

FACILITATOR  
GUIDE and TRAINING  
CURRICULUM

# HIV Prevention Toolkit

A Gender-Responsive  
Approach



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# Overview of Facilitator’s Guide for the HIV Gender Prevention Toolkit Training

Thank you for your interest in facilitating the U.S. Department of Health and Human Services, Office on Women’s Health’s *HIV Prevention Toolkit: A Gender Responsive Approach* training. HIV continues to significantly impact women and adolescent girls. It is important to address the distinct gender-based factors that contribute to this trend.

## Goal of Training

By facilitating this training, you are building the capacity of U.S. HIV prevention programs to integrate a gender perspective into new and existing efforts. Gender is an overarching social determinant of HIV risk for women and adolescent girls that interacts with other social determinants of health, such as socioeconomic status, race/ethnicity, age, geographic location, and sexual orientation. Gender can affect a person’s power in sexual relationships, economic stability, and their exposure to and risk of violence. Given this, it is important to identify and address gender-based concerns in order to optimize the impact of programs and services.

## Facilitator Role

Your role as facilitator is to create a learning environment that helps participants to effectively understand and apply basic gender integration concepts. Facilitating this gender-based training will involve discussion and critique of personal beliefs around gender concepts as well as dominant ideologies around masculinity and femininity. This transformational process has been known to trigger some participants to question some very fundamental ideas of manhood and womanhood, since critiquing concepts related to gender can shake one’s worldview, but is part of the learning process. Please be patient with yourself and the participants as you embark on this mutually transformative journey.

This Facilitator’s Guide offers in-depth information on the training content, as well as important talking points and framework concepts to assist in conveying this knowledge to the participants. Activities are also included to provide practical application of the content. Throughout this guide there are references to the *HIV Prevention Toolkit: A Gender-Responsive Approach* (referred to as the “*HIV Gender Toolkit*” for the purposes of this training).

## The Toolkit

The *HIV Gender Toolkit* promotes participation and application of new knowledge to situations or scenarios participants may experience in their workplace, homes, or community. As a facilitator, it is imperative that you are intimately familiar with the content of the *HIV Gender Toolkit* and encourage its use as a reference tool both during and after the training. While the training follows the *HIV Gender Toolkit* closely in both format and content, the toolkit can be used by both the facilitator and the participants to augment discussion. This will help to ensure that participants are fully equipped to effectively apply what they learned from the training.

Thank you again for your commitment to the integration of gender into HIV prevention efforts in order to improve health outcomes for women and adolescent girls across the United States.

# Guidelines for Facilitator/Trainer

The role of a facilitator/trainer is to guide participants through the learning process, presenting ideas and allowing questions and resulting discussion to focus this process.

Modeling how to use the HIV Gender Toolkit as a reference to help answer questions is more effective than trying to be the source of knowledge on every topic or question that arises.

Questions can be left unanswered. Trainers should place a piece of flipchart paper on the wall to act as a “Parking Lot” for unanswered questions posed throughout the training.

## Establish Ground Rules

Ground rules should be set at the beginning of the training as community agreements. If the group does not offer the following common ground rules, ask the group whether or not these could be added to the list the group has agreed to:

- Respect each other and all ideas
- Raise hand before speaking
- Turn off cell phones
- Be on time from breaks
- Limit side conversations

## Use Ice-breakers/Energizers

Ice-breakers can be used to begin each day of training, relaxing and connecting participants, and various energizers throughout the day allow attendees to be more receptive to contributing. Icebreakers are discussion questions or activities that help participants feel more comfortable with the environment, and ease them into a group meeting or learning situation. Energizers are activities that help groups become motivated or think creatively. See web-link for more ice-breakers/energizers: <http://documents.manchester.ac.uk/display.aspx?DocID=7582>

A good time saving ice-breaker is to have participants finish a sentence about themselves when they introduce themselves. “Finish the sentence” ideas include:

- Something about myself that you cannot see is...
- The vacation I am most looking forward to is...
- The book or movie I would highly recommend is...

## Good Facilitator/Trainer Skills

- Stays on-task and on-time
- Reviews agendas
- Records ideas legibly on flipchart
- Invites questions, acknowledges individual learning styles
- Uses humor
- Energizes learning environment
- Prepares for all sessions with a deep review of the HIV Gender Toolkit and all materials
- Draws out participation in group activities
- Summarizes, then pauses

## **Materials: Projector, Flipcharts, Markers, Tape**

Ensure the training facility has a projector and screen set-up for training, as well as one or two flipcharts. Use tape to hang flipchart on walls and be sure that flipchart paper is not thrown away until the final day of the training. Label each small group's flipchart papers with an identifier for subsequent training sessions. Also ensure there are enough different colored markers for small group use.

# Walk through the HIV Gender Toolkit

The *HIV Gender Toolkit* helps HIV-prevention programs be more effective by building gender responsive programs and services. The *HIV Gender Toolkit* is comprised of 6 sections. The sections of the *HIV Gender Toolkit* are interconnected, and each section tries to build on the preceding ones.

Sections 1–4 of the *HIV Gender Toolkit* cover foundational content. These sections provide background information and concepts which form the basis for understanding how gender as a key social determinant of health intersects and interacts with other determinants (e.g., race/ethnicity, age, socioeconomic status, sexual orientation, etc.) and contributes to women’s and adolescent girls’ vulnerability and risk for HIV infection.

Sections 5–6 of the *HIV Gender Toolkit* focus on the application of gender-integration concepts, approaches, and processes to HIV programming. These sections cover content on key concepts related to gender integration, gender-integration approaches, the gender-integration continuum, and the gender-analysis process.

The *HIV Gender Toolkit* also provides tools to help program planners and providers apply these concepts, approaches, and processes to each step in the program-planning process, from needs assessment to monitoring and evaluation. All sections of the *HIV Gender Toolkit*, including social determinants of health, gender and gender integration, gender analysis, and application to HIV/AIDS programming for women and adolescent girls, are interconnected and meant to be used as a resource for HIV prevention planners, providers, evaluators, and researchers.

The *HIV Gender Toolkit* can be used to:

- Assess an organization’s readiness for gender integration;
- Integrate a gender perspective into the needs assessments, program design, implementation, monitoring, and evaluation stages of the program-planning cycle; and
- Guide the planning of more gender-responsive HIV-prevention programs and support services for women and adolescent girls.



Day  
One

# Day One Agenda

Timeframe	Day One Agenda
30 minutes	Welcome
15 minutes	Introduction
30 minutes	HIV/AIDS among Women and Adolescent Girls in the U.S.
60 minutes	Risk, Vulnerability, and Social Determinants of Health
15 minutes	Break
60 minutes	Domains of Gender
60 minutes	Lunch
75 minutes	Integrating Gender into HIV Programs
15 minutes	Questions and Preview of Day Two

# Facilitator Expectations for Day One

Day One	
<p><b>Welcoming Participants</b>  <b>Training Slides:</b> 1-6  <b>Facilitator Prep time:</b> 10 minutes</p>	<p><b>HIV Gender Toolkit Reference:</b> N/A  <b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Prepare with debrief of the <b>Gender Self-reflection Activity</b> in slide 3. This activity aims to make participants more aware of how gender has affected their individual lives.</p>	
<p><b>Introduction to the Training</b>  <b>Training Slides:</b> 7-11  <b>Facilitator Prep time:</b> 10 minutes</p>	<p><b>HIV Gender Toolkit Reference:</b> <b>Section 1</b>  <b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Remind participants that the <i>HIV Gender Toolkit</i> was developed with funding from the Office on Women's Health and is intended to serve as a guide to increase individual and organizational capacity to develop and deliver gender-responsive HIV-prevention programs and support services for women and adolescent girls in the U.S. Facilitators should be prepared to answer questions regarding the target population of the <i>HIV Gender Toolkit</i>.</p>	
<p><b>HIV/AIDS among Women and Adolescent girls in the United States</b>  <b>Training Slides:</b> 12-19  <b>Facilitator Prep time:</b> 45 minutes</p>	<p><b>HIV Gender Toolkit Reference:</b> <b>Section 2</b>  <b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Facilitators should update the HIV/AIDS surveillance data in the PowerPoint slides used in the training. Reports and resources providing the most up-to-date data may be accessed from the following websites:</p> <p>Centers for Disease Control and Prevention: <a href="http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm#surveillance">www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm#surveillance</a></p> <p>UNAIDS: <a href="http://www.unaids.org/globalreport/">www.unaids.org/globalreport/</a></p> <p>World Health Organization: <a href="http://www.who.int/hiv/data/en/">www.who.int/hiv/data/en/</a></p> <p><b>Facilitators are responsible for the development of slide 16 - local / state data on HIV trends.</b></p> <p>World Health Organization: <a href="http://www.who.int/hiv/data/en/">www.who.int/hiv/data/en/</a></p>	

<p><b>Risk, Vulnerability, and Social Determinants of Health</b></p> <p><b>Training Slides:</b> 20-28</p> <p><b>Facilitator Prep time:</b> 60 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 3</b></p> <p><b>Materials:</b> Handout in Participant Guide, Roots of HIV Vulnerability Scenarios, Flipcharts, Markers</p>
<p><b>Facilitator Notes:</b> Prepare for the <b>Roots of HIV Vulnerability Activity</b> by reviewing the case scenarios and developing or editing any scenarios as necessary.</p> <ul style="list-style-type: none"> <li>• Select and copy scenarios to be used for each small group; no more than 5 participants per group.</li> </ul>	
<p><b>Domains of Gender</b></p> <p><b>Training Slides:</b> 29-53</p> <p><b>Facilitator Prep time:</b> 60 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 4</b></p> <p><b>Materials:</b> Flipcharts, Markers</p>
<p><b>Facilitator Notes:</b> This section is mostly lecture and requires that the facilitator is very familiar and comfortable with the definitions of the basic concepts of gender. It is the foundation for the rest of the training, specifically activities in Day Two. Facilitators are strongly encouraged to include several of their own developed process questions in this section in order to engage the audience and break up the lecture format. In so doing, the PowerPoint slide content in this section would be used to affirm and supplement participant responses.</p> <p>The <b>Characteristics of “Women” and “Men” Activity</b> serves as transition to distinguish sex from gender. Reinforce this point at the end of the activity.</p>	
<p><b>Integrating Gender into HIV Programs</b></p> <p><b>Training Slides:</b> 55-77</p> <p><b>Facilitator Prep time:</b> 120 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 5</b></p> <p><b>Materials:</b> Flipcharts, Markers, Participant Handout in Participant Guide</p>
<p><b>Facilitator Notes:</b> Be prepared to lead an energizer after lunch to begin session (more information about energizers can be found in the Guidelines for Facilitators/Trainers section of this training).</p> <ul style="list-style-type: none"> <li>• Three critical concepts are introduced in this section: gender analysis, gender-based constraints (GBCs) and gender-based opportunities (GBOs). It is important that the facilitator can clearly explain the role of gender analysis in gender integration and where GBCs and GBOs fall in the gender analysis process.</li> <li>• Closely review how gender analysis incorporates the gender domains in Section 6.6.2.</li> </ul> <p>Prepare for <b>Identifying GBCs and GBOs Activity</b> by reviewing all examples of unequal conditions in the participant manual.</p>	

# Day One PPT and Facilitation Guide

Each training day's PPT slides are presented below, along with talking points and guided steps to help presenters optimize their facilitation. On all content slides, there is a reference to the *HIV Gender Toolkit* Section that aligns with each slide. Some items to help using this guide:

- Talking points that appear in a numbered list present step-by-step instructions for facilitating the content of that slide.
- Talking points that appear as a bulleted list are summarizing key information for that slide.
- Talking points in *italics* are content that is best presented verbatim.
- It is important to review *HIV Gender Toolkit* sections as they are specified in slides.
- PPT slides that contain animation are clearly marked, indicating layered information.
- Each day's PPT slides should be reviewed alongside this guide.
- As presenters become more familiar with the training, they should add their own notes as needed.

## Slide 1: Welcome to Day One!



1. Welcome everyone to the *HIV Gender Toolkit* training, introduce self, briefly noting background in HIV prevention, experience working with women/adolescent girls, and invite co-facilitator(s) to introduce themselves.
  2. Thank participants for their commitment to HIV prevention, serving women and adolescent girls, and choosing to attend this training.
  3. Acknowledge how difficult it is for participants to be away from their work/offices for 2 or 3 full days (depending on training format). Ask participants to turn off or silence their phones and to limit their use to breaks.
- The purpose of the training is to orient you to the contents of the *HIV Gender Toolkit*; introduce gender integration, the gender continuum, and gender analysis; show how to use the gender continuum to assess where your current or proposed program or service is located on the continuum; and show how to apply gender analysis to assess your agency's/organization's readiness to integrate gender in its HIV programming.
  - The training will help to plan, design, implement, monitor, and evaluate more effective gender-responsive HIV/AIDS programs for women and adolescent girls.

## Slide 2: [Welcome] Introduction

**Introduction**

We want to get to know you a little bit better

1. Name
2. Agency/Bureau/Organization 
3. Role/Responsibility
4. How long have you worked in public health?

Go around the room and do brief introductions. Have people state their name, agency, role or responsibility, and how long they have worked in public health.

## Slide 3: [Welcome] Gender Self-reflection activity – Day 1

**Gender Self-reflection Activity**

Interview your partner and select one question:

1. Name two ways you were treated differently in school because you were a girl/boy.
2. Have you ever been discouraged away from or encouraged towards taking a job/career because of being a man/woman?
3. How are your experiences with gender different from your grandparents or an elderly family member or friend?

1. Direct participants to partner up with someone in the room who they do not know and ask that they interview each other selecting one question from the three listed on the slide.
2. Allow 10 minutes for the participants to each respond to the one question they selected and then wrap up with a 5-minute group discussion of the activity.

*Would anyone like to share what they have learned about their partner? Was anyone surprised by what they learned? Did anyone experience generational differences?*

## Slide 4: [Welcome] Training Agenda – Day 1

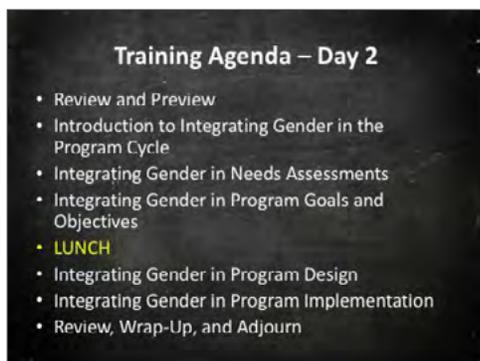
**Training Agenda – Day 1**

- Welcome and Introductions
- HIV/AIDS among Women and Girls in the United States
- Risk, Vulnerability, and Social Determinants of Health
- Domains of Gender
- **LUNCH**
- Gender Integration in HIV Programming
- Wrap-up and Adjourn

1. Review Day One agenda.
2. Refer participants to their Participant manual, where they will find all Training slides and briefly review the 2- or 3-day agenda (depending on training format)
3. Remind participants that there will be one 15-minute break and 1 hour for lunch.

*What questions do you have so far?*

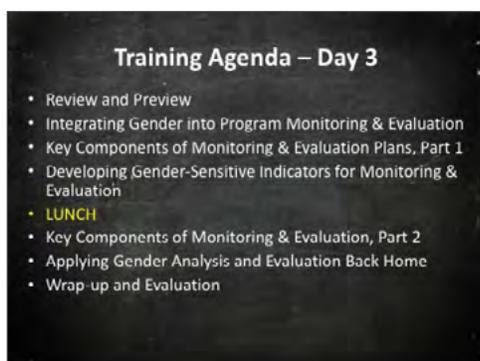
## Slide 5: [Welcome] Training Agenda – Day 2



Review Day Two agenda

*What questions do you have so far?*

## Slide 6: [Welcome] Training Agenda – Day 3 (Day 3 is optional, depending on training needs)

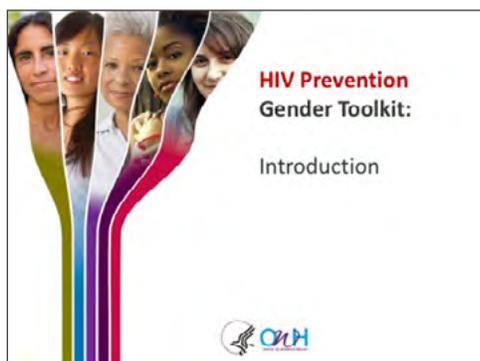


Review Day Three agenda if appropriate

*What questions do you have so far?*

**NOTE:** Delete slide if only conducting 2-day training

## Slide 7: Introduction



- Now we will provide an overview and historical context for the development of the HIV Gender Toolkit.

## Slide 8: Why We Are Here



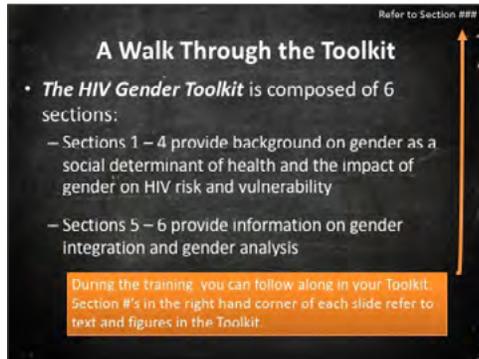
- The Office on Women's Health (OWH) of the U.S. DHHS is committed to reducing the impact of HIV/AIDS among women and adolescent girls in the United States.
- OWH recognizes the key role that gender plays in driving the epidemic among women and adolescent girls, and the importance of developing gender-responsive approaches to HIV prevention to address the impact of gender. The international public health community has led the way in integrating gender into HIV/AIDS programs. While the United States has not articulated a specific gender-integration policy, federal entities have begun to recognize the importance of gender as a key driver of the HIV epidemic and have taken steps to promote the development and implementation of more gender-responsive HIV/AIDS programs and services for women and adolescent girls.

## Slide 9: Background and Use in Training



- OWH developed the *HIV Gender Toolkit* to provide program planners and service providers with a conceptual framework to understand the gendered dynamics of HIV vulnerability and risk for women and adolescent girls in the United States. The *HIV Gender Toolkit* also provides tools to integrate a gender perspective in the design, implementation, monitoring, and evaluation of HIV-prevention programs and support services.
- The *HIV Gender Toolkit* is intended as a guide to increase individual and organizational capacity to develop and deliver gender-responsive HIV-prevention programs and support services for women and adolescent girls in the U.S.

## Slide 10: A Walk through the HIV Gender Toolkit



Refer to Section ###

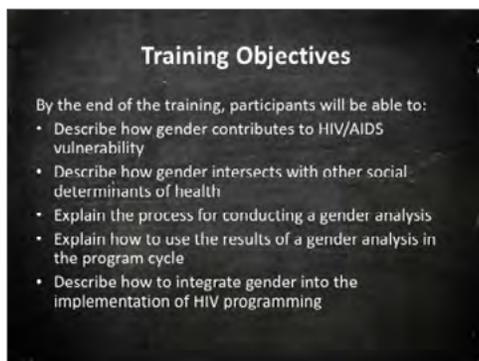
### A Walk Through the Toolkit

- The *HIV Gender Toolkit* is composed of 6 sections:
  - Sections 1 – 4 provide background on gender as a social determinant of health and the impact of gender on HIV risk and vulnerability
  - Sections 5 – 6 provide information on gender integration and gender analysis

During the training, you can follow along in your Toolkit. Section #'s in the right hand corner of each slide refer to text and figures in the Toolkit.

- The first sections of the *HIV Gender Toolkit* are foundational. They provide background on gender as a social determinant of health and its impact on HIV risk and vulnerability. (Have participants turn to their own copy of the *HIV Gender Toolkit*)
- The subsequent sections provide information on gender integration and gender analysis. These sections include tools to help apply these frameworks in program planning.
- During the training, you should follow along with your *HIV Gender Toolkit*. Section numbers and titles on the top right hand corner of each slide refer back to relevant sections. Look at the top right corner of each slide for where that information is referenced in your *HIV Gender Toolkit*.

## Slide 11: Training Objectives



### Training Objectives

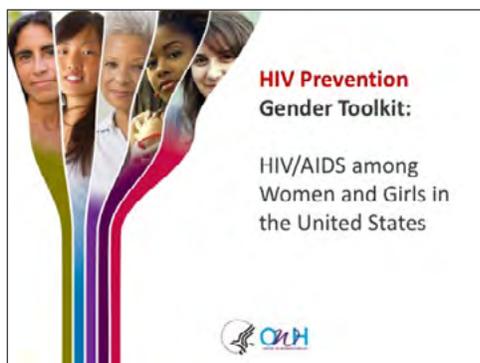
By the end of the training, participants will be able to:

- Describe how gender contributes to HIV/AIDS vulnerability
- Describe how gender intersects with other social determinants of health
- Explain the process for conducting a gender analysis
- Explain how to use the results of a gender analysis in the program cycle
- Describe how to integrate gender into the implementation of HIV programming

Review training objectives

What questions, comments, or concerns do you have regarding the material we have covered in thus far?

## Slide 12: HIV/AIDS among Women and Girls in the United States



Review Section 2.1 in the *HIV Gender Toolkit*.

- This section provides a high-level overview of the HIV/AIDS epidemic among women and adolescent girls in the United States, providing current and historical information on the trends in the epidemic.

**Note:** Facilitators should ensure up-to-date HIV/AIDS surveillance data in the PowerPoint slides used in the training. The data in the PowerPoint slides were last updated in March 2015. Reports and resources providing the most up-to-date data may be accessed from the following Web sites:

Centers for Disease Control and Prevention:

[www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm#surveillance](http://www.cdc.gov/hiv/topics/surveillance/resources/reports/index.htm#surveillance)

UNAIDS: [www.unaids.org/globalreport/](http://www.unaids.org/globalreport/)

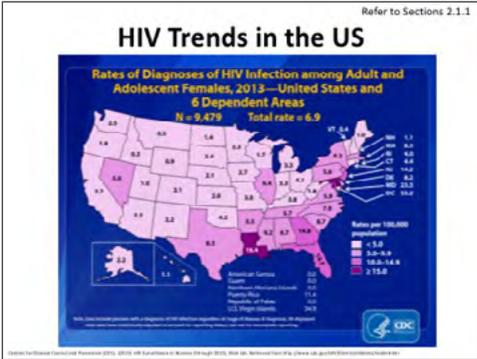
World Health Organization: [www.who.int/hiv/data/en/](http://www.who.int/hiv/data/en/)

## Slide 13: HIV/AIDS among Women and Girls



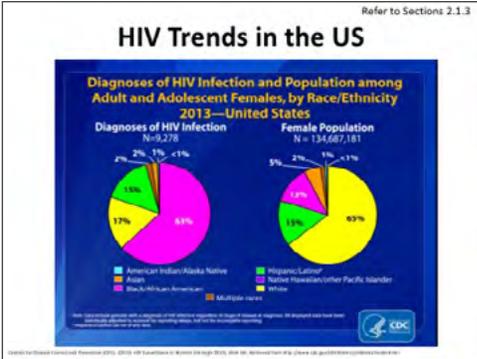
- Across the globe, women and adolescent girls account for more than half of persons living with HIV. Heterosexual transmission is the main mode of exposure for women and adolescent girls across the globe.
- Initially the majority of AIDS cases among women living in the U.S. were attributed to injection drug use.
- By 1995, heterosexual transmission began to surpass injection drug use as the leading mode of exposure.

