Bridging Research and Policy on HIV/AIDS

Annotated Bibliography on Participatory Approaches in Bridging Research and Policy on HIV/AIDS

Anonymous (2002) APDIME Toolkit-Resources for HIV/AIDS Program Managers

The Synergy APDIME Toolkit is a resource to support programme designers and managers in HIV/AIDS prevention, care and support programming in the developing world.

The Synergy APDIME Toolkit is a window through which one can learn from programme outcomes, training guides and research findings. It will guide to tools including worksheet, budget, templates, survey instruments, data and software produced by many experienced organisation in HIV/IAIDS programming around the world. One can use the ideas and tools which is based on participatory approaches that suit your needs, project design and management efforts.

Document type: website
Available at: www.synergyaids.com/apdime/toolkit.htm

Lewis, Jill (2000) Learning to relearn givens
Living for Tomorrow is a three-year action/research pilot project at The Nordic Institute for Women's Studies and Gender Research (NIKK). It is working for HIV prevention with a key focus on gender issues affecting sexual beliefs and behaviour. It is actively engaged with people from countries belonging to the former Soviet Union.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.100-105.

Wanduragala, Randini (2000) Tips for trainers: Analysing personal dilemmas
The exercise described in this article should help staff members to link a theoretical understanding of the issues involved in HIV to the personal dilemmas of individuals in the communities with whom they are working. This can help them to use their theoretical knowledge to address practical issues; it can also help them to recognise that HIV is far more than 'just' a health problem.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. PP.118-119.

Rifkin, Susan B (1992) Rapid Appraisals for Health: An Overview

This paper examines the Rapid Appraisal approach -as opposed to the Rapid Assessment approach- and some of the issues it raises for health development. These issues are: 1) types of information collected; 2) community participation; 3) the information collection process; 4) information use.

Document Type: Journal Article
Publisher: RRA Notes. **16**: July 1992. pp. 7-12.

The Working Group on Priority Setting. Council on Health Research for Development (COHRED) (2000) Priority setting for health research: lessons from developing countries.

This paper reviews processes and methods used for setting health research priorities. To date, health research agendas have emphasized scientific autonomy and global analysis. This paper proposes an alternative strategy for priority-setting based on lessons learned from essential national health research (ENHR) approaches attempted in several developing countries. The proposed model has equity in health and development as its goal, is demand-driven, and involves multi-dimensional inputs and multiple stakeholders. Steps of the process – getting participants involved; gathering evidence and information; determining criteria for priority setting; and implementation and evaluation – are discussed. A diagram and table help illustrate the priority-setting process. The authors are frank about the up-front investment of time that the proposed research model requires but argue that the outcome is increased acceptance, ownership and implementation of the research agenda. The article concludes with a discussion of the gap between national research priorities and the research agenda set at regional and global levels. Reference citations are included. This is a useful article for policy-makers, funders, and program managers interested in participatory models of priority setting for health research.

Document type: Journal Article
Publisher: Health Policy and Planning Volume No. 15 Issue No. 2 Pp. 130-136 (2000) Geneva, Switzerland.

AIDSCAP/FHI (1999) Behavioral research: using results to design behavior change interventions

This chapter briefly reviews selected studies that illustrate Family Health International (FHI) goals for behavioral research in the 1990s, then describes lessons learned and outlines recommendations and challenges for future research. During the 1990s, behavioral research in HIV/AIDS prevention sought to understand risk behaviors, guide interventions and address global research issues – all with an emphasis on international collaboration and local capacity building. Lessons learned led FHI to recommend certain measures: a multidisciplinary approach that is not exclusively focused on risk behavior; partnerships between local research institutions and the NGOs that implement research; reservation of large scale multi-site trials for complex interventions of global significance that have not been rigorously tested; local review for ethical and cultural sensitivity; expanded use of formal health behavior theories; and approaches that allow target audiences to propose their own solutions. The author argues that future research is needed to enable programs to assess combined use of biological and behavioral data to measure intervention effectiveness, identify support services that encourage preventive behavior among increasing numbers of people living with AIDS, and focus on interventions that influence factors beyond the individual and measure change at different levels of social organization. This chapter is a useful starting place for researchers and program planners in HIV/AIDS prevention and for program managers considering participation in research projects.

Document Type: Book Chapter/Article
Publisher: Chapter 5 in: Making prevention work: global lessons learned from the AIDS Control and Prevention (AIDSCAP) Project 1991-1997. Family Health International (October, 1999).
Electronic Version: www.fhi.org/en/aids/aidscap/aidspub/special/lessons/chap5.html

WHO/UNAIDS (1998) The rapid assessment and response guide on substance use and sexual risk behavioural (SEX-RAR)

The World Health Organization Programme on Substance Use and the UNAIDS Project on Substance Use and Sexual Risk Behaviour co-authored this very detailed guide to planning and conducting a rapid assessment and response for sexual behaviors associated with substance use. The guidelines were written for principal investigators of WHO/UNAIDS participating project sites but can be used by program managers, field staff and researchers undertaking rapid assessments. The focus of the project is to support the development of locally appropriate responses to reducing the health consequences

associated with alcohol and other psychoactive substance use – particularly STI transmission. Substance use can impact condom use and sexual desire, influence the types of sexual partners and sexual activity, and give rise to a sex-for-drugs exchange. The major topics covered in this draft version are: assessment of related contextual factors, assessment of adverse health consequences (STI transmission, unwanted pregnancy, etc.), assessment of sexual risk behaviour related to substance use, and assessment of the need for interventions, availability of resources, and appropriateness and feasibility of approaches. Each assessment module contains information on key topics and research questions, methodology and data sources, and examples of how to present findings. The publication includes general information on methodologies, community participation and advocacy, and its reference section provides an extensive list of other resources on substance use and sexual risk behaviours.

Document Type: Manual/Handbook/Guidelines
Publisher: WHO/UNAIDS
Electronic Version: www.who.int/substance_abuse/docs/sex_rar.pdf

Butcher, Kate (et al.) (2000) A new approach to evaluating a peer education programme for sex workers

Two years ago, a peer education programme was developed in Nepal to equip urban sex workers with the skills to help their fellow workers practice safer sex, to update their own knowledge on risks from unsafe sex and to provide a forum for sex workers to discuss imaginative approaches to safer sex beyond the condom. In order to evaluate the success of the programme, the 'Mala' system was developed. 'Mala' means necklace and is a popular accessory for all women. Each participants was provided with a set of different coloured beads, and during the workshop, and, in consultation with the group, allocated different colours to different activities relating to their role as peer educators as well as their own sexual practice.
Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.79-80.

Batchelor, Kim (2000) Introducing participatory methods to HIV prevention workers in the Southwest United States

The philosophy behind participatory research was presented in workshops for HIV prevention workers in Dallas, Texas and for health educators taking on HIV as a new issue in New Mexico and Arizona. The workshops incorporated several activities, including mapping exercises, Chapati diagrams, Casual flow diagrams and problem solving techniques.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.81-82.

