

WORKSHOP REPORT
ON
MONITORING AND EVALUATION OF GENDER INTEGRATION INTO THE MAP AND HIV/AIDS
PROGRAMMES IN ZAMBIA
HELD AT PALMWOOD LODGE, LUSAKA, 11 - 14 NOVEMBER 2003

Gender in Development Division
Office of the President
Cabinet Office
Lusaka

Acronyms

AIDS	-	Acquired Immune Deficiency Syndrome
FPP	-	Focal Point Person
GFP	-	Gender Focal Point
GIDD	-	Gender in Development Division
HIV	-	Human Immune Deficiency Virus
IEC	-	Information Education and Communication
IGAS	-	Income Generating Activities
NAC	-	National AIDS Council
NGOs	-	Non-Governmental Organisation

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1.0 INTRODUCTION

1.1 Preamble

This workshop, held at Palmwood Lodge, Lusaka, 11-14 November, 2003, was a follow-up to the Training of Trainers (TOT) one on integrating gender into the MAP and other HIV/AIDS activities, which was held at Barn Motel in Lusaka in August 2003. The TOT workshop trained a core team of seventeen facilitators from government, drawn from line ministries and the provinces, and from Non Governmental Organisations were trained. It was at this first workshop that the idea of a Training/Facilitation Manual was shared and took root. The trainers, Dr. Alex Simwanza from National AIDS Council (NAC) and Ms. Honorine Muyoyeta from HM Consultancy were tasked to produce the manual that was to be utilised by the core team in training field workers at provincial and district levels.

The two trainers produced a draft manual which was presented to the second workshop for testing and validation. The workshop also aimed to introduce the core team of facilitators to, and provide them with skills for, Monitoring and Evaluation with focus on gender inclusion into the HIV/AIDS programmes in Zambia.

This report, therefore, highlights the proceedings of the Monitoring and Evaluation workshop.

1.2 Remarks by Director, Gender in Development Division, GoZ

In his remarks, Mr. Nelson Nyangu stated that the Monitoring and Evaluation workshop was important, as monitoring and evaluation skills would help ensure that gender was mainstreamed in HIV/AIDS programmes. Gender presents an aspect that has not been seriously addressed in many programmes. He reminded participants of the many critical gender issues that need serious attention if Zambia was to tackle effectively the challenge of HIV/AIDS.

Mr Nyangu further implored the participants to take the training workshop seriously as it would provide them with an opportunity to improve their skills and tools to carry out work on gender and HIV/AIDS in the field.

1.3 Workshop Objectives

The objectives of the workshop were: -

1. To introduce the Manual to the core team of trainers;
2. To provide a forum for the core team to practice utilisation of the Manual;
3. To pre-test the Facilitation Manual and expose it to further input from its intended-users; and
4. To strengthen the capacity of trainers in the area of Monitoring and Evaluation for mainstreaming gender into HIV/AIDS programmes and activities.

1.4 Ground rules

Participants wished to test the ground rules presented in the manual and thus agreed not to set other rules for this particular workshop. The trainers, emphasised, though, that these may need to be adjusted to situations in a given localities. The rules referred to were:-

1. Cell phones to be put on silence or vibrate.
2. No smoking in the conference room.
3. Active participation by everybody.
4. Free, smart and decent dressing.
5. Respect each other's opinion.
6. Orderly discussions through the chairperson.
7. Avoid unnecessary movements in the conference room.
8. Non-residential participants to attend every session.
9. All participants to remain sober at all times.

1.5 Opening Remarks by Permanent Secretary, GIDD

In her official opening remarks, the Permanent Secretary for Gender in Development Division, Sr/Dr A. B. Ponga, referred to mainstreaming gender into HIV/AIDS as cardinal. She stressed the fact that in the past HIV/AIDS had been taken solely as a biological/medical issue, and the importance of gender was ignored.

The Permanent Secretary felt that women's and men's issues need to be brought to the fore, if programmes and activities currently being implemented in the country were to be appreciated by all Zambians. She gave an example of HIV/AIDS patient care which falls almost entirely on women, since caring for the sick is perceived as part of women's work, hence increasing the burden on the already burdened women. There is need to also look at how the general public, communities and individuals are responding to advocacy programmes that government and other various organisations including the NGOs have been undertaking. She then challenged participants who have shown interest in the integration of gender into HIV/AIDS programmes and activities to take the workshop and subsequent HIV/AIDS focused activities seriously.

1.6 World Bank Representative

Dr. Shimwaayi Muntemba from the World Bank intimated that the Bank was very interested in mainstreaming gender into HIV/AIDS programmes and emphasised the value of this workshop in strengthening the skills of the trainers/facilitators.

She appreciated the strong relationship between the Gender in Development Division at Cabinet Office and the National HIV/AIDS Council, the country's coordinating institution for HIV/AIDS. She also felt that

the participation of NGOs in HIV/AIDS programmes was a good sign of collaboration in handling the issue of HIV/AIDS. She stressed the fact that the pandemic as seen in current statistics poses the greatest challenge to countries such as Zambia.

She encouraged the facilitators, as would-be trainers of field workers at provincial and district levels to make use of the Training/Facilitation Manual. She said the manual was a very important tool in the work ahead for the facilitators, as they impart the critical information on the linkages between gender and HIV/AIDS to field workers, equipping these with the knowledge and tools for engendering HIV/AIDS programs on the ground.

1.7 Brief on the Training/Facilitation Manual

Dr. Simwanza introduced the five chapters of the Facilitation Manual. The first chapter gives an Overview and contains the introduction, and a summary of the training approaches, content and tools. This is followed by Module 1, which contains objectives; expectations and ground rules. He reminded participants that ground rules as given in the manual must be seen as indicative, to change in conformity with specific situations.

Module 2 examines gender and HIV/AIDS. First is a review of the concepts of gender and perceptions of gender roles and gives an overview of HIV/AIDS. Module 3, covers gender and HIV/AIDS linkages, with special attention given to gender power relations. It looks at poverty, gender and HIV/AIDS linkages, as well as women's and men's risks and vulnerabilities. Module 4 discusses gender mainstreaming in HIV/AIDS programmes with a reflection of tools, the activities men and women engage in and looks at income and access and control profiles. The module also covers gender sensitive planning and shares experiences, challenges and opportunities in handling HIV/AIDS in Zambia. Module 5 was left blank to be covered after the workshop when Monitoring and Evaluation would have been presented to and discussed by the workshop.

1.8 Workshop Methodology

The two trainers drew the attention of the participants to the fact that the workshop was to provide an opportunity for them to test and improve the skills they would employ in their training of field workers in the provinces and districts. They were, therefore, to take the lead in group discussions and would be treated as the workshop trainers in those sessions aimed at testing and validating the manual. The two workshop trainers would in this case take on advisory roles.

