting, and there is anecdotal evidence that this has positively influenced planning and budgeting. One of the media houses in Kaduna State hosted a sensitisation programme on gender-responsive budgeting on the radio, giving further visibility to gender issues.

In Lagos State, ENR has strengthened the capacity of 24 HIV focal persons from 10 LMs and 10 CSOs, and four network representatives on gender analysis and mainstreaming in HIV&AIDS programming. Lagos State is reported to have made a commitment to include gender orientation in all training and programmes.¹⁸

Training has resulted in more gender-sensitive HIV&AIDS prevention strategies at community level in all states. LACA and CSO GFPs regularly collect and collate gender issues from IPC and STAR, which are addressed during review meetings.

In Nasarawa, gender analyses of IPC and prevention interventions were conducted. Findings have helped to strengthen IPC implementation. The Gender Task Force team provides quarterly training for its members, including CSOs and LMs, on gender and related concepts. These partners have deployed knowledge generated from this training to strengthen the gender sensitivity of their HR policies and programmes. One of the immediate results achieved is that there is now a higher demand for female condoms. Also, LMs and LACAs have been trained on gender mainstreaming towards the start-up of the Public Sector Response funded by the World Bank.

In both Nasarawa and Benue States, SACA Boards were sensitised on gender during board governance training. In Benue State, some gender training had taken place prior to ENR's interventions, but there was no rigorous follow-up to ensure implementation of lessons learned. Training is now better structured and coordinated. SACA and its partners have been trained in gender and related concepts, including gender analysis. The knowledge and skills acquired from this training continue to influence community-level work positively. There is more widespread disaggregation of data, and reports from Benue State show that there is more deliberate targeting of places where women and men can be reached easily with HIV prevention programmes.

In Cross River State, gender training is now more structured. Skill building on gender analysis has improved programme planning and implementation. A gender analysis of the 2010/2011 HIV programme has been conducted to determine its coverage and reach. This analysis highlighted gaps in programming, which are being addressed in the 2012 programme. Also, in Cross River State, data are regularly fed to the MIS.

In Akwa Ibom State, gender training is now more coordinated, with key themes including gender analysis and gender mainstreaming in both programmes and organisations at large. Participants are usually led to develop Gender Action Plans to be implemented in their constituencies.

In Ogun State, members of the PAGTWG, GFPs of LMs, and CSOs and networks have been trained in gender mainstreaming. Ongoing coaching and mentoring of the PAGTWG and GFPs, and continuous follow-up on implementation of the Gender Action Plan, ensure that partners keep faith with the promise to mainstream gender. Training has also resulted in improved data management and data use for decision-making.

"When we empower women, a lot of things will start working for us" - Representative of an Islamic religious group in Ogun State

¹⁸ Update on Gender Mainstreaming in Lagos State. ENR activity report.

Some GTWGs (e.g. Benue State) and CSOs (e.g. Know Your Budget Group in Kaduna State) are reported to have conducted budget analysis and highlighted gender gaps in existing budgets. The reports could not be accessed during this study.

In all seven states, gender mainstreaming in performance appraisals is yet to be widespread and effective.

5 Key Achievements: How has the Process of GMS Institutionalisation Enhanced the Achievement of Results in ENR States?

The process of institutionalisation of GMS has enhanced the achievement of overall results in the ENR States in several ways:

5.1 Enhanced understanding of the gender dimensions of the HIV&AIDS epidemic among SACAs and partners

In-depth interviews with SACA staff and CSO partners in three selected ENR states (Ogun, Nasarawa and Kaduna), project reports/updates on GMSs from all seven states, and observation of a TWG meeting in Abeokuta, the Ogun State capital, on 28 June 2012, show that partners have a clear understanding of the gender dimensions of the epidemic. The GFP for the Ministry of Health in Ogun State was able to describe how gender mainstreaming has enhanced the work of the ministry. She clearly understood her role as a GFP to include providing support for gender mainstreaming in policies, plans, budgets and programmes, advocacy and lobbying for the inclusion of gender perspectives in all activities, serving as an in-house resource person, organising programmes to educate people on vulnerability, and acting as a liaison between the ministry and the PAGTWG. According to her, there is now general awareness of the importance of gender mainstreaming in all activities and budgets. Despite this, she acknowledges that there is still subtle resistance, which she plans to tackle through consistent engagement.

In addition, the Chair of the GDN, an umbrella body for CSOs in Ogun State, effectively described the gender dimensions of HIV&AIDS and how gender has been mainstreamed in the various programmes designed and organised by the network.

5.2 Enhanced capacity of SACAs and other partners in gender mainstreaming

SACAs and other partners have been trained in the course of implementing this project. This tailor-made training, based on an initial capacity assessment, has enhanced partners' skills, and changed negative perceptions about gender equality.

Box 1: Outcome of gender-responsive budgeting training in Kaduna State

A Resource Mobilisation Officer with KADSACA who benefited from the Gender-responsive Budget Training organised by KADSACA, with support from ENR, was interviewed in the course of this assignment. He exhibited a lot of enthusiasm about the new skills acquired. According to him,

"Prior to the workshop on Gender-responsive Budgeting, I knew what budgeting meant but I had no idea about how it relates to gender. The workshop gave me the opportunity to look at budgeting beyond what I was taught in the classroom, and since then, I have applied what I learned both in my official and personal assignments. To me, any budget, either public or private, without gender consideration is bound to fail."

This respondent also told the story of how he had to recall and rework a proposal submitted to the MDG Office as part of KADSACA's bid to access funds from the Conditional Grants Scheme when he realised through the Gender-responsive Budgeting Training that the budget he had earlier submitted was gender-blind.

ENR has developed a gender mainstreaming checklist for IPC conductors. Strengthened skills of service providers and IPC conductors in gender and HIV&AIDS, including the differential vulnerabilities of girls, women, boys and men, and community-based prevention programmes have resulted in people being more gender-sensitive. In Lagos State, more men now access HIV Counselling and Testing,¹⁹ an improvement from the initial phase of the project. In Benue State, there is more deliberate targeting of venues where men and women are most likely to be reached with prevention programmes.

