The Malawi Multisectoral AIDS Programme

A Basic Manual for Training Field Workers

Integrating Gender

Into

HIV/AIDS Programs

The Planning, Monitoring and Evaluation

Government of Malawi          The World Bank
This manual has been developed within the framework of the Malawi Multisectoral AIDS Programme (MAP), with the coordination of Ministry of Gender and Community Services in collaboration with the National AIDS Commission (NAC). The World Bank has provided the financial assistance.

The views herein are however those of the authors and must in no way be taken to reflect the official opinion of Government of Malawi (Ministry of Gender and Community Services or the National AIDS Commission) and the World Bank.

The authors are:

1. Mr. Dyton Maliro  
   Lecturer in Agricultural Economics  
   Department of Rural Development  
   Bunda College, University of Malawi  
   Malawi

2. Dr Shimwaayi Muntemba  
   Gender Team  
   Poverty Reduction and Economic Management  
   African Region, The World Bank  
   Washington DC, United States of America.
PREFACE

In August 2003, the Department of Gender Affairs in the Ministry of Gender Community Services in collaboration with the National AIDS Commission (NAC), and with funding from the World Bank, organized a training of trainers (TOT) workshop on *Integrating Gender into Multisectoral AIDS Programs (MAP) and Other HIV/AIDS Activities*. Held at Kambiri Holiday Resort in Salima, the workshop was attended by participants from government departments, non-governmental organizations (NGOs) and networks of people living with HIV/AIDS. At the end, participants expressed need for a training manual.

This manual, therefore, aims to serve as a basic training guide on how to integrate gender into the planning, monitoring and evaluation of HIV/AIDS programs. The goal is to build capacity for integration of gender into HIV/AIDS programs. Specifically, the manual equips its users with:

- Increased understanding of gender and HIV/AIDS and their linkages.

- Knowledge and skills for the integration of gender into the planning, monitoring and evaluation of HIV/AIDS programs.

- Capacity to build local institutional linkages and partnerships, as an effective pathway to the integration of gender dynamics of HIV/AIDS into HIV/AIDS programs and activities.

The manual has been developed through a consultative process and by utilizing various sources of information. Most information on *Gender and HIV/AIDS* has been adapted from the August 2003 workshop. Information on *Planning, Monitoring and Evaluation* has benefited from inputs of workshops facilitated by the principal author in Kasungu, Zomba and Lilongwe districts in September/October 2003. These workshops were organized by an NGO called Comitato Internazionale per lo Sviluppo dei popoli (CISP). Other sources of information have included literature and related training manuals on Gender, HIV/AIDS and Planning, Monitoring and Evaluation. These sources have been acknowledged.

The draft manual was pre-tested and validated at a workshop on *Monitoring and Evaluation of Integration of Gender Into HIV/AIDS Programmes* which was held in January 2004 at the Malawi Institute of Management (MIM) in Lilongwe.

The end users of the manual are trainers who will have understood the major variables as expressed in the modules, and who will be able to adapt the manual to specific situations and locations.
ACKNOWLEDGEMENTS

The principal author of this manual is Mr. Dyton Maliro of Bunda College of the University of Malawi. He worked under the technical guidance of Dr Shimwaayi Muntemba of the World Bank in Washington DC.

The development of the manual benefited from input of trainers and participants at the August 2003 and January 2004 workshops. Thanks go to participants at these two workshops for their valuable comments. The trainers are also thanked for their contributions:

- Mrs. Gertrude Mwalabu, Assistant Lecturer at Kamuzu College of Nursing of the University of Malawi;
- Ms Linda Semu, Senior Lecturer at Chancellor College of the University of Malawi;
- Dr Naomi Ngwira, Director of Institute for Policy Research and Dialogue (IPRAD) in Blantyre.

The Department of Gender in the Ministry of Gender and Community Services, in collaboration with the National AIDS Commission, organized and coordinated the two workshops. Special thanks go to Mrs. Isabel Matenje, Director of Gender Affairs and Dr Bizwick Mwale, Executive Director of National AIDS Commission.

Mr. Peter Msefula, Mr. Harry Chidengu Gama and Mrs. Christobel Chakwana from the Ministry of Gender and Community Services; and Mrs. Bridget Chibwana and Mr. John Chipeta from the National AIDS Commission are hereby recognized for providing technical and logistical support during the organization and delivery of the workshops.

Special thanks go to Professor Dunstain Wai, World Bank Country Manager for Malawi, for his personal interest and commitment in efforts to integrate gender into HIV/AIDS programs in Malawi.

Thanks also go to Mr. Paul Mtali, Administrative Manager at the Malawi Country Office, and Mr. James Ntambalika, for providing administrative and logistical support.

The authors thank Dr Tionge Loga, Programme Officer at UNAIDS Malawi Country Office, who was consulted on availability of gender dissaggregated statistics on access to treatment in Malawi.

The authors are indebted to Rima Al-Azar of the World Bank in Washington DC who reviewed the draft manual and provided useful comments.

The World Bank provided funding for developing the manual. This financial support is hereby acknowledged.
**LIST OF ACRONYMS**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno deficiency Syndrome</td>
</tr>
<tr>
<td>ANC</td>
<td>Antenatal clinics</td>
</tr>
<tr>
<td>ARVs</td>
<td>Anti retro viral drugs</td>
</tr>
<tr>
<td>CISP</td>
<td>Comitato Internazionale per lo Sviluppo dei popoli</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno deficiency virus</td>
</tr>
<tr>
<td>IEC</td>
<td>Information, education and communication</td>
</tr>
<tr>
<td>IPRAD</td>
<td>Institute for Policy Research and Dialogue</td>
</tr>
<tr>
<td>LOGFRAME</td>
<td>Logical Framework of Analysis</td>
</tr>
<tr>
<td>MACRO</td>
<td>Malawi AIDS Counseling and Resource Centre</td>
</tr>
<tr>
<td>MASAIF</td>
<td>Malawi Social Action Fund</td>
</tr>
<tr>
<td>MAP</td>
<td>Multisectoral AIDS Program</td>
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<tr>
<td>M &amp; E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>MMAP</td>
<td>Malawi Multisectoral AIDS Program</td>
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<tr>
<td>MTCT</td>
<td>Mother To Child Transmission</td>
</tr>
<tr>
<td>MMAP</td>
<td>Malawi Multisectoral AIDS Program</td>
</tr>
<tr>
<td>MANASO</td>
<td>Malawi Network of AIDS Service Organization</td>
</tr>
<tr>
<td>MANET</td>
<td>Malawi Network of People Living with HIV/AIDS</td>
</tr>
<tr>
<td>MIM</td>
<td>Malawi Institute of Management</td>
</tr>
<tr>
<td>MPRSP</td>
<td>Malawi Poverty Reduction Strategy Paper</td>
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<tr>
<td>NAC</td>
<td>National AIDS Commission</td>
</tr>
<tr>
<td>NAPHAM</td>
<td>National Association of People with HIV/AIDS in Malawi</td>
</tr>
<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
</tr>
<tr>
<td>PLWA</td>
<td>People Living With AIDS</td>
</tr>
<tr>
<td>PMCT</td>
<td>Prevention of Mother To Child Transmission</td>
</tr>
<tr>
<td>STI</td>
<td>Sexually Transmitted Infections</td>
</tr>
<tr>
<td>UNC</td>
<td>University of Caroline (project)</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
SELECTED ORGANIZATIONS OFFERING HIV/AIDS RELATED SERVICES

COORDINATION OF THE NATIONAL HIV/AIDS RESPONSE

1. National AIDS Commission, P.O Box 30622, Lilongwe. Phone 01 727 900

SUPPORT AND OTHER SERVICES FOR PEOPLE LIVING WITH HIV/AIDS

2. National Association of People Living with HIV/AIDS in Malawi (NAPHAM), Private Bag 355, Lilongwe. Phone 01 791 943. Email: napham@sdnp.org.mw

3. Malawi Network of AIDS Service Organization (MANASO), P.O Box 2916, Blantyre. Phone: 01 635 045/018. Email: manaso@malawi.net

4. Malawi Network of People Living with HIV/AIDS (MANET plus), Private Bag B377, Lilongwe 3. Phone 01 773 727. Email: manetplus@manetplus.com

VOLUNTARY COUNSELING AND TESTING (VCT) SERVICES

5. Malawi AIDS Counseling and Resource Centre (MACRO). P.O Box 727, Lilongwe. Phone: 01 759 291. Email: macrosec@globemw.net

PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMCT) SERVICES

6. University of North Caroline (UNC) Project, Amina House, Lilongwe

7. Bottom Hospital, P.O Box 49, Lilongwe

8. Medecins Sans Frontieres (Luxembourg)/Thyolo District Hospital

ACCESS TO TREATMENT

9. Medecins Sans Frontieres (Luxembourg)/Thyolo District Hospital

10. Queen Elizabeth Central Hospital, Blantyre

11. Lighthouse/Lilongwe Central Hospital

12. Other many government and private hospitals
INTRODUCTION TO THE MANUAL

Below are some important tips to guide organizers and trainers to plan and deliver the training more effectively.

1. CONTENT AND ORGANIZATION OF THE MANUAL

The manual has four modules:
- **Module 1:** Understanding Gender
- **Module 2:** Understanding HIV/AIDS
- **Module 3:** Gender and HIV/AIDS linkages
- **Module 4:** Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs

However, for ease of delivery, the manual is organized into six units:
- **Unit 1:** Workshop Orientation
- **Unit 2:** Understanding Gender
- **Unit 3:** Understanding HIV/AIDS
- **Unit 4:** Gender and HIV/AIDS linkages
- **Unit 5:** Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs
- **Unit 6:** Course Evaluation and Closing

Each unit has the following information:
- **Purpose:** Why the unit is important
- **Objectives:** What participants will have achieved by the end of the unit.
- **Content:** List of topics/sessions to be covered.
- **Time:** Suggested time required to deliver the unit.
- **Suggested procedure:** Steps for delivering the sessions.
- **List of resource material:** Already prepared notes/guides for use by trainers.

2. WORKSHOP DURATION

A five-day workshop is recommended in order to deliver all the modules. More days would be required if participants were to undertake ‘field-based exercises’ more effectively in order to gain practical skills and experiences.

Workshop organizers and trainers can, however, adapt the manual to suit their local situations and circumstances such as time and resource limitations. For example, each module can be delivered as a stand-alone workshop. For instance, it is possible to organize a one-day workshop on *Understanding Gender* or a two-day workshop on *Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs*. A programme for a full workshop has been suggested in Unit 1.
3. SELECTING TRainers

This manual targets trainers who, upon completing a training of trainers using this manual, can train others. Trainers for this manual should, therefore, be those that have themselves undergone a full training using this manual.

The process of selecting the trainers should be such that immediately following training of trainers, a workshop is organized where the newly qualified trainers conduct the training under the supervision of the original trainers. This arrangement can:

- improve utilization of the manual by organizing more workshops for the newly qualified trainers to practice.
- serve as feedback to the original trainers to correct existing weaknesses.
- act as a forum for screening more capable trainers.

To be effective, at least two trainers should conduct each workshop. One becomes a principal trainer while the other is a co-trainer.

Guest speakers can be invited to share practical experiences on specific topics/issues. These can come from government, NGOs, civil society or donor institutions. The manual recommends a guest speaker from NAC or an NGO dealing with HIV/AIDS issues to share experiences of integrating gender into the national HIV/AIDS monitoring system.

4. SELECTING PARTICIPANTS

The manual targets field workers who are involved in project management. Upon completing a full training, the field workers can enhance their knowledge and programming skills necessary for the integration of gender into HIV/AIDS programs. Deliberate efforts should, therefore, be made to identify and train field workers who are involved or are likely to be involved in the planning, monitoring and evaluation of HIV/AIDS programs at community level.

In terms of education, the manual targets those with a minimum of a secondary school certificate (Malawi School Certificate of Education or its equivalent) to be able to competently understand and absorb the theories and issues covered in the manual.

Based on experiences from the August 2003 and January 2004 workshops, it is recommended that each trainers’ workshop should have 5-10 participants while each field workers’ workshop should have 15-20 participants.

To make the training more meaningful in terms of gender, there should be a balance in numbers of male and female participants.
5. TRAINING MATERIALS

The following materials will be required to deliver the training more effectively:
- Notebooks, pens and pencils (adequate for the trainers and trainees)
- Flip charts and stands
- Marker pens of different colours
- Zopp cards (or any pieces of hard paper) of different colour or shape
- Bostick for sticking the cards on walls or pins (if soft boards are available)
- Masking tape
- Condoms and model penises

The manual discourages the use of visual aids such as transparencies on overhead projectors or power point presentations on LCD projectors. Experience has shown that few trainers use these aids effectively without experiencing problems such as failing to operate or power failures. When such problems occur, the training is affected. Both the trainers and participants get demoralized. Instead, flip charts are recommended because they are easy to use and can be used anywhere.

6. ADVANCE PREPARATIONS

All resource materials and processes need to be prepared and organized in advance, before the workshop or the sessions.

- **Handouts.** In several topics, notes need to be given out as handouts. Adequate copies need to be made and organized. To cut expenses, number of handouts produced should be based on confirmed list of participants.

- **Flip charts.** Delivery of most topics requires use of flip charts. Some of these need to be written in advance.

- **Materials.** Adequate and good quality materials need to be procured in advance.

- **Role-plays.** The manual has some role-plays to be acted by volunteers selected among the participants. The actors need to prepare before the session.

- **Field work.** For fieldwork to be effective, advance notices need to be given to the communities and relevant offices to facilitate the processes. Appropriate and adequate transport needs to be organized in advance.

- **Guest speakers.** These need to be identified well in advance and briefed on the workshop program and issues to be covered.

- **Demonstration.** The manual proposes demonstration on use of condoms. The condoms and model penises need to be sourced in advance. Trainers need to
practice in order to demonstrate correctly. Health workers can be engaged to assist with the demonstrations.

7. COURSE EVALUATION

There is need to evaluate the workshop. The evaluation can be conducted at the end of each session, at the end of each day or at the end of the workshop. The results should be analyzed and used to improve subsequent sessions or future workshops. Some evaluation techniques have been suggested in Unit 1.

8. CERTIFICATES

Participants to workshops of this nature have always demanded certificate of participation. The certificates need to be produced on time and presented only to participants who have completed a full course. A sample certificate is given in Unit 6.

9. WORKSHOP REPORT

Immediately following the workshop, a workshop report should be produced for sharing with participants, organizers and funding agencies. Below is a suggested reporting format.
   Cover/Title page
   Table of Contents (optional)
   Acknowledgements (optional)
   1. Background to the workshop
   2. Workshop objectives, content and methodology/approach
   3. Overview of the sessions (and emerging major issues)
   4. Summary of Workshop Evaluation (analysis of views of trainers and trainees)
   5. Recommendations (for the future workshops)
   Annex
      1. Workshop program
      2. List of participants, trainers and support staff
      3. Opening and closing speeches
      4. Summary of group work/discussions

10. TIPS FOR ENHANCING PARTICIPATION

Active participation of trainers and trainees throughout the workshops is very critical. A number of factors that can determine level of participation:

• Selection of participants. Mixing participants of different backgrounds, especially education levels and positions at work places, can enhance the
sharing of experiences. However, it can also inhibit participation. Selecting ‘peers’ can be an effective way to enhance participation.

- **Workshop venue.** Cases of absenteeism or delays in workshop programs have been registered where workshop venue is close to participants’ workplaces and homes. For example, participation was far much better at the August 2003 workshop in Salima (which is over 100 km away) than at the January 2004 workshop in Lilongwe (where the majority of the participants came from). A residential workshop away from homes can improve participation but the cost implications need to be carefully assessed.

- **Conference rooms and sitting arrangements.** Conference rooms and sitting arrangements should allow free movements, especially during energizers. There should also be adequate ‘syndicate rooms’ for small group work/group discussions.

- **Visual aids and materials.** Appropriate materials such as flip charts and markers should be adequately and readily available for use by trainers and participants.

- **Facilitation approaches/methods.** Training field workers can be very complex, given their varied backgrounds in terms of knowledge, skills and experiences. Trainers should try to employ approaches that engage all participants, regardless of backgrounds, to participate in and benefit from the training. In particular, trainers should try as much as possible to actively engage all participants to share their knowledge, skills and experiences. Some facilitation techniques have been suggested in Unit 1.
UNIT 1: WORKSHOP ORIENTATION

PURPOSE

1. To ‘break the ice’ by having the participants become acquainted with each other and with the workshop objectives, program and methodology.

2. To urge participants to take the training seriously and, later, to apply the knowledge and skills gained.

OBJECTIVES

By the end of this Unit, participants should be able to

1. Name each other
2. Discuss what they expect from the workshop
3. Explain workshop objectives, program and methodology

CONTENT

1. Welcome remarks
2. Introductions
3. Workshop expectations
4. Workshop objectives, program and methodology
5. Workshop/ground rules
6. Official opening

TIME

2 hours 30 minutes

SUGGESTED PROCEDURE

Session 1.1: Welcome remarks

(15 minutes)

1. Begin by welcoming participants. Briefly introduce yourself as a trainer. Remember to introduce all the trainers and organizers. Mention your experiences and skills as trainers so the participants will trust your abilities to facilitate the workshop.

2. Give a brief background to the workshop, emphasizing why it is important to build capacity for integrating gender into HIV/AIDS programs. Emphasize that the training workshop is aimed at equipping participants with:
• increased understanding of gender and HIV/AIDS and their linkages.