2.0 PROCEEDINGS OF THE WORKSHOP

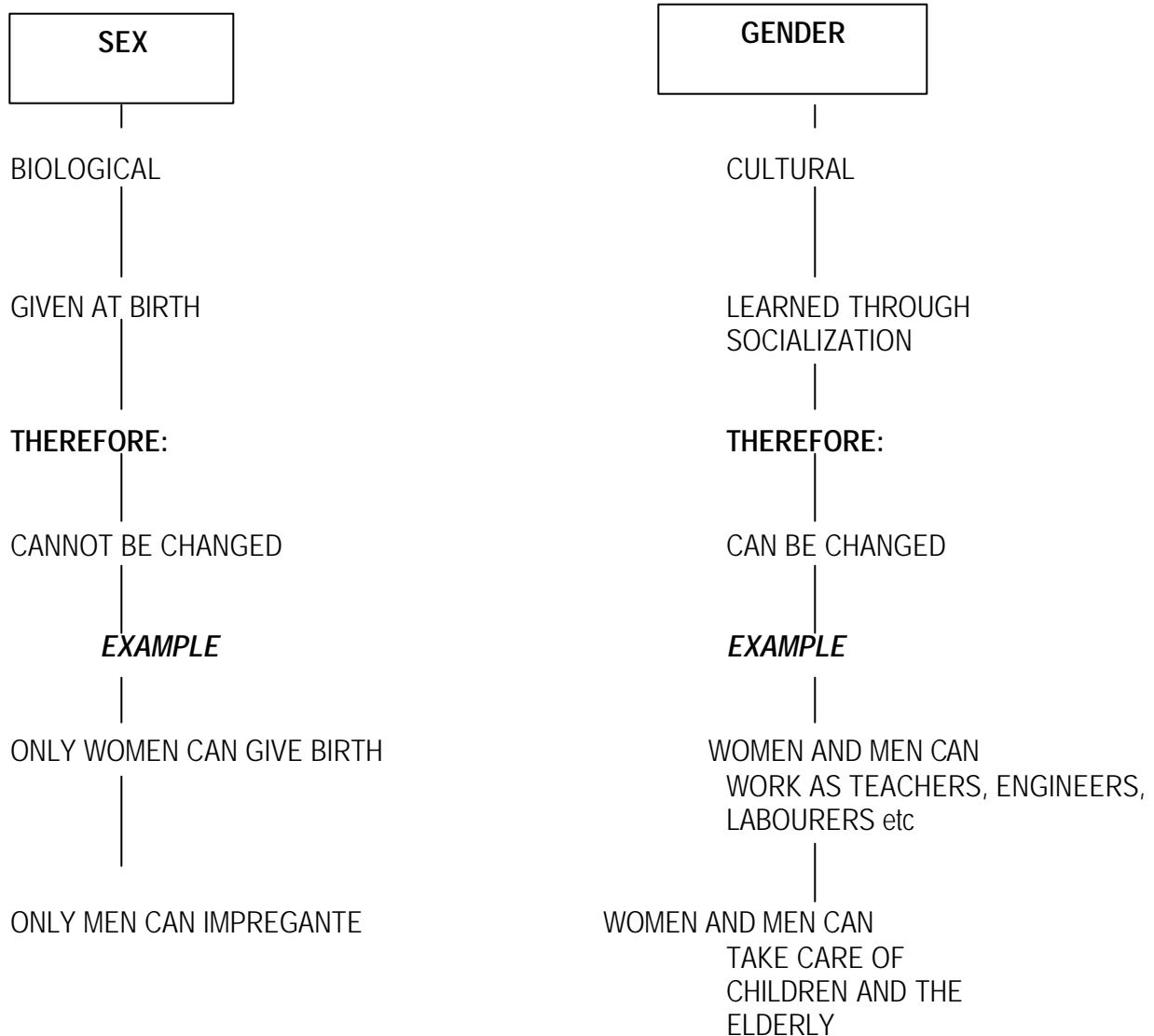
2.1 MODULE 2: UNDERSTANDING GENDER; UNDERSTANDING HIV/AIDS

Participants were divided into three groups, in which each group was led by a core team member from the TOT workshop. The following topics were covered: -

Topic 1 (Group I): Gender Concepts

The objective of this topic was to help participants to comprehensively differentiate between “**SEX**” and “**GENDER**.” Many people use the two interchangeably. The group appreciated the difference in the manner described below: -

SEX VERSUS GENDER



During plenary discussions, participants were helped in their appreciation through a wish game where each put down what they would wish for. What emerged was very interesting and telling:

- Wishes from men were related more to SEX, hence indicating less appreciation of or concern for gender.
- Women's wishes leaned more toward GENDER and its roles (changeable things), expressing greater appreciation of gender and desire on their part to change some of their roles.

Topic 2 (Group II): Perceptions of Gender Roles

The objective of this topic was for participants to reflect on various perceptions regarding gender roles. The definition of perception was discussed and the following were floated:

-
- (i) How one sees things;
- (ii) How one interprets things;
- (iii) How one understands and analyses issues; and
- (iv) What one would like to see.

Some of the societal perceptions that were given as examples were: -

- Women should not eat foods such as chicken gizzards, eggs and chicken backs;
- Women do not make good managers;
- Women have the capability and therefore responsibility to look after the sick;
- Men must provide;
- Women are inherently submissive.

During plenary, gender roles were played out through a game whose theme was: "men will never be as good at child care as women." More participants, including men, indicated that in actual fact men can be good at child care. Those men who had played significant roles in child care shared the benefits of male involvement. After a lengthy discussion in which some of the reluctant men were most vocal, participants agreed that indeed men could be as good as women in child care, but that concerted efforts would be needed to sensitise the men folk.

The general discussions on this indicated that societal perceptions give women a low status, not allowing them to exercise their intellectual capacity and capabilities. It was noted that perceptions are perpetuated through the following, as examples: -

- Songs that demean women;
- Kitchen parties where women's servicing roles are emphasized;;
- Proverbs and sayings;

- Advertisements which praise women in their choice of what products to use when performing their household chores;;
- Advice from traditional teachers (commonly known as Alangizi); and
- Taboos (what women or men can or can not do).

Topic 3 (Group III): Understanding HIV/AIDS and understanding current HIV/AIDS statistics

In discussing this topic, participants were introduced to what the two words, HIV and AIDS, stand for. These were said to mean: -

HIV – *Human Immunodeficiency Virus; and*
AIDS – *Acquired Immune Deficiency Syndrome.*

The participants were informed that AIDS symptoms fall into two classifications: major and minor symptoms. Examples of the two:

Major: Loss of weight up to 10 percent; Chronic diarrhoea; Fever for more than a month.

Minor: Loss of memory; Herpeszostor; and Cough.

The following modes of transmission were suggested as prevalent: sexual intercourse; blood transfusion; exchange of needles, razors and other sharp instruments, sexual intercourse commanding the highest percentage.

After absorbing the current statistics on HIV/ADS, participants felt there was need to include more statistics on infections; illnesses; and deaths. This would greatly assist the facilitators in stressing the extent of the HIV/AIDS problem in the country.

Further, participants looked at some preventive measures and felt that female condoms were not user friendly and expensive, hence exacerbating the already worse-off economic situation of women.