5.3 Enhanced clarity on the concept of GMS and increased momentum for its institutionalisation

Interviewees in Nasarawa, Kaduna, and Ogun States demonstrated clarity on the concept of GMS. Also, the meeting proceedings of the TWG in Abeokuta demonstrated high momentum and enthusiasm, and touched on several aspects of GMS, including Workplace Policies, the Anti-stigma Bill, the Gender Equality Bill, the appointment of GFPs for all networks and coalitions, engagement with the Citizens Right Department of the Ministry of Justice, and modalities to hold government accountable for affirmative action for women. Kaduna State has developed a diagrammatic representation of its GMS (Appendix 5). All seven states have produced brief updates on key milestones achieved in the institutionalisation process so far.

5.4 Strengthened linkages between SACAs, LMs, and civil society, including FBOs

The existence of functional TWGs has provided a platform for strengthening linkages between SACAs, LMs, and civil society as key players and collaborators in the state HIV&AIDS response. GMSs thrive on these linkages, ensuring that all partners are included.

5.5 Strengthened inter-ministerial collaboration

The multi-sectoral response to HIV&AIDS is enhanced by inter-ministerial cooperation and collaboration. This further strengthens ownership and ensures a holistic approach to tackling the epidemic as the different ministries bring their core competences and resources to bear. Study participants from Ogun State cited the example of the Gender Week organised in December 2011. Interviewees²⁰ mentioned that the programme was conceptualised, sponsored, and jointly implemented by an Inter-ministerial Group on HIV&AIDS, with TA by ENR. This joint programme has further promoted visibility and acceptance of gender equality, especially amongst faith communities (as the Gender Week focused on gender issues in religion).

5.6 Enhanced solidarity among CSOs

Interviewees posit that the institution of GMSs has enhanced solidarity among CSOs. In Ogun State, gender-focused CSOs have formed a network, the GDN. According to the GDN Secretary, the idea of the network was born at an ENR capacity building workshop. This group is said to consist of Non-governmental Organisations (NGOs), Community-based Organisations (CBOs), FBOs, and researchers (academics). Box 2 describes some of the activities of GDN.

Box 2: Activities of the GDN in Ogun State exemplify the role of CSOs in the HIV&AIDS response

GDN supports the state response to HIV&AIDS through concerted advocacy and lobbying for the strengthening of the enabling environment (pushing for the passage of Gender Equality and Anti-

¹⁹ Update on Gender Mainstreaming in Lagos, *ibid*.

²⁰ GFP for Ogun State Ministry of Health, ENR State Programme Manager, ENR SSTA, Chair, Ogun State PAGTWG.

stigma Bills, interfacing with and lobbying government to implement affirmative action with regards to appointments, etc.). GDN has increased the visibility of gender issues and has successfully secured funding from the Ogun State government for its micro-credit scheme for women (including women living with HIV).²¹ In addition, the network organises seminars and participates in radio and TV discourses on topical issues such as GBV, maternal mortality reduction, sexual and Reproductive Health (RH) rights, etc. The network also organises regular training for its members.

In Kaduna State, a CSO gender network also exists and has been very active in providing TA to the MOE in gender analysis of data, as well as training in gender-related issues.

5.7 Enhanced overall effectiveness of CSO partners

According to the ENR Capacity Building Technical Advisor for Ogun State, the process of instituting and operationalising a GMS for the HIV&AIDS response in Ogun State has enhanced overall organisational effectiveness of partner CSOs, as they have had to demonstrate gender sensitivity in staffing, job descriptions, decision-making, and analysis of gender issues. The PAGTA for Benue State also affirmed that the effectiveness of CSOs in the state has been enhanced through training and mentoring.

The results of ENR support to SACAs to ensure that their efforts in the area of planning/coordination/policy development are gender-sensitive demonstrated that partners' skills have improved in several ways, as shown by the OCAT comparative scores in Figure 4.

Indicator 1.1						
Domains	Lagos		Ogun		Abia State	
	2010	2011	2010	2011	2010	2011
Governance and leadership	71	88	30	50	45	30
Resource Mobilization & Accountability	60	79	25	40	25	40
Planning (strategic and Operation planning)	80	82	50	20	49	70
Technical Planning & M&E	65	78	44	30	35	50
Multi sectoral Coordination & Facilitation	79	65	50	42	45	45
Technical Networking & Partners	75	87	45	55	48	60
Gender Management System	25	50	25	40	24	65

Figure 4 – OCAT Scores for 2010 and 2011

In general, SACAs that have improved in the area of Gender Management have also improved in other areas of operation.

²¹ Interview with GDN Secretary in Abeokuta.

5.8 Enhanced community organisation and ownership of gender equality issues

ENR project reports show significant community organising from a gender aware perspective. The STAR methodology²² provides a veritable opportunity to help communities to recognise and respond to long-standing gender biases that are detrimental to the welfare of both males and females. In Adatak community, Ikot Ekpene Local Government Area (LGA) of Akwa Ibom State, where both STAR and IPC programmes are being implemented, there is anecdotal evidence that incidence of teenage pregnancy is in decline.²³ To demonstrate community acceptance and ownership, activity reports show that the community leader of Adatak community has made a pronouncement that the first female from the community to complete her educational pursuit without getting pregnant will be awarded a chieftaincy title.

In Ogun State, an in-depth interview with the Capacity Building Technical Advisor shows that across the eight STAR communities, there has been significant improvement in the number of women attending meetings and participating in decision-making processes. There has also been a significant shift in mindsets and beliefs about women's status in communities. In Irepodun-Dagba community of Ado-Odo/Ota LGA of Ogun State, a community-level Gender Committee has been constituted and charged with the role of promoting gender equality in families.²⁴

In Benue State, the Executive Director of one of the CSOs, Ohonyeta Care Givers (OCAG), testified to the fact that GMS has enhanced the gender sensitivity of their programmes, especially in the Micro Credit Scheme and RH Education programmes. According to her, gender is mainstreamed into and discussed at all OCAG programme activities, from community identification to advocacy visits/meetings, community sensitisation, pre-loan training, loan disbursement, and every other activity. This commitment is already paying off in current interventions in eight communities in Ohimini and Otukpo LGAs of Benue State (Ogobia, Ogoli, Onyagede-Ehicho and Onyagede-Ehaje, Odelle, Adoka, Idekpa, and Otukpo township), where community members and leaders have come to understand and acknowledge, through advocacy and sensitisation by SACA with technical support from ENR, that gender inequality is a key driver of HIV&AIDS. Project reports from these communities show strong political support for gender mainstreaming in community-level interventions.