• knowledge and skills for integrating gender into the planning, monitoring and evaluating of HIV/AIDS programs.

• capacity to build local institutional linkages and partnerships, as an effective pathway to the integration of gender dynamics of HIV/AIDS into HIV/AIDS programs and activities.

3. Present a summary of the modules in terms of title, purpose, objectives and topics covered (Handout 1.1).

4. Announce workshop arrangements/logistics and house keeping matters such as transport, accommodation, meals etc. Workshop organizers will have communicated some of these in advance.

Session 1.2: Introductions

(30 Minutes)

1. Introduce an energizer that should allow participants and trainers to mix freely and, eventually, to divide into pairs to know each other. *The Boat is Sinking* can be played here (Handout 1.2). Do not let the participants know in advance that the aim is to divide them into pairs.

2. Let each pair find a place where they can spend time to introduce each other: name, where from, position held, experiences in planning, monitoring and evaluation of gender and HIV/AIDS programs.

3. Let the pairs sit next to each other in the plenary. They may maintain this sitting arrangement.

4. Let the pairs introduce each other (A introduces B and vice versa).

Session 1.3: Workshop expectations

(15 Minutes)

1. Distribute *(ZOPP)* cards and markers to the participants. One card per participant.
2. Ask the participants to write down only one expectation. In other words, what do they expect from the workshop?

3. Collect the cards and process them by reading each expectation and pasting/pinning it on a board. Related expectations should be posted together as a cluster.

Session 1.4: Objectives, program and methodology

(30 Minutes)

1. Present the workshop objectives (Handout 1.3). Comment on whether or not the objectives are relating to participants’ expectations. In other words, which expectations will be met and what will happen to those not met?

2. Present the workshop program (Handout 1.4). Comment on how the program addresses the workshop objectives.

3. Briefly mention some of the facilitation methods to be used (Handout 1.5).

4. Explain how the course will be evaluated. Briefly mention some of the evaluation techniques to be used (Handout 1.6)

Session 1.5: Ground/workshop rules

(15 Minutes)

1. Guide the participants to generate and agree on ‘DOs’ and ‘DON Ts’ rules that together as a workshop should be observed.

2. Write down these rules on flip charts and paste them where they can be seen.

3. Together, suggest and agree on how the rules will be enforced. A ‘president and vice president’ may be elected. These can also serve as the link between the trainers/organizers and participants. A timekeeper may also be elected to monitor the workshop program.
Session 1.6: Official opening

(60 Minutes)

This Session can be slotted at a time suiting the guest of honour.

1. Officially welcome the guest of honour.

2. Ask participants and trainers to introduce themselves for the guest of honour to have idea about representation at the workshop

3. Ask various officials to speak, ending with guest of honour. Limit the number of speakers to 3 officials, before guest of honour speaks. Remember to ask for copies of the speeches.

4. You may invite the guest of honour to join participants to a group photo and thereafter refreshments. You may also arrange selected interviews with the press during this time.
** LIST OF RESOURCE MATERIAL **

** HANDOUT 1.1: SUMMARY OF THE MODULES **

<table>
<thead>
<tr>
<th>MODULE</th>
<th>PURPOSE</th>
<th>OBJECTIVES</th>
<th>TOPICS</th>
</tr>
</thead>
</table>
| Understanding Gender            | To create an understanding of gender as a development concept                | 1. Explain the difference between gender and sex, and gender roles and sex roles  
2. Explain how gender is constructed and the impacts  
3. Explain the gender implications of power relations  
4. Identify major critical gender issues in Malawi | 1. Sex vs. gender/Gender roles vs Sex roles  
2. Social construction of gender  
3. Power relations and implications on gender  
4. Gender Analysis  
5. Critical gender issues in Malawi |
| Understanding HIV/AIDS          | To increase understanding of HIV and AIDS.                                  | 1. Define HIV and its transmission and prevention  
2. Define AIDS and describe its signs and symptoms  
3. Explain socio-economic impacts of HIV/AIDS  
4. Describe the magnitude of the problem in Malawi relative to other countries in the region  
5. Explain major national responses to the HIV/AIDS epidemic. | 1. Basic Facts About HIV and AIDS  
2. HIV/AIDS situation in Malawi |
| Gender and HIV/AIDS linkages    | To increase understanding of linkages between gender and HIV/AIDS.           | 1. Explain linkages between gender and HIV/AIDS  
2. Identify critical gender and HIV/AIDS issues in Malawi | 1. Overview of Gender and HIV/AIDS Situation in Malawi  
2. Gender analysis of HIV/AIDS programs:  
3. Some critical Gender and HIV/AIDS issues in Malawi |
| Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs | To enhance knowledge and skills of participants to be able to undertake gender responsive planning, monitoring and evaluation of HIV/AIDS programs. | 1. Describe project planning, monitoring and evaluation  
2. Explain linkages between project planning, monitoring and evaluation  
3. Plan, conduct and utilize monitoring and evaluation  
4. Integrate gender into an HIV/AIDS project/program | 1. Understanding project planning, monitoring and evaluation and their linkages  
2. Integrating gender into a project planning process  
3. Planning, conducting and utilizing project monitoring  
4. Planning, conducting and utilizing project evaluations  
5. Integrating gender into HIV/AIDS programs: Field Practice |
1. Get participants and trainers to stand in a circle. The trainer explains how the energizer will be played.

   • Assume all are on board a ship in troubled waters and is about to sink unless everybody obeys the instructions being given by the captain.

   • Let all mingle around, as the captain shouts the instructions:

     ‘the boat is sinking … sinking …. sinking, unless you ….e.g. jump. (make sure everybody jumps)

     ‘the boat is sinking … sinking …. sinking, unless you ….e.g. clap hands (make sure everybody claps)

   • Repeat by issuing different instructions.

   • The final instructions should be

     ‘the boat is sinking … sinking …. sinking, unless you are in pairs’

     Ensure that, as much as possible, the pairing should be with those who do not know each other.

2. Now play the energizer until the required pairs are formed.
HANDOUT 1.3: WORKSHOP OBJECTIVES

Goal:

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

Objectives:

1. Create an understanding of gender and gender issues
2. Raise awareness of HIV and AIDS and explain some basic facts about HIV/AIDS.
3. Create understanding of the linkages between gender and HIV/AIDS.
4. Equip participants with tools for integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs.
## HANDOUT 1.4: WORKSHOP PROGRAM

<table>
<thead>
<tr>
<th>Date/Time</th>
<th>Program Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Day 1</strong></td>
</tr>
<tr>
<td></td>
<td>17:00-19:00 Arrival of participants and registration</td>
</tr>
<tr>
<td><strong>Day 2</strong></td>
<td><strong>Unit 1: Workshop Orientation</strong></td>
</tr>
<tr>
<td></td>
<td>08:00-10:30 Session 1.1: Welcome Remarks</td>
</tr>
<tr>
<td></td>
<td>08:00-10:30 Session 1.2: Introductions</td>
</tr>
<tr>
<td></td>
<td>08:00-10:30 Session 1.3: Workshop expectations</td>
</tr>
<tr>
<td></td>
<td>08:00-10:30 Session 1.4: Workshop objectives, program, methodology</td>
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<tr>
<td></td>
<td>08:00-10:30 Session 1.5: Workshop/ground rules</td>
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<tr>
<td></td>
<td>08:00-10:30 Session 1.6: Official opening</td>
</tr>
<tr>
<td></td>
<td>10:30-11:00 Tea break</td>
</tr>
<tr>
<td></td>
<td><strong>Unit 2: Understanding gender</strong></td>
</tr>
<tr>
<td></td>
<td>11:00-12:30 Session 2.1: Sex vs gender/sex roles vs gender roles</td>
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<tr>
<td></td>
<td>12:30-13:30 Lunch break</td>
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<tr>
<td></td>
<td>13:30-15:30 Session 2.2: Social construction</td>
</tr>
<tr>
<td></td>
<td>15:30-16:00 Tea break</td>
</tr>
<tr>
<td></td>
<td>16:00-17:30 Session 2.3: Power relations and gender implications</td>
</tr>
<tr>
<td></td>
<td>17:30-18:00 Day 1 Evaluation</td>
</tr>
<tr>
<td><strong>Day 3</strong></td>
<td><strong>Recap</strong></td>
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<tr>
<td></td>
<td>08:00-08:30 Recap</td>
</tr>
<tr>
<td></td>
<td><strong>Unit 2: Understanding gender</strong></td>
</tr>
<tr>
<td></td>
<td>08:30-10:30 Session 2.4: Gender Analysis</td>
</tr>
<tr>
<td></td>
<td>10:30-11:00 Tea break</td>
</tr>
<tr>
<td></td>
<td>11:00-12:30 Session 2.5: Critical gender issues in Malawi</td>
</tr>
<tr>
<td></td>
<td>12:30-13:30 Lunch break</td>
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<tr>
<td></td>
<td><strong>Unit 3: Understanding HIV and AIDS</strong></td>
</tr>
<tr>
<td></td>
<td>13:30-15:30 Session 3.1: Basic Facts About HIV and AIDS</td>
</tr>
<tr>
<td></td>
<td>15:30-16:00 Tea break</td>
</tr>
<tr>
<td></td>
<td>16:00-17:30 Session 3.1: Basic Facts About HIV and AIDS</td>
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<td></td>
<td>17:30-18:00 Day 2 evaluation</td>
</tr>
<tr>
<td>Date/Time</td>
<td>Program Activity</td>
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<tr>
<td><strong>Day 4</strong></td>
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<tr>
<td>08:00-08:30</td>
<td>Recap</td>
</tr>
<tr>
<td>08:30-10:30</td>
<td>Session 3.2: HIV/AIDS situation in Malawi</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea break</td>
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<tr>
<td><strong>Unit 4: Gender and HIV/AIDS linkages</strong></td>
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<tr>
<td>11:00-12:30</td>
<td>Session 4.1: Overview of Gender and HIV/AIDS Situation in Malawi</td>
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<tr>
<td>12:30-13:30</td>
<td>Lunch break</td>
</tr>
<tr>
<td>13:30-15:30</td>
<td>Session 4.2: Gender analysis of HIV/AIDS programs</td>
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<tr>
<td>15:30-16:00</td>
<td>Tea break</td>
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<tr>
<td>16:00-17:30</td>
<td>Session 4.2: Gender analysis of HIV/AIDS programs</td>
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<tr>
<td>17:30- 18:00</td>
<td>Day 3 evaluation</td>
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<td><strong>Day 5</strong></td>
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<tr>
<td>08:00-08:30</td>
<td>Recap</td>
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<tr>
<td>08:30-10:30</td>
<td>Session 4.3 Some critical Gender and HIV/AIDS issues in Malawi</td>
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<tr>
<td>10:30-11:00</td>
<td>Tea break</td>
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<tr>
<td><strong>Unit 5: Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs</strong></td>
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<tr>
<td>11:00-12:30</td>
<td>Session 5.1: Understanding project planning, monitoring and evaluation and their linkages</td>
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<tr>
<td>12:30-13:30</td>
<td>Lunch break</td>
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<tr>
<td>13:30-15:30</td>
<td>Session 5.2: Integrating gender into a project planning process</td>
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<td>15:30-16:00</td>
<td>Tea break</td>
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<tr>
<td>16:00-17:30</td>
<td>Session 5.2: Integrating gender into a project planning process</td>
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<td>17:30- 8:00</td>
<td>Day 4 evaluation</td>
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<td><strong>Day 6</strong></td>
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<td>08:00-08:30</td>
<td>Recap</td>
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<td>08:30-10:30</td>
<td>Session 5.3: Planning, conducting and utilizing monitoring</td>
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<td>Session 5.3: Planning, conducting and utilizing monitoring</td>
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<td>Session 5.4: Planning, conducting and utilizing evaluations</td>
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<tr>
<td>16:00-17:30</td>
<td>Session 5.4: Planning, conducting and utilizing evaluations</td>
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<tr>
<td><strong>Unit 6: Workshop evaluation and closing</strong></td>
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<td>17:30-18:00</td>
<td>Session 6.1: Course evaluation</td>
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<td>18:00-19:00</td>
<td>Session 6.2: Official closing, including certificate presentation</td>
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<tr>
<td>19:00-21:00</td>
<td>Dinner and reception</td>
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<td><strong>Day 7</strong></td>
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<tr>
<td>08:00</td>
<td>Departure</td>
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HANDOUT 1.5: OVERVIEW OF FACILITATION TECHNIQUES.

Trainers can use some of these techniques to deliver the training. Specific applications are given in the sessions.

- **Lecturette.** This is a formal, structured and orderly presentation of a specific topic. Trainers should use visual aids such as flip charts. Trainers should allow questions, comments or discussions.

- **Group work/discussions.** Groups of about 5 participants are effective in sharing experiences about specific topics/issues. Plenary reporting should follow each group work.

- **Buzz Groups.** “Buzz groups of 2-3 participants” are useful to brainstorm a particular issue in order to establish participants’ knowledge and perceptions before delivering lecturettes.

- **Brainstorming:** Brainstorming can be employed to establish participants’ knowledge and perceptions before delivering lecturettes. It can also be employed during or at the end of presentation to seek comments, views or experiences. Brainstorming should be an ongoing process throughout the training.

- **Case studies.** Case studies describe situations and demonstrate how the situations can be managed. Case studies can assist to explain processes, successes, challenges, constraint and lessons in order to enhance participants’ understanding of specific topics/issues.

- **Exercises:** Exercises can be undertaken to enhance participants’ understanding and skills in integrating gender in the planning, monitoring and evaluation of HIV/AIDS programs. ‘Field-based exercises’ can enhance practical skills.

- **Energizers.** These are informal activities meant to activate and relax participants. There are several energizers that trainers and trainees can suggest and try. An example in this manual is ‘the Boat is Sinking’.

- **Games:** Games can assist participants to think through critical issues relating to specific topics/issues. For instance, the ‘Wild fire’ game allows participants to understand how HIV is transmitted and how different people react differently to it (HIV infection).

- **Role-play:** Selected participants dramatize a given topic/issue. Role-plays are meant to demonstrate feelings of someone in a given situation.

- **Demonstrations.** These help to show how to do specific activities such as using a condom.
Various techniques can be used to evaluate the course. Some techniques useful for this manual are briefly described below. Specific applications are elaborated in the sessions. Trainers and trainees should be free to try other techniques.

- **Moodmeter.** This is a subjective method for assessing how ‘happy’ the participants have been during the day. It involves preparing a chart called “Moodmeter” on first day of the workshop and pasting on boards or walls. The chart has columns (of smiley) showing different scenarios of ‘happiness’ or ‘anger’ or ‘sadness’. At the end of each day, participants tick the segment of the chart, which best describes their mood. Alternatively, printed charts (smileys) can be distributed to individuals at the end of each day.

- **Flash.** This involves participants and trainers standing in a circle. The trainer asks participants some questions like “mention one new thing you have learnt today or in this session”. Then going round the circle, each participant gives a brief statement. This can be useful for assessing ‘new knowledge’.

- **Evaluation Committee.** A committee of 2-3 participants can be formed to do the evaluation. The trainers and the committee can meet after the evaluation to discuss results. This is useful for evaluating the day’s activities in order to recommend improvements.

- **Evaluation Form.** This entails designing a formal evaluation form that evaluates key aspects of the training such as organization, content, duration, delivery approaches and others. Participants complete the forms at the end of the workshop.
UNIT 2: UNDERSTANDING GENDER

PURPOSE

To create an understanding of gender as a development concept

OBJECTIVES

By the end of this Unit, participants should be able to
1. Explain the difference between gender and sex, and gender roles and sex roles
2. Explain how gender is constructed
3. Explain the gender implications of power relations
4. Identify major critical gender issues in Malawi

CONTENT

1. Sex vs. gender/Gender roles vs Sex roles
2. Social construction of gender
3. Power relations and implications on gender
4. Gender analysis
5. Critical gender issues in Malawi

TIME

8 hours 30 minutes

SUGGESTED PROCEDURE

Start with an energizer to relax the participants. Nyama, nyama, nyama (Handout 2.1) can be played here.
Session 2.1: Sex vs Gender/Sex Roles vs Gender Roles

(90 minutes)

Activity 2.1.1: Group work

1. Divide participants into groups of about 5 participants. This can be done by asking participants (starting from one end) to count e.g. 1, 2, 3, etc. All number 1s should be in one group. So are number 2s, 3s etc.

2. Let the groups discuss the following,
   - What is sex, including major characteristics/attributes?
   - What is gender including major characteristics/attributes?
   - What are sex roles, giving examples?
   - What are gender roles, giving examples?

3. Let the groups present their work in plenary using flip charts.

4. Summarize with a presentation (Handout 2.2), building on the group work.

Session 2.2: Social construction of gender

(120 Minutes)

Activity 2.2.1: Brainstorming

1. Let participants brainstorm,
   - what social construction of gender is.
   - how gender is socially constructed, clearly explaining the role of various agents.
   - how males and females are modeled into the kind of men/boys and women/girls that they are.

2. Write down the responses on flip charts. A volunteer can do the writing.

3. Go through the responses, perfecting them with the notes on ‘Social Construction of Gender’ (Handout 2.3).
Activity 2.2.2: Group Work

1. Divide participants into 3 groups (mixed group, male only and female only). Each group
   • should generate proverbs, riddles and sayings that are locally said, which assist to understand how gender is socially constructed, enhanced and perpetuated.
   • should state the local versions, the English translation and the intended meaning of the generated proverbs/sayings.