Westerby, Martin; Sellers, Tilly (2000) Evaluating sexual health services in the UK: adapting participatory appraisal tools with young people and service providers

In 1997 Trent Regional Executive of the UK National Health Service funded a project called 'Evaluating Sexual Health Services: a Community Approach'. The project worked with health service providers and young people to evaluate local sexual health services and built on several years experience gained whilst developing participatory appraisal tools and techniques with young people in order to learn about sexual health issues from their perspective.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.87-91.

Smith, Ann; Howson, John (2000) 'Safety through the night' A review of behaviour change in the context of HIV/AIDS

'Safely through the Night' is a review prepared for the Department for International Development (DFID), UK, by CAFOD and four of its partner organisations in 1998. Organisations participated in a preparatory workshop where questions for the review were formulated and participatory techniques for exploring these questions were designed and practiced. The fieldwork findings were shared at a second workshop and in written reports. The fieldwork was conducted by each organisation among one community where they work and within their own organisation, between March and May 1998. This article illustrates the results of this fieldwork.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.92-99.

Dallabetta, G; Hamelmann, C; Laukamm-Josten, U; Mbuya, C; Msauka, A. Nyamuryekung'e, K.; Ocheng, D.; Outwater, A.; Steen, Richard; Vuylsteka, B. (1997) STD services for women at truck stops in Tanzania: evaluation of acceptable approaches

This journal article describes a research study designed to evaluate different approaches to providing STI services for women at truck stops. The study was conducted when the African Medical and Research Foundation (AMREF) decided to expand their HIV prevention program for truckers and people living near truck stops to include STI services. In the study, four approaches to delivering services to women were implemented: 1) STI services offered by local health providers twice a week outside the normal working hours of the clinic, 2) STI services offered by local health providers within normal working hours, 3) same as previous, but using drugs routinely provided for other health problems (no additional STI drugs were provided), and 4) STI services provided by a team of clinicians visiting the sites once every three months at a site determined by the women, and away from the clinic site. 1,330 women participated in the carefully conducted study. The researchers looked not only at women's satisfaction with the services, but also at the costs of the different approaches and found that women were generally satisfied with each of the three approaches that included STI drugs, and that the most expensive and ineffective way to treat STIs was to not provide these drugs. The study confirmed that it is feasible to provide STI services to women at high risk in high HIV transmission areas and that women will utilize services (that are provided in an appropriate manner) if encouraged by their peer educators. This concise but detailed report provides useful demographic information as well as a clear cost analysis of different methods of delivering STI services.

Document Type: Journal Article
Published: East African Medical Journal Volume No. 74 Pp. 343-347 (1997)

Coleman, L M. and Ford, N J. (1996) An extensive literature review of the evaluation of HIV prevention programmes

This paper is an extensive literature review of HIV intervention programs implemented between 1987-1995, focusing on targeted and specifically tailored versus generalized interventions; use of social and psychological theories of behavior change; evaluation methodology; to what extent behavioral measures were included; and what principal factors contributed to the effectiveness of the programs. Youth, MSM, CSWs, and IDUs were most commonly chosen for targeted interventions. Peer education was the most broadly effective approach for reaching target groups. Those few programs designed from an explicit theoretical base appeared to show better coherence and rationale in their design components. Behavioral measures were the most comprehensive for measuring program effectiveness, but were rarely used or were used inconsistently. Principal factors suggested for program success included pre-planning, multiple approaches, community participation, and establishing links with local health care facilities. The paper was published in 1996 and is now outdated, as a plethora of effectiveness studies now exist with comprehensive and detailed evidence supporting peer education and many other intervention approaches.

Document Type: Journal Article
Publisher: Health Education Research Volume #11 Issue #3 Pp. 327-338 (September, 1996)

Gordon, Gill; Phiri, Florence (2000) Moving beyond the 'KAP GAP': A community based reproductive health programme in Eastern Province, Zambia

This article describes a holistic sexual and reproductive health (SRH) project in the Eastern Province of Zambia. It focuses on participatory approaches used, gender issues, male involvement and the integration of SRH issues at community and clinic levels. The article aims to demonstrate the opportunities and challenges faced by a government programme that uses participatory approaches in its everyday work to achieve the vision committed to at the International Conference on Population and Development held in Cairo in 1994.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.67-72.

Shaw, Matthew; Jawo, Michelle (2000) Gambian experiences with Stepping Stones: 1996-99

The 'Stepping Stones Gambia' project is a collaboration between five organisations. The partnership began in 1997 to adapt, implement and evaluate the original Stepping Stones workshop programme. This is a manual describing a series of participatory exercises designed to facilitate HIV prevention by encouraging a gender analysis of sex and its context. The workshops then move into assertiveness training, encouraging participants to be assertive about their feelings and dialogue with their partners, focusing on communication and relationship skills. It operates around a workshop structure, with separate peer age and gender groups.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.73-78.

Health Technical Services (HTS) Project/USAID (1997) The participation toolkit: a USAID health population & nutrition. Officer's guide to using participatory approaches for managing HIV/AIDS activities

This toolkit is designed for USAID Health Population and Nutrition (HPN) Officers and their partners to facilitate the participatory management of their HIV/AIDS programs. The toolkit is divided into four modules. Module 1 defines and explores the potential benefits and risks of participatory program management. Module 2 presents ideas for generating internal support to undertake participatory processes. Module 3 and 4 present practical guidelines for conducting participatory program design and evaluation. The toolkit is based on USAID's mandate.

Document Type: Manual/Book
Publisher: USAID
Electronic Version: www.usaid.gov/pop_health/pdf/toolkit.pdf

AIDS Corps (2000) Survival is the first freedom: applying democracy and governance approaches to HIV/AIDS work

This toolkit, the work of Pact AIDS Corp, provides donor organizations, civil society, government and the private sector with a collection of tools to help scale up responses to the HIV pandemic in Africa and increase access and care services through broad collaboration.

Its focus on the application of democracy and governance (D&G) places great emphasis on the issues of participation, access and capacity building that emerge from democratic institutions and citizen involvement. This toolkit provides clear definitions of democratic principles and concepts and practical tools drawn from relevant projects in a number of institutional settings. Its clear presentation of resources makes this toolkit an excellent instrument for those working on community development and empowerment programs.

Document Type: Book
Published: PACT/ USAID, First Edition (2000)
Electronic Version: www.pactworld.org/Aidscorps/HIVAIDS_toolkit.pdf

Delion, Jean; Gurung, Damber; Reerink, letje H; Schapink, Dick; van Poelje, Rob. (2000) Strategy to involve rural workers in the fight against HIV/AIDS through community mobilisation programs

This strategy paper, produced by the World Bank Rural HIV/AIDS Initiatives (RAIDS), presents a framework for scaling up best practices in HIV/AIDS prevention and mitigation activities involving rural workers in sub-Saharan Africa. Based on consultants' field experience in various African countries and on literature reviews, the authors argue that the social dimensions of the HIV/AIDS epidemic must be considered for prevention and mitigation efforts to be effective. Lacking such consideration, information campaigns may lead to impressive awareness levels, but little behavior change. Drawing on research by John Caldwell, the report cites "attitudes towards death" and the "importance given to sexual relationships with multiple partners outside of marriage in African countries" as examples of two social factors encouraging the spread of HIV/AIDS. Cautioning of the need for cultural sensitivity and the use of local experts, the report provides a framework for action at the national, district and community levels to initiate social mobilization for HIV/AIDS prevention and mitigation. The paper includes participation tools, examples from the field, and five pages of references. This document would be useful for program managers interested in participatory approaches and for those concerned with the limited effectiveness of IEC efforts.

