FACILITATION MANUAL

INTEGRATING GENDER INTO HIV/AIDS PROGRAMMES

Prepared by:
Honorine Mwelwa Muyoyeta
HM Consultancy Services
Box 34736, Tel/Fax 239289
Lusaka.

And:
Dr. Alex Simwanza
National HIV/AIDS STI/TB Council
Box 38718, Tel: 255092
Lusaka.
Zambia

Funded By The World Bank In Collaboration With The Gender In Development Division (GIDD)

MAY 2004

Table of Contents

Acronyms 3
Overview of the course 4
    Background 4
    Summary of modules in the manual 7

Module One
    Introduction of participants and facilitators 8
    Understanding Gender
Module Two
    Understanding HIV/AIDS 9
17

Module Three
    Gender and HIV/AIDS linkages 22
        Gender power relationships 22
        Poverty, gender and HIV/AIDS linkages 23
        Risks and vulnerability for men and women 24

Module Four
    Gender mainstreaming 31
        Introduction of tools for gender analysis 31
        Incorporating gender aspect into HIV/AIDS planning 36
        Experiences, challenges and opportunities in Zambia 39

Module Five
    Monitoring and Evaluation 52

References 67

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	Ante Natal Clinic
ART	Anti Retroviral Therapy
ARV	Anti-Retroviral
CBOH	Central Board of Health
CBOs	Community based Organisations
CSO	Central Statistical Office
CSW	Commercial Sex worker
DDCC	District Development Coordinating Committees
DOTS	Directly observed Treatment short course
FBOs	Faith Based organisations
FTE	Full Time Equivalent
GIDD	Gender in Development Division
HIV	Human Immuno Deficiency Virus
HMIS	Health Management Information System
IEC	Information, Education and Communication
IGAs	Income Generating Activities
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MTCT	Mother to Child Transmission
NAC	National Aids Council of Zambia
NGOs	Non Governmental Organisations
OIs	Opportunistic Infections
OVC	Orphans and Vulnerable Children
PLWHA	People Living With HIV/AIDS
PMTCT	Prevention of Mother to Child Transmission
PPAZ	Planned Parenthood Association of Zambia
PRSP	Poverty Reduction Strategic Programme
SFH	Society For Family Planning
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
SWAAZ	Society for Women Against AIDS in Zambia
TB	Tuberculosis
TBA	Tradition Birth Attendant
TOR	Terms of Reference
UNZA	University of Zambia
VCT	Voluntary Counseling and Testing
VSU	Victim Support Unit
ZNBTS	Zambia National Blood Transfusion Services

OVERVIEW OF THE COURSE

A. BACKGROUND

The purpose or goal of this Training Manual is to build the capacity of Trainers in order for them to systematically integrate Gender Dimensions into HIV/AIDS programmes (Mainstreaming). In order to accomplish this purpose, the Training Manual will equip trainers with the following:

- An increased understanding of gender and gender issues.
- Knowledge on the inter-linkages between gender and the spread, management and control of HIV/AIDS.
- Understand linkages between gender, poverty and HIV/AIDS.
- Knowledge on how to go about integrating gender into HIV/AIDS using tools for gender mainstreaming.
- Understanding how to identify and develop gender-related strategies of addressing the health needs and concerns of both men and women for the purpose of (i) reducing vulnerability to HIV/AIDS and (ii) mitigate the impact of HIV/AIDS.
- Knowledge of biological, Socio-cultural and economic factors that contribute to men's and women's differing vulnerability to HIV infections.
- Approaches for empowering women and men in combating the HIV/AIDS pandemic.
- Understanding on the need to build local institutional linkages and partnerships as an effective response to the issues of gender and HIV/AIDS.

B. WHO WILL USE THIS MANUAL

This is a trainer's manual. The trainer will be someone who has completely understood the basic ideas expressed in each section of every module as well as the overall purpose of the entire programme.

The trainer should be capable of using the manual flexibly so that sessions can be designed to adapt concepts and ideas to the local situations. This manual is not intended to be used by trainees.

C. HOW TO USE THE MANUAL

This manual should be used as a source of information. The trainer should be familiar with all the concepts in each module before attempting to begin the programme. The reason for this is that the trainer will then be able to explain the theme in his/her own words and use suitable language for the trainees. It will also enable the trainer to prepare training aids, which are suitable for the local environment.

Many of the instructions are guidelines, which the trainer should adapt creatively to suit the needs of the trainees and the realities of the local situation. In each module the following format is used:

D. STANDARD FORMAT FOR ALL MODULES

1. Number Of Module
2. Topic Of Module
    2.1. Sub-Topic Of Module
3. Objective Of Session
4. Time
5. Methods
6. Aids
7. Materials
8. Session Guide

    Session Guide should outline the steps to be followed by the facilitator and how the materials should be used. There should be instructions step by step to the end of the session

    Each session should flow as follows:
    - Introduction and definition of subject
    - Other steps to follow as applicable

Specific objectives

These are given at the beginning of each module i.e. what the trainer is trying to achieve during this session.

The Briefing Notes

These consist of a short introduction to the module. They also provide guidelines about the methods to be used and suggest examples for carrying out some of the exercises.

A Work Plan

This consist of the suggested method, training aids, total time allocated for each activity and instructions for the suggested activities within the session. Activities are described in detail and the time to be allocated to each separate activity is given.

Trainer's Instructions

They give more detailed information about tasks to be carried out.

Trainer's Tips

They are given whenever it is necessary to supplement the instructions. They suggest alternative approaches and help the trainer achieve a clearer focus on the topic.

A Summary

This is given at the end of the each session. It describes what the session should have achieved. The trainer should find out whether trainees' progress at the end of the session matches the objectives given at the beginning. The trainer should conduct an evaluation at the end of each session.

It is recommended that trainers select topics most relevant to the needs of the trainees. The duration for each module can be extended or shortened depending on the depth and detail of discussion desired.

EXAMPLE:

1. Module Four
2. Gender mainstreaming
   2.1. Introduction of tools for gender analysis
3. Objective Of Session
   To enable participants understand and use the tools for gender analysis
4. Time: X Hour/S
5. Methods : Participatory presentation and discussion in the plenary session
6. Aids – Overhead, Projector Etc.
7. Materials: (Relevant Handouts/Visuals)
8. Session Guide
   8.1. Define gender mainstreaming (participants brainstorm)
   8.2. Collect responses on flip chart and agree on common definition (compare with already prepared definition)
   8.3. Identify various tools used for gender analysis in buzz pairs, pairs report back and add on those not mentioned by participants
   8.4. Introduce each tool, explain and demonstrate how it is used in a participatory presentation
   8.5. Group Work, participants practice using the tools and report back
   8.6. Summarise and conclude

E. THE TRAINING METHODS

The training uses a participatory methodology by getting trainees involved in supporting the trainers to prepare exercises, energizers and facilitating daily evaluations. This creates a feeling of joint responsibility and fosters a successful mutual learning process. Exercises are used throughout the course to practice the introduced techniques.

F. WORKSHOP SCHEDULE AND PROCEDURES

Participants agree on ground rules to follow during the sessions.
The suggested participants' jobs during the workshop are as follows:

Job	Day 1	Day 2	Day 3	Day 4
President				
Trainer's assistant				
Time keeper				
Record keeper or rapporteur				
Evaluation facilitator				

A President and a time-keeper for the workshop from among the participants to be elected to provide the required leadership. The president would be a link between participants, organizers of the workshop and motel or hotel service providers.

G. SUMMARY OF THE MODULES IN THE MANUAL

The table below summarises how the whole training in terms of the tools, methods and approaches to be used for each module.

MODULE	TOOLS
1. Introduction of participants and facilitators. Understanding gender	Presentations, Discussions and Case studies
2. Understanding HIV/AIDS	•Presentations, Discussions and Case studies
3.Gender and HIV/AIDS linkages	
3.1.Gender power relationships	Presentations, Discussions and Group work Analysis of influencing factors) using levels of causation framework
3.2. Poverty, gender and HIV/AIDS linkages	Presentations, Discussions and Group work Discussion on the gender dimensions of the framework on poverty-HIV/AIDS vicious circle
3.3.Risks and vulnerability for men and women	Presentations, Discussions and Group work Kindly improve on the gender inequalities diagram for both men and women and identify their risks and vulnerability.
4. Gender mainstreaming: 4.1. Introduction of tools for gender analysis	Discuss Activity and Income profile table Discuss Access and Control Profile
4.2. Incorporating the gender aspect into HIV/AIDS Planning	Presentations on planning Group exercise
4.3. Experiences, challenges and	•Review of HIV/AIDS Strategic Plan

opportunities	Group exercise to relate Activity profile by sex to HIV/AIDS Strategic Plan in - target as recipient and provider
5. Monitoring and Evaluation	• Presentations • Exercise to review M&E Plan of HIV/AIDS (Log Frame with indicators) • Case study

MODULE ONE:

TOPIC 1.1. INTRODUCTION OF PARTICIPANTS AND FACILITATORS

Objective: Introduction in an informal atmosphere
Learn more about each other's personal background

Time: 15 minutes

Methods: Sharing information with a partner, discussion

Aids: **B**oard markers, pin board, coloured metaplan cards, one marker for each participant

Materials:

Session Guide:

1. Conduct the exercise "My secret wish"
   Ask the participants to introduce themselves to each other more personally. This can be done either individually or by exchanging information with the partner next to her/him on the following aspects:
   - Position, institution and main duties
   - Work and home address
   - Marital status, number of children, hobbies, etc
   - A secret wish: "What I always wanted to do, but could not do because I am a man/woman".

2. Each secret wish is written on a coloured card (one colour for men, one colour for women).

3. Each participant introduces her/himself or the participant beside her/him giving the information from the above points including the "secret wish".

4. While the participants are being introduced, collect all cards and put them on the pinboard in separate columns for men and women. Group them according to their contents.

UNDERSTANDING GENDER

TOPIC 1.2. INTRODUCTION TO THE CONCEPT OF GENDER

Objectives: Participants understand the difference between "sex" and "gender"

Time: 60 minutes

Methods: Sharing information with a partner, presentation, discussion

Aids: Overhead projector, LCD, whiteboard, board markers, pin board, coloured metaplan cards, one marker for each participant

Materials: **Hand out** "Sex versus gender"

Session Guide:

1. Ask the participants to explain the difference between "sex" and "gender" and write their interpretations vertically under each term on the whiteboard. Show overhead 1 and compare it with the participants' statements.

2. Give the participants the opportunity to ask questions about the definition of both terms and invite other participants to answer.

3. Invite one participants to stand beside the pinboard and read the cards with participants' secret wishes. Ask the other participants to indicate for each wish if it is
   a) gender-related- implying that the wish could be fulfilled if the society changed its norms and gender specific role definitions
   b) sex-related-referring to biologically determined unchangeable factors

4 During the analysis mark the gender-related wishes with a green and the sex-related wishes with a blue marker. Very likely you will have a majority of gender-

related issues reflecting the existing social-cultural barriers and limitations the participants experience.
Ask the participants what they can learn from this exercise.

5. To deepen the analysis you can ask the participants why their secret wishes could not be fulfilled. Write their explanations on the whiteboard. You can refer to this list of "influencing factors" when explaining the categories for gender analysis.

HANDOUT

PRESENTATION ON UNDERSTANDING GENDER

a) Definition of gender and sex

Gender

- Refers to the relations *between men and women* in society which arise out of the roles they play. Such roles are *socially* constructed and not physically or biologically determined.
- Gender roles and relations are learnt, can be *culturally specific* and *cross-cultural*, and change over time.

Gender & Sex

- The term **gender** refers to the socially defined or constructed sex roles, attitudes and values which communities and societies ascribe to as appropriate for one sex or the other.
- On the other hand, **sex** refers to a person's genetic, physiological or biological characteristics, which indicate whether one is male or female.
- **Gender** therefore refers to how women and men are perceived and expected to think and act because of the way society is organised, not because of biological differences.

Gender Roles:

- **Gender roles** are classified by gender, in that this classification is social, and not biological. (For example, if child rearing is classified as a female role, it is a female gender role, not a female sex role, since child rearing can be done by men or women).
- **Gender roles** are learned and vary widely within and between cultures. As social constructs, they can change.
- **Gender roles** determine access to rights, resources and opportunities.

Sex Roles:

- o Are roles that are performed in relation to the biological, reproductive attributes of a persons body

SEX VERSUS GENDER

SEX	GENDER
Biological	Cultural
|	|
Given at Birth	Learned through socialization

b) Social Construction Of Gender (Socialization)

Socialisation is a process through which a person learns all things that he/she needs to know in order to function as a member of a specific society. It is:

i. Constructed by society,
ii. Developed over time
iii Defines rules, roles and sanctions for behaviour for men and women
iv. Remain relevant to new and changing needs of culture

All this is done through a very systematic process. The following are some institutions of socialization: family, community, school and work place

c) Gender Analysis

Gender analysis entails a close examination of a problem or situation in order to identify the gender issues. Key issues include: a) the division of labour for both productive and reproductive activities: b) the resources individuals can utilize to carry out their activities and the benefits they derive from them, in terms of both access and control: and c) the relationship of (a) and (b) above to the social, economic and environmental factors that constrain development

Gender analysis of a development programme involves identifying the gender issues within the problem which is being addressed and in the obstacles to progress, so that these issues can be addressed in all aspects of the programme – in project objectives, in the choice of intervention strategy and in the methods of programme implementation.

d) Gender Discrimination:

Gender discrimination occurs when individuals are treated differently on the grounds of their gender. In many societies, this involves systemic and structural discrimination on the grounds of gender against women in particular, in areas such as:

- The distribution of income,
- Access to resources,
- Participation in political, economic and security decision-making.

e) Gender Equality

Gender equality means that there is no discrimination on grounds of a person's sex in the allocation of resources or benefits, or in access to services and the law. Gender equality may be measured in terms of whether there is equality of opportunity, and equality of results.

f) Gender Mainstreaming

Mainstreaming is a strategy for making women's as well as men's concerns and experiences an integral dimension 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 and inequality is not perpetuated.

Mainstreaming requires changes at different levels within institutions in agenda setting, policy making, planning, implementation, and evaluation.

Instruments for the mainstreaming effort include: New staffing and budgeting practices, training programmes, policy procedures and guidelines.

Mainstreaming a Gender Perspective is defined as the process of assessing the implications for women and men of any planned action, including legislation, policies and programmes, in any area and at all levels.

h*) Critical Gender issues and concerns in Zambia*

- At macro level, gender irresponsive policies and programmes;
- Persistence of powerful patriarchal systems that affect customs, traditional norms, laws and practices;
- High levels of gender inequalities in access to and control over resources such as education, economic opportunities, other productive resources etc;
- The supreme law of the land that does not promote gender equality:-
    - existence of a dual legal system;
    - selective domestication of international conventions and instruments that Zambia has signed.
- Misconception about gender at all levels, and poor gender capacities in the public, private and parastatal sectors.

Topic 1.3. **PERCEPTIONS OF GENDER ROLES**

Objectives: Participants reflect together about their perceptions of gender roles
Participants understand tools used to perpetuate perceptions of gender roles

Time: 90 minutes

Methods: Game, role play and discussion

Aids:

Materials:

Session Guide:

1. Ask participants to state their understanding of the term "perceptions"

2. Tell participants that you will play a game making their perceptions of gender roles visible.
   Ask participants to stand up and gather in the middle of the room. Point out an imaginary line. One end of the line represents full agreement and the other total disagreement. Tell the participants that they will be asked to place themselves on this imaginary line to express their opinion on statements which will be read out by the trainer.
   Explain that they can take a position anywhere between the two ends; and that standing exactly halfway between the two poles indicates a neutral position.

Statements on gender roles (examples)

- *Men are more rational than women*
- *The division of tasks between men and women reflects traditional cultural values which have to be respected*
- *If husband and wife are both working outside the house and the performance of the domestic duties becomes a problem, the career of the man should be given priority*
- *A woman can become a professional in her work field, but she should never forget her duties as a wife and mother*
- *Men will never be as good at childcare as women*
- *Nowadays men and women already have the same rights and opportunities, the women have only to make an effort to realize them*
- *In development projects it is more important to address imbalances between economic classes than gender differences*

3. The participants indicate their agreement or disagreement with each of the statement by changing their position on the line.

   After each statement, ask one participant representing the "pro" and one the "contra" opinion to explain their positions. Discuss with the whole group the reasoning behind the majority and the minority opinions.

Note:
Do not try to achieve a consensus about these issues – the purpose of the game is to get an impression of the range of opinions among the participants and allows the participants to compare their own position with those of other workshop members.

Tell the participants that this exercise will be repeated at the end of the workshop in order to find out whether the participants' perceptions have changed during the workshop.

Ask the participants to split in gender-homogeneous groups. The two groups gather in different rooms and brainstorm separately about the characteristics (attitudes, behaviour, attributes) of the opposite sex.

They write their statements on a large sheet of paper. Each group has to find a method to express these characteristics in front of the other group in a non-verbal manner (e.g. through a role play, pantomime, drawing of cartoons etc.)

The groups come together and give their performances in front of each other. The gender-opposite group has to find out which characteristics are being visualized and comments on the following questions:

Is the perception correct? (Do they agree with it?)
In which circumstances is the respective characteristic developed /which factors determine its particular form?