Slide 14: HIV Trends in the United States



- The geographic distribution of HIV among women and adolescent girls has shifted over the course of the epidemic, with the highest number of cases initially concentrated in the Northeast. A shift occurred in the mid-1990s to the South.
- Now the highest numbers of HIV diagnoses among women and adolescent girls are reported in the South and Northeast.

Slide 15: HIV Trends in the United States



- This slide shows rates of diagnoses of HIV infection among female adults and adolescents in the U.S. by race and ethnicity.
- The pie chart starkly highlights the disproportionate impact of HIV infection on women and adolescent girls of color.

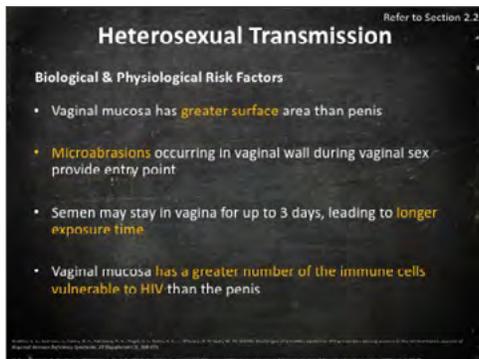
## Slide 16: HIV Trends in (insert name of state)



**Note:** Facilitators are responsible for developing the content of this slide and any related handouts. Data presented should highlight regional trends in HIV burden among women, HIV transmission modes, racial and ethnic distribution, etc.

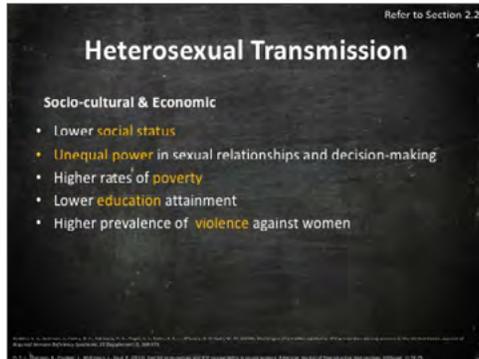
*How does this state data compare to national HIV data?*

## Slide 17: Heterosexual Transmission/Inter-related Risk Factors



- The growth of HIV infections due to heterosexual transmission for women and adolescent girls can be partially attributed to their greater biological and physiological vulnerability to infection.

## Slide 18: Heterosexual Transmission/Inter-related Risk Factors



Review Section 2.2 and 2.3 in the Toolkit

- Furthermore, there are interrelated socio-cultural and economic factors such as lower social status, unequal power in sexual relationships and decision making, higher rates of poverty, lower education attainment, and higher prevalence of violence against women that also contribute to women's increased vulnerability and the growth of HIV infection among women and adolescent girls.

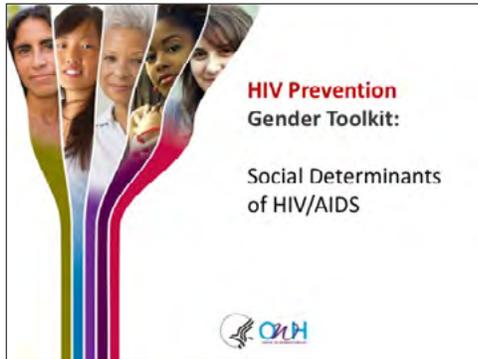
## Slide 19: Wrap-Up



- We just had the opportunity to look at sex-disaggregated data and trends in the HIV epidemic with a focus on women and adolescent girls in the U.S. which gives us some insight.
- However, epidemiology is only one point of analysis. Next, we take a look at the role of social determinants of health effect on women's and adolescent girls' risk for HIV infection.

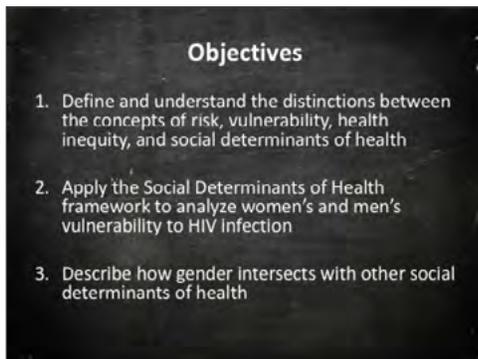
*What questions, comments, or concerns do you have regarding the material we have covered in Module 2?*

## Slide 20: Social Determinants of HIV/AIDS



- We will now examine the concepts of risk and vulnerability, the social determinants of health, and their interrelationships.
- We will also look at how the social determinants of health influence women's and adolescent girls' vulnerability to and risk for HIV infection.

## Slide 21: Objectives



Review Objectives

## Slide 22: Creating Common Language (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 3.1

### Creating Common Language

- Health **DISPARITIES** ≠ Health **INEQUITIES**
- Health **Inequities** are **systemic and avoidable differences** in health outcomes across population groups (WHO).

- Health disparities are differences between the health of one population and another in measures of who gets disease, who has disease, who dies from disease, and other adverse health conditions that exist among specific population groups.
- Adapted from National Institutes of Health: [www.nlm.nih.gov/medlineplus/healthdisparities.html](http://www.nlm.nih.gov/medlineplus/healthdisparities.html)
- Health disparities are not the same as health inequities. Health inequities are differences in health outcomes across population groups that are systemic, avoidable, and unfair.

## Slide 23: HIV Risk/HIV Vulnerability (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 3.1.1

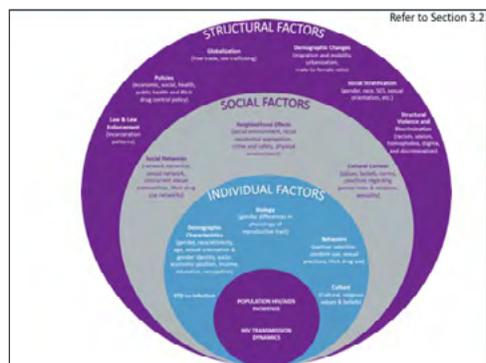
<h3>HIV Risk</h3> <p>Likelihood that an individual may acquire HIV infection; largely based on behaviors</p>	<h3>HIV Vulnerability</h3> <p>External factors (outside of the control of the individual) that affect the ability to avoid risk of HIV infection</p>
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1. Discuss the difference between HIV risk and HIV vulnerability.
2. Reference Handout 1.1 for a list of the definitions of key concepts we just reviewed and others.

Review Sections 3.1.1 in the *HIV Gender Toolkit*.

- For example, HIV risk refers to unprotected sex with someone of unknown status, multiple sexual partnerships involving unprotected sex, and injection drug use with contaminated needles and syringes.
- HIV Vulnerability, on the other hand, is based on external factors that negatively affect the ability to avoid risk of HIV infection.
- Vulnerability is influenced by a range of structural, environmental, and societal factors. The concept of vulnerability in HIV was introduced in the early 1990s when the HIV prevention efforts began to recognize the role of socioeconomic and other contextual factors in increasing individual risk for HIV infection.
- An example of vulnerability is an urban community that has a higher prevalence of HIV among those who have a high school education, are unemployed, and live below the poverty line. The higher prevalence increases the HIV vulnerability of these community members despite any risk reduction actions an individual may employ.
- Prevention approaches were broadened to focus not only on individual risk-taking behavior, but also on the immediate environmental and societal factors that influence risk behavior, and the influence of families, peer groups, social networks, and communities on individual behavior.

## Slide 24: Social Determinants of HIV/AIDS Risk (NOTE: THIS SLIDE HAS ANIMATION)



1. Define structural determinants as macro-level factors that include the processes of governance at the global, national, and local level; global and national economic and social policy; and biases, norms, and values within society
2. Describe how structural determinants shape the nature and degree of social stratification in society—that is, the magnitude of inequity along dimensions of stratification, such as education, occupation, income, gender, race, ethnicity, and sexual orientation.

Review Section 3.2 in the *HIV Gender Toolkit*.

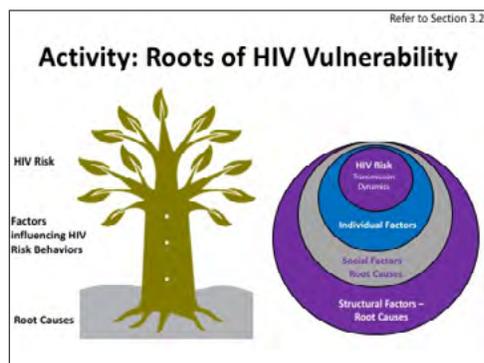
### Framework Concepts:

**Structural Factors:** Social and political contextual mechanisms generating social stratification and the resulting socioeconomic position of individuals. Social stratification is the way society is organized that places people in hierarchal ranks and determines their socio-economic position. The factors that influence a person's socioeconomic position are their education, occupation, income, gender, race, ethnicity, sexual orientation, sexual identity, and other social statuses. Social stratification influences differential exposures to disease and ill health.

**Social Factors:** The complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities. This includes the social environment, physical environment, health services, housing, violence, social supports, and social networks, and how socioeconomic position in society influences our access to resources. We need secure housing, food, clothing, employment, transportation, and cultural and recreational opportunities for a healthy life in society. Robust social networks, strong neighborhoods, and healthy cultural contexts create opportunities for positive life chances and healthy choices. Inadequate support from one or all social factors denies opportunity.

**Individual Factors:** Includes biological and psychosocial factors. Gender, education, occupation, income, race, ethnicity, and place of residence are all closely linked to people's access to, experiences of, and benefits from healthcare. Inequities in the distribution of healthcare lead to lack of access to and utilization of disease prevention, health promotion, and treatment and care services for different groups of people.

## Slide 25: ACTIVITY: Roots of HIV Vulnerability (NOTE: THIS SLIDE HAS ANIMATION)



**Note:** Trainers select and adapt the existing case scenarios in the *HIV Gender Toolkit* to be more applicable to health department/community-based organization target populations.

This exercise is intended to analyze the social and economic factors leading to HIV risk and vulnerability at different levels using the social determinants of health framework.

**Materials:** Handout 1.2.1, Handout 1.2.2 Case Scenarios, Flipcharts and Markers.

### Activity Instructions (50 minutes):

1. Divide the participants into small groups of about 4–5 persons each.
2. Ask that everyone turn to Handout 1.2 in your participant manual and read the instructions aloud.
3. Distribute one scenario to each group and instruct that they have 25 minutes to complete the activity. Ask that each group write on the flipcharts the HIV risk, factors influencing HIV risk behavior, and root causes on Flipcharts.
4. Then each group will have 5 minutes to briefly report back. Ask that each group read the scenario and then present the flipcharts with their responses to the large group. (25 minutes)
5. Ask the entire group: What patterns do you notice about what root causes makes women and men in these cases vulnerable to HIV infection? Any differences in some cases?
6. Ask your co-facilitator (if there is one) if she/he has anything to contribute. Let me ask my co-facilitator if are there any other patterns of similarity or key differences across the cases that you would like to share?

### Tips for debriefing activity:

- Identify where the social and economic factors that participants named for root causes of HIV vulnerability fall into the Social Determinants of Health framework.
- Underscore the influence that social, political, economic context, social position, material circumstances, and the health care system has on the distribution of health and wellbeing. Also, underscore factors related to gender, socioeconomic status, race, ethnicity, age, and sexual orientation, including:
  - Disproportionately high rates of mortality and incarceration among black/African American males influences low sex ratio in black/African American communities.

- Low sex ratio among black/African Americans is related to men having concurrent sexual partnerships and women having less bargaining power to insist on monogamous relationships or condom use. Lower marriage rates are also related to concurrent partnerships.
- High prevalence of HIV in segregated sexual networks can also influence spread of HIV.

**Policy example:** Many states facing fiscal crises have attempted to cut funding or implement cost cutting measures in the AIDS Drug Assistance Program. These measures have devastating effects on HIV-positive persons who rely on the program to receive lifesaving HIV medications. This in turn has negative short- and long-term consequences for HIV prevention and treatment. Information about eligibility and challenges for the AIDS Drug Assistance Program can be found at:

<http://hab.hrsa.gov/abouthab/partbdrug.html>

## Slide 26: Social Determinants of Health and HIV/AIDS (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 3.2

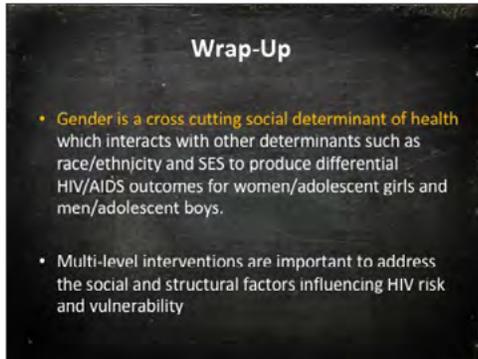
### Social Determinants of Health and HIV/AIDS

Research strongly suggests that social determinants of health influence:

- A person's **vulnerability to HIV infection**
- Speed with which HIV infection **progresses to AIDS**
- A person's ability to **manage** and live with **HIV**

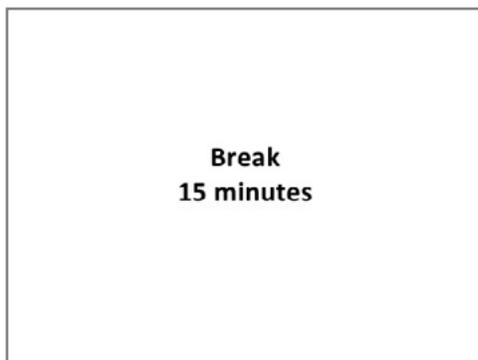
- There is a substantial body of research providing evidence that social determinants of health influence HIV/AIDS, specifically:
  - A person's vulnerability to HIV infection;
  - The speed with which HIV infection will progress to AIDS; and
  - A person's ability to manage and live with HIV/AIDS.

## Slide 27: Wrap-Up

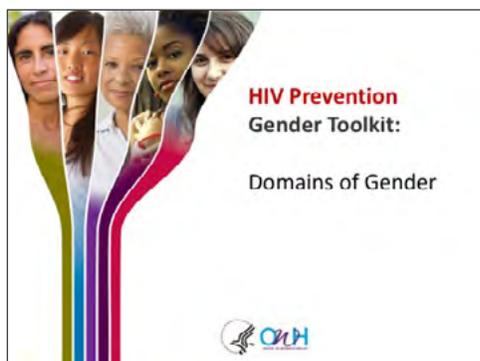


- HIV program planners and managers must consider interventions at multiple levels that go beyond the individual factors of health:
  - HIV Risk is different from HIV Vulnerability;
  - Social Determinants of Health include structural, social, and individual factors; and
  - These factors influence a person's HIV risk and vulnerability, as well as their health outcomes if they are infected with HIV.

## Slide 28: Break

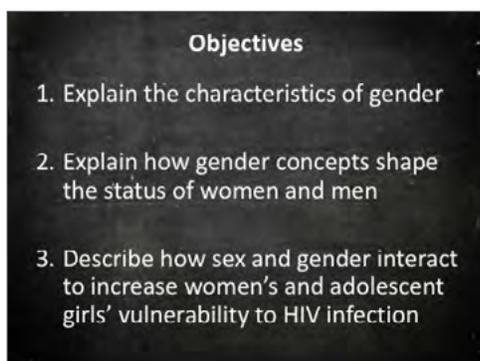


## Slide 29: Domains of Gender



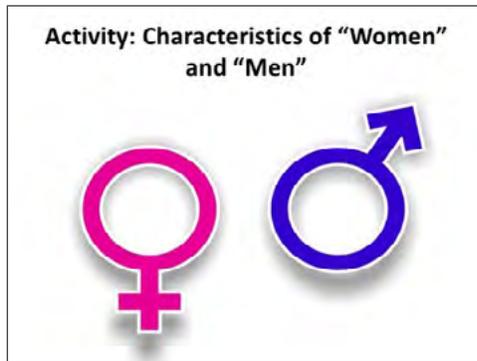
- We will now focus on women's and adolescent girls' vulnerability to HIV/AIDS. Gender is defined as a key determinant of vulnerability to HIV/AIDS.
- Key concepts related to gender form the basis for the content covered in the remainder of the training.
- The meanings of sex, gender, and sexuality will be defined, sorting out the differences between these terms.
- The characteristics of gender and how gender as a key social determinant of health shape women's and adolescent girls' vulnerability for HIV is also examined.

## Slide 30: Objectives



1. Read objectives.
2. Introduce the activity presented below.

## Slide 31: ACTIVITY: Characteristics of “Women” and “Men” (NOTE: THIS SLIDE HAS ANIMATION)



**Note:** This exercise is intended to have participants identify characteristics of gender that are learned versus biological. It is a transition to the definitions and distinctions between sex and gender. This is conducted as a large group.

### Activity Instructions (20 minutes):

1. Ask: *What are the first words that come to mind when you hear the word woman? Think about the characteristics of a woman and the things that women do.*
2. Write the responses on flipcharts labeled “woman.”
3. Ask: *What are the first words that come to mind when you hear the word man? Think about the characteristics of a man and the things that men do.*
4. Write the responses on flipcharts labeled “man.”
5. Ask: *What are the characteristics or roles that exclusively apply to women? To men?*

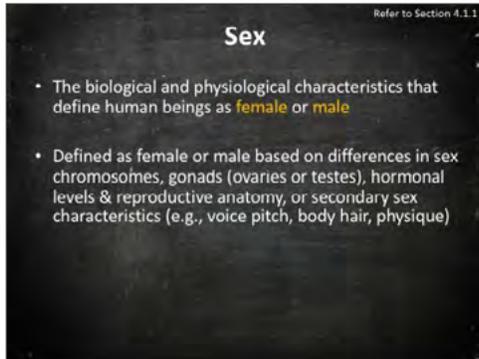
After the participants respond, explain that some characteristics on the list denote differences between sex and gender.

### Tips for debriefing activity:

- Identify characteristics that were listed that are biological.
- Identify characteristics that were listed that are non-biological.
- Some participants may not agree where a characteristic is placed, so it is important to acknowledge that the non-biological characteristics may be categorized differently in different communities.

The focus should be on the universal characteristics or concepts that are deemed as “woman” and “man”.

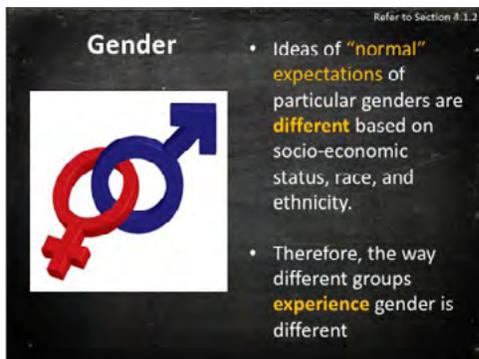
## Slide 32: Sex



Refer back to previous discussion about how biological factors contribute to women's and adolescent girls' increased vulnerability to HIV infection.

- Sex refers to the different physical and biological attributes of women and men.
- These attributes are present at birth and do not change without medical intervention. Biological differences between females and males play an important role in increasing women's and adolescent girls' vulnerability to HIV infection and AIDS.

## Slide 33: Gender (NOTE: THIS SLIDE HAS ANIMATION)



- Gender refers to the economic, social, and cultural attributes and opportunities associated with being a man or a woman in a particular social setting at a particular point in time. The social definitions of what it means to be a woman or a man vary among cultures and change over time.
- Ideas of "normal" expectations of particular genders are different based on socioeconomic status, race, and ethnicity. Therefore, the way different groups experience gender can fluctuate.
- Women's and men's gender identities determine how they are perceived and expected to think and act as women and men.

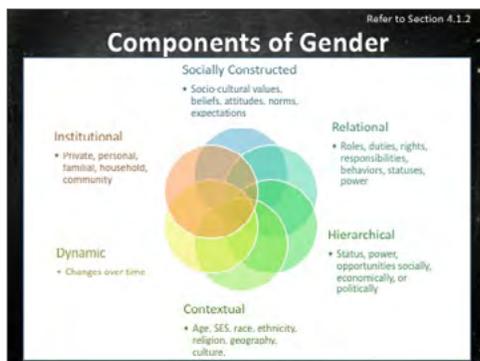
## Slide 34: Broader Ideas of Gender



Review Section 4.2 in the *HIV Gender Toolkit*.

- Gender is usually presented as a binary concept (woman/man). This is primarily a Western concept. Gender is a more fluid concept.
- Transgender persons identify with a gender expression that is not traditionally associated with their birth sex.
- The concept of multiple genders or two spirits exists in some Native communities.

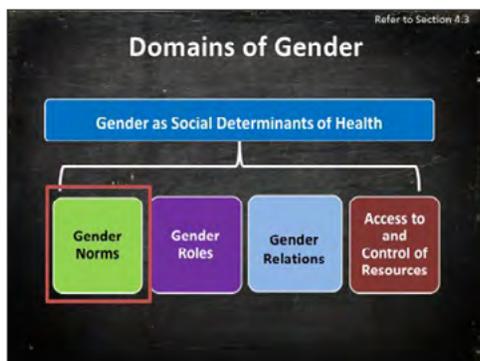
## Slide 35: Components of Gender



Review Section 4.1.2.1 in the *HIV Gender Toolkit*.

- It is important to understand the characteristics of gender in order to examine how gender shapes vulnerability to HIV infection.
- Gender is socially constructed and relational because it refers to the relationships between women and men. Gender is also hierarchical, so society tends to confer greater importance and value to characteristics that are masculine. Additionally, gender is dynamic and can change over time, context-specific as we've discussed before, and institutional because it goes beyond the relations between women and adolescent girls, and men and adolescent, boys at the private and personal level.
- Gender is structured in the social, economic, and political institutions of society and supported and reinforced by values, legislation, religion, etc.

## Slide 36: Domains of Gender: Gender Norms (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 4.3 in the *HIV Gender Toolkit*.