Document Type: Working/Discussion Paper
Publisher: World Bank Africa Region Rural Development and Environment. Washington DC (May 1, 2000)
Electronic Version: www.worldbank.org/aids-econ/papers/rural.htm

UNAIDS (1999) Sexual behavioural change for HIV: where have theories taken us?

This review examines reports of HIV-AIDS interventions that are explicitly grounded in theory in order to associate intervention outcomes with the theory applied. Theories presented in the review include psychosocial theories, which focus on individuals and their thinking processes; social theories, which aim for change at the community level and seek to modify norms in peer networks; structural and environmental theories, which seek to empower individuals, organizations and communities to affect policy and economic determinants of health; and transtheoretical models. The review notes that psychosocial theories are limited by disregard for effects of complex factors beyond the individual; social theories are useful with populations vulnerable to effects on peers and partners in the West, but their relevance is untested in developing countries; and community level theories emphasize linking the individual to surrounding environmental systems. Using the above analysis, the authors determined theory-based approaches that can reduce HIV transmission at individual, community and policy levels. They describe examples at each level, identify characteristics of successful programs, and discuss challenges to implementing and assessing interventions. Their conclusion is that programs should be modified to fit cultural settings and readiness for change. Successful efforts enable participants to suggest goals and participate in solutions. At this stage in 1999, programs should emphasize transtheoretical approaches that combine individual and community-level projects focused on changing cultural norms. It is critical to test models across cultures, economic and social situations. Program planners and evaluators will find this broad overview of approaches to behavioral change a valuable reference tool. Tables summarize frequently used behavior change theories, studies testing the theories, interventions based on

theories and outcomes of theory-based interventions by population group. A bibliography lists 169 references.

Document Type: Book/Booklet
Published: UNAIDS Best Practice Collection Key Material. Geneva: UNAIDS. UNAIDS/99.27E (June, 1999)
Electronic Version: www.unaids.org/publications/documents/index.html

Fitch, Chris; Rhodes, Tim; and Stimson, Gerry V. (1998) The Rapid Assessment and Response guide on injecting drug use (IDU-RAR)

This is a thorough, useful and informative guide to planning and conducting rapid assessments of drug injecting and associated adverse health impacts. The 255-page guide was written for the Substance Abuse Department of the World Health Organization's Phase II Study on Drug Injecting, but can be used by principal investigators, field staff and researchers undertaking rapid assessments in cities or regions. The guide discusses drugs that can be injected – heroin, cocaine, amphetamines, barbiturates and homemade opiates – and adverse health consequences of injecting the drugs, including transmission of HIV-1, Hepatitis B and C and other blood-borne infections, opportunistic infections, mental health impacts and drug overdose. Case studies and real-life examples are interwoven throughout the text. The guide clearly explicates the complex political, social and economic context surrounding the production and distribution of injectable drugs and global drug use patterns. The guidelines explain this context in a clear and understandable way. This information serves as the basis for a contextual approach to assessment and intervention program development within a framework of public health, community-based approaches, covering prevention, health promotion and harm reduction, treatment, and policy. The document contains several assessment modules that can be used independently, if circumstances decree, but work best in combination with each other, with information feeding from one assessment into the next. The modules are organized as follows: country and city profile; contextual assessment of the factors that contribute to or hinder drug injecting behavior; health related impacts and intervention development; assessment of drug use, which will help inform the scale and location of future interventions; assessment of adverse health consequences; assessment of sexual risk behavior related to injecting drug use; and intervention and policy assessment. The publication includes extensive information on methodologies, community participation and advocacy. The appendix has guidelines for conducting a training session on rapid assessment. The many assessment related worksheets are available on disk, Word for Windows v7.0a., and can be adapted to fit local situations. No bibliography is provided.

Document Type: Manual/Handbook/Guidelines
Publisher: WHO/HSC/SAB (1998)
Electronic Version: www.who.org

Simasiku, Mary; Nkama, Gladys; Munro, Michelle (2000) Participatory and learning action as a tool to explore adolescent sexual and reproductive health

This article discusses CARE's experience in involving young people in action research in order to design appropriate adolescent reproductive health programmes in CARE supported Ministry of Health clinics and their catchment areas.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.42-44.

Kaim, Barbara; Ndlovu, Ratidzai (2000) Lessons from 'Auntie Stella': using PRA to promote reproductive health education in Zimbabwe's secondary schools

This article tries to find out what information, perceptions and concerns adolescents have about their reproductive health and their sources of information and support in the Zimbabwean context. It also describes the development of a reproductive health education pack called 'Auntie Stella', based on the stories, experiences and expressed needs of the adolescents themselves and using the question and answer format of helpline letters.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.45-49.

Kaleeba, Noerine (et al.) (2000) More talk, less sex: AIDS prevention through schools

This article describes the School Health and AIDS Prevention Project started in 1993 by the African Medical and Research Foundation (AMREF), together with the Soroti District Administration, in 95 primary schools in two rural counties and Soroti town. The project aimed to encourage safer sexual behaviour, particularly abstinence, amongst primary school pupils. The article provides some feedback from a selection of the project's participants, both students and teachers.
Document Type: Journal Article

Publisher: PLA Notes. **37**: Feb. 2000. pp.50-55.

Forder, Julie (2000) Experiences of using a participatory approach in Cambodia: Exposing the needs of sex and good women

This article describes a project in which participatory tools are used for sexual health assessment with young garment workers in three factories of Phnom Penh, the Cambodian capital.

Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.56-62.

Hobbs, Andrew; Simasiku, Mary (2000) Participatory learning and action requires good facilitators – who aren't always around

This article discusses how important facilitation is for good participatory research in the context of 50 participatory learning activities on sexual health for young people, produced by a Zambian NGO, the Family Health Trust.
Document Type: Journal Article
Publisher: PLA Notes. **37**: Feb. 2000. pp.63-66.

Anonymous (1996) The World Bank participation sourcebook

This World Bank manual defines participation, provides examples of participatory approaches from a wide array of Third World countries, and presents guidelines for participatory planning and decision making. One section of the sourcebook focuses entirely on enabling the participation of the poorer groups in society and discusses the barriers likely to be encountered. The country examples are engagingly written and conclude with the authors' reflections on the participatory process.

The first appendix includes descriptions of a range of participatory methods and tools, including assessments of the methods strengths and pitfalls.

The second appendix consists of 18 working paper summaries, prepared by Bank operational staff, that focus on specific sectors, tasks and issues.

This handbook provides a rich source of information for program planners interested in including participatory methods in their program design.

