

**WORKSHOP REPORT
ON**

**TRAINING OF TRAINERS
CAPACITY BUILDING FOR THE INTEGRATION OF GENDER INTO
MULTI-SECTORAL AIDS PROGRAMMES (MAP) AND OTHER
HIV/AIDS ACTIVITIES
HELD AT
BARN MOTEL**

**LUSAKA
ZAMBIA**

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This workshop on Capacity Building for the Integration of Gender into the Multisectoral AIDS Programme (MAP) and other HIV/AIDS activities was spearheaded by the World Bank who also provided the funding. The organisers of this workshop wish to thank the World Bank, especially Dr. Shimwaayi Muntemba, for giving the Zambian Government the opportunity to carry out this workshop which was the first of its kind.

We wish to thank the Government of the Republic of Zambia through the Gender in Development Division, Cabinet Office, who are the contact for the World Bank and who released its staff to organise the workshop.

The trainers deserve special thanks Mrs. Honorine Mwelwa Muyoyeta of HM Consultancy walked the participants through the discussions on mainstreaming gender, institutions/organisations involved in the programme. Gaps were identified and remedies were proposed. Dr. A. Simwanza of the National AIDS Council (NAC) presented all the discussion papers on HIV/AIDS and inspired the participants throughout the three days of training. At the end of the workshop, everyone was able to understand the prevalence of HIV/ADS its behaviours and the linkages to gender and poverty.

The organizers thank the two rapportuers. Not only did they ensure that the proceedings were captured, but actively participated in the deliberations and shared their vast experiences on gender.

The participants themselves were remarkable. Everyone participated actively and fairly. They contributed to the success of the workshop.

The workshop was held at the Barn Motel. Staff there were friendly and helpful even under trying moments of electricity failure and water shortages.

Acronyms

ART	Anti retroviral therapy
AIDS	Acquired Immune deficiency syndrome
CBOs	Community Based Organisations
CSW	Commercial sex worker
DOTS	Directly observed treatment short course
FBOs	Faith Based Organisations
FPP	Focal point person
FTE	Full time equivalent
GDP	Gross Domestic Product
GIDD	Gender in Development Division
HIV	Human immune deficiency virus
IEC	Information, Education and Communication
IGAS	Income generating activities
MAP	Multi - Country Aids Programme
MOH	Ministry of Health
NAC	National Aids Council
NGOs	Non governmental organisations
Ois	Opportunistic infections
PLWHA	People living with HIV and Aids
PMTCT	Prevention of mother to child transmission
PPAZ	Planned Parenthood Association of Zambia
PPH	Physical Planning Housing
PRSP	Poverty Reduction Strategic Programme
PREM	Poverty Reduction and Economic Management
SFH	Society for Family Health
STDs	Sexually transmitted diseases
STI	Sexually transmitted infections
SWAAZ	Society of Women and Aids in Zambia
TB	Tuberculosis
TOT	Training of Trainers
VCT	Voluntary counseling and testing
YWCA	Young women Christian Association
ZDHS	Zambia Demographic Health Survey

1.0 INTRODUCTION

1.1 Preamble

This report highlights the proceedings of a Training of Trainers (TOT) workshop which was held at Barn Motel in Lusaka, Zambia. The workshop is part of series of activities aimed at engendering the World Bank supported multi-sectoral AIDS programmes (MAP) in Africa.

1.2 Welcome Remarks by Nelson Nyangu

Mr Nyangu, Director, Gender in Development (GIDD), informed participants that the workshop was jointly organized by the National AIDS Council (NAC), World Bank and GIDD. The workshop was part of a series of activities aimed at engendering the World Bank supported Multi-sectoral AIDS programmes. Zambia is one of the four countries (others are Malawi, Rwanda and Cameroon) where the Africa Region's Gender Team of the World Bank is currently supporting such activities.

1.3 Participants And Facilitators

There was a total of 23 participants including trainers and rapportuers. The representations were gender and HIV/AIDS focal point persons from provinces, line ministries, NGOs like Kara Counselling and Zambia Agency for Persons with Disabilities.

1.4 General Introduction To Workshop Objectives, Program and Methodology by Dr Shimwaayi Muntemba

The main goal of this support programme is to integrate gender systematically in the fight against the HIV/AIDS pandemic.

The objectives of the programme were:

- To create an understanding of Gender and HIV/AIDS issues
- To raise awareness on Gender and HIV/AIDS programmes in Zambia.
- To Understand linkages between gender, poverty and HIV/AIDS.
- To equip participants with tools for integrating gender into HIV/AIDS programmes in Zambia.

The programme aims to accomplish its objectives through three main activities:

- facilitating the building of the database on gender disaggregated prevalence rates, risks (legal and customary issues) and impacts. This would be done both at the national level and at the Africa Region Headquarter.
- organizing two capacity building workshops (Training skills/tools and another one on monitoring and evaluation) for key stakeholders at the national level in each country and some in the provinces.
- undertaking selective Monitoring and Evaluation trips

1.5 Expectations

Participants expected that by the end of the workshop they would be able to

- Understand the linkages between HIV/AIDS poverty and gender.
- Have the capacity to be part of the pool of gender HIV/AIDS trainers in the country.
- Be equipped to improve behavioral change in their communities and work place.
- Be able to identify linkages between gender, HIV/AIDS and food security.
- Strengthen the multi-sectoral approach to confronting HIV/AIDS.
- Be able to better the planning of gender and HIV/AIDS.
- Be able to influence budgeting process
- Increase their knowledge on people living with HIV/AIDS.
- GIDD expected this to be the beginning of the process that would support it in its efforts to ensure that all HIV/AIDS programmes are gender responsive.
- National AIDS Council of Zambia (NAC) expected that the participants would be equipped with tools to help in combating HIV/AIDS pandemic country-wide and in all walks of life.

1.6 Ground Rules

Participants agreed on ground rules to follow during the sessions as follows:

- Cell phones to be put on silence or vibration.
- No smoking in the conference room.
- Active participation by everybody.
- Free, Smart and decent dressing.
- Respect each other's opinion
- Orderly discussions through the chair.
- Avoid unnecessary movements in and of the conference room.
- Non-residential participants to attend every session.
- All participants to remain sober all the time.