5.9 Enhanced achievement of overall results: Case study of the ENR Programme

A UNAIDS study in 2004 revealed that HIV&AIDS projects which mainstream gender improve overall effectiveness. The ENR project is a classic example of a project that mainstreams gender perspectives in its design, implementation, and Monitoring and Evaluation (M&E). The unique features that make ENR stand out as leader in gender-sensitive HIV&AIDS programming include:

5.10 A well-coordinated gender mainstreaming architecture that mirrors the GMS

ENR's gender sensitivity can be attributed to the existence of a well-coordinated gender mainstreaming architecture to drive the process of gender mainstreaming. The programme has a robust Gender Strategy. The ENR purpose and outputs and their indicators are gender-sensitive. In addition, one of the consortium

²² STAR is a participatory methodology where poor and excluded groups such as women and girls, youth, and key populations come together to analyse issues from the perspectives of gender, human rights, and HIV&AIDS. STAR empowers the poor to create spaces and structures, build solidarity with multiple stakeholders, campaign with duty bearers for policy-level changes, and demand inclusion, accountability, ownership, and resources.

²³ Update on Gender Mainstreaming in Akwa Ibom State, ENR Activity report.

²⁴ Interview with the Capacity Building Technical Advisor.

members, AAN, has a clear mandate to lead the gender mainstreaming process. The programme has a Gender Specialist at HQ, and Policy, Advocacy and Gender Advisors at state level. ENR has included sections on gender equality and women's rights in its training modules. The Board Governance Manual developed by ENR is gender-sensitive. The programme has also developed a checklist on gender mainstreaming that is deployed in the assessment of all activities. All these mirror the components of GMS discussed above and ensure that gender mainstreaming is not ad hoc or piecemeal but a deliberate commitment woven into all processes and operations of the programme at all levels.

5.11 Gender mainstreaming in staffing

According to the ENR Project Director and other study respondents at ENR,²⁵ commitment to gender equity guides recruitment, implementation, budgeting, and several other organisational processes. For example, with regards to staffing, ENR has a female-to-male core staff ratio of 6:7 at HQ, with two female to one male output leads, and three female State Programme Managers out of seven. Of the four units (prevention, policy, gender, and knowledge management) three are led by women. In addition, there is appreciable balance/parity in the number of female to male front line managers such as IPC Conductors, Facilitators, staff, etc.

5.12 Gender mainstreaming in planning, budgeting, and operations

All planning processes in ENR are driven by a deep commitment to gender equity. All operational plans mainstream a gender perspective. Also, all planning and budgeting processes are informed by sex-disaggregated data. ENR reports/processes show how much is spent on men and women and the rationale for such allocations.²⁶

5.13 Gender mainstreaming in programme design, implementation, and M&E

All respondents agreed that gender mainstreaming is a key requirement for the achievement of all ENR results. The project's logframe reflects this commitment in its purpose, outputs, and corresponding indicators. The project has a HIV&AIDS prevention focus and targets vulnerable populations aged 15-49 years, including both men and women and not restricted to a particular sex. In addition, ENR provides commodities that are beneficial to all sexes (female and male condoms, lubricants, etc.). Also, all data collected by the programme are disaggregated by sex, and benefits to women and men are part of the criteria for determining success.

Coupled with several other factors, gender mainstreaming has catalysed the overall achievement of results on the ENR project. Success stories abound and are usually linked to the project's efforts at interrogating the structure and systems that construct, reinforce, and perpetuate gender inequalities to the detriment of women and men.

²⁵ Respondents at ENR HQ included the Project Director, Policy and Advocacy Specialist, Stewardship and Coordination Manager, Deputy Director, and the Gender Specialist.

²⁶Source: ENR Project Director.

6 Selected Success Stories

ENR promotes the use of various prevention strategies, including STAR, PLACE, and IPC. One unique feature of these methodologies is that they promote inclusion and ensure that all voices are captured. As a result of ENR's focus on gender equity, more women have been active as both facilitators and participants in community circles/interventions alongside men.

The IPC method aims to reach out to the general population with messages and services on RH and HIV&AIDS. IPC is a proven means to influence behaviour as it ensures instant feedback between the facilitator and his/her audience. IPC sessions are usually conducted with the aid of pictorial charts. The use of pictures and discussions makes learning about HIV&AIDS a more engaging experience for the audience. Box 3 highlights efforts by IPC Conductors in Benue State to reach women with prevention activities.

Box 3: Gender awareness leads to more deliberate targeting of services to women

IPC Conductors in Benue State normally carry out their activities in public places, including motor parks, mechanic villages, drinking joints, market places, and other places where people normally cluster for one reason or another. A gender analysis of IPC activities in the Wadata area of Makurdi LGA revealed that many more men were reached than women. This was attributed to the cultural factors that exclude women from some spaces considered as men's spaces, and the culture of silence that prohibits or discourages women from speaking publicly on sex and sexuality. In order to reach more women in a safe space where they can speak up without inhibition, the Riverside Market in Wadata was targeted. The Riverside Market is a place where women buy and sell fresh fish from the Benue River, and where others from surrounding rural communities converge to sell their farm produce. This has significantly increased the number of women reached and women's participation has improved dramatically.

The Human-rights-based Approach (HRBA) deployed by ENR in its HIV&AIDS prevention programmes has been very successful in promoting women's rights and gender equality. HRBA principles comprise inclusiveness and participation, among others. Box 4 highlights how women's participation in STAR communities in Akwa Ibom State has resulted in fewer incidences of GBV.

Box 4: Women's participation in Village Councils reduces GBV

Promoting women's participation in decision-making at all levels is one of the main thrusts of HRBA. In Akwa Ibom State, this approach is used in the nine STAR communities. Some communities have been fully mobilised and now include women in leadership and decision-making structures, including in the Village Councils. There is anecdotal evidence that communities that have women in their traditional cabinets record lower incidences of GBV. This is because women tend to voice the concerns of their fellow women and place their aspirations on the agenda. Also, having women in leadership portrays them as dignified members of communities whose rights must be respected and promoted. This was the case in Nyaraenyin Ikot Mkpo and Adatak communities, both in Ikot Ekpene LGA. The reverse is the case in other communities where women are not represented on the community leadership arrangements. Learning from the example of Nyaraenyin Ikot Mkpo, other communities have started to include women in strategic leadership positions, as seen in the HRBA Rights Register Validation and Action Plan Development meetings.

Male involvement in Prevention of Mother-to-child Transmission (PMTCT) is an important strategy to involve husbands in providing support for HIV-positive women during pregnancy, delivery, and nursing of the baby. Among other things, it helps to strengthen the husband-wife relationship, and improves the chances that couples will be faithful to each other thus reducing the risk of re-infection.