Document Type: Book/Booklet
Published: Washington D.C.: The International Bank for Reconstruction and Development (1996)
Electronic Version: www.worldbank.org/wbi/sourcebook/sbintro.pdf

The POLICY Project/USAID (2002) HIV/AIDS toolkit: building political commitment for effective HIV/AIDS policies and programs

This six-module toolkit from The POLICY Project looks at how to increase political commitment for HIV/AIDS policies and programs at the national and district levels. Written in a clear and direct fashion, the toolkit will be of use and interest to a broad audience – HIV/AIDS program staff, community organizations, religious organizations, activists, and NGOs. Although the toolkit has a grassroots feel to it, a few of the tools may require substantial staff and time resources or technical background. The level of political commitment can impact the amount of financial resources available for responding to the HIV/AIDS epidemic, the sustainability of a multisectoral approach, and program effectiveness. The modules cover the following: strategies for building political commitment; methods for measuring political commitment, including the AIDS Program Effort Index (see document 1531); suggestions for how to use the AIDS Impact Model software (see documents 1660 and 611), a program that projects the demographic and socioeconomic impact of the AIDS epidemic; strategies for building commitment at the provincial, district and community levels within the context of decentralized government; and approaches for increasing the participation of public and private sectors and communities. The toolkit begins with a set of comprehensive questions designed to help users determine its applicability to local settings. Although it evolved out of a sub-Saharan African context, the toolkit is relevant to other country settings. Case examples are provided, and many of the suggestions are based on lessons learned in the field.

Document Type: booklet
Publisher: The POLICY project USAID (2002)
Electronic Version: www.policyproject.com/pubs/hiv.html

Busza J, Schunter BT (2001) From competition to community: participatory learning and action among young, debt-bonded Vietnamese sex workers in Cambodia

Community mobilisation strategies for HIV/AIDS prevention based on recognition of social vulnerability and concepts of empowerment have emerged at the forefront of international efforts to reduce the AIDS pandemic, increasingly replacing a focus on individual risk. This paper describes the start-up phase of a participatory learning and action project to create a sense of community identity as a first step towards collective action among some 300 young, debt-bonded, brothel-based migrant sex workers from Vietnam in Phnom Penh, Cambodia. The factors that make sex workers vulnerable to HIV also pose considerable barriers to mobilising them, due to competing interests between and among brothel owners and sex workers. Discussion and visual tools – e.g. a spider diagram of causes of unsafe sex and how to overcome these – are being used in group work to analyse concerns expressed by sex workers, along with survey questionnaires and in-depth interviews. In the second phase the project will address sensitive topics such as violence and unsafe sex in more depth, in hopes of protecting the emerging solidarity among sex workers and shifting the balance towards greater co-operation.

Document Type: Journal Article
Publisher: Reprod Health Matters. 2001 May;9(17):72-81.

Ssembatya, J.; Coghlan, A.; Lumala, R.; Kituusibwa, D. (1995) Using Participatory Rural Appraisal to Assess Community HIV Risk Factors: Experiences from Rural Uganda

The Rakai AIDS Information Network (RAIN) in Uganda used PRA methods to help community members identify and analyse factors which put them at risk of HIV infection. The article describes the different methods used, and what community members and programme staff learned about community HIV risk factors.

Document Type: Journal Article
Publisher: PLA Notes. **23**: June 1995. pp. 62-65.

Duangsa, Dusit. (1995). A Participatory Approach to Promoting AIDS Awareness in Thailand

The article describes how PRA methods have been successfully used to promote AIDS awareness in Thailand. First the participants divide members of their community into as many groups and sub-groups as possible. They then rank the groups according to the level of risk of contracting HIV. In the next exercise participants make connections between the groups, and begin to realise that even those who are not themselves engaged in any risky behaviour are not risk-free.

Document Type: Journal Article
Publisher: PLA Notes. **23**: June 1995. pp. 66-68.

Chamberlain, R.; Chillery, M.; Ogolla, L.; Wandera, O. (1995) Participatory Educational Theatre for HIV/AIDS Awareness in Kenya

The article describes how PET (Participatory Educational Theatre) projects in two communities in Kenya addressed issues of child and youth sexuality, modes of transmission and prevention, and barriers to the adoption of preventive measures. Although aimed originally at young people, in practice it proved impossible to separate young people from the village as a whole. The initiative demonstrated the power of participatory drama for cutting through the cultural barriers to communication.

Document Type: Journal Article
Publisher: PLA Notes. **23**: June 1995. pp. 69-74.

Sellers, T.; Oloo, AJ. (1995) Community Mobilisation against HIV Infection in Kenya

Describes the use of PRRA (Participatory Rural Research on AIDS) to mobilise communities against HIV infection in Kenya. PRRA is a modified form of PRA to which were added other techniques. The approach is intended to reveal gaps in knowledge, attitudes, risky practices and beliefs which villagers have the potential to change without a huge resource input.

Document Type: Journal Article
Publisher: PLA Notes. **23**: June 1995. pp. 75-81.

Welbourn, Alice.(1995).Participatory approaches to HIV/AIDS programmes - Semi-special Issue

This article welcomes the semi-special issue on participatory approaches to HIV/AIDS. It first looks at some personal and professional aspects of HIV for development workers. This is then followed by a brief overview of the papers presented in this issue. Conclusion returns to the mutual benefits of HIV work and participatory learning approaches.

Document Type: Journal Article

Publisher: PLA Notes. London: IIED, **23**: pp.57-61.

Flynn MB, McKeever JL, Spada T, Gordon-Garofalo V. (2001) Active client participation: an examination of self-empowerment in HIV/AIDS case management with women

Case management has become increasingly popular as a means to alleviate the difficulties associated with accessing health care and social services. However, little information exists regarding models of case management specifically intended for work with HIV-positive women. This article explores the practices currently in use at an HIV/AIDS service agency to further define empowering practices employed by case managers working with HIV-positive women. Although a client's active participation in service plan development and delivery is widely regarded as the pathway to empowerment, findings indicate that "active participation" is not so readily defined; empowerment exists on a dynamic continuum with increasing levels of client participation. A model is presented that demonstrates the relationship of particular behaviours to client self-empowerment. Because the needs of clients with HIV/AIDS are continually fluctuating, and because case managers' behaviours will need to adapt accordingly, this model also incorporates the concept of balance as it pertains to HIV/AIDS case management.

Document type: Journal Article
Publisher: J Assoc Nurses AIDS Care. 2000 May-June 11(3):59-68.

Chillag K, Bartholow K, Cordeiro J, Swanson S, Patterson J, Stebbins S, Woodside C, Sy F.(2000) Factors affecting the delivery of HIV/AIDS prevention programs by community-based organizations

Community based organizations (CBOs) play a frontline role in HIV/AIDS prevention activities. CBOs face formidable challenges to effective delivery of HIV prevention services including client characteristics such as homelessness and CBO characteristics such as limited resources and staff turnover. Despite these obstacles, CBOs are generally well positioned to deliver services to specific high-risk populations because they understand their local communities and are connected to the groups they serve. This qualitative study illustrates that structural, sociocultural, organizational, and individual client factors both facilitate and act as barriers to delivery of HIV prevention services. These challenges and successes help identify critical technical assistance needs.

Document type: Journal Article
Publisher: AIDS Educ Prev. 2002 Jun;14(3 Suppl A):27-37.

Roy CM, Cain R. (2001). The involvement of people living with HIV/AIDS in community-based organizations: contributions and constraints.