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

1.7 Official Opening by Mrs Lilian Zimba- Acting Permanent Secretary, Gender in Development

The Acting Permanent Secretary, Gender in Development Division, Ms Lillian Zimba, officially opened the workshop through a speech read on her behalf by Mr. Nelson Nyangu. In her speech, she emphasized the importance of the workshop that aimed at mainstreaming gender into HIV/AIDS programmes in Zambia.

She pointed out that women were more infected and affected by HIV/AIDS epidemic due to their lower socio-economic status in the community.

Ms Zimba told the participants that the Government recognises the gender dynamics in HIV/AIDS and is committed to the cause of promoting equal gender relations in the prevention of HIV/AIDS and to make men and women share the care burden. Therefore the workshop had been organized at an opportune time. She commended the World Bank for having come to the country's assistance.

2.0 PROCEEDINGS OF THE WORKSHOP

2.1. MODULE ONE: Understanding Gender And HIV/AIDS

2.1.1. *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.

b) Social Construction Of Gender (Socialization)

Socialization is a process through which a person learns all things that s/he needs to know in order to function as a member of a specific society

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. **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 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.

g) Gender Mainstreaming

Mainstreaming a Gender Perspective was 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.

Therefore gender mainstreaming is a strategy for making women's as well as men's concerns and experiences an integral dimension in the- design, implementation, monitoring, evaluation of policies and programmes in all **political, economic and societal spheres** so that women and men benefit equally and inequality is not perpetuated.

h) Critical Gender issues and concerns in Zambia

- At macro level, gender irresponsible 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.

i) Proverbs

One of the tools used to depict gender perceptions and roles were proverbs and sayings. Using proverbs and sayings from different parts of Zambia, the trainers helped 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 attitudes towards males and females.

Participants noted that the implications of such societal beliefs and attitudes for the roles, responsibilities and status of males and females have different impacts on them, usually disadvantaging the female. They also observed that these beliefs and attitudes are internalized. Proverbs and sayings from Zambia and those from other countries are shown in Annex 1.

2.1.2. PRESENTATION ON UNDERSTANDING HIV/AIDS

a) *Basic facts*

- HIV stands for Human immune deficiency virus, the organism that causes AIDS. HIV limits the body's natural ability to fight other infections and diseases.
- AIDS (Acquired immunodeficiency syndrome) is a condition caused by HIV.
- It occurs when a person's Immune system is weakened due to HIV infection.

A person can be infected with HIV/AIDS but may not know this for a long time. HIV is found in body fluids, such as blood, semen, vaginal/cervical and breast milk. Diagnosis of AIDS was done and major and minor signs were pointed out. There are two HIV types:

- **HIV Type 1**

Subtypes- A, C, D, G, H, J Africa (mainly transmitted through sexual intercourse)

Subtypes-B found in European, Japanese, and Thai stock (mainly transmitted through intravenous drugs.)

- **HIV Type 2**

There are low levels in Africa and India. This takes longer to cause disease.

A natural history of HIV and the different stages of the infections were elaborated upon.

b) *Current status*

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 vice 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 counterparts.
- 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.

Socio economic impacts have led to the number of hours lost to illness and funerals increasing three-fold from 13,380 hours in 1992/93 to 43,370 hours in 1994/95 at Chilanga Cement Company. In addition, at Indeni Petroleum, the cost of medical care, salary compensation for the families of deceased employees and funeral grants more than doubled between 1991 and 1993, and had exceeded profits by 1996. Medical expenses and training costs increased while person hours were reduced.

The Ministry of Education has less than two Full Time Equivalent (FTE) staff addressing the sector's response to AIDS although over 1600 teachers died of it in 1999 alone. Zambia must now plan to train 2 teachers for each one who will actually teach.

2.2 MODULE TWO: GENDER AND HIV/AIDS LINKAGES

Group Work:

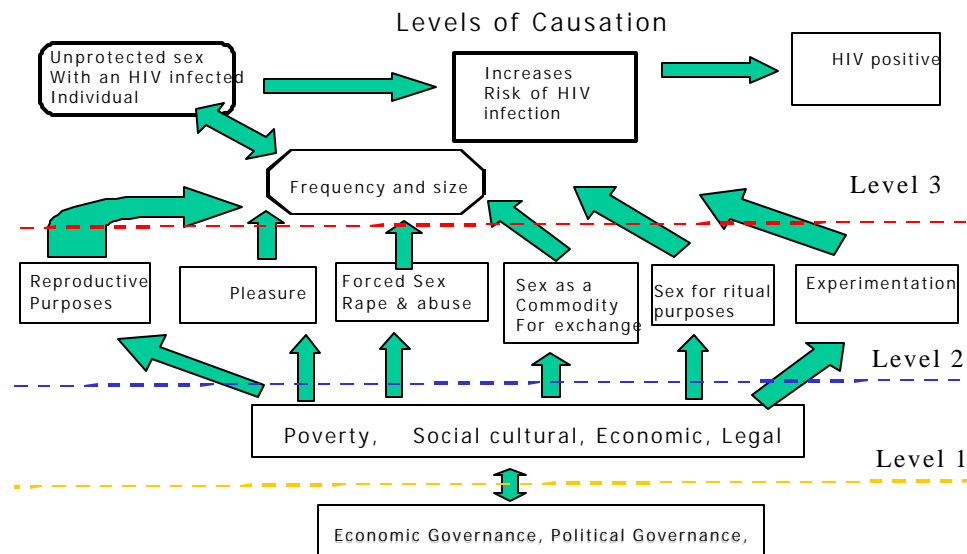
In groups, participants discussed three questions:

- Gender power relationships (Analysis of influencing factors) using levels of causation framework
- Poverty, gender and HIV/AIDS linkages to include you include the gender dimensions into the framework on poverty-HIV/AIDS vicious circle
- Risks and vulnerability for men and women. Participants were asked to improve on the gender inequalities diagram for both men and women and identify their risks and vulnerability

2.2.1. Group 1 Question/assignment and presentation

Gender power relationships (Analysis of influencing factors) using levels of causation framework.

- Using the levels of causation framework, identify the gender power relationship within political governance, poverty, economic, education, religious, environmental, social-cultural and legal issues and check how these relationships fuel the spread of HIV/AIDS?