The performing group explains what their perceptions are based on (personal experience/norms passed on through education or media, other influences).
Ask the participants of both groups to determine if the presented characteristics are gender – or sex –related.

Ask the participants what they learned from this exercise. Summarize the main points and emphasize again the characteristic of gender roles:

Gender roles are social-cultural constructs of a specific society which are changing over time – each member of the society can contribute to this change through her/his own actions!

4. Discuss the following tools as they are used to reinforce or deter perceptions

Proverbs
Songs
Traditional Counselors

What are the implications/impact on status of both female and male especially in HIV/AIDS

Perceptions

1. women should not eat gizzard eggs back at a chicken
2. women don't make good managers
3. women are the ones to look after the sick
4. men must provide
5. women must be submissive
6. women should wear beads around waist.

Case Study

TESTIMONY OF A MALE CARING FOR THE CHILD

Name : Musonda Kunda
Sex : Male
Age : 40
Profession : Sociologist
Employer : Ministry of Agriculture and Cooperatives
Position : Senior Sociologist – Policy and Planning Branch – Mulungushi House

1. Introduction

As a young man brought up on the Copperbelt looking after children was not part of my everyday work
Completed school and university education the same continued
Got married in 1990

2. Real Issue

Lost job before our first born was born
Looked after child when mother was away for work (from 06:30 to 18:00hrs) everyday. Jobs included
Take charge of Napkins
Vaccination and other clinic programmes
Feeding
Entertainment

3. Community Response

Disappointed

4. Lessons Learnt

Men can also look after children
There is nothing impossible that a man cannot do in child care

5. Results Of The Care

Develop a deep relationship with the child
Enhanced relationship between me and my wife.
Demonstrated what a man can do about child care to the local community

HAND OUT

<u>EXAMPLE OF PROVERBS, SONGS AND TRADITIONAL TEACHINGS</u>

Proverbs from other countries
<u>Gender in proverbs</u>
Who is quoting? Whose views are represented?
Whose power is perpetuated, at the expense of whom
A hundred proverbs, a hundred myths"-Spain
An old proverb will never break" Russia
Proverbs are the cream of language" Afar. Proverbs are the horses of speech" Nigeria

<u>Proverbs on women and men</u>
Mother as the only category of women favourably portrayed
A wife should be like one's mother" Swahili
Mother often seems to prefer sons to daughters
No matter how beautiful and talented a girl is, a boy is always more valuable" China
Women are more unfaithful than men
Men are warned not to fall for the women's charms and evil intentions
Like the scorpions, woman is relative of the devil. When she sees a poor wretch, she wiggles her behind and moves away" India
The silent and submissive type of a woman is highly recommended
Virtuous is a girl who suffers and dies without a sound" India

Proverbs from Zambia

Local language	**Translation**
Akaume takachepa	A man is never young
Mukaintu welede kumwa	A woman should be beaten
Ubuchende bwamwaume tabonaula nganda	A man's philanderity does not break a house
Abanakashi mafi yampombo	Women are like a duicker's faeces. Women can be picked and damped by men because they are many.
Mayo mpapa naine nkakupapa	Mother do me a service, I shall also do you one
Umwaume mwaume	A man is a man
Fisanga abaume, abanakashi fibakumanyafye	Problems occur to men, women are just accidental bearers. Men are regarded to be strong to handle all problems.

One of the tools used to depict gender perceptions and roles are proverbs and sayings. Using proverbs and sayings from different parts of Zambia, the trainers help participants appreciate that proverbs are quoted in specific social and cultural context to portray common beliefs and attributes. In the context of gender, these beliefs and attitudes are used to evaluate, validate and reinforce societal attitude towards males and females.

Participants should note that the implications of such societal beliefs and attitudes for the roles, responsibilities and status of male and female have different impacts on them, usually disadvantaging the female. These beliefs and attitudes are internalized.

MODULE TWO

UNDERSTANDING HIV/AIDS

TOPIC 2.1 **UNDERSTANDING HIV/AIDS**

Objectives: Participants should gain knowledge on the basic facts about HIV/AIDS

a) Define and state the symptoms of HIV and AIDS.

b) Describe how HIV/AIDS is transmitted.

Time: 90 minutes

Methods: Game, role play and discussion

Materials: Sheets flip chart paper, VIPP cards, index cards or sheets of paper

Session Guide:

1. Ask participants to state what they think HIV/AIDS is. Have all answers on a flip chart.
2. Ask participants to state how they think HIV/AIDS is transmitted. Have all answers on a flip chart.
3. Prepare three large cards on which the following statements are written:

   True ***False*** ***Not sure***

   Place the cards at different points on the wall or floor. On different pieces of paper write several statements that represent strong feelings about HIV/AIDS.

   Read out the statements, one at a time and ask the participants/learners to stand next to the card that best represents their view.

   Risk behaviours associated with HIV transmission

   - Having unprotected sex.
   - Having more than one sexual partner.
   - Prostitution.
   - Alcohol and drug abuse.
   - Experimenting sex.
   - Sharing skin cutting or piecing instruments.
   - Desiring to produce a baby when HIV infected.

   Ask the members of each group to explain why they hold such a view. Accept their views without being judgmental.

Later use the feedback to give your input and straighten out any misconceptions held by the learners/participants, reinforce positively any correct views held.

TOPIC 2.2 HIGH RISK, LOW RISK, ALMOST NO RISK, NO RISK

Objectives
This exercise aims to clear up misunderstandings on how HIV is spread and not spread. The point of this exercise is to get participants to understand better what puts them most at risk of infection and what carries little or no risk of infection.

Time: 1 hour

Materials:

Sheets flip chart paper
VIPP cards, index cards or sheets of paper

Session guide:

Before participants arrive

On a large sheet of paper of flip chart paper, write in big letters “High risk”. On other sheets write “Low risk”; “Almost no risk” and “No risk”.

Write each of the following points on VIPP cards, index cards or on half sheets of paper before starting the exercise, then mix them up:

High risk

Vaginal sex without a condom with someone whose HIV status is unknown
Having sex without a condom with a sex worker
Anal sex without a condom with someone whose HIV status is unknown
Man sexual partners without using condoms
Having sex when you are infected with an STI without using a condom
Having sex with a person infected with an STI without a condom
Having sex while with someone whose HIV status is unknown drunk without a condom
HIV-infected person wanting to have a child
Using petroleum jelly or oil to lubricate a male condom
Sharing needles with intravenous drug users
A transfusion of untested blood

Low risk

Oral sex without a condom with someone whose HIV status is unknown
Touching the blood of an injured person

Almost no risk

Sex with a condom
Using petroleum jelly or oil to lubricate a female condom
Sex for money with a condom
Scarification (tribal marking)
Sharing razors

No risk

Abstinence
Kissing, hugging, massaging and mutual masturbation
Sex between mutually faithful, uninfected partners
Sharing eating, drinking and cooking utensils with an infected person
Injection of medicines using a new or sterilized needle
Donating blood using a new or sterilized needle
Deep kissing with tongues
Sharing a toothbrush or hairbrush
Being bitten by mosquitoes
Touching a person with HIV/AIDS
Sharing a bathroom or latrine
Hugging a person with HIV/AIDS
Caring (non-medical) for a person with HIV/AIDS

After participants arrive

Step 1:

Present the following points to participants:

High risk

High risk means doing something with a good chance of getting infected with HIV.

Low risk

Low risk means that an activity presents a small chance of getting infected with HIV.

Almost no risk

Almost no risk means that there have been no reported cases of people being infected in this way, but it is a remote possibility.

No risk

No risk means that it is impossible to get HIV in this way.

Step 2:

Have participants look at the cards and then judge whether they should be categorized as "High risk"; "Low risk", "Almost no risk" or "No risk". They should also say why they think it should be placed there.

This step can be done in several ways:
-Hand out cards randomly to individual participants or to pairs of participants and then ask participants to place their cards on the appropriate flip chart.
-Have groups of 4 to 8 participants work on classifying some or all of the cards. If more than one group is classifying the same cards, observe if the groups have done in the same way.
-Start off by showing all of the cards, one at a time, and have individuals classify them by themselves. Then they can "score" themselves at the end of the exercise to see how well they did.

Step 3:
Make sure that all the cards are in the right category and offer the following explanations for any errors in placing the cards:

High risk

Vaginal sex without a condom with someone whose HIV status is unknown
(Semen and vaginal fluids can contain HIV.)
Having sex without a condom with a sex worker
(Sex workers have multiple partners increasing their chances of being infected.)
Anal sex without a condom with someone whose HIV status is unknown
(A penis can cause rips and tears inside inside the rectum allowing exchange of blood and semen.)
Many sexual partners without using condoms
(The greater the number of sexual partners, the greater the chance of engaging in sex with one who is infected.)
Having sex when infected with an STI without using a condom
Having sex with a person infected with an STI without a condom
(STIs bring blood to the surface of the skin increasing the opportunity for infection.)
Having sex while drunk with someone whose HIV status is unknown without a condom
(Too much alcohol can reduce the desire to use a condom.)
HIV-infected person wanting to have a child
(A pregnant woman with HIV has one chance in three of infecting her child at birth or through breastfeeding.)
Using petroleum jelly or hair oil to lubricate a male condom
(Oil-based products weaken condoms and can cause them to break.)
Sharing needles with injecting drug users.
(Injecting drug users who share needles inject other people's blood into their veins.)
A transfusion of untested blood
(Unless the blood has been tested, there is no way of knowing if the person donating it is infected or not.)

Low risk

Oral sex without a condom
(Unless the person has cuts in their mouth there is only a small chance of getting infected.)
Touching the blood of an injured person
(The skin surface is a good seal against HIV unless cuts or sores are present.)

Almost no risk

Sex with a condom
Sex for money with a condom

(A condom is good protection against HIV unless it breaks, which is almost always due to human error.)

Using petroleum jelly or oil to lubricate a female condom

(Female condoms are made of polyurethane and do not break down with oil-based lubricants.)

Scarification or tribal marking

(If this were a risk, many more children would be found to be infected before they became sexually active. It is very rare to find an HIV-positive child who was not infected by their infected mother at birth or through breastfeeding.)

Sharing razors

(HIV in infected blood is very fragile outside the body and is easily killed by soap and water. We would find more old men who are infected if this were a common means of transmission.)

<u>No risk</u>

Abstinence

(Having no sex at all prevents sexual transmission.)

Kissing, hugging, massaging and mutual masturbation

(The small amount of HIV in saliva or sweat is not enough to transmit to someone else.)

Sex between mutually faithful, uninfected partners

(Two people who have been tested and remain mutually faithful.)

Sharing eating, drinking and cooking utensils with an infected person

(HIV is a very weak virus outside the body. It dies in the air very quickly and is killed by soap and water.)

Injection of medicines using a new or sterilized needle.

(Since it is medicine and not blood being injected with a new or sterilized syringe, there is no risk.)

Donating blood using a new or sterilized needle.

Deep kissing with tongues

(HIV can be found in saliva but not enough to transfer the virus from one person to another.)

Sharing a toothbrush or hairbrush

(Sharing brushed may not be hygienic but HIV transmission is not a problem.)

Being bitten by mosquitoes.

(If mosquitoes transmitted HIV then many more people of all ages would be infected.)

Touching a person with HIV/AIDS

Sharing a bathroom or latrine

Feeding a person with HIV/AIDS

Hugging a person with HIV/AIDS

(The skin is a good protective coating. HIV doesn't go through it unless there is an open sore or cut.)

Caring (non-medical) for a person who has HIV/AIDS

(Normal, non-medical caring and contact is not a risk. Those who are caring for women living with HIV/AIDS should be extra careful handling menstrual blood.)

Step 4 (optional):

Ask participants to think about which of the high risk behaviours are frequently practiced in the country in which they live. Make a list of these on a flipchart. Then, either in small groups or in plenary, have participants discuss the following questions:

- Why do people engage in these risky behaviours?
- What would people think they would be "giving up" or "sacrificing" if they stopped these risk behaviours?
- What, if anything, might help people to change their behaviours and to engage in behaviours that are less risky for HIV transmission?
- Are there things that people could do to continue some of the same behaviours, but to reduce their risk of HIV transmission?

If done in small groups, have the groups report back to the plenary on their discussions.

TOPIC 2.3 WILDFIRE: EXPERIENCING FEELINGS ABOUT HIV/AIDS

Objective

To help participants experience intimately the feelings and reactions of a person living with HIV as well as those of others who are not infected.
To create awareness of how quickly and covertly the virus spreads and the deep emotional rifts (and bonds) it can create between people.

Time: One Hour

Materials:
Cards or small pieces of paper to be handed out to all participants at the time of getting test results, both for the initial test and the re-test. Half of the papers should read "your test result is positive" and the other half "your test result is negative".

Note for the Facilitator:
Wildfire is a very powerful sensitizing activity that needs to be guided by a skilled and experienced facilitator. Some participants may feel varying degrees of distress at being put in the role of an HIV positive person. It is essential, therefore, to alert participants right from the start that the exercise is designed to give them an opportunity to experience what it might feel like to discover that one has been exposed to the virus. This is a simulation for learning purposes and in no way implies anything about peoples' real lives and HIV status.

To permit the discussion of sensitive issue with complete trust, observers are not allowed. Participation by all should be encouraged, not only because of what individuals learn from the activity but also because of how powerful the activity can be in helping to build a sense of intimacy and purpose within the group. Those who do not wish to participate in the exercise should be given the opportunity to leave the room.

There are several different adaptations of Wildfire. The one presented below is perhaps the simplest.

Session guide

Step 1:
Ask the participants to stand up and listen carefully to the instructions.

Inform the participants that you will be moving around within the group and shaking the hands of as many of them as possible. While doing this, you will lightly scratch the hand of ONLY ONE participant with your middle finger to indicate that he/she had been exposed to the virus. At this point ensure that no one else can identify who that person is.

Withdraw yourself from the group but ask participants to continue shaking hands among themselves in a normal way. The person whose palm you have scratched should

similarly scratch the palm of two other people. They then should also scratch the palm of two other people whose hands they shake.

Step 2:
When three rounds of handshaking have been completed, ask all the participants to form a circle. Then ask all those whose palms were scratched to come forward and form an inner circle. Explain that they have been exposed to the virus. Ask them to describe how they feel under these circumstances. Some examples of the responses might be: "nervous", "lost", or "scared".

TOPIC 2.4 WOMEN AND HIV/AIDS

Objective:
To help participants understand the vulnerability of women to HIV/AIDS

Time: One hour (can be expanded for more in-depth discussions)

Materials:

Hand out "Women and HIV/AIDS"
Flip charts

Session guide:

Step 1:
Hand out the excerpt from the WHO Fact Sheet, Women and HIV/AIDS. Ask the participants to read it silently. If it is know what the percentage of women living with HIV is in the country and/or region, let participants know the figures.

Step 2:
Divide participants into groups of 4 to 8 people. Consider whether it may be more appropriate to have same sex groups or to mix men and women in the groups.

Step 3:
Have the groups discuss the following questions. You may want to give all the questions to all of the groups, or ask each group to discuss only one or two questions, depending on the amount of time available.

- Which of the economic, social and cultural factors of vulnerability are applicable to women in our country? What are a few examples of how these can be seen?
- Are any of the economic, social and cultural factors of vulnerability listed applicable to women in our country, either as staff members or as spouses/partners of staff members? What are a few examples of how these can be seen in the system.
- Which of the care giver roles are true for women in this country and for women? What are a few examples of how these can be seen?
- What can be done to make men in our country more responsible on issues related to HIV/AIDS?

Step 4:
Have the groups report back to the plenary. Then open the floor to a sum up discussion.

If there is time at the end, ask participants (if there were both men and women in the same groups), if the women and men agreed overall on the responses or whether they observed any differences. (A variation on this would be to appoint an observer for each group who would report on these differences. If observers are appointed, the facilitator should confidentially brief the observers ahead of time.)

HANDOUT : WOMEN AND HIV/AIDS

Facts and figures

Half a million infections in children (under 15), most of which have been transmitted from mother to child 55% of adult infections in sub-Saharan Africa are in women, 30% in SE Asia, 20% in Europe and USA.

Why are women more vulnerable to HIV infection?

Biologically,

Larger mucosal surface; microlesions (small cuts) which can occur during intercourse may be entry points for the virus; very young women even more vulnerable in this respect.
More virus in sperm than in vaginal secretions. As with STIs, women are at least four times more vulnerable to infection; the presence of untreated STIs is a risk factor for HIV. Coerced sex increases risk of micro-lesions.

Economically

Financial or material dependence on men means that women cannot control when, with whom and in what circumstances they have sex

Socially and culturally

Women are not expected to discuss or make decisions about sexuality
They cannot request, let alone insist on using a condom or any form of protection
If they refuse sex or request condom use, they often risk abuse, as there is a suspicion of infidelity. The many forms of violence against women mean that sex is often coerced which is itself a risk factor for HIV infection. For married and unmarried men, multiple partners (including sex workers) are culturally accepted.Women are expected to have relations with or marry older men, who are more experienced, and more likely to be infected. Men are seeking younger and younger partners in order to avoid infection and in the belief that sex with a virgin cures AIDS and other diseases.