The participants also reflected on risk behaviours associated with HIV transmission, which include: -

- Unprotected sex;
- Multiple sex partners;
- Prostitution;
- Alcohol and drug abuse;
- Experimental sex;
- Sharing skin cutting or piercing instruments; and
- Wish to produce a baby when HIV infected, thus risking infecting others.

In view of the above HIV preventive measures need to emphasise: -

(a) **Sexual**

Abstinence; faithfulness; sticking to one sex partner; use of condoms;.

(b) **Blood and blood products**

Avoiding skin piercing instruments (needles, razor blades etc.); sterilising all contaminated skin instruments.

(c) **Mother to child transmission**

Undergo HIV testing; and avoiding producing a child.

To help appreciate the gravity of the problem, data from the Zambia Demographic and Health Survey (2002) were shared: -

- More men than women have access to information on HIV/AIDS;
- 85 percent of women accept wife beating;
- 53 percent of women agree that a wife may deny her husband sex;
- Husbands have more say than wives on matters concerning sexuality including the women's;
- Women with less education experienced sexual violence 1 – 3 times in the twelve months prior to the survey;
- The higher they climb on the education ladder the more women experience other forms of violence;
- 11 percent of women suffered forced sex 4 times in the twelve months prior to the survey.
- In 2000, 830,000 people over 15 years of age were HIV positive
- In 2000, 450,000 women and 380,000 men were infected;
- In 2000, TB cases had increased five fold to over 500/100,000
- There are over 40000 newTB cases every year.

Reasons for increased infection rates: -

- Older men are generally more economically empowered and hence able to lure women and girls into sexual acts, including unprotected sex, "flesh to flesh sex" being more lucrative than protected sex;
- Young women are more vulnerable to HIV infection due to limited access to resources;
- Women have less negotiating power for safe sex because of their low educational status, and socialization that emphasises sex as a woman's duty to her husband ; and

- Lack of information or clear messages on preventive and protective measures.

The cycle presented below perpetrates the cycle of infections: -

- Older men (commonly known as “Sugar daddies”) infect young girls;
- The infected young girls consequently infect boys in their age group;
- The young men become older men and infect both their partners and young women
- In turn young women infect young men in their age group and so the cycle continues

Social and economic inequalities exacerbate the situation.

Sex disaggregated data confirm this cycle and indicate the following: -

Age group	Infection rates
15 – 24 years	8% boys and 17 % girls
15 – 49 years	16 % adult population and 18 % female

Moreover: -

- Men aged Young women aged between 15 to 19 years are five times more likely to be infected than boys in their age group;
- between 35 to 45 years have higher infection rates than women of the same age group.

General Plenary Discussion under Module II

During this session, participants provided the following comments on the content of the manual:

- Introduction of participants to shift from Module 2 to I;
- Frame game needs to be explained in detail;
- More data on infections; illnesses and deaths need to be provided;
- More information on HIV/AIDS needs to be presented; and
- The linkage between gender and HIV/AIDS need special and emphasised attention.

In their advisory roles, the two trainers made the following comments regarding presentations by members of the core team trainers: -

- Presentations need to be well summarised;
- Facilitators need to take full control of the deliberations;

- Need to keep time; and
- Need to stimulate full and equal participation.

2.2 MODULE 3: GENDER AND HIV/AIDS LINKAGES

The main objective of this module is to enable participants to define the gender dimensions of the HIV/AIDS pandemic. Participants are also enabled through this module to identify gender related strategies to address the needs and concerns of both women and men, with a view to: -

- Reducing vulnerability to HIV/AIDS; and
- Mitigating the impact of HIV/AIDS.

Participants were divided into three groups to cover the following topics: -

- (i) Gender Power relations (including analysis of influencing factors), using levels of causation framework;
- (ii) Poverty, gender and HIV/AIDS linkages;
- (iii) Risks and vulnerabilities for women and men. In this respect, participants were asked to improve on the gender inequalities diagram in the manual for both women and men and to identify their risks and vulnerabilities

General Plenary Discussion under Module III

Group I

The issues raised from the group discussing gender power relations were:-

(i) Economic and Political Governance

- Lack of political will (by way of transforming verbal commitments into action); and
- Low representation of women in decision making, even though Zambia is signatory to the 1997 SADC Declaration on Gender and Development which stipulates that there must be at least 30 percent representation of women at all decision-making levels by 2005.

(ii) Economic Aspects

- More women are not economically empowered, leading to their increased vulnerability;
- Very few women are in formal employment; and

- Poverty levels are higher among women.

(iii) Social-Cultural Aspects

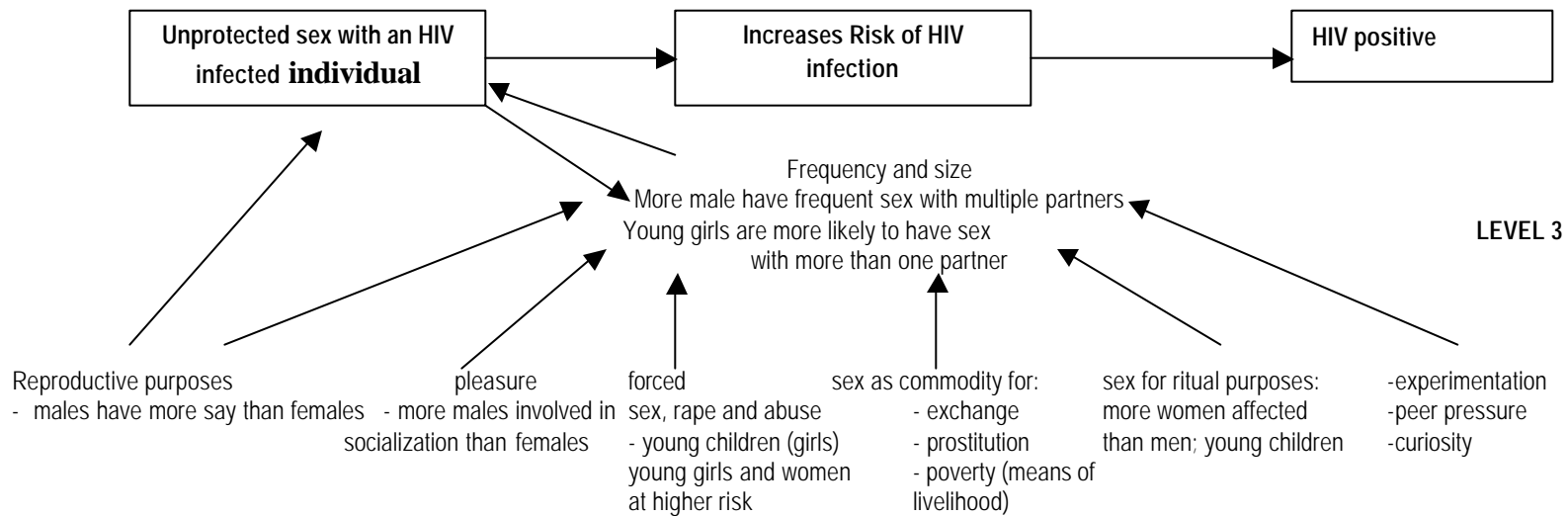
- Socialisation where women are supposed to be submissive to men generally but especially to their husbands;
- Traditional practices that greatly disadvantage women, for example sexual cleansing for widows;
- Sex for financial exchange and other favours puts women at very high risk of contracting the virus;
- Rape, including within families; and
- Peer pressure.