Box 5: *Male involvement in PMTCT in Benue State*

In Benue State, as in several other places in Nigeria, antenatal activities are viewed as women's affairs. Men are hardly found in such places. Under the general population and FBOs IPC in Benue State, multidimensional approaches are employed to get men involved. LACAs also contribute immensely through quarterly outreaches targeting the promotion of male involvement in PMTCT. ENR and other partners further support SACA in building the capacities of PMTCT Site Coordinators to mobilise men to participate in PMTCT Clinics. As an incentive, women who come with their husbands to Antenatal Clinic (ANC) at the Family Support Clinic are attended to before others. Some women now call their husband to accompany them to hasten their consultations. Some come to pick up their wives after consultations and are often encouraged to stay back for a brief chat with the health service provider. This provides an opportunity for couple counselling and testing. HIV-positive men are then given the option to choose treatment sites that are preferable to them while the women continue at the FSP. The approach has proven helpful as men who have been involved show cooperation. So far, children born in the clinic (under the PMTCT programme) have all been HIV-negative.

7 Good Practices

ENR's success in facilitating the following process of instituting and operationalising GMSs in its focal states can be attributed to the following good practices:

7.1 Proximity to SACA

ENR offices are located within the premises of SACA in the various states. This augurs well for skill transfer through coaching/hand-holding and mentoring. It also fosters good working relationships.

7.2 Availability of Guidelines

Gender mainstreaming and the institution of GMSs cannot be left to chance. ENR worked with SACAs to develop guidelines to drive the process. In addition, the project developed a unified capacity building plan tailored to identify capacity needs of partners.

7.3 NACA's political commitment to gender mainstreaming

NACA's political commitment to gender mainstreaming as stated in the NSF, NSP, and the National HIV&AIDS Policy creates an enabling environment and promotes acceptance by states.

7.4 Use of appropriate strategies for various levels of engagement

The project employs multiple strategies – sensitisation, advocacy, lobbying, capacity building, hand-holding, mentoring in an iterative manner – appropriately targeting these strategies to the relevant audiences.

7.5 Dynamism and flexibility

Experiences from ENR's support to SACAs to institute GMSs show that success is grounded in the dynamism and flexibility of the process. There were no hard and fast rules. ENR identified resources on the ground, used these as entry points, and built on existing structures and mechanisms. Entry points differed from state to state.

7.6 Ownership

The process of instituting GMS was bottom-up, inclusive, and participatory. This engendered ownership, which is important for sustainability.

8 Challenges

No doubt the ENR states have made good progress with the establishment of GMSs. The process has experienced some challenges:

According to a management staff of ENR, *"many institutions and individuals still consider one-off trainings on gender mainstreaming as an end instead of a means to an end"*. Training is one of several activities undertaken to bring systemic change when there is a functional GMS in place.

Political will to mainstream gender is yet to translate to the allocation and release of adequate resources by various stakeholders to address HIV&AIDS and work towards closing existing gender gaps. There is improvement, but as one respondent said: *"We know the big problem with the state response is timely release of budget. However, with the new HAF process (World Bank Credit), each state- credit-effective states (which includes all ENR states) are expected to conduct thematic prioritisation of HIV&AIDS to determine where to channel more efforts and resources in a gender-responsive manner"*.

Perceived reluctance of some organisations including some ENR consortium members. According to one respondent, *"this has the tendency to drag things and results in wastage of useful energy as efforts are made to convince these groups"*.

Getting partners to see gender mainstreaming beyond parity in the number of women and men at a meeting or training is still a challenge. Some partners, especially LMs, still see gender mainstreaming as an 'add-on' rather than a systemic process that sometimes requires overhauling the old way of doing things.

Patriarchy and its effect on people's mindsets about women's status is still a challenge. Change however is happening surely but slowly.

9 Lessons Learned

So far, the key lessons learned from facilitating the process of instituting GMS at state levels include:

Political will and commitment to gender mainstreaming at the national level stimulates political will at state level. This is the case with the national HIV&AIDS response. Nigeria has demonstrated political will by adopting a NGP. The President's promise of 35% affirmative action for women in appointive posts is part of the country's political will. So also is NACA's effort to mainstream gender in the NRR, the NSF, and the National HIV&AIDS Policy. Though these have yet to translate to practical action on the field, endorsement at the national level provides legitimacy for the work of NGOs and activists at all levels as they push for GEWE.

Ad hoc and piecemeal training on gender mainstreaming in HIV&AIDS programming does not, on its own, significantly improve the achievement of results. This is because gender inequalities are constructed and grounded in systems: the structural and systemic issues that promote inequality of the sexes must be addressed. This is what makes GMS a necessity.

Change is a product of sustained momentum over long periods of time. Acceptance of gender equality requires shifts in long-standing beliefs about women and men. Widespread support for gender equality requires patience, commitment, and persistence.

Stakeholders are likely to support gender mainstreaming and the institution of GMS if they have a clear understanding of the benefits of gender equity for women and men.

Deliberate efforts are required to drive the institution of GMSs at the national and state levels: it cannot be left to chance. Just like ENR, donors, DPs, and CSOs need to invest in carefully planned efforts to make this happen.

Having dedicated GFPs at SACA, LM, and CSO/FBO levels helps to keep gender mainstreaming on the front burner. In addition, it promotes ownership and sustainability.

In terms of overall results achieved so far, one respondent said: "Yes we have raised consciousness and seem to be there but we still need to do more especially in terms of using gender analysis reports and outcomes for re-programming"

10 Implications for the National Response

On 25 April 2004, UNAIDS, the United Kingdom, and the United States co-hosted a Consultation on Harmonisation of International AIDS Funding.²⁷ At this meeting, representatives from donor and host countries and major international organisations formally endorsed the “Three Ones” principles, as follows:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners.
- One national AIDS coordinating authority, with a broad-based multi-sectoral mandate.
- One agreed country-level M&E system.