2. Let the groups report back in plenary using flip charts.

3. Compliment with some proverbs, if not already mentioned by the groups (Handout 2.4).

Session 2.3: Power relations and gender implications

(90 Minutes)

Activity 2.3.1: Role play

1. Invite the actors to perform the role-play (Handout 2.5). The volunteers will have been selected in advance and given time to practice.

2. Following the play, let participants answer the following questions:
   • Identify unequal power relations in the play. Suggest the root causes.
   • Discuss the gender implications with respect to HIV/AIDS.

3. The trainer or a volunteer should write down the answers on flip charts.

Activity 2.3.2: Lecturette

Present ‘Power relations and gender implications’ (Handout 2.6).
Activity 2.3.3: Group work

1. Divide participants into 3 groups. Group 1 should analyze issues at household level. Group 2 should analyze issues at community level and group 3 should focus on issues at national level.
   - Identify unequal power relations that exist between men and women in Malawi in social, economic and political life.
   - What are the implications of the identified power relationships?
   - Propose 1-2 strategies for addressing each of the identified unequal power relation.

2. Let the groups report back in plenary using flip charts.

Session 2.4. Gender analysis

(120 minutes)

Activity 2.4.1: Presentation (Lecturette)

Present on ‘Gender Analysis’ (Handout 2.7). Make sure the following are covered.

- What gender analysis is
- Why gender analysis is important
- Gender analysis tools/frameworks
- How to conduct and utilize gender analysis

Activity 2.4.2: Sharing Experiences

Ask 2-3 volunteers to share their experiences of gender analysis, clearly explaining the following.
- the methodologies/processes they used to conduct the gender analysis
- utilization of the gender analysis results. What did they do with the results?
- Any challenges and constraints faced in conducting and utilizing the gender analysis.
Session 2.5: Major critical gender issues in Malawi

(90 minutes)

Activity 2.5.1: Group Work

1. Divide into 3 groups. Group 1 should analyze issues at household level. Group 2 should analyze issues at community level. Group 3 should focus on issues at national level.

   • Identify what they consider to be critical gender issues, including reasons for/underlying causes of such gender issues. Each group should identify 3-5 issues.

   • Suggest 1-2 short term and/or 1-2 long-term solutions/strategies to address each critical issue identified.

2. Let the groups present in plenary using flip charts.

3. Summarize by presenting some critical issues to support the group work (Handout 2.8).

   The statistics in Handout 2.8 should serve as guide only. The trainers, if possible, should present up to date and relevant statistics or reviewed cases. This is useful since in this manual it has not possible to document comprehensively all the statistics/cases from all the sectors. Therefore, as part of advance preparation, trainers should document additional ‘gender issues in Malawi’ relevant for the target group being trained.

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Evaluating Unit 2: Understanding Gender

FLASH

1. Let participants stand in a circle while the trainer stands in the middle.

2. In a flash (quickly/fast), ask each participant to mention one (new) thing he/she has learnt from Unit 2. Make sure they do not repeat the answers.

3. Expel from the circle those that fail to mention any one thing or who repeats what others have already mentioned.
1. Get the participants and trainers to stand in a circle. The trainer explains how the energizer will be played.
   - The leader runs round the circle, and into different directions, as others follow.
   - The leader shouts, mentioning different types of nyama (meat).
   - All reply by shouting back nyama.
   - The leader mentions something as an example of what nyama should be.
   - Others jump once if what the leader has mentioned is nyama and just stand still if what the leader has mentioned is not nyama.
   - One leaves the game if he/she jumps or attempts to jump when the leader mentions what is not nyama. Similarly, one leaves the game if he/she does not jump when what the leader has mentioned is known to be nyama.

   The one leading the game should aim at confusing the others into thinking that what has been mentioned is nyama when it is not, and that it is not nyama, when it is.

2. Play the game.
   - Leader: nyama, nyama, nyama (run round the circle, and into different directions)
   - All: Nyama (respond as you follow the leader)
   - Leader: nyama, nyama, nyama
   - All: nyama
   - Leader: mbuzi (goat)
   - All: nyama (jump once)
   - Leader: Nkhuku (chicken) mbuzi (goat)
   - All: nyama (jump once)
   - Leader: Njoka (snake)
   - All: nyama (stand still, because people in Malawi do not eat snakes)

3. Leader repeats by mentioning different things, which are meat as well as those, which are not meat.

4. Leader expels ‘failures’ as the game is played.

5. End the game when a good number of players have been expelled for failing the game.
HANDOUT 2.2: SEX VS GENDER/SEX ROLES VS GENDER ROLES

1. What is Sex?

Sex refers to biological differences between females and males. The main difference is in reproductive organs and related roles. E.g. males have penis and females have vagina.

2. What is Gender?

Gender refers to individuals’ self-perception of being a man/boy or woman/girl in a specific society or cultural context. It also refers to people’s expectations of a man/boy or woman/girl. E.g. men are expected to be strong and brave while women are expected to be submissive.

3. What are Sex Roles?

These are roles played by males and females on the basis of their biological characteristics. They are few, universal and not interchangeable. Examples: - impregnating a female is the role of a male while becoming pregnant is a female’s role.

4. What are Gender Roles?

These are based on socially constructed and learned behaviors that model ones’ attitude and expectations. They are affected by factors such as age, religion, education and others etc. They can be interchanged. Examples: Being an engineer is expected to be a man’s role while being a nurse is expected to be a woman’s role.

Gender roles can be classified into three.

- *Productive roles.* These are economically recognized roles that generate monetary returns/gains. Examples include producing cash crops or working as a teacher.

- *Reproductive roles.* These encompass all unpaid work done in the homes and society to sustain life and to reproduce labour. Examples include growing subsistence food crops. Reproductive work consumes most of women’s time. This also has implications on value of resting/recreation.

- *Community roles.* These relate to ‘charity’ kind of services such as serving in church functions, funeral functions and community development projects.
Men dominate productive roles while women are preoccupied with reproductive and community roles. Studies in Malawi have shown that most roles related to community home based care of chronically ill patients and women and girls play orphans. However, more men than women participate as volunteers in supported programs that provide ‘some incentives’ such as allowance or bicycles. Where there are no personal gains (often financial/material), most men will ask their wives and girl children to participate.
1. **What is Social Construction of Gender?**

Social construction explains how gender is constructed, enhanced and perpetuated. It explains the forces behind gender roles and stereotypes that are constructed, maintained and reinforced by different cultures, systems and institutions.

2. **Agents of Social Construction of Gender**

Society shapes its women and men through various processes that embody its ideology. The society has agents that act on its behalf. They include school, religion, peers, initiation ceremonies, proverbs/folklore or media. Through a deliberate, systematic and sustained process, these agents socially construct roles and responsibilities, expectations, attributes and attitudes that are eventually inculcated in males and females. In other words, society has ‘guidelines’ which are expected to be respected and followed by everybody. Failure to observe these means that one is a deviant or social outcast.
HANDOUT 2.4: SOME GENDER RELATED PROVERBS/SAYINGS

FOR MEN

1. Mwamuna ndi kabudula amathera moyenda (*a man is like a pair of short trousers, which gets torn apart/finished as he moves into different places.* It means a man should explore ‘life’ so a woman should not wonder why a husband is never around most of the times).

2. Osalira ngati mkazi (*Do not cry like a woman* which means a man should be more withstanding than a woman) or

3. Mwamuna sauzidwa (*a man is never told.* It means a man as head of household should know everything and decide without consulting a woman).

4. Timba sachepe ndi mazira ake (*A bird is never small with its eggs.* It means one should never be underrated with his/her achievements and it often refers to a man who has achieved something great, which many did not expect).

FOR WOMEN

1. Mwamuna mpamimba (*a man is in the stomach.* It means the role of a woman is to ensure that the man has eaten something).

2. Sunga khosi mkanda woyera udzavala (*Keep your neck so that you wear a string of beads.* It means a woman/girl should be faithful/patient in order for her to marry one day).

3. Kapirire kunka iweko (*Persevere where you are going.* This is to women who are just getting married to be accommodating in the family no matter how difficult the situation)

4. Za kudambwe saulula (*what you hear/do at an initiation ceremony should never be shared with those who have never been there.* Telling men and women to keep secret/confidentiality e.g. even when battered, a wife should not reveal to others. Or when raped, a woman should not reveal to others).

5. Mwamuna ndi mwana (*a man is a child.* Do not take seriously what a man does/says e.g. if he rapes, just forgive/forget the same way you would do if he were a child).

6. Mkamwini ndi mlamba sakhalira kuterereka (*a bridegroom is a mudfish which is slippery.* Telling women to be obedient to husbands since they can divorce easily).

FOR BOTH MEN AND WOMEN

1. Wakwata kwa mphezi saopa kung’anima (*who has married to the thunderstorms should not fear the lightening.* It refers to men/women to fulfill all the demands once married).

2. Fodya wako ndiamene ali pa mphuno wa pachala ndiwamphepo (*Your snuff/tobacco is the one on the nose. The one on the finger is for the wind.* Asking to be content with what one has)

3. Ana ndi chuma (*Children are property.* Asking families/persuading women to have as many children as possible).

Source: Generated by participants at August 2003 Workshop
HANDOUT 2.5: THE HANNOVER AFFAIR (ROLE-PLAY)

1. Background setting of the role play

This role-play is set around life at Hannover Street in the City of Blantyre. Hannover Street is a popular pick up spot for commercial sex workers, mostly young teenage girls. They line up at night waiting for customers. They shout and flash at every passing vehicle to stop. Customers include respectable men such as company executives, professionals and businessmen, mostly of Asian origin.

Paying for sex the hard way

BY FRANK NAMANGALE

CHIQUALA Malawi was almost comatose after taking one beer too many and not thinking straight because of lust when he slept with a prostitute without a condom.

Only a few days later he woke up to an excruciating pain between his legs and at Banja la Mungo (BLM) Chikwata clinic it was confirmed to him that he was suffering from a sexually transmitted infection. Test proved that it was syphilis and Malawi had to stay with the discomfort between his legs for at least two weeks.

Gonorrhea, herpes simplex, herpes zoster, Chlamydia, chancroid, bot and syphilis are all diseases that should be a thing of the past. The gospel of abstinence, condom use, sticking to one sexual partner has been practiced for far too long that by now Malawians ought to have been careful.

But, sadly, this is not the case as instances of sexually transmitted infections continue to be on the rise. Many of the sexual transmitted infections are easily curable but when untreated for a long time, syphilis can result in mental disorders.

Condoms in this country are very cheap that catching me that these diseases could lead to blissful. The ones I had in my private part were painless, after all. This perhaps is another reason why I

LIFE AND DEATH—The man (above and far right) should be prepared to pay more if he wants to have sex without a condom.

He said women should be open with their partners by playing around with, and decry men’s private parts before sex and should have the powers to negotiate for a
2. Basic information for the role play

Mr. Tsate Nkudyere is a married man in his 50s. He has been drinking at pub near Hannover Street. It is almost midnight. In his drunken state, there will be quarrels with his wife over sex. He decides to drive to Hannover Street to pick a girl for ‘a short time’.

He slows down. Five girls run and surround his poshy car, a BMW with a personalized registration number ‘Chikhwaya 1’. Flashing beautiful legs, showing hips and talking sweet, each girl is trying her luck. He settles for Towera who jumps into the car.

Towera presents ‘a menu¹ of services on offer’ for Mr. Nkudyere to select according to his pocket and taste.

- **Short time (10 minutes) in a car, with condom** ---- K500
- **Short time (10 minutes) in a car, without a condom** ---- K15,000
- **Room service (1 hour at a rest house), with condom** --- K1,500
- **Room service (1 hour at a rest house), without condom** --- K20,000
- **Full/home service (spend a night at his house/hotel), with a condom** --- K3,500
- **Full/home service (spend a night at his house/hotel), without a condom** --- K30,000

He opts for room service with a condom. He gives a deposit of K500. Towera is then lured into believing that all will be well when they get to the rest house.

Upon entering the room, things change. He wants Towera to spend the whole night. He insists on sex without condom. He tries to convince Towera to receive the balance the next day when banks open. He claims that all his money has been stolen at the pub.

Towera is not happy with the way things have turned around but has limited options. It is late at night. Business at Hannover is over. She has no transport to go back home. She desperately needs money for food and other necessities.

Negotiations after negotiations take place.

3. The role play begins (in the car as he drives off)

*Nkudyere:* Hie babie, what are you saying?

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¹ *Life and death: the man (above and far right) should be prepared to pay more if he wants to have sex without a condom*’ is the message immediately below the picture. Sex without condom is very expensive because of the risks. It is popularly joked that the charge includes a margin adequate to buy ‘drugs’ when the girl suffers from AIDS or to buy ‘coffin’ when she eventually dies of AIDS.
HANDOUT 2.6: POWER RELATIONS AND GENDER IMPLICATIONS

1. Power relations

Gender is about power relations that create differences between men and women. Gender relations are based on ideologies that attribute unequal power, authority and control of resources. Such relations are not easily renegotiated. Women, in particular, are socially constructed to accept and perpetuate these power imbalances.

Power is of different types.

- **Power to.** This power is creative and enabling. It is the essence of an individual’s aspect of empowerment. It is associated with knowledge and ability e.g. ability to solve a problem, to understand issues, to learn a skill etc.

- **Power with.** This involves a sense of collective action. It is collective, democratic and interactive power, which enables people to feel, empowered through being organized and united to achieve common goals.

- **Power within.** This is innate power e.g. talent, born with. It resides in each of us and is the basis for self-acceptance and self-respect that in turn extends to respecting and accepting others as equals.

- **Power over.** This power entails relationship of domination and subordination. It is based on social sanctions and threats of violence and intimidation. It is coercive and often invites active and passive resistance. It creates dualities such as good/evil, man/woman, rich/poor, black/white, and us/them.

2. Gender implications of the unequal power relations: gender biases

The major implication of power relations is that there is continued exclusion of women from many social, economic and political opportunities. In the process, development is negatively affected because of the gender gaps created by the unequal power relations. Transforming power relations is thus key to achieving gender equality and empowerment.

3. Strategies for dealing with unequal power relations

Strategies for dealing with unequal power relations between men and women have to focus on gender equality and empowerment. It should be noted that gender equality and empowerment are not straightforward concepts and often create confusions. Gender equality means that there is no discrimination in terms of access to and control of resources, opportunities and benefits on the basis of sex. It refers to a principle of same status, rights and responsibility for men and women. Gender
equality embraces the notion that ‘all people are created equal before God’ and no individual should be less privileged than the other. Achieving gender equality, therefore, entails identifying and removing all the underlying causes of discrimination. For this to happen, empowerment is a prerequisite.

Empowerment refers to a process of providing capacity for critical thinking; a process of challenging existing power relations; and a process of gaining greater decision making capacity on issues that affect one’s self and power sharing. This includes power relations in all spheres of life – political, cultural, economic etc. Achieving empowerment, therefore, entails a process of power sharing.
HANDOUT 2.7: GENDER ANALYSIS

1. What is gender analysis?

Gender analysis refers to critical assessment/evaluation of a given situation in order to identify the position of men and women relative to each other, and the factors that determine such positions. By comparing women and men rather than looking at women and men as isolated groups, gender analysis illuminates key aspects of a given situation, making it easier to identify obstacles and potentially workable solutions to gender equality and women’s empowerment.

2. Why is gender analysis important?

It is important to conduct gender analysis for a number of reasons.

- It increases the understanding of the gender-based roles and responsibilities, division of labor, participation, access to and control of resources and benefits and resultant impacts.

- It helps to identify gender gaps (differences between men and women), the magnitude and the determining factors.

- By identifying the gaps and the determining factors, Gender Analysis helps to design more appropriate interventions (policies, programs/projects or institutions) that are more effective in dealing with and addressing the needs of men and women.

3. Frameworks/tools for gender analysis

Any given situation can be subjected to a gender analysis. It can be a policy, a program/project, an institution or a public budget. The analytical framework (as shown in the Figure below) requires answering a series of basic questions, which may be interrelated, regarding the given situation.

A good gender analysis process should be able to reveal critical gender issues that exist at all levels. Particularly, gender analysis can reveal differences between men and women in terms of (among others): roles and responsibilities, division of labour, access to and control of resources, opportunities and benefits, determining factors, gender gaps. Once the gaps are known, recommendations for gender responsive interventions are easy to design and implement.
4. Examples of situations that can be subjected to gender analysis

(a) Gender and policy analysis

- How are policy goals, objectives and strategies addressing the needs of men and women?

- What processes were followed to identify the needs of men and women? Were men/women consulted, as separate entities, to provide input into the policy formulation process?

- What are expected impacts of the policy on men and women?

- What gender gaps exist in the policy and why do such gaps exist? What can be done to address the gaps?
(b) Gender and institutional analysis

This involves assessment of:

- The general institutional environment in terms of institutional policies, practices and behaviors. Are they any aspects of discrimination, violence against one group, sexual harassment etc?

- The staffing situation in terms of numbers, qualifications, skills, capabilities, and grading/positioning of men and women. Is one group better than the other? Why? What intervention can be introduced?

- Knowledge of, understanding of and sensitivity to gender by staff at all levels? Are staff at all levels committed to gender equality and empowerment of women?

- Presence of appropriate framework for gender programming (skills, guidelines and opportunities to practice). Is it easy to integrate gender into the policies, programs/projects or budgets?