(iv) Legal Aspects

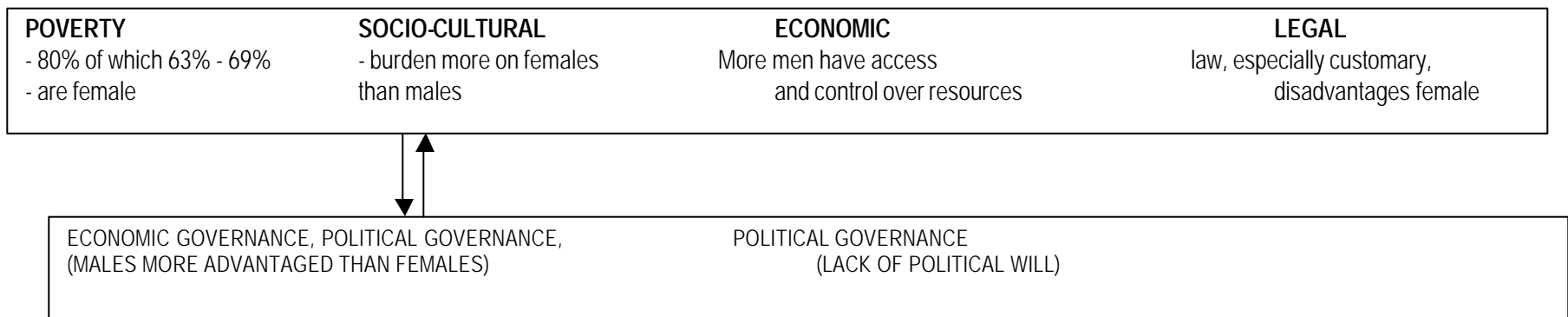
The group reflected on the issue of customary laws, which greatly disadvantage women and girls.

The group further looked at the levels of causation as presented in the draft Training Manual and improved it, as shown in Figure 1.

Figure1: LEVEL OF CAUSATION



LEVEL 2



The group gave examples of unequal relations as shown below: -

EXAMPLES OF UNEQUAL POWER RELATIONS

FACTORS OF INFLUENCING OR UNDERLYING CAUSES	GENDER		REMARKS
	MALE	FEMALE	
1. Parliament Cabinet Civil service	131 19 85%	19 4 15%	
2. Education Religion	low high	high low	
3. Culture/ traditional norms Socialisation	high low	low high	
4. Poverty	Lower	high	
4. Legal/ customary/ polygamy	High	low	

In summarising this section, the group raised the following issues: -

- Generally, there is unequal gender power relations; and
- There is greater need to address these unequal gender power relations to foster development, thereby reducing incidences and spread of HIV/AIDS.

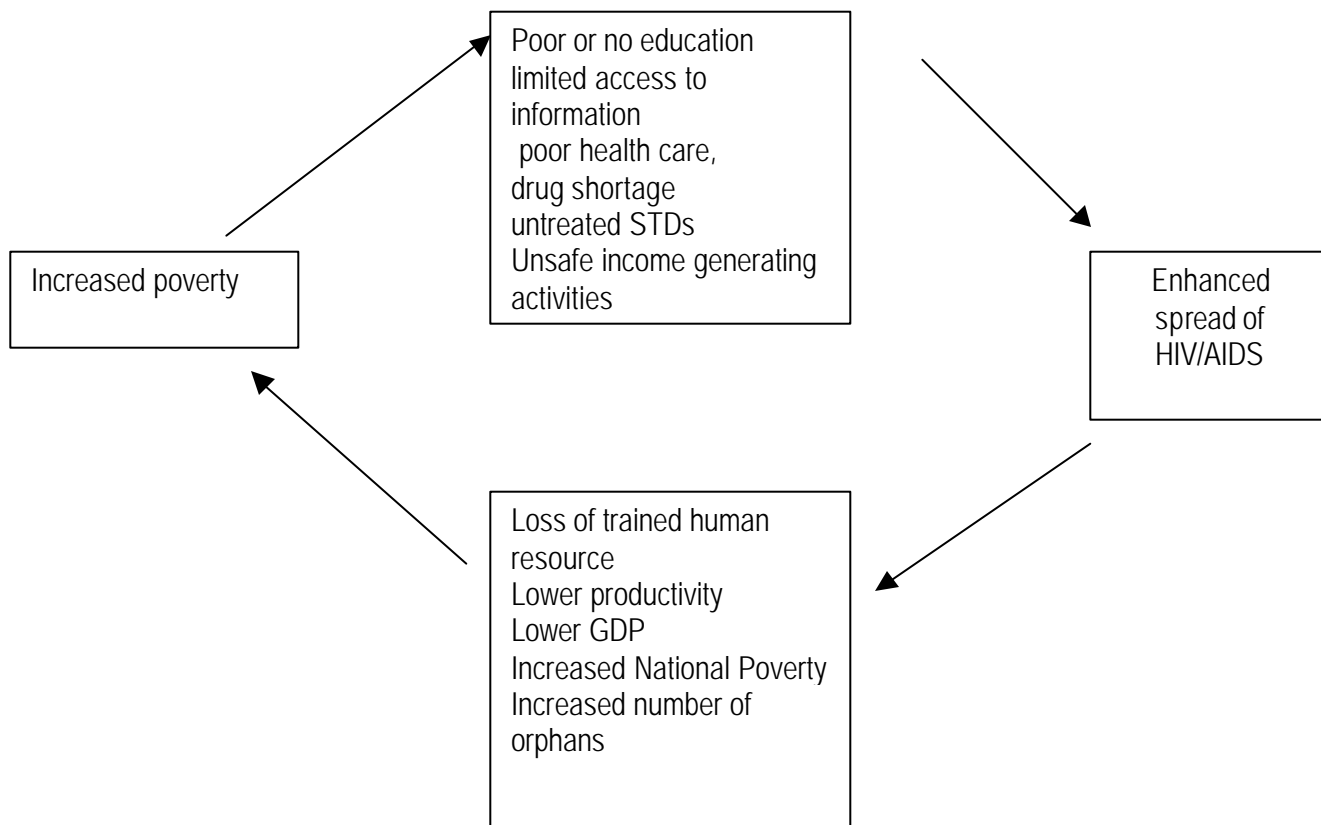
Gender and HIV/AIDS linkages

Group II discussed Poverty, Gender and HIV/AIDS linkages. The group was asked to include gender dimensions into the framework of the poverty and HIV/AIDS cycle. The group was of the view that increased poverty enhances the spread of HIV/AIDS. Some of the root causes of poverty include: -

- Low education;
- Poor health;
- Unemployment and underemployment; and
- Inadequate access to food.