The principles sanction the centrality of the national AIDS coordinating authority in the national response as the “One national AIDS coordinating authority” and place emphasis on national leadership and ownership. They recognise the National HIV&AIDS Coordinator (NAC) as the policy leader and overarching co-ordinating body bringing together self-coordinating entities, partnerships, and funding mechanisms for concerted action.²⁸ The principles recognise that NACs require legal status, a formal mandate, and a clearly defined role, together with a defined relationship to Parliament to enable democratic oversight.²⁹

NACA, Nigeria's variant of NAC, thus occupies a strategic leadership position in the national response to HIV&AIDS. The mandate of the agency derives from the National Agency for the Control of HIV&AIDS Act 2006. Some of its powers and functions include:

- planning and coordinating activities of the various sectors in the National Response Strategic Framework;
- facilitating the engagement of all tiers of government and all sectors on issues of HIV&AIDS prevention, care, and support;
- advocating for the mainstreaming of HIV&AIDS interventions into all sectors of the society;
- formulating policies and guidelines on HIV&AIDS;
- supporting HIV&AIDS research in the country;
- mobilising resources (local and foreign), and coordinating equitable application for HIV&AIDS activities;
- providing and coordinating linkages with the global community on HIV&AIDS;
- monitoring and evaluating all HIV&AIDS activities in the country;
- facilitating the development and management of the policies and strategies of all sectors to ensure the human, financial, and organisational resources to support the successful execution of the national HIV&AIDS response programme;
- establishing, encouraging, and promoting a training programme for the employees of the Agency and other appropriate persons from public or private organisations;
- performing such functions as may, from time to time, be assigned to it by the Government;
- facilitating collaboration for the management of HIV and opportunistic infections;
- entering into contract within or outside Nigeria, with any persons, government, or institutions, and executing any contract, deed, or any other document, within or outside the Federal Republic or any foreign country, for the purpose of combating HIV&AIDS; and
- establishing State and Zonal Offices to coordinate the Agency's functions.

²⁷ http://data.unaids.org/UNA-docs/Three-Ones_KeyPrinciples_en.pdf

²⁸ http://data.unaids.org/UNA-docs/Three-Ones_Agreement_en.pdf

²⁹ Eldis, 2011, National AIDS Commissions, Eldis HIV&AIDS Key Issues Guide, http://www.eldis.org/UserFiles/File/National_AIDS_Commissions_Key_Issues_Guide.pdf

NACA sits at the apex of linked institutions in the national response and with the above powers and functions it is strategically positioned to serve as the lead agency for a national gender management system. The agency has produced two NSFs for HIV&AIDS so far, each of which mainstreamed gender perspectives. The Nigeria National Response Information Management System (NNRIMS) is committed to the use of disaggregated data; however, this commitment is yet to translate to widespread and sustained gender-sensitive programming on the field. A pre-requisite to success is recognition that inequalities are grounded in systems and only an institutionalised approach to gender mainstreaming can bring permanent change and quick wins.

An in-depth interview with the Assistant Director, Gender and OVC (Orphans and Vulnerable Children) at NACA shows that the agency fully recognises its responsibility to drive the establishment and operationalisation of GMSs. This claim is supported by the following facts:

The Gender and OVC Unit has been revitalised in terms of hiring more technical experts and repositioned to give direction to ongoing efforts at gender mainstreaming.

A Women, Girls and HIV&AIDS Strategic Plan has been developed and one of its objectives is to institutionalise GMSs in the national response.

The GTC is being reinvigorated. A revised Terms of Reference (TOR) is being finalised to drive its operations. The GTC is an important structure in the GMS concept.

The GTC plans to embark on a situation analysis to identify capacity gaps, existing GMS components, and entry points at state levels.

The Gender and OVC Unit is currently developing a monitoring framework to track the operationalisation of GMS at state level.³⁰

In 2011, NACA developed a draft Gender and HIV&AIDS Curriculum and embarked on zonal training of partners. This curriculum is being harmonised and finalised as a guide for capacity building for the entire national response. This is a key component of GMS mechanisms.

The M&E Department of NACA is well established and the use of disaggregated data has become institutionalised in NACA.

All TWGs within the national response have permanent seats for GFPs.

The key staff members³¹ interviewed at NACA noted that funding that targets closing gender gaps has been inadequate. In addition, they lamented that “NACA has not been adequately carried along by partners in many aspects of their work”.

Other partners interviewed posit that NACA needs to provide guidelines for the institution and operationalisation of GMS at all levels. According to an interviewee, “we need strong technical leadership and a well-coordinated centre”.

³⁰ In-depth interviews with Dr. Yinka Falola -Anoemuah, Assistant Director, Gender and OVC, at NACA on 13 June 2012.

³¹ Assistant Director, Gender and OVC, and Programme Officer, Gender and OVC.

11 Conclusions and Recommendations

Gender inequality is one of the driving forces of the HIV&AIDS epidemic. In addition to increasing women and men's vulnerability, it worsens the course of the epidemic. As mentioned above, these inequalities are constructed and reinforced by social institutions. They are grounded in systems and require systemic approaches that challenge the status quo while reaping benefits for both men and women.

GMS is a highly effective mechanism for addressing the structural and systemic causes of gender inequality. NACA has shown leadership in promoting gender mainstreaming in the national response. The National HIV&AIDS Policy, NSF for HIV&AIDS, NSP for HIV&AIDS, and other key documents incorporate gender perspectives. Though the NSF mentions the existence of the components of GMS as one of the indicators of commitment to gender mainstreaming at state level, it gives no further guidance on how to proceed. ENR has taken a bold step towards clarifying the concept of GMS as well as facilitating its institution and operationalisation in seven states. The leadership shown by ENR with regards to deliberately allocating resources for the establishment of GMS in its focal states is worthy of emulation.

In order to build on the ongoing work in the seven ENR states and to scale up its gains to the entire national response, we recommend the following:

NACA

NACA needs to take advantage of its strategic position, its powers, and its mandate as the lead agency for the national response to assert itself and drive the institution of GMSs. There is an urgent need to move beyond stated commitments to practical action by SACAs and their partners. This can be done by:

"NACA should be in the forefront of this (GMS) process. With a push from NACA, all State SACAs will buy into this process" - Interview respondent.

Strengthening the institutional arrangements for a functional GMS, i.e. ensuring that the Gender Technical Committee (GTC) is functional and has representatives from all critical sectors, including civil society. Functionality demands that the GTC develops and implements an annual Gender Action Plan and meets regularly. It also requires that all member entities submit gender mainstreaming reports to the GTC regularly.

Requesting all SACAs, LMs, Departments, and Agencies appoint GFPs in line with a recent Presidential Directive. In addition, all CSOs need to be encouraged to appoint GFPs.

Ensuring that the GTC, led by a technical officer in NACA, develops TORs for all GFPs in collaboration with their home institutions.