Women as carers

Women are responsible for the health care of all family members. Care is only one of the many productive and reproductive activities of women which include farming, food preparation, collection of firewood and water, child care, cleaning, etc. During illness, women's productive labour is lost; this has serious impact on long term well-being of the household. Care doesn't end with death of husband/child/sister. Care of orphans lies with grandmothers and aunts. Women carers are often HIV positive themselves.

Making men more responsible

Little attention has been paid to men's participation in efforts to protect women
Raising awareness of their own risk has been shown to change certain behaviours
Interventions must be aimed at men (as well as at women) if women are to be protected.

HAND OUT

Definition of HIV

HIV is an abbreviation that stands for *Human Immunodeficiency virus* and it is the name of the microorganism that causes AIDS.

Definition of AIDS

AIDS is an acronym that stands for *Acquired Immune Deficiency Syndrome* and it is a condition characterized by multiple illnesses due to the weakness of the body's defense against illnesses. HIV is the causes this weakness.

The relationship between HIV and AIDS

HIV is the germ that causes AIDS. When a person has been infected with HIV, the germ weakens the body's defense against illnesses. The body then is unable to fight off illnesses. It is when these illnesses have occurred that we say that a person has AIDS. AIDS is therefore an outcome of HIV infection.

In some cases, a person with HIV infection has the virus in his/her body but remains strong and health for years. This person though not sick, can still pass the HIV infection to others.

Signs and symptoms of HIV/AIDS

Major Signs	Minor Signs
–Weight loss of more than 10% –Diarrhoea for more than 1 mth –Fever for more than 1 mth	Cough for more than 1 mth –Herpes zoster –Thrush –Persistent glandular lymphadenopathy –Loss of memory –Loss of intellectual capacity –Peripheral nerve damage

Modes of HIV transmission

HIV is found in blood, sexual fluids. (Semen in men and vaginal secretions in women) and breast milk. This means that HIV is only spread in three ways:

Fluids and risk of spreading HIV

High risk	***Medium risk***	***No risk***
Blood, Semen, Vaginal/cervical	•Breastmilk	Tears ,sweat

a) Sexual transmission

HIV can be transmitted from an infected person to his/her sexual partner - man to woman, woman to man, man to man, woman to woman. In this

case, sexual intercourse refers to penetrative vaginal, penile-anal, genital oral or genital-genital contact.

b) Exposure to infected blood or blood products

Sharing sharp instruments that cut or pierce the skin, e.g. traditional tattooing or unsterilized injections.

c) Mother to baby

HIV can be passed from mother to her baby during pregnancy, delivery or breastfeeding.

Note: *People infected with HIV are both infected and infectious for the rest of their lives. Even when infected people have no symptoms or outward signs, they can still transmit the virus to others.*

HIV risk reduction behaviours

- Have a mutually faithful relationship between uninfected partners. This carries no risk of STDs and HIV. Testing for HIV may be necessary at the beginning of a relationship to detect asymptomatic infection.
- If you are not in a mutually faithful relationship, always use latex condoms for vaginal or anal intercourse.
- If one partner gets infected with an STD, both partners should be treated and must complete treatment.
- When infected with an STD, either abstain from sex until treatment is completed or use latex condoms.
- Avoid alcohol/drug abuse because this leads one to loss of self-control and can easily lead one to sexual activities with infected persons.
- Avoid sharing injection equipment and needles of any kind, even skin piercing objects.
- Avoid impregnating or getting pregnant if you are not sure of your HIV status.

Note: The ABC of risk reduction

A - Abstinence from sexual activity.
B - Be faithful to one partner (mutually Faithful).
C - Condom use with all sexual partners.

TOPIC 2.5. UNDERSTANDING THE CURRENT STATISTICS ON HIV/AIDS

Objectives: Participants should understand the current statistics, global and nation
Participants should discuss what drives the HIV/AIDS epidemics
Participants should discuss the impacts of HIV/AIDS

Time: 90 minutes

Methods: **D**iscussion, presentation
Materials: Hand out "Flip charts

Session guide

Give a presentation using hand out below**:**

HAND OUT

a) Current status

Global
The Human Immunodeficiency Virus and the Acquired Immunodeficiency Syndrome have for the past two decades continued to spread across all continents killing millions of adults at their prime, disrupting and impoverishing families, turning millions of children into orphans, weakening the workforce thereby threatening the social and economic fabric of communities as well as political stability of nations.

WHO-UNAIDS report showed that by December 2001, a total of 40 million people of all ages and sex around the world were living with HIV/AIDS. Of these, 34.7 million were adults, 16.4 million women and 1.4 million children. 21.8 million of these had died from the disease i.e 7.5 million adults of which 9 million were women and 4.3 million children.

In Sub-Saharan Africa, 25.3 million people were living with HIV/AIDS. Of these 16.4 million have died. The biggest tragedy is the growing number of orphans estimated at 13.2 million worldwide of which 12.1million are in Africa.

Zambia- Prevalence and underlying factors

Currently 16 per cent of the adult population aged 15 to 49 are living with HIV. About 8% of boys and 17% of girls aged 15-24 are living with HIV. Approximately 39.5 per cent of babies born to HIV positive mothers are infected with the virus.

The percentage of HIV infected people by age and sex shows that females are more infected. Young women aged 15 to 19 are five times more likely to be infected compared to males in the same age group. Girls/women from age group between 15-24 are more affected by the pandemic. And men aged 35-45 are also more infected than women. What that means is that,

1. Old men infect young girls
2. Young girls infect boys
3. Young men become old men and infect their partners and vise versa. The cycle repeats itself.

Gender inequalities do exist as they are extrapolated in education attainments, occupation, employment status and decision-making. Resulting from this inequality, women engage in high-risk income generating behavior due to their economic dependence and low social status including higher level of poverty. The economic situation and the fact that young girls are preferred by older men could push young boys into acts of violence.

The current Zambia Demographic Health Survey (2002) results indicate that:

- Females in general have less access to information than their male counter parts.
- 85% of women believe that a husband is justified in beating them for at least one reason as a sign of love.
- 53% of women agree that a woman can refuse sex with her husband under certain conditions.
- Husbands have a much greater say in decision making than wives.
- Widowed and women in union experience less sexual violence than separated/divorced and never married women.
- Women with higher education experience more sexual violence than women with no education.
- Among women who report having ever experienced sexual violence, 42% were forced 1 to 3 times in the past year and 11% were forced 4 or more times.

Illnesses and deaths

In June 2000, there were 830,000 people over the age of 15 years living with AIDS. Of these 450,000 were women while 380,000 were men.

Since the advent of the HIV/AIDS epidemic the TB case rate increased nearly five-fold to over 500 per 100,000 persons in 1996. There are now in excess of 40,000 new tuberculosis cases reported every year. The tuberculosis co-infection has also resulted in an increased mortality rate of TB patients on treatment by over 15%.

Consequences

The epidemic has left an estimated 620,000 orphans (in 2000), projected to reach 974,000 in 2014. Most of these will have no hope of obtaining formal education. In turn, this will

affect the quality of the labour force. Of the current orphans, 6% become street children and less than 1% live in orphanages.

The impact of HIV/AIDS on the health care system itself has been profound. It is projected that by 2014 AIDS patients will utilize 45 percent of all hospital beds, crowding out other patients.

MODULE THREE:

GENDER AND HIV/AIDS LINKAGES

TOPIC 3.1. GENDER POWER RELATIONSHIPS

Objectives: Participants will be able to define the gender dimensions of the HIV/AIDS
Time: 90 minutes
Methods: **D**iscussion, presentation
Materials: Hand out, Flip charts
Session Guide

Introduction

Three issues will be discussed namely:

- Gender power relationships (Analysis of influencing factors) using levels of causation framework
- Poverty, gender and HIV/AIDS linkages or vicious circle
- Risks and vulnerability for men and women.

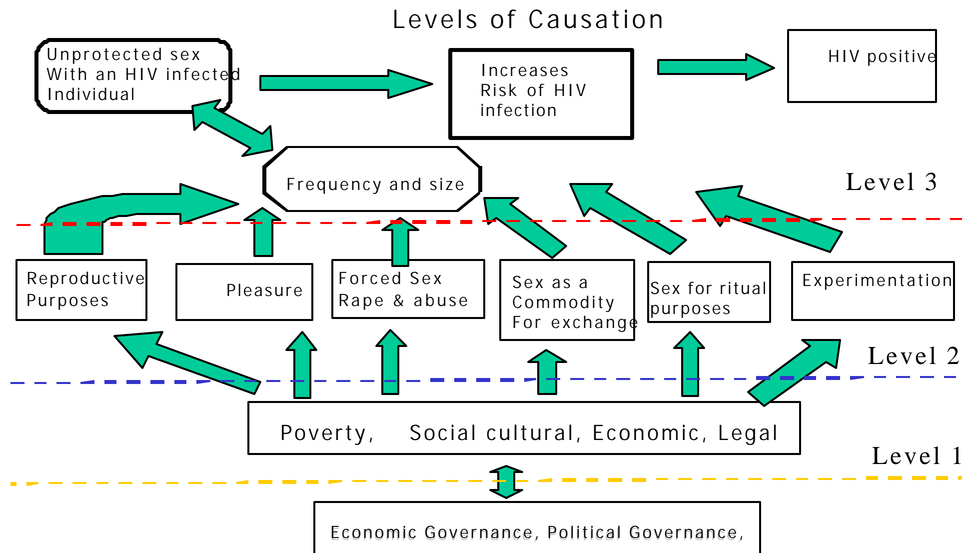
Group Question and presentation
Gender power relationships (Analysis of influencing factors) using levels of causation framework.

Instructions for the exercise

- Participants should be shown the diagram levels of causation as shown below:

The facilitator should introduce the diagram by pointing out the 3 levels of causation.

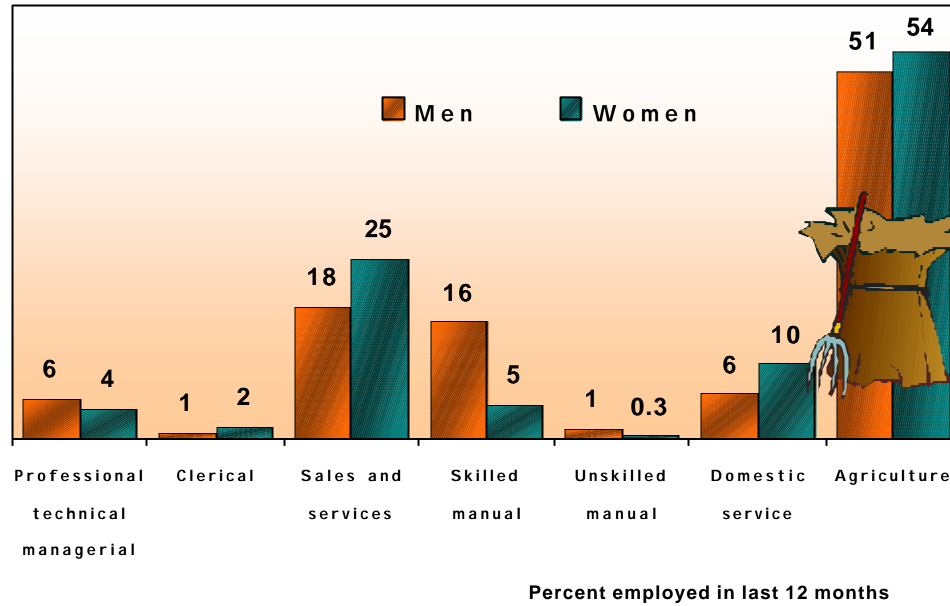
Diagram on Levels of causation



- How many women and men are occupying positions in parliament, civil service etc?
- Using the table below fill in the following information:

Table 1 women and men in leadership and decision making positions.

	2003	
	MEN	**WOMEN**
Elected Members of Parliament	133	17
Nominated Members of Parliament	7	0
Cabinet Minister	16	5
Deputy Minister	30	3
Permanent Secretaries	27	5



- On the education status, who are more between male and females?

The exercise therefore is to assess the gender dimensions of poverty-HIV/AIDS linkage in terms of all factors indicated in the framework such as education, access to information, access to health facilities etc.

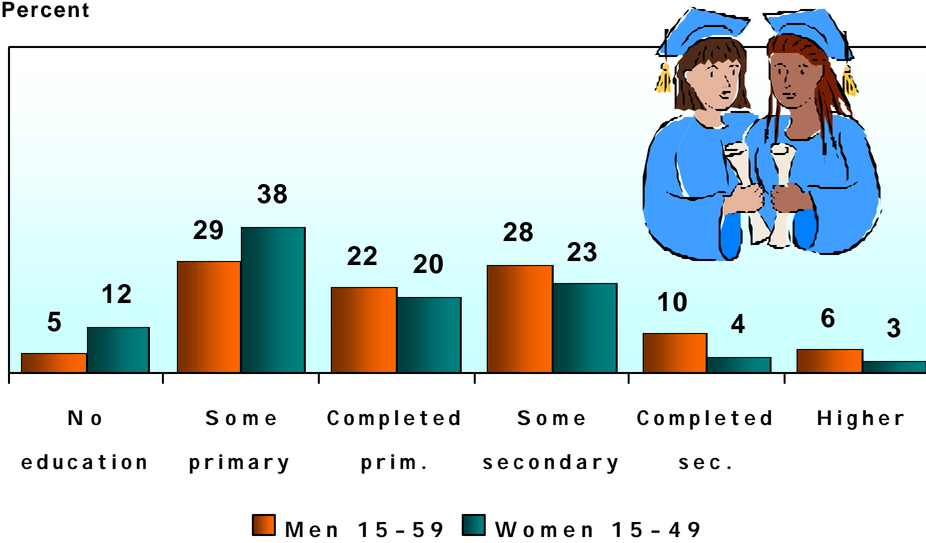
Discuss the following example that links education status and HIV prevalence by gender:

Relation between Education and HIV status, Men and women, Mwanza Region, Tanzania Rakai District Uganda Source: Barongo and others 1992, Grosskurth and others 1995, Serwadda and others 1992

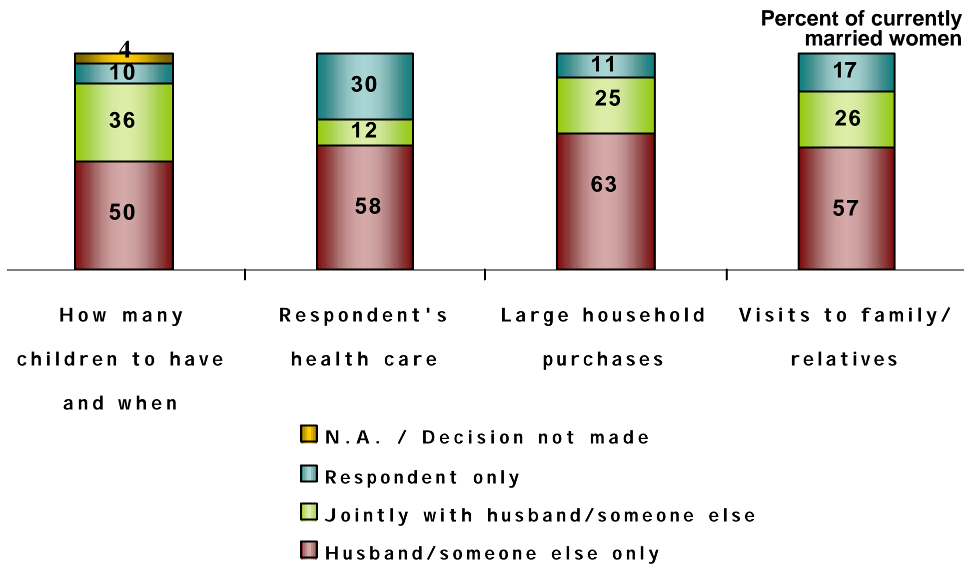
Study Site	**Level of schooling**	**HIV prevalence percentage Men**	**HIV prevalence percentage Women**
Mwanza (urban)	Fewer than 4 years 4 years or more	9.6 8.5	15.3 15.3
Mwanza (rural)	Fewer than 4 years 4 years or more	2.7 4.2	3.0 5.9
Rakai District	None Primary Secondary	7.5 17.6 19.7	13.5 29.8 40.7

○

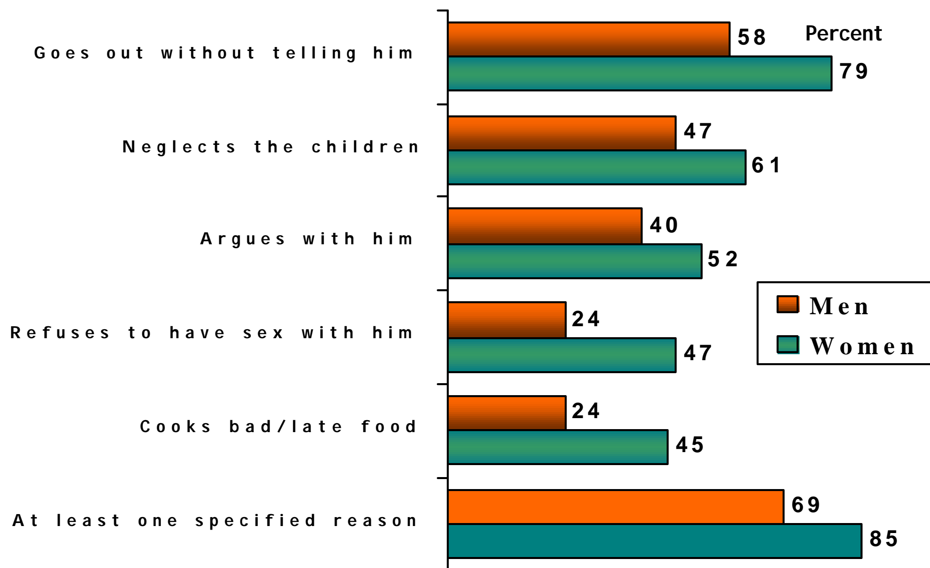
Educational Attainment



Who has the final say in making specific decisions?