In looking at the issue of Poverty, Gender and HIV/AIDS, the group improved on the poverty, HIV/AIDS cycle presented in the manual thus:

POVERTY HIV/AIDS VICIOUS CIRCLE



In addressing the aspect of how HIV/AIDS increases levels poverty by addressing aspects of governance, formal and informal employment, the group came up with the following: -

How HIV/AIDS increases poverty	GENDER			REMARKS
		Male	Female	
HIV/AIDS	Governance	High	Low	Loss of human resources and so low productivity due to increased funerals and absenteeism
	Business			
	Formal	High	Low	Less productive labour market. Lower GDP, thus reduced development

	Informal	Low	High	Low standards of living due to low sales in informal business. This leads to pursuit of unsafe income generating ventures such prostitution
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In summing up the adverse impacts of the of HIV/AIDS pandemic, the group highlighted:-

- Loss of trained human resource;
- Decreased economic and social productivity; and
- Increased number of orphans, street children etc.

In looking at how poverty enhances the spread of HIV/AIDS, the group came up with the following: -

HOW POVERTY ENHANCES THE SPREAD OF HIV/AIDS

How poverty enhances the spread of HIV/AIDS		Gender		Remarks
		Male	Female	
Poverty	Education drop out rate	56%	70%	Fewer women attain high education. Women also have low or limited access to HIV/AIDS information and therefore are more vulnerable to HIV/AIDS. Women do not know their rights.
	Poor health care services	Low	High	Sexually transmitted diseases not treated early enough for women because of the stigma attached to STD infected women compared to males.
	Formal employment	High	Low	Men take advantage of women's poverty and request for sexual favours and unsafe sex. Men have access to resources and demand sex in work places when women seek employment, promotion etc. thus putting both sexes at risk of contracting HIV.

	Informal employment	Low	High	Poor quality jobs for women that are not valued, for example street vending and subsistence agriculture. Thus, women are forced into prostitution to increase their income levels.
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Group III

Risk and Vulnerability for women and men

The presentation on risks and vulnerabilities for women and men indicated that females are more vulnerable to the HIV/AIDS pandemic than males. The group suggested the following as the most vulnerable groups of women: -

- Sex workers;
- Cross-border traders;
- Fish traders.

The group thought that some of the underlying factors in vulnerability were:

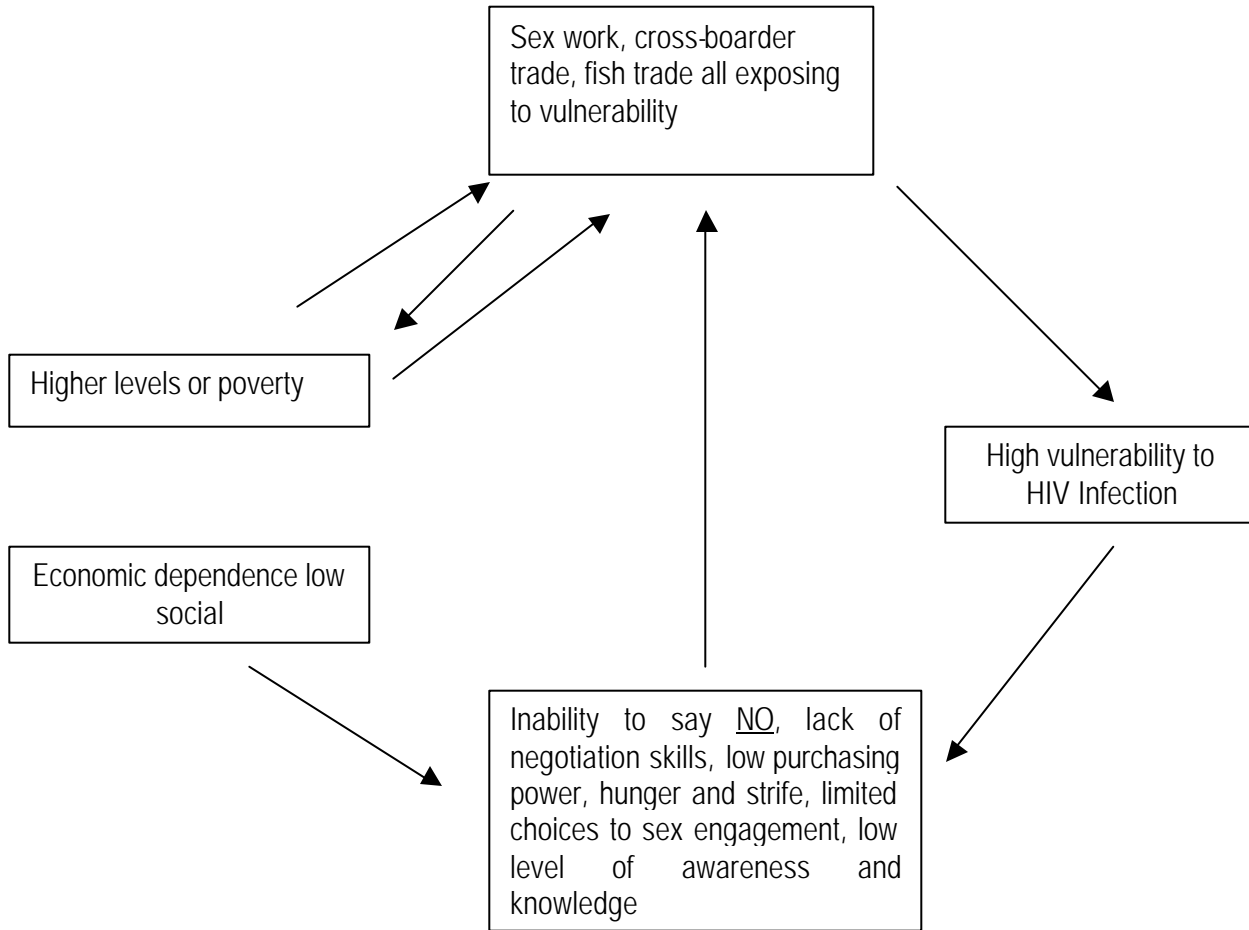
- ❑ Inability for women to say NO to sexual demands especially by husbands, as much because of lack of control over their sexuality and insufficient negotiation skills;
- ❑ Limited economic choices for women;
- ❑ Low levels of knowledge on HIV/AIDS;
- ❑ Hunger and strife;
- ❑ Traditional practices such as sexual cleansing;
- ❑ Peer pressure.

Regarding men's vulnerability, the group highlighted the following: -

- ❑ Multiple sex partners, encouraged and tolerated by society;
- ❑ High demand on them because of their higher economic and social status;
- ❑ Need to perform sexual cleansing;
- ❑ Peer pressure; and
- ❑ Polygamy.