- List examples of unequal power relations that prevent equitable development and women's full participation in all institutions of socialization --family, community, schools, workplace

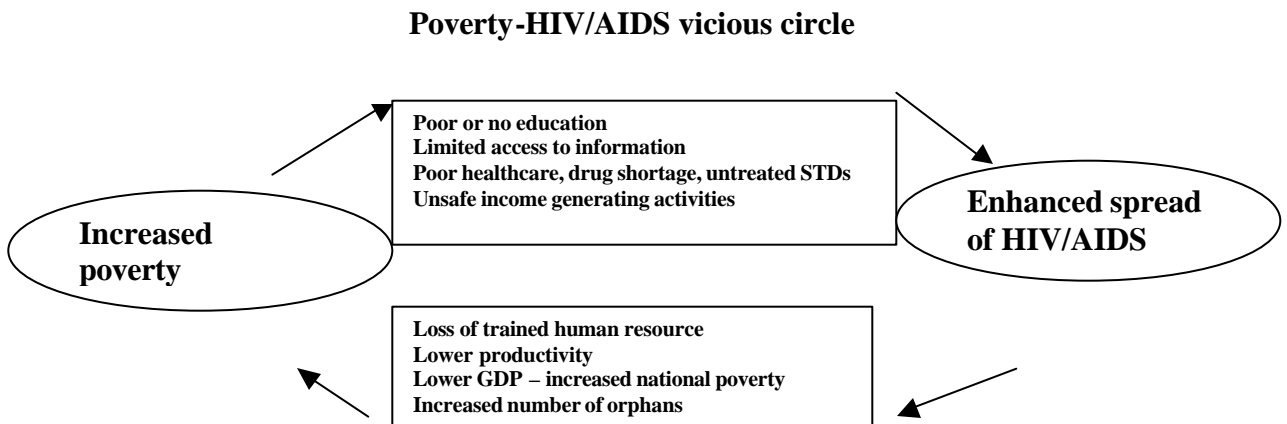
Group 1 presentation

Factors of influence or underlying causes		Gender		Remarks
		Male	Female	
1. Political	Parliament	131	19	Key decision making process is skewed towards men.
	Cabinet			
	Civil service			
2. Social	Education -Drop out rate	low	high	Few women attain higher education, therefore there is low access to resources, few women in decision making positions, and therefore more vulnerable to HIV/AIDS
	Religious Values -Moslems			Compliance is compulsory e.g. Sharia Law so less risk for both sexes
	-Christians	low	high	Women tend to follow religious values more diligently than men. Men vulnerable to risk behaviour
3. Cultural	Tradition customs of sexual cleansing			
	Socialization –Dominance	high	low	Society,s patriarchal tendency and expectations on boys makes them vulnerable.
	Submissiveness	low	high	less assertiveness for women
4. Poverty	Poverty levels	low	high	Men take advantage of women’s poverty and so request for sexual favours
	Employment –formal	high	Low	Men have access to resources. Sex in the workplace for employment, promotion puts both sexes at risk
	-informal	low	high	Poor quality jobs for women and not values such as street vending and agriculture work.
	Access to health care	high	low	Sexually transmitted diseases not treated early enough for women.
5. Legal	Law of inheritance			Application of this law leaves women vulnerable to poverty due to property grabbing
	Customary law-Polygamy	high	low	
	Dual application of statutory and customary laws			
	Laws on child defilement, rape			Inadequate penalties are applied and so don’t serve as deterrents

2.2.2. Group 2 Question/assignment and presentation

• **Poverty, gender and HIV/AIDS linkages.**

Can you include the gender dimensions into the framework on the Poverty-HIV/AIDS vicious circle?



How poverty enhances spread of HIV/AIDS		Gender		Remarks
		Male	Female	
Poverty	Education -Drop out rate	56%	70%	Few women attain higher education, therefore 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	high	Sexually transmitted diseases not treated early enough for women.
	Unsafe IGAs Employment –formal	high	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 the workplace for employment, promotion puts both sexes at risk
	-informal	low	high	Poor quality jobs for women and not valued such as street vending and agriculture work so go out for prostitution to increase income levels

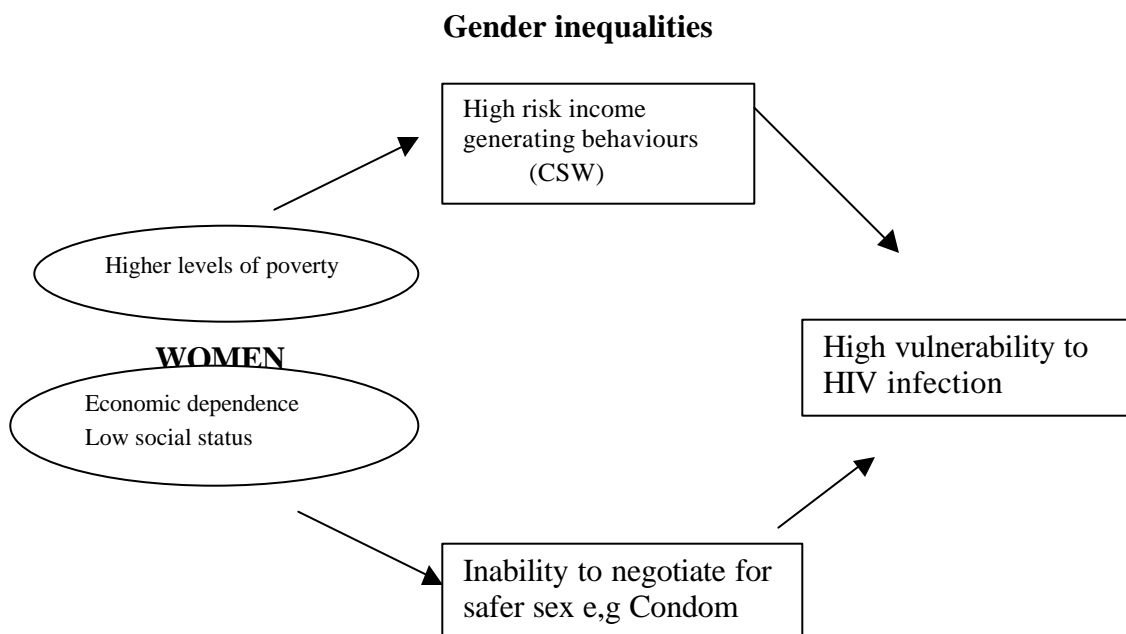
How HIV/AIDS increases poverty		Gender		Remarks
		Male	Female	
HIV/AIDS	Government			Loss of human resources and so lower productivity due to increased funerals and absenteeism.
	Business			Less productive labour supply market. Lower GDP so reduced production. Lower standards for people