An important feature of the social and organizational response to the HIV epidemic has been that many people living with HIV/AIDS have demanded to have a say in the development of policies and the delivery of services. Surprisingly little attention has been paid in the literature to this involvement. This paper is based on a participatory action research project that involved 70 people with HIV/AIDS in 15 focus group discussions. Findings from the study show the complexities of translating organizational commitments to involve people with HIV/AIDS into practice. This paper outlines the organizational contributions of people with HIV, and examines the difficulties and obstacles to their meaningful involvement. The paper concludes with a discussion of the challenges of user empowerment and with recommendations for policy and practice.

Document type: Journal Article
Publisher: AIDS Care. 2001 Aug; 13(4):421-32.

Seeley JA, Kengeya-Kayondo JF, Mulder DW (1992) Community-based HIV/AIDS research – whither community participation? Unsolved problems in a research programme in rural Uganda

Involvement of the study community in research on HIV/AIDS has presented the MRC/UVRI programme in rural Uganda with a multi-layered challenge. A typology developed in agricultural research which defines different levels of community participation in research is described where participation may be at 'contract', 'consultative', 'collaborative' and 'collegiate' level (each level indicating an increasing degree of community participation). Community involvement in the MRC/UVRI Programme is then outlined and the typology applied. It is shown that the majority of community participation in the Programme is at the contract level since the nature of the research programme as a 'foreign imposition' with 'foreign goals' has precluded the involvement of the community in much of the policy development and research planning. However, it is noted that as the Programme becomes more established in the area community influence grows and signs of community impact on policy and increased research inputs are beginning to be seen. The question is raised as to whether it is realistic to expect that externally imposed health research, particularly on sensitive topics, can ever be truly community participatory research.

Document type: Journal Article
Publisher: Soc Sci Med. 1992 May;34(10):1089-95.

Lindsey E, Stajduhar K, McGuinness L. (2001) Examining the process of community development

AIM OF THE STUDY: To present the results of evaluation research investigating a successful community development project. RATIONALE: Many governments, health care agencies, and organizations require community participation in health care. As a result, nurses and other health professionals are often required to practice using a philosophy of community development. though the theoretical, philosophical, and practical components of community development are well articulated, there is little evidence that exemplifies the experience of initiating and participating in a community development project. This paper provides evidence of how one organization successfully engaged the broader community on a respite care project. METHOD: Using qualitative research methods and guided by the principles and practices of participatory action research, this evaluation engaged with the community in data collection, analysis, dissemination of finding, and in promoting effective change. RESULTS: Four themes emerged that provide insight into how one HIV/AIDS organization successfully undertook community development. These themes include: (a) identifying a community need; (b) addressing the various components identified in the community development process; (c) highlighting the strategies used to engage in successful community development; and (d) attending to factors that influence community development. CONCLUSION: The results of this research contribute to the body of knowledge related to engaging in the process of community development. By highlighting the experiences of one community group, it is hoped that nurses can learn and incorporate this knowledge into practice.

Document type: Journal Article
Publisher: J Adv Nurs. 2001 Mar;33(6):828-35.

Beeker C, Guenther-Grey C, Raj A. (1998) Community empowerment paradigm drift and the primary prevention of HIV/AIDS

Long discussed in the public health arena, the concept of empowerment has only recently entered the discourse on the primary prevention of HIV/AIDS in the United States. Despite its broad appeal, empowerment has not been systematically incorporated into theory-based interventions, which may reflect a lack of consensus on the meaning of empowerment, how to measure it, and the intervention strategies it implies. The purpose of this paper is to consider the relevance of empowerment to community interventions for persons at risk for HIV, particularly women. The origins of empowerment are reviewed; community empowerment as an intervention framework is described and its core assumption defined. There is some evidence of the growing influence of empowerment and related concepts in recent HIV-related policy, research, and programs funded through the Centers for Disease Control and Prevention.

However, adoption of an empowerment framework for HIV prevention will require further theory and measurement development, as well as changes in how public health researchers and practitioners work with the communities they serve.

Document type: Journal Article
Publisher: Soc Sci Med. 1998 Apr;46(7):831-42.

Ramirez-Valles J. (2002) The protective effects of community involvement for HIV risk behavior: a conceptual framework

This paper presents a conceptual framework of the protective effects of community involvement in HIV/AIDS-related groups and organizations for HIV sexual risk behavior among gay and bisexual men. The framework delineates hypotheses for future research, and provides a guide for prevention programs based on the active and direct involvement of participants, particularly communities of color. The framework (1) argues that community involvement moderates the association between three socio-structural risk factors (i.e. poverty, homophobia and racism) and sexual risk behavior; (2) posits that community involvement in HIV/AIDS reduces sexual risk behavior via its effects on four mediating factors (i.e. peer norms, self-efficacy, positive self-identity and alienation); (3) proposes five socio-cultural barriers to and facilitators of community involvement in HIV/AIDS (i.e. motives for participation, poverty, acculturation, stigma and perceived opportunities); and (4) addresses burnout as one potential negative consequence of community involvement in HIV/AIDS-related organizations and groups. The conceptual framework advances the understanding of HIV sexual risk behavior by integrating both its socio-structural risk and protective factors. It contributes to health education by specifying how interventions based on collective action (e.g. community involvement) for social change may be effective in generating healthy behaviors at individual and community levels.

Document type: Journal Article
Publisher: Health Educ Res. 2002 Aug;17(4):389-403.

Williams B, Campbell C. (1999) Community mobilization as an HIV prevention strategy: challenges and obstacles (South Africa)

This paper explores on the challenges and obstacles confronting the Mothusimpilo Project, a program designed to develop ways of responding to HIV/AIDS in a gold mining community in South Africa. The project utilized participatory approaches to promote active involvement of local groups and the community in designing and implementing the program. It employs 3 full-time workers who were recruited locally. The 2 major components of the program include improved prevention of sexually transmitted diseases and community-based condom distribution and peer education, whose particular targets involve migrant mine workers, commercial sex workers and the young people. It seeks to maximize community involvement through stakeholder management of the program and through grassroots involvement in program implementation. Despite the number of accesses in mobilizing the different components of the community, enormous obstacles, and challenges still remains. Some of these obstacles include poverty, women's lack of background of a male-dominated culture, and their sense of fatalism, which reduces their motivation to protect their sexual health.

Document type: Journal Article
Publisher**:** Sex Health Exch. 1999;(2):4-6.

Guenther-Grey C, Noroian D, Fonseka J, Higgins D. (1996) Developing community networks to deliver HIV prevention interventions

Outreach has a long history in health and social service programs as an important method for reaching at-risk persons within their communities. One method of "outreach" is based on the recruitment of networks

of community members (or "networkers") to deliver HIV prevention messages and materials in the context of their social networks and everyday lives. This paper documents the experiences of the AIDS Community Demonstration Projects in recruiting networkers to deliver HIV prevention interventions to high-risk populations, including injecting drug users not in treatment; female sex partners of injecting drug users; female sex traders; men who have sex with men but do not self-identify as gay; and youth in high-risk situations. The authors interviewed project staff and reviewed project records of the implementation of community networks in five cities. Across cities, the projects successfully recruited persons into one or more community networks to distribute small media materials, condoms, and bleach kits, and encourage risk-reduction behaviors among community members. Networkers' continuing participation was enlisted through a variety of monetary and nonmonetary incentives. While continuous recruitment of networkers was necessary due to attrition, most interventions reported maintaining a core group of networkers. In addition, the projects appeared to serve as a starting point for some networkers to become more active in other community events and issues.