Respondents Who Agree that a Husband is Justified in Beating his Wife if She:



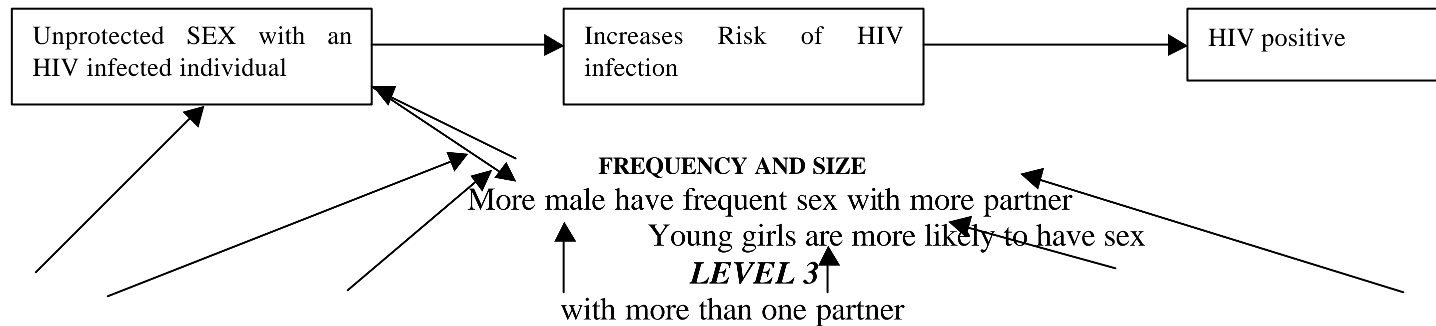
After the exercise each group should report the issue of Gender power-HIV/AIDS linkages in the format shown below:
In addition indicate on the remarks column why the status is as indicated.

Factors of influence or underlying causes		**Gender**		**Remarks**
		Male	**Female**	
1.Political	Parliament			
	Cabinet			
	Civil service			
2. Social	Education -Drop out rate			
	Religious Values - Moslems			
	- Christians			
3. Cultural	Tradition customs of sexual cleansing			
	Socialization – Dominance			
	Submissiveness			
4. Poverty	Poverty levels			
	Employment –formal			
	-informal			
	Access to health care			
5. Legal	Law of inheritance			
	Customary law- Polygamy			
	Dual application of statutory and customary laws			
	Laws on child defilement, rape			

Statistics was collected on employment of women and men in the (ZDHS) of 2001-2002 it was found that in urban areas only 45.9 percent women were employed as compared to 61.4 percent men. In the rural areas 60.3 percent females were employed compared to 72.2 percent males.

On occupation, in the professional/technical/managerial category, only 4 percent of the women as compared to 5.5 percent of men were engaged this area. But in the sales and services category, 25 percent of women were engaged in this as compared to 18.1 percent of men.

HAND OUT FOR GROUP EXERCISE
LEVELS OF CAUSATION



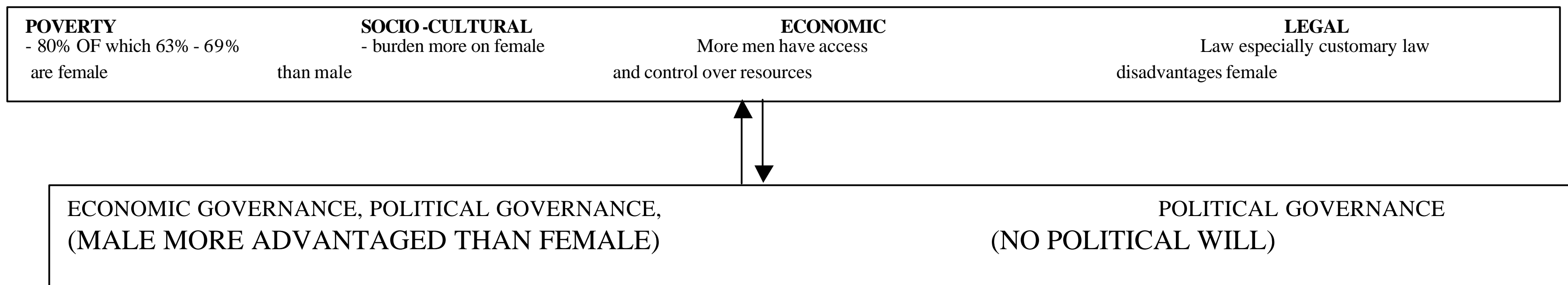
Reproductive purposes ***Pleasure*** ***Forced sex, rape, abuse*** ***Sex exchange commodity*** ***Sex for ritual purposes*** ***Experimentation***

- male more say than female - more male involved in - young children (girls) - prostitution more women affected peer pressure

socialization than female - young girls and women -poverty (livelihood means) young children inquisitiveness

at higher risk

LEVEL 2



LEVEL 1

TOPIC 3.2 POVERTY AND HIV/AIDS

Objectives: Participants will be able to understand poverty, gender and HIV/AIDS linkages
Time: 90 minutes
Methods: **D**iscussion, presentation
Aids:
Materials:
Session Guide

- . Instructions for the exercise
    - On the poverty levels who are more poor between men and women?

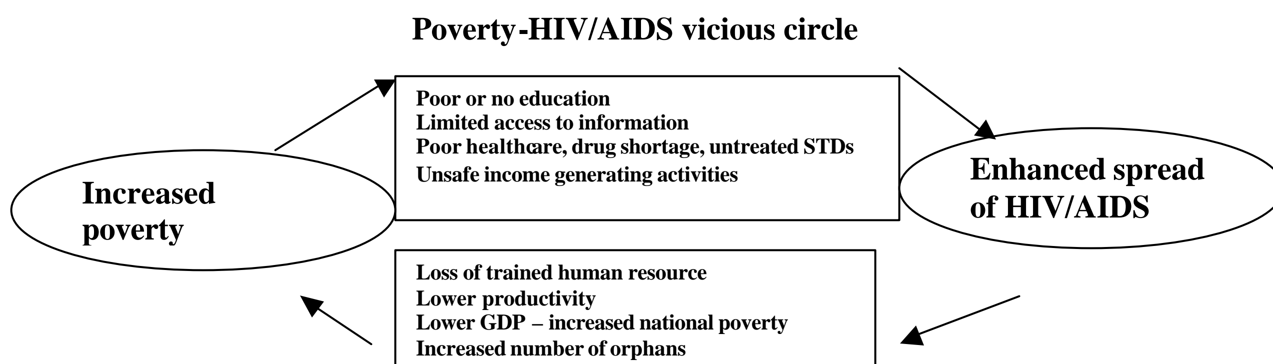
INCIDENCE OF POVERTY BY SEX OF HEAD ZAMBIA, 1998. (IN PERCENT)

SEX OF HEAD	TOTAL POOR	EXTREMELY POOR	MODERATELY	ABOVE POVERTY LINE	TOTAL
Female	77	65	12	23	100
Male	72	56	16	28	100

- Participants should be shown the diagram Poverty-HIV/AIDS vicious cycle as shown below:

The facilitator should introduce the diagram by pointing out the linkages between poverty and HIV/AIDS.

Poverty-HIV/AIDS vicious circle



After the exercise each group should report the issue of Poverty-HIV/AIDS linkages in the format shown below:

a) Reporting for the issue of How poverty enhances spread of HIV/AIDS

How poverty enhances spread of HIV/AIDS		**Gender**		**Remarks**
		Male	**Female**	
Poverty	Education -Drop out rate			
	Poor health care services			
	Unsafe IGAs Employment – formal			
	- informal			

b) Reporting for the issue of How HIV/AIDS increases poverty

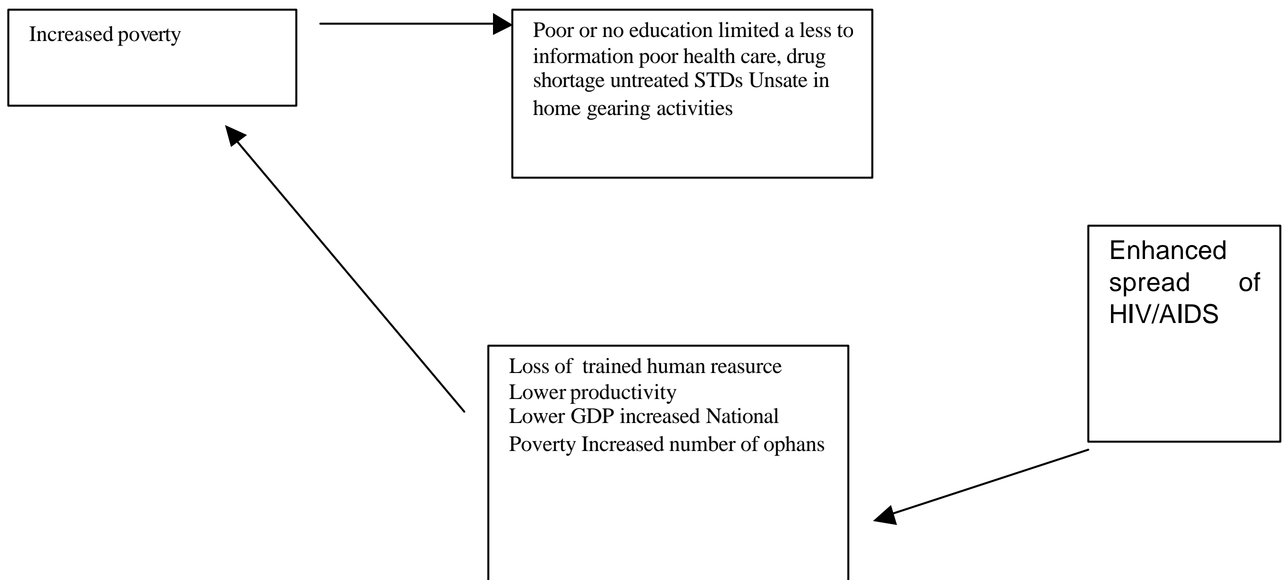
How HIV/AIDS increases poverty		**Gender**		**Remarks**
		Male	**Female**	
HIV/AIDS	Government			
	Business			
	Household			

HAND OUT FOR GROUP EXERCISE

POVERTY HIV/AIDS VICIOUS CIRCLE

INCIDENCE OF POVERTY BY SEX OF HEAD ZAMBIA, 1998. (IN PERCENT)

SEX OF HEAD	TOTAL POOR	EXTREMELY POOR	MODERATELY	ABOVE POVERTY LINE	TOTAL
Female	77	65	12	23	100
Male	72	56	16	28	100



How HIV/AIDS increase poverty	GENDER			REMARKS
		Male	Female	
HIV/AIDS	Governance	More in Numbers	Less in Numbers	Loss of human resources and so low productivity due to increased funerals and absentenisan
	Business	More in Numbers	Less in Numbers	
	Formal	More in numbers	Less in Numbers	Less productive labour apply market. Lower GDP so reduced
	Informal	Less in Numbers	More in Numbers	Production. Low standards for people Due to low sales in informal business they engage in unsafe income generating ventures like prostitution

How poverty enhances spread of HIV/AIDS	**Gender**			**Remarks**
		Male	Female	
Poverty	Education drop out rate	56%	70%	Fewer women attain high education, the retire there is low or limited access to HIV/AIDS information and therefore more vulnerable to HIV/AIDS. Also not understanding their rights
	Poor health care services	Low risk because male sick early treatment	Numbers High	Sexuality transmitted diseased not treated early enough for women
	Unsafe IGAS employment Formal Employment Formal	Numbers High	Numbers Low	Men take advantage of women's poverty and so request for sexual favours so increased unsafe IGAs. Men have access to resources,

				sex in work places for employ , promotion puts both sexes at risk
	Informal	Numbers Low	Numbers High	Poor quality jobs for women and not valued such as street reading and agriculture work so go out for prostitution to increase income levels

SUMMARY

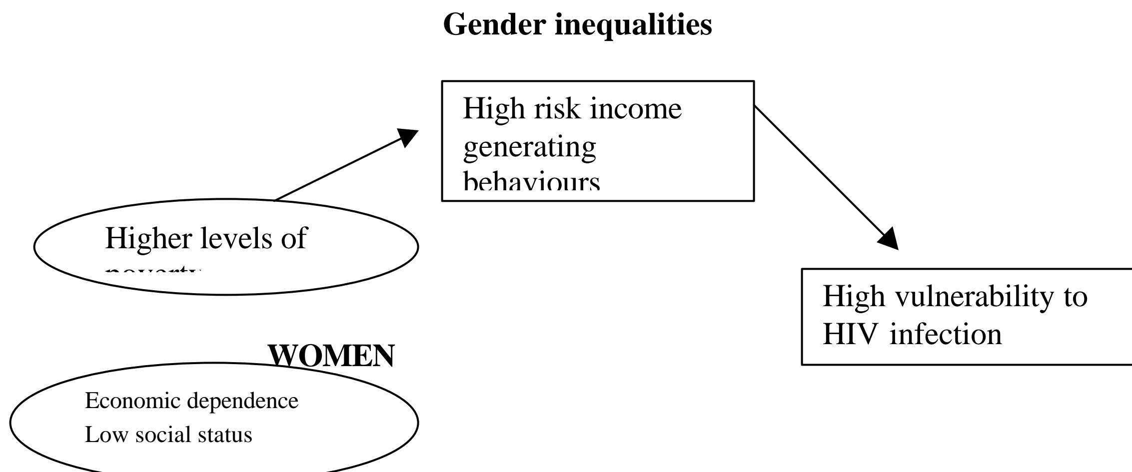
- NEED TO ADDRESS THESE UNEQUAL GENDER POWER RELATIONS TO FOSTER DEVELOPMENT THEREBY REDUCE INCIDENCE AND SPREAD OF HIV/AIDS

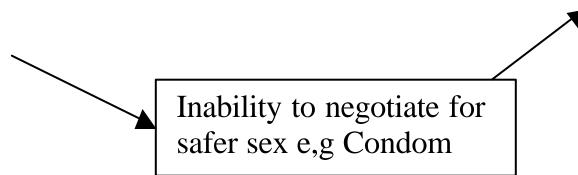
MODULE 3.3: RISKS AND VULNERABILITY FOR MEN AND WOMEN

Objectives: Participants will be able to define the gender dimensions of the HIV/AIDS
Time: 90 minutes
Methods: **D**iscussion, presentation
Aids:
Materials:
Session Guide

- Risks and vulnerability for men and women.

Show the participants the gender inequality diagram.
Improve on the gender inequalities diagram for both men and women and identify their risks and vulnerabilities





Risk and vulnerability

Males	**Female**

Table 1 women and men in leadership and decision making positions.