(c) Gender analysis at program/project level

<table>
<thead>
<tr>
<th>Stage of program/project</th>
<th>Questions to be asked</th>
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</thead>
<tbody>
<tr>
<td>Situation Analysis</td>
<td>What gender gaps exist which put men and women in a different problem situation? Are the gender gaps part of the problem? Is gender discrimination part of the problem?</td>
</tr>
<tr>
<td>Guiding Policy Principles</td>
<td>Is the policy environment conducive for the gender problems to be addressed? Is there any need to establish a new policy principle or goal so that the gender problems are recognized?</td>
</tr>
<tr>
<td>Problem identification</td>
<td>Does the policy reveal a gender gap within the Situation Analysis?</td>
</tr>
<tr>
<td>Intervention Strategy</td>
<td>Is the intervention strategy well chosen to address the underlying causes of the gender gaps?</td>
</tr>
<tr>
<td>Program/Project Goals</td>
<td>Do the project goals recognize the relevant gender issues? Do they address the gender issue that has been identified as part of the problem?</td>
</tr>
<tr>
<td>Program/Project Implementation Strategy</td>
<td>Does the intervention take account of gender concerns and issues that have been identified as part of the problem?</td>
</tr>
<tr>
<td>Program/Project Objectives</td>
<td>Given the implementation strategy, are the objectives appropriately formulated?</td>
</tr>
<tr>
<td>Program/Project Activities</td>
<td>Given the implementation strategy, are the activities the most appropriate ones?</td>
</tr>
<tr>
<td>Program/Project budgets</td>
<td>Given the activities, are there corresponding budgets? How adequate are they? Do the budgets reflect the gender activities clearly?</td>
</tr>
<tr>
<td>Program/Project Monitoring and Evaluation</td>
<td>Is there a framework for monitoring and evaluation? Is gender monitoring and evaluation an integral part of this framework or is it a stand-alone process? Are there appropriate indicators for gender monitoring and evaluation? Can the framework easily provide gender-dissaggregated data?</td>
</tr>
</tbody>
</table>
HANDOUT 2.8: SELECTED CRITICAL GENDER ISSUES IN MALAWI

1. Net primary school enrolment for children aged 3 - 6 years in Malawi (%)

<table>
<thead>
<tr>
<th>Geographical Location</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malawi</td>
<td>77.0</td>
<td>78.5</td>
</tr>
<tr>
<td>Southern Region</td>
<td>75.9</td>
<td>76.9</td>
</tr>
<tr>
<td>Central Region</td>
<td>75.3</td>
<td>77.7</td>
</tr>
<tr>
<td>Northern Region</td>
<td>8.0</td>
<td>87.3</td>
</tr>
<tr>
<td>Rural Areas</td>
<td>76.0</td>
<td>78.0</td>
</tr>
<tr>
<td>Urban Areas</td>
<td>83.4</td>
<td>82.2</td>
</tr>
</tbody>
</table>

Source: Malawi Gender Briefing Kit, United Nations, Lilongwe. September 2002

2. Proportional secondary school enrolment (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>64.3</td>
<td>35.7</td>
</tr>
<tr>
<td>1995</td>
<td>63.4</td>
<td>36.6</td>
</tr>
<tr>
<td>1996</td>
<td>64.8</td>
<td>35.2</td>
</tr>
<tr>
<td>1997</td>
<td>61.2</td>
<td>38.8</td>
</tr>
</tbody>
</table>

Source: Malawi Gender Briefing Kit, United Nations, Lilongwe. September 2002

3. Proportional University of Malawi enrolment (%)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>3,247</td>
<td>76.4</td>
<td>23.6</td>
</tr>
<tr>
<td>1993</td>
<td>3,521</td>
<td>78.0</td>
<td>22.0</td>
</tr>
<tr>
<td>1994</td>
<td>3,684</td>
<td>76.7</td>
<td>23.3</td>
</tr>
<tr>
<td>1995</td>
<td>3,60</td>
<td>75.3</td>
<td>24.7</td>
</tr>
<tr>
<td>1996</td>
<td>3,531</td>
<td>74.4</td>
<td>25.6</td>
</tr>
<tr>
<td>1997</td>
<td>3,412</td>
<td>72.3</td>
<td>27.7</td>
</tr>
<tr>
<td>1997</td>
<td>4,079</td>
<td>78.5</td>
<td>21.5</td>
</tr>
<tr>
<td>1998</td>
<td>3,333</td>
<td>74.4</td>
<td>25.5</td>
</tr>
</tbody>
</table>

Source: Malawi Gender Briefing Kit, United Nations, Lilongwe. September 2002
4. Women’s Representation in Top Public Positions

<table>
<thead>
<tr>
<th>Post</th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
<th>% Men</th>
<th>% Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judges</td>
<td>22</td>
<td>20</td>
<td>2</td>
<td>90.9</td>
<td>9.1</td>
</tr>
<tr>
<td>District Commissioners</td>
<td>17</td>
<td>14</td>
<td>3</td>
<td>82.4</td>
<td>17.6</td>
</tr>
<tr>
<td>Agricultural Project Officers</td>
<td>23</td>
<td>21</td>
<td>2</td>
<td>91.3</td>
<td>8.7</td>
</tr>
<tr>
<td>District Health Officers</td>
<td>17</td>
<td>13</td>
<td>4</td>
<td>76.5</td>
<td>23.5</td>
</tr>
<tr>
<td>District Education Officers</td>
<td>21</td>
<td>19</td>
<td>2</td>
<td>90.5</td>
<td>9.5</td>
</tr>
<tr>
<td>Head of Govt. Sec Schools</td>
<td>120</td>
<td>105</td>
<td>13</td>
<td>89.2</td>
<td>10.8</td>
</tr>
<tr>
<td>Police Officers in Charge</td>
<td>30</td>
<td>26</td>
<td>4</td>
<td>86.7</td>
<td>13.3</td>
</tr>
<tr>
<td>District Forestry Officers</td>
<td>18</td>
<td>16</td>
<td>2</td>
<td>88.9</td>
<td>11.1</td>
</tr>
</tbody>
</table>


5. Summary of critical gender issues in Malawi

<table>
<thead>
<tr>
<th>Household level</th>
<th>Community level</th>
<th>National level</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Controlling of Resources by men. Men enjoy more house benefits</td>
<td>• Division of labour in community work – MASAF; celebrations, funerals.</td>
<td>• Decision making positions – political and professional</td>
</tr>
<tr>
<td>• Division of labour</td>
<td>• Decision making - Most positions on leadership are held by men</td>
<td>• Access to resources e.g. loans and Control of Resources</td>
</tr>
<tr>
<td>Female does more domestic work. Women do more child-caring roles,</td>
<td>• Women do more voluntary work – social activities. Men are involved or become active on Economic/ paying work.</td>
<td>• Retention/access/enrollment to education</td>
</tr>
<tr>
<td>Women do more caring work for the sick. Unequal distribution of labour</td>
<td>• Initiation rites – women have more, generally negative</td>
<td>• Low participation of women in defense force</td>
</tr>
<tr>
<td>• Sex preference e.g. in education. Girls are denied education opportunities</td>
<td></td>
<td>• Lack paternity leave</td>
</tr>
<tr>
<td>• Decision making e.g. on social economics issues is done by male</td>
<td></td>
<td>• Trials on medical drugs - women</td>
</tr>
<tr>
<td>• Widowhood rites against women</td>
<td></td>
<td>• Politically male dominated nation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Education system denies girls chance to access other avenues. Boys are enrolled earlier than girls and even more</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Employment opportunities favour male</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Family planning favours male than female</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Decision making positions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Participation in politics, religion, economy etc</td>
</tr>
</tbody>
</table>

Source: Generated by participants at August 2003 Workshop
UNIT 3: UNDERSTANDING HIV AND AIDS

PURPOSE

To increase understanding of HIV and AIDS.

OBJECTIVES

By the end of this Unit, participants should be able to
1. Define HIV and its transmission and prevention
2. Define AIDS and describe its signs and symptoms
3. Explain socio-economic impacts of HIV/AIDS
4. Describe the magnitude of the problem in Malawi
5. Explain major national responses to the HIV/AIDS epidemic.

CONTENT

1. Basic Facts About HIV and AIDS
2. HIV/AIDS situation in Malawi

TIME

5 hours 30 minutes

SUGGESTED PROCEDURE

Session 3.1: Basic Facts About HIV and AIDS

(210 minutes)

Activity 3.1.1: Brainstorming/Lecturette

1. Let participants brainstorm the definitions of HIV and AIDS. Write down the responses on flip charts

2. Present Basic Facts About HIV and AIDS (Handout 3.1). Make sure the following are covered:
   • Definition of HIV, explaining the various components of the definition
   • Definition of AIDS, explaining the various components of the definition
   • How HIV is transmitted
   • How HIV is not transmitted.
   • Relationship between HIV and sexually transmitted infections/diseases
   • How to minimize the risks of HIV transmission.
   • Signs and symptoms of AIDS
   • Denial, stigma and discrimination
   • Cure and treatment
Activity 3.1.2: ‘Wild Fire Game’

1. Play the ‘Wild Fire Game’ (Handout 3.2).

2. Immediately following the game, ask participants (those ‘infected’ and those ‘clean’) to give their experiences. A volunteer should write down the responses on flip charts.
   - How did you feel when you were tapped?
   - How did you feel when you were scratched?
   - How did you feel to come out not tapped and not scratched?

3. Explain how this game helps to demonstrate how hard it is to identify source of HIV infection, particularly if you have more than one partner. Also explain how it helps to demonstrate the feelings of different people to HIV infection.

Activity 3.1.3: Demonstration

1. Distribute packaged condoms to the participants. Let them familiarize themselves with the condoms.

2. Demonstrate condom use on a model as participants watch. The model penis can be a manufactured plastic model, a banana or a cucumber.
   - Open condom package carefully and be sure not to puncture the condom with fingernails. Hold the top of the condom tightly as you remove it.
   - Show the reservoir at the tip, explaining that this is for catching sperms. It should remain on the tip of the penis.
   - Show how to roll condom over the model, while squeezing the tip to remove air. Emphasize that condom should be rolled on starting t the tip of the penis. Emphasize that condoms should not be unrolled until the penis is erect (hard).
   - Role condom down all the way to the base of the model.

3. Spend time going round to show the participants and to answer questions until everybody understands how to use the condom.

---

4. Provide an opportunity, in groups of 3, for each participant to practice putting on a condom using the model, assisting them where things are being done wrongly.

   *Also demonstrate use of a female condom if available.*

**Session 3.2: HIV/AIDS situation in Malawi**

(120 minutes)

**Activity 3.2.1: Brainstorming/Lecturette**

1. Let participants brainstorm the following.
   - factors that have facilitated the spread of HIV in Malawi.
   - Impacts of HIV/AIDS
   - Policies/strategies for mitigating impacts.

   A volunteer should write down the factors on flip charts

2. Summarize with a presentation (Handout 3.3).
   - current statistics HIV prevalence
   - reported AIDS cases
   - factors that have facilitated the spread of HIV/AIDS in Malawi
   - impacts of HIV and AIDS in Malawi
   - policies/strategies for managing impacts of the HIV/AIDS pandemic

   *As part of advance preparation, a trainer can review relevant documentation to add to/support this session.*

<table>
<thead>
<tr>
<th>Evaluating Unit 3: Understanding HIV and AIDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Open ended questions’</strong></td>
</tr>
<tr>
<td>1. Mention three things you liked about this unit.</td>
</tr>
<tr>
<td>(a)</td>
</tr>
<tr>
<td>(b)</td>
</tr>
<tr>
<td>(c)</td>
</tr>
<tr>
<td>2. Mention three things you did not like about this unit.</td>
</tr>
<tr>
<td>(a)</td>
</tr>
<tr>
<td>(b)</td>
</tr>
<tr>
<td>(c)</td>
</tr>
<tr>
<td>3. What suggestions do you have for improving this unit (maximum of three)?</td>
</tr>
<tr>
<td>(a)</td>
</tr>
<tr>
<td>(b)</td>
</tr>
<tr>
<td>(c)</td>
</tr>
</tbody>
</table>
LIST OF RESOURCE MATERIAL

HANDOUT 3.1: BASIC FACTS ABOUT HIV/AIDS

1. What is HIV?

HIV stands for Human Immunodeficiency Virus. It is an extremely small organism found mostly in semen, blood, breast milk and vaginal secretions. It attacks the human immunity system (white blood cells), which is responsible for defending an individual against various infections.

Our body is normally protected by white blood cells, which fight diseases and protect the body. Strong diseases can make us sick during the fight but white blood cells usually win in the end. However, HIV is a very strong germ. If it gets into our body, it attacks white blood cells. After a long fight, HIV makes our white blood cells week. Our body then has very little protection. Without white blood cells, disease can attack us and kill us.

Once infected by HIV, it takes six to twelve weeks for the body to produce antibodies against the virus. The period between the infection and the appearance of antibodies in the blood is called ‘Window Period’. After being infected, an individual can remain health for a long time and this is called ‘Incubation Period’. During this period, an individual can still infect others.

2. What is AIDS?

AIDS stands for Acquired Immune Deficiency Syndrome.

<table>
<thead>
<tr>
<th>Acquired</th>
<th>You are not born with it</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immune</td>
<td>Body defense system against diseases</td>
</tr>
<tr>
<td>Deficiency</td>
<td>Immune system is not functioning properly</td>
</tr>
<tr>
<td>Syndrome</td>
<td>Collection of signs and symptoms</td>
</tr>
</tbody>
</table>

3. How HIV is transmitted

The virus that causes AIDS is found mostly in body fluids such as blood, semen, vaginal secretions and breast milk. HIV is, therefore, spread through the following major ways:

- Having unprotected sexual intercourse with an infected person
- Being in contact with infected blood and blood products.
- Sharing sharp objects such as razor blades, injection needles

With contributions from Gertrude Mwalabu
• From infected mother to unborn baby during pregnancy, delivery and breastfeeding.

A person infected with HIV can live for a long time, an average of nine years without showing any signs and symptoms of diseases. However, during this period, the person can transmit the virus to sexual partners.

During the many years that the person is infected, the immune system is slowly destroyed, making that person vulnerable to other diseases such as pneumonia, tuberculosis and other infections.

4. How HIV is not transmitted.

Some people spread wrong information on how HIV is spread. HIV is not spread through the following:

• Mosquito bites
• Touching (hugging, kissing, shaking hands)
• Sharing utensils (cups, plates, knives and forks)
• Sharing clothes, seats
• Using same toilet or bath or swimming in same pool or river
• Living with a person who is infected with HIV or who has AIDS (e.g. sitting next to one who is infected or who has AIDS or who is coughing/sneezing)
• Sharing cigarette, food and drinks

5. Relationship between HIV and Sexual transmitted infections/diseases

The main mode of HIV transmission in Malawi is through sexual intercourse. HIV is, therefore, sexually transmitted disease just like gonorrhea and syphilis. Signs and symptoms of sexually transmitted infections include pain when urinating; itching vulva/penis; white and sour-like vaginal discharge; blood stains in the discharge; swollen labia; and sores/ulcers.

If a person has a sexually transmitted infection/disease, it is easier to get HIV because if that person has a wound or sore in the genital area, that opening becomes an easy entry point for the virus. Treating sexually transmitted diseases in people with HIV is very difficult due to the weakened immune system.

6. How to minimize the risks of HIV transmission.

One can minimize the risks of spreading and catching HIV by the following:

• Control of sexual behaviour
• Abstinence
• Avoiding having other girl/boyfriends besides your wife/husband
• Consistent and correct use of condoms
• Avoiding alcohol and drug abuse
• Safe practices when handling human blood and blood products
• Screening blood during transfusion. Having an injection with a new or clean needle and syringe (and HIV free blood)
• Sterilization and proper disposal of used skin cutting and piercing objects. Avoiding sharing razor blades or other piercing instruments.
• Covering open wounds when caring for patients.
• Washing hands thoroughly with soap before and after handling patients.
• Preventing mother to child transmission
• Encouraging voluntary counseling and testing (VCT) to all men and women of childbearing age.
• Counseling HIV infected and AIDS patient couples to avoid pregnancy
• Use of drugs such as a combination of Niverpine and Zidovudine to minimize the risk of mother to child transmission.

7. Signs and symptoms of AIDS

<table>
<thead>
<tr>
<th>Major</th>
<th>Minor</th>
<th>Highly suggestive on their own</th>
</tr>
</thead>
</table>
| • Weight loss (at least 10% of body weight).  
• Failure to thrive, in case of children  
• Chronic diarrhoea, more than one month  
• Chronic fever, more than one month | • Chronic cough, more than one month.  
• Generalized dermatitis  
• Recurrent herpes zoster (shingles)  
• Oro-pharyngeal candidiasis  
• Persistent generalized lymphadenopathy | • Kaposi sarcoma  
• Cryptococcal Meningitis  
• Tuberculosis |

8. Denial, stigma and discrimination

HIV/AIDS is highly stigmatized. Infected people and AIDS patients often experience social rejection and discrimination. Many infected people, therefore, deny their status. As a result, stigmatization becomes a barrier to preventing further infections and providing care, support and treatment.

Some strategies that can counter stigma are:

• Encourage VCT and make adequate counseling readily available. Quality counseling should involve both partners in a relationship to reduce chances of blame thereby promoting positive living.

• Promote acceptance and solidarity for HIV positive people in the communities.
• Encourage disclosure to help fight self-stigmatization and enhance self worth to restore position in the community. As more people disclose and accept their HIV status, silence surrounding the epidemic will be broken.

• Teaching coping skills to those infected and affected.