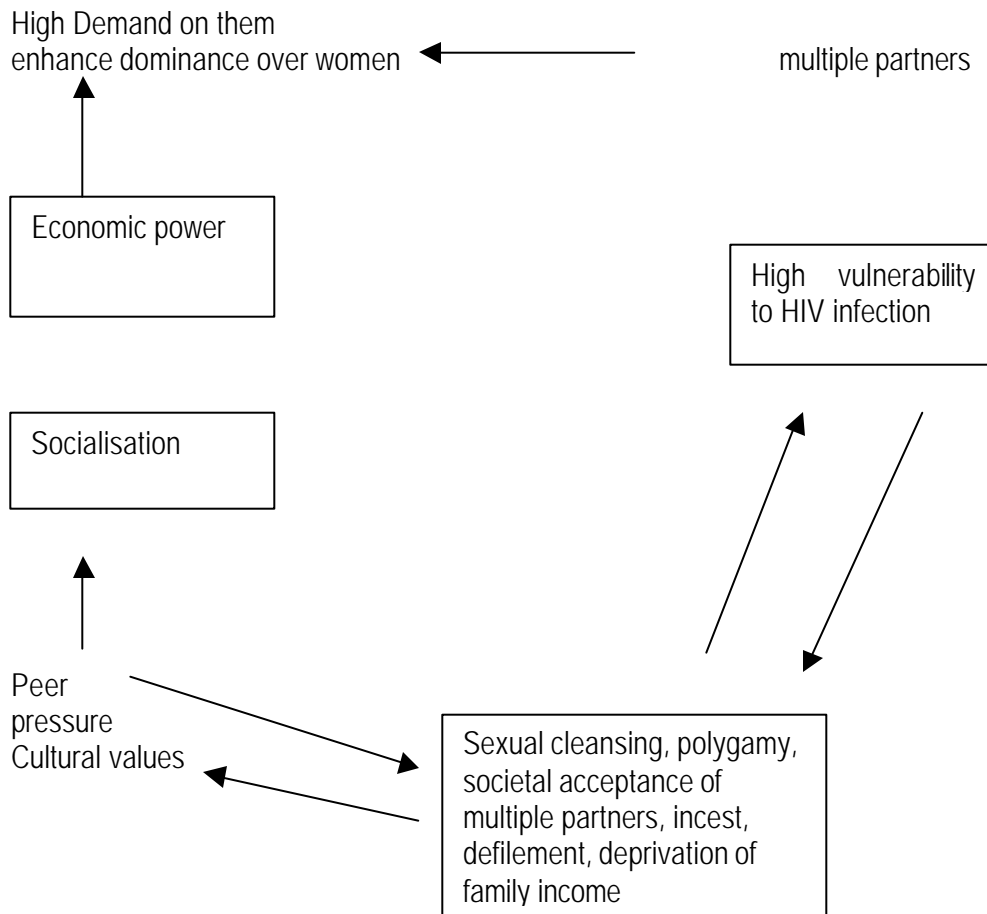
ECONOMIC DEPENDENCE ENHANCES HIV/AIDS

WOMEN



ECONOMIC POWER ENHANCES THE SPREAD OF HIV/AIDS

MEN



General Plenary Discussion

In looking at the linkages, participants agreed that: -

- Measures need to be put in place to target both women and men in addressing the issue of HIV/AIDS;
- Need to strengthen the existing laws to reflect the challenge posed by HIV/AIDS;
- Need to capitalise available opportunities in bringing about behaviours that would stem the spread of HIV/AIDS.

2.3 MODULE 4: GENDER MAINSTREAMING:

EXPERIENCES, CHALLENGES AND OPPORTUNITIES

The Director, GIDD, gave a brief on gender mainstreaming. He stressed that gender mainstreaming is to ensure that gender is fully taken into account during the process of policy formulation, implementation of policies, programmes and activities. As a cross cutting issue, it is important, therefore, that gender is mainstreamed in HIV/AIDS programmes and activities.

He further referred to gender analysis tools applied in Zambia: - Force Field Analysis Framework; the Harvard Framework; the Statistical model; and the Sara Longwe Framework.

Having introduced this aspect of mainstreaming, participants were divided into three groups to focus on planning; activities and Income Profile (including access and control); and experiences; challenges and opportunities.

Group deliberations were presented in plenary:

2.3.1 ACCESS AND CONTROL PROFILE

The group defined access as opportunity to use resources without having the power to decide on produce/output and method of production. For example, in such a category would fall a landless worker who cultivates the land of somebody else and receives a share of the produce for his/her work. It implies no ownership. Control was defined as enjoying full authority over resources, output, as well as their use. Such would be a landowner, a factory owner etc.

The issues addressed in looking at access and control included productive resources, markets and social issues, as reflected in the table below.

RESOURCE	ACCESS		CONTROL	
	MEN	WOMEN	MEN	WOMEN
1. Productive Resources				
Land	XXX	X	XXX	X
Financial capital	XXX	X	XXX	X
Tools	XXX	X	XXX	X
Production inputs	XX	XX	XX	X
Vehicles	XX	X	XXX	X
2. Markets				
Labour	XXX	X	XX	X
Commodity				
- As buyer	XX	XX	XX	X
- As seller	XX	XX	XX	X
3. Social				
Information	XX	X	XXX	X
Education	XXX	X	XXX	XX
Training	XXX	X	XXX	X
Public services	XX	X	XXX	XX

KEY

XXX More access; XX Average; X Minimum

General Discussion on Access and Control

Participants agreed that men have greater power than women over access and control of resources. Although women have access to productive resources such as land, financial capital, tools, this access is controlled by men.

In terms of the activity profile, participants concluded that women do more work than men in each twenty-four hour slot, at 16/17 hours to men's 8 on the average.

2.3.2 HOW CAN WE ENSURE THAT BOTH MALES AND FEMALES PARTICIPATE AT ALL LEVELS OF DECISION- MAKING AND IMPLEMENTATION?

In the case of power and decision-making, the question raised was how to facilitate and ensure that women participate at all levels of decision-making? Participants acknowledged the lower representation of women in decision-making at all levels. To change this situation, the following were recommended: -

- Targeted sensitisation on gender roles because cultural and traditional norms are stereotyped;
- Deliberate approach to build women's capacities so that they participate in decision-making;
- Encouraging women to build alliances among themselves to learn from each other and strengthen each other in taking the challenge head on;
- Providing equal opportunities to both men and women in education and training were concerned, thus calling for need for continuation of affirmative action for girls at grades 7 and 9.

PLANNING

Participants reminded each other of two cardinal principles of planning: forecasting (looking ahead); and organising resources and activities.

The group presenting on Planning stressed the following stages and process in planning: -

(i) Identification of a problem

At this stage, it is necessary to undertake a situation analysis which takes into account gender, applying tools such as activity and income profiles should ensure that gender is taken into account. In the case of activities, it would be necessary to clearly specify who would do what: is it women, men, girls or boys?

(ii) Design

Gender issues raised in the situation analysis (identification stage) would need to inform the design. Objectives, strategies, outputs and indicators would have to be assessed for their gender sensitivity.

(iii) Implementation

At implementation stage, gender issues addressed at the identification and design stages should be taken into account. Both males and females should be involved in the implementation of the identified activities.