	Household			Loss of breadwinner and clients. More burden on few surviving family members to look after the increased orphans
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2.2.3. Group 3 Question/assignment and presentation

- **Risks and vulnerability for men and women.**

Improve on the gender inequalities diagram for both men and women and identify their risks and vulnerabilities



Risk and vulnerability

Males	Female
Multiple sex partners polygamy-official and unofficial	High risk behaviour of regular sexual partner (husband)
<ul style="list-style-type: none"> •Social norms -Sexual domination - -Knowledge -Power/violence -patriarchy 	<ul style="list-style-type: none"> Social norms -Virginity/passivity -Culture of silence -Value of motherhood -unmarried women not respected -inferiority complex due low education, no employment
<ul style="list-style-type: none"> •Economic power -Command over resources -too much on demand -Type of job-too much mobility 	<ul style="list-style-type: none"> •Economic insecurity -Exchange sex for money/favours

2.3. MODULE THREE: Gender Mainstreaming: Experiences, Challenges And Opportunities

2.3.1. HIV/AIDS Programmes In Zambia

According to the National AIDS/STI/TB Bill passed in December 2002, 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 the socio-economic impacts 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 multi-sectoral 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 improved care and support services for the orphans and often vulnerable children,
- To improve HIV/AIDS information, management and decision making.
- To assure impartial, transparent and effective programme operations.

2.3.2. Efforts To Mainstream Gender In Zambia: Government And NGOs Experiences

It was pointed out that there were 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 gender were outlined. They 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.

The 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 organizations such as Family Health Trust, Society for Family Health (SFH), Planned Parenthood Association of Zambia (PPAZ), Society Of Women and AIDS in Zambia (SWAAZ), Kara Counseling do implement HIV/AIDS related programmes. Programmes are targeted at promotion of condom use and counseling. Women's movements and cooperating partners are also implementing some programmes related to gender and HIV/AIDS.

The participants suggested that a political will should be demonstrated through

- Resource allocation
- Representation
- Coordination role
- Gender sensitive policy formulation, and legislation

In these programmes, gender gaps were identified and to improve the situation, the following were proposed and agreed upon by the participants.

- Provision of an enabling environment in terms of policy and legislation to protect the rights of women, girls including as well as of 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.

2.3.3. Group Work On Gender Mainstreaming In HIV/AIDS Strategic Plan

Each of the three groups discussed two objectives of the National HIV/AIDS intervention strategic plan, 2002-2003. As part of problem identification and in

Objectives and Outputs	Interventions	Involvement level in the development of the intervention (Burden for service providers and recipients)		Remarks <ul style="list-style-type: none"> Influencing or underlying factors including access to and control over resources Potential areas for improvement.
		Men	Women	
		3	1	
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	X		Less women intake? Men are decision makers Limited source of drugs
	Ensure effective, screening, treatment and continuous supply of STD drugs at all levels of health care provision.	X		
	Make treatment for STI's easily available for high risk groups.	X	X	
		3	1	
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		X	Women as breastfeeding Men need to be involved for support
	Provide specific health education information to the public.		X	
			2	
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.	X		Men develop curriculum as they are more educated (lecturers). Women should be involved in developing the curriculum. Men are decision makers Men are decision makers at institutional level while women are involved in the community at implementation
	Make available antiretrovirals and other relevant essential drugs	X		
	Integrate Prevention of Mother to Child services into routine health delivery in all districts.	X		
		3		
Output 3: Infant feeding options for HIV/AIDS infected mothers encouraged	Give information on appropriate feeding alternatives and potential risks to HIV positive women.		X	Women major stakeholders for nutrition Men are mainly bread winners
	Supply infant formula.	X 1	1	

Objectives and Outputs	Interventions	Involvement level in the development of the intervention (Burden for service providers and recipients)		Remarks <ul style="list-style-type: none"> Influencing or underlying factors including access to and control over resources Potential areas for improvement.
		Men	Women	
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.	X		Men are more in this technology Equal opportunities to be given to both. Men Women Men
	Provide blood bank staff with appropriate training in selection, screening and monitoring skills.	X		
	Community mobilization	X		
	Apply effective blood donor recruitment and selection standards.	X		
		4		
Output 2: Adequate screening centers, blood banks, equipment for HIV, syphilis, hepatitis B and other infections provided	Provide adequate screening	X		Men Men more educated Men go for money spinning jobs while actual work is done by women
	Develop maintenance and servicing programme for equipment	X		
	Set up adequate safe-blood banks in all districts	X		
		3		
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	X	<u>X</u>	Consider women in rural areas Men due to education levels Men decision makers and barbers Women in saloons and traditional healers
	Make universal infection control measures a legal requirement for all practitioners.	X		
	Make available adequate sterilisation equipment for all institutions.	X	<u>X</u>	
		3	<u>2</u>	
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 and 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	X		Translation in local languages. Where now? Men are decision makers Men decide where expansion sites can be placed. Men
	Integrate VCT service provision into routine health service delivery system at the district level	X		
	Expand VCT services by government and NGOs	X		
	Improve quality of VCT services	X		

Objectives and Outputs	Interventions	Involvement level in the development of the intervention (Burden for service providers and recipients)		Remarks <ul style="list-style-type: none"> Influencing or underlying factors including access to and control over resources Potential areas for improvement.
		Men	Women	
		4	0	
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		X	More women at grassroot level but men seen in higher levels.
	Secure basic health and hygiene, and have access to good nutrition, IGAs for PLWHA		X	Women
	Strengthen support groups by building capacity of PLWHA	X		Men. Women fear that if they open up about their HIV status, they would be divorced.
	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.	X	X	Women at high level and community work.
		2	3	
Output 3 Prevention of opportunistic infections (OIs) and preventive TB therapy provided to HIV infected people.	Make Prophylaxis for TB easily available for PLWHA.	X		More men have received formal education
	Make Prophylaxis for other opportunistic infection easily available for PLWHA.	X		Men
	Integrate and strengthen counselling services provision into routine health service delivery at district level.	X		Men
		3		
Output 4: Institutions offering counseling training established and strengthened	Identify and strengthen more counselling training institutions/organisations.	X		More men have received formal education
	Enhance training of health workers and community support groups in counselling and psychosocial support at district level.		X	More women are found at grassroot level
		1	1	
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	Train and orient staff		X	
	Ensure uninterrupted and continuous supply of TB and essential drugs at affordable prices.	X		Women take care of the sick
	Implementation of directly observed treatment short course (DOTS)		X	
Output 1: Treatment for Tuberculosis and other opportunistic infections made available or provided.	Ensure registration of all essential drugs critical in the treatment of opportunistic infections		X	Men are decision makers
		1	3	