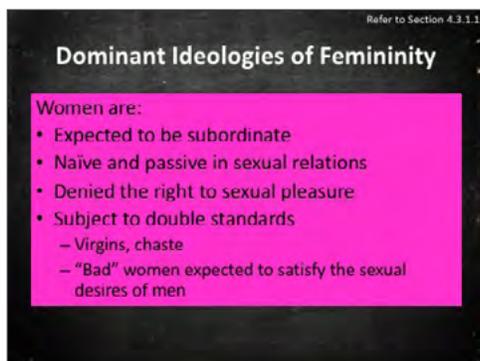
- Dominant gender ideologies of femininity and masculinity, gender norms, roles, relations, and access to and control over resources are key domains of gender.
- These domains influence women's and men's sexual beliefs and behaviors. They also influence access to HIV information, prevention, and treatment.

## Slide 37: Gender Norms



- Gender norms are a set of social expectations of the roles and behaviors that are widely considered to be appropriate for women and men, as well as adolescent girls and boys, within specific groups, communities, or societies.
- They are shaped by dominant ideologies in our society about femininity and masculinity.
- Gender norms define gender roles and relations; assign distinct productive and reproductive roles to women and adolescent girls, and men and adolescent boys; and differentially influence women's and adolescent girls' and men's and adolescent boys' access to such vital resources as information, education, employment, income, and property.

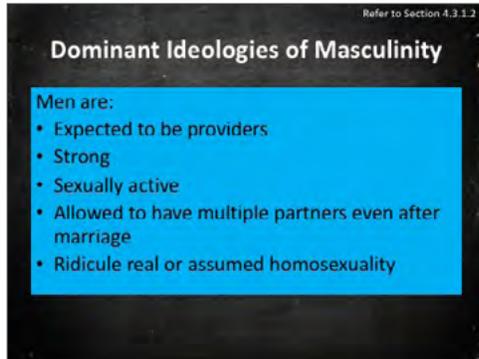
## Slide 38: Dominant Ideologies of Femininity



Review Section 4.3.1.1 in the *HIV Gender Toolkit*.

- For learning purposes, the extremes of gender norms and ideologies are being described and discussed in this training. However, it is important to note that there is a diverse range of beliefs and influences in any cultural norm or ideology.
- Some dominant ideologies of femininity expect women and adolescent girls to be subordinate, obedient, and dependent on men; naïve and passive in sexual relations; virginal; monogamous; and favor motherhood as the primary reason for sex.
- Such ideologies influence women’s and adolescent girls’ lives in a number of ways. They limit women’s choices and power in relationships with men; deny women the right to sexual pleasure; impose stereotypes and create double standards of behavior; and divide women into categories of good and bad, often translated as virgin and whore.
- So-called “good women” are those who conform to the dominant ideology of femininity. Because they conform, good women are considered worthy of marriage and motherhood.
- On the other hand, so-called “bad women” do not conform to the dominant ideology of femininity. These women are expected to satisfy the sexual desires of men but are not seen as worthy of marriage or motherhood.

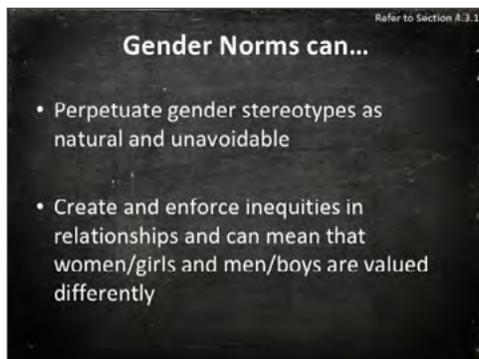
## Slide 39: Dominant Ideologies of Masculinity



Review Section 4.3.1.2 in the *HIV Gender Toolkit*.

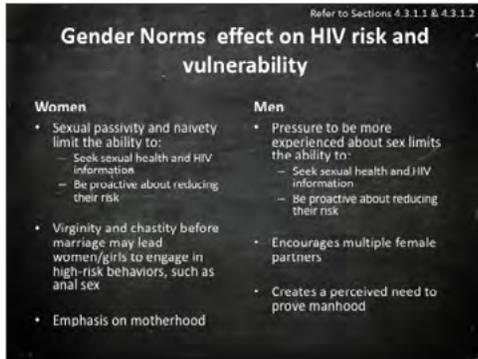
- Some dominant ideologies of masculinity expect men to be providers, independent, dominant, strong, brave, bold, invulnerable aggressors, virile, sexually active, unemotional, and to have a much stronger sexual drive than women.
- Men are encouraged to continuously reaffirm their masculinity through multiple sexual exploits, by demeaning behavior considered feminine, and by ridiculing real or assumed homosexuality.

## Slide 40: Gender Norms



- People may often say “boys will be boys” which implies certain behaviors form men and boys are natural and not learned.
- Harmful behaviors are more likely to be accepted when they are categorized as natural.

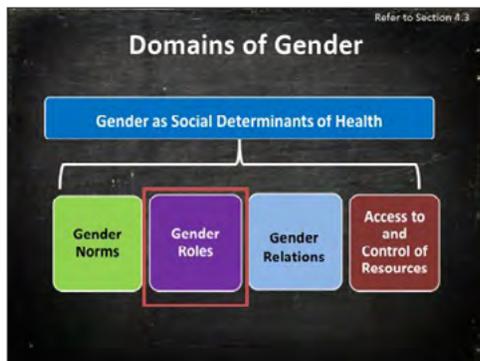
## Slide 41: Gender Norms and HIV



Review Sections 4.3.1.1 – 4.3.1.2 in the *HIV Gender Toolkit*.

- Social expectations for women include norms that require women to be sexually passive and naïve. Such norms limit women’s abilities to seek sexual health and HIV-prevention information and to be proactive about reducing their risk for HIV when they have the information.
- An emphasis on virginity and chastity before marriage may lead adolescent girls and young women to engage in high-risk sexual behaviors such as anal sex since an intact hymen is generally perceived to be a sign of virginity. The emphasis on virginity and the silence surrounding sexuality may deter adolescent girls and young women from seeking treatment for other STDs due to fear of disclosure of their sexual activities and the stigma attached to such services.
- Norms that emphasize motherhood may provide many women with a sense of social identity and status. Yet such norms also present serious dilemmas for women who want to have children but also protect themselves against HIV infection.
- Norms that expect and pressure males to be more knowledgeable and experienced about sex may actually operate to deter men who are not knowledgeable, particularly young men, from seeking information about sex, HIV, or protection for fear of admitting their lack of knowledge. Such norms may also lead men to take actions based on incorrect or limited knowledge about sexual and reproductive health, including HIV, which may increase their risk of HIV infection and that of their female partners.
- Norms that pressure men and adolescent boys to prove their manhood may lead to unsafe sexual experimentation, especially for adolescent boys and young men.
- Norms that emphasize sexual conquest of women as a sign of manhood may lead men and adolescent boys to have multiple female sex partners, increasing their risk for HIV infection. These norms counter HIV prevention messages.

## Slide 42: Domains of Gender: Gender Roles (NOTE: THIS SLIDE HAS ANIMATION)



- The next gender domain to consider in HIV prevention and care programs is gender roles. Gender roles are directly linked to gender norms.

## Slide 43: Gender Roles

Refer to Section 4.3.2

**Gender Roles**

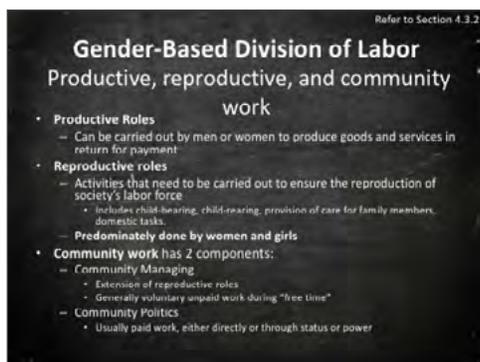
Learned behaviors in a given society/community or other social group that define which activities, tasks, and responsibilities are perceived as male or female

- Manifests in most societies as:
  - Productive roles
  - Reproductive roles

Review Section 4.3.2 in the *HIV Gender Toolkit*.

- Gender roles are learned behaviors in a given society, community, or other social group that condition which activities and responsibilities are perceived as female or male.
- Gender roles are determined by dominant ideologies of femininity and masculinity, which define the status and power relations between women and men, as well as adolescent girls and boys.
- Gender roles in most societies are reflected in the sexual division of labor, which includes reproductive and productive roles.

## Slide 44: Gender-Based Division of Labor



- Productive roles include work that can be carried out by both men and women in return for payment in cash or kind to meet the subsistence needs of the household or family.
- Reproductive roles include activities needed to ensure the reproduction of society's labor force. This includes childbearing and rearing; and provision of care for family members. This work is generally unpaid and perceived as less valued than productive work.
- Community managing roles include activities to ensure the provision and maintenance of scarce resources of collective consumption, such as food, healthcare, and education. These roles are voluntary unpaid work, mostly undertaken during women's "free" time.
- Community politics roles include activities undertaken primarily by men at the community level, organizing at the formal political level, often within the framework of national politics. These roles are usually paid work, either directly or indirectly through status or power.
- Both men and women play multiple roles; however, men typically play their roles sequentially, while women must usually play their roles simultaneously. Men generally balance productive and community politics roles. Women generally balance reproductive, productive, and community management roles and thus assume a greater burden.

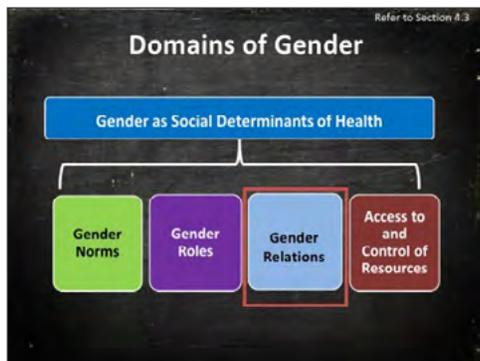
## Slide 45: Gender Roles and HIV



Review Section 4.3.2.1 in the *HIV Gender Toolkit*.

- Traditional gender roles, including care-giving and domestic roles for women, may mean that women have less opportunity to access educational or economic advancement, and are less able to seek and utilize health care or HIV prevention, testing, or treatment services.

## Slide 46: Domains of Gender: Gender Relations (NOTE: THIS SLIDE HAS ANIMATION)



- The third gender domain to be examined is gender relations.

## Slide 47: Gender Relations



Review Section 4.3.3 in the *HIV Gender Toolkit*.

- Gender relations are the social relationships between women and men. They include the routine ways in which men and women interact with each other in families, sexual relationships, friendships, workplaces, etc.
- Inequality in relationship power has implications on prevention efforts for women and adolescent girls since they have to rely on men's and adolescent boys' cooperation to practice safe sex.
- Additionally, economic dependence on men can also increase women's and adolescent girls' vulnerability for HIV infection because they may be limited in their bargaining power in sexual relations.

## Slide 48: Power and Decision Making (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 4.3.3

### Power and Decision Making

- Extent to which women/girls and men/boys are in a position to act in their own best interest to protect themselves from HIV infection
  - Families, sexual relationships, friendships, community, and workplaces

Reflects the distribution of power that is shaped by social, cultural, political and economic institutions

- Gender relations are shaped and reinforced by social, cultural, political, and economic institutions including the family, religion, legal and governance structures, and markets.

## Slide 49: Unequal Power and HIV Vulnerability

Refer to Section 4.3.3.1 – 4.3.3.3

### Unequal Power & HIV Vulnerability

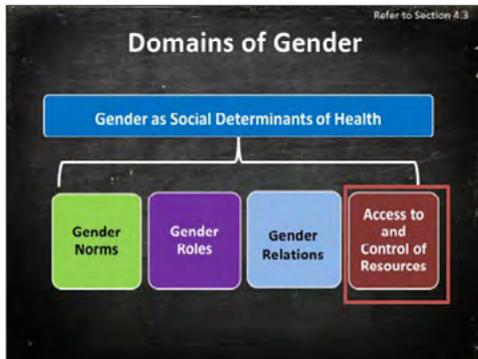
*The Case of Condom Use*

- Widespread use and availability of Male Condom (male-controlled) over Female Condom (female-controlled)
- Gender norms for women influence ability to negotiate condom use
- Gender-based violence/violence against women to exercise control and decision-making
- Economic dependence and limited bargaining power

Review Sections 4.3.3.1 – 4.3.3.3 in the Toolkit.

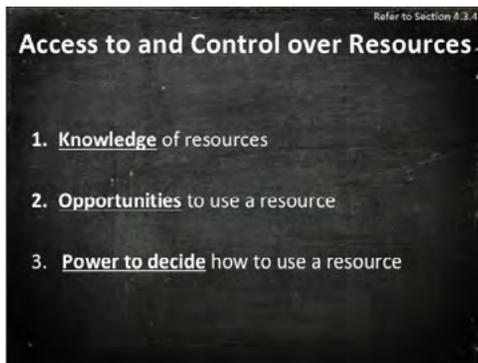
- Women and adolescent girls must rely on the cooperation of men and adolescent boys to practice safer sex. Women's ability to negotiate condom use may be influenced by social and cultural norms that place high value on motherhood or expectation that women be sexually naive. Therefore negotiating condom use requires women to assert a dominant role that they have been socialized not to assert.
- Unequal power relations between women and men also contribute to gender-based violence.
- Some gender norms condone violence against women and encourage it as an accepted problem-solving technique. Economic dependence on men contributes to women's vulnerability to HIV because they lack bargaining power in sexual relations and are less able to negotiate condom use or fidelity with non-monogamous partners.

## Slide 50: Domains of Gender: Access to and Control of Resources (NOTE: THIS SLIDE HAS ANIMATION)



- The final gender domain that affects HIV risk and vulnerability is access to and control of resources.

## Slide 51: Access to and Control over Resources



Review Section 4.3.4 in the *HIV Gender Toolkit*.

- There are several steps that determine if and how one is able to access and control resources.
- To have access to and control over resources, one must have knowledge about resources, opportunities readily available to use a resource, and power to decide how to use a resource.

## Slide 52: Access to and Control over Resources

Refer to Section 4.3.4

### Access to and Control Over Resources

The ability to **USE** a resource does not necessarily mean the ability to **DECIDE** to use that same resource and vice versa

- Example: Condom Use

- There is a difference between having access to and having control over resources.
- Access is the ability to **USE** a resource while *control* is the ability to **DEFINE** and **MAKE BINDING DECISIONS** about the use of a resource, including how it will be used by others.
- The ability to **USE** a resource does not necessarily imply the ability to **DEFINE** or **DECIDE ON** the use of that same resource.
- Women and adolescent girls may have access to female condoms, but they must rely on the cooperation of their male partners to use this resource.

## Slide 53: Wrap-Up

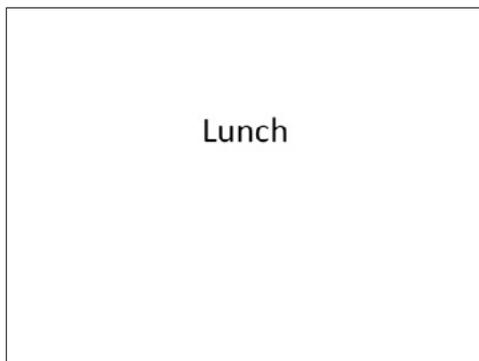
Refer to Section 4.3

### Wrap-Up

<b>Gender Norms</b>	<ul style="list-style-type: none"><li>• Women as subordinates: limited opportunities to be proactive about reducing HIV risk</li><li>• Men as virile: reaffirm masculinity with multiple partners</li></ul>
<b>Gender Roles</b>	<ul style="list-style-type: none"><li>• Women most often have all three types of gender roles: Limiting time to seek and utilize health information and services</li></ul>
<b>Gender Relations</b>	<ul style="list-style-type: none"><li>• Unequal power in gender relations in heterosexual relationships</li><li>• Cause inequality in sexual relationships and may result in men's sexual desires taking precedence</li></ul>
<b>Access to and Control of Resources</b>	<ul style="list-style-type: none"><li>• Women and girls may have access to female condoms, but they must rely on the cooperation of their male partners to use this resource.</li></ul>

- We've spent some time discussing how gender norms, gender roles, gender relations, and access to and control over resources among women and adolescent girls, and men and adolescent boys, influence vulnerability for HIV infection.
- This looks very different for different groups of people when considering race, ethnicity, socioeconomic status, religion, etc.
- Differences are important to recognize and can help to inform interventions that are needed to address those factors that increase women's and adolescent girls' and men's and adolescent boys' vulnerabilities to HIV infection in the specific groups you are trying to reach.

## Slide 54: Lunch



Remind participants that the lunch break is one hour. Note the time that participants should return to continue the training.

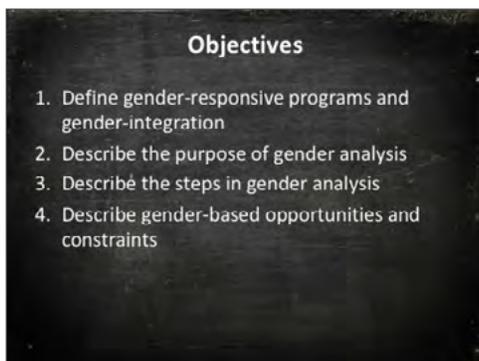
## Slide 55: Gender Integration in HIV Programming



Welcome back participants and begin with an “Energizer.”

- We have reviewed the foundational gender concepts. Next we will begin to discuss the conceptual framework of gender integration.

## Slide 56: Objectives



Review objectives

## Slide 57: Gender-Responsive Programs (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 5.1

### Gender-Responsive Programs...

take into account the needs of women/girls and men/boys related to **biological sex** and **gender** differences. These programs consider **gender norms, roles, gender relations, and inequalities** and **take actions** to address them

- Gender-responsive programs are those that take into account the needs of women and adolescent girls and men and adolescent boys related to biological sex and gender differences.
- These programs consider gender norms, roles, and inequalities and take action to address them.

## Slide 58: Gender-Responsive Programs...



- Gender-responsive programs have identified how gender norms, roles, responsibilities, and relations produce differences and inequalities between women and men, as well as adolescent girls and adolescent boys, which increase their risk and vulnerability for HIV infection.

## Slide 59: How do we develop more gender responsive HIV...

How do we develop more gender-responsive HIV organizations, staff, programs and services?

- *So how do we develop more gender-responsive HIV organizations, staff, programs, and services?*

## Slide 60: Gender Integration (NOTE: THIS SLIDE HAS ANIMATION)

### Gender Integration

Strategy and process that addresses differences and inequalities between women/girls and men/boys during program planning, design, implementation, monitoring, and evaluation

Multiple Levels: Organization, Staff, Program, and Services

Review Section 5.2 in the *HIV Gender Toolkit*.

Gender responsive HIV organizations, programs, and services are created through gender integration.

- Gender integration is a process through which both the differences and the inequalities between women and men, and adolescent girls and adolescent boys, are taken into account in program-planning implementation, monitoring, and evaluation.
- It is important to note that gender integration happens at multiple levels: organization, staff, program, and services.

## Slide 61: Organization, Gender Integration, Gender-Responsive (NOTE: THIS SLIDE HAS ANIMATION)



- Gender integration is based on gender analysis.
- Gender analysis informs the steps program planners and managers take to address identified gender-based inequalities that may serve as barriers to the achievement of HIV program goals.
- Gender analysis is done with the goal of improving HIV program effectiveness.

## Slide 62: Gender Integration requires Gender Analysis

Refer to Section 5.2 – 5.4

**Gender Integration requires Gender Analysis**

Gender must be considered and integrated into ALL stages of a program- planning, designing, implementing, monitoring, and evaluating

Gender analysis informs how to integrate gender components and create gender-responsive programs

- Gender must be considered and integrated into all stages of a program.
- Gender analysis informs the gender integration at each phase of the program cycle to provide gender-responsive programs.
- The rest of today will be spent discussing gender analysis.

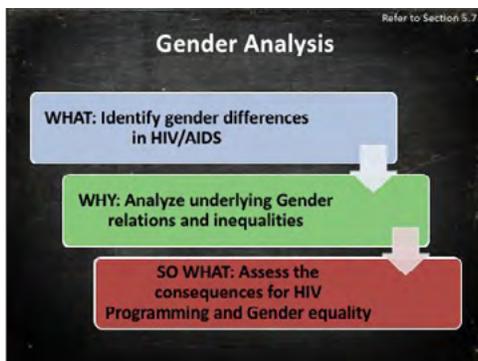
## Slide 63: What is Gender Analysis



Review Section 5.4 in the *HIV Gender Toolkit*.

- Gender analysis is the systematic analytical process used to identify, understand, and describe:
  - Differences between women and men or adolescent girls and adolescent boys; and
  - Relevance of gender in a particular context.
- Gender analysis is the foundation for meaningful gender integration.
- Gender analysis is an ongoing process that informs program development and integration.

## Slide 64: Gender Analysis: Steps to Gender Analysis (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 5.7 in the *HIV Gender Toolkit*.

- **Step 1:** Understand the “what” of the epidemic, which includes collecting data on the state of the epidemic.
- **Step 2:** Analyze this data from a gender perspective to understand the underlying factors’ impact on the epidemic; understand the disparate impact the epidemic has on differing genders. This is the “why” part. Look at this data through a gender lens. This impact can be evidenced at multiple levels: individual, family, household, community, and societal. Additional qualitative data may be collected at this point to help understand the data through a gender lens.
- **Step 3:** Address the “so what” phase of the analysis. During this stage, you take what you learned in step 1 and 2 and ask yourself and your organization how you can apply the analysis and what will be the outcome. During this stage, you begin to explore how you can impact gender relations and inequities.
- In order to conduct a thorough gender analysis programs need to understand the various domains of gender. These domains will inform your data collection and data analysis.

## Slide 65: Collecting Disaggregated Data (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 5.7.1

### Step 1. Identifying Gender Differences

#### Collect Disaggregated Data

- Data disaggregated by sex, race, and ethnicity clearly identifies disparities in patterns of HIV infections, AIDS and access to services
  - Primarily includes quantitative data
  - Epidemiological and behavioral data

Review Section 5.7.1 in the *HIV Gender Toolkit*.

- This step focuses on “why” of the gender analysis.
- Sex-disaggregated data is critical for gender analysis.
- Sex-disaggregated data facilitates the identification of disparities in patterns of HIV infections, AIDS, and access to services.
- When possible, after disaggregating by sex, data should also be disaggregated by gender-related risk indicators such as income, geographic location, and educational attainment.
- At this step, the primary data source is quantitative data, but qualitative data such as focus group and interview data can provide further insight.