Document type: Journal Article
Publisher: Public Health Rep. 1996;111 Suppl 1:41-9.

Lindsey E, Stajduhar K (1998) From rhetoric to action: establishing community participation in AIDS-related research

Acquired Immunodeficiency Syndrome (AIDS) has been described as the most challenging disease in modern history. For many people with HIV/AIDS (PWA), issues of appropriate respite care and supported housing are a pressing concern. To meet the housing requirements for PWAs, it is essential to engage this community in determining its own housing needs. To that end, a participatory action research (PAR) investigation was undertaken with the PWA community to ascertain the desirability and feasibility of a supported-living/respite-care community home. PAR has been heralded as an important research methodology in ensuring research relevance and community participation leading to effective change. Although nursing interest in PAR is increasing, there are few nursing examples that describe the process of undertaking PAR. The purpose of this article is to describe, explain, and critique the use of PAR in the case of a supported-living/respite-care home. A PAR framework is presented and the process of conducting PAR is outlined.

Document type: Journal Article
Publisher: Can J Nurs Res. 1998 Spring; 30(1):137-52.

Asthana S, Oostvogels R. (1996) Community participation in HIV prevention: problems and prospects for community-based strategies among female sex workers in Madras

The concept of strengthening community action within the context of HIV prevention is gaining popularity among health circles, with organizations such as gay volunteer groups in the U.S. providing positive evidence of the potential role of community participation in HIV/AIDS prevention and care efforts. Care must be taken, however, in assuming that participation can easily be achieved among all high-risk groups. This paper examines problems and prospects for participation in HIV prevention strategies among commercial sex workers (CSWs) in Madras.

Based upon the experiences of a pilot project established by the Tamil Nadu State Government AIDS Cell and WHO, it finds that the organization of the commercial sex trade in Madras is not highly conducive to collective action. Identifying factors that have frustrated attempts to promote community-based strategies in the city, the paper suggests that this approach is unlikely to succeed unless there are significant changes to the institutional arrangements that keep sex workers in a position of subordination and exploitation.

Document type: Journal Article
Publisher: Soc Sci Med. 1996 Jul; 43(2):133-48.

Chitambo BR, Smith JE, Ehlers VJ. (2002) Strategies for community participation in developing countries

Community participation has been hailed as the panacea for most community programmes. Community participation at high levels empowers communities, increases self-reliance, self-awareness and confidence in self-examination of problems and seeking solutions for them. Behavioural changes are promoted and utilisation and support of services is facilitated, which are of great importance to all community health efforts, especially in areas where the incidence of HIV/AIDS is high or increasing. The purpose of this article is to explore community participation strategies adopted in different countries for providing community health care services. Recommendations are provided for enhancing community participation in developing countries.

Document type: Journal Article
Publisher: Curationis. 2002 Aug; 25(3):76-83.

Cadell S, Karabanow J, Sanchez M. (2002) Community, empowerment, and resilience: paths to wellness

In this paper, we explore 3 diverse populations: street kids, political prisoners, and caregivers of people with HIV/AIDS. From these explorations, we consider the concepts of empowerment, resilience, and community-building. By interweaving these 3 key concepts, we develop a cyclical wellness model which can be applied equally to individuals and communities. This model highlights the strengths of individuals and communities and will, we believe, provide a critical element of hope to societies within our increasingly global economy.

Document type: Journal Article
Publisher: Can J Commun Ment Health. 2001 Spring ;20(1):21-35.

Reppucci ND, Woolard JL, Fried CS. (1999) Social, community, and preventive interventions

Psychology can and should be at the forefront of participation in social, community, and preventive interventions. This chapter focuses on selective topics under two general areas: violence as a public health problem and health promotion/competence promotion across the life span. Under violence prevention, discussion of violence against women, youth violence, and child maltreatment are the focal points. Under health and competence promotion, attention is paid to the prevention of substance abuse and HIV/AIDS. We highlight a few significant theoretical and empirical contributions, especially from the field of community/prevention psychology. The chapter includes a brief overview of diversity issues, which are integral to a comprehensive discussion of these prevention efforts. We argue that the field should extend its role in social action while emphasizing the critical importance of rigorous research as a component of future interventions.

Document type: Journal Article
Publisher: Annu Rev Psychol. 1999;50:387-418.

Coates TJ. (1994) Communities and AIDS prevention: what works

The HIV/AIDS pandemic demands that public health workers aggressively interact with communities, especially those which are hard to reach, to disseminate appropriate and effective prevention messages. Reaching entire communities with consistent messages is particularly important because experience shows that individual behavioural change cannot be sustained unless it is supported by a social environment which encourages healthful behaviours. Four approaches to community-level change have been found to be effective: outreach, community mobilization, diffusion of innovation, and social marketing. Each approach is discussed in turn. They all use community members as educators, outreach

workers, leaders, and distributors of condoms. They differ, however, in the manner which their respective peer leaders function and what they do. Many programs may combine elements of more than one approach to community-level change.

Document type: Journal Article
Publisher: Aidscaptions. 1994 May; 1(2):2-4.

Population Health Directorate, Health Canada, (1996) Guide to Project Evaluation: A Participatory Approach

Evaluation can be useful, exciting and an important knowledge development tool. This evaluation guide has been developed to help make all these things happen. The goal of this evaluation guide is to provide easy-to-use, comprehensive framework for project evaluation. This framework can be used to strengthen evaluation skills and knowledge to assist in the development and implementation of effective project evaluations.

Why evaluate?

Effective project evaluations can account for what has been accomplished through project funding promote learning about which health promotion strategies work in communities and which don't provide feedback to inform decision-making at all levels: community, regional and national contribute to the body of knowledge about health promotion assess the cost-effectiveness of different health promotion strategies position high quality projects for future funding opportunities increase the effectiveness of project and program management contribute to policy development.

A good project evaluation provides an extremely useful tool to manage ongoing work, identify successes and plan effectively for new health promotion initiatives.

The Guide to Project Evaluation: A Participatory Approach provides direction for your work in planning and implementing effective project evaluations. While no single resource can answer all your questions, we hope that the Guide to Project Evaluation. A Participatory Approach provides you with clear directions. Add to it, adapt it, and customize it to meet your own needs.

A note on terminology

For many people the language of evaluation is a barrier that prevents them from getting on with the real evaluation work. This guide attempts to avoid this problem by using plain language throughout. Appendix 1 provides a brief overview of definitions of the more common evaluation terms. To make the guide as practical as possible it includes a framework to guide the step-by-step process of developing effective evaluations activities to introduce and plan for project evaluation.

Evaluation For Learning

This guide is based on the belief that evaluation can be a useful and positive experience that promotes learning and action. What is learned from project evaluation is as important as what the project produces or creates.