	2003	
	MEN	**WOMEN**
Elected Members of Parliament	133	17
Nominated Members of Parliament	7	0
Cabinet Minister	16	5
Deputy Minister	30	3
Permanent Secretaries	27	5

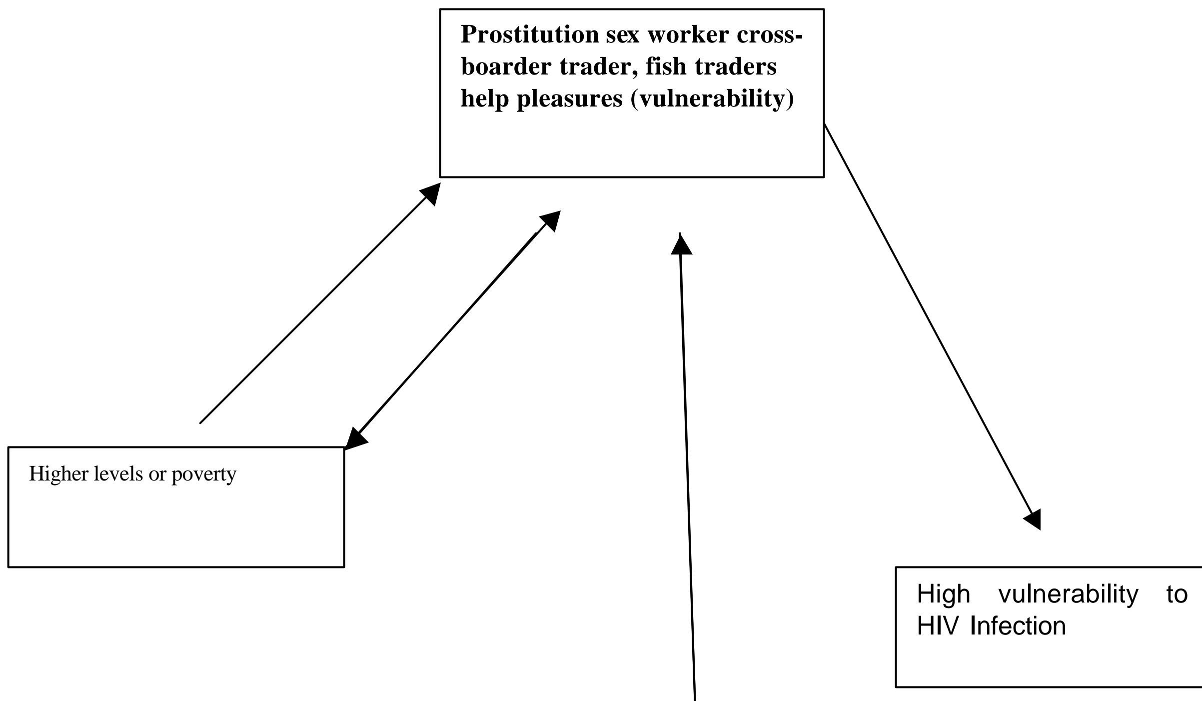
HAND OUT FOR GROUP EXERCISE
RISKS AND VULNERABILITY

*Attitudes and Behaviors Raise Risk and Vulnerability for **both** Men and Women*

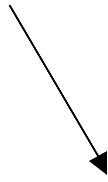
Men	**Women**
Different perceptions of, and responses to, risk and vulnerability	
Behavioral and Physiological Factors	
Usually infected at later age (>30)	Usually infected 5-10 years earlier than men, especially aged 11-29.
Multiple sex partners as norm.	High-risk behavior of regular sexual partner.
Lower physiological risk/vulnerability for men.	Physiology: women four times more likely to contract HIV and other STDs than men. Transmission to unborn child (20% - 40% risk).
Socio-Cultural Factors: Prevailing Norms and Expectations	
Sexual domination Imbalance of sexual power Lack of responsibility for own sexuality Violence (incl. associated with drugs/alcohol) Coerced sex and rape	Emphasis on virginity and value of marriage and motherhood Cultural practices: female genital cutting, ritual cleansing, widow inheritance Vulnerable to coerced sex, including rape and other sexual abuse, practice of "dry" sex.

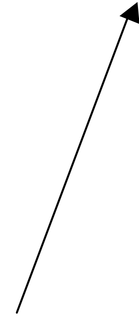
Presumption of knowledge (prevents seeking information/contraception/treatment)	Culture of silence on sexual matters (inappro-priate to be aware of sexuality or to suggest condom use)
Frequency of drug abuse, including by injection Link between socializing and alcohol use.	Link between substance abuse and exchange of sex for drugs or money.
Stigma less problem for men	Stigma and discrimination
Stigma attached to HIV/AIDS discourages testing, knowledge sharing, and leads to ostracism	
Economic Factors	
Economic power	Economic dependence/insecurity
Command over resources	Less access to and control of economic assets, and fewer options for income/asset creation, leading to greater vulnerability (exchange sex for money/favors) Lack of legal recourse and discrimination in legal rights and protections.
Male occupations (e.g., truck driving, military) involve mobility and family disruption	Resort to sex work by migrant or refugee women when families are disrupted

Sources: Adapted from Geeta Rao Gupta and other materials.



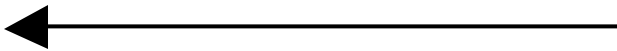
WOMEN



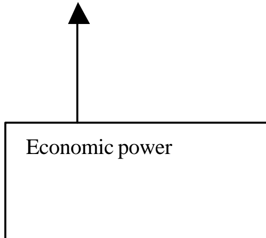


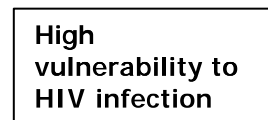
MEN

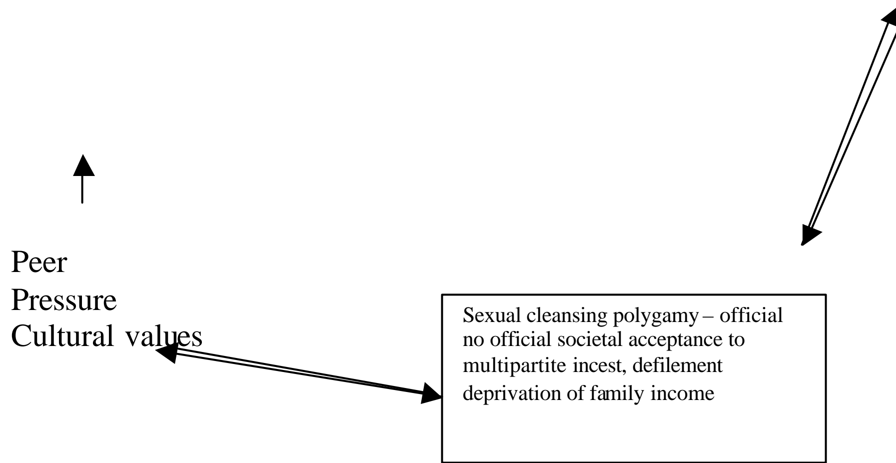
High Demand on them
Enhance dominance on female



multiple partners







MODULE FOUR:

GENDER MAINSTREAMING: USE OF TOOLS

TOPIC 4.1: INTRODUCTION OF TOOLS FOR GENDER ANALYSIS

Objective

- Participants understand the tools for gender analysis.

Methods

Participatory presentation and discussion in the plenary session

Materials:

Overhead projector, whiteboard, boardmarker, large paper, markers, coloured cards, 4 pinboards, pins

Session Guide:

1. Display the Activities and income profile table
Show the Access and Control Profile tool

Activities and income profile

Role	Women Hrs/day- Income	Men Hrs/day- Income
Productive work (generation of income in money or kind) -self employed -wage labour/employed in		
Reproductive work (maintenance of human resources)		
Socio-cultural activities Participation in village grps, religious		

Tool: Access and Control Profile

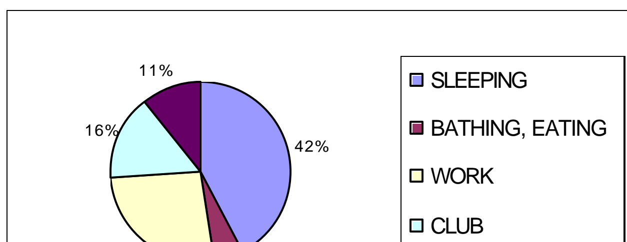
Resources	Access Men women	Control Men women
1. Natural resources **Land** **Capital** **Tools** **Production inputs** **Vehicles**		
2. Markets **Labour** **Commodity** **-as buyer** **-as seller**		
3. Socio-cultural resources **Information** **Education** **Training** **Public services**		

HAND OUT

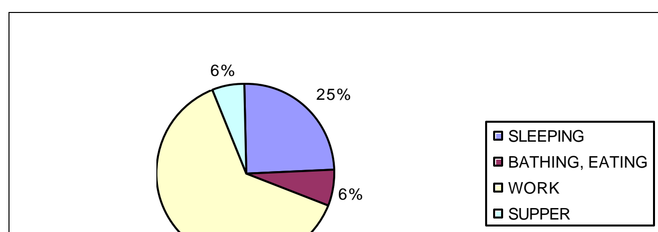
ACTIVITIES AND INCOME PROFILE

ROLE	WOMEN HRS/DAY INCOME	MEN HRS/DAY INCOME
Productive Work; (Generation of Income in money or kind - Self Employed - Wage Labour/employed in -Farming	Marketer (vegetable seller) 13 hours K10 000–K15,000 7 hours K300,000/m 10 hours K150,000/year	Marketers (spare-part dealer) 10 hours K50,000 – K100,000 7 hours K300,000/month 4 hours K300 000/year
REPRODUCTIVE WORK (MAINTENANCE OF HUMAN RESOURCES) - EDUCATION - HEALTH – CARE - FOOD (BUYING AND PREPARING	2 – 4 hours K5000/day 3 hours K5000/day 4 hours K10,000	1 hours K20,00/day 0.30 hours K20,000/day 00.00 hrs K50,000
SOCIAL CULTURAL ACTIVITIES - participation in civic activities - Political activities - Social Activities (Beer Drinking)	3 – 4 hours NIL 2 hours NIL NIL NIL	NIL NIL 10hours NIL 4hours (spent) K70,000

Activity profile for females



Activity profile for males



Tool 1: Activities and income profile

It was observed that this tool could actually assist in the integration of gender. Thus we could be looking at who is involved in the implementation of activities, and who benefits from these activities in terms of income accrued.

It was also observed that using this tool, women are involved in a lot of tedious work round the clock (24 hours) which is not equivalent to the income accrued from the activities.

It was recognised that there was a gap in the profile since it ignored expenditure aspects, which was proposed to be included.

IMPLICATIONS

1. Where's the time
2. be mindful of time schedules to fit in other programme
3. division of labour disadvantages females

The two group work sessions on activity profile showed that women do a lot of work. In addition when programmes such as home based care are introduced, the burden is more on women. Therefore when planning and implementing various programmes or interventions the following questions need to be considered:

- How can we ensure that both males and females participate at all levels of decision making and implementation?

Men and Women should participate equally in both income generating activities and reproductive work; need to sensitise society on the need to share responsibility.

TOOL: ACCESS AND CONTROL PROFILE

Access and Control and Resources

<u>Access means:</u>
To have the opportunity to use resources without having the authority to decided about produce/output and the exploitation method
e.g. a landless worker who cultivates the land of somebody else and receives a share of the produce for his/her work.

<u>Control means</u>
To have full authority to decide about the use and the output of resources
e.g. a landowner, factory owner, of a radio station.

RESOURCE	ACCESS		CONTROL	
	MEN	WOMEN	MEN	WOMEN
1. Productive Resources				
LAND How do we intervene to ensure controls output	XXX	X		
	XXX	X		
CAPITAL				
	XXX	X		
TOOLS	XX	XX		
PRODUCTION INPUTS				
VEHICLES	XX	X		
2. MARKETS				
LaBOUR	XXX	X		
COMMODITY				
- AS BUYER	XX	XX		
- AS SELLER	XX	XX		
3. SOCIAL				
INFORMATION	XX	X		
EDUCATION	XXX	X		
TRAINING	XXX	X		
PUBLIC SERVICES				

KEY
XXX Maximum

XX Average
X minimum

Tool 2: Access and Control profile

The presentation stressed the fact that there was need to understand what actually is meant by Access and Control.

As regards Productive Resources (Land, capital, Tools etc.), men have more access and control as compared to women.

In the case of Markets (Labour, commodity) – the picture is the same as under productive resources, men have an upper hand compared to women.

Socio- cultural resources (Information, education, training, public services) – men still have more access and control as compared to women.

IMPLICATION OF THE ABOVE ANALYSIS

- Women spend more time on IGAs with low returns
- Women spend more time on reproductive work, which is not acknowledged or appreciated.
- Men are ready to give money on reproductive work rather than get involved themselves.

IN SUMMARY:

When we look at access and control, men dominate in both access and control and this greatly compromises the aspect of Decision-making.

GENDER MAINSTREAMING: PLANNING

TOPIC 4.2: INCORPORATING THE GENDER ASPECT INTO HIV/AIDS PLANNING

Objective

- Participants understand what planning is
- Participants understand how a gender-differentiated approach can be incorporated into the regular HIV/AIDS planning.

Methods: Participatory presentation, discussion in the plenary session and group work

Aids:

Overhead projector, whiteboard, boardmarker, large paper, markers, coloured cards, 4 pinboards, pins

Materials:

Overhead "Incorporating the gender aspect into the planning cycle"
Handout: "Incorporating the gender aspect into the planning cycle"

Session Guide:

1. Discuss with participants What Is Planning? What does planning involve or what are the steps in planning?

2. Ask the participants to form four working groups. Each working group focuses on one planning phase (identification, design, implementation and monitoring and evaluation) and elaborates how a participatory gender-differentiated approach should be applied.

The application of the gender categories is not a separate undertaking cut off from the routine tasks of planning ("conducting a gender analysis"), but the gender dimension should be incorporated into all regular management steps during the life a project.

What happens at each stage?

PHASE	**ACTION**	**APPLICATION OF GENDER CATEGORIES**
Identification		
Design		
Implementation		
Monitoring and evaluation		

3. The groups present and discuss their results. Refer to Handout 1 "Incorporating the gender aspect into the planning cycle" when complementing and summarizing the presentation of the working groups

Incorporating the gender aspect into the planning cycle

a. Identification phase

We critically need to identify the problem both at the beginning of the programme. The Situation Analysis needs to take into account gender perspectives by way of utilisation of Gender mainstreaming tools such as [Activity and Y-profile; Access and Control]

Phase	Action	Application of gender categories
Identification	Conduct situation analysis	Analysis of problems, actors, interests, visions, restrictions, expectations and potentials in HIV/AIDS programme with regard to -geographical conditions and demography -target groups at grassroots level, including -gender division of labour/roles -access and control over resources -socio-political position -gender capacity of collaborating institutions -policy framework for gender and development
	Establish system of objectives	Establishment of general objectives/inclusion of gender objectives based on identification of gender needs

b) Design phase

It is at the design stage where then: - Objectives; Strategies; Outputs; and Indicators are spelt out. This is also considered as an entry point in gender mainstreaming. Thus at this stage we have to ensure that objectives, strategies outputs and indicators are gender responsive. Any entry point that could have been missed out at the identification stage could actually be dealt with at this particular stage.

Phase	Action	Application of gender categories
Design	Formulate strategies	-Considering practical and strategic gender objectives
	Discuss structural set up -institutional -financial	-With reference to the gender capacity of the collaborating institutions
	Elaborate planning matrix	
	Outputs/results	-Outputs reflect at target group level: patterns of access to and control over resources intended changes of the socio-political position (gender specific)
	Activities	-Design of activities reflect the existing gender division of labour/roles as well as intended changes
	Indicators	-Specification of quantities and quality according to gender (who, when, how much etc)

c) Implementation phase

Activities should clearly be highlighted as to who is involved in the implementation

Phase	Action	Application of gender categories
Implementation	Elaborate plan of operations	-Gender-sensitive design of activities with regard to -choice of technical package -timing/duration/location -eligibility criteria -promotion strategy -delivery system -Allocation of sufficient and balanced budget for activities with women and men target groups -allocation of funds for training of staff in gender issues
	Implement activities	-incorporating of gender aspects into TOR of all staff; ensuring gender balanced team composition
	Participatory co-operation management	-creating and observing gender balanced patterns of access to and control over services, facilities and decision-making at staff level -enabling the target groups to analyse their situation, plan and implement activities at community level; ensuring the incorporation of gender specific aspects in this process -monitoring gender responsiveness of participating institutions
	Networking	-interacting with policy making institutions on gender and development

d) Monitoring and Evaluation phase

Monitoring: Both women and men need to be involved in monitoring.
Evaluation: Both women and men need to be involved in monitoring. After a comprehensive evaluation, the results could provide yet another opportunity in the new cycle.

Phase	Action	Application of gender categories
Monitoring and Evaluation	**Monitor and evaluate indicator achievement**	-Monitoring performance according to gender specific indicators -Revision of situation analysis based on gender categories
	Update baseline data (gender specific)	
	Assess impact	-Conducting a benefit analysis (Access to and control over benefits at target group and institutional level)
	Formulate recommendations for re-planning	-Adjustment of activities and policy according to gender differentiated M&E results.

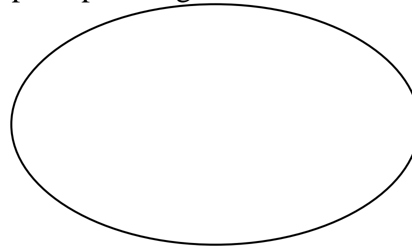
HAND OUT
PLANNING AND INCORPORATING THE GENDER ASPECT INTO THE PLANNING CYCLE

Discuss with participants What Is Planning?

- Put thoughts together in a meaning systematic way. Forecasting
- Looking ahead. Step of doing things ,Organize resources/activities

What does planning involve or what are the steps in planning?

Identification
Designing
Implement
Monitor and evaluate



Incorporating the gender aspect into the planning cycle

Phase	**Action**	**Application of gender categories**
Identification	Conduct situation analysis	Analysis of problems, actors, interests, visions, restrictions, expectations and potentials in HIV/AIDS programme with regard to -geographical conditions and demo graphy -target groups at grassroots level, including -gender division of labour/roles -access and control over resources -socio-political position -gender capacity of collaborating institutions -policy framework for gender and development
	Establish system of objectives	Establishment of general objectives/inclusion of gender objectives based on identification of gender needs
Design	Formulate strategies	-Considering practical and strategic gender objectives
	Discuss structural set up -institutional -financial	-With reference to the gender capacity of the collaborating institutions
	Elaborate planning matrix	
	Outputs/results	-Outputs reflect at target group level: patterns of access to and control over resources intended changes of the socio-political position (gender specific)
	Activities	-Design of activities reflect the existing gender division of labour/roles as well as intended changes
	Indicators	-Specification of quantities and quality according to gender (who, when, how much etc)

Phase	**Action**	**Application of gender categories**
Implementation	Elaborate plan of operations	-Gender-sensitive design of activities with regard to -choice of technical package -timing/duration/location -eligibility criteria -promotion strategy -delivery system -Allocation of sufficient and balanced budget for activities with women and men target groups -allocation of funds for training of staff in gender issues
	Implement activities	-incorporating of gender aspects into TOR of all staff; ensuring gender balanced team composition
	Participatory co-operation management	-creating and observing gender balanced patterns of access to and control over services, facilities and decision-making at staff level -enabling the target groups to analyse their situation, plan and implement activities at community level; ensuring the incorporation of gender specific aspects in this process
	Networking	-monitoring gender responsiveness of participating institutions -interacting with policy making institutions on gender and development
	Monitor and evaluate indicator achievement	-Monitoring performance according to gender specific indicators
	Update baseline data (gender specific)	-Revision of situation analysis based on gender categories
	Assess impact	-Conducting a benefit analysis (Access to and control over benefits at target group and institutional level)
	Formulate recommendations for re-planning	-Adjustment of activities and policy according to gender differentiated M&E results.