Objectives and Outputs	Interventions	Involvement level in the development of the intervention (Burden for service providers and recipients)		Remarks <ul style="list-style-type: none"> Influencing or underlying factors including access to and control over resources Potential areas for improvement.
		Men	Women	
Output 2: Anti-retroviral therapy (ART) for PLWAs introduced in public and private health facilities	Select and equip sites for initial introduction of ART	<u>X</u>		Men are decision makers
	Establish community support groups,		<u>X</u>	
	Train health personnel in VCT, clinical management of HIV/AIDS laboratory testing and monitoring.	<u>X</u>		Men are decision makers
	Introduce and use standardised combinations of antiretroviral therapy for eligible people living with HIV/AIDS.	<u>X</u>		To be based on work over a period of time.
	Develop guidelines on clinical application of various combinations of antiretroviral drugs.	<u>X</u>		Men are decision makers
	Ensure uninterrupted and continuous supply of palliative care, and antiretroviral drugs at affordable prices.	<u>X</u>		Men are decision makers
	Ensure registration of all antiretroviral drugs brought into the country	<u>X</u>		Men are decision makers
	Create an enabling environment for the procurement of antiretroviral generics in the country.	<u>X</u>		Men are decision makers
		<u>X</u>		
		<u>7</u>	<u>1</u>	
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		<u>X</u>	Women are more involved in the caring of the sick as a socialization process.
	Involve the private sector and other support groups in prevention, care and entrepreneurial support initiatives	X	<u>X</u>	Private sector are male dominated while support groups are female dominated
	Support and strengthen NGOs, CBOs and family based home care groups.		<u>X</u>	
	Strengthen basic nursing skills to promote quality nursing care among service providers and family members.		<u>X</u>	
	Involve government ministries and departments in prevention, care and support initiatives.	X		
	Strengthen networking and referral system among care givers and health institutions.		<u>X</u>	

Objectives and Outputs	Interventions	Involvement level in the development of the intervention (Burden for service providers and recipients)		Remarks <ul style="list-style-type: none"> Influencing or underlying factors including access to and control over resources Potential areas for improvement.
		Men	Women	
		2	<u>5</u>	There are more women on the ground looking after the sick
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.	X		There are more male traditional healers and more men who have received formal education.
	Undertake necessary tests, studies and research.	X		
	Support traditional institutions to adopt effective approaches in the treatment of HIV/AIDS.	X 3	<u>X</u> <u>2</u>	More men have received formal education and are traditional healers There are more women involved as Alangizi
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		<u>X</u>	Many of these organizations are composed of more females
	Scale up and expansion of effective programs that strengthen community schools	X	<u>X</u>	If for government Women involved in community schools
	Ensure provision of education, shelter, clothing and other basic needs to orphaned children particularly the girl child		<u>X</u>	Women more involved
	Promote community participation in the welfare of orphaned children		<u>X</u>	Men are employed as women start the programmes
	Provide relief and psychosocial support to guardians and care givers		<u>X</u>	
		1	<u>5</u>	

Objectives and Outputs	Interventions	Involvement level in the development of the intervention (Burden for service providers and recipients)		Remarks <ul style="list-style-type: none"> Influencing or underlying factors including access to and control over resources Potential areas for improvement.
		Men	Women	
Output 2: Integration and reintegration of street children	Advocacy for Convention of Rights of Children		<u>X</u>	Though women are involved, they are not in positions of influence
	Strengthen victim support units	X	<u>X</u>	
	Support to networks that collect, analyse and disseminate data on orphans and vulnerable children	X	<u>X</u>	
	Support National Orphans and Vulnerable Children Steering Committee	X	<u>X</u>	
	Provide support and standardise childcare for orphaned children.	X	<u>X</u>	
		4	<u>5</u>	

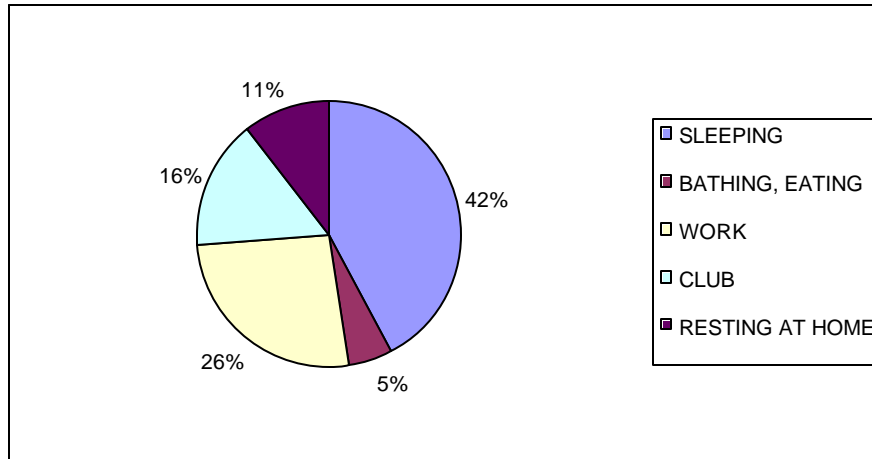
Total scores were: Males – 49
Females -- 39

Males scored higher in areas where decision making is involved. Females scored higher in areas where implementation of activities is concerned.