Ensuring that designated officers at both NACA and other levels are linked with capacity building opportunities to sharpen their gender mainstreaming skills.

Ensuring that designated officers (GFPs) are appraised annually on their effectiveness with regards to gender mainstreaming roles.

Requesting the GTC produce an annual report on gender mainstreaming in the national response.

Finalising and disseminating the Gender and HIV&AIDS Curriculum. The GTC could set up a capacity building arm that regularly trains and mentors partners.

Ensuring the smooth flow of information and communication with all partners on emerging issues.

Ensuring that SACAs and all partners comply with reporting requirements.

Conducting occasional audits to ascertain that partners' programmes show commitment to gender mainstreaming.

Developing a clear budget line for activities of the GTC and requesting partners and donors support these activities.

Sensitising the national assembly to set up an Inter-parliamentary Caucus on Gender.

Sensitising LMs to set up an Inter-ministerial Committee on HIV&AIDS.

Mainstreaming gender in all programmes and operations of NACA, and being seen to lead by example.

SACAs

Emulate the activities mentioned for NACA above as lead agencies at state level.

Advocate along with CSO partners for more budgetary allocation to gender-sensitive programming.

Sensitise State Houses of Assemblies to set up Inter-parliamentary Caucuses on Gender to further strengthen the enabling environment for programming.

Sensitise LMs to set up an Inter-ministerial Committee on HIV&AIDS.

Invest in capacity building of all designated officers, including GFPs.

Line Ministries

Appoint GFPs with clear TORs.

Include effectiveness in gender mainstreaming as an appraisal criterion for designated staff , giving incentives for performance.

Comply with all reporting requirements of NACA.

Ensure that budgets are gender-sensitive and follow equity principles.

Development Partners

Provide technical and financial support for NACA and SACAs in their quest to institutionalise GMS.

Regularly share best practices on gender mainstreaming.

Support implementation of the NSF, and insist that grantees demonstrate results with regards to gender mainstreaming. An example to follow is the proposal template for the Global Fund, which has now incorporated sections on gender equality.

CSOs/networks/coalitions

Advocate for gender-sensitive policies and laws to further strengthen the enabling environment.

Advocate for resource allocation and the timely release of budgets, and implement gender-sensitive programming.

Raise their voices and demand accountability with regards to the institution of GMSs.

Advocate for the creation of a Gender Equality Commission.

Provide TA to NACA and SACAs based on their core competencies.

ENR Programme

Intensify advocacy for the establishment of Inter-parliamentary Gender Caucuses in focal states.

Intensify advocacy and support LMs to set up Inter-ministerial Committees in focal states.

Continue to train and mentor SACAs and partners to ensure that they strengthen the GMS structures already set up, in order to attain full functionality.

Appendices

Appendix 1 – TOR for this Assignment

Background information:

ENR is a DFID-funded programme being implemented across seven states of Nigeria through a seven -member consortium of partners. The overall goal of the ENR programme is to reduce the spread of HIV and mitigate the impact of AIDS on the lives of the most vulnerable groups in Nigeria; its purpose is to improve the access of those most vulnerable to infection to effective HIV&AIDS prevention, treatment, care and support information and services. The achievement of the purpose will ensure sustained behavioural changes among those most at risk, increased and consistent use of condoms, and improved access to effective HIV&AIDS prevention, treatment, care and support information and services. To achieve this purpose, there are three outputs , which operate at both the federal and state levels. These are:

1. Strengthened stewardship for an effective multi -sectoral and evidence-informed HIV prevention response by federal and state government
2. Improved institutional and technical capacity of civil society to engage in HIV&AIDS prevention
3. Improved knowledge, change in attitudes, and availability of commodities conducive to safer practices for effective HIV&AIDS prevention.

Recognising that GEWE is an underlying pivot for the achievement of the programme purposes and indicators, ENR consciously mainstreams gender through development of strategies to ensure that those most vulnerable to HIV infection are reached and access services and information. This work is anchored by AAN, a member of the consortium of the ENR program. GMS is a well thought through approach that ensures gender mainstreaming actions are delivered in a sustainable and practicable manner. GMS sits within ENR Output One, managed by Options Consultancy Services Ltd, another consortium member of ENR.

GMS is a comprehensive mechanism and process that systematically puts in perspective those gender issues that are vital within the context of an institution or programme. The system allows for effective monitoring and tracking of those issues and the efforts being made to address them. This analysis could cut across all government policies, plans, programmes, and projects. In the context of ENR's institutional support to SACAs, the GMS is crucial to creating an enabling environment for gender equality in the states' programmes and plans. With a functional GMS in place, SACAs are able to guarantee a system that favours women and men in policy, programmes, and funding, as well as address negative social cultural practices that affect women and men, especially in the context of HIV&AIDS.

Justification for the work:

Over the past two years, ENR has supported SACAs in the seven ENR states in the institutionalisation and operationalisation of the GMS. This is in view of the seemingly low capacity (at the onset of the ENR programme) of the SACAs and other state-level partners to mainstream gender appropriately into the HIV&AIDS response. This is not to say that there were no gender mainstreaming activities going on in the states, but activities were not properly coordinated and delivered, as revealed by the OCA conducted by ENR. Having supported the SACAs in ENR states to institutionalise the GMS, it is imperative that ENR documents and shares with NACA and other stakeholders the progress, lessons learned, and experiences gained from this process. This is considered necessary given the 2011 JAR, which indicates that “there is limited universal

understanding and interpretation of multiple terminologies and key concepts used in the NSP”, including GMS. This activity, therefore, is in response to the JAR findings as well as contributing to the delivery of ENR outputs.

Goal of the study:

The overall goal of this study is to share ENR's experiences and learning from supporting state HIV&AIDS coordinating agencies to institutionalise GMSs, with a view to providing evidence that GMS is a tool for achieving sustainable HIV&AIDS prevention intervention.

Objectives of the study:

The study has two clear objectives. To develop for print:

1. A four-page (max.) introductory publication on GMS – the what, why, and how of the GMS, in essence the implementation framework.
2. A publication pulling together experiences and learning from the ENR states on implementing the GMS in the last two years, and highlighting good practices for moving the process forward. This document will be targeting programmers, NACA, and others interested in possible replication of this GMS model.

To deliver on the above, it is expected that the consultants will:

Meet with relevant stakeholders, especially SACA, ENR, and GFPs at state level, for in-depth discussion and information generation in at least two from each of the ENR states.