Participatory evaluation

Health promotion activities enable people to take more active roles in defining their health needs, setting priorities among health goals and influencing and assessing efforts to improve their health. Participatory evaluation work supports these activities because it is a collaborative approach that builds on strengths and that values the contribution of everyone involved. While there are other approaches to evaluation, a participatory approach seems most consistent with the goals of Health Canada's strategies and programs.

Principles of participatory evaluation

Participatory evaluation focuses on learning, success and action. The evaluation must be useful to the people who are doing the work that is being evaluated. The evaluation process is ongoing and includes ways to let all participants use the information from the evaluation throughout the project, not just at the end. Recognition of the progression of change - knowledge, attitudes, skills and behaviour - is built into the evaluation. The project sponsors are responsible for defining the specific project evaluation questions, the indicators of success and realistic timeframes. Participatory evaluation makes it possible to recognize shared interests among those doing the work, the people the work is designed to reach, the project funders and other stakeholders.

Type of Document: Book
Publisher: Population Health Directorate, Health Canada (ISBN 0-662-24231-9)

Health Canada (2003) Canadian Strategy on HIV/AIDS

NGO/HISI Logic Model Training Material

This workbook has been developed by the Departmental Program Evaluation Division (DPED) as an introduction to monitoring and evaluation for HIV/AIDS projects. It is an overview of how performance measurement and evaluation can help to determine if programs and initiatives really make a difference in the lives of people. Projects can use the guide to establish on-going performance monitoring and performance measurement practices.

The workbook will help projects to better understand: Participatory Approaches to M&E; Monitoring and evaluation; How you can develop and implement your own project performance management strategy; How your project results will be utilized as a part of CSHA ongoing monitoring and evaluation activities.

Type of Document: Teleconference Training Material
Publisher: Health Canada
Available at: www.hc-sc.gc.ca/hppb/hiv_aids.html

Welbourn A. (1998) A trouble shared. How people are learning to cope with HIV/AIDS the participatory way

What could be more difficult to discuss in public than sex and death? Dealing with HIV/AIDS means facing up to these sensitive topics. After discovering that a close friend was infected with the HIV virus, development researcher Alice Welbourn dedicated her skills in participatory rural appraisal (PRA) towards devising a training process that would help men and women in Africa and elsewhere to cope with the problem of AIDS. The result is a successful training programme using PRA tools and approaches, called the Stepping Stones approach.

Type of Document: Book
Publisher: Stategies for Hope, ID21 Development Reporting Service

Anonymous (2002) Informational mapping and spatial approach to HIV/AIDS interventions

Purpose

An effective campaign against HIV/AIDS necessarily entails an in-depth understanding of the situation, the implementation of the most effective interventions possible, true participation by the affected populations, and monitoring of the impacts of the actions undertaken. While the factors involved are numerous and

complex, the spatial incorporation of data as linked to a cartographic representation yields synthesized information that can be grasped and used by all of the actors and contributors, including:

Specialists: Peak effective use of available data/knowledge, situational analysis, design of potential scenarios, and suggested interventions modeled on scientific bases.

Broader population: Awareness-raising, understanding of the situation and of the underlying causes, participation in making strategic choices, involvement in the implementation of the measures to be taken.

Decision-makers: Understanding of the situation, decision-making about strategic avenues and resource allocation founded on the recommendations of the specialists and of civil society, monitoring of intervention impacts on the basis of objective criteria.

This is a powerful management tool that enables constructive communication about HIV/AIDS among the scientific community, the political world, and civil society in its entirety. A special effort is being made to ensure the building of key actors' capacities to achieve mastery over this tool and to guarantee that the knowledge gained will be advantageously used in the future.

Description

This tool utilizes the power of the most recent technologies used in the Geographic Information Systems. When implemented using a participatory approach, it promotes the growth of knowledge, facilitates discussion, and optimizes outcomes while providing for a follow-up/evaluation of the impact of these activities in space and time.

Preliminary Phase: Consultations aimed at identifying the following elements:
• Areas of intervention
• Levels of decision-making (national, regional, local, etc.)
• Actors
• Subjects

Capitalization of Data
• Setup of the Spatial System of Reference
• Gathering of existing data from various institutions/organizations
• Processing of data for incorporation into the Spatial System of Reference
• Preliminary participatory analyses and identification of missing data
• Preparation of suitable tools and training of the data-collection workers
• Collection, verification and storage of the new data

Processing, Analysis, and Dissemination
• Spatial analyses conducted by multidisciplinary teams
• Processing of data corresponding to multiple sectors and timeframes
• Finalized presentation of outcomes based on the various audience categories
• Support of actors to enhance the understanding and use of documents

Capitalization of Knowledge Acquired
• Evaluation of the technical capabilities of the institutions involved
• Capacity-building and skills transfers
• Data/information/document transfers

Strengths
• Development of spatial views integrated at various levels (international, global, regional, national, local, etc.).
• Creates enhanced understanding of the multisectoral aspects of HIV/AIDS.
• Temporal perceptions are indispensable for evaluating the dynamics of the spread of HIV/AIDS and the impact of the interventions.

• Improves the quality and implementation of decision-making.
• Contributes to awareness raising and education by information outreach tailored and made understandable to various population strata.

Limitations
• Availability, accessibility, and reliability of existing data.
• Willingness of the principal actors to work in teams and share knowledge.

Times and resources
• Timeframes will vary depending on the selected decision-making levels, the accessibility of the data, and the technical capabilities of the partners. A minimum of three weeks is required, but the timeframe may be extended to several months in cases of broad areas of intervention and/or when there are sizable gaps in the available data/information.
• The main resources include GIS expertise with experience in participatory mapping, suitable computers and software, and data input/storage and document-printing peripherals.

Anecdote
Used in a destitute region of southern Madagascar, this tool made it possible to highlight, simply and visually, the spatial correlations among the health, educational, environmental, and poverty-related problem areas. The spatial analyses clearly showed that the most affected areas received no support, and that all of the ongoing interventions (i.e., projects run by governmental and non-governmental organizations, etc.) were concentrated in much less high-priority areas. The regional decision-makers were thus able to reorient programs based on a better intervention rationale and for the benefit of the most destitute populations.