• Disseminate factual information about HIV/AIDS at all levels. The media is particularly useful tool here.

• Mainstreaming of HIV/AIDS in the workplace.

9. Cure and treatment

Currently, there is no known cure for AIDS. Neither is there a vaccine against HIV. However, there are medicines such as ARVs. ARVs stands for Anti Retroviral Drugs.

These medicines hinder or suppress the replication of HIV. A number of government and private hospitals now provide ARVs. At the beginning of this manual, there is a list of organizations that can provide information on how to access ARVs, availability and costs.

ARVs have, however, both benefits and risks. The benefits are:
• reduced viral load;
• prevention of immune deficiency;
• few opportunistic infections;
• delayed progression to AIDS;
• improved life expectancy; and
• prevention of mother to child transmission

The risks on the other hand are:
• difficult regime – taken throughout life;
• unpleasant side effects;
• drug resistance;
• resistant strains of HIV;
• rebound reaction; and
• drug interactions.
HANDOUT 3.2: THE WILD FIRE GAME

1. Let all participants stand in a circle, with eyes closed. The trainer should not close eyes.

2. The trainer should ‘tap’ three participants while except the trainer have their eyes still closed.

3. Ask participants to open their eyes.

4. Let them mill around the room, greeting each other. The three who were ‘tapped’ by the trainer should each scratch three participants as they greet them. The scratching should be in such a way that other participants should not notice.

5. After about one minute of mingling and greeting, ask those that have not been ‘tapped’ or ‘scratched’ to leave the game. Those that have been ‘tapped’ or ‘scratched’ should remain in the circle.

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4 Contributions by Lt Colonel Mafumu Gondwe of the Malawi Defence Force at the January 2004 Workshop
HANDOUT 3.3: HIV/AIDS SITUATION IN MALAWI

Trainers can, as part of advance preparation, compile up-to-date statistics to compare with other districts. Possible sources are National AIDS Commission, UNAIDS and NGOs dealing with HIV/AIDS programs.


Malawi has one of the highest HIV/AIDS prevalence in the world. Currently, about 15% of the Malawi population, estimated at 10 million people, are living with HIV/AIDS. Urban areas are more affected than rural areas.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>National adult prevalence (15-49 years)</td>
<td>15%</td>
</tr>
<tr>
<td>Number of infected adults (15-49 years)</td>
<td>739,000</td>
</tr>
<tr>
<td>Urban adult prevalence</td>
<td>25%</td>
</tr>
<tr>
<td>Number of infected urban adults</td>
<td>224,000</td>
</tr>
<tr>
<td>Rural adult prevalence</td>
<td>13%</td>
</tr>
<tr>
<td>Number of infected rural adults</td>
<td>516,000</td>
</tr>
<tr>
<td>Number of infected children</td>
<td>65,000</td>
</tr>
<tr>
<td>Number of infected over age 50</td>
<td>41,000</td>
</tr>
<tr>
<td>Total HIV positive population</td>
<td>845,000</td>
</tr>
</tbody>
</table>


2. Trends since first cases was identified in 1985

<table>
<thead>
<tr>
<th>YEAR</th>
<th>REPORTED AIDS CASES</th>
<th>CUMMULATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>1986</td>
<td>127</td>
<td>144</td>
</tr>
<tr>
<td>1987</td>
<td>858</td>
<td>1002</td>
</tr>
<tr>
<td>1988</td>
<td>3034</td>
<td>4036</td>
</tr>
<tr>
<td>1989</td>
<td>4966</td>
<td>9002</td>
</tr>
<tr>
<td>1990</td>
<td>5859</td>
<td>14861</td>
</tr>
<tr>
<td>1991</td>
<td>7439</td>
<td>22300</td>
</tr>
<tr>
<td>1992</td>
<td>4655</td>
<td>26955</td>
</tr>
<tr>
<td>1993</td>
<td>4916</td>
<td>31871</td>
</tr>
<tr>
<td>1994</td>
<td>4732</td>
<td>36603</td>
</tr>
<tr>
<td>1995</td>
<td>5172</td>
<td>41772</td>
</tr>
<tr>
<td>1996</td>
<td>5370</td>
<td>47145</td>
</tr>
<tr>
<td>1997</td>
<td>3653</td>
<td>50798</td>
</tr>
<tr>
<td>1998</td>
<td>1845</td>
<td>52643</td>
</tr>
</tbody>
</table>

3. Impacts of HIV/AIDS in Malawi

(a) Effects of HIV/AIDS

<table>
<thead>
<tr>
<th>Children</th>
<th>Family</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Loss of family and identity</td>
<td>• Loss of family members</td>
<td>• Labour pool reduced (especially skilled and agricultural labour loss)</td>
</tr>
<tr>
<td>• Psycho-social distress</td>
<td>• Changes in the household/family structure</td>
<td>• Increased poverty</td>
</tr>
<tr>
<td>• Increased malnutrition</td>
<td>• Family dissolution</td>
<td>• Reduced access to health care and education</td>
</tr>
<tr>
<td>• Decreased opportunities for schooling</td>
<td>• Impoverishment</td>
<td>• General loss of resilience</td>
</tr>
<tr>
<td>• Loss of inheritance</td>
<td>• Lost labour/income</td>
<td>• Increased morbidity and mortality</td>
</tr>
<tr>
<td>• Forced migration</td>
<td>• Stress</td>
<td></td>
</tr>
<tr>
<td>• Loss of health care</td>
<td>• Reduced ability to care for children</td>
<td></td>
</tr>
</tbody>
</table>

Source: Generated by participants at the August 2003 Workshop

(b) Impact of HIV and AIDS in Malawi

HIV and AIDS will continue to deplete the labour force and resources at all levels, because of its long gestation and large number of people infected and affected. It also reduces the socio-economic gains made over the years.

- **Impact on household production.** HIV and AIDS is negatively affecting productivity of agricultural sector. ‘Farmers are now spending more time turning bodies of sick people than turning the soil’. Household food security is, therefore, threatened. Since caring for the sick is considered to be women’s responsibility, HIV and AIDS increases burden on women as caregivers.

- **Economic impact.** Increased morbidity and mortality due to HIV and AIDS bring about the reduction of productivity. This results in reduced gross domestic product.

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2. UNDP, Malawi National Human Development Report 2001
• **Impact on health service delivery.** AIDS accounts for 60% of all in-patient admissions, who occupy more than 50% of medical ward beds. HIV and AIDS have seriously affected the already overburdened Malawi health and social service delivery system. HIV and AIDS also complicates efforts to deal with growing cases of opportunistic infections such as tuberculosis (TB). More than 70% of the pulmonary tuberculosis patients also have HIV.

• **Impact on education.** HIV and AIDS are reducing quality of education through deaths and absenteeism of teachers due to morbidity. Over 80% of female teachers and over 60% of male teachers are absent from classes once a month because of illness, attending funerals. Pupils stay at home to care for sick relatives or they are sick themselves.

• **Impact on private sector.** Just like in the public sector, the private sector is equally affected through the negative impact of HIV and AIDS on managerial capacities, loss of productivity and the low morale and high costs at work place associated with increasing illnesses, deaths and burials.

• **Demographic impact.** HIV/AIDS-related mortality is currently estimated to be between 50,000 and 70,000 deaths per year. Maternal mortality has increased from 620 per 100,000 in 1992 to 1120 per 100,000 in 2001. Life expectancy has decreased from 48 years in 1990 to about 40 years in 1999. Population growth has reduced from 3.2% in 1995 to 1.9% in 1998, partly due to HIV and AIDS. The high mortality as result of the HIV/AIDS pandemic has contributed significantly to high numbers of orphans and vulnerable children. Currently, Malawi has between 800,000 and 1,000,000 orphans.

4. **Factors that have facilitated the spread of HIV/AIDS in Malawi**

The high HIV/AIDS prevalence rate in Malawi does not necessarily mean that people are not aware of HIV/AIDS. Currently, public awareness is very high (99% women and 100% men, those interviewed for the 2000 Demographic and Health Surveys Report). Other factors other than awareness have instead facilitated the spread of HIV and AIDS.

• **Vulnerability to HIV/AIDS, particularly by women, youth and poor people.** Gender inequalities, relative poverty and wealth, and strategies to acquire economic security (such as migration, prostitution) have significantly led to the spread.

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The hidden nature of HIV. The long incubation period of about 8-10 years between infection and the onset of AIDS-related illnesses tend to make people ignore VCT and even the whole threat posed by HIV and AIDS.

Inability to understand linkages with political and social change. It is difficult to establish the linkages between HIV and AIDS and the socio-political changes that have occurred in Malawi since 1992. However, some recent changes such as liberalization of the economy (resulting in greater poverty, particularly among the rural poor) and the democratization processes (social movements which have led to changing sexual norm and values and sexual behavioral patterns by men and women thereby increasing vulnerability to HIV infection.

Negative cultural beliefs, values and practices. While some institutions such as religious and family advocate abstinence before marriage and faithfulness in marriage, the Malawian culture generally defines masculinity in terms of sexual prowess. Women and girls are advised not to say no to sexual advances by men. This encourages promiscuity and behaviors such as rape, widow inheritance, cleansing and polygamy.

5. Selected policies/strategies for addressing the HIV/AIDS pandemic


Government has developed a Malawi National HIV/AIDS Strategic Framework to direct and coordinate national response to the HIV/AIDS pandemic. The strategic components and objectives of the framework are:

- **Culture and HIV/AIDS.** To bring about socio-economic and cultural changes that will help reduce the spread of HIV and AIDS and minimize its impact on individuals, families and communities.

- **Social Change, Youth and HIV/AIDS.** To strengthen the authority of and coordination among youth socialization institutions in order to bring about change in the behaviors that predispose the youth to HIV infection.

- **Socio-economic status and HIV/AIDS.** To bring about change in the socio-cultural and economic environment for men and women in order to address gender imbalances and reduce the spread and impact of HIV and AIDS.

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• Despair and hopelessness. To bring about hope, faith and a spirit of acceptance of the reality of the HIV and AIDS epidemic among all Malawians in order to facilitate prevention and mitigation of its impact.

• HIV/AIDS management. To provide adequate and high quality management services to people living with AIDS (PLWAs), affected individuals, families and communities.

• HIV/AIDS and orphans, widows and widowers. To strengthen and support sustainable capacities for the care of orphans, widows and widowers, particularly at family and community levels.

• Prevention of HIV transmission. To strengthen effectiveness of HIV prevention programs and practices and expand their scope to reduce HIV incidence among Malawians.

• HIV/AIDS information, education and communication (IEC). To establish a standard, comprehensive and effective IEC strategy to reduce the spread of the HIV and AIDS epidemic.

• Voluntary Counseling and Testing. To strengthen and promote accessible and ethically sound VCT services that offer psychological support to men, women and youth in order to reduce the transmission of HIV and the impact of the HIV and AIDS

(b) The Global Fund

Government envisages, under the Global Fund initiatives, to introduce a Community Home Based Care and Treatment (CHBCT) program.

(c) The National HIV and AIDS Policy

A National HIV/AIDS Policy has been developed to strengthen and sustain a comprehensive multisectoral response to HIV/AIDS.

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(d) The Malawi Poverty Reduction Strategy Paper\textsuperscript{10}

The Malawi Poverty Reduction Strategy Paper (MPRSP) reinforces three strategic objectives of the National HIV/AIDS Strategic Framework, namely: to reduce the incidence of HIV and AIDS; to improve quality of life of those infected with HIV and to mitigate against economic and social impacts.

(e) Community Home Based Care of HIV/AIDS Patients and other clients

The number of people with AIDS is increasing rapidly thereby exerting great pressure on the existing health/social service delivery infrastructure. Therefore, community home based care is becoming a popular model for caring HIV/AIDS patients and other clients.

Community home based care refers to care provided to patients, orphans and other vulnerable children in their homes by family and community members using locally available resources.

Currently, there are three major approaches to community home based care being practiced in Malawi.

- \textit{Community Home Based Care}. This emphasizes physical care, emotional care, material support, helping with domestic chores and spiritual and moral support.

- \textit{Day Care Centres}. These include (a) the Lighthouse which offers voluntary counseling and testing (VCT) services, outpatient clinic and day care and (b) referral to health centres.

- Home visits by hospital staff.

UNIT 4: GENDER AND HIV/AIDS LINKAGES

PURPOSE
To increase understanding of linkages between gender and HIV/AIDS.

OBJECTIVES
By the end of this Unit, participants should be able to
1. Explain linkages between gender and HIV/AIDS
2. Identify critical gender and HIV/AIDS issues in Malawi

CONTENT
1. Overview of Gender and HIV/AIDS situation in Malawi
2. Gender analysis of HIV/AIDS programs: an example
3. Some critical Gender and HIV/AIDS issues in Malawi

TIME
7 hours

SUGGESTED PROCEDURE

Session 4.1: Overview of Gender and HIV/AIDS Situation in Malawi
(90 Minutes)

Activity 4.1.1: Lecturette
1. Present an overview of gender and HIV/AIDS in Malawi (Handout 4.1)
   • gender dissaggregated statistics on HIV/AIDS in Malawi
   • gender and HIV/AIDS linkages

2. Explain the challenges associated with availability, quantity and quality of gender dissaggregated data. Emphasize the urgent need to undertake a national research to analyze the data currently only available at facility level. Focus should be on HIV prevalence, AIDS cases, access to treatment, access to care such as community home based care and access to prevention of mother to child transmission.
Session 4.2: Gender analysis of HIV/AIDS programs: an example

(210 minutes)

Activity 4.2.1: Lecturette

Present on ‘Gender analysis of HIV/AIDS programs: an example’ (Handout 4.2). Make sure to cover methodology/processes/procedures.

Activity 4.2.2: Group work

1. Divide participants into 3 groups. Group 1 should analyze issues at household level. Group 2 should analyze issues at community level. Group 3 should focus on issues at national level.
   • conduct gender analysis of HIV/AIDS in Malawi using the framework covered in this session. Identify 3-5 issues
   • for each identified issue, propose 1-2 strategies for addressing it

2. Let the groups should report back in plenary.

Session 4.3: Some critical gender and HIV/AIDS issues in Malawi

(120 minutes)

Activity 4.3.1: Case study

1. Distribute the case study of ‘nyaKanyasu’ (Handout 4.3)
2. Allow participants to read and analyze the case study individually.
3. Together in plenary, answer the following
   • What are the main problems faced by nyaKanyasu due to gender biases, poverty and HIV/AIDS?
   • What can be done to assist nyaKanyasu to cope with the impact of gender biases, poverty and HIV/AIDS she currently suffers?

4. Relating to the case study, also discuss linkages that exist between gender and HIV/AIDS.

5. A volunteer should write down the responses on flip charts.
Activity 4.3.2: Group Work

1. Divide participants into two groups, Group 1 (males only) and Group 2 (females only). The groups should
   • conduct a gender analysis of HIV/AIDS in order to identify critical gender and HIV/AIDS issues in Malawi.
   • suggest strategies for addressing the identified critical gender and HIV/AIDS issues at each of the levels

   the groups should apply the Matrices for analyzing factors affecting who is vulnerable to HIV/AIDS factors affecting responses to HIV/AIDS (see Handout 4.2).

2. The groups should report back in plenary.

3. Summarize by presenting some critical gender issues and strategies for addressing them (Handout 4.4)

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Evaluating Unit 4: Gender and HIV/AIDS linkages

‘Prepared questions’

1. Mention three things you found useful from this unit.
   (a) 
   (b) 
   (c) 

2. Mention three things you did not find useful from this unit.
   (a) 
   (b) 
   (c) 

3. What suggestions do you have for this unit (maximum of three)
   (a) 
   (b) 
   (c)
LIST OF RESOURCE MATERIAL

HANDOUT 4.1: OVERVIEW OF GENDER AND HIV/AIDS SITUATION IN MALAWI

1. Availability, quantity and quality of gender disaggregated data on HIV/AIDS in Malawi¹¹.

Availability, quantity and quality of disaggregated data on HIV/AIDS is a serious concern for Malawi at present. Statistics on HIV prevalence and on number of AIDS cases varies with source of information. The explanation to this difference lies in the methodology used to collect the data. HIV prevalence is based on HIV sentinel surveillance conducted in selected antenatal clinics (ANC). The figures are used to project national prevalence rates.

On the other hand, figures of AIDS cases are based on number of patients that are accessing AIDS treatment at major hospitals. Currently, three major hospitals offer AIDS treatment. These are Medicins Sans Frontieres (Luxembourg)/Thyolo District Hospital, Queen Elizabeth Central Hospital in Blantyre and Lighthouse/Lilongwe Central Hospital.

There is, therefore, urgent need for research to comprehensively analyze the data currently available only at facilities (hospitals and other providers) that offer services such as voluntary counseling and testing, prevention of mother to child transmission, access to treatment and care services.

2. Gender dimension of HIV infection

HIV infection is a gender issue. About 15% of the Malawi population is infected with HIV. In terms of age distribution, the problem of HIV/AIDS in Malawi is concentrated in the 15-49 age group. Prevalence rate in this group stands at 16.4% compared to 2.2% among the 0-15 year age group and 1.08% among those aged 50 years and above. Within the 15-49 year age group, the prevalence is higher among women. Infection among young females aged 15-24 years is 4 to 6 times (25.7%) higher than the infection rate in their male counterparts (UNDP, Malawi National Human Development Report 2001)

More girls than boys are infected because of: the sugar daddy syndrome; some girls are encouraged by parents to engage in prostitution to get money; peer pressure; and poverty - female orphans are even more vulnerable.