**Process Question:** *What are examples of local data sources that can be used for this first step?*

- State HIV surveillance reports
- Local surveys of people living with HIV/AIDS

## Slide 66: Example of Disaggregated Data

Refer to Section 5.7.1

### Example of Disaggregated Data

Data	Disaggregated Data by Race
In 2010, 46,913 estimated diagnoses of HIV infection were reported among adults and adolescents in the U.S.	Of the 46,913 diagnoses of HIV infection reported among adults and adolescents in the U.S. in 2010: <ul style="list-style-type: none"><li>-225 were among Native Americans</li><li>-812 among Asian Americans</li><li>-21,712 among African Americans</li><li>9,620 among Hispanic Americans</li><li>-64 among Native Hawaiians/Pacific Islanders</li><li>-13,844 among Caucasians</li></ul>
	Disaggregated Data by Sex
	Females accounted for 9,868 and males for 37,045 of the estimated 46,913 diagnoses of HIV in 2010

1. Read the box with the data that is not disaggregated.
2. Read the box with data disaggregated by race and ethnicity.
3. Ask the participants: *How does disaggregated data change the interpretation of the data?*
4. Read the box with the data disaggregated by sex.
5. Ask the participants: *How does disaggregated data change the interpretation of the data?*

## Slide 67: Analyze Underlying Gender Relations and Inequalities

Refer to Section 5.7.2

### Step 2. Analyze Underlying Gender Relations and Inequalities

- This step uncovers the gender norms, gender relations, and socioeconomic **factors** that drive gender differences in the patterns of HIV in the **local context**
- These factors during the gender analysis process are also known as:
  1. Gender-based opportunities
  2. Gender-based constraints

Review Section 5.7.2 in the *HIV Gender Toolkit*.

- This step focuses on the “why” behind the patterns that were found in Step 1: Data Collection.
- This step uncovers the gender norms, gender relations, and other socioeconomic factors that drive gender differences in the patterns of HIV in the local community.
- These factors during the gender analysis process are also known as:
  - Gender-based Constraints (GBCs)
  - Gender-based Opportunities (GBOs)

## Slide 68: GBOs and GBCs

Refer to Section 5.7.2

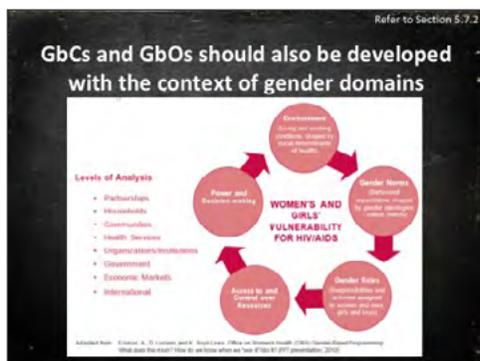
### GbCs and GbOs

- Gender-based Constraints (CbCs)
  - Factors that **limit or restrict** behaviors, participation, rights, exercise of power, decision making authority, use of time, and access to and control over resources based on a person’s gender identity.
- Gender-based Opportunities (GbOs)
  - Factors that **facilitate** behaviors, participation, rights, exercise of power and decision-making, time use and access to and control over resources, based on gender identity

Review Section 5.7.2 in the *HIV Gender Toolkit*.

- Gender-based Constraints
  - Factors that limit or restrict behaviors, participation, rights, exercise of power and decision-making, time use, and access to and control over resources, based on their gender identity.
- Gender-based Opportunities
  - Factors that facilitate behaviors, participation, rights, exercise of power and decision-making, time use, and access to and control over resources, based on their gender identity.

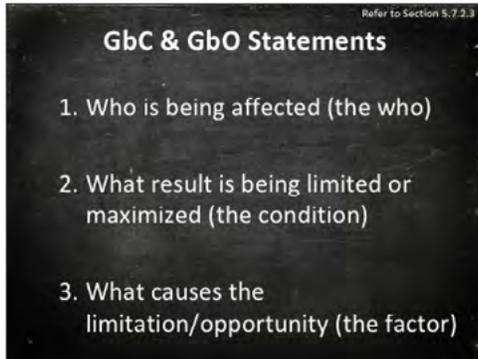
## Slide 69: GBCs and GBOs and Gender Domains



Review Section 5.7.2 in the *HIV Gender Toolkit*.

- GBCs and GBOs are used to analyze gender relations that influence HIV risk and vulnerability. GBCs and GBOs must be developed within various levels of social relationships and gender domains.
- GBCs and GBOs vary across social relationships that occur at different levels including partnerships; households; communities; and government and civil society organizations and institutions along with international relations.
- Partnerships refer to the intimate and sexual relationships between women and men, adolescent girls and adolescent boys. Households refer to family groups and what goes on in the home.
- Communities refer to groups of people whose association is based on geographical locations with some recognized structure, or cultural links such as ethnicity, sexual, or gender identities.
- Governments, civil society, markets, and international relations refer to the wider context such as national and international laws, government structures and services, the private sector, community-based organizations, and the services they provide.
- GBCs and GBOs should also be developed with the context of gender domains which include:
  - Environment (social determinants of health);
  - Gender norms;
  - Gender roles;
  - Access to and control of resources; and
  - Power and decision making.
- The power and decision making domains concerns the extent to which women and men, adolescent girls and adolescent boys, are in a position to act in their own best interests to protect themselves from HIV infection and ill health related to HIV.
- For example, a woman may be aware that her husband has other sexual partners, but she may not be in a position to insist that he use a condom or that he cooperate so that she can use a female condom.
- So as you can see there are many factors that need to be considered during the analysis. Let's take a look at how to write a GBC.

## Slide 70: GBC Statement



Review Section 5.7.2.3 in the *HIV Gender Toolkit*.

- GBC statements are the basis for identifying action steps that need to be put in place to achieve HIV-prevention and gender equality goals at each level of social relationships. There are three parts to the statements.
  - Who is being affected (the who);
  - What result is being limited (the condition); and
  - What causes the limitation (the factor).
- Let's review a couple of examples.

## Slide 71: Examples of GBC

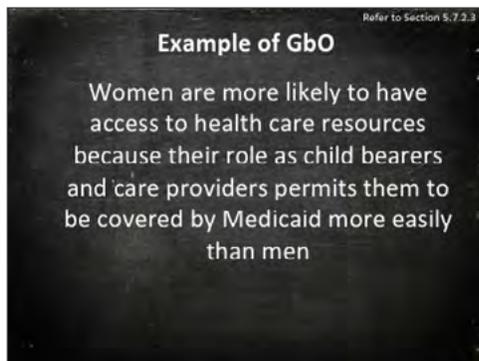


- An example of a gender-based constraint is a woman's ability to protect herself during sex with her partner because her partner becomes violent when she suggests using condoms and accuses her of not trusting him.

**Process Question:** *What gender domain does this GBC correspond to?*

**Answer:** ACCESS TO AND CONTROL OVER RESOURCES

## Slide 72: Examples of GBO



- An example of a gender-based opportunity is women are more likely to have access to health care resources because their role as child bearers and care providers permits them to be covered by Medicaid more easily than men.

**Process Question:** *What gender domain does this GBO correspond to?*

**Answer:** ACCESS TO AND CONTROL OVER RESOURCES

## Slide 73: Activity: Identifying GBCs



Now we are going to practice writing GBC statements.

**Materials:** Handout 1.3, flipcharts, markers

**Activity Instructions (30 minutes):**

1. Please divide into small groups of about 4–5 persons each.
2. Ask participants to go to **Handout 1.3** “Identifying Gender-based Constraints” in their participant manual then assign each small group one of the eight unequal conditions to work with.
3. Read instructions: *Read the unequal condition below. You are to answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender based constraint statement.*
4. Instruct the group that they have **15 minutes** to complete the activity.
5. Ask that each group write on their GBC on flipcharts and briefly report back. Discuss responses in the large group for **15 minutes**.

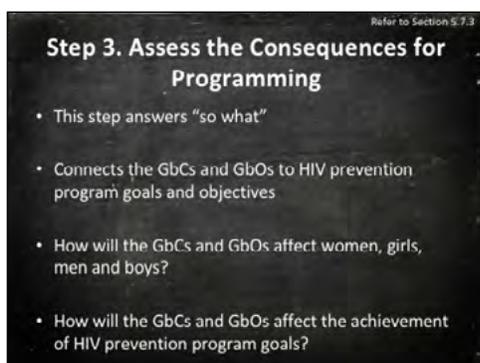
Now let's move to the final step in gender analysis, assessing the consequence for HIV prevention programming and gender equality.

### Tips for debriefing activity:

- Make sure the group's GBC has all three parts:
  - Who is being affected (the who);
  - What result is being limited (the condition); and
  - What causes the limitation (the factor).

Refer back to the examples on slide 70 if participants are still not clear.

## Slide 74: Assess the Consequences for Programming



Review Section 5.7.3 in the *HIV Gender Toolkit*.

- Now that we have an understanding of the HIV epidemic data by sex, race, and ethnicity, and analyzed the data from a gender perspective to understand the underlying factors' impact on the epidemic, the final step is to connect GBCs and GBOs to HIV prevention program goals and objectives.
- This step answers "so what" and answers two critical questions:
  - How will the GBC and GBO affect women and adolescent girls, men and adolescent boys?
  - How will the GBC and GBO affect the achievement of HIV prevention program goals?

## Slide 75: Examine GBCs and GBOs

Refer to Section 5.7.3

Existing Programs	Developing Programs
Do GbCs act as a constraint to accomplishing the planned goals and objectives?	Are GbOs capitalized upon when planning project objectives and activities?
How do existing goals and objectives affect GbCs and GbOs?	Do project activities undermine or reinforce GbOs?
Do existing planned goals and objectives even take into account GbCs and GbOs?	Do project activities undermine or reinforce GbCs?

Prioritize the GbCs and GbOs to identify the most crucial issues to address

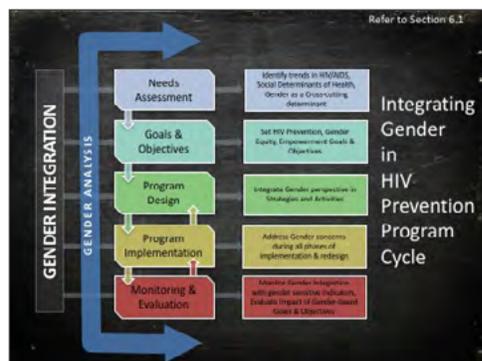
- GBCs and GBOs can be connected to the goals and objectives of existing programs and new programs.
- For existing programs you'll want to examine:
  - If GBC's act as a constraint to accomplishing the planned goals and objectives;
  - How existing goals and objectives affect GBCs's and GBOs; and
  - Whether existing planned goals and objectives accommodate GBCs and GBOs.
- New programs may want to consider:
  - How GBOs are acknowledged when planning project objectives and activities;
  - Whether project activities undermine or reinforced GBCs; and
  - Whether project activities undermine or reinforced GBOs.
- It is important to note that during the gender analysis process there may be several GBCs and GBOs and not all of them will be able to be addressed. The HIV prevention management and planning team will need to prioritize GBCs and GBOs based on a program's budget and timeline.

## Slide 76: Wrap-Up

Wrap Up	
<b>What?</b>	States the differences between women and men
<b>Why?</b>	Explains why the differences exist
<b>So What?</b>	Highlight the effect on women and men and HIV prevention goals and objectives

- Gender analysis is the foundation for meaningful gender integration and should examine the differences between women and men, or adolescent girls and adolescent boys, and the relevance of gender various levels.
- Gender analysis describes the differences between women and men; why those differences exist; and how those differences impact HIV prevention goals and objectives.

## Slide 77: Putting the Training into Perspective



- The program cycle includes: conducting a needs assessment; setting program goals and objectives; program design; program implementation; and monitoring and evaluation.
- Today, we discussed the need for gender integration into these components of the program cycle. This is informed through conducting gender analysis.
- In the following day(s), we will be discussing how gender integration can occur across each of these components of the program cycle to create gender responsive programs.

*What questions do you have as we put this training into perspective?*

## Slide 78: Thank You!



Thank participants for a great day and remind them of the start time for Day Two.

# Day One

## Activity Worksheets\*

\*For Reviewers – All Activity Worksheets are located in the Participant Manual during the review process



# Day Two

# Day Two Agenda

Timeframe	Day Two Agenda
40 Minutes	Welcome and Review of Day One Concepts
20 Minutes	Introduction to Gender Integration in the Program Cycle
75 Minutes	Integrating Gender in Needs Assessments
15 minutes	Break
60 minutes	Integrating Gender in Program Goals and Objectives
60 minutes	Lunch
75 minutes	Integrating Gender in Program Design
45 minutes	Integrating Gender in Program Implementation
30 minutes	Wrap up and Review

## Facilitator Expectations for Day Two

Day Two	
<p><b>Day One Review</b>  <b>Training Slides:</b> 2-5  <b>Facilitator Prep time:</b> 10 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Sections 2-6</b>  <b>Materials:</b> Candy or “treats” for participants that get correct answers</p>
<p><b>Facilitator Notes:</b> There are eight questions at the start of the day review of Day One content.</p> <ul style="list-style-type: none"> <li>It is recommended that the review be interactive, such as a game. <ul style="list-style-type: none"> <li>Be prepared with a “treat” such as candy for participants that get correct answers.</li> <li>Be sure to clarify on the agenda slides if the training is a two-day training or three-day training.</li> </ul> </li> </ul>	
<p><b>Introduction to Gender Integration in the Program Cycle</b>  <b>Training Slides:</b> 6-11  <b>Facilitator Prep time:</b> 30 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.1</b>  <b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Review objectives for training on gender integration into the program cycle.</p> <ul style="list-style-type: none"> <li>Determine how you can best integrate the language and concepts from Day 1 into the discussion of inclusion of women and adolescent girls in the process, tying in the importance of gender analysis and addressing GBCs across the program cycle to develop gender-responsive programs.</li> </ul> <p><b>Note:</b> For 2-day trainings, monitoring and evaluation will only be briefly discussed at the end of today’s training. For 3-day trainings, monitoring and evaluation will be the topic of the entire Day Three Training.</p>	
<p><b>Integrating Gender in Needs Assessments</b>  <b>Training Slides:</b> 12-16  <b>Facilitator Prep time:</b> 180 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.2</b>  <b>Materials:</b> Handout 2.1, copies of local state or county needs assessment; flipcharts and markers</p>
<p><b>Facilitator Notes:</b> Prepare for the <b>Identifying GBCs in a Needs Assessment Activity</b> by reviewing <b>Section 6.2 in the HIV Gender Toolkit</b>.</p> <ul style="list-style-type: none"> <li>This activity requires that the facilitators find a local state or county needs assessment and brings enough copies for each participant.</li> <li>After participants are placed in small groups they will remain in the same small group for the remainder of Day Two and Day Three.</li> </ul> <p><b>Note:</b> It is critical that co-facilitators walk around the room to see how small groups are doing because the output of this activity will be used for the rest of the small group work.</p>	

<p><b>Integrating Gender in Program Goals and Objectives</b>  <b>Training Slides:</b> 18-25  <b>Facilitator Prep time:</b> 60 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.3</b>  <b>Materials:</b> Handout 2.1, 2.1.1 - 2.1.3; flipcharts and markers</p>
<p><b>Facilitator Notes:</b> Prepare for the <b>Gender Responsive Objectives Activity</b> by reviewing <a href="#">Section 6.3 in the HIV Gender Toolkit</a>.</p> <ul style="list-style-type: none"> <li>• This activity builds off the last activity, so participants should stay in the same small groups from the previous activity and should use the same GBC they created in the previous activity.</li> <li>• Co-facilitators walk around the room to see how small groups are doing.</li> </ul>	
<p><b>Integrating Gender in Program Design</b>  <b>Training Slides:</b> 27-39  <b>Facilitator Prep time:</b> 120 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.4</b>  <b>Materials:</b> Flipchart and markers</p>
<p><b>Facilitator Notes:</b> Prepare for the <b>Using the Gender Integration Continuum and Gender Strategies to Select Gender-Responsive Prevention Activities Activity</b> by reading <a href="#">Section 6.4.2 in the HIV Gender Toolkit</a>.</p> <ul style="list-style-type: none"> <li>• This activity builds off the last activity, so participants should stay in the same small groups from the previous activity.</li> <li>• Co-facilitators will create at least 5 flipcharts (one per small group) with the same chart on Tool 9 in the Toolkit.</li> </ul>	
<p><b>Integrating Gender in Program Implementation</b>  <b>Training Slides:</b> 40-45  <b>Facilitator Prep time:</b> 45 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.5</b>  <b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Prepare for discussion on developing a program implementation plan, implementation principles, and implementation issues by reading <a href="#">Section 6.5</a> and reviewing <a href="#">Tool 10 in the HIV Gender Toolkit</a>. Determine how the tool can be effectively demonstrated to participants for utilization in their own programs.</p>	
<p><b>Review and Wrap-up</b>  <b>Training Slides:</b> 46-50  <b>Facilitator Prep time:</b> 10 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6</b>  <b>Materials:</b> Evaluation Sheets (Day Two Training only)</p>
<p><b>Facilitator Notes:</b></p> <ul style="list-style-type: none"> <li>• Briefly review Integrating Gender in Program Monitoring and Evaluation (slide 47) and prepare by reading <a href="#">Section 6.6 in the HIV Gender Toolkit</a>.</li> <li>• If conducting a 2-day training, place contact information into slide 53 and print evaluation forms.</li> </ul>	

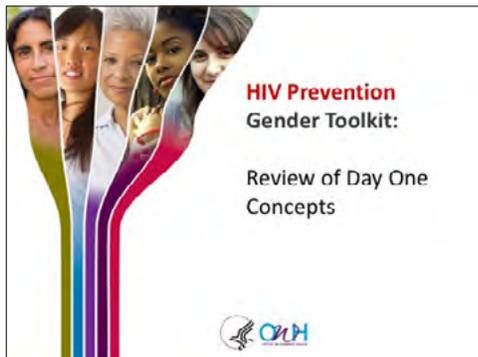
# Day Two PPT and Facilitation Guide

## Slide 1: Welcome



1. Welcome everyone to Day Two
2. Answer any outstanding questions.

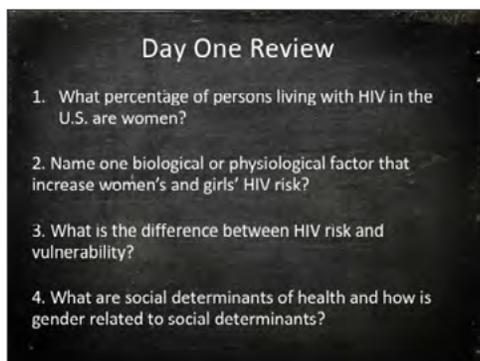
## Slide 2: Review of Day One Concepts



Transition to Day One Review

*We are going to start today by reviewing some key concepts from the first day of training.*

## Slide 3: Day One Review (NOTE: THIS SLIDE HAS ANIMATION)



Review Day One content asking the following questions:

**1. What percentage of persons living with HIV in the U.S. are women?**

25%

**2. Name one biological or physiological factor that increases women and adolescent girls HIV risk?**

Greater surface area of vaginal mucosa than penis; Microabrasions occurring in vaginal wall during vaginal sex provide entry point; Semen may stay in vagina for up to 3 days, leading to greater time of exposure; More vulnerable immune cells are in vaginal mucosa than on the penis.

**3. What is the difference between HIV risk and vulnerability?**

HIV risk refers to unprotected sex with someone of unknown status, multiple sexual partnerships involving unprotected sex, and injection drug use with contaminated needles and syringes.

HIV vulnerability, on the other hand, is based on external factors that negatively affect the ability to avoid risk of HIV infection.

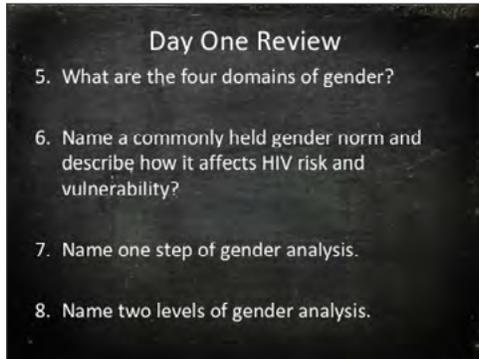
Vulnerability is influenced by a range of structural, environmental, and societal factors. The concept of vulnerability in HIV was introduced in the early 1990s when the HIV prevention efforts began to recognize the role of socioeconomic and other contextual factors in increasing individual risk for HIV infection.

**4. What are social determinants of health and how is gender related to social determinants?**

The social determinants of health are the conditions in which people are born, grow, live, work, and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. They are the confluence of structural, social, and individual factors that influence health.

Gender is a cross-cutting social determinant of health that interacts with other determinants such as race, ethnicity, and socioeconomic status to produce differential health outcomes for women and adolescent girls as well as men and adolescent boys.

## Slide 4: Day One Review (NOTE: THIS SLIDE HAS ANIMATION)



Continue review of Day One content asking the following questions:

### 5. What are the four domains of gender?

Gender norms, roles, relations, and access to and control over resources.

### 6. Name a commonly held gender norm and how it affects HIV risk and vulnerability?

**Women as subordinate:** limited opportunities to be proactive about reducing HIV risk.

**Men as virile:** reaffirm masculinity with multiple partners.

### 7. Name one step of gender analysis.

- Step 1: Understand the “what” of the epidemic – collecting data on the state of the epidemic. Identify gender differences.
- Step 2: Analyze this data from a gender perspective to understand the underlying factors’ impact on the epidemic; understand the disparate impact the epidemic has on differing genders. This is the “why” part. Look at this data through a gender lens. This impact can be evidenced at multiple levels: individual, family, household, community, and societal. Additional qualitative data may be collected at this point to help understand the data through a gender lens.
- Step 3: Address the “so what” phase of the analysis. During this stage, you take what you learned in step 1 and 2 and ask yourself and your organization how you can apply the analysis and what will be the outcome. During this stage, you begin to explore how you can impact gender relations and inequities.

### 8. Name two levels of gender analysis.

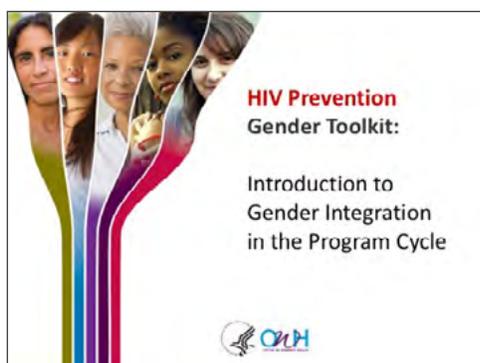
1. Partnerships
2. Households
3. Communities
4. Governments, civil society, markets, and international relations

## Slide 5: Training Agenda – Day Two



Review Day Two agenda.