Consult relevant documents, including ENR documents such as the Gender Strategy and draft GMS How to Do Guide, to ensure that the final product captures a context that is relevant to the ENR/SACA mandate.

Ensure adaptability/replicability of the document.

Expected outputs:

The following are the expected outputs of this activity:

1. A finalised user-friendly introductory GMS implementation framework that is in line with national standard and in PDF format.
2. A finalised overview of the comprehensive GMS implementation process.
3. An analytical report of the process of the developing the work.

Scope of work and process:

In order to kick-start the process, the consultant(s), will attend a one-day GMS Conceptual Clarification meeting with the ENR team at HQ, which will serve as a pre-planning meeting (this meeting will be facilitated by ENR). This will be followed by a field visit by the consultants, with support from ENR, to two SACAs, and meetings with relevant persons at state level for the collection of relevant information/documents that may be needed for the second objective of the contract.

The zero draft of the publication will be reviewed by the ENR HQ team and other stakeholders to ensure the documentation captures the essence of the work. The consultants will submit final copy to the ENR Project Director reflecting feedback, if any, from ENR and stakeholders. Following this, there will be a one-day validation meeting involving ENR and selected participants for the final adoption of the document.

Skills and expertise:

One national consultant with the following expertise is required for the assignment:

- Experience and knowledge of gender mainstreaming, especially within the Nigerian context
- Familiarity with HIV&AIDS and gender issues with a specific focus on prevention intervention
- Proven record of published work, especially health- and/or gender-related
- At least five years' experience working in or with government institutions
- Proven experience in related areas and experience in conducting research/studies
- Very good communication and quality report writing skills in English
- Ability to work to tight deadlines.

A second international consultant will be engaged to make sure that the deliverables are packaged/written in a way that will appeal to the target audience. This consultant should have:

- A degree in graphic design or a similar relevant degree
- Five years' experience in editing reports/delivering graphic designs for professional agencies (preferably development programmes/agencies)
- Experience of having worked on similar assignments.

Caveat:

Note that all documents and work pertaining to this contract remains the property of ENR and the consultants therefore shall not share any information without the permission of ENR.

Appendix 2 – Study Tools

a. GMS Assessment Tool – ENR HQ Staff

Introduction: This study was commissioned by the DFID-funded ENR Programme. Its aim is to pull together experiences and learning from the ENR states on the implementation of the GMS.³² 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. Thanks.

Name of respondent:

Position:

Telephone:

Email address:

1. What is the general impact of GMS implementation on the ENR project – i.e. does it in any way guide:
Recruitment
Planning
Budgeting
Implementation?
2. How has the implementation of GMS enhanced the achievement of ENR results overall?
Is there any positive correlation between effective GMS implementation and the achievement of overall results by focal states? Please cite specific examples.
Describe any specific successes that ENR has achieved with regards to gender mainstreaming.
3. What are the key lessons learned from the GMS implementation process?
4. Any challenges?
5. Any recommendations (going forward)?
6. Any other comment? Please write freely.

Thank you for your time.

b. GMS Assessment Tool – For ENR States and other partners

Introduction: This study was commissioned by the DfID-funded ENR Programme. Its aim is to pull together experiences and learning from the ENR States on the implementation of the GMS process.³³ 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. Thanks.

1. Kindly introduce yourself and describe your work on ENR.

³² GMS is a framework of structures, mechanisms, processes, and enabling environment put in place within an organisation to guide, plan, monitor, and evaluate the processes and efforts of mainstreaming gender into all areas of the organisational work in order to achieve greater gender equality and equity within the context of sustainable development.

2. Please describe the process of GMS implementation in your state.
3. Does SACA have a Gender-responsive Personnel Policy?
 - Sex balance is promoted in recruitment
 - Current Gender mix within SACA
 - o Male..... Female.....
 - No. of Men and Women in management positions
 - o Male..... Female.....
 - The Policy is responsive to the NGP
4. Does SACA have Gender-responsive Financial Management?
 - SACA budget responds to Gender Targets and Indicators
 - Financial Audit is performed along Gender lines
 - Budget allocation and utilisation are performed to meet the differential needs of all genders
5. Is gender mainstreamed into strategic and operational plans, implementation , and evaluation?
 - Gender analysis is conducted as part of programme plans, implementation, and evaluation
 - Gender Targets and Indicators are clearly stated and monitored
6. Does SACA have a gender-responsive MIS?
 - Sex-disaggregated data/gender statistics are collected and analysed
 - Sex-disaggregated data/gender statistics inform decision-making and programming
7. Does SACA coordinate the gender-sensitive state response?
 - GTWG in place
 - The GTWG is functional and meets regularly
 - GFP in place and drives gender issues
8. How does your institution/organisation/programme ensure that women and men access benefits/services without marginalisation?
 - Discuss specific inclusion measures
9. What challenges have you faced in your efforts to mainstream gender?
10. Describe any specific successes that you have achieved with regards to gender mainstreaming.
11. Mention the people/groups that made GMS implementation possible.
12. What are your greatest achievements with regards to GMS?
13. What are the lessons learned in the process?
14. Any challenges?

Thank you.

Appendix 3 – List of Study Participants

Sn	Name	Position	Organisation	Telephone number	Email
1.	Dr. Omokhodu Idogho	Project Director	ENR, Abuja		Oldogho@Enrnigeria.org
2.	Nkechi Ilochi-Omekedo	Gender Specialist	ENR, Abuja	08033169275	Nkechi.Ilochiomekedo@actionaid.org
3.	Dr. Munirat Ogunlayi	Stewardship and Coordination Manager	ENR, Abuja	08073686730	mogunlayi@enrnigeria.org
4.	Ifeanyi Okekearu		ENR/SFH, Abuja	08023199192	lokekearu@sfnigeria.org
5.	Amina Baba-Manu	Policy and Advocacy Specialist	ENR, Abuja	08037861627	Amina.baba-manu@actionaid.org
6.	Mojisola Akinsaya	Secretary	Gender and Development Network, Abeokuta	08033276770	jisolus@yahoo.com
7.	Dr. Ranti Oladeinde	Director, OGSACA	OGSACA	08034019674	rantioladeinde@yahoo.com
8.	Foluke Omoworare	State Programme Manager	ENR, Ogun State	08033801938	folukeomoworare@yahoo.com
9.	Musa Salami	SSTA, ENR, Ogun State	ENR, Ogun State	08078756280	Mmsalami36@gmail.com
10.	Josephine Muiyiwa Afolabi	Capacity Building Technical Advisor	ENR, Ogun State	08065887797	Josephine. Muyiwa-Afolabi@actionaid.org
11.	Dr. Esther Odumuyiwa	GFP	Ogun State Ministry of Health	08063629914	Starjewel2007@yahoo.com
12.	Maymay Audu	PAGTA	ENR, Nasarawa State	08035269008	Maymay.Audu@actionaid.org
13.	Sadiya Shehu Mohammed	GFP, NASACA	NASACA	08039461756	