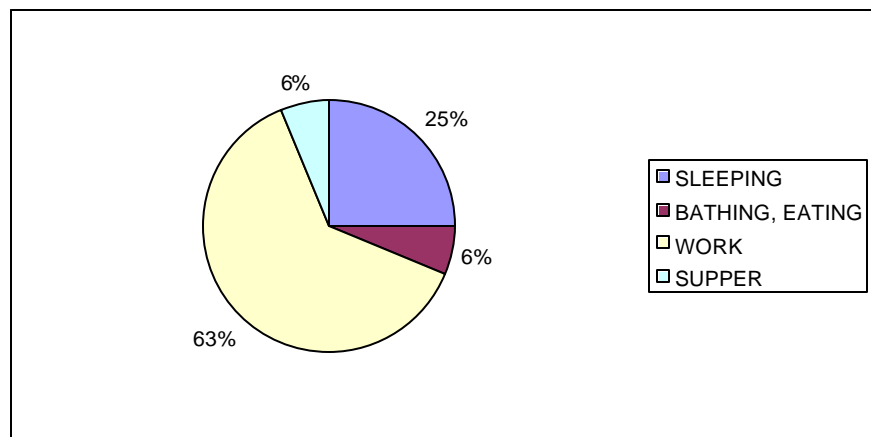
The participants discussed that research on existing institutions is needed in order to understand the numbers of males and females in higher institutions of learning. However based on the current ZDHS, few women go up to college level. There are more males who are educated but yet to be established is the issue of how gender sensitive they are. Their services may not be accepted on the ground if there is gender imbalance.

2.3.4. Group work on Activity Profiles for men and women

Activity profile for males



Activity profile for 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?

2.3.5. MODULE FOUR : Summary Of Tools And Synthesis Of Training

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

Module	TOOLS
1: Understanding gender and HIV/AIDS	<ul style="list-style-type: none"> •Presentations •Discussions
2. Gender and HIV/AIDS linkages	Group work <ul style="list-style-type: none"> • Gender power relationships (Analysis of influencing factors) using levels of causation framework • Poverty, gender and HIV/AIDS linkages. Can you include the gender dimensions into the framework on poverty-HIV/AIDS vicious circle • Risks and vulnerability for men and women. Kindly improve on the gender inequalities diagram for both men and women and identify their risks and vulnerability
3. Gender mainstreaming: Experiences, challenges and opportunities	<ul style="list-style-type: none"> •Presentations of country data •HIV/AIDS strategic plan group exercise •Activity profile •Discussions
4. Implementation	<ul style="list-style-type: none"> •Programmes HIV/AIDS strategic plan group exercise Activity profile by sex- target as recipient and provider • Monitoring and evaluation Log framework with indicators

The table below shows a complete outline of the tools that can be used for a gender differentiated situation analysis.

Summary of Tools for a gender-differentiated situational analysis

Elements of situation analysis		Tools for gender analysis	
		Men	Women
1. Analysis of geographical conditions and demography		Disaggregation of data according to gender	
2. Target group analysis	Division of labour	Activities and income profile	
	Access to and control over resources Natural Physical/man-made Socio-cultural Human resources	Access and control profile	
	-Socio-political position and role in decision making	Profile of women's socio-political position relative to men Decision making profile Participation in institutions profile	
3. Institutional analysis		Institutional gender capacity profile	
4. Analysis of the policy framework		Gender concepts	

3. CONCLUSION: WAY FORWARD

At the end of the training, the following activities and time frameworks were outlined:

Activity	Time Frame
1. Training of Trainers (TOT)	August 2003
2. TOT follow up: identify alliances briefing constituents begin the process of linking HIV and Gender	September-October, 2003
3. Development of Training Manual	September-October 2003
4. Monitoring & Evaluation Training: include review of impact of TOT include more HIV FPP and individuals with experiences to share	End October 2003
5. Revise training manual to include M&E	November, 2003
6. Provincial trainings	November, December 2003
7. Evaluation: Plans, programmes	June, July, August, 2004

ANNEX 1: PROVERBS

Proverbs from other countries

Gender in proverbs

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

Proverbs on women and men

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/small
Mukaintu welede kumwa	A woman should be beaten
Ubuchende bwamwaume tabonaula nganda	A man's philandering does not break a home
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 stronger

ANNEX 2

ACTIVITIES AND INCOME PROFILE

Role	Women		Men	
	Hrs/day-	Income	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				

ANNEX 3: TOOL: ACCESS AND CONTROL PROFILE

Resources	Access		Control	
	Men	women	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				

ANNEX 4: EVALUATION of SESSIONS

- Quite educative and has improved my knowledge on how to relate issues of gender to HIV/AIDS.
- The sessions so far have been well presented. However, more time should have been devoted to group work as the morning one was a bit tight.
- Presentation of Ms Muyoyeta was well coordinated and properly "married" to the first presentation. The participants are now aware of limitation and efforts made by government and other organisations on gender mainstreaming in HIV/AIDS.
- The presentations were good, lively and well researched, provocative and challenging.
- It has been a fruitful and active day from all participants
- To-day's session, quite interesting challenging, practical and good
- Presentations were graphic (illustrative) participation was satisfactory due to adequate provocation.
- The presenters were live and the materials were useful. The only draw back is the venue which is not as clean as expected especially the rooms.
- This workshop is an eye opener. So far everything is okay except bathing cold water.
- The Training of Trainers workshop has been progressing very well from day one to day two.
- Sessions good, Lodging poor- can't we move to another place. Auditing of is being done during sessions.
- Deliberations are generally interesting but we need handouts for every session covered and more group work discussions
- Ms Muyoyeta's presentation should be handed out.
- Presentations very good and informative and Interesting
- The sessions were good and very educative. Participants' views are being taken care of .
- To-day the group's discussions very interesting as it brought out real issues affecting communities.
- Spent more time on group discussions. Tea break snacks poor.
- Group work good. Presentation by facilitators very good. Silence on house keeping issues demonstrating.
- The workshop is progressing very well.
- Good presentations from groups. Good relationship with facilitators. Tea breaks not good.
- Group work educative and information. Discussions were very good.
- Generally a difficult day. Not of course was good. The terms of reference, however need to be clarified.
- It was okay except that the group presentation which was the same question was present from 3 different perspective.
- The days' work was very interesting, because a lot of time was devoted to group work which gave us an opportunity to share experiences and gave a feedback to the facilitators.