## Slide 6: Introduction to Gender Integration in the Program Cycle



- Today we will focus on how to integrate gender in HIV programs.
- We will begin with an introduction to the program cycle and gender integration principles.

## Slide 7: Gender Integration Objectives



1. Review objectives.
2. Stress the importance of applying a gender lens at each point in the program cycle to create gender-responsive programming.
3. Recognize the importance of matching program objectives with gender strategies to design gender-responsive HIV programs.

## Slide 8: Before You Get Started



### Review Section 6.1.1 in the *HIV Gender Toolkit*.

Integrating gender into HIV prevention programming begins by involving the women and adolescent girls for whom the programs and supportive services are intended in the planning process.

## Slide 9: Meaningful Inclusion of Women and Adolescent Girls



1. Review Module objectives.
2. Stress the importance of applying a gender lens at each point in the program cycle to create gender-responsive programming.
3. Recognize the importance of matching program objectives with gender strategies to design gender-responsive HIV programs.

- Programs and support services that are planned with the meaningful involvement of women and adolescent girls will be more responsive and will address the GBCs that women and adolescent girls face. Meaningful inclusion of and participation by women and adolescent girls will also promote program ownership.

## Slide 10: Meaningful Inclusion and Participation

Refer to Section 6.1.1

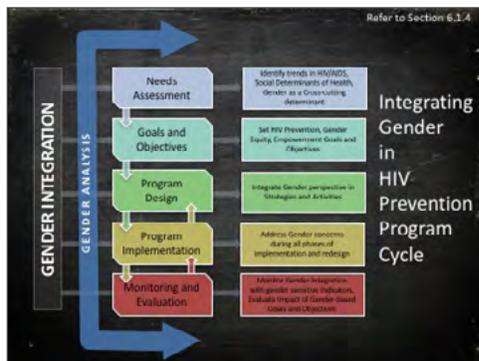
### Meaningful Inclusion and Participation of Women and Adolescent Girls

- Women and adolescent girls living with and affected by HIV/AIDS should:
  - Live in the community in which the program/support services are available
  - Reflect cross-section of age, race/ethnicity, SES, culture and language spoken, sexual orientation
- Developing an HIV Planning Group with representation from women and girls
  - Tool 9: Program Planning Group Checklist

Review Section 6.1.1 in the *HIV Gender Toolkit*.

- Women and adolescent girls living with and affected by HIV/AIDS who participate in the planning process should:
  - Live in the community in which the program is available or will be delivered; and
  - Reflect the characteristics of the priority populations to be served by the program (e.g., age, race, ethnicity, socioeconomic status, culture, language spoken, and sexual orientation).
- In addition to women and adolescent girls participating in your program development, their participation in a local HIV planning group is essential.
- **Tool 4 in Section 6.1.3 of the *HIV Gender Toolkit: Program Planning Group Checklist*** can help you evaluate the current composition and strategies of your local planning group and provides suggestions to ensure meaningful inclusion of women and adolescent girls living with and affected by HIV/AIDS.

## Slide 11: Gender Integration throughout the HIV prevention Program Cycle



Review Section 6.1.4 in the *HIV Gender Toolkit*.

Introduce and review the program cycle

- Integrating a gender perspective in the HIV program cycle is a process that is both iterative and progressive—each step is based on the completion of previous steps.
- All gender-responsive HIV prevention program planning begins with gender analysis.
- Gender analysis findings inform and guide decisions made at each step in the program cycle: needs assessment; goals and objectives; program design; program implementation; and monitoring and evaluation.

**NOTE:** 2-Day Training:

Today we will focus on the first four components of the program cycle.

For more information on monitoring and evaluation, refer to [Section 6 in the HIV Gender Toolkit](#).

**NOTE:** 3-Day Training:

Today we will focus on the first four components of the program cycle. Tomorrow we will focus on monitoring and evaluation.

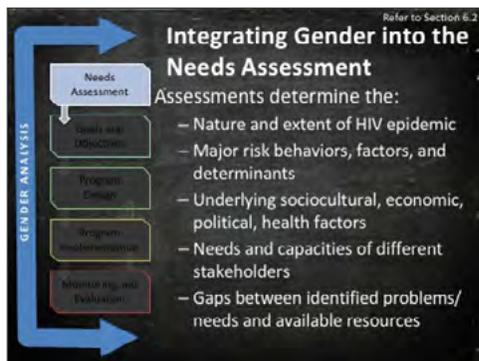
## Slide 12: Integrating Gender in Needs Assessments



Review [Section 6.2 in the HIV Gender Toolkit](#).

- Let's begin with the first step: needs assessment.

## Slide 13: Needs Assessment (NOTE: THIS SLIDE HAS ANIMATION)



- Needs assessments are a systematic way for program planners and program managers to determine the:
  - Nature and extent of HIV epidemic;
  - Major risk behaviors, factors, and determinants;
  - Underlying sociocultural, economic, political, and health factors;
  - Needs and capacities of different stakeholders;
  - Gaps between identified problems/needs and available resources; and
  - Possible solutions.
- During needs assessment it is important for program planners and managers to link the findings of the gender analysis to needs assessment.

## Slide 14: Linking Gender Analysis to Needs Assessment

Refer to Section 6.2

Needs Assessment	Gender analysis
1. Nature and extent of HIV epidemic	Step 1: Identifying Gender Differences
2. Major risk behaviors, factors, and determinants	
3. Underlying sociocultural, economic, political, and health factors	Step 2: Analyze Underlying Gender Relations and Inequalities
4. Needs and capacities of different stakeholders	Step 3: Assess the Consequences for Programming
5. Gaps between identified problems/needs and available resources	
6. Possible solutions	

- Table 6 in Section 6.2 of the *HIV Gender Toolkit* outlines how the outcomes of a needs assessment map to the three steps of the gender analysis.
- Step 1 of gender analysis, “Identifying Gender Differences,” aligns with identification of the extent of the local epidemic and risk behaviors and determinants.
- During Step 2 of gender analysis, “Analyze Underlying Gender Relations and Inequalities,” sociocultural, economic, political, and health factors are described in a traditional needs assessment.
- Finally, Step 3, “Assessment of the Consequences for Programming,” links to the three areas of a needs assessment: identification of needs, gaps, and solutions.

## Slide 15: Needs Assessment with Gender Lens

Refer to Section 6.2

Needs Assessment with Gender Lens
<ul style="list-style-type: none"> <li>• Is data disaggregated by sex, gender, age, race/ethnicity and sexual orientation?</li> <li>• Does it include information on the quality of life?               <ul style="list-style-type: none"> <li>• Housing, employment, income, poverty-level, education</li> <li>• Family size and composition</li> <li>• Prevalence of substance abuse</li> <li>• Intimate partner violence (sexual, physical, emotional)</li> </ul> </li> <li>• Does it determine differences on access and barriers to HIV prevention, care, and support services as experienced by women and girls, men and boys?</li> </ul>
Tool 10: Integrating Gender in Needs Assessment

Review Section 6.2 in the *HIV Gender Toolkit*.

- Here is an example of the types of things to consider during the needs assessment process:
  - Is data disaggregated by sex, gender, age, race/ethnicity and sexual orientation?
  - Does the data include information on the quality of life?
    - Housing, employment, income, poverty-level, education
    - Family size and composition
    - Prevalence of substance abuse
    - Intimate partner violence (sexual, physical, emotional)

- Does the data determine differences on access and barriers to HIV prevention, care, and support services as experienced by women and adolescent girls, men and adolescent boys?
- **Tool 5 in Section 6.2 of the Toolkit** is structured as a checklist that program planners and managers can use to make sure they consider and integrate gender issues identified in the gender analysis in the needs assessment process.
- The tool is intended to remind program planners and managers of some important issues they should consider to:
  - ensure the process is inclusive; and
  - ensure that collected data are as complete as possible and examined through a gender lens.
- So now let's practice evaluating a needs assessment using a gender lens by creating GBCs and GBOs using an existing needs assessment.

## Slide 16: Activity: Identifying GBCs in a Needs Assessment



**Note:** This activity requires that the facilitator finds a **local** needs assessment (city, municipality, county, or state) and brings enough copies for each participant. (See Handouts for instructions)

After participants are placed in small groups, they will remain in the same small group for the remainder of Day Two and Day Three (if applicable).

This exercise is intended to have participants practice developing GBCs from a local needs assessment (city, municipality, county, or state).

**Materials:** Create a Handout based on Handout 2.1, copies of local needs assessment, flipcharts and markers

### Activity Instructions (50 minutes):

- Divide participants into small groups.
- Ask that everyone turn to the data and read the instructions aloud.
  - Identify an unequal condition.
  - What gender domain is present in the unequal condition?
  - Identify at least one GBC.
  - What additional data is needed to fully understand the condition?
- Distribute the local needs assessment to each participant and inform participants that they have **30 minutes** to complete the activity. Ask that each group write on the flipcharts.

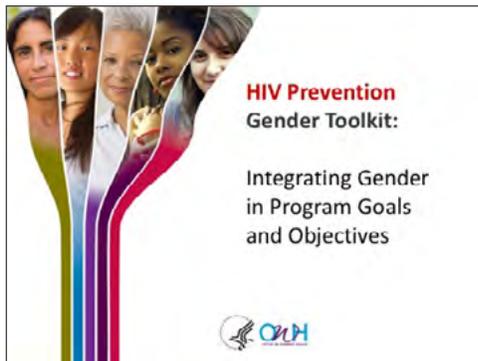
Each group will have **5 minutes** to briefly report back and present the flipcharts with its responses to the large group. **(20 minutes)**

## Slide 17: BREAK



Dismiss participants for a 15 minute break.

## Slide 18: Integrating Gender in Program Objectives and Goals



- Now let's take a look at developing gender integrated program goals and objectives.

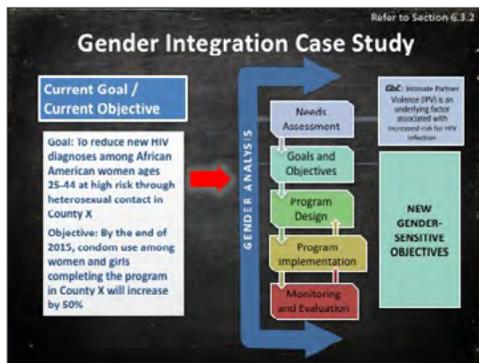
## Slide 19: Program Goals and Objectives (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 6.3 in the *HIV Gender Toolkit*.

- The information gathered during the needs assessment process is used in this step to identify the intended participants and intended results of the program.
- This step includes input from the prevention planning group (PPG) including the women and adolescent girls for whom the program and/or service is intended and other relevant stakeholders.
- Program goals and objectives are developed or revised to ensure that they address GBCs and maximize GBOs identified from the gender analysis integrated into the needs assessment process.
- Program goals and objectives guide planning decisions regarding the design of new programs and services or the adjustment or redesign of existing ones.
- If program goals and objectives do not address the GBCs and GBOs identified in the gender analysis, then it is unlikely that the program designed will be responsive to needs of women and adolescent girls, or men and adolescent boys, for whom it is intended.
- Goals and objectives should be stated so that they strengthen synergy between gender and HIV prevention goals.

## Slide 20: Program Goals and Objectives



Review Section 6.3.2 in the *HIV Gender Toolkit*.

- Let's look at an example.
- A program has an HIV prevention goal of reducing new HIV infections among women and adolescent girls in a specified local context.
- One of the objectives to achieve this goal may be increasing the consistent use of condoms by women and adolescent girls during sexual intercourse with their male partners.
- After the gender analysis, program planners and managers found that intimate partner violence (IPV) is an underlying factor associated with HIV risk among women and adolescent girls.
- The findings of the gender analysis showed that women and adolescent girls who are in abusive relationships with a male partner may be less likely to insist on consistent condom use because they fear their partner might react violently.
- As a result program planners and managers selected IPV or the fear of violence as a priority GBC that impedes the ability of women and adolescent girls to negotiate safer sex with their male sexual partners and insist on condom use when they have sex.
- Based on the analysis, program planners and managers will develop goals and objectives to address IPV as a GBC.
- Failing to address the GBC of IPV will impede the achievement of the HIV prevention objective (increasing consistent condom use during heterosexual intercourse) and goal (reducing new HIV infections).

## Slide 21: Program Goals

**Program Goals** Refer to Section 6.3.3

- **Current Goal:**
  - To reduce new HIV diagnoses among African American women ages 25-44 at high risk through heterosexual contact in County X
- **Gender Responsive Goal:**
  - To reduce IPV among African American women age 25- 44 at high risk of HIV infection through heterosexual contact in County X.

Review Section 6.3.3 in the *HIV Gender Toolkit*.

- As a reminder, a goal should be a broad statement of program purpose that describes its expected long-term effects and sets the overall direction for a program.
- Gender-responsive goals should address underlying gender norms and relations that the program intends to target and gender-related barriers that the program intends to reduce to better benefit the priority population served.

## Slide 22: Program Objectives

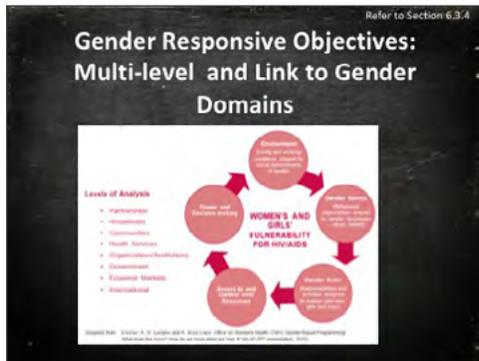
**Program Objectives** Refer to Section 6.3.4

- **Current Objective:**
  - By the end of 2015, condom use among women and girls completing the program in County X will increase by 50%
- **Gender Responsive Objective:**
  - By the end of 2015, increase by 50% the perception of risk for HIV infection among African American women ages 25-44 who are in steady sexual relationships with a male partner in the program area by providing HIV prevention education workshops

Review Section 6.3.4 in the *HIV Gender Toolkit*.

- Objectives state with whom you will work or serve and the intended results in order to reach the goal. Objectives should be specific, measurable and time-phased.
- Gender-responsive objectives should be multi-level and link to gender domains.

## Slide 23: Gender Responsive Objectives: Multi-level and Link to Gender Domains



Review Section 6.3.4 in the *HIV Gender Toolkit*.

- No social issue is addressed through a single objective, and no problem is linked to a single social issue.
- If there are identified GBCs within multiple domains, consider creating objectives in other domains.
- Now we will practice developing gender-responsive objectives.

## Slide 24: Activity: Gender Responsive Objectives



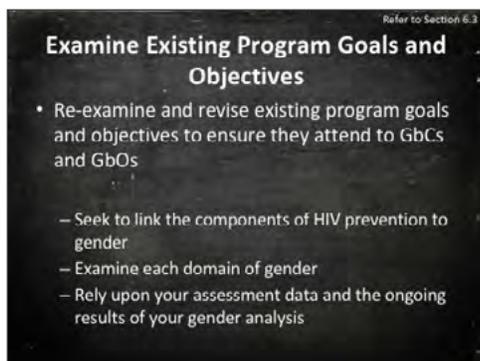
Review Section 6.3.4 in the *HIV Gender Toolkit*.

**Note:** This activity builds off the last activity, so participants should stay in the same small groups from the previous activity and should use the same GBC they created in the previous activity.

- **Materials:** Use Handout 2.1, 2.1.1-2.1.3 with instructions, flipcharts, and markers.
- **Activity Instructions (40 minutes):**
  1. Ask participants to stay in the same small group from the previous activity.
  2. Ask that everyone turn to **Handout 2.1, 2.1.1-2.1.3** in your participant manual and read the instructions aloud.
    - Using the GBC that was created in the previous activity write one or two program objectives.
    - Make Sure the objectives are specific, measurable and time phased
  3. Remind participants that they have **15 minutes** to complete the activity. Ask that each group write on the flipcharts.
  4. Facilitators should walk around to each group to make sure gender-responsive objectives are developed.

Then each group will have **2 minutes** to briefly report back. Ask that each group read the GBC and then present the objective that is written on the flipcharts to the large group.

## Slide 25: Examine Existing Program Goals and Objectives



Re-examine and revise existing program goals and objectives to ensure they attend to GBCs and GBOs.

- Seek to link the components of HIV prevention to gender.
- Examine each domain of gender.
- Rely upon your assessment data and the ongoing results of your gender analysis.

- Reiterate that, if program goals and objectives do not address the GBCs and GBOs identified in the gender analysis, then it is unlikely that the program will be responsive to the needs of women and adolescent girls, or men and adolescent boys, for whom it is intended.
- Remember that the objectives should address GBCs by promoting or utilizing GBOs.

## Slide 26: Lunch Break



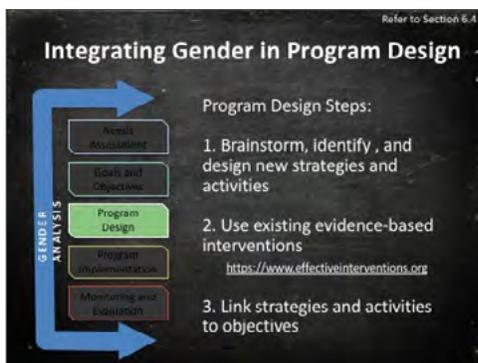
- Remind participants the lunch break is for 60 minutes and note the time that they should return.

## Slide 27: Integrating Gender in Program Design



- After goals and objectives have been developed, the next step is to design the program to achieve the objectives.

## Slide 28: Program Design (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 6.4 in the *HIV Gender Toolkit*.

- Integrating gender into program design entails identifying and deciding on those key strategies and activities that are best suited to address the priority GBCs and maximize GBOs that were identified through the gender analysis and needs assessment processes, and prioritized in program goals and objectives.
- The choice of program strategies and activities has important implications for achievement of program goals and objectives, and should involve a program planning group that includes women and adolescent girls and other relevant stakeholders, to ensure that the program is responsive to their needs.
- Let's walk through the steps of designing a program.

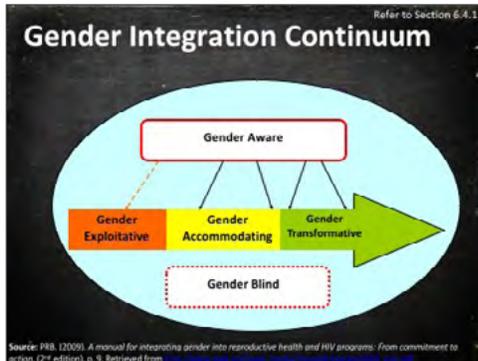
**Step 1.** Brainstorm, identify and design new strategies and activities. Strategies should address changing knowledge, attitudes, beliefs, norms, behaviors and skills as well as the underlying social, economic, cultural, and political determinants that contribute to GBCs and GBOs.

**Step 2.** Use existing evidence-based interventions. CDC's Effective Interventions is designed to support High Impact Prevention using interventions with demonstrated potential to reduce new infections to yield a major impact on the HIV epidemic. For information on this intervention approach, visit: <https://www.effectiveinterventions.org> - Also refer to: What Works for Women and Adolescent Girls: Evidence for HIV/AIDS Interventions at [www.whatworksforwomen.org](http://www.whatworksforwomen.org)

**Step 3.** Link the strategies to the objectives. Strategies should support objectives that address GBCs by promoting or utilizing GBOs

- Given the vast number of strategies that can be selected, it can be challenging to select appropriate strategies and activities. So let's review a helpful framework for identifying and choosing strategies and activities to address GBCs and maximize GBOs to achieve the program objectives.

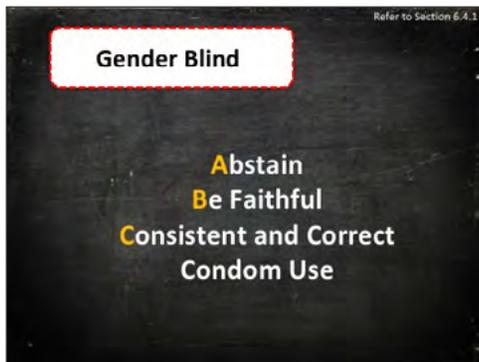
## Slide 29: Gender Integration Continuum



Review Section 6.4.1 in the *HIV Gender Toolkit*.

- The *Gender Integration Continuum* provides a framework to identify and choose strategies and activities to address GBCs and maximize GBOs to achieve the program objectives.
- The *Gender Integration Continuum* was developed by the Interagency Gender Working Group, a network comprising nongovernmental organizations, the United States Agency for International Development (USAID), and other cooperating agencies. It is a helpful conceptual framework that can assist program planners and managers to think about how gender relations and dynamics have been considered in planning their HIV prevention programs.
- The continuum can help program planners and managers to prioritize objectives, design and implement programs, and evaluate the outcomes of these HIV prevention programs and support services.
- The continuum categorizes the programs based on how they incorporate gender norms and inequities in the design, implementation, and M&E of programs and policies.
- There are two broad categories: gender aware or gender blind.

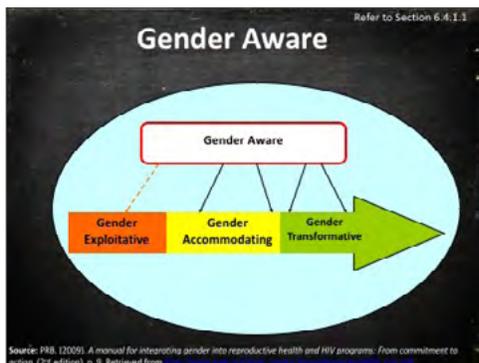
## Slide 30: Gender Blind Programs



Review Section 6.4.1 in the *HIV Gender Toolkit*.

- *Gender blind* programs do not proactively analyze or consider how different gender identities, gender norms, roles, and unequal power relations will affect the achievement of program goals.
- No distinction is made in the needs of women and adolescent girls, and men and adolescent boys.
- This includes HIV programs that offer the same services to both sexes.
- Most mixed-group interventions for adults involved people who inject drugs, and these interventions were more effective in changing risk behaviors in females.
- This also includes HIV prevention messages that are not targeted to a specific sex or gender. An example is the “ABC” Model—Abstain; Be faithful; Constant and correct condom use..

## Slide 31: Gender Aware Programs



Review Section 6.4.1.1 in the *HIV Gender Toolkit*.

- *Gender aware* programs intentionally consider and address the anticipated gender-related dynamics, barriers, opportunities, and outcomes of a particular program.
- They consider how program objectives, strategies, and activities affect the status of women and adolescent girls relative to men and adolescent boys, and allow staff to address any harmful effects.
- There are three types of *gender aware* approaches that move across the Gender Integration Continuum. The continuum, depicted in the center of the oval, captures the three gender aware approaches:
  - gender exploitative;
  - gender accommodating; and
  - gender transformative.