(iv) Monitoring and evaluation

The issue of monitoring and evaluation is cardinal in the implementation process of any activity. As such, it would be important at this stage to see to it that gender would have been taken into account in the entire programme/project process.

2.4 ENGENDERING INDICATORS

The workshop felt that indicators were appropriate tools in the program/project cycle and in measuring gender inclusion. Accordingly, participants were divided into three groups to look at the objectives aimed at engendering HIV/AIDS programmes in Zambia, and the requisite indicators, as presented in the NAC Action program and captured in the manual.

The first group looked at: -

Objective 1: To promote the implementation of multisectoral behaviour change to reduce HIV/AIDS prevalence in the age group 15 – 19 from 15 % to 11 % by 2005.

Objective 2: To reduce the transmission of HIV from mother to child from 39% to 28% by 2005 by increasing access to quality facilities for such prevention in all the districts of the country.

The second group looked at:

Objective 3: To make all blood, blood products and body parts safe for transfusion and transplants and to promote the use of sterile sharp instruments by strengthening screening centres and adopting infection control measures by 2005.

Objective 4: To improve the quality of life of all HIV/AIDS infected persons, especially those whose symptoms may not be visible by encouraging positive living, good nutrition, prevention of opportunistic infections and avoiding high-risk behaviour.

The third group looked at:

Objective 5: To provide appropriate care, support and treatment to HIV/AIDS infected persons and those affected by HIV/AIDS, TB, STIs, and other opportunistic infections by the year 2005.

Objective 6: To provide improved care and support services to orphans, vulnerable children and others at risk such as refugees, prisoners, and disabled people by the year 2005.

General Discussion

In general participants felt that:

- ❑ The indicators under objectives 1 and 2; 3 and 4; and 5 and 6 were gender insensitive. As such proposals were made to ensure that the indicators were engendered and that this would therefore facilitate monitoring and evaluation with a gender lens.
- ❑ There was need to clearly reflect the percentages of women and men accessing safe blood.
- ❑ In terms of institutional aspects, there was need to have gender sensitive staff.

2.4 MONITORING AND EVALUATION

Dr. Simwanza, one of the main trainers, made a presentation on monitoring and evaluation.

He defined monitoring as the systematic observation and documentation at regular intervals of project implementation with reference to the indicators for:

- ❑ The development goal;
- ❑ The project purpose;
- ❑ Results; and
- ❑ Activities and the allocation of resources specified in the project planning matrix and the operational plan.

He defined evaluation as assessment of information generated through monitoring in relation to the project plan. The evaluation of monitoring data leads to management decisions to adjust the project plan and the implementation strategy in accordance with the findings.

Participants were reminded during that monitoring and evaluation were interrelated activities. They should be performed on a regular basis during project implementation.

Progress and Impact monitoring

Progress monitoring examines what is under the direct responsibility of the project:

- ❑ The implementation of project activities;
- ❑ Use of resources; and
- ❑ The output/results of the activities, referring to the indicators defined during planning.

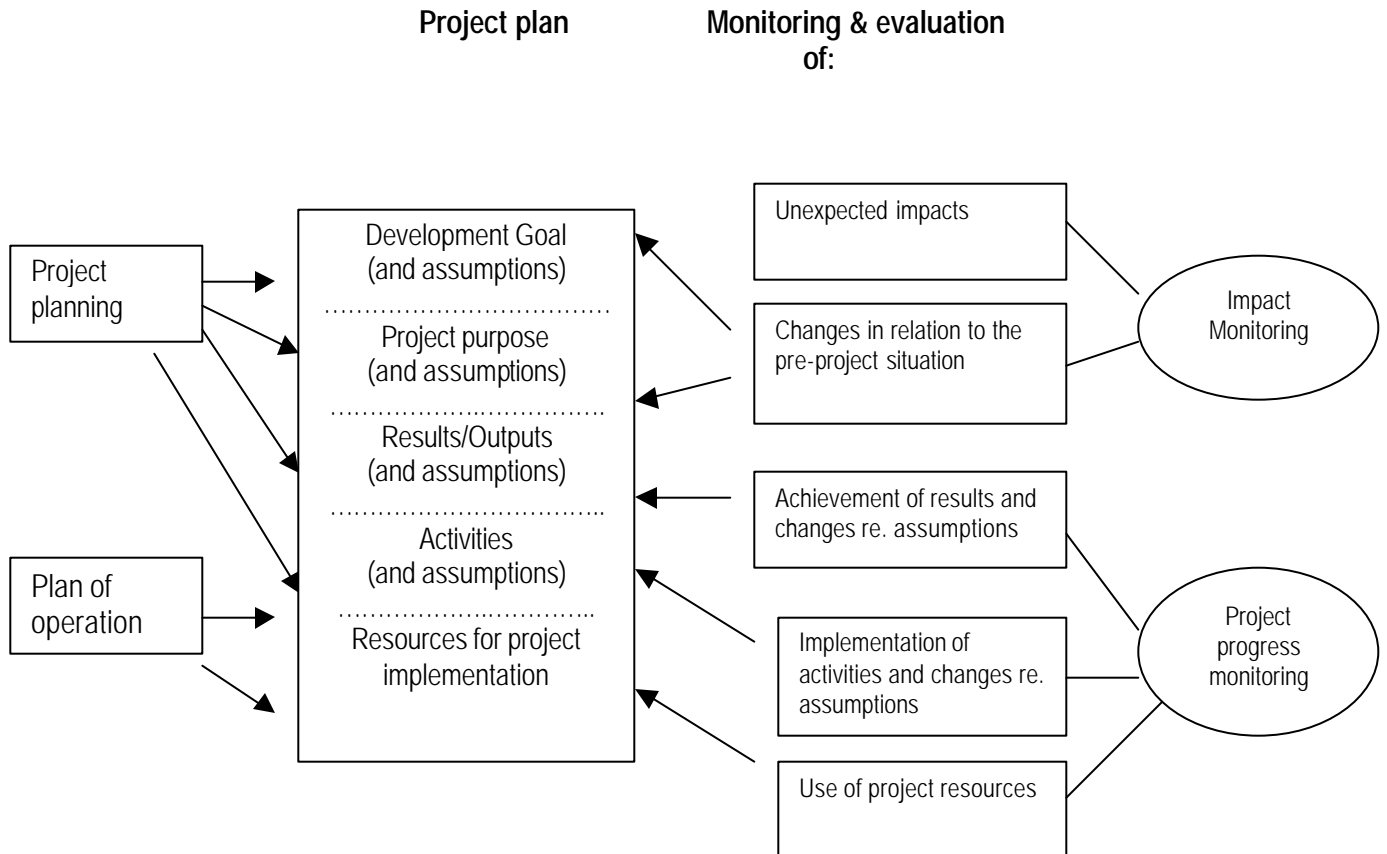
Impact monitoring examines expected and unexpected changes at the level of:

- ❑ The target groups at grassroots level;
- ❑ Affected groups;
- ❑ Institutions; and
- ❑ The environment in relation to the pre-project situation, referring to indicators for the project purpose and the development goal.