ANNEX 5: LIST OF PARTICIPANTS, TRAINERS AND ORGANISERS

NAME	INSTITUTION	<u>DESIGNATION</u>	CONTACT ADDRESS/TELEPHONE NO.
1. Christine Kalamwina	Gender In Development Division (GIDD)	Gender Specialist	Box 30208, LUSAKA Tel: 253513
2. Theresa L. Chanda	Ministry of Finance and National Planning	Economist (Representing Gender Focal Person-Ministry of Finance and National Planning)	Box 50062, LUSAKA Tel. 250886/251207
3. Goretti Mary Phiri	Eastern Province	Provincial Gender/HIV Focal Person	Tel. 222922 CHIPATA Home: 222704
4. Stephen Chibesa	Physical Planning Housing (PPH) – North-Western	Provincial Planner	Box 110082, SOLWEZI Tel: 08 821760
5. Rodah M. Muchindu	Young Women Christian Association (YWCA) – Mazabuka	Young Women Christian Association (YWCA) Branch Chairperson Mazabuka	Box 670554 MAZABUKA Cell. 097 877391, 032 30724
6. Grace Mfunne	Kara Counselling	Network of Zambian People Living with HIV/AIDS	Box 37559 Cell. 097 881887
7. Musonda Kunda	Ministry of Agriculture	Sociologist	Box 50197, LUSAKA
8. Daniel Katongo	Zambia Agency for Persons with Disabilities	Senior Personnel and Training Officer	P.O. Box 50073, LUSAKA
9. F.C.H. Mweemba	Ministry of Health	Deputy Director	Box 30205, LUSAKA Tel: 254222
10. Ms Esnart C. Mpokosa	Physical Planning Housing – Copperbelt	Provincial Planner & HIV/AIDS focal person	Box 70153, NDOLA cell: 096 788890
11. Ms Daisy Makombo	Physical Planning Housing –	Provincial Planner & HIV/AIDS fp	Box 710065, MANSA Tel: 02 821871

Seketeni	Luapula Province		
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15. Richard C. Mukozomba	Central province	Planning Assistant & HIV/AIDS fpp	Box 80928, KABWE Tel: 224941
16. Martha Linyando	Ministry of Social Welfare & Community Services	Director	P/B W 252, LUSAKA
17. Cecilia Mwengwe	Southern Province	Senior Planner & HIV/AIDS fpp	P.O. Box 60298, LIVINGSTONE Tel: 03 320340 Cell: 097 827218

Trainers

1. Honorine Mwelwa Muyoyeta			Tel: 239289
2. Dr Alex Simwanza	National AIDS Council	Director of Programmes	Box 38178, LUSAKA Tel: 255044
Rappoteurs			
1. Mwila Chilakata		Concultant	E. Mail: mwila chilakata @ yahoo.co.uk Tel: 265504
2. Dorothy C. Muntemba		Consultant	P/B 433 X Ridgeway, LUSAKA
Organisers			
1. Nelson Nyangu	Gender In Development Division (GIDD)- Cabinet Office	Director	Box 30208 LUSAKA Cell: 095 773386 E Mail: nnyangu @ yahoo.com.
2. Bernard J. Kamphasa	Gender In Development Division (GIDD)- Cabinet Office	Gender Specialist	Box 30208, LUSAKA Tel: 253513
	World Bank Representative		
Dr Shimwaayi Muntemba	PREM	Senior Social Scientist	Washington DC, USA
Support staff			
1. Mercy Siyauya		Typist	
2. D. Chikelenga		Driver	
3. A. Majalate		Office Orderly	

Annex 6

**SPEECH BY
LILLIAN MUKUKA – ZIMBA
ACTING PERMANENT SECRETARY
GENDER IN DEVELOPMENT DIVISION**

**ON OFFICIAL OPENING OF THE
CAPACITY BUILDING WORKSHOP ON THE
INTEGRATION OF GENDER DIMENSIONS
INTO HIV/AIDS PROGRAMMES**

AT BARN MOTEL ON 18TH AUGUST 2003

AUGUST 2003

THE CHAIRPERSON

DISTINGUISHED PARTICIPANTS

LADIES AND GENTLEMEN

I FELT PRIVILEGED TO STAND BEFORE YOU AND OFFICIATE AT THIS IMPORTANT WORKSHOP WHICH THE DIVISION IS FACILITATING IN COLLABORATION WITH THE WORLD BANK.

THIS IS AN IMPORTANT OCCASION AS IT MARKS THE TURNING POINT IN MAINSTREAMING GENDER DIMENSION INTO HIV/AIDS. THIS WORKSHOP IS ALSO IMPORTANT BECAUSE IT WILL CONTRIBUTE TO THE MULTI-SECTORAL APPROACH IN COMBATING HIV/AIDS.

CHAIRPERSON

WOMEN ARE MORE ADVERSELY AFFECTED BY THE HIV/AIDS EPIDEMIC DUE TO THEIR SOCIAL CULTURAL AS WELL AS ECONOMIC FACTORS. GENDER DISCRIMINATION AND THE LOWER STATUS OF WOMEN INTENSIFIES THE IMPACT OF HIV/AIDS ON WOMEN. GOVERNMENT RECOGNIZES THE GENDER DIMENSIONS AND HAS COMMITTED ITSELF TO PROMOTE EQUAL GENDER RELATIONS AND EMPOWERMENT FOR THE SUCCESSFUL PREVENTION OF HIV/AIDS AND TO MAKE WOMEN AND MEN SHARE THE BURDEN OF HIV/AIDS EQUALLY.

CHAIRPERSON

FURTHERMORE, YOU MAY ALSO BE AWARE THAT GOVERNMENT IN MARCH 2000, ADOPTED THE NATIONAL GENDER POLICY WHICH, AMONG OTHER THINGS, SEEKS TO ADDRESS THE GENDER ISSUES AND CONCERNS ON GENDER. THEREFORE, THIS WORKSHOP COULD NOT HAVE COME AT AN OPPORTUNE TIME THAN THIS.

CHAIRPERSON

THIS TRAINING WORKSHOP PROVIDES US WITH AN OPPORTUNITY TO DEVELOP SKILLS FOR MAINSTREAMING GENDER INTO HIV/AIDS PROGRAMMES. THEREFORE, THE OBJECTIVES OF THIS TRAINING WORKSHOP ARE AS FOLLOWS:

1. TO INCREASE THE UNDERSTANDING OF GENDER, GENDER AND POVERTY AND GENDER AND HIV/AIDS
2. TO RAISE AWARENESS ON THE LINKS BETWEEN GENDER AND THE SPREAD, MANAGEMENT AND CONTROL OF HIV/AIDS.
3. TO RAISE OR INCREASE THE APPRECIATION OF LINKAGES BETWEEN GENDER, CUSTOM OR CULTURE, LAW AND SPREAD OF HIV/AIDS.
4. TO EQUIP THE PARTICIPANTS WITH THE TOOLS OF INTEGRATING GENDER INTO HIV/AIDS PROGRAMMES.