Type of Document: leaflet
Publisher: KIT Netherlands
Available at: www.kit.nl

Commonwealth Secretariat (2002) Gender Mainstreaming in HIV/AIDS. *Taking a Multisectoral Approach*

Taken from Executive Summary:

Current estimates show that 40 million people were living with HIV in December 2001 and 3 million died from HIV/AIDS-related causes during that year. 24.8 million people died from HIV/AIDS between the beginning of the pandemic and the end of December 2001. Sub-Saharan Africa is by far the worst affected region in the world, but AIDS is also the leading cause of death in the Caribbean for those aged 15–45 and the number of cases is doubling every two or three years. Asia, where more people live than any other region, is seeing alarming increases in the number of infections. While AIDS was originally diagnosed in homosexual men, there has been a progressive shift towards heterosexual transmission as the epidemic has spread, and increasing infection rates in women. Almost as many women as men are now dying of HIV/AIDS, but the age patterns of infection vary significantly between the two sexes. Looking beyond the statistics, important differences can be identified in the underlying causes and consequences of HIV/AIDS infections in men and women, which stem from biology, sexual behaviour, social attitudes and pressures, economic power and vulnerability. These result in different rates of risk, infection patterns, access to health knowledge and protection, intervention and care management of illness. Efforts to contain the spread of HIV/AIDS challenge governments and communities to develop policies and programmes that meet the needs of the entire population, including those who are less able to respond to the threat or consequences of infection because of social, economic or gender disadvantage. Education and treatment approaches that do not take into account gender, cultural or social disparities do not use resources efficiently or effectively and are failing to improve long-term population health outcomes. With health systems stretched far beyond their limits by the pandemic, it is vital that the meagre resources available are used in a cost-effective Secretariat, and to Dr Rawwida Baksh-Soodeen, GMS Series Co-ordinator, for their personal commitment, leadership and support for this co-publication and the training

initiative. We wish to extend our sincere thanks to the Commonwealth Secretariat, IDRC, the CIHR and to Health Canada's International Affairs Directorate and Women's Health Bureau for the opportunity to participate in the global HIV/AIDS campaign through this co-publication and the International Design Workshop on Gender and HIV/AIDS. We are also grateful to the Canadian authors, peer review group and editorial team for their time, dedication and commitment in preparing this co-publication. Special thanks to Tina Johnson, Contributing Editor, for her contributions, synthesis and patient editing of the final version.

Because gender mainstreaming cuts across government sectors and involves other social partners, it requires strong leadership and organisation. The Commonwealth approach to gender mainstreaming is through the Gender Management System (GMS). The GMS is an integrated network of structures, mechanisms and processes put in place in an existing organisational framework in order to guide, plan, monitor and evaluate the process of mainstreaming gender into all areas of an organisation's work. It is intended to advance gender equality and equity through promoting political will; forging a partnership of stakeholders including government, private sector and civil society; building capacity; and sharing good practice.

The goal of a GMS for HIV/AIDS is to ensure the integration of gender into all government policies, programmes and activities that impact on the epidemic. Within the GMS, the design, implementation, monitoring and evaluation of such policies and programmes should not only ensure equality and justice for all regardless of sex and gender, but should also take into account the contributions that can be made by all stakeholders working in the area.

In most societies, gender relations are characterised by an unequal balance of power between men and women, with women having fewer legal rights and less access to education, health services, training, income-generating activities and property. This situation affects both their access to information about HIV/AIDS and the steps that they can take to prevent its transmission.

Both men and women are subject to ideas about what is normal behaviour for one or the other sex, what are 'typical' feminine and masculine characteristics, and about how women and men should act in particular situations. For example, men are generally expected to be more knowledgeable than women about sex, which can make them reluctant to seek information.

Women may also have limited access to information about HIV/AIDS, sexuality and reproductive health because of social pressures and cultural norms that stress their innocence. Cultural beliefs and expectations tend to make men responsible for deciding when, where and how sex will take place, and equitable way. Action must be taken to ensure that women and girls have adequate access to sexual and reproductive health services and that there is equality in the provision of drugs for treating HIV/AIDS and opportunistic infections and of care to those infected.

At the same time, it has been recognised that HIV/AIDS is not solely a health problem. To successfully address the pandemic, a gender perspective has to be mainstreamed into a broad-based and multisectoral response. The notion of 'gender' as distinct from 'sex' refers to the socially constructed roles, behaviours and expectations associated with men and women.

Gender roles vary depending on the particular socioeconomic, political and cultural context and help to determine women's access to rights, resources and opportunities. Gender analysis – a tool that uses sex and gender as a way of conceptualizing information – helps to reveal and clarify women's and men's different social relationships and realities, life expectations and economic circumstances. Gender analysis involves the collection and use of sexdisaggregated data that reveals the roles and responsibilities of women and men. It is crucial to understanding HIV/AIDS transmission and initiating appropriate programmes of action, and forms the basis for the changes required to enable women and men to protect themselves and each other. Gender analysis provides a framework for analysing and developing policies, programmes and legislation, and is thus an important tool for gender mainstreaming. Gender mainstreaming is the most efficient and equitable way of using existing resources for combating HIV/AIDS by focusing on the real needs of the whole population. It is also required to implement a number of international and Commonwealth mandates. The ultimate goal of gender mainstreaming is to achieve

gender equality. It requires that both men's and women's concerns are considered in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally. Gender mainstreaming does not, however, automatically remove the need for womenspecific programmes or for projects targeting women, which will often remain necessary to redress particular instances of past discrimination or long-term, systemic discrimination.

Type of Document: Book
Publisher: The Publications Manager, Communication and Public, Affairs Division, Commonwealth Secretariat, Marlborough House, Pall Mall, London SW1Y 5HX
United Kingdom (ISBN: 0-85092-655-6)
Web sites:
http://www.thecommonwealth.org/gender
http://www.thecommonwealth.org
http://www.youngcommonwealth.org

UNESCO/UNAIDS. (2001) A cultural approach to HIV/AIDS prevention and care. *Field Work: Building Local Response.* Methodological Handbooks, Special Series, Issue No. 3

Taken from Executive Summary:

ASSUMPTIONS

In the light of experience, it is increasingly being recognized that the HIV/AIDS epidemic is a problem which concerns not only the medical sector, but is above all, a multifaceted issue, which requires a multidimensional response. If the question is limited to medical considerations or to purely cognitive information, modern-type information, education and communication for safe practices, namely the promotion of condom use, the expected results will not be achieved. It is, indeed, a complex socio-economic, societal and cultural phenomenon to be considered in the perspective of sustainable human development. Thus, a cultural approach is necessary for the prevention and treatment of the epidemic in order to deal with all the aspects of the problem.

Generally speaking, a cultural approach to development must meet two conditions, derived from the UNESCO Mexico definition of culture, and which can be summarized as follows: These cultural references and resources are sometimes misinterpreted as monolithic systems, which cannot be modified, since they are supposed to represent an intangible asset, to be protected unconditionally. Observing real situations clearly shows that there is not necessarily a contradiction between culture and change, since all societies and cultures evolve over time: These evolutions can result in destabilizing situations if these processes are not monitored and mastered. HIV/AIDS prevention and care policies and methods will be improved and made more efficient by making them culturally-appropriate (acceptable and relevant), fully understood and highly valued (culturally integrated) among given groups and persons, according to their priorities. This will enhance a new awareness of responsibility and motivate a subsequent willingness for mobilization against the expansion of the epidemic. First, because of their intrinsic dynamic aspects; Secondly, because they interact with all kinds of external economic, social and cultural transformation processes. Grounding development on mentalities, traditions, beliefs and value systems, for practical and ethical reasons, in so far as they may enhance needed changes, or hamper them, if they are not correctly identified, and will necessarily interfere in the action taken; Mobilizing the cultural resources of the given populations, in order to benefit from their support, when bringing about, through the joint identification of needs and action, the necessary changes in thinking and behaviour for endogenous sustainable human development.

Type of Document: Book
Publisher: UNESCO, Division of Cultural Policies, Paris Cedex 15
Available at: www.unesco.org/culture/aids