¹¹ Consultations with Dr Tionge Loga, UNAIDS Programme Officer, May 2004.
### 3. Distribution of reported AIDS Cases

Available statistics on AIDS cases reveal that almost equal numbers of males and females are suffering from AIDS. However, among the youth (15-25 years), about 60% of those suffering from AIDS are girls and 40% are boys.

#### (a) Number of reported AIDS cases by age

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<td>Male</td>
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<td>172</td>
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<td>141</td>
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<td>20-24</td>
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<td>551</td>
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<td>25-29</td>
<td>431</td>
<td>529</td>
<td>960</td>
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<td>30-34</td>
<td>551</td>
<td>524</td>
<td>1075</td>
<td>616</td>
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<td>35-39</td>
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<td>40-44</td>
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<td>478</td>
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<td>45-49</td>
<td>220</td>
<td>79</td>
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<td>213</td>
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<td></td>
<td>2577</td>
<td>2595</td>
<td>5172</td>
<td>2614</td>
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**Source:** The Impact of HIV/AIDS on Human Resources in the Malawi Public Sector. Assessment Report. UNDP/Malawi Government. February 2002

#### (b) Percentage distribution of reported AIDS cases by age.

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<td>Male (%)</td>
<td>Female (%)</td>
<td>Total (%)</td>
<td>Male (%)</td>
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<td>0-4</td>
<td>53</td>
<td>47</td>
<td>53</td>
<td>47</td>
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<td>5-9</td>
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<td>40-44</td>
<td>478</td>
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<td>63</td>
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<td>45-49</td>
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<td>26</td>
<td>307</td>
<td>64</td>
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<td>50+</td>
<td>289</td>
<td>26</td>
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<td>69</td>
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<td>5,172</td>
<td>50</td>
<td>5,370</td>
<td>49</td>
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</table>

**Source:** Computed from figures extracted from: The Impact of HIV/AIDS on Human Resources in the Malawi Public Sector. Assessment Report. UNDP/Malawi Government. February 2002
(c) Access to treatment

National statistics on access to treatment are very scanty. UNAIDS\textsuperscript{12} estimates that Malawi has about 4000 patients who are currently accessing AIDS treatment in the major hospitals. Of these, 58% are women and 42% are men.

4. Linkages between gender and HIV/AIDS\textsuperscript{13}

Men’s and women’s different vulnerability to HIV infections may be explained by biological, socio-cultural, legal and economic factors. Biological differences are fairly evident. However, it is socio-cultural, legal and economic factors that underlie the power imbalance in gender relations that is at the root of all vulnerability.

(a) Biological differences

Women are biologically more vulnerable than men are to infection because of:

- Being receptive partners. Women have larger mucosal surface exposed during sexual intercourse. Their fragile vaginal tissues are easily torn and thus render them susceptible to infections of all sorts including STIs and HIV. Again, semen has far higher concentration of HIV than vaginal fluid.

- The vulnerability of women is further increased by sexual practices that encourage dry sex as a means of increasing pleasure for men.

- Women may also be exposed to risk during pregnancy and delivery. Moreover, infected pregnant women may transmit the virus to their unborn babies or through breast feeding (Mother to child transmission)

(b) Unequal power relations

Women are powerless in sexual relationships and, therefore, are not able to be assertive to their partners. Due to their position in their families, women are unable to make decisions about sexual relations or their own sexuality, ore due to various

\textsuperscript{12} Consultations with Dr Tionge Loga, UNAIDS Programme Officer, May 2004.

\textsuperscript{13} Adapted, with contributions from participants at the August 2003 and January 2004 Workshops from:

1. Training Notes Prepared by Marguirite Monnet, WBI and Shimwaayi Muntemba, AFTPM on Integrating Gender into the MAP and other HIV/AIDS Programs

repercussions that often result in different forms of violence. Moreover, expectations arising out of marriage, childbirth, and economic dependence often expose women to the virus.

(c) Influence of Gender Norms

Gender roles and relations have a significant influence on the course and impact of the HIV/AIDS epidemic in Malawi. Understanding the influences of the gender roles and relations on individuals and communities’ ability to protect themselves from HIV and effectively cope with the impact of AIDS is crucial for expanding the response to the epidemic. Being male and female affects how one experiences and responds to HIV/AIDS and his/her abilities to access voluntary counseling and testing (VCT), prevention of mother to child transmission (PMCT) anti-retro viral drugs (ARVs), care and other services.

(d) Legal Factors

Currently, the Malawi legal framework lacks a clear law (e.g. gender equality law) that empowers women. While there are some laws such as the Wills and Inheritance Act, there is limited access to information. Not many people, especially women, know that such laws exist. Neither do they know that there are institutions such as the Legal AID Department, which provide free legal advice.

The current legal framework is weak in as far as protecting people from HIV infection is concerned. There is no law that punishes those who willfully infect others. In particular, the way rape cases are dealt with in the courts discourages most women from reporting incidences of rape.

(e) Economic Factors

HIV/AIDS strikes indiscriminately but the poorest rural communities and households are hit the hardest\(^\text{14}\). A complex relationship exists between poverty and HIV/AIDS. Poverty leads to vulnerability since people adopt risky behaviours which increase HIV infection or its spread. In the process, HIV/AIDS depletes resources, including human resources, thereby leading to poverty.

The framework\(^\text{15}\) below helps to understand this complex linkage between poverty and HIV/AIDS.


\(^\text{15}\) Adapted from Framework by UNAIDS at a Regional Workshop on AIDS, Poverty and Debt Relief: Mainstreaming HIV/AIDS Programs into Development Instruments. Held in Lilongwe (MIM) 15-16 November 2000.
In conclusion,

- Men put themselves at risk of HIV/AIDS because of their wealth to lure women and girls into sex by taking advantage of the poor women and girls.

- Women and girls engage in risky behaviours because of poverty. Women do not have ownership rights of productive factors. Normally women do not own or control these resources. Practices such as property grabbing after death of husbands impoverish women and make them more vulnerable to HIV/AIDS. Most women are not economically empowered hence vulnerable to HIV/AIDS. Because of poverty, they indulge in transaction sex, as a coping mechanism. Others, by seeking favours from bosses, lending institutions and others, offer sex.

- Women who lack economic independence are less able to avoid risky situations. Hence, sexual relationships under conditions of poverty render women more vulnerable. They perceive the negative economic consequences of leaving a risky relationship to be far more important than the health risk of continuing the relationship. Girls from poor households are particularly vulnerable to enticements of older men and 'sugar daddies'.

- For women who have lost a husband to HIV/AIDS, it can mean losing everything as well: property or assets such as land, farm equipment or livestock, effectively undermining their capacity to earn an income and grow food to feed themselves, their children and the orphans they are often caring for.
Women and men are infected and affected by HIV/AIDS differently because of gender inequalities in roles and responsibilities, and in access to resources, information and power etc. This affects: vulnerability to HIV/AIDS; access to treatment (ARVs); burdens of care of patients, orphans and other vulnerable children; quality of care. Women generally access poor care because of lack of resources such as income to pay for quality services.

The framework of gender analysis of an HIV/AIDS program (see Figure below) can be useful in identifying critical gender issues at personal, household, community and national levels.

(a) **FRAMEWORK FOR ANALYZING GENDER ISSUES IN HIV/AIDS PROGRAMS**

1. Biological differences
2. Unequal power relations
3. Influence of Gender Norms
4. Economic Factors
5. Legal Factors

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16 Adapted from Guidelines for the analysis of Gender and Health. Developed by the Gender and Health Group at the Liverpool School of Tropical Medicine, United Kingdom. December 1998
- **PART 1.** *Who is vulnerable to HIV infection? (Pattern of HIV infection and AIDS – related illnesses).* Part 1 helps to identify who gets ill, when and where. The process should entail examining gender disaggregated data and information. In the analysis and reporting of HIV/AIDS, ensure that the analysis does not paint a picture that because some groups are not vulnerable to particular risks, they do not need to change their behaviour.

- **PART 2.** *Why are they vulnerable? (Critical factors affecting who infects and gets infected by HIV virus and who suffers AIDS and related diseases).*

Part 2 involves analyzing why men/boys and women/girls get infected and affected differently.

(b) **MATRIX FOR ANALYZING FACTORS AFFECTING WHO IS VULNERABLE TO HIV/AIDS**

<table>
<thead>
<tr>
<th>Why are men and women infected by HIV and suffering AIDS differently, through the following factors</th>
<th>Individual level</th>
<th>Household level</th>
<th>Community Level</th>
<th>Institutional level</th>
<th>Sectoral level</th>
<th>National level</th>
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<td>Biological differences</td>
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</tbody>
</table>
• **PART 3.** How do men and women/boys and girls respond to HIV infection and to AIDS? (Critical factors that influence men and women to respond differently to HIV infection and AIDS related illnesses).

Part 3 involves analyzing how men/boys and women/girls respond to HIV/AIDS.

(c) **MATRIX FOR ANALYZING FACTORS AFFECTING RESPONSES TO HIV/AIDS**

<table>
<thead>
<tr>
<th>How are men’s and women’s responses to HIV/AIDS influenced by these factors</th>
<th>Individual level</th>
<th>Household level</th>
<th>Community level</th>
<th>Institutional level</th>
<th>Sectoral level</th>
<th>National level</th>
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<td>Biological differences</td>
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My name is nyaKanyasu and I am 59 years old. I live in Ndasalapati Village in the area of Chief Ndikusowa Thandizo, some five kilometers from Nkhata Bay town. I am the only girl and the first born in the family of four. I am an orphan. My father died when I was 26 years old. I am now looking after my mother who is now over 75 years.

I married Mr. Gwamula when I was 14 and in standard four (Std 4). My father didn’t believe in girls going to school. He was interested in the 10 cattle the Gwamulas offered as lobola. My three brothers however finished Form IV and got good jobs. The eldest was a Reverend, Rev. Kamanga. The other was a teacher. The last born decided to become a truck driver, trekking between Malawi and South Africa; he married there.

You are asking where these are now. They are all gone. They were bewitched because of their good jobs. Houses of my two young brothers have since closed; my in-laws and the children have since followed them. Only the Reverend left a widow and six children. I am keeping them according to our culture; my in-law has to remain here if she wants to enjoy my brother’s property: look at the house he left – four bedrooms, iron sheets, electricity and flush toilet. But we are now chasing her because of her prostitution. It is embarrassing for a Reverend’s widow like her and to this Christian family for her to behave this way.

My husband was a policeman. We traveled widely across the country but he finally bought a house in Area 18A in Lilongwe where we settled after he retired. He died five years go, a year after his retirement. His relatives came to grab everything. They did not know that some of the things were mine; I bought them from my tailoring business. But now, even the machines have been grabbed. That’s how I decided to come back home to settle in my village, in my late brother’s house. Otherwise, I should have gone to the Gwamulas in Mzimba according to our lobola culture.

17 In March 2003 when Malawi was deep into a national food shortage crisis, National AIDS Commission engaged the principal author and others to develop a National Community Home Based Care System for HIV/AIDS Patients in Malawi. The Research Team conducted community consultations in nine districts, talking to patients, orphans and other vulnerable children and their guardians. The team encountered different cases of desperate households but a case of a female headed household in one of the villages in Nkhata Bay was so touching, one could not believe it is happening in our own midst. This case study is, therefore, formulated around the life of this Nkhata Bay woman in a ‘trying and desperate situation’. Names of persons and villages have, however, been changed to respect personal privacy. The author takes this opportunity to wish people like this woman a continued fight, fighting the good fight.

18 Officially, an orphan in Malawi is defined as one who has lost one or both parents and is below the age of 18. However, different communities define it differently and often with misconceptions, especially on age. It is not uncommon to find one aged over 18 being referred to as an orphan. This is common especially when assessments are being done, since communities want to justify why they need to receive ‘some support’. In the case of nyaKanyasu, she called herself an orphan to demonstrate that she had struggled for a long time. She was trying to attract sympathy from the research team, hoping for some support.

19 Bride price.
We had 11 children, eight girls and three boys. I did not want many children. All I wanted were five, because my body is weak. I constantly went under the knife but my husband would leave me if I did not have a boy. That’s how the last three are boys. Just like my own father, my husband never believed in educating girls. None of my girls reached Std V. My sons are very bright. They are still in primary school but I have asked them to stop because I can’t afford when they get selected to secondary school. They are now fishing and supporting me. The oldest son is now 17.

God has not been kind with me; only three girls are remaining. Five are gone. They have left me with a burden. I have 21 orphans among them. The first born and the last two are the only ones remaining. The last born girl lost a husband two years ago. She is lucky; she is now married again. She stays outside the country; her husband is a Tanzanian. But I am keeping her two orphans. Her husband can not keep them. I do not want my daughter to be divorced and be suffering here in the village with me. The other girl too lost a husband during the same period like the last born girl. She has now picked up a job at Dolyasuzga Resthouse, here in Nkhata Bay. I keep her four orphans but she often comes to assist me with moneys to her children. That is the only source of income I have at moment.

My first born girl, now 45, has been bedridden for over three years now. She too was bewitched. She has swollen legs and sores all over. We have tried different hospitals. The traditional doctors say people are not happy with our family. But what do we have now? Her husband does not assist since she returned from Mangochi, his home, because of the illness. I understand; he has many responsibilities. Feeding four wives is not a joke. Just like my sons, my grandsons are now fishing and assisting us.

If it was not the Titemwanenge Home Based Care Support group, life would have been too hard for me. The volunteers come often to assist us: food and painkillers. They assist to take my daughter to Nkhata Bay Hospital. This year alone she has been admitted more than four times, spending at least two weeks at a time. The volunteers have assisted greatly.

I can not cultivate. I can not do business. My world has collapsed. Before the Reverend died, this was Mwanaalilenji\(^{20}\) home. There was plenty food. My brother could afford fertilizer and to pay workers. Nobody walked naked. Though people still call us Kumalata\(^{21}\), all that glory is gone with the man of God, Reverend Kamanga. We have no food. The village headman is distributing relief food but can not give us some; he says we are rich. A good house? But this is my late brother’s property and I have plenty mouths to feed.

\(^{20}\) It means ‘ the home that lacks nothing’.

\(^{21}\) Kumalata refers to house with corrugated iron sheets. By village standards, the term is normally used to symbolize a household that is very rich and, therefore, special in that village. The household can not expect to be helped materially since it is considered to lack nothing.
1. Selected critical gender issues

(a) Mortality pattern

Deaths among women and men aged 15 to 49 has been on the increase since 1990s due to the HIV/AIDS epidemic. Among 20-24 year age group, the death rate among females is three times higher than for males.

(b) Gender based violence

The cultural acceptance of sexuality, particularly male sexuality, has to be understood within a context of male dominance and patriarchy. This has over the years perpetuated a culture of violence to victimize women and girls. Sexual harassment, verbal assault, gender discrimination and economic abuse of women are common not only at home but also in the workplaces.

(c) Abuse of the girl child

The HIV/AIDS pandemic has exacerbated the vulnerability of the girl child to sexual abuse and defilement. There are beliefs that having sex with a virgin cures a man of his HIV status. There are also beliefs among some men that young girls are HIV negative. Hence, most men entice young girls with material things in order to have sex.

(d) Increasing child-headed households

The proportion of child (especially girl) headed households and households headed by the elderly is increasing with the rising levels of AIDS. Such households are characterized by food insecurity and poverty, and consequently more vulnerable to HIV/AIDS.

In some cases, older women (over 65 years) are having to take on the role of looking after orphans, despite their old age and limited resource base.

adapted from notes by Linda Semu at the August 2003 Workshop
In summary,

- Economic desperation forces some women to commercial sex work in form of survival.

- As women who are the major producers of household food are infected, this inadvertently affects household food security. In addition household food insecurity increases vulnerability to infection as intake of necessary nutrients is reduced.

- Majority of home caregivers are women and girls who need to be protected. In most homes, women and girls carry out the burden of caring which invariably affects household food production especially considering that women are in-charge of subsistence farming. Due to the additional caring roles of women, girl children in the family are often withdrawn from schools to make up for the lost labour in the household. Moreover, most carers are not well equipped with information on how to care for their sick relatives. In order to reduce the load of caring on healthy establishments home based care is seen to be overburdening the existing roles of women.

- There is also a link between female illiteracy and increase in HIV/AIDS. Many girls tend to have less education and are, therefore, not able to access information. Many are married at an early age to older men who have multiple partners thus increasing their vulnerability.

2. Some strategies for addressing gender and HIV/AIDS issues

Please recall that:

- Low levels of education leads to exploitation of females (e.g. untrained jobs). The understanding of the HIV/AIDS epidemic is poor thereby making the females vulnerable to infection as they offer sex to bosses to seek favours.

- Many cultures in Malawi disempower spouses, particularly women, forcing them to risky behaviours.

- The general low economic power of women forces them to adopt risky behaviours.

Also recall that HIV/AIDS is not just a health issue. It is a major development issue since it links closely to poverty. Impacts of HIV/AIDS are seen through:

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23 Suggested by participants at the January 2004 Workshop at MIM.
• Destruction of social capital such as knowledge base of society; and productive sectors – agriculture, industry

• Weakening of institutions such as governance, civil service, judiciary, armed forces, education, health

• Inhibition of private sector growth.