IN THIS REGARD, IT IS MY SINCERE HOPE THAT YOU WILL ACTIVELY PARTICIPATE IN THE DELIBERATIONS OF THIS TRAINING WORKSHOP.

CHAIRPERSON

THE DIVISION PAYS A LOT OF IMPORTANCE TO CAPACITY BUILDING BY PROVIDING TECHNICAL SUPPORT TO LINE MINISTRIES TO ENSURE THAT GENDER IS MAINSTREAMED INTO SECTORAL PROGRAMMES. THEREFORE, THIS TRAINING WORKSHOP WILL STRENGTHEN THE DIVISION'S RESOLVE TO MAINSTREAM GENDER INTO HIV/AIDS FOR ALL SECTORAL MINISTRIES' PROGRAMMES.

CHAIRPERSON

THIS TRAINING PROGRAMME FALLS WITHIN THE BROADER SPECTRUM OF THE GENDER MANAGEMENT, WHICH SEEKS TO FACILITATE INSTITUTIONAL CHANGE FROM GENDER-BLIND OR GENDER-NEUTRAL TO GENDER-AWARE AND GENDER-SPECIFIC POLICIES, PLANS AND PROGRAMMES.

CHAIRPERSON

THE GOVERNMENT IS IN THE PROCESS OF DEVELOPING AND EVENTUALLY ADOPTING THE HIV/AIDS POLICY. IN THIS REGARD, THE

SKILLS THAT THE PARTICIPANTS WILL ACQUIRE FROM THIS WORKSHOP WILL GREATLY CONTRIBUTE TO THE DEVELOPMENT OF THE POLICY.

CHAIRPERSON

FOLLOWING THIS TRAINING OF TRAINERS, THE DIVISION IN COLLABORATION WITH THE WORLD BANK WILL HOLD OTHER WORKSHOPS WHICH WILL BE UNDERTAKEN NATIONAL-WIDE. THE PARTICIPANTS WILL BE DRAWN FROM ALL PROVINCES IN ORDER TO ENSURE WIDE COVERAGE OF KNOWLEDGE ON GENDER AND HIV/AIDS.

CHAIRPERSON

THIS TRAINING DEMONSTRATES GOVERNMENT'S COMMITMENT TO COMBATING HIV/AIDS IN THIS COUNTRY WITH DUE REGARD TO GENDER ISSUES AND CONCERNS. TO THIS EFFECT, MONITORING AND EVALUATION WILL BE UNDERTAKEN TO ASSESS WHETHER THE KNOWLEDGE IMPARTED IN THE PARTICIPANTS IS YIELDING THE INTENDED RESULTS.

CHAIRPERSON

LET ME COMMEND THE WORLD BANK FOR HAVING COME TO OUR ASSISTANCE IN UNDERTAKING THIS PARTICULAR ACTIVITY AND THE ACTIVITIES THAT WILL FOLLOW. I ALSO WISH TO COMMEND THE TWO CONSULTANTS AND THE TWO FACILITATORS FOR RESPONDING TO OUR REQUEST AT SHORT NOTICE. THE DIVISION FEELS INDEBTED AND IS LOOKING TO FURTHER COLLABORATION IN FUTURE.

CHAIRPERSON

I KNOW THAT YOU HAVE A BUSY SCHEDULE AND AT THIS POINT, I WISH TO URGE YOU TO ENSURE THAT THE OBJECTIVES OF THE WORKSHOP ARE ACHIEVED.

I TRUST THAT YOU WILL HAVE FRUITFUL DELIBERATIONS DURING THE COURSE OF THE WORKSHOP. IN THIS REGARD, IT IS MY PLEASURE TO DECLARE THIS WORKSHOP OPEN.

I THANK YOU AND GOD BLESS YOU ALL.

Annex 7: Workshop Programme

Gender in Development Division/National AIDS Council/World Bank Integrating Gender into the Multisectoral AIDS Programs (MAP) and other HIV/AIDS activities

**Training of Trainers Workshop
August 18 –21, 2003, Barn Motel, Lusaka**

Overview of the course.

Goal

To systematically integrate gender in HIV/AIDS programs as a critical component in the fight against HIV/AIDS for national development.

Workshop objectives

- To create an understanding of gender and gender issues.
- To raise awareness on gender and HIV/AIDS issues.
- To understand linkages between gender, poverty and HIV/AIDS.
- To equip program participants with tools for integrating gender into HIV/AIDS programs in Zambia

Course content

Module 1: Understanding gender and HIV/AIDS

Understanding gender

- Sex vs. gender
- Social construction of gender
- Gender roles
- Gender disparities
- Gender equity, equality and empowerment (Power relations – social and economic)
- Critical gender issues in Zambia

Understanding HIV/AIDS

- Basic Facts about HIV/AIDS (definitions, transmission, signs/symptoms)
- Traditional and cultural backdrop of HIV/AIDS
- Socio-economic impacts
- Prevention, protection, treatment, care
- Denial, stigmatization
- HIV/AIDS situation in Zambia (patients, orphans)
- HIV/AIDS mitigation – policies and strategies

Module 2: Gender and HIV/AIDS linkages

- Gender and poverty (Definitions of poverty, causes/factors, poverty profiles for Zambia, linkages between gender and poverty)
- Gender, Poverty and HIV/AIDS (infection rates, vulnerability/power relations, impacts, linkages between gender, poverty and HIV/AIDS)
- Gender and HIV/AIDS issues in Zambia

Module 3: Gender Mainstreaming: Experiences, challenges and opportunities

- A gender perspective of country data – availability, quantity and quality

- Efforts to mainstream gender (cases of ZPRSP, HIV/AIDS)- experiences, challenges, lessons and opportunities

Module 4: Operationalizing the modules

- Introduction to gender analysis
- Tools for gender analysis
- Gender integration – methods and approaches

Way Forward: Next Steps