GENDER MAINSTREAMING: THE ZAMBIAN EXAMPLE

TOPIC 4.3: EXPERIENCES, CHALLENGES AND OPPORTUNITIES

Objective

Participants analyse how the gender aspect has been incorporated into National HIV/AIDS Intervention Strategic Plan 2002-2005 so far and identify strategies to enhance the gender perspective.

Methods

Participatory presentation and discussion in the plenary session, Group work

Aids:

Overhead projector, whiteboard, boardmarker, large paper, markers,

Materials:

Overhead "Incorporating the gender aspect into the planning cycle"

Session Guide:

Assignment: To check whether the indicators under the Summarised and Costed M&E Plan were gender responsive.

1. Participants are given the National HIV/AIDS Intervention Strategic Plan
2. Ask the participants to split into groups. Participants need to be divided into 3 groups

GROUP 1: Look at objectives 1 & 2;
GROUP 2: Look at objectives 3 & 4;
GROUP 3: Look at objectives 5 & 6;

3. Invite the groups to reflect on how the gender aspects has been integrated into the National HIV/AIDS Intervention Strategic Plan using the following framework

The general observations from the presentations were that close to 95% of the objectives were not gender sensitive.

As such suggestions were put forward with a view to mainstream gender.

Group work on gender mainstreaming in HIV/AIDS Strategic Plan

There are 3 levels of gender mainstreaming analysis namely:

a) Macro level- for developers and designers or governments. At this level gender sensitive budgeting with a series of measures designed to ensure that public funds benefit women as well as men. For example allocation of funds to social sector instead of user fees.

b) Meso level- for service providers and organisations. At this level gender issues should be in their policies, in provision of expertise, skills and knowledge of staff and funding allocations.

c) Micro level- for recipients of services. At this level there is need to analyse the impact of planned activities on both men and women and create scope to promote more equality between them.

Objective and outputs	**Interventions**	**Involvement levels in the development and burden for service providers and recipients**						**REMARK** **Indicate influencing factors including access to resources and control over resources** **Indicate potential areas of improvement**
		Develo per of progra mme		**Service provider**		**Recipient of the service**		
		M	**F**	**M**	**F**	**M**	**F**	
Reduce HIV/STI Transmission								
Objective 1: To promote the implementation Of Multi-Sectoral Behaviour Change Communication Campaigns by encouraging safe sex practices and good health seeking behaviours so as to reduce HIV/AIDS prevalence in the age group 15-19 from 15% to 11% by 2005. **Output 1:** Improved awareness levels of HIV/AIDS transmission modes	Develop and disseminate information packages, which are culturally sensitive on safe sex practices for different categories of the sexually active Develop gender specific interventions Initiate and support work place programmes on prevention and impact mitigation							
Output 2: Sexual abstinence among the youth and unmarried people promoted	Develop and Disseminate information in a well targeted manner Promote life skills training among the adolescents, youths							
Output 3: The practice of dry sex and having multiple sex partners discouraged.	Involve traditional initiators and marriage counsellors Discourage hazardous cultural practices such as sexual cleansing. Empower the vulnerable groups in negotiating sex							

Each of the three groups should discuss two objectives of the National HIV/AIDS Intervention Strategic Plan 2002-2003.

As part of problem identification and formulation each group should identify where each of the two sexes was more heavily involved in the planning and implementation of the intervention that have been identified as critical.

REVIEW OF NATIONAL HIV/AIDS STRATEGIC INTERVENTION PLAN 2002-2005 USING COMBINED TOOL OF ACTIVITY AND ACCESS TO AND CONTROL OVER RESOURCES

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Reduce HIV/STI Transmission								
Objective 1: To promote the implementation Of Multi-Sectoral Behaviour Change Communication Campaigns by encouraging safe sex practices and good health seeking behaviours so as to reduce HIV/AIDS prevalence in the age group 15-19 from 15% to 11% by 2005. **Output 1:** Improved awareness levels of HIV/AIDS transmission modes	Develop and disseminate information packages, which are culturally sensitive on safe sex practices for different categories of the sexually active Develop gender specific interventions Initiate and support work place programmes on prevention and impact mitigation							
Output 2: Sexual abstinence among the youth and unmarried people promoted	Develop and Disseminate information in a well targeted manner Promote life skills training among the adolescents, youths							
Output 3: The practice of dry sex and having multiple sex partners discouraged.	Involve traditional initiators and marriage counsellors Discourage hazardous cultural practices such as sexual cleansing. Empower the vulnerable groups in negotiating sex							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Output 4: Condoms made readily available in public and private sectors.	Strengthen public sector distribution of free condoms by increasing distribution points Make condoms available at affordable prices (Social marketing) Promote the use of male and female condoms Create conducive environment for the private sector to manufacture and distribute condoms countrywide.							
Output 5: Early and effective diagnosis and treatment of STD ensured in men and women aged 15-49 and pregnant women.	Undertake education and awareness campaigns on STI's role in the transmission of HIV Ensure effective, screening, treatment and continuous supply of STD drugs at all levels of health care provision. Make treatment for STI's easily available for high risk groups.							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Objective 2: To minimise the transmission of HIV from mother to child by increasing access to quality facilities for Prevention of Mother to Child Transmission in all the districts of the country from 39% to 28% by 2005. **Output 1:** Increased number of sensitized communities	Community mobilization and formative research Provide specific health education information to the public.							
Output 2: Increased and better functioning Prevention of Mother to Child Transmission (PMTCT) service facilities.	Train health workers in VCT, HIV/STI screening, treatment and care. Make available antiretrovirals and other relevant essential drugs Integrate Prevention of Mother to Child services into routine health delivery in all districts.							
Output 3: Infant feeding options for HIV/AIDS infected mothers encouraged	Give information on appropriate feeding alternatives and potential risks to HIV positive women. Supply in fant formula.							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Objective 3: To make all blood, blood products and body parts safe for transfusion and to promote the use of sterile sharps by strengthening screening centres and adopting infection control measures by 2005 **Output 1:** Management procedures, guidelines and standards for blood bank services reviewed and updated.	Review and update selection, screening and management procedures in the collection, storage and use of blood, blood products and body parts. Provide blood bank staff with appropriate training in selection, screening and monitoring skills. Community mobilization Apply effective blood donor recruitment and selection standards.							
Output 2: Adequate screening centers, blood banks, equipment for HIV, syphilis, hepatitis B and other infections provided	Provide adequate screening Develop maintenance and servicing programme for equipment Set up adequate safe-blood banks in all districts							
Output 3: Use of sterile syringes, blades, needles and other sharp instruments by general public, health workers, traditional healers/initiators and community care givers encouraged	Develop and disseminate targeted information packages Make universal infection control measures a legal requirement for all practitioners. Make available adequate sterilisation equipment for all institutions.							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
REDUCE THE SOCIO-ECONOMIC IMPACT OF HIV/AIDS								
Objectives 4 To improve the quality of life of all HIV/AIDS infected persons without symptoms by encouraging positive living, good nutrition, prevention of opportunistic infections and avoiding high risk behaviour. **Output 1:** Voluntary Counselling Testing Centres established in all the districts in the country.	Disseminate information, education and communication (IEC) materials on Voluntary Counselling and Testing (VCT) and positive living through print, electronic and folk media Integrate VCT service provision into routine health service delivery system at the district level Expand VCT services by government and NGOs Improve quality of VCT services							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Output 2: HIV/AIDS advocacy campaigns for support, services and human rights for PLWAs to be undertaken countrywide and through traditional structures and national leadership including workplace.	Eliminate stigma associated with HIV/AIDS Secure basic health and hygiene, and have access to good nutrition, IGAs for PLWHA Strengthen support groups by building capacity of PLWHA Encourage communities to be more open on issues of HIV/AIDS Involve people living with HIV/AIDS in policies, programmes and deliberations related to HIV/AIDS.							
Output 3 Prevention of opportunistic infections (OIs) and preventive TB therapy provided to HIV infected people.	Make Prophylaxis for TB easily available for PLWHA. Make Prophylaxis for other opportunistic infection easily available for PLWHA. Integrate and strengthen counselling services provision into routine health service delivery at district level.							

Objective and outputs	Interventions	Involvement levels in the developme nt and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Output 4: Institutions offering counseling training established and strengthened	Identify and strengthen more counselling training institutions/organisations. Enhance training of health workers and community support groups in counselling and psychosocial support at district level.							
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 in by the year 2005 **Output 1:** Treatment for Tuberculosis and other opportunistic infections made available or provided.	Train and orient staff Ensure uninterrupted and continuous supply of TB and essential drugs at affordable prices. Implementation of directly observed treatment short course (DOTS) Ensure registration of all essential drugs critical in the treatment of opportunistic infections							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Output 2: Anti-retroviral therapy (ART) for PLWAs introduced in public and private health facilities	Select and equip sites for initial introduction of ART Establish community support groups, Train health personnel in VCT, clinical management of HIV/AIDS laboratory testing and monitoring. Introduce and use standardised combinations of antiretroviral therapy for eligible people living with HIV/AIDS. Develop guidelines on clinical application of various combinations of antiretroviral drugs. Ensure uninterrupted and continuous supply of palliat ive care, and antiretroviral drugs at affordable prices. Ensure registration of all antiretroviral drugs brought into the country Create an enabling environment for the procurement of antiretroviral generics in the country.							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Output 3: Improved home based care and support services for the infected provided.	Promote and strengthen hospice type services and other forms of palliative care Involve the private sector and other support groups in prevention, care and entrepreneurial support initiatives Support and strengthen NGOs, CBOs and family based home care groups. Strengthen basic nursing skills to promote quality nursing care among service providers and family members. Involve government ministries and departments in prevention, care and support initiatives. Strengthen networking and referral system among care givers and health institutions.							
Output 4: Mechanism for validation of the efficacy of traditional and alternative remedies in the treatment of HIV/AIDS and other opportunistic infections established.	Establish collaborative arrangements between formal and traditional/alternative medical practitioners. Undertake necessary tests, studies and research. Support traditional institutions to adopt effective approaches in the treatment of HIV/AIDS.							

Objective and outputs	Interventions	Involvement levels in the development and burden for service providers and recipients						REMARK Indicate influencing factors including access to resources and control over resources Indicate potential areas of improvement
		Developer of programme		Service provider		Recipient of the service		
		M	F	M	F	M	F	
Objective 6: To provide Improved care and support services for the orphans, vulnerable children and others affected and at risk such as refugees, prisoners, disabled people by the year 2005 **Output 1:** Organizations that provide education, physical, material, social, mental and spiritual support to orphans and vulnerable children created and strengthened	Strengthening technical and management capacities of CBOs and FBOs Scale up and expansion of effective programs that strengthen community schools Ensure provision of education, shelter, clothing and other basic needs to orphaned children particularly the girl child Promote community participation in the welfare of orphaned children Provide relief and psychosocial support to guardians and care givers							
Output 2: Integration and reintegration of street children	Advocacy for Convention of Rights of Children Strengthen victim support units Support to networks that collect, analyse and disseminate data on orphans and vulnerable children Support National Orphans and Vulnerable Children Steering Committee Provide support and standardise childcare for orphaned children.							

Handout on planning

HIV/AIDS Programmes in Zambia

According to the National AIDS/STI/TB Bill passed in December 2002, the National AIDS Council (NAC) has been established as a body corporate with perpetual succession and a common seal, capable of suing and being sued in its corporate name, and with power, subject to the Act, to do all such acts and things as a body corporate may by law do or perform.

The **Vision** of the National AIDS Council is to have a nation free from Human Immunodeficiency Virus and Acquired Immunodeficiency Syndrome (HIV/AIDS).

The **Mission** of National AIDS Council is to provide leadership for a coordinated fight against HIV/AIDS in order to eliminate HIV/AIDS and associated opportunistic infections for the benefit of the Zambian society.

The **Goal** of the National AIDS Council is to reduce HIV/STI transmission among Zambians and reduce the socio-economic impact of HIV/AIDS.

The National Guiding Principles for the national response to the HIV/AIDS epidemic are:

People centred

People shall be in the centre of the solution

- Respect for the basic human rights of all persons and that stigma and discrimination against people with HIV/AIDS are eliminated;
- Gender mainstreaming in HIV/AIDS issues is a central element in the fight against the epidemics;

Culturally sensitive

- Solutions and approaches utilised in the course of the response shall be culturally sound and reflect the positive values of Zambians.

Priority centred

- Priority shall be accorded to groups at high risk and associated geographical areas.

The promotion of integrated approaches

- HIV/AIDS/STI/TB is a serious public health, social and economic problem affecting the whole country and thus to be addressed as a political, developmental and security national priority, requiring a multi-sectoral approach;

The Strategic Objectives for 2002 – 2005

- To promote the implementation of multisectoral behavioural change campaigns
- To minimise Mother to Child Transmission of HIV
- Make transfusion and use of sharp instruments safe
- To improve the quality of life of people living with HIV/AIDS by encouraging positive living, good nutrition and prevention of Opportunistic Infections.

- To provide appropriate care, support and treatment to HIV/AIDS infected persons.
- To provide appropriate care, support and treatment to HIV/AIDS infected persons.
- To provide improved care and support services for the Orphans and Vulnerable Children,
- To improve HIV/AIDS information, management and decision making.
- To assure impartial, transparent and effective programme operations.

Efforts to mainstream gender in Zambia: Government and NGOs experiences

There are several institutions and organizations that are involved in the implementation of HIV/AIDS programmes in the country. However, very few have attempted to mainstream or integrate gender in their implementation.

Government

Government programmes that are trying to mainstream were outlined which include the Poverty Reduction Strategic Programme (PRSP) and Education Strategic Plan of 2003-2007. Gender Focal persons in all ministries and provinces have been appointed. Ministry of Health (MOH) through the Central Board Health are currently implementing the general programmes such as.

- Anti Retroviral Drugs and treatment of patients.
- Prevention of mother to child Transmission (PMTCT).
- Voluntary and Confidential HIV/AIDS Counseling and Testing.
- Safe motherhood programme

Non-Governmental Organizations

Non government and community Based organization such as Family Health Trust, Society for Family Health (SFH) Planned Parenthood Association of Zambia (PPAZ), SWAAZ, Kara Counseling implement programmes. Programmes are targeted at promotion of condoms use and counseling. Women movement and cooperating partners are also implementing some programmes related to gender and HIV/AIDS.

Political will should be provided in terms of

- Resource allocation
- Representation
- Coordination role
- Policy formulation, legislation

In these programmes, gender gaps could be identified and to improve the situation, the following are proposed.

- Provision of enabling environment in terms of policy and legislation to protect the rights of women, girls including men and boys.
- Coordination. Government should play a cardinal role in coordinating the efforts being made by different institutions/organizations.
- Undertaking gender analysis and impact assessment using disaggregated data.

- Provision of resources for capacity building.