## Slide 32: Gender Exploitative



Review Section 6.4.1.1.1 in the *HIV Gender Toolkit*.

- *Gender exploitative* approaches intentionally take advantage of gender norms, stereotypes, and unequal power relations to achieve HIV prevention outcomes. They reinforce unequal power in the relations between men and women and potentially worsen existing inequalities.
- For example, early condom marketing campaigns portrayed men as violent, irresponsible, sexual predators and women as passive and powerless victims of male domination. These advertisements reinforced negative gender stereotypes.

## Slide 33: Gender Accommodating



Review Section 6.4.1.1.2 in the *HIV Gender Toolkit*.

- *Gender Accommodating* strategies, activities, or programs acknowledge gender norms and inequities in gender relations.
- Services and program are designed to meet the different roles and needs of women and men.
- Gender accommodating strategies do not deliberately challenge or seek to change unequal relations of power or address underlying structures that perpetuate gender inequalities, they simply take them into account.
- For example, the male condom is a prevention option that requires the cooperation of men. In sexual relationships where there is an imbalance of power disadvantaging women or adolescent girls, women and adolescent girls may have difficulty negotiating male condom use with their partners.

- Recognizing this, programs might promote and distribute female condoms, which allow female-initiated use, to give women and adolescent girls more control over condom use in their sexual encounters with men or adolescent boys.
- However, doing this does not address the fact that women and adolescent girls still need the cooperation of their male partners to use female condoms. Such an intervention is gender accommodating because it attempts to minimize the harm to women and adolescent girls resulting from unequal power in sexual relationships, but does nothing to change the power imbalances.
- *Gender accommodating* programming is necessary and essential but is not sufficient to change the balance of power in gender relations.
- *Gender accommodating* approaches do not contribute to increased gender equity and by themselves do little to alter the larger socioeconomic and cultural conditions that perpetuate strict gender norms and power imbalances at the heart of women's and adolescent girls' vulnerability to HIV.
- But they do represent an important step in the process of gender integration, particularly in situations where gender inequities are deep-rooted and all-encompassing.

**NOTE:** Additional Examples

*WILLOW (Women Involved in Life Learning from Other Women)* is a CDC-funded evidence-based intervention. It is a social-skills building and educational intervention for heterosexual women age 18-50, of any race or ethnicity, living with HIV/AIDS, and who have known their HIV sero-status for at least 6 months. Intervention activities highlight social conditions prevalent in the lives of women living with HIV. It addresses having limited practical support (i.e., money for food or childcare), having violent domestic partners, and communicating non-assertively about safer sex. *WILLOW* also addresses receiving limited emotional and appraisal support (i.e., positive feedback and affirmations) from family, other non-related individuals, and AIDS social service organizations; how women living with HIV may be less likely to seek support owing to the fear of being stigmatized as either promiscuous or as transmitters of HIV; and social networks among women living with HIV and how societal expectations of women's role as caregivers constrains their ability to seek new social network members, or ask existing network members for support. For more information, refer to: [www.cdc.gov/hiv/prevention/research/compendium/rr/willow.html](http://www.cdc.gov/hiv/prevention/research/compendium/rr/willow.html)

Interventions that integrate screening for intimate partner violence (IPV) and provide violence prevention and protection services with HIV counseling and testing services are yet another example of gender accommodating programming. Such an approach recognizes that that some women and adolescent girls may fear or be in danger of experiencing IPV if they disclose their HIV-positive sero-status to their male partners. These interventions attempt to mitigate the impact of IPV by offering prevention or protective services, but do not address the underlying factors that contribute to the IPV experienced by women and adolescent girls.

## Slide 34: Gender Transformative



Review Section 6.4.1.1.3 in the *HIV Gender Toolkit*.

- *Gender Transformative* approaches are those that explicitly engage women and men to examine, question, and change gender norms, relations, and institutions that reinforce gender inequalities. These approaches seek to change social and structural determinants by collective action and alter the underlying conditions that give rise to gender inequities.
- Gender transformative programs recognize that both women and adolescent girls, and men and adolescent boys, are critical players for effective HIV prevention programming, and therefore reach out to and involve both in programs and interventions.
- Gender transformative programs also encourage women and adolescent girls, and men and adolescent boys, to critically examine gender and sexuality and how gender norms and roles impact female and male sexual health and relationships.
- An example is Men Can Stop Rape, a nonprofit organization based in Washington, DC, whose mission is to mobilize men to use their strength for creating cultures free from violence, especially men's violence against women. The organization's prevention programs are grounded in the social ecological model (which recognizes that individual actions profoundly affect entire communities and ultimately all of society), and equip men and adolescent boys to be activists and positive change agents among their peers. Refer to: <http://www.mencanstoprape.org/>
- These approaches encourage participation in decision-making, and provide opportunities to develop leadership skills, organize, and problem solve as a means to increase their political power. Empowerment approaches promote collective action for change.

**NOTE:** Additional Examples

***What's the Real Deal about Masculinity*** is a curriculum for students that encourage critical thinking around stereotypes and expectations for masculinity. In reflecting on these societal norms around masculinity, students are challenged to question these issues. As a result, the program has seen changes in attitudes towards sexual health risks and violence. The curriculum is created and distributed by Scenarios USA, a national non-profit organization that uses writing and film to foster youth leadership, advocacy, and self-expression in students across the country, with a focus on marginalized communities. Refer to: [www.scenariosusa.org/shop/real-deal-curricula/masculinity-curriculum/](http://www.scenariosusa.org/shop/real-deal-curricula/masculinity-curriculum/)

***Gender Matters*** is a 5-year project that EngenderHealth launched in Travis County, Texas, in 2011 with support from HHS. The program partners with existing programs to provide sexual and reproductive health education to young males aged 14-16. The project's goal is to reduce teen pregnancy rates by encouraging delayed sexual onset, increased use of contraceptives, and correct and consistent condom use. Refer to: [www.engenderhealth.org/our-work/major-projects/gender-matters.php](http://www.engenderhealth.org/our-work/major-projects/gender-matters.php)

## Slide 35: Gender Strategies for Program Design

Refer to Section 6.4.2

### Gender Strategies for Program Design

- Incorporate gender strategies that specifically address inequities arising from gender norms, roles and relations - gender strategies
- Address GbCs and maximize GbOs for women/adolescent girls when deciding among strategies and activities to

Review Section 6.4.2 in the *HIV Gender Toolkit*.

- There are a number of strategies that specifically address inequities arising from gender norms, roles, and relations.
- It is helpful when deciding among strategies and activities to address GBCs and maximize GBOs for women and adolescent girls.

## Slide 36: Gender Strategies and Gender Domains

Refer to Section 6.4.2

### Gender Strategies and Gender Domains

Gender Domains	Gender-based Constraints	Gender Strategies
Gender Norms	Harmful gender norms and practices	Address harmful gender norms and practices
Gender Roles	Burden of care	Reduce the burden of care
Access to and Control of Resources	Low educational attainment low literacy lack of training	Increase access to educational and training opportunities
Access to and Control of Resources	Lack of access to and control over economic resources	Increase access to income resources
Power and Decision-making	Violence and coercion	Reduce intimate partner violence and coercion
Cross-cutting	Barriers in access to services	Reduce barriers in access to services

Review Section 6.4.2 in the *HIV Gender Toolkit*.

- **Table 7 in Section 6.4.2 of the *HIV Gender Toolkit*** includes a list of gender strategies, corresponding gender domains and the gender-based constraint they address.
  - (Read a few of the examples aloud.)
- The *Gender Integration Continuum* can be used to determine whether strategies are accommodating or transformative.
- **Tool 9 in Section 6.4.2 of the *HIV Gender Toolkit*** helps program planners and managers visualize program objectives, strategies, and activities that map to the *Gender Integration Continuum* and address both GBCs and GBOs.

## Slide 37: Using the Gender Integration Continuum and Gender Strategies to Design Gender-Responsive HIV Prevention Programs

Refer to Section 6.4.2

**Using the Gender Integration Continuum and Gender Strategies to Design Gender-Responsive HIV Prevention Programs**

Gender Domain	Program Objective	Gender Strategy	Program Activity	Gender Integration Continuum Category

Review Section 6.4.2 in the *HIV Gender Toolkit*.

- **Tool 9 in Section 6.4.2: Using the Gender Integration Continuum and Gender Strategies to Design Gender-Responsive HIV Prevention Programs** provides a matrix for program planners and managers to determine where their proposed or existing program falls on the *Gender Integration Continuum*. It helps assess the degree to which the strategies and activities respond to the priority GBCs and GBOs identified through the gender analysis and needs assessment processes. This assessment will help program planners and managers to determine if they need to adapt existing or design new strategies and activities to fall under a different type of approach along the *Gender Integration Continuum*.
- HIV prevention objectives can be matched to gender strategies and then activities should be selected to meet that objective.
- This tool is intended to help think about the links between program objectives, gender strategies, and program activities that are needed to achieve the program objective.
- Starting from the left hand side, the first column lists the domains of gender relations.
- In the second column, list the existing or proposed corresponding program goals and objectives that address the priority GBCs or GBOs identified through gender analysis and needs assessment.
- In the third column, list the existing or proposed gender strategy.
- In the fourth column, list the proposed corresponding program strategies or activities to address the objectives.
- In the fifth column, list the gender integration approach(es) which best reflects the existing or proposed strategies and activities.

## Slide 38: Example of Using Tool 9

Gender Domain	Program Objective	Gender Strategy	Program Activity	Gender Integration Continuum Category
<b>Gender Norms</b>	Increase the proportion of young men who initiate condom use when having sex with young women.	<b>Address Harmful Gender Norms</b>	Conduct weekly small group workshops with young men using a participatory curriculum to help them reflect on their sexual norms and behaviors, challenge harmful gender norms and promote more gender-equitable attitudes and behaviors among them.	<b>Gender Transformative</b>

- Let's look at an example.
- The program objective is to increase the proportion of young men who initiate condom use when having sex with young women
- The gender domain for this objective is – gender norms
- The gender strategy for this program objective and gender domain is to address harmful gender norms.
- The program activity that was selected to address this objective is to conduct weekly small group workshops with young men using a participatory curriculum to help them reflect on their sexual norms and behaviors, challenge harmful gender norms, and promote more gender-equitable attitudes and behaviors among them.
- This activity is categorized as transformative according to the *Gender Integration Continuum*.
- Let's practice using the objectives you developed in your small groups.

## Slide 39: Activity: Using the Gender Integration Continuum and Gender Strategies to Select Gender-Responsive Prevention Activities



**Note:** This activity builds off the last activity, so participants should stay in the same small groups from the previous activity and should use the same objective they created in the previous activity.

**Materials:** Flipcharts and Markers

**Activity Instructions (40 minutes):**

- Ask participants to status in the same small group from the previous activity.
- Ask that everyone turn to Day Two Handouts in your participant manual and read the instructions aloud.
  - Refer to the objective your group previously wrote.
  - Select (or design) at least two to three program activities to meet program objectives.
  - Decide where on the gender integration continuum the activity lies.
- Instruct that they have **20 minutes** to complete the activity. Ask that each group write on the Flipcharts.
- Facilitators should walk around to each group to make sure groups are on the right track.

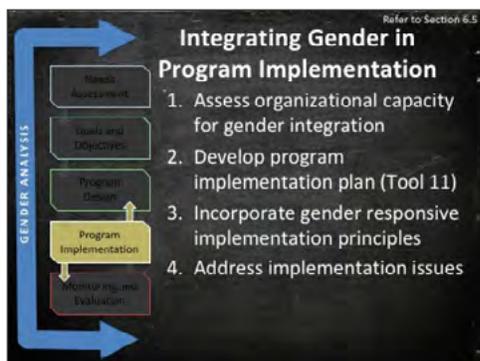
Then each group will have **5 minutes** to briefly report back. Ask that each group read the GBC and present the objective that is written on the flipcharts to the large group. **(20 minutes)**

## Slide 40: Integrating Gender in Program Implementation



- The last program cycle phase we will cover today is implementation. During the implementation phase, the program is actually conducted and the planned strategies and activities are carried out as designed.

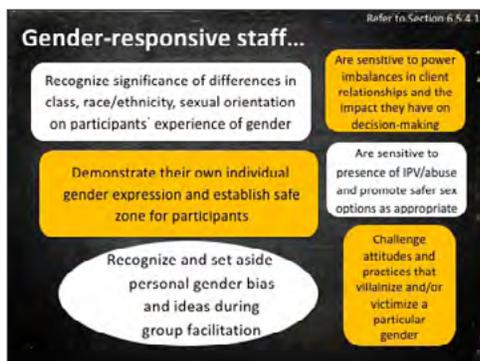
## Slide 41: Implementation (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 6.5 in the *HIV Gender Toolkit*.

- Implementation of gender-responsive HIV programs and services occurs within the organizational context within which the program is embedded. Implementation of gender-responsive HIV prevention programming can be facilitated or constrained by the organization's commitment to, readiness towards, and capacity for gender integration. Some issues that are important to consider when planning for program implementation include the perceptions and attitudes of staff, skills for gender programming, management support for integrating gender issues, and the gender balance in the overall staffing and decision-making processes.
- The plan should outline all steps that will be taken to implement the program as designed including the program goals and objectives: the strategies and sequence of activities that will be undertaken to achieve each objective: the persons responsible for carrying out the activities, the resources needed to carry out the activities: the estimated costs of these resources; and a timeline for implementation. **Tool 10 in Section 6.5.4.3 of the Toolkit: Considerations for Gender Integration in Program Implementation** provides an extensive list of things that should be included in an implementation plan.
- Reports should specifically include progress made in implementing gender strategies and activities to address prioritized GBCs and maximize prioritized GBOs. Reports should also address, problems encountered in implementation, resources used or needed, and actions taken to resolve these problems.
- Finally, prepare to address other implementation issues, including those that may concern program staff, partner organizations, and participation of women and adolescent girls.

## Slide 42: Gender-responsive staff... (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 6.5.4.1 in the *HIV Gender Toolkit*.

- As part of program implementation, you must ensure that the program staff has sufficient gender knowledge, understanding, and skills to implement the program effectively. Here are 6 basic characteristics and skills of gender-responsive staff:
  - Recognize significance of differences in class, race, ethnicity, and sexual orientation on participants' experience of gender;
  - Demonstrate their own individual gender expression to establish safe zone for participants;
  - Recognize and set aside personal gender biases and ideals during group facilitation;
  - Are sensitive to power imbalances in client relationships and its impact on decision-making;
  - Are sensitive to presence of IPV and other times of abuse, and promote safer sex options as appropriate; and
  - Challenge attitudes and practices that victimize a particular gender.
- Training should be provided to both women and men through all levels of the organization to ensure they understand the gender implications of the HIV-related issues addressed by the program.
- Using female staff and women's groups facilitates women's participation in programs, and helps to ensure that they have access to program resources. If women and adolescent girls cannot be effectively reached by male staff, provisions need to be made in the budget to cover the costs of recruiting and hiring the female staff required, and vice versa if men and adolescent boys are also program participants.

## Slide 43: Partner Organizations



Review Section 6.5.4.2 in the *HIV Gender Toolkit*.

- Partner organizations should share a vision and explicit consensus on the gender equity and equality goals of the program. It is important for program planners and managers to know and understand their partner organizations and their context to build a shared vision and consensus on the gender objectives of the program.
- To develop a shared vision and consensus, program planners and managers need to engage partners in dialogues about the gender equity and equality goals of the program and the relevance of these for the HIV prevention work they will do together.

## Slide 44: Participation of women/girls and men/boys



Review Section 6.5.4.3 in the *HIV Gender Toolkit*.

- Gender-responsive HIV programming requires that program planners and managers ensure the participation of women and adolescent girls in the implementation of the program, not only as beneficiaries but also as implementers and decision makers.

## Slide 45: Considerations for Gender Integration in Program Implementation

Refer to Section 6.5.4.3

### Considerations for Gender Integration in Program Implementation

**Tool 10 Considerations for Gender Integration in Program Implementation**

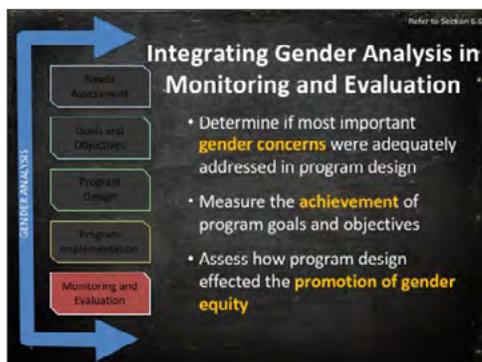
Component	Yes	No	If No, what actions are needed to address the issue?
<b>Program Staff and Consultants</b>			
Are knowledge of how gender affects HIV vulnerability, risk, and prevention, and knowledge, experience, and skills in gender analysis included as required qualifications in staff job descriptions?			
Do staff job descriptions clearly spell out responsibilities and expectations for carrying out the gender components and activities of the program and gender integration?			
Do annual performance evaluations take into account staff performance in carrying out the gender components and activities of the program and gender integration?			
<b>Partner Organizations</b>			
Are knowledge of how gender affects HIV vulnerability, risk, and prevention, and knowledge, experience, and skills in gender analysis included as required qualifications in consultant agreements or contracts?			
Are responsibilities and expectations for carrying out the gender components and activities of the program and gender integration clearly spelled out in consultant agreements or contracts?			
If women and adolescent girls cannot be effectively reached by male staff, are provisions made to recruit and hire the female staff needed?			

**Qualifications, Hiring, and Pay**

Review Section 6.5.4.3 in the *HIV Gender Toolkit*.

- **Tool 10 in section 6.5.4.3 of the *HIV Gender Toolkit*** is a checklist designed to assist program planners and managers identify and consider how to address GBCs and GBOs during program implementation.
- It includes a list of gender considerations for the following components:
  - **Program Staff and Consultants**
    - Qualifications, hiring, and pay
    - Training
    - Supervision and reporting
  - **Partner Organizations**
    - Gender expertise
    - Memorandums of Understanding (specifically regarding gender components of the program and gender integration)
    - Use of women's organizations and networks
    - Involvement of female staff of partner organizations in management
    - Activities to strengthen gender capacity of partner organizations
  - **Participation of Women and Adolescent girls**
    - Commitment to participation in program policy and practices
    - Mechanisms to ensure participation
    - Convenience of program activities and locations
- The tool also provides actions and activities to reduce gender-related constraints

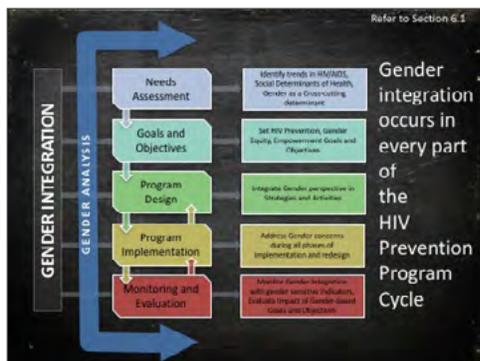
## Slide 46: Applying Gender Analysis to Program Monitoring and Evaluation (NOTE: THIS SLIDE HAS ANIMATION)



Review Section 6.6 in the *HIV Gender Toolkit*.

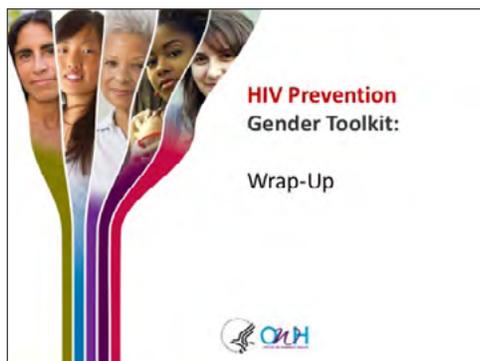
- While we will not provide an in-depth look at applying gender analysis into program monitoring and evaluation (M&E) today, this slide gives you a brief introduction to the topic. (For 3 day training, mention that these topics will be discussed and practiced more tomorrow.)
- Designing a gender-responsive HIV program and planning a gender-sensitive M&E plan are inseparable activities. M&E planning starts at the time that program goals and objectives are set and the program design is developed. These activities are carried out together.
- The aim of M&E is to improve program effectiveness and guide decision-making about future programming.
- M&E involves systematic data collection, analysis and reporting of information and determines whether a program is meeting goals and objectives.
- Information obtained helps to improve the program's performance and contribution to the health of target population over time.
- Refer 2-day training participants to [Section 6.6 in the HIV Gender Toolkit](#) for more information and reference [Tool 11](#) as a way to ensure proper gender considerations are made when developing an M&E plan.

## Slide 47: Review of Applying Gender Analysis to the Program Cycle



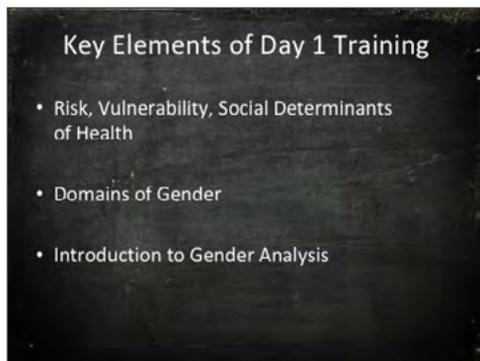
- Today, we covered how gender integration can occur throughout the program cycle through the application of gender analysis.
- The development of gender-responsive programs should be intricately linked to addressing GBCs and maximizing GBOs.
- As you apply gender analysis to each aspect of the program cycle, note the importance of feedback from M&E activities and program implementation.
- Adaptation based on what is learned from implementation and M&E is crucial to optimizing the gender-responsiveness of your program.

## Slide 48: Review and Wrap-Up



Ask if anyone has any questions

## Slide 49: Day One Review



- We have covered a lot of material these last two days.
- Our first day of training we reviewed key concepts of gender that impact HIV risk: gender as an overarching social determinants of health; the four gender domains, and the foundation of gender integration – gender analysis.

## Slide 50: Day Two Review



1. Today, we reviewed gender integration throughout the program cycle
2. What questions do you have about today's training?

## Slide 51: Questions



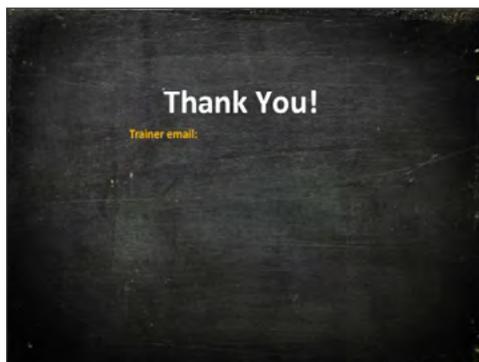
## Slide 52: Wrap up and Evaluations



1. For 2-Day Training, Facilitators distribute evaluations.
2. For 3-Day Training, remind them of the starting time for Day 3
3. Thank all participants for their time and participation in the training.