• Wider, deeper poverty since HIV/AIDS induces and deepens poverty. Thus, HIV/AIDS control/mitigation should be at the core of poverty alleviation/reduction strategies. While poverty may increase susceptibility to HIV/AIDS, systematic evidence here is mixed. In theory, some risk behaviors are triggered by poverty. Structural vulnerability increases poverty for some but the direct risk is not necessarily increased by poverty. HIV/AIDS is not just ‘a disease of poverty’. It has affected both rich and poor countries. Within countries, it cuts across poverty lines to affects even the affluent and the educated.

Strategies for addressing the gender and HIV/AIDS issues could include the following:

• Adopt behavior change approach through: Social cultural research; Information sharing; Advocacy; Community mobilization; and Social marketing. These have to be participatory. Communities have to take active part all the processes.

• Incorporate gender and HIV/AIDS into all district and community development plans and interventions.

• Intensify advocacy at community level using existing community structures and leaderships.

• Adopt a multisectoral approach to the HIV/AIDS pandemic

• Promote economic empowerment programs among the poor, especially women. This should include developing a national policy on economic empowerment

• Advocate for increased male involvement in community home based care - Using community and opinion leaders
UNIT 5: INTEGRATING GENDER INTO THE PLANNING, MONITORING
AND EVALUATION OF HIV/AIDS PROGRAMS

PURPOSE

To enhance knowledge and skills for undertaking gender responsive planning, monitoring and evaluation of HIV/AIDS programs.

OBJECTIVES

By the end of this Unit, participants should be able to

1. Describe project planning, monitoring and evaluation and explain their linkages
2. Plan and conduct monitoring and evaluation
3. Integrate gender into an HIV/AIDS project/program

CONTENT

1. Understanding project planning, monitoring and evaluation and their linkages
2. Integrating gender into a project planning process
3. Planning, conducting and utilizing monitoring
4. Planning, conducting and utilizing evaluations
5. Integrating gender into HIV/AIDS programs: Field Practice

TIME

12 hours

SUGGESTED PROCEDURE

<table>
<thead>
<tr>
<th>Start by electing a committee to monitor and evaluate of Unit 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The introduce an energizer. Ask a volunteer to suggest and lead an energizer.</td>
</tr>
</tbody>
</table>
Session 5.1: Understanding planning, monitoring and evaluation and their linkages

(120 minutes)

Activity 5.1.1: Panel discussion

1. Divide into 6 groups.

2. Write down the following on 6 separate pieces of paper. There should be one item per piece of paper. Make sure that no one sees the papers in advance.
   1. What is a project?
   2. What is project planning?
   3. What is project monitoring?
   4. What is project evaluation?
   5. What is a project cycle? Give examples of cycles you are familiar with.
   6. What relationship exists between project planning, monitoring and evaluation

3. Randomly distribute the 6 pieces of paper to the 6 groups. One piece of paper per group. Group that picks ‘what is project monitoring’ becomes Group 3 etc.

4. Let the groups provide answers to questions on their pieces of paper. The answers should be recorded clearly on paper.

5. Form a panel of 6 members, each member representing a group. The panel should have questions and answers from the groups.

6. Starting with Group 1 and ending with Group 6, ask the panel to read the questions and answers. Let participants ask questions/comment.

7. Summarize the session by chipping in with correct explanations of the concepts (use Handout 5.1)

Session 5.2: Integrating gender into a project planning process

(210 minutes)

Activity 5.2.1: Learning from each other

1. Get 2-3 volunteers to share their experiences on how they have integrated gender during the planning of HIV/AIDS programs. Emphasis should be on approaches/methods/processes, requirements, successes/achievements and challenges/constraints.
2. End the session by sharing other approaches such as a Rights-Based Approach (Handout 5.2).

Activity 5.2.2: Exercise

1. Elect or appoint five participants to constitute a project planning team. The team should choose a team leader among themselves. The rest become community members. They should be divided into two focus groups of males only and females only.

2. The project planning team should work with the community members to conduct situation and gender analysis of an HIV/AIDS project using the Rights-Based Approach.
   - The project planning team may need some minutes to work out how to approach the exercise.
   - The project planning team should work in pairs. One pair should facilitate sessions with the males only group and the other pair should work with the females only group. The team leader is the overall in charge to guide the pairs.
   - One person from each pair should guide the focus group discussions while the other takes notes.

3. After the exercise is over, the planning team should share experiences – how easy/difficult it was to facilitate the exercise.

Session 5.3: Planning, conducting and utilizing monitoring

(210 minutes)

Activity 5.3.1: Presentation

Present theories and concepts of monitoring (Handout 5.3).

Activity 5.3.2: Guest speaker

1. Invite a guest speaker from the National AIDS Commission to share experiences of the national HIV/AIDS monitoring system. The presenter should emphasize the indicators being monitored, monitoring approaches
being used, and how the results are used. Copies of the presentation and the national HIV/AIDS monitoring system should be given to the participants.

2. Divide into two groups to critique the monitoring framework/system. One group should focus on the monitoring indicators. The second group should critique the monitoring approaches being used and utilization of the results.

   • comment whether or not gender has been integrated.
   • If gender is not yet integrated, suggest what can be done, including practical steps that need to be taken.

3. Let the groups present in plenary. The guest speaker may or may not attend.

   Note. The critique is not to attack the presenter or National AIDS Commission. It is a learning exercise. It should also be taken as an opportunity to propose positive contributions towards improving the national HIV/AIDS monitoring system.

Session 5.4: Planning, conducting and utilizing evaluations

(210 minutes)

Activity 5.4.1: Presentation

Present theories and concepts of evaluation (Handout 5.4).

Activity 5.4.2: Group work

1. Divide the participants into groups of five each.
2. Let the groups develop a plan for evaluating the course.
3. Let each group evaluate the course using its plan.
4. Let the group present the results plenary. Trainers and organizers can respond to some of the issues raised.

   Type the group work for use in preparing workshop report.
Session 5.5: Integrating gender into HIV/AIDS programs: Field Practice

( 3 days)

This is a special session if the workshop goes beyond five days. The session’s activities can be divided as follows:

Day 6:
Morning: Develop tools for the fieldwork
Afternoon: Present tools in plenary for comments

Day 7: Conduct the fieldwork
Morning: Conduct the fieldwork
Afternoon: Analyze results and write summary reports

Day 8: Presentations of results of the fieldwork by the groups.

Activity 5.5.1. Group based field work

1. Divide into 3 groups. Each group should spend 3-4 hours to develop a plan for fieldwork. Plan to be in the field for a maximum of 5 hours. Hence the field activities should be well focussed. Terms of reference for the groups are as below:
   - **Group 1.** Conduct a rights based gender programming of an HIV/AIDS program in a nearby community.
   - **Group 2.** Assess a monitoring system for an HIV/AIDS program of a nearby institution, preferably an NGO. Suggest strategy for gender integration.
   - **Group 3.** Evaluate an HIV/AIDS project. Suggest a strategy for gender integration

2. Let the groups implement their plans. Trainers and workshop organizers can join as observers or supervisors.

3. Let the groups analyze the results and prepare summaries, focussing on:
   - Methodology/approaches used
   - Major challenges experienced in the field
   - Summary of key findings/conclusions, paying special attention to gender issues
   - Major recommendations, especially on how to integrate gender.

4. Let the groups present their work in plenary. Representatives of the projects may be invited to attend the presentations.
Evaluating Unit 5: Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs

"Evaluation Committee"

1. Let the committee explain its evaluation approach
2. Let them evaluate (the committee may have been evaluating as the sessions were being presented)
3. Let the evaluation team present the findings to organizers/trainers
4. Let the evaluation committee present the findings in plenary.
1. What is a Project?

A project is a discrete package of investments, policies and institutions and other actions designed to achieve a specific “developmental” objective or set of objectives within a designated time period. Thus, a project has a starting time and a finishing time.

Projects are implemented to address identified needs/problems/opportunities/gaps. They can be business/economic in nature (hotel business), infrastructure development (road, bridge, school block) or social projects (HIV/AIDS; education project to enhance girl participation; food security and nutrition).

2. What is Project Planning?

Project planning refers to the formulation and selection of interventions to address set objectives. It involves the following:

- conceptualizing the idea,
- conducting situation analysis/needs assessment to establish the magnitude of the identified “problem” or “opportunity”,
- developing a project proposal to systematically describe the project,
- appraising the project to ensure that it is feasible,
- conducting baseline studies to establish benchmarks etc.

During the planning stage, the following will have been clearly elaborated:

- Background (Project idea, situation analysis, conceptual framework etc)
- Goal
- Objectives
- Strategies
- Activities
- Resources/inputs and sources of financing
- Outputs
- Outcomes/Impacts
- Implementation frameworks/arrangements
- Measures/indicators of progress/performance (monitoring and evaluation)
- Budgets, etc.

These will appear in a well-written project proposal ready for appraisal and finalizing the design and/or submission for possible funding. Once approved, the project is
ready for implementation (including, first, conducting baseline studies to set the ‘benchmark’ and to challenge/confirm initial proposal/project design).

Major project components will have been summarized in form of a matrix. Common forms are the Logical Frameworks of Analysis (Logframe). Constructing Logframes can be a complex process and is beyond the scope of this workshop. A simple way of summarizing the various components is, however, given below.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Strategy</th>
<th>Major Activities</th>
<th>Inputs</th>
<th>Outputs</th>
<th>Outcomes/Impacts</th>
<th>Indicators of Progress</th>
</tr>
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</table>

3. What is monitoring?

Monitoring entails a regular follow up of the implementation of the planned activities. Information for tracking progress against stated plans and milestones is routinely gathered to track down progress of implementing the planned activities. Any discrepancies are identified for management action (to assist take timely corrective measures).

Monitoring is, therefore, a systematic and continuous process of keeping track of the planned/set/agreed project performance indicators to ensure that the project is proceeding according to plan and adjusting it where, as and when necessary. Questions for later evaluation can be identified during the monitoring process.

4. What is Evaluation?

Evaluation is systematic, analytical effort planned and conducted in response to specific management questions about performance of the project. Unlike Monitoring, which is ongoing, Evaluation is occasional. It is conducted only when needed. It uses information collected during monitoring, but may need other information sources as well: logical framework of analysis (Logframes), baseline studies, project support documents and other reports/records.
5. What is Project Cycle?

Project activities are normally organized in discrete stages, which constitute a cycle. A project cycle, therefore, refers to the sequence of stages involved in the planning, implementation, monitoring and evaluation of a project. There are many project cycles depending on institutional origins. These differ in terms of details of the stages in the cycle. For the purpose of this manual, a project cycle entails (1) Planning, (2) Monitoring and (3) Evaluation.

6. The linkages between project planning, monitoring and evaluation

Project planning, monitoring and evaluation are distinct but related activities. Most project plans will have a matrix summarizing the project. It is from this matrix that the foundations of monitoring and evaluation are laid. In other words, indicators for monitoring and evaluation will have been suggested.

Monitoring and evaluation use benchmarks or indicators set out during the planning phase. Good monitoring means that you may not require an evaluation. If evaluation is inevitable, then good monitoring makes evaluation simple.

It should be observed, however, that in practice, few managers get the indicators right and this makes monitoring and evaluation a very difficult exercise.
Infected and affected people are often stigmatized, and unable to live life of equality, dignity and freedom since their rights are often violated on the basis of their HIV status. There is also often lack of access to prevention methods, appropriate information and materials, treatment and care, leading to vulnerability to HIV is linked to human rights violations such as poverty and gender inequalities. This demonstrates that HIV/AIDS is not just a health issue but it is also a gender and human rights issue.

A rights-based approach to programming, therefore, recognizes that all people, regardless of their HIV/AIDS status, are entitled to full and satisfying life enabling them to develop their full human potentials.

The process involves group work and plenary to reach consensus. Thus, each step is group work/plenary.

**Step 1. Identification and prioritization of rights**

1. Define programs/activity’s target group. For an HIV/AIDS program, these can include community members, support groups, volunteers, caregivers, health/social workers, patients/orphans etc. Each of these can further be categorized into men, women, boys and girls.

2. For each target group, facilitate an exercise to go over the general impacts of HIV/AIDS. You may have a number of groups such as men only, women only, boys only or girls only. You may also have further groups such as religious leaders only, politicians only.

3. Facilitate an exercise to go through the concept of human rights, emphasizing rights of people infected and affected with HIV/AIDS and the rights related to gender equality and women’s empowerment. Develop a list of the rights. For instance, AIDS patients have right to privacy, right to life, right to employment, right to health, right to marriage and right to equal treatment.

4. Ask each group to choose from the list key rights (a max of 3-5) they feel are least realized because of impacts of HIV/AIDS that they have identified. A participatory rural appraisal ranking/voting can be used to prioritize the rights.
Example of Pair-wise Ranking to prioritize the identified rights

<table>
<thead>
<tr>
<th>Right to Health</th>
<th>Health</th>
<th>Life</th>
<th>Employment</th>
<th>Equal treatment</th>
<th>Marriage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td></td>
<td>L</td>
<td></td>
<td></td>
<td>H</td>
</tr>
<tr>
<td>Life</td>
<td></td>
<td>L</td>
<td></td>
<td></td>
<td>L</td>
</tr>
<tr>
<td>Employment</td>
<td>H</td>
<td>L</td>
<td></td>
<td></td>
<td>E</td>
</tr>
<tr>
<td>Equal treatment</td>
<td>H</td>
<td>L</td>
<td></td>
<td></td>
<td>ET</td>
</tr>
<tr>
<td>Marriage</td>
<td>H</td>
<td>L</td>
<td></td>
<td></td>
<td>ET</td>
</tr>
</tbody>
</table>

Identified right | Score (no of times appear) | Priority Ranking (position)
- Right to health (H) | 6 | 2
- Right to life (L) | 8 | 1
- Right to employment (E) | 4 | 3
- Right to equal treatment (ET) | 2 | 4
- Right to marriage (M) | 0 | 5

5. Ask each group to provide details from their daily experiences how they know that the identified and prioritized rights are not being realized due to impacts of HIV/AIDS. E.g. *HIV/AIDS has wiped out the economically active men and women, thereby seriously affecting family labour. We, therefore, have no food and incomes.*

Step 2. Identification of Duty Bearers

6. Probe on whom, in the opinion of each of the target groups, has duties to address the problem of HIV/AIDS at various levels of society: Household; Community; District; and National level. In other words, get the groups to explain who should be doing something to address the problem of HIV/AIDS at these levels. This is called Duty Bearer identification. Examples of duty bearers at household level could be a husband as head of household.

Step 3. Identification of capacity gaps and potential solutions

7. Ask what each identified duty bearer should ideally be doing to address the problem. E.g. *Husband should be providing moneys to buy food to improve nutrition of the AIDS patients.*

8. For each duty bearer, ask what is preventing him or her from fulfilling their duties in addressing the problem. In other words, what barriers exist and why? This is Capacity Gap Identification.

*E.g. the husband spends all the moneys on beer because he does not see that nutrition of the AIDS patient is a priority.*

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Developed by participants at the August 2003 Workshop
9. For each capacity gap, ask what interventions could be undertaken to enable each duty bearer to fulfill his/her duties effectively. In other words, get the groups to come up with possible solutions to address the identified capacity gaps. *E.g. Sensitize household heads on how to prioritize household expenditures.*

10. Ask the groups to prioritize their solutions, for each capacity gap identified. Again, participatory ranking can be used here.

**Step 4. Integrating gender**

11. Explain to the groups that one of the cross cutting objectives of the project is to ensure gender sensitivity/responsiveness. One key strategy in undertaking a gender sensitive situation analysis process is to group respondents according to gender: men only group; women only group; boys only group; girls only group; etc. This will get members of each group to express their concerns freely. *E.g. by increasing male participation in the care of HIV/AIDS patients*

12. Explain to the groups that one of the objectives is to ensure that the project interventions should benefit women to the greatest extent possible. *E.g. by increasing male participation in the care of HIV/AIDS patients*

13. Ask the groups to examine the previous steps again, to determine HIV/AIDS is impacting men, women, boys and girls. Again, ask them to examine how the implementation of the suggested solutions/interventions might impact men, women, boys and girls. Appropriate gender analysis framework has to be used here.

14. Ask the groups to come up with innovative ways of modifying the suggested solutions so that they address the needs of men, women, boys, and girls. In other words, ask the groups to suggest what should be done to the program/activities to address specific gender gaps that they have identified. You may ask the groups to prioritize the solutions again.

**Step 5. Defining gender sensitive results and indicators**

15. For each solution, ask what changes should take place if the program/activity is successfully implemented. In other words, what results are they expecting?

16. For each result they suggest, ask the groups to define ways in which they can measure progress towards achieving the results. In other words, how will they know that the results have successfully been realized. These will be indicators for each solution
Step 6. Defining short-term and long term activities and results

17. Assist the groups to classify the suggested solutions and results into short term and medium/long term. Short-term results are results that should immediately emerge after the implementation of the proposed solutions. Medium/long term results on the other hand are results that come into being after some time.

Step 7. Refining monitoring and evaluation indicators

18. In a plenary, assist the groups to put indicators for each solution against each result. These become monitoring and evaluation indicators for the HIV/AIDS program (A simple Logframe can be used here).
1. Definition of Monitoring

Monitoring is a continuous management activity that helps a project to achieve its defined objectives within a prescribed time frame and budget. Monitoring is done to ensure that a project is implemented according to plan.

2. Why is monitoring important?

Project monitoring is important for the following reasons:

- It assesses progress being made against objectives and outputs.
- It acts as a tool for supervising implementation. This is particularly useful in organizations that face constraints to supervise staff and programs.
- It identifies critical challenges of the project for timely management action.
- By sharing the information generated, monitoring enhances stakeholder partnerships as the project is being implemented.