MODULE FIVE:

MONITORING AND EVALUATION

TOPIC 5.1. CONCEPT AND FRAMEWORK FOR M & E

Objectives

- recognize strategic elements of gender-specific M&E and reflect on their application in HIV/AIDS M&E plan
- Define terms used in monitoring and evaluation

Methodology

- Brainstorming, Presentation (TBA)
- Group Discussions (TBA)

Aids

- Facilitators notes, Over head projectors/transparencies
- LCDs, Flip charts, Chalk boards/white boards, Markers

Materials

Overhead 1: "definition of monitoring and evaluation"
Overhead 2: Levels of monitoring and evaluation

Total time: 1 hour 30 minutes

Session Guide

Activity 1: Make the presentation

1. Work on HIV/AIDS centres around

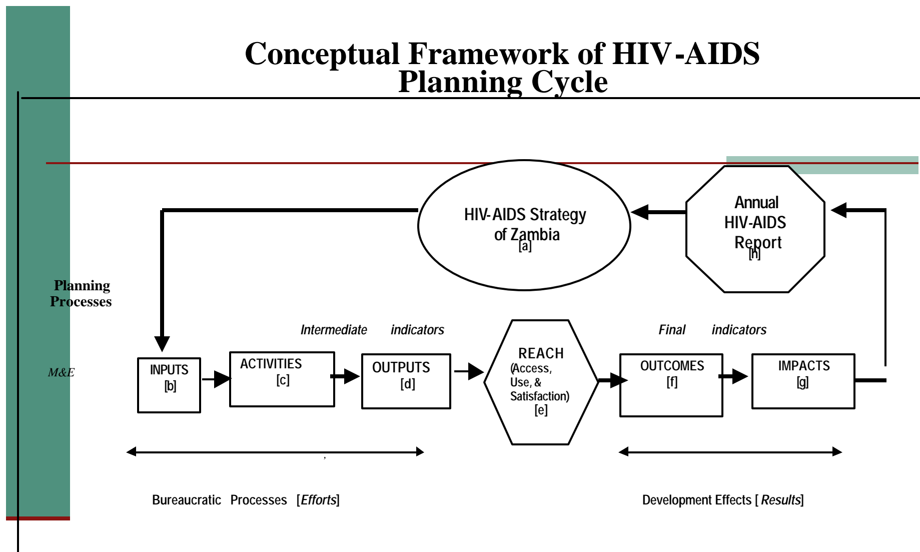
- prevention of new infections
- care for PLWA
- mitigation of impacts of AIDS on the infected and affected

2. Gender mainstreaming refers to:

- ensuring that the gender issues are visible in situation analyses and problem statements
- explicit reference to the gender issues in policy statements and development goals
- ensuring that program objectives explicitly address the identified gender issues
- the gender issues are explicitly addressed in program/project design and implementation
- ensuring that the monitoring and evaluation instruments and data facilitate visibility of progress in addressing the gender related goals and objectives

Activity 2:

With reference to the planning cycle or matrix, explain the different levels of M&E

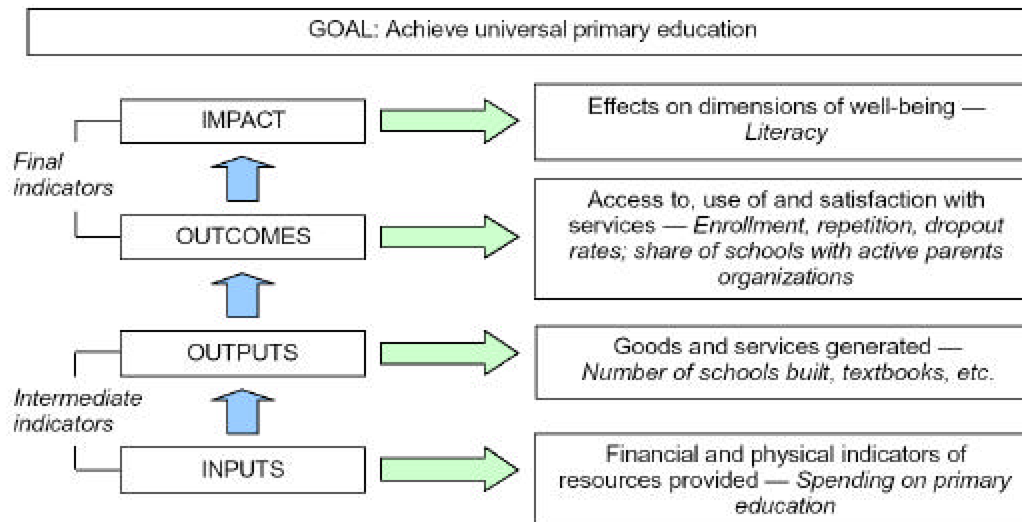


Activity 3

At the beginning of the session, ask the participants about their understanding of "monitoring" and "evaluation". Discuss different definitions until a consensus is achieved.

Show Overhead 1.
Emphasize that monitoring and evaluation are interrelated activities. They should be performed on a regular basis during project implementation.

Types of Indicators and levels of M&E



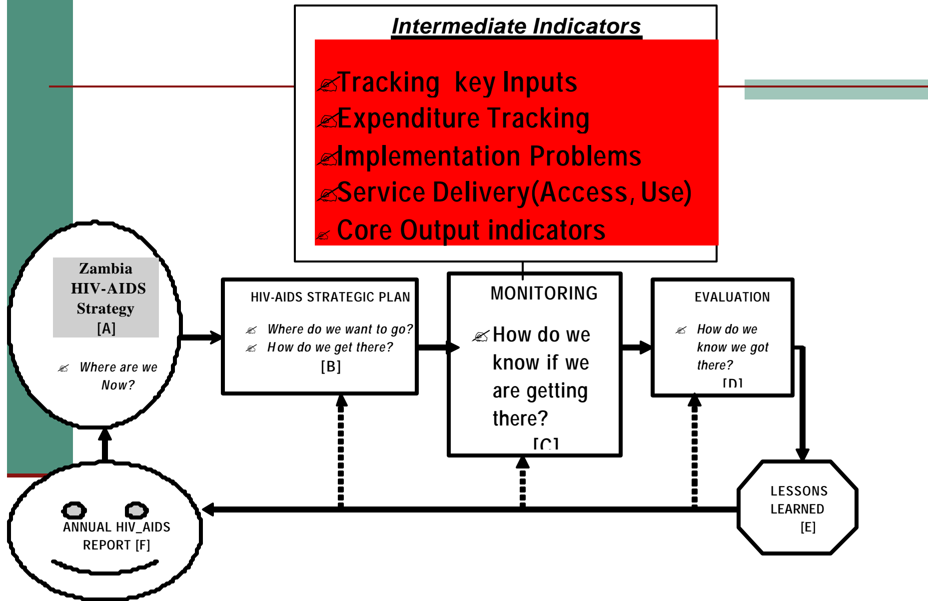
The approach takes a **more holistic view of monitoring .**
For each of these situations, indicators at all four levels need to be developed and monitored. These levels are:

Inputs referring to the financial and physical indicators of resources provided, including the salaries of staff and other recurrent costs;
Outputs, which are the goods and services generated through these inputs;
the **Outcomes**, which refer to the actual access, use of, and satisfaction of the targeted groups of society with these services/policies; and
the **Impacts**, which are the directly attributable benefits for the people, the country, the environment.

Activity 4

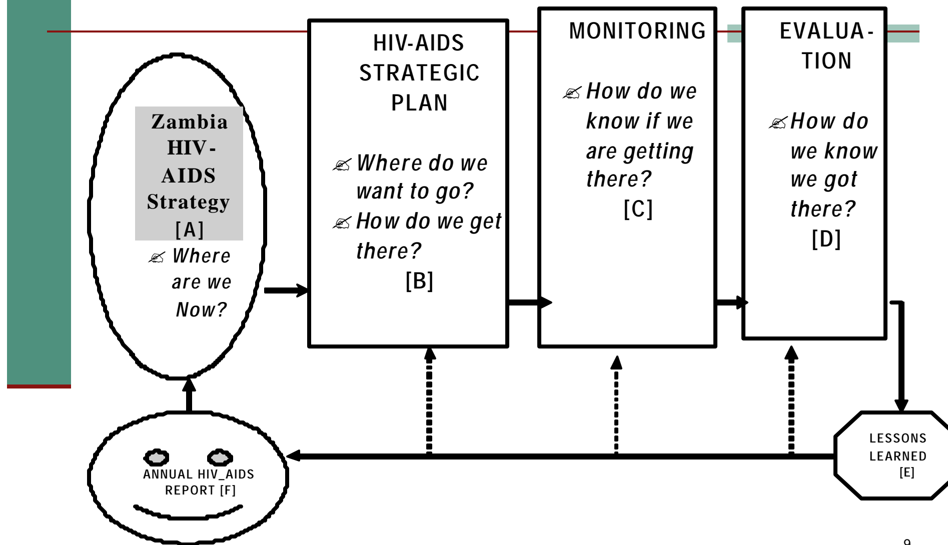
Ask the participants what they understand by progress monitoring and impact Monitoring or evaluation. Write their statements on the whiteboard and discuss until a common understanding of both terms is achieved.

Information to support Monitoring



© kmk/2002

Information Bases to support Planning Monitoring &Evaluation Processes



© kmk/2002

TOPIC 5.2. STRATEGIC ELEMENTS OF GENDER-SPECIFIC MONITORING AND EVALUATION

Objective	:	Participants recognize strategic elements of gender-specific monitoring and evaluation and reflect on their application in their on projects.
Time	:	120 minutes
Methods	:	Brainstorming, participatory presentation and discussion in the plenary session, group work
Aids	:	Overhead projector, whiteboard, large paper, Markers
Materials	:	Handout 1 "Gender in monitoring and evaluation" Handout 2 "The strategic elements of gender-specific monitoring and evaluation"

Session Guide:

Initiate a discussion on who should be involved in monitoring and evaluation, as implementors and as resource persons. Discuss different methods of standardized surveys, qualitative interviews, participatory appraisals, self-evaluation of the target groups etc.

Ask the participants to list the advantages and disadvantages of each method. Make clear that the choice of method also depends on the resources available (funds, personnel etc.) for data collection and that different methods can be chosen for different topics/indicators in accordance with their importance for future management decisions.

Emphasize how important it is to incorporate the views of different target groups (e.g. women and men community members, household members, representatives of institutions) in monitoring and evaluation of project activities and results because they are, or should be, the (direct or indirect beneficiaries of all project activities. Stress that the views of both men and women should be sought in order to enable the management to steer the project according to their specific requirements and aspirations.

The results of previous development projects show an insufficient impact on target groups, especially women, as implementers tend to address the more accessible male members of a group.

An assessment of a project's impact on all members of a group requires gender-specific monitoring and evaluation, using the findings of the gender-specific situation analysis at the beginning of the project as a reference point.

Ask the participants to form working groups. Each group discusses one of the following questions:

- How can a gender perspective be ensured in monitoring and evaluation?
- Which of the gender categories and tools introduced in Topic 4.1 could be used for monitoring and evaluation. (Access to and control over resources tool)

The working groups should specify their recommendations for
- project progress monitoring and
- project impact monitoring or evaluation

The groups present their results. Invite the other groups to comment and complement the discussion. Summarize the ***strategic elements of gender-specific monitoring and evaluation,*** referring to the following points:

Progress monitoring

Monitoring of project activities and results according to gender-specific indicators
Analysis of access and control over project facilities and services

Monitoring of staff members', counterparts' and target groups' participation in
project decision-making and management tasks

Monitoring of staff performance according to TOR, including their

Impact monitoring

Assessment of the project's impact on target groups, affected groups and institutions with regard to practical and strategic needs

Updating of gender-specific baseline data
Þ *Formulation of gender-differentiated recommendations for the adjustment of the project strategy and for re-planning*

Distribute Handout "The strategic elements of gender-specific monitoring and evaluation".

Ask the participants which of the M&E elements they apply in their projects. Encourage them to give examples and to share with the other participants the

positive results and the problems they face with the incorporation of gender aspects into monitoring and evaluation.

Handout :
The strategic elements of gender-specific monitoring and evaluation

A) Project progress monitoring

Monitoring of project activities and results
This refers to the initial situation analysis and the resulting gender-specific indicators defined during project planning. Monitor indicator achievement on a regular basis, involving men and women staff members, representatives of collaborating institutions and the target groups.

Analysis of access and control over project facilities and services
This investigates to what extent project staff, members of collaborating institutions and target groups have access to and control over the project services and facilities, such as information, training, scholarships, employment, means of transportation, credit etc., and see if this is in line with the project plan (tool: benefits analysis).

Monitoring of staff members', counterparts' and target groups' participation in project decision-making and management tasks
This analyses quantitative and qualitative participation in decision-making on all project levels (tool: participation analysis).

Monitoring and staff performance
With regard to their Terms of Reference, including their gender responsiveness

Formation of recommendations for the project management team regarding the adjustment of project activities, resource allocation and internal management structures.

B) Impact monitoring

Assessment of the project's expected and unexpected impact on target groups, affected groups and institutions

With regard to

"Practical needs":*

satisfaction of basic needs (such as nutrition, health care, shelter, clothing etc.), employment, income, manageable work burden, availability of tools, credit etc.

and

"Strategic needs":*

i.e. access to resources (natural, physical, socio-cultural), participation in decision-making, organizational capacity, self-confidence, mobility, scope of activities, social status etc.

with reference to the indicators for the project purpose and the development goal.

TOPIC 5.3. USE OF TOOL: ACCESS TO AND CONTROL OVER RESOURCES-BENEFITS ANALYSIS

Objective	:	Participants are able to analyze the patterns of access to and control over project services, facilities and benefits
Time	:	90 minutes
Methods	:	Presentation, group work and discussion in plenary session
Aids	:	Whiteboard, board maker, large paper sheets, markers
Materials	:	Overhead 1 "Benefits profile"

Session Guide:

Explain that the benefits profile is a tool for gender-sensitive monitoring and evaluation which can be applied even if the project has not been planned in a gender sensitive manner and did not define gender-specific indicators. This analysis assesses different actors' access to and control over the project services, facilities and benefits.

It is an important tool to check whether the project reaches its defined target groups, the project implementers have access to project facilities in the intended way, the collaborating institutions' access to and control over project services and facilities is in accordance with the agreements between the concerned parties.

Introduce the "Benefits profile" shown below. Stress that the different participants of the project (target groups, affected groups, implementers, collaborating institutions) have to be clearly distinguished in the analysis in order to assess their specific access to and control over project services and facilities properly.

Benefits profile

Project participants	Project services	Project facilities	Benefits
Target groups			
Affected groups			
Project implementers			
Collaborating institutions			

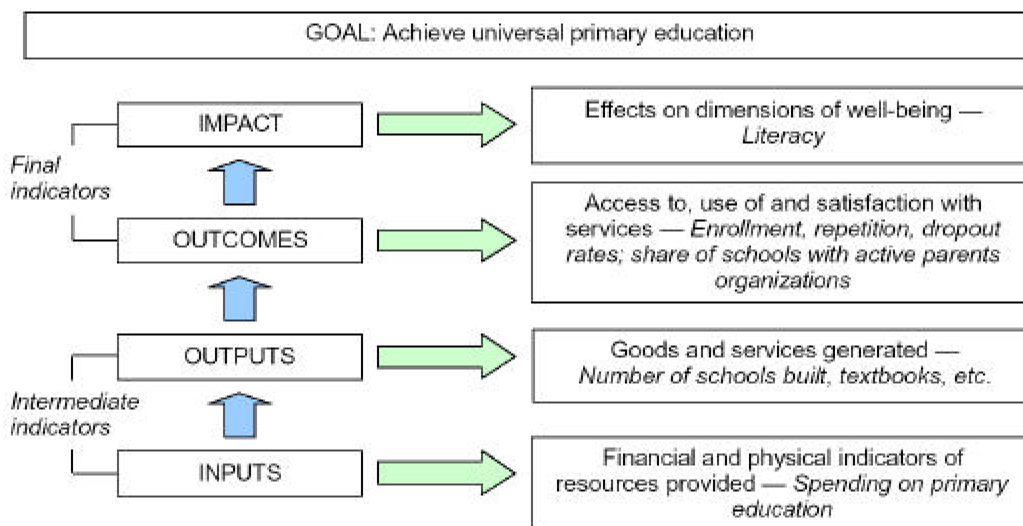
List all project participants according to relevant characteristic and gender
Fill in for each participating group the accessible and controlled project services, facilities and benefits. Mark "A" for access and "C" for control

Ask the participants to explain the difference between services, facilities and benefits in the context of development projects. Summarize and complement their statements, referring to "Types of indicators" shown below:

Project services from which the participants can reap a benefit are training, extension, provision of credit, machinery, seeds etc.

Project facilities *made available for the different actors of a project are office space, buildings, vehicles, employment, scholarships etc.*

Benefits are derived from the use of services and facilities. They include increased knowledge and skills, income in cash and kind, ownership of assets,



Ask the participants to form groups per institution. Participants representing their institutions alone can join in one group with participants from institutions of a similar nature.

The groups should try to prepare a separate "Benefits profile" for each institution represented in the workshop. If this is not possible because of time constraints, the groups with participants from different organizations should agree on one institution to be analyzed together.

The "Benefits profiles" are put on the wall and briefly presented by the working groups. The other participants are invited to comment. Check together if the terms "services", "facilities" and "benefits" have been properly interpreted.

Ask the authors of the respective profiles if they can identify any imbalances or undersigned patterns from the analysis. Discuss the findings in the plenary session and brainstorm on suggestions for overcoming these pitfalls.