The observed changes at these levels can only be partly attributed to the project interventions, because they are also subject to influences beyond the control of the project. Both progress and impact monitoring include the monitoring of the conditions described in the assumptions for each level, as these affect the probability of achieving the project objectives.

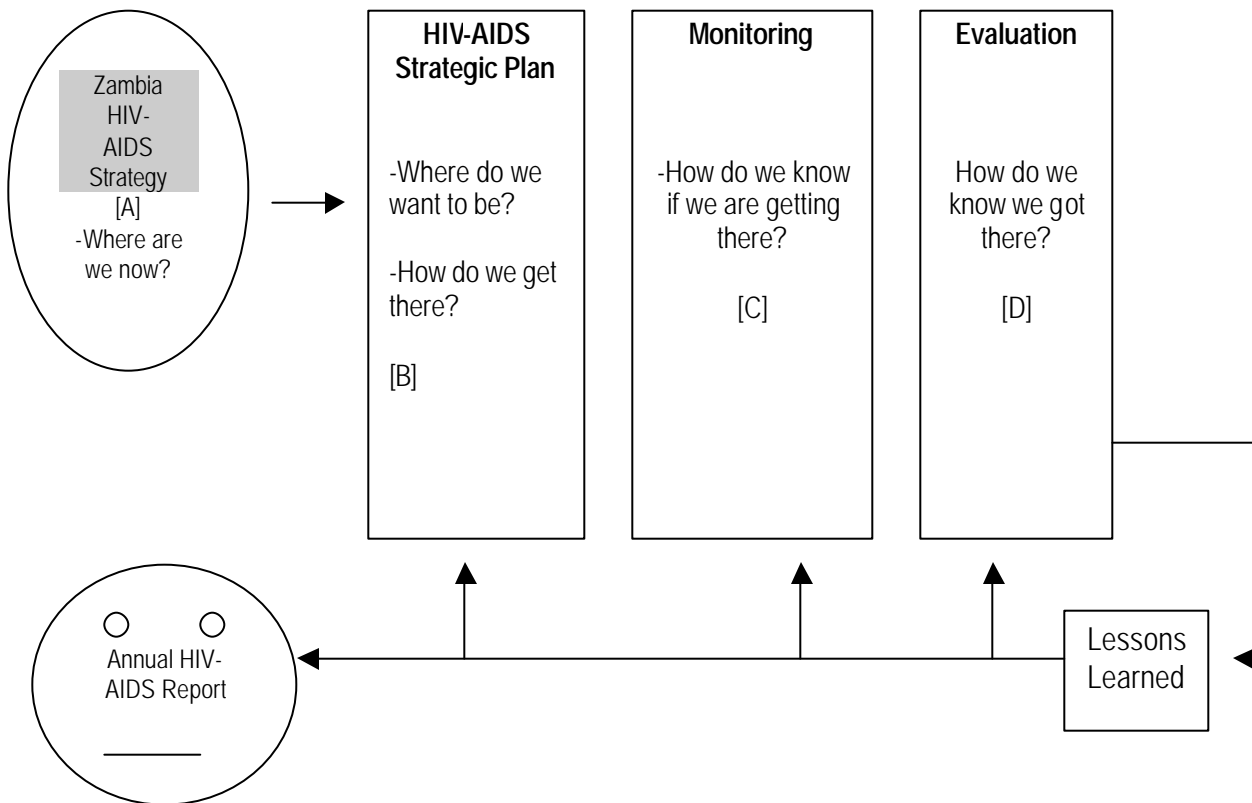
The table below shows the levels of monitoring and evaluation.

LEVELS OF MONITORING AND EVALUATION



Dr. Simwanza related the general presentation on monitoring and evaluation to issues of HIV/AIDS and gender through the following figure:

Information Bases to Support Planning, Monitoring and Evaluation



He emphasised on the need for monitoring and evaluation if gender is to be adequately addressed in all HIV/AIDS programmes in the country.

2.5 PREPARATION OF WORKPLANS FOR PROVINCIAL OFFICES

Participants were urged to come up with their own provincial work plans. This was to ensure that the knowledge obtained was utilised. In order to clearly state the purpose of this exercise, Mr. Nyangu gave a brief on how to prepare the work plans. He emphasised the need to come up with activities that were in line with the objectives of the programme aimed at engendering the HIV/AIDS programme and hence the need not to lose focus on the importance of the programme the World Bank, GIDD and NAC had started.

Participants were divided into three groups each group encompassing three provinces, as follows: -

Group 1: Copperbelt, North-western and Luapula

Group 2: Central, Lusaka and Northern

Group 3: Eastern, Western and Southern

The work plans developed by the three groups are presented in Annex 1.

General Comments on the work plans

Participants noted that provinces, districts and sub-districts lacked IEC material on gender and HIV/AIDS, hence, the programme needed to ensure information dissemination at all these levels.

Participants suggested to firstly conduct TOT workshops at both provincial and district levels in order to increase the number of people to be engaged in the training of grassroots field workers in many communities. Core team members would provide this training with NAC and GIDD overseeing the effort. In addition to core team members and those trained in provinces and districts, it was agreed to make use of HIV/AIDS Regional facilitators, HIV/AIDS Focal Point persons and Gender Focal Point persons. Besides, the civil society, churches and other people at the grassroots levels would be brought on board.

3.0 CONCLUSION

The conclusion included remarks from the World Bank official, Dr. Muntemba, and those made on behalf of the Permanent Secretary, GIDD made by the Director.

Dr. Muntemba was pleased about the creation of the core team of facilitators who would carry out the task of mainstreaming gender into national HIV/AIDS programmes. She further referred to Module III as very critical and urged the facilitators to seriously address and apply the issues identified in that module.

She cautioned the facilitators against perceiving gender as a women's issue only, but that is about power relations between men and women as the modules emphasised, which need to inform the program/project cycle. That gender has not adequately been taken into account in HIV/AIDS activities has cost the country much in resource and life.

Dr. Muntemba appreciated the close relationship between GIDD and the National AIDS Council because NAC is key to national effective control and management of HIV/AIDS. The National AIDS Council is also a resource that GIDD and the core team of facilitators could draw upon. It is a critical entry point in mainstreaming gender into HIV/AIDS programmes in the country.

Finally, she thanked all the participants and hoped that the same spirit of working together would continue especially in the year 2004 when implementation of what will have been learned would commence.

The Director, GIDD, closed the workshop on behalf of the Permanent Secretary. He thanked all the participants including the trainers for the job well done. He thanked Dr. Muntemba for her key role in the implementation of the two workshops (TOT in August, and the present one in November). He told her to continue assisting the country in mainstreaming gender into HIV/AIDS activities.

The Director challenged the participants to commit themselves to each saving one or two lives by ensuring that the information regarding gender reaches the grassroots levels. The campaign of making gender part

of HIV/AIDS programmes was a mammoth challenge to every Zambian and the participants had a key role of occupying the driver's seat. He looked forward to gender inclusive activities in the coming year, working closely with NAC and other stakeholders.