**NOTE:** Remove "Evaluations" for 3-day training.

## Slide 53: Wrap up and Evaluations



**NOTE:** For 2-day training, insert your contact information (email) on this slide for feedback and follow up.

# Day Two

## Activity Worksheets\*

\*For Reviewers – All Activity Worksheets are located in the Participant Manual during the review process



# Day Three

## Day Three Agenda

Timeframe	Day Three Agenda
60 Minutes	Welcome and Review of Day 1 and Day 2 Concepts
30 Minutes	Integrating Gender in Program Monitoring & Evaluation
15 Minutes	Break
30 minutes	Key Components of an Monitoring & Evaluation Plan, Part One
60 minutes	Developing Gender-Sensitive Indicators
60 minutes	Lunch
60 minutes	Key Components of an Monitoring & Evaluation Plan, Part Two
30 minutes	Bringing Home a Gender-Perspective
15 minutes	Wrap Up and Evaluations

## Facilitator Expectations for Day Three

Day Three	
<p><b>Welcome and Review of Day One and Day Two</b></p> <p><b>Training Slides:</b> 1-9</p> <p><b>Facilitator Prep time:</b> 60 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Sections 2-6</b></p> <p><b>Materials:</b> Candy or “treats” for participants that get correct answers</p>
<p><b>Facilitator Notes:</b> Review the content in slides 3-8 and the respective content in the <i>HIV Gender Toolkit</i> and corresponding questions in Facilitator Guide below to facilitate discussion.</p>	
<p><b>Integrating Gender in Program Monitoring &amp; Evaluation</b></p> <p><b>Training Slides:</b> 10-16</p> <p><b>Facilitator Prep time:</b> 30 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.6.1 - 6.6.5</b></p> <p><b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Review Day Three Training Objectives and the content in the HIV Gender Toolkit. Develop process questions to reinforce the differences between gender-sensitive monitoring and gender-sensitive evaluation.</p>	
<p><b>Key Components of a Monitoring &amp; Evaluation Plan, Part 1</b></p> <p><b>Training Slides:</b> 18-24</p> <p><b>Facilitator Prep time:</b> 30 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.6.6</b></p> <p><b>Materials:</b> N/A</p>
<p><b>Facilitator Notes:</b> Review content for key components of an M&amp;E plan and direct participants to the appropriate section in the HIV Gender Toolkit to follow along.</p>	
<p><b>Developing Gender-Sensitive Indicators</b></p> <p><b>Training Slides:</b> 25-29</p> <p><b>Facilitator Prep time:</b> 120 minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.6.8</b></p> <p><b>Materials:</b> Handout 3.1.1-3.1.3 (Instructions, sample indicators, and matrix); flipcharts and markers</p>
<p><b>Facilitator Notes:</b> Prepare for the <b>Developing Gender Indicators Matched to Program Objectives and Gender Strategies</b> by reviewing directions, sample indicators, and matrix structure.</p> <p>Have participants use gender-sensitive goals and objectives developed during Day Two <b>Gender Responsive Objectives Activity</b> to develop indicators.</p>	

<p><b>Key Components of a Monitoring &amp; Evaluation Plan, Part 2</b></p> <p><b>Training Slides:</b> 31-40</p> <p><b>Facilitator Prep time:</b> 30 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.6.6</b></p> <p><b>Materials:</b> Handout 3.2; flipcharts and markers</p>
<p><b>Facilitator Notes:</b> Review content for key components of an M&amp;E plan and direct participants to the appropriate section in the Toolkit to follow along.</p> <p>For the <b>Tool 11: Integrating Gender Considerations in Monitoring &amp; Evaluation Plan Activity</b>, review and determine ways to facilitate discussion on how participants can use this tool at their own organizations.</p>	
<p><b>Bringing Home a Gender Perspective</b></p> <p><b>Training Slides:</b> 31-40</p> <p><b>Facilitator Prep time:</b> 30 Minutes</p>	<p><b>HIV Gender Toolkit Reference: Section 6.6.6</b></p> <p><b>Materials:</b> flipcharts and markers; evaluation sheets</p>
<p><b>Facilitator Notes:</b> Review activity on slide 42 and suggested prompts to guide reflection and discussion.</p> <p>Review key concepts from all three days of training so you can give a succinct review of how topics covered fit together.</p> <p>Place contact information into slide 45 and have evaluation forms ready for final day of training.</p>	

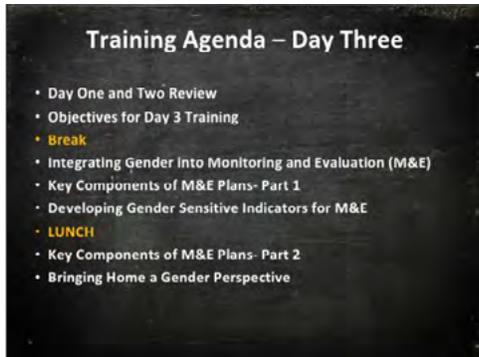
# Day Three PPT Slides and Facilitation Guide

## Slide 1: Welcome to Day Three



- Welcome participants to Day Three
- Acknowledge participation over previous two days and thank them for taking time to complete this final component.

## Slide 2: Day 3 Training Agenda



1. Refer participants to their Participant manual, where they will find all Training slides and briefly mention Day One and Day Two agenda
2. Review Day Three Agenda.
3. Remind participants that there will be a 15-minute break and 1 hour for lunch.

## Slide 3: Module 1: Review of Day One and Day Two Concepts



1. Transition to Day One Review
2. We are going to start today by reviewing some key concepts from the first day of training.

## Slide 4: Review: Social Determinants of HIV Risk



Review Section 3.2 in the *HIV Gender Toolkit*.

Review the key concepts for gender integration from previous two days of training, and ask the following questions:

- What do you remember about social determinants of HIV-risk?
- How are social determinants related to biological risk?
- How does gender help define the social determinants of health model in this slide?

### **Key Review Concepts:**

Structural determinants are factors that are based in the processes of governance at the global, national, and local level; global and national economic and social policy; and biases, norms, and values within society.

Structural determinants shape the nature and degree of social stratification in society—that is, the magnitude of inequity along dimensions of stratification, such as education, occupation, income, gender, race/ethnicity, and sexual orientation.

## Slide 5: Review: Gender Domains



Review Section 4.3 in the *HIV Gender Toolkit*.

Ask participants to give examples of each of the gender domains.

- What is an example of a gender norm?
- What is an example of a gender role?
- What is an example of gender relations?
- What is an example of gender relations?

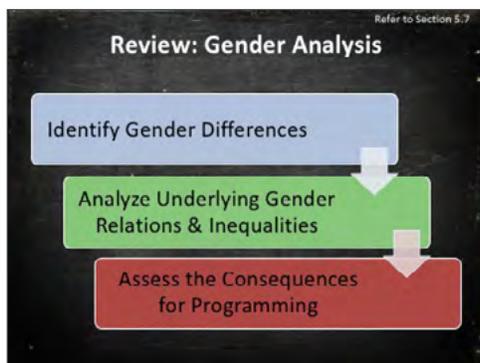
- *How do these gender domains impact HIV vulnerability?*
- *How can gender domains be addressed in HIV prevention programs?*

**Key Review Concepts:**

Dominant gender ideologies of femininity and masculinity, gender norms, roles, relations, and access to and control over resources are key domains of gender. These domains influence women’s and men’s sexual beliefs and behaviors. They also influence access to HIV information, prevention, and treatment.

Gender-responsive programs have identified how gender norms, roles, responsibilities, and relations produce differences and inequalities between women and men, as well as adolescent girls and adolescent boys, which increase their risk and vulnerability for HIV infection.

**Slide 6: Review: Gender Analysis**



*Review Section 5.7 in the HIV Gender Toolkit.*

Review the steps of gender analysis.

- *What actions can be taken to help identify gender differences?*
- *What does “Step 2,” analyze underlying gender relations and inequalities, allow us to understand?*
- *What is the importance of “Step 3,” assessing the consequences for programming? What would this involve?*

**Key Review Concepts:**

**Step 1:** Understanding the “what” of the epidemic through the collection of data on the state of the epidemic

**Step 2:** Analyzing data from a gender perspective to understand the impact of underlying factors’ on the epidemic; and understand the disparate impact the epidemic has on differing genders. This is the “why” part, looking at data through a gender lens allows for the impact to be viewed on multiple levels: individual, family, household, community, and societal. Additional qualitative data can be collected to help understand epidemic data from step 1 through a gender lens.

**Step 3:** This is the “so what” phase. Take what you learned in Steps 1 and 2 and ask yourself, how can your organization apply this new understanding of gender impacts and what will be the outcome? How can you impact the gender inequities in a way that will impact the epidemic?

In order to conduct a thorough gender analysis, you need to understand the various domains of gender. These domains will inform your data collection and your data analysis.

**Review Gender Domains:** Gender Norms; Gender Roles and Responsibilities; Access to and Control over Resources: Power and Decision Making; Needs; and Priorities and Perspectives.

## Slide 7: Review: Gender-based Opportunities and Gender-based Constraints

Refer to Section 5.7.2.3

### Review: GbCs and GbOs

- **Gender-based Constraints**
  - Factors that **limit or restrict** behaviors, participation, rights, exercise of power and decision-making, time use and access to and control over resources, based on their gender identity
- **Gender-based Opportunities**
  - Factors that **facilitate** behaviors, participation, rights, exercise of power and decision-making, time use and access to and control over resources, based on their gender identity

Review Section 5.7.2 in the *HIV Gender Toolkit*.

- Gender-based Constraints: Factors that limit or restrict behaviors, participation, rights, exercise of power and decision-making, time use and access to and control over resources, based on their gender identity
- Gender-based Opportunities: Factors that facilitate behaviors, participation, rights, exercise of power and decision-making, time use and access to and control over resources, based on their gender identity

## Slide 8: Review: Creating Objectives that Address GBCs and GBOs (NOTE: THIS SLIDE HAS ANIMATION)

Refer to Section 6.3

### Review: Objectives Address GbCs and GbOs

**Addressing GbCs**

**GbC:** Women with low educational attainment may be unable to find employment or to earn enough to support themselves and their families.

**Objective:** By the end of 2015, there will be a 50% increase in enrollment for continuing education programs and a 50% increase in employment services for women at risk for HIV.

**Maximizing GbOs**

**GbO:** Low-income women are more likely to be covered by Medicaid than low-income men.

**Objective:** By the end of 2015, 100% of women on Medicaid in the service areas will be tested for HIV and STIs and receive referral for treatment if needed.

Review Section 6.3 in the *HIV Gender Toolkit*.

Based on the answers for GBCs and GBOs, ask participant to give an example of an objective that would address the GBC/GBO.

- *What is an example of an objective that would address (example of GBC)?*
- *What is an example of an objective that would maximize (example of GBO)?*

## Slide 9: Review: GbCs, GbOs, and Program Objectives Day Two Activity

Refer to Section 6.3.4

Review: GbCs, GbOs and Program Objectives

Tool #1: Developing Program Objectives Based on Priority Gender-based Constraints and Opportunities

1) Domain	2) List the Most Important Gender-based Constraints for the Program	3) List the Most Important Gender-based Opportunities for the Program	4) Write a Program Objective to Address the GbC or GbO
a) Environment			
b) Gender Norms			
c) Gender Roles			
d) Access to and Control over Resources			
e) Power and Decision making			

Review Section 6.3.4 in the *HIV Gender Toolkit*.

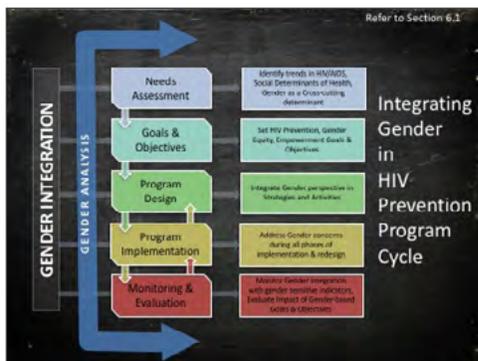
Review flipcharts from Day Two Activity.

## Slide 10: Integrating Gender in Program M&E



Introduce Day Three

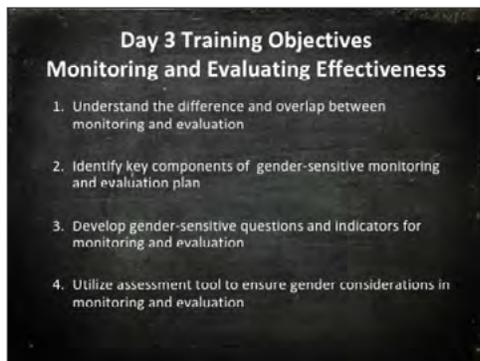
## Slide 11: Review of Applying Gender Analysis to the Program Cycle



State how participants have seen this figure several times yesterday. Gender-responsive HIV prevention program planning begins with gender analysis. Findings from gender analysis inform and guide decisions made at each step in the program cycle.

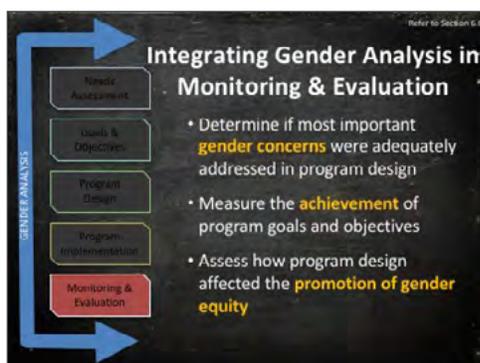
- Today, we will focus on the final piece of the program cycle, monitoring and evaluation.

## Slide 12: Day Three Training Objectives for Monitoring and Evaluation Effectiveness



Review Day Three training objectives.

## Slide 13: Integrating Gender Analysis into Monitoring and Evaluation



Review Section 6.6 in the *HIV Gender Toolkit*.

- Designing a gender-responsive HIV program and planning a gender-sensitive M&E plan are inseparable activities. M&E planning starts at the time that program goals and objectives are set and the program design is developed. These activities are carried out together.
- The aim of M&E is to improve program effectiveness and guide decision-making about future programming.
- M&E involves systematic data collection, analysis and reporting of information, and determines whether a program is meeting goals and objectives.
- M&E obtains information to improve the program's performance and contribution to the health of the target population over time.

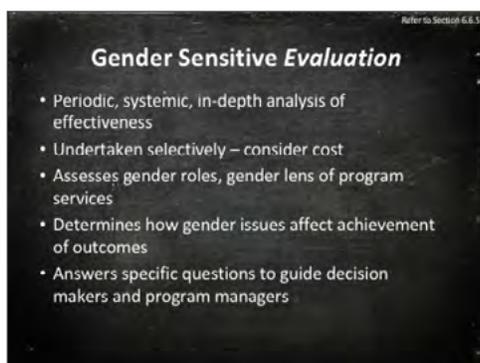
## Slide 14: Gender-Sensitive Monitoring



Review Section 6.6.4 in the *HIV Gender Toolkit*.

- Monitoring is an internal program management activity involving ongoing data collection, tracking, and review to determine if a program is meeting its targeted objectives.
- Gender-sensitive approaches examine if the program:
  - Is delivered to the target population (women/adolescent girls);
  - Is delivered in a form that is consistent with original design;
  - Addresses the HIV prevention needs of women and adolescent girls or men and adolescent boy; and
  - Provides output that benefits women and adolescent girls or men and adolescent boys.
- Provides an entry-point for corrective action that may be needed to address GBCs, maximize GBOs, and addresses gender-based inequalities.

## Slide 15: Gender-Sensitive Evaluation



Review Section 6.6.5 in the *HIV Gender Toolkit*.

- Program evaluation is:
  - Periodic, in-depth assessment of the relevance, performance and success of an ongoing (or completed) program.
  - A guide to decision-making and program management.
  - Information on the program's validity.

- Gender-sensitive evaluation measures progress in achieving HIV-prevention and gender-equity goals and objectives, often by comparing multiple time points (baseline and after implementation).
- Gender-sensitive evaluation uses mixed-methods to assess gender roles in the program, demonstrate how gender issues have been addressed, and measure the program’s impact on selected outcomes.
- Refer participants to the Toolkit for more information on evaluation methods.

## Slide 16: Interrelationship of Monitoring and Evaluation

Refer to sections 6.6.3

**Interrelationship of Monitoring and Evaluation**

Complementary Functions of Monitoring and Evaluation	
Monitoring	Evaluation
Clarifies program objectives	Analyzes why intended results were or were not achieved
Links activities and their resources to objectives	Assesses specific causal contributions of activities to results
Translates objectives into performance indicators and sets targets	Explores implementation process
Routinely collects data on these indicators and compares actual results with targets	Explores unintended results
Reports progress to managers, policy-makers, and/or funders and alerts them to problems	Highlights accomplishments or program potential, provides lessons learned, offers recommendations for improvement

Source: USAID Joint Center for Reproductive Programs and FHI/360. 2008. Basic Tools and Frameworks for Monitoring and Evaluation (M&E) Monitoring and Evaluation Handbook.

### Review Section 6.6.3 & Table 9 in the Toolkit.

Read the boxes that compare and contrast monitoring and evaluation activities, stressing the similarities and differences between monitoring and evaluation.

- Monitoring and evaluation are interrelated and complementary, yet distinct in their purpose and design.
- Monitoring provides real-time information on ongoing program activities and can be a “snapshot.”
- Evaluation activities build on the findings from monitoring activities.
- Evaluation is an in-depth analysis on whether a program is achieving its objectives and informs the scope, quality, intensity, efficiency, effectiveness, and overall impact of the project.
- Monitoring can indicate when a program is not working, and evaluation can complement monitoring by clarifying why the program is not working.

**Process Questions:** (Facilitator should spend at least 5 minutes discussing the interrelationship of monitoring and evaluation and their use and application for participants.)

- Does your organization have monitoring and/or evaluation processes in place? If so, what are they?
- What do you think are the benefits of monitoring? Of evaluation? How can the two processes work together?

## Slide 17: BREAK

**Break  
15 minutes**

## Slide 18: Integrating Gender in Program M&E



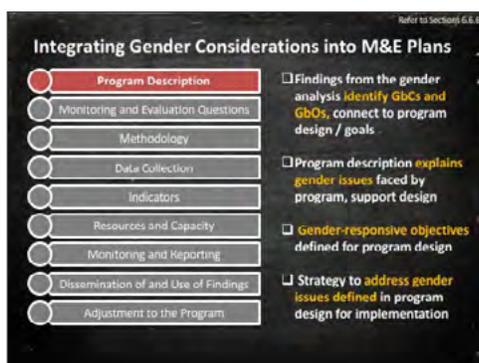
- Now, we are going to talk about some of the key components of monitoring and evaluation plans using a gender lens.

## Slide 19: Monitoring and Evaluation Plan: Key Components



- An M&E plan helps to show where the program fits into the larger context; clarify assumptions about the causal relationships in the program design; show how program components will operate to influence outcomes; guide identification of indicators; and guide analysis of program impact.
- Gender-sensitive M&E plans help to guide these activities to ensure that program information is available to inform decision making and program activities and focus programs on addressing GBCs and maximizing GBOs.
- An M&E plan considers and addresses all components from a gender-sensitive perspective.

## Slide 20: Monitoring and Evaluation Plan: Program Description



- Program descriptions should include: overall goals; specific objectives; intended participants; geographic location; strategies; and activities to achieve the objectives, resources, timelines for completion, and persons responsible.
  - Descriptions should: include the gender-related objectives; explain the gender issues faced by program participants; and describe the program's strategy to address the gender issues in the design and implementation.
  - Descriptions should incorporate principles of gender-responsive programs from **Section 5.1 in the HIV Gender Toolkit**.

## Slide 21: Monitoring and Evaluation Plan: Monitoring and Evaluation Questions

Refer to Section 5.6.4

### Integrating Gender Considerations into M&E Plans

- Program Description
- Monitoring and Evaluation Questions**
- Methodology
- Data Collection
- Indicators
- Resources and Capacity
- Monitoring and Reporting
- Dissemination of and Use of Findings
- Adjustment to the Program

- Incorporate **key gender issues** (gender norms, division of labor, power and decision making, etc.) into specific M&E questions
- Address program performance elements that **assess impact on GbCs/GbOs**
- Worded in **gender-sensitive manner**; require sex-disaggregated information to answer

- Specific M&E questions are linked directly to the stated goals and objectives of the program.
- Questions should be developed and agreed upon by all stakeholders (program planners, managers, women and adolescent girls from targeted program, funders, etc.) to address concerns regarding what they need to know and what they want to accomplish.
- Questions should be worded in a gender-sensitive manner and require sex-disaggregated data to answer. (Refer to [Day 1/Section 5.7.1](#))
- Questions should address key gender issues, such as sexual division of labor, access to and control of resources and power, and decision making. (Refer to [Section 4.3](#))
- Examples of gender-sensitive evaluation questions include:
  - Has the program reduced stigma against people who do not follow traditional gender norms and behaviors?
  - Has the program reduced the burden of care for women and adolescent girls?
  - Have men and adolescent boys become more involved in caring for children within the family?