Hand out

Examples of Gender-Sensitive Indicators for HIV/AIDS Programs

Narrative Summary	Gender-Sensitive Indicators	Targets & Information Sources
I. Overall HIV/AIDS Goal Millennium Development Goal 6 - Combat HIV/AIDS Control the prevalence, spread, and negative effects of HIV/AIDS	**Impact indicators** (overall measurable HIV/AIDS impacts, especially reduced transmission and prevalence: Prevalence among 15-24 year olds, including pregnant women Rate of mother-to-child transmission Life expectancy by sex No. of children orphaned by HIV/AIDS	**Targets:** **MDG 6:** Have halted by 2015 and begun to reverse the spread of HIV/AIDS UNGASS Articles 37: By 2003,…address gender-based dimensions of the epidemic **Sources:** National statistical reports, UNAIDS, UNICEF, WHO
II. Overall Program Goals Mitigate the socio-economic impact of HIV/AIDS by: reducing HIV transmission by targeting high-risk groups among females and males, and reducing stigma; improving treatment, care and support for HIV/AIDS patients; and strengthening the national capacity to respond to the epidemic.	**Outcome indicators** (e.g., changes in behavior or skills needed to achieve outcomes): No. of women and men who know at least two methods of protection against HIV/AIDS No. of women who report using a condom with a regular partner during the last 12 months Proportion of sex workers (male and female) who report condom use	***Targets:*** UNGASS Article 53: By 2005, ensure that at least 90% of men and women aged 15-24 have access to (IEC) Increase from X% to Y% in the proportion of sex workers reporting using condom **Sources:** Mid-term and completion evaluation reports Household and special

	with last client Referral systems between VCT, health care services and community-based organizations	surveys, such as Behavioral Surveillance Surveys (BSS)
III. Program Component Preventive programs targeting males and females in high-risk groups	**Input indicators** (the people, training, equipment and resources needed to achieve outputs): Amount of HIV/AIDS budget targeting gender-sensitive measures Sectoral ministries that have incorporated gender-sensitive HIV/AIDS issues in annual plans No. of gender-HIV/AIDS trainings for govt. staff and peer educators % of line ministry staff by sex who are active in HIV/AIDS programs	**Targets**: <u>UNGASS Article 61</u>: By 2005, ensure development and accelerated implementation of national strategies for women's empowerment……. By 2004, at least 500 line ministry staff trained **Sources:** Annual plans of sectoral ministries, monitoring, disbursement, or supervision reports
IV. Program Component or Sub-Component *Strengthen national capacity for gender-sensitive responses to the HIV/AIDS epidemic*	**Output indicators** (activities and services delivered to achieve outcomes): Participation of women's organizations in HIV/AIDS policy development, implementation & monitoring No. of programs or orgs. Providing skills to women and men and alternative life skills to sex workers No. of gender-sensitive HIV/AIDS prevention programs integrated into school curricula No. of stigma reduction activities,and % of males and females enrolled	***Targets:*** By 2005 increase by 20% the no. of organizations providing skills to young women and alternative life skills to sex workers By end of 2004, increase to X the no. of NGOs and CBOs preparing and implementing community and civil society initiatives on gender issues ***Sources:*** Mid-term & supervision reports Special studies

Hand out

GENDER MAINSTREAMING INDICATORS AT SECTOR AND PROGRAMME LEVEL.

Goal:

Reduce HIV/STD transmission among Zambians and reduce the socio–economic impact of HIV/AIDS.

Impact indicator

% of adult men and women aged 15-49 who are HIV infected reduced from 19% to 15% by 2005.

Outcome indicators

Increase in women accessing PMTCT
Decrease in STI incidence rate in men and women
Increase in the number of women and men accessing VCT
Increase in the girls attending school
The extent to which women make sexual and reproductive choices
Change in perception of men and women in HIV/AIDS transmission
Increase in men's participation in Home based care
Number of men and women adopting safe sex practices
Increase in women's access to credit and productive resources

Output indicators

Number of women and men accessing condoms
Number of men and women receiving information on HIV/AIDS
Number of men and women accessing health care
Number of HIV/AIDS messages addressing gender issues
Number of men and women involved in HIV/AIDS prevention activities
Gender balance in the staff giving out HIV/AIDS information

Input indicators

Amount of resources allocated to the development of messages for men and women
Number of HIV/AIDS prevention courses planned for men and women participants
Number of gender training programme planned
Amount of funds allocated to research in gender sensitive issues in HIV/AIDS
Ratification and implementation of global or international treaties e.g Beijing Platform for Action,

TOPIC 5.4. FLOW OF INFORMATION AND REPORTING FREQUENCY

Objective : Participants are able to discuss use of data and reporting

Time : 150 minutes

Methods : Presentation, group work and discussion in plenary session

Aids : Whiteboard, board maker, large paper sheets, markers

Materials : Overhead 1

Presentation

NATIONAL LEVEL

The collection of impact and outcome data-surveillance of HIV and the behaviours that spread it-should remain a national activity, carried out under the auspices of central government.

The responsibility for monitoring and evaluating the multisectoral responses to AIDS in each sector lies with the M&E staff in the relevant ministry or service organisation. The information they collect should be passed to the National AIDS Council which can incorporate it into national statistics. This allows for knowing the contribution that their sector is making to reducing the spread and impact of AIDS. At the national level, programme managers need just enough information to determine whether the national effort is going in the right direction. This information helps them plan for the future and lobby for necessary resources, legislative changes etc. At this level, one or two core indicators for each programme area, aggregated from a representative sample of sites will be sufficient to give an idea of whether the national response is making any significant headway against the epidemic. Design easy to use reporting forms for collection of standardized data at project level, and ensure that national data needs are met. These tools can also be used by line ministries and sectors.

District and Community level

The data necessary at the project and the community level are different from those needed at the national level. Projects need detailed information-information about who they are reaching with what services, about the quality of their services, about how their services are perceived in the communities they seek to reach-if they are to use the information to improve their programming. information on input and outputs

Types of Data Collection for Monitoring and Evaluation

<table>
<tr><td colspan="4">Community level</td></tr>
<tr><td colspan="2">Community registers
Vital statistics, including births, deaths, migration, age and sex
Yearly community diagnosis</td><td colspan="2">Routine operational activities reports
Provide Inputs and outputs data and quantified</td></tr>
<tr><td colspan="2">District level</td><td colspan="2"></td></tr>
<tr><td colspan="2">Routine operational activities reports
Provide Inputs and outputs data and quantified. Consolidate community data from public, private and NGOs including research activities</td><td colspan="2">Performance visits
Supervisory visits and monitor compliance to standards
Assess operational performance</td></tr>
<tr><td colspan="2">National level</td><td colspan="2"></td></tr>
<tr><td>The collection of impact data- surveillance of HIV, STIs

Used for needs assessment</td><td>The collection outcome data- the behaviours that spread HIV-

Used for needs assessment</td><td>Reports
The responsibility for monitoring and evaluating the multi-sectoral responses to AIDS in each sector lies with the M&E staff in the relevant ministry
This means bringing together all the data available from all sources (line ministries, surveillance reports, behavioural surveys, academic research, programme information, and other regular progress reports).</td><td>Performance visits
Analysis of policy development compared to targets formulated in the strategic framework</td></tr>
</table>

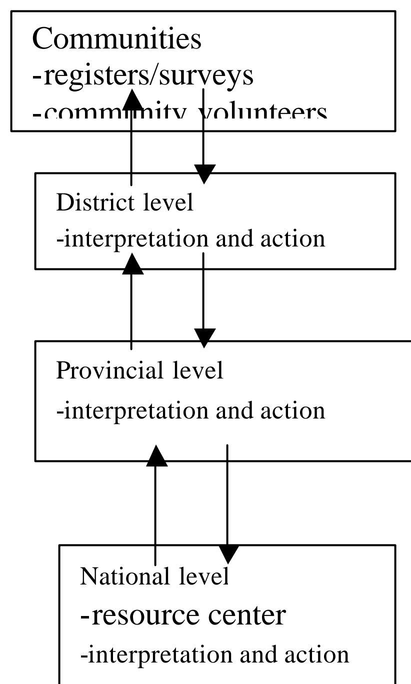
Example of routine information at various levels

a) District/provincial level structures (Government departments, private sector and Civil society)
b) Community

Sector	**Variables (number of)**	**Frequency of collection**	**Frequency of analysis**	**Source of information**
Victim Support Unit	# of defilement cases recorded , male and female	Daily	Quarterly	VSU records
Workshops	# of workshops attended, male and females	As necessary	Annually	Human Resource. Dept

Flow of information and reporting frequency

Flow of information



Reporting frequency

Time frame for submission of quarterly reports and action

Level	Time required from the end of quarter to report	Action
Communities	Two weeks after the end of the quarter	Discuss analysis with community Committees and plan action
District	Six weeks after the end of the quarter	Discuss analysis with DDCC/task force, adjust quarter's plan Use information for performance visits of CBOs
Province	Seven weeks after the end of the quarter	District performance visits Advise on support required for district
National	Eight weeks after the end of the	Decide on support to district

	quarter	Assist monitoring of policy implementation and standard compliance National report to Council and partners

Case Study II

HIV/AIDS PROGRAMME – MINISTRY OF FINANCE

The Ministry of Finance had experienced a high attrition (death) rates among the staff in 2000. The situation became so bad that sometimes the Ministry would burry three (3) staff in a week.

Consequently, management felt that the situation called for quick and drastic measures to prevent the loss of staff. An HIV/AIDS committee was hurriedly constituted and in order to prevent stigmatization, it was renamed Health and Welfare Committee. The committee's terms of reference included among others:-

To recommend to management intervention measures to prevent further loss of staff.

Link the Ministry of Mongolia with other organisations dealing in HIV/AIDS.

Carry out sensitization among staff on the dangers of HIV/AIDS and how to prevent it.

Provide the sick with moral and material (food) support.

In less than a month, the committee had come up with recommendations on how to reduce deaths at the Ministry. The committee came up with options on how to resolve the problem. These included:-

Opening a Clinic for Ministry of Mongolia staff only.

Starting a revolving fund, which should be accessed by staff to purchase/buy medications.

Stocking of ARVs.

After the above recommendations were presented to management, it was discovered that it was not possible to start a Clinic meant for Ministry of Mongolia alone as it was part of the civil service, hence all other institutions would start to open their own Clinics.

The proposal to start a revolving fund was also found not to be feasible, the civil service did not permit opening of accounts besides the mandate of the Ministry.

The purchase of ARVs was also found unattainable. To start with, the Ministry did not have the personnel to administer and monitor the usage of the drug and above all the source and cost of the drug was not known. This other option therefore fell off as well.

The only practicable option was to engage in sensitization programmes which all other organisations in the country were engaged in and in addition, there was no capacity ground to undertake the sensitization programme.

Management was still of the view that something practical had to be done which should have a direct impact on staff. After brainstorming the issue for sometime, it was proposed that procurement of food supplements would go a long way in prolonging the lives of the sick staff. The Ministry settled on the procurement of Gorjis, a food supplement and K50 million was given to the Health Committee to source the product.

The food supplement was procured and stocked at the Ministry and all staff were free to collect the Gorjis from the committee members. There was a good response as most staff were able to source the product. Within a period of two (2) months, Gorjis worth K30 million had been distributed to staff but there was no change in health status of the sick staff and deaths were still being experienced. When an evaluation was conducted, it was discovered that:-

Actually the sick were not interested in the Gorjis as it was perceived to be meant for the dying and even those who had initially shown interest started withdrawing due to stigma perpetuated by the distributors.

Most of the Gorjis product was being accessed by the seemingly health staff who took the product to their sick relatives and in some cases, they started selling the product.

No initial studies were undertaken to determine the numbers in terms of the sick, and how they were getting infected.

The committee members were not well prepared for the task, it was later learnt that the committee members needed training in counselling and skills on how to handle the sick.

In short, there was no proper planning on how to intervene in the health problems at the Ministry. No situational analysis was conducted, hence the failure of the programme and the strategies thereof.

HAND OUT

Activity Monitoring Report Form

REPORT DETAILS

Report date:				RD1
Quarter reporting on	From:	to:		RD2
Name of Project		Project Number		RD3
Name of District AIDS Task force				RD4
Name(s) of district (s) in which your project is been implemented				RD5
Report Compiled by				RD6
For more information / questions about the report, contact:	Name:			RD7
	Tel number:	Fax:		
	Email:			

HIV/AIDS ACTIVITIES

a) Information, Education and Communication (IEC)	Male	Female	TOTAL
# of peer educators trained			
# of people direcly reached through peer education			

b) Condoms	Male	Female	TOTAL
# of condoms distributed free to end users			
# of socially marketed condoms distributed			

C) Youth		In-school		Out-of-school		TOTAL
		Male	Female	Male	Female	
	# of in school and out of school youth reached through life skills education or anti-aids clubs					
	# of staff/volunteers trained in life-skills education and managing anti-aids clubs					

D) Voluntary Counselling and Testing (VCT)		Male	Female	TOTAL
VCT1	# of clients counselled			
VCT2	# of clients counselled and tested for HIV			

VCT3	# of HIV positive clients referred to care and support services			
VCT4	# of people trained in counselling			

E) Community Home Based Care for Chronically ill		Male	Female	TOTAL
CAR1	# of chronically ill people benefiting from home based care services in this quarter			
CAR3	# of volunteers/ care givers trained in providing home based care in this quarter			

F) Support Groups for People Living with HIV/AIDS (PWA)		Male	Female	TOTAL
PWA 1	# of PWA enrolled in PWA support groups			
PWA 2	# of PWA groups trained in managing PWA groups			

G) Community care and support for Orphans and vulnerable children		Male	Female	TOTAL
OVC1	# of Orphans & vulnerable children receiving care and support			
OVC2	# of volunteers/ care givers trained in providing home based care in this quarter			

H) Income Generating projects (IGP) for impact-mitigation		Male	Female	TOTAL
IGP 1	# of people benefiting from income generating projects in this qtr			
IGP2	# of people trained in establishing income generating projects in this qtr			

I) Home Based Care (HBC)		Male	Female	TOTAL
HBC 1	# Of employees trained as care givers for home based care in this qtr			
HBC 2	# of chronically ill employees benefiting from home based care in this qtr			
HBC 3	Total # of psychosocial support groups for employees			

J) ARV treatment		Male	Female	TOTAL
ARV 1	Total # of employees benefiting from ARV therapy in this qtr			

K) Life Skills education (Ministry of Education only)*		Male	Female	TOTAL
LSE1	Total # of Primary and Secondary school teachers trained in life skills based HIV/AIDS education in this qtr			

L) Sexually transmitted infections		Male	Female	TOTAL
STIs	Total # of employees treated for STIs according to national guidelines for treatment in this qtr			

I

Monitoring and Evaluation of the Integration of Gender into HIV/AIDS Programs/Activities: Training of Trainers workshop
Event Evaluation

Please assess the workshop to help us improve the quality of such events in the future. To answer, please fill in the circle like this ●. If you wish to change an answer, fully erase it or draw an ✕ over the unwanted mark and fill in the circle indicating your preferred answer. Please fill in **only one circle** per question.

Section I: Demographics

Do you work for the **Government of the Republic of Zambia**?

○ Yes, at HQ ○ Yes, in the Provinces ○ No, other ______________ *(please indicate)*

2 What is your position? ………………………………..

3. Are you?

○ Female ○ Male

Section II: General Questions

Using the scale to the right, pleaser rate each of the questions below

	Not at All				*Very Much*	*N/A*
4. To what extent do you feel the training met its **objectives**?	①	②	③	④	⑤	○
5. To what extent did the training meet your **learning needs**?	①	②	③	④	⑤	○
6. To what extent did the training meet your **networking needs**?	①	②	③	④	⑤	○
7. To what extent did you acquire **information/knowledge** that was **new** to you?	①	②	③	④	⑤	○
	Very Low				*Very High*	*N/A*
8. How would you rate the **usefulness** of this acquired information?	①	②	③	④	⑤	○
9. How would you rate the relevance **of the issues discussed at the training event in regards to your current work function?**	①	②	③	④	⑤	○
10. **Overall**, how would you rate this training?	①	②	③	④	⑤	○

Section III: Workshop Specific Questions

11. How would you rate the usefulness of the following components of the Training?						
DAY 1 – November 11, 2003						
Module I	*Very Low*				*Very High*	*N/A*
Clarity of Goal and objectives	①	②	③	④	⑤	○
Introducing the modules	①	②	③	④	⑤	○
Module II: Understanding Gender and HIV/AIDS						
c. Gender concepts	①	②	③	④	⑤	○
d. Perceptions of gender roles	①	②	③	④	⑤	○
e. Understanding HIV/AIDS	①	②	③	④	⑤	○
DAY 2 – November 12, 2003						
Module III: Gender and HIV/AIDS Linkages	*Very Low*				*Very High*	*N/A*
f. Gender Power Relations	①	②	③	④	⑤	○
Poverty, Gender and HIV/AIDS linkages	①	②	③	④	⑤	○
Risks and Vulnerabilities	①	②	③	④	⑤	○
DAY 3 – November 13, 2003						
Module IV: Tools for Mainstreaming Gender into HIV/AIDS programs/activities						
Tools for gender analysis	①	②	③	④	⑤	○
Planning	①	②	③	④	⑤	○
Experiences, challenges and opportunities	①	②	③	④	⑤	○
Monitoring and Evaluation cycle	①	②	③	④	⑤	○

DAY 4 – November 14, 2003						
Module V: Plans for next steps						
Provincial plans	①	②	③	④	⑤	○
Engendering line ministries plans	①	②	③	④	⑤	○

Section IV: Balance

Please note the change in the scale

12. To assess how balanced the training was, please rate each aspect below with respect to quantity.	Insufficient (a)	Somewhat Insufficient (b)	**Adequate (c)**	Somewhat Excessive (d)	**Excessive (e)**	**No**
a. Attention to **theoretical** content	(a)	(b)	(c)	(d)	(e)	○
b. Attention to **practical** content	(a)	(b)	(c)	(d)	(e)	○
c. Time for **presentations**	(a)	(b)	(c)	(d)	(e)	○
Time for **your participation**	(a)	(b)	(c)	(d)	(e)	○
Pace of event	(a)	(b)	(c)	(d)	(e)	○

Section V: Open Questions

13. How **useful** was the workshop organization, focusing on group work and presentation?

____

What modifications or **recommendations** would you make to improve future Gender Events?

____

REFERENCES

_Zambia National HIV/AIDS Intervention Strategic Plan 2002-2005

WB87845
Q:\My Documents\FACILITATION MANUAL2.doc
June 9, 2004 2:09 PM