3. Who should monitor?

Monitoring is a management activity. Thus, it is those implementing the project who should do the monitoring.

4. What should be monitored (Core Indicators of Monitoring)

In a project, there are many aspects that can be monitored but practically, one can concentrate on five core indicators (please remember to engender the indicators).

(a) Performance monitoring. A project has inputs and outputs that should be tracked down as the project is being implemented. The inputs include money, staff, materials etc. Outputs include number of patients visited, number of orphans assisted with school fees, women accessing VCT services etc. The tracking down of the progress here is referred to as input-output monitoring or project performance monitoring.

Performance monitoring alerts management as to whether actual results are being realized as planned. It is built around a hierarchy of objectives logically linking activities and inputs/resources to results. A common approach is to use a Logframe to assess the extent to which the inputs and outputs as shown in the Logframe are being achieved. To strengthen the value of the monitoring, one should not just focus on physical quantity of the inputs and outputs. Performance should extend to look at quality of the inputs and outputs as well.
(b) Financial monitoring. Project managers and donors often require information on financial performance of the project to decide on changes in the budget due to inflation and other economic factors or capacities to utilize the funds or extent of mismanagement. Unfortunately, most monitoring activities place too much emphasis on financial monitoring. What can be done is to implement a system that monitors financial progress against the physical progress (Input-output-financial monitoring).

(c) Process monitoring. Performance and financial monitoring can identify gaps between what was planned against what is actually being achieved but cannot explain why the gaps are occurring. Diagnostic studies need to be undertaken to complement the performance/financial monitoring in order to identify the causes of the gaps. For instance, 100 orphans will have received financial assistance in terms of school fees. A performance monitoring can indicate that 45 orphans have dropped out of school. A diagnosis study can reveal why the 55 are still in school and the 45 have dropped out. For example, a diagnostic study can reveal that 30 orphans have dropped because fellow pupils are stigmatizing them because it is rumored that their parents had died of AIDS while 15 dropped to take care of sick family members.

(d) Impact monitoring. As the project is being implemented, some impacts will start to be realized that may require monitoring. For instance, an after school economic empowerment program for orphans will have assisted the orphans to generate income through businesses. However, as the orphans conduct business they forget to study and fail examinations. In particular, most girls participating in the programs might fall pregnant or get infected with HIV as they meet ‘sugar daddies’ that patronize their businesses. A typical example is the private phone businesses that have been introduced recently in Malawi. Male clients, even with cell phones, may be patronizing a particular telephone bureau because of the ‘beautiful girl’ managing the bureau.

(e) Sustainability monitoring. As the project is being implemented, one can assess the operations, maintenance and sustainability in terms of capacity to continue with the project activities and benefits. This is important to ensure that the project activities and outputs are not just a one-time thing. Instead, appropriate exit strategies should be introduced. For instance, most community home based care programs in Malawi start with donor funding which has time limit. You may assess whether the program will continue when the donor funding ends.
Summary of purpose and timing of core monitoring indicators

<table>
<thead>
<tr>
<th>Core monitoring indicator</th>
<th>Purpose</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Performance Monitoring</td>
<td>Track down use of inputs</td>
<td>Monthly or quarterly</td>
</tr>
<tr>
<td></td>
<td>Track down production of outputs</td>
<td>throughout project implementation</td>
</tr>
<tr>
<td></td>
<td>Identify delays and problems</td>
<td></td>
</tr>
<tr>
<td>2. Financial Monitoring</td>
<td>Track down use of funds, disbursements</td>
<td>Weekly, monthly</td>
</tr>
<tr>
<td></td>
<td>Internal cash flows</td>
<td>quarterly, annually</td>
</tr>
<tr>
<td>3. Process monitoring</td>
<td>Assess reasons for problems</td>
<td>Follow up as necessary</td>
</tr>
<tr>
<td>4. Impact monitoring</td>
<td>Assess impacts being created</td>
<td>Midpoint of project implementation</td>
</tr>
<tr>
<td>5. Sustainability</td>
<td>Assess capacity to continue with activities and benefits</td>
<td>Periodically or one point in time</td>
</tr>
</tbody>
</table>

5. Designing a monitoring system

Always remember that monitoring is aimed at providing regular information on the progress of the implementation of the project. Therefore, one has to consider a number of factors when designing a monitoring system. Some of the critical factors are discussed here.

(a) *Defining key stakeholders – who needs the information?* These are intended users of the information. Unless one understands who the users are, it is unlikely that relevant information will be collected. These stakeholders could be project management, donors, other partners, beneficiaries etc.

(b) *Defining information needs for each stakeholder – what type of information is needed by each stakeholder?* For each stakeholder, there is need to understand the information they need and how they will use the information. For instance, donors need information on how their resources have been used in order to justify subsequent disbursements of funds.

(c) *Defining frequency of data collection- how often is the information required?* Data collection can be a very expensive and time consuming exercise. It should be cautiously undertaken. The frequency of data collection is determined by many factors such as: information needs of the stakeholders, cost of data collection, and nature of the ‘monitoring indicator’. Some indicators change rapidly such that they may be collected more frequently e.g. Indicator for monitoring growth of a crop can be collected very two weeks. Other indicators take time before they change significantly and can be collected less frequently e.g. livestock population in a project area over a five-year period can be collected once a year.
(d) **Deciding collection methods** – *how will the data be collected? Who will collect?* Ease of collection, cost and extent of collecting useful information should determine methods you use to collect the data. You may use a combination of formal (e.g. sample surveys, questionnaires), participatory approaches (e.g. focus group discussions, direct observation, transect walks etc) and existing records. Both quantitative and qualitative data have to be collected and used. Again, both cross sectional data and time series data need to be considered (Note: a Trainer should review various approaches to data collection and share with the participants).

6. **Conducting a monitoring exercise**

There are a number of ways that one can conduct a monitoring exercise. Below are some of the steps one can take:

- Develop purpose, objectives and indicators for monitoring. Decide on data sets for each indicator. The indicators and data sets need to be meaningful. Ask yourself whether the monitoring indicators being proposed are the most appropriate? Review existing project information here is very useful to guide the process. These can be project proposal documents, past progress reports or past monitoring reports etc.

- Decide on data collection methodologies. These need to be simple and practically achievable.

- Determine the monitoring team. Some organizations have fully fledged monitoring and evaluation units specifically for planning, monitoring and evaluating projects.

- Develop an action plan/timelines for collecting data, analyzing the data, writing monitoring reports and disseminating the results.

- Undertake filed data collection. As mentioned already, a combination of methodologies should be used to triangulate the data collection exercise.

- Analyze the data. Analysis here refers to interpreting the results in response to the monitoring questions that the monitoring exercise meant to answer. Some of the key questions which should be answered are:
  - Is the project being implemented timely, according to the project implementation plan?
  - Are the project outputs being realized?
  - Are correct type, quality and adequate inputs being used?
  - Are the stipulated processes/procedures being followed?
  - Are funds being used efficiently? Disbursement and utilization? Adequacy given changes in the economic environment?
• Is the project the right intervention for the identified problems and the target population?
• Are timely corrective measures being taken for the identified gaps?

• Prepare a Monitoring Report which should include
  ❖ Description of what is being monitored (project description)
  ❖ How it is being monitored (methodology)
  ❖ Major findings and conclusions (in response to the monitoring questions asked)
  ❖ Recommendations (summary of critical issues identified and what management action should be taken and by who, to address the critical issues identified). Ensure that meaningful and practical recommendations are made here.

• Disseminate the monitoring report. Experience in Malawi has shown that many people do not read reports. Often, they do not act, once the reports are distributed to them. To effectively utilize the monitoring results, hold project review meetings to consider the findings, conclusions and recommendations of the monitoring exercise and to strategize implementation of the recommendations. New indicators for monitoring can be identified at these meetings.

• Implement the recommendations. Monitoring recommendations that do not get timely management action undermine the role of monitoring in guiding the implementation of the project.
1. What is Evaluation?

Evaluation is a relatively structured, analytical effort undertaken to answer specific management questions regarding the project. It is conducted to assess the extent to which the project has achieved its objectives.

2. Why is evaluation important?

Evaluation is normally conducted for the following reasons:

- To assess whether or not project objectives have been achieved and the factors responsible.
- To determine if needs of beneficiaries have been met.
- To assess impacts (both intended and unintended).
- To assess the extent of sustainability of the project.
- To draw lessons for project learning or for sharing with others who may be implementing or planning similar projects.
- Evaluation can assist to make choices and decisions regarding the future of the project. For example, donors can decide to continue supporting a project or not depending on results of an evaluation.
- To assess the validity of models, hypotheses and assumptions underlying the conceptualization of the project and the results frameworks.
- By shaping the project while it is still going on, evaluation (just like monitoring) can assist to improve project performance.

3. Who needs evaluation?

Just like monitoring, there are stakeholders who need certain evaluation information. Hence, there are different people who might want an evaluation to be conducted. These include donors, project management, beneficiaries/participants, and government. But experience has shown that most evaluations are conducted because of donor pressure, either to account for project resources or as a requirement for continued donor support.
4. Types of evaluation

(a) Defined according to timing of the evaluation

When in the life of a project should an evaluation be conducted? Five types of evaluations can be conducted according to timing of the evaluation:

- **Ex-ante evaluation.** This is appraisal evaluation conducted during the formulation and design of the project to assess the ‘viability’ of the project.

- **On going evaluation.** As the project is being implemented, monitoring will indicate the progress being made. This monitoring can be accompanied by on-going evaluation to analyze the monitoring information in detail (process evaluation) to identify critical issues and suggest project improvements.

- **Mid term evaluation.** This may be timed to take place mid way through the project life to see what has happened so far and to make necessary adjustments for the next stages. This normally focuses on management of the project, and the balance of inputs and outputs.

- **Final evaluation.** This is conducted at the end of the project to draw lessons for learning and/or for sharing with others.

- **Ex post évaluation.** This is conducted sometime (often two years or more) after a project has ended. It focuses on outcomes, impacts and sustainability of the project.

(b) Defined according to who conducts the evaluation

Who in the life of a project should conduct an evaluation? Three types of evaluation can be identified here.

- **Self-evaluation.** This is conducted by people that are directly involved in the implementation of the project in the field.

- **Internal evaluation.** This is conducted by people who form part of staff of the organization that provided the funding or who form part of the organization implementing the project. They are external to the project because they are not directly involved in the day to day implementation of the project in the field.

- **External evaluation.** A funding agency or an implementation organization can engage (national or international) consultants. These are people who have
‘no vested interest’ in the project and are better placed to provide independent assessment of the project.

- Each of these evaluations has advantages and disadvantages. Experience has shown that individual reports from each of these evaluations are disputed by the others. What can be done, therefore, is to implement a cascade approach in which results of self-evaluations are used as basis for internal evaluations, which in turn are used as basis for external evaluations. Interaction (without bending too much to pressure) of field staff, project staff and the consultants is useful in ensuring useful evaluation results and acceptability of the evaluation results and implementation of the recommendations.

(c) What should be evaluated (Evaluation Indicators)

There are many indicators that can be assessed during an evaluation. Core indicators are described below but it may not be necessary every time to assess all these in a given evaluation exercise.

- **Effectiveness.** To what extent has the project achieved its objectives? This involves validating whether or not the project objectives have been achieved and the contributing factors. Since objectives can not be achieved on their own, the evaluator needs to go further to examine the role of other project aspects: Activities; Resources/inputs and sources of financing; Outputs; Implementation frameworks/arrangements; measures/indicators of progress/performance.

- **Efficiency.** What is the cost of achieving the objectives? Should alternative approaches have been used instead? The cost here goes beyond the financial cost. For instance, the cost of promoting an economic empowerment program for orphans may not necessarily be limited to the capital given to the orphans. It may go beyond to include school dropouts because the orphans now are preoccupied with the project activities to generate income.

- **Relevance.** Has the project addressed the needs of the beneficiaries? A gender approach can be taken here to assess whose needs the project has addressed: men’s? Women’s? Boys’? Girls? The rich or the poor? Patients? Guardians? Volunteers’?

- **Impact.** What impacts, positive or negative, has the project generated and who has been affected and why? For instance, girl orphans can be subject to further abuse in a community home based care program that advocates adoption of HIV/AIDS affected orphans.

- **Sustainability.** To what extent can the project activities and benefits continue once the project ends? What exit strategies are put in place to ensure this
process? The evaluation here should focus on capacities that the project has built or mechanism that have been put in place to ensure sustainability.

- **Progress.** Is the project achieving the original objectives or these have changed. Has the project changed strategies and beneficiaries etc? This relates to process evaluation in order to identify critical project issues and milestones as the project is being implemented and to take appropriate corrective measures.

5. **Planning, conducting and utilizing evaluations**

There are stages that one should pass through when conducting an evaluation. A summary is given below:

- **Planning an evaluation.** Here get to decide the purpose/objective of the evaluation, major evaluation questions, data sets to be collected, how and who to collect and analyze the data, the reporting and utilization. Terms of reference should be developed, including the time frame. Review of existing information is relevant here. Develop an evaluation plan/time table.

- **Data collection.** Organize the data requirements, recruit and train enumerators if necessary. Go into the field and collect the data. You may collect documentation for review and analysis as you write the report. You can collect both quantitative and qualitative data. As a guide, limit structured questionnaires to collecting quantitative data. For qualitative data, employ participatory methodologies. Focus group discussions, direct observations, transect walks etc are useful here.

- **Data analysis and report writing.** After the fieldwork, analyze the data. Alternatively, data analysis can begin right during the data collection. Then write a clear, concise report, which should contain major findings, conclusions and recommendations. Below is the suggested format of an evaluation report.
  - Title page
  - Content
  - Executive summary
  - Acknowledgements, if any
  - List of acronyms/abbreviations, if any
  - Introduction
  - Description of the activity being evaluated (history, context, objectives, and beneficiaries, funding)
  - Evaluation purpose
  - Evaluation team
  - Timing
Methodology (objectives of evaluation, evaluation questions, process, data collected, methods of collection and analysis, sites visited and reasons for the methods, any evaluation limitations)

Major Findings (what the evaluation has found in response to the evaluation questions and data collected. Give reasons for your results. Use tables, figures, graphs to support your statements)

Recommendations (make practical and meaningful recommendations linked to the findings. The recommendations can be prioritized, each directed at a ‘specific person’ who should take action. Propose time frame.

Lessons. You can draw lessons from the evaluation for project learning or sharing with those planning, implementing or evaluating similar projects.

List of documents reviewed.

Annexes. List people consulted, places visited, evaluation guides used, terms of reference and/or cost of the evaluation.

- *Utilizing the evaluation results*. Distribute the reports to the stakeholders. Arrange for a project meeting to consider the results and to suggest implementation of the recommendations.
UNIT 6: WORKSHOP EVALUATION AND CLOSING

PURPOSE

To assess effectiveness of the training workshop and propose strategies for improvements.

OBJECTIVES

By the end of the Session, trainees should be able to
1. Conduct an evaluation of the workshop
2. Receive certificate of participation

CONTENT

1. Course evaluation
2. Official closing, including certificate presentation

TIME

1 hour 30 minutes

SUGGESTED PROCEDURE

Start by assessing whether or not participants know each other after spending the past days together.

1. Introduce an energizer that will allow participants and trainers to mingle around and mix with those they have not been so close during the past days. The Boat is Sinking can work here to divide participants into groups of 3-4 members.

2. Stand in a circle, with members of one group (formed during the energizer) should stand next to one another in the circle.

3. Going round the circle and in a flash (quickly), ask each participant to introduce a member next to him/her (first name, surname and work place). Make sure there is no whisperings among the participants, asking for details in advance.

4. Expel those that fail or struggle to introduce the partner next to him/her.

Session 6.1: Course evaluation

1. Distribute course evaluation forms (Handout 6.1)
2. Let all participants complete the forms
3. Collect the forms
Session 6.2: Official closing, including certificate presentation

1. Officially welcome the guest of honour.

2. Ask participants and trainers to introduce themselves for the guest of honour to have idea about the representation at the workshop. Explain the sequence of activities for the session
   - Speeches by key official (excluding guest of honour). These can be representative of organizers, representatives of the participants (President).
   - Presentation of certificates by guest of honour
   - Official closing by guest of honour

3. Ask the officials to speak

4. Request the guest of honour to present certificates (see copy of certificate: Handout 6.2)

5. Immediately following presentation of the certificates, the guest of hour should close the workshop.

   Note: Remember to ask for copies of speeches, if prepared elsewhere.
### HANDOUT 6.1: COURSE EVALUATION FORM

<table>
<thead>
<tr>
<th>Q NO.</th>
<th>QUESTION</th>
<th>RESPONSES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(Circle one only)</td>
</tr>
<tr>
<td>A.</td>
<td>PRE-WORKSHOP ARRANGEMENTS</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Did you receive an invitation to attend the training</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>2.</td>
<td>In what form was the invitation</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>3.</td>
<td>Was the invitation timely?</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>4.</td>
<td>Was the invitation clear on objectives of the workshop?</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>5.</td>
<td>Were logistics such as venue, transport and others communicated to you in advance?</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>B.</td>
<td>WORKSHOP FACILITIES</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Choice of venue</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td>2.</td>
<td>Conference room</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td>3.</td>
<td>Accommodation</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td>4.</td>
<td>Meals and refreshments</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td>5.</td>
<td>Transport arrangements</td>