## Slide 22: Monitoring and Evaluation Plan: Methodology

Refer to Section 6.6.4

### Integrating Gender Considerations into M&E Plans

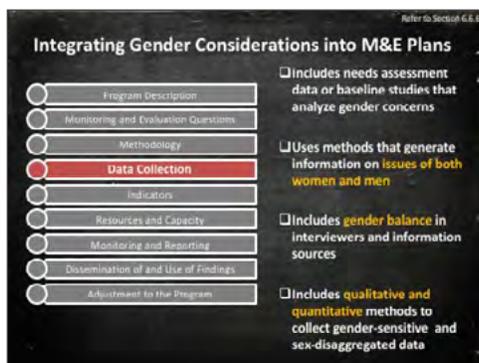
- Program Description
- Monitoring and Evaluation Questions
- Methodology**
- Data Collection
- Indicators
- Resources and Capacity
- Monitoring and Reporting
- Dissemination of and Use of Findings
- Adjustment to the Program

- Ensures **gender issues** are addressed in program design, monitoring, and evaluation
- Includes **participatory methods** for program participants and stakeholders in M&E activities
- Incorporates **human rights measures** for participants, i.e. gender equality, informed consent, confidentiality

- The methodological approach describes the process and methods that will be used to monitor program implementation and evaluate effects of the program. The methodological approach includes:

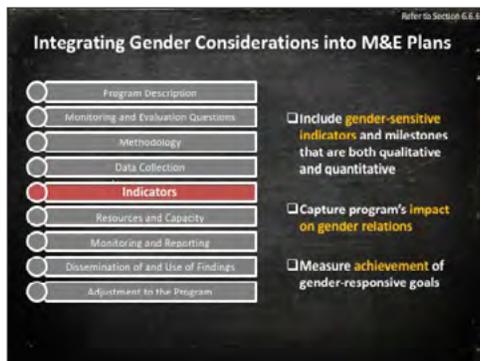
- How data will be collected to answer M&E questions (survey, record review, administrative data, etc.);
  - M&E methods (sampling, qualitative/quantitative; online survey versus self-administered versus interviewer-administered, etc.);
  - Key indicators to measure progress and achievement of objectives;
  - Information needs and sources; and
  - Methods by which the data will be collected, recorded, processed, reported, maintained, and analyzed.
- Methods designed to ensure gender issues are addressed.
  - Use participatory methods for stakeholders and ensure gender-inclusive methods for data collection.
  - Consideration of human rights measures are in place (Institutional Review Board approval, informed consent, confidentiality, etc.).

## Slide 23: Monitoring and Evaluation Plan: Data Collection



- Methodology is the study design developed specifically for each monitoring and evaluation plan.
- Data collection is one component of the study design. Data collection should consider and include the following:
  - Baseline data that informs gender considerations (needs assessment, secondary data, etc.).
  - Information from both men and women. Stress the importance of collecting sex-disaggregated data.
  - A gender balance in interviewers. Staff collecting data should include both men and women. Staff should be conscious of biases when speaking with same or different genders

## Slide 24: Monitoring and Evaluation Plan: Indicators



Review Section 6.6.8 in the *HIV Gender Toolkit*

- For gender-sensitive M&E, you must have gender-sensitive indicators. Indicators can be numbers, pointers, facts, opinions, or perceptions that measure changes in a specific condition or situation over time.
- Indicators specify how program objectives will be measured and verified to show impact on gender relations, and achievement towards gender-responsive goals.

## Slide 25: Developing Gender-Sensitive Indicators



- Before we move on to the other components of an M&E plan, let's go more in-depth into developing gender-based indicators.

## Slide 26: Gender-based Indicators and HIV Risk

Refer to Section 6.6.8

### Gender-based indicators track changes in social determinants of HIV risk

- Indicators measure the **quality and quantity of change** in relation to women's/girls' risk and vulnerability over time
- Measure whether the **gender based constraint** has been **reduced or eliminated**
- Measure **impact** of taking advantage of a **gender-based opportunity**
- Can be quantitative, qualitative, or mixed

Review Section 6.6.8 in the *HIV Gender Toolkit*

- Gender-based indicators take into account existing gender differences in sexual behavior, and address risk and vulnerability factors for females and males.
- For example, if women cannot practice safer sex because their male partners refuse to use condoms, indicators could measure whether:
  - Making female condoms available has enabled women to practice safer sex (because women still need the cooperation of men to use the female condom, making them available may not necessarily result in their use).
  - Teaching women how to use the female condom properly and how to negotiate the use of a female condom with their partner has resulted in increased use of female condoms.
  - Engaging couples in counseling to improve their sexual communication skills and address negative gender norms results in increased use of male and female condoms.

## Slide 27: Choosing the Appropriate Mix of Indicators

Refer to Sections 6.6.8.2–6.6.8.3

### Choosing Appropriate Mix of Indicators

<b>Program Monitoring Indicators:</b>	<b>Program Evaluation Indicators:</b>
• Input indicators <ul style="list-style-type: none"><li>– Quantity / quality of program resources</li></ul>	• Outcome Indicators <ul style="list-style-type: none"><li>– Measure long-term effects of program outputs</li></ul>
• Process indicators <ul style="list-style-type: none"><li>– Type and ways program services provided</li></ul>	• Impact Indicators <ul style="list-style-type: none"><li>– Measure actual long-term effects of programs (e.g., reduction of HIV)</li></ul>
• Output Indicators <ul style="list-style-type: none"><li>– Measure immediate short-term results</li></ul>	

Review Section 6.6.8.3 in the *HIV Gender Toolkit*

- There are different types of indicators, used for monitoring and evaluation, including input, output, and impact indicators. Different types of indicators are used to measure different types of gender concerns.
- **Input indicators** describe what goes into the program, such as the number of hours of training, the amount of money spent, the quantity of HIV/AIDS information material, and the number of female condoms distributed.

- **Output indicators** describe the program activities, such as the number of people trained, the number of coalition meetings held, the number of women and adolescent girls and/or men and adolescent boys reached.
- **Impact indicators** describe the actual change in conditions, such as changed attitudes as a result of training or changed behavior as a result of risk-reduction workshops.
- **Qualitative indicators** measure people's opinions or perceptions about a situation (e.g., proportion of people satisfied with an HIV-education workshop). Qualitative indicators focus on people's own experience and therefore play an important role in the promotion and understanding of stakeholder perspectives.
- **Quantitative indicators** measure a quantity, such as the number of women with HIV in a given community or the participation of all stakeholders in program identification and design meetings (attendance by sex, age, and socioeconomic background).

## Slide 28: Using the Toolkit for Examples of Gender-Sensitive Indicators

Refer to Section 6.6.8.4

**Review Gender-Sensitive Indicators**

**Table 10 Examples of Gender-Sensitive Indicators**

Outcome/Program Objective	Program Objective	Gender-sensitive Indicator
<b>Gender Norms</b>	Increase the proportion of heterosexual couples who engage in more gender-equitable sexual decision-making.	Proportion of heterosexual couples who report joint decision-making regarding condom use.
	Increase the proportion of men and boys who hold gender-equitable norms.	Proportion of men and boys ages 15-24 who agree that women and girls should have the same rights as men and boys. Proportion of men and boys ages 15-24 who believe that men can prevent physical and sexual violence against women and girls.
<b>Gender Roles</b>	Increase the proportion of men living with an HIV-positive female partner who assume greater responsibility for childcare and cooking within their families.	Proportion of men ages 25-44 living with an HIV-positive female partner who report providing care to their children. Proportion of men ages 25-44 living with an HIV-positive female partner who report providing care to sick individuals within their household.
	Increase the proportion of women at risk of HIV infection who are employed.	Proportion of women ages 25-44 at risk of HIV infection reporting steady full-time employment in the past 3 months.
<b>Access to and Control Over Resources</b>	Increase the proportion of women at risk of HIV infection who are attending HIV prevention services.	Proportion of women aged 20-34 reporting specific barriers to HIV prevention workshops within the past 3 months. Proportion of women ages 20-34 attending HIV prevention risk-reduction counseling services in the past 3 months.
	Increase the proportion of HIV prevention programs providing gender-equitable services.	Proportion of HIV prevention programs providing gender-equitable services.

1. With this slide, all training participants will review **Table 10 in Section 6.6.8.4 of the HIV Gender Toolkit.**
2. Review the linkage of gender analysis domains, program objectives, and gender-based indicators; including Domain of Gender Analysis for Access to Control over Resources.
3. Evaluation question would be: Has the program intervention increased access to and control over resources?
4. Review illustrated examples of gender-sensitive indicators.

### Key concepts:

- Applying gender analysis throughout the planning process is necessary to identify the indicators needed to monitor the differential impact of activities on women and adolescent girls, and men and adolescent boys.
- Gender indicators build knowledge about how gender differences affect HIV-prevention outcomes, and how HIV-prevention programs contribute to gender equity.
- Gender indicators also provide the analytical basis for informed program revisions and future activity design.

## Slide 29: ACTIVITY: Developing Gender Indicators for Program Monitoring & Evaluation

Refer to Section 3.1.1.3.4

**Activity: Developing Gender-Sensitive Indicators for Program Monitoring and Evaluation**

Tool 12: Developing Gender-sensitive Indicators Matched to Objectives

1) Priority Gender-based Conditions or Opportunities to Address	2) Program Objective	3) Gender-sensitive Indicator	4) Type of Indicator

**Note:** Have participants get into groups of five or six and answer a question assigned to them. Try to group people by common organization or health department.

### Activity Instructions (30 minutes):

1. Please divide into same small groups from Day 2, select a recorder and a reporter.
2. Instruct the group that they have **25 minutes** to complete the activity using **Handouts 3.1.1-3.1.3**, then each group will briefly report back and we will discuss responses in the large group for **15 minutes**.
3. In your small group, develop two process indicators and two outcome indicators for each program objectives you developed in previous exercises.
4. Use the matrix provided to write the indicators. Review instructions and have trainees use **Table 8 in the HIV Gender Toolkit** for indicator ideas.

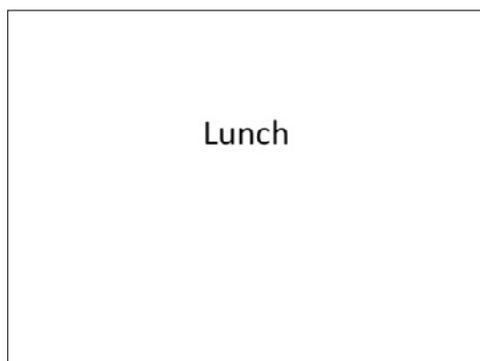
### Tips for Debriefing:

*Are your indicators disaggregated by sex, age, and/or socioeconomic status?*

*Did your indicators measure change in gender inequities? How?*

*How are your indicators linked to the impact of preventing HIV infection in women and adolescent girls?*

## Slide 30: LUNCH BREAK



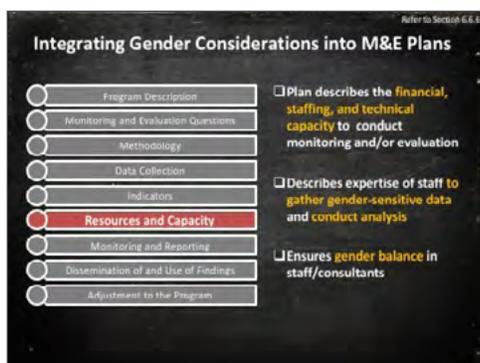
Remind participants they have 60 minutes for lunch and note the time that they should return to the training.

## Slide 31: Key Components of an M&E Plan, Part 2



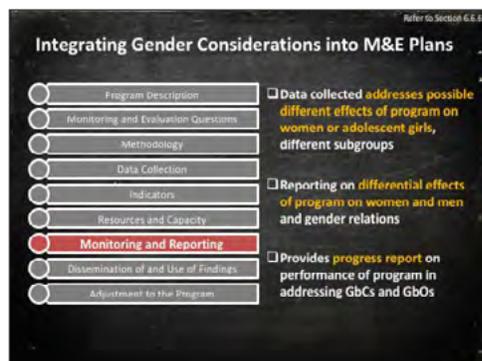
- Now we will get back to discussing the remaining components of an M&E Plan

## Slide 32: Monitoring and Evaluation Plan: Resources and Capacity



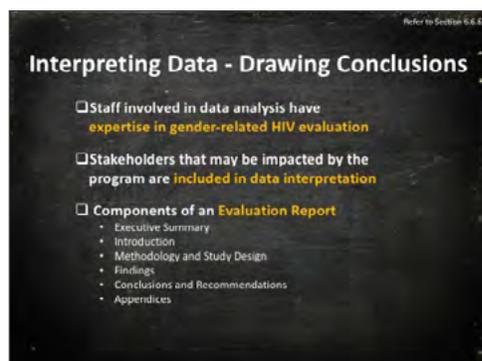
- Plans should describe the staff, as well as the financial and technical capacity available.
- Resources include funds, staff, and consultants with experience in M&E.
- Budgets should include requirements for gathering gender-sensitive information and ensuring gender-balance.
- Budget should also address measures for building staff and technical capacity if they are not currently in place (setting up databases, hiring consultants, holding trainings, etc.).

## Slide 33: Monitoring and Evaluation: Monitoring and Reporting



- Data analysis should examine possible different effects of the program on women and adolescent girls across different groups on gender relations, etc.
- Plans should delegate responsibilities of analyzing and reporting information, and provide a timetable to accomplish the analysis and reporting tasks.
- Plans should also specify a process to regularly analyze information on the effect of the program on gender relations.
- Progress reports should provide information on performance of program addressing GBCs and GBOs.

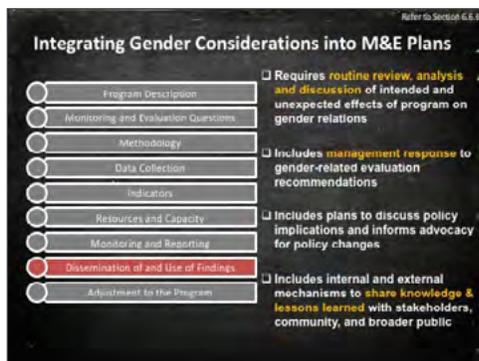
## Slide 34: Interpreting Data



- When interpreting data, it is important to ensure that the staff involved have experience in connecting the results with gender and HIV.
- Women and adolescent girls and all other relevant stakeholders should be involved in the interpretation of the results.
- Reports should be written with the following components:
  - **Executive Summary:** a clear, concise synopsis that highlights the key points, findings, and recommendations of the final report, including implications for gender-responsive HIV programming.

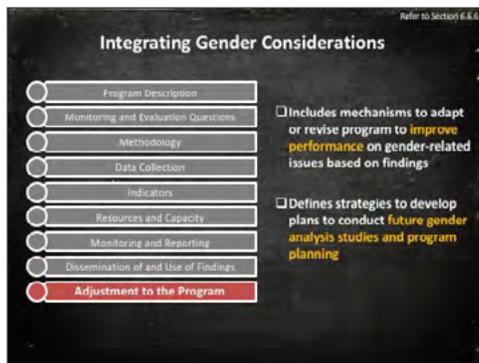
- **Introduction:** background information that includes a description of the program and the goals and objectives dictating the evaluation.
- **Methodology and study design:** description of how you collected the information (data), including sex-disaggregated data, and data relating to income, geographic location, and educational attainment.
- **Findings:** a summary of the results, including specific gender-related outcomes (e.g., reduction of harmful gender norms; reduction of violence against women and adolescent girls; reductions in gender-related barriers to services; reduction in the burden of care for women and adolescent girls; and reduction in stigma and discrimination).
- **Conclusions and recommendations:** conclusions and recommendations based on the results, program lessons learned, accomplishments, improvements, and uses for the report.
- **Appendices:** supplementary materials, such as references, statistical tables, and questionnaires.

## Slide 35: Monitoring and Evaluation Plan: Dissemination and Use of Findings



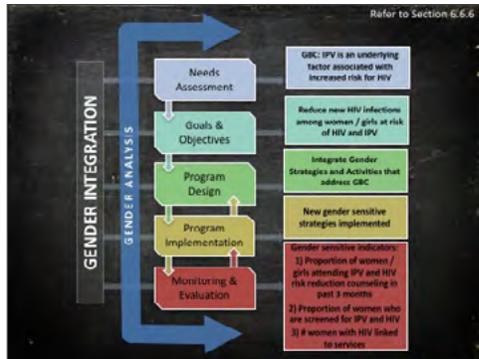
- Plan should require the routine review, analysis, and discussion of intended and unexpected effects of the program on gender relations.
- Plan should delineate who will translate the results in understandable terms for program stakeholders.
- Plan should determine how findings will be shared and used internally and externally (e.g. written papers, oral presentation, program materials, feedback sessions, etc.)
- Plan should include gender-related recommendations that will translate into HIV-prevention program policy, as well as policy implications, and lessons learned.
- A separate dissemination plan should be developed to document how to share findings with stakeholders and other interested audiences.

## Slide 36: Monitoring and Evaluation Plan: Adjustment to the Program



- Responsiveness includes modifications to program operation, as well as to the M&E plan.
- Programs should be adapted or revised to improve performance on gender-related issues based on findings.
- M&E strategies should incorporate lessons learned to improve future gender-analysis studies and program planning.

## Slide 37: Gender Integration throughout the Program Cycle



Review diagram of gender integration into the program cycle, beginning with Needs Assessment through Goals and Objectives to M&E, with gender analysis applied throughout. Use middle boxes to support what each program cycle step supports, pointing out how program adjustments are made based on monitoring and evaluation results.

- M&E results focus on gender-related outcomes (e.g., reduction of harmful gender norms; reduction of violence against women and adolescent girls; reductions in gender-related barriers to services; reduction in the burden of care for women and adolescent girls; and reduction in stigma and discrimination).
- Program recommendations and funding changes are based on monitoring and evaluation results, program lessons learned, and accomplishments.
- Women and adolescent girls and stakeholders should be meaningfully involved throughout the entire process of assessing, planning, designing, implementing, and evaluating a program.
- Gender should be incorporated into the goals and objectives of a program, and then continue throughout program design, implementation, and evaluation phases.

## Slide 38: Gender-sensitive Assessment of a Monitoring or Evaluation Plan

Gender-sensitive Assessment of a Monitoring or Evaluation Plan

Refer to Section 6.6.7.5

Component	Gender Concepts	Yes	No	If NO, what actions are needed to address this issue?
<b>Program Description</b>	Does the description of the program explain gender issues faced by the program and describe the program's strategy to address them in design and implementation?			
<b>Monitoring and Evaluation Questions</b>	Are key gender issues such as gender norms, sexual division of labor, access to and control over resources, and power and decision making incorporated into program monitoring and the evaluation design?			
	Does the evaluation assess the program's performance in addressing GBCs and GBOs?			
	Are all monitoring and evaluation questions worded in a gender-sensitive manner, and do they call for sex-disaggregated information?			
<b>Methodology</b>	Does the methodology call for gender issues to be addressed in the program design, monitoring, and evaluation?			
	Does the plan include participatory methods to ensure that program participants and other relevant stakeholders play an active role in monitoring and evaluation activities?			
	Does the plan include measures to ensure the human rights of participants and stakeholders, including gender equality, participation, informed consent, confidentiality, and safety, will be respected and protected?			
	Does the plan include qualitative and quantitative methods and tools to collect gender-sensitive data?			

- Identifies questions for programmers and planners to consider
- Provides gender-sensitive review of program evaluation components
- Determines if evaluation plan incorporates a gender lens into all levels of evaluation plan.

Refer participants to **Tool 11 in Section 6.6.7.5 of the HIV Gender Toolkit**. This tool identifies questions for programmers and planners to consider to ensure effective gender integration of programs. It includes a gender-sensitive review of all of the program evaluation components to ensure the evaluation plan uses a gender lens at all levels.

## Slide 39: Activity Review Tool 11

Activity: Review Tool 11 in HIV Prevention Gender Toolkit – Gender Concepts to Consider in the Monitoring and Evaluation Plan.

### Activity Instructions (30 Minutes):

1. Have participants turn to **Tool 11 in Section 6.6.7.5 of the HIV Gender Toolkit** and **Handout 3.2 in the Participant Manual**. Review how program planners and managers can use this tool to review existing M&E plans in their organization.

Tool 11: Gender Concept in the Monitoring and Evaluation Plan				
Component	Gender Concepts	Yes	No	If NO, what actions are needed to address this issue?
<b>Program Description</b>	Does the description of the program explain gender issues faced by the program and describe the program's strategy to address them in design and implementation?			
<b>Monitoring and Evaluation Questions</b>	Are key gender issues such as gender norms, sexual division of labor, access to and control over resources, and power and decision making incorporated into program monitoring and the evaluation design?			
	Does the evaluation assess the program's performance in addressing GBCs and GBOs?			
	Are all monitoring and evaluation questions worded in a gender-sensitive manner, and do they call for sex-disaggregated information?			
<b>Methodology</b>	Does the methodology call for gender issues to be addressed in the program design, monitoring, and evaluation?			
	Does the plan include participatory methods to ensure that program participants and other relevant stakeholders play an active role in monitoring and evaluation activities?			
	Does the plan include measures to ensure the human rights of participants and stakeholders, including gender equality, participation, informed consent, confidentiality, and safety, will be respected and protected?			
	Does the plan include qualitative and quantitative methods and tools to collect gender-sensitive data?			

2. Have each participant work independently on the following questions:

- Who would you invite to be on your planning group to review this tool?

- Is your own organization currently incorporating a gender lens into your monitoring and evaluation planning? What plans do you have in place now that you would use this tool to review?
- What aspects of the tool might be most and least relevant to your review process? How might you redesign this tool for your own setting?

### Tips for Debriefing: (10 minutes)

Ask participants to use their imagination here, envisioning themselves back home with their colleagues. Remind participants that Tool 11 is an excellent review of all of the concepts we developed throughout the training. Tool 11, like many of the *HIV Gender Toolkit* tools, can be used “as is” by making copies for each of their planning colleagues.

Ask for volunteers to share their “actions” in response to the activity. Choose the number of volunteers based on time (suggested number is 4 to 6 participants). Use volunteer responses to reinforce *HIV Gender Toolkit* highlights. End session by reminding participants that the *HIV Gender Toolkit* is best used as an active resource. Participants can copy and share sections, tables, and tools from it as needed for their own HIV prevention plans.

## Slide 40: Day Three Wrap Up: Major Take-Away



Wrap up with major takeaways from Day Three.

## Slide 41: Module 6: Bringing Home a Gender Perspective



1. Ask if there are additional questions and/or comments about Monitoring and Evaluation Training.
2. Review ways to use the HIV Gender Toolkit as an ongoing guide for gender integration planning.

## Slide 42: Activity: How can we bring this back home and continue gender-sensitive planning?



**Note:** There is no handout for this activity.

### Activity Instructions (15 Minutes):

1. Participants get into groups of five or six. Try to group people by common organization or health department.
2. Have participants answer one of the questions below in their small groups and record it on the flipchart.
  - Do you currently have a monitoring and evaluation plan in place? How would you integrate gender into your M&E plan?
  - What concepts that you have learned during the training will most benefit your organization?
  - Which area of your program would provide a strong foundation to take the first steps in gender integration?
  - What is a weak area in your program that needs the most attention for gender integration?
3. Have participants discuss this within their small groups for **10 Minutes**. Return to a large group discussion and select 2-3 participants to share their answer to one of these questions (**5 minutes**).

## Slide 43: Questions



## Slide 44: Wrap-Up and Evaluations



1. Distribute Evaluations
2. Thank participants for their time and participation in the training.

## Slide 45: Thank You!



**NOTE:** Insert your contact information (email) on this slide for feedback and follow up.

# Day Three

## Activity Worksheets\*

\*For Reviewers – All Activity Worksheets are located in the Participant Manual during the review process