14.	Hellen Netugu	PAGTA	ENR, Kaduna State	08079073943	Hellen.Netugu@actionaid.org
15.	Musa Kakaki	Ag. Director, Policy, Advocacy, and Gender	KASACA	08023738199	
16.	Hadiza Dariazumi	GFP	KASACA	08035878185	had.kiss2010@yahoo.com
17.	Barnabas Anthony	Resource Mobilisation. Officer	KASACA		barnabasanthony35@yahoo.com
18.	Dr. Yinka Falola-Anoemuah	Assistant Director, Gender and OVC	NACA	08065477269	yinkaduke@yahoo.co.uk
19.	Mercy Egemba	Programme Officer	NACA	07031060233	mehmehegemba@yahoo.com

Appendix 4 – Guidelines on Establishment of GMS at State Level³³

GMS Component	Key Activities
1. GMS Processes – Set up structures and mechanisms	State-wide activities <ul style="list-style-type: none"> a) Advocacy and sensitisation of stakeholders b) Organisation of stakeholders’ forum and selection of relevant stakeholders as TWG members c) Inauguration of GTWG
	Within SACA and LMs: HIV/Gender-responsive HR policy³⁴ <ul style="list-style-type: none"> Identify if an HR policy is in existence Conduct a desk review of the policy to find out if it is gender-responsive Disseminate findings of the review to CSOs, the Head of Civil service, and other relevant bodies Advocate for the development and implementation of gender-responsive HR policy Engage with the Nigerian Labour Congress (NLC) to push for gender-responsive HR policy
	Functional TWGs <ul style="list-style-type: none"> Appoint Gender Champions on the other TWGs and develop TORs for them Hold quarterly meetings of the Gender Champions to review plans and issues coming from other TWGs Development of a work plan for the TWG Cost sharing of the holding of TWG meetings among members of the TWG Develop annual budgets for quarterly meetings of TWGs Flow of information and feedback from other TWGs to GTWG to highlight gender issues
	Allocation and release of funds <ul style="list-style-type: none"> Make budgetary allocation for HIV&AIDS and gender mainstreaming Advocate before relevant stakeholders for the release of funds Conduct gender budget tracking and analysis to provide evidence for advocacy

³³ Jointly developed by representatives of SACA from the seven ENR States, ENR PAGTAs, SSTAs, Gender Specialist, Capacity Building Director, Policy and Advocacy Specialist, and Senior System Technical Advisor at the HQ level, and the AAN Women's Rights Coordinator.

³⁴ While the development of a gender-responsive HR Policy is desirable, the management of SACAs have expressed concerns about their inability to do this since most of their staff are seconded from LMs. SACAs have no direct control over the HR policies and appraisal systems of these ministries. This is a key advocacy issue for DPs, GFPs, and CSOs.

2. Structures	Establishment of GTWG Identify and appoint Gender Champions from other TWGs; where necessary, appoint GFPs at SACAs/LMs, CSOs, and other relevant agencies Develop TOR for the GTWG SACA to lead the process
3. Enabling Environment	Establishment of policies Identify and review existing gender policies and frameworks in the state Convene a stakeholders' forum to establish the need for the domestication of the policy Convene a workshop for the domestication of the policy Validate and disseminate the Gender Policy Advocate for the use of the policy at all levels Sensitise policy makers to support gender issues
4. GMS Mechanisms	Gender analysis Development and review of tools Pre-test tools for validation Deploy tools to generate data Analyse data Present findings of the analysis to stakeholders for validation Use the findings to inform decision-making
	Capacity building Train members of the Gender Critical Mass Committee on gender mainstreaming Follow up the implementation of work plans for the Gender Champions Train stakeholders on gender mainstreaming
	Mentoring Frequent monitoring and coaching of the Gender Champions and TWG to ensure that plans are implemented Include gender presentations in every meeting to increase people's consciousness of gender issues

Appendix 6 – Glossary of Gender-related Terms

Femininity	Femininity (also called womanliness) is a set of attributes, behaviours, and roles generally associated with girls and women. It often varies from community to community.
Gender and Development (GAD)	An approach that addresses inequalities in women and men's social roles in relation to development.
Gender Development Index (GDI)	This compares women's and men's life expectancy, educational attainment and income.
Gender	A concept that refers to the comparative or differential roles, responsibilities, and opportunities for women and men in a given society, which are socially constructed.
Gender Analysis	An approach that explores the inequalities in the relations between women and men in a given society (as well as the inequalities between women according to age, class, etc.), and highlights what women themselves raise as their concerns, because of their disadvantage. Data are separated (disaggregated) by sex, and the way in which labour, roles, needs, and participation are divided and valued according to sex is examined.
Gender Balance	The participation of an equal number of women and men within an activity or organisation, such as representation in committees or in decision-making structures.
Gender Equality	Identical treatment of women and men in laws and policies, and access to resources and services.
Gender Equity	A broader term indicating general fairness of treatment for women and men, according to their respective needs.
Gender Mainstreaming	A process of ensuring that all policy, programme, administrative, and financial activities, and the way they are performed, contribute to gender equality by transforming the balance of power between women and men.
Gender Relations	Ways in which power, rights, roles, responsibilities and identities are ascribed to women and men in relation to each other.
Gender-sensitive	Recognising differences and inequities between female and male needs, roles, responsibilities, and identities.
Gender-specific	Targeted only at the needs and interests of either women/girls or men/boys as special categories, within existing gender divisions.
Masculinity	Masculinity is a set of attributes, behaviours, and roles generally associated with boys and men in a given community or society. It often varies from community to community.
Sex-disaggregated data	Information divided according to numbers of males and females in a given population.
Gender-disaggregated data	Data collected on males and females separately in relation to all aspects of their functioning – ethnicity, class, caste, age, location, etc.
Gender Indicator	A marker to measure gender related changes, e.g. in terms of improved gender equality.
Sex	The biological difference between men and women: the same throughout the human race.
Women in Development	An approach that includes women in development projects in order to make these more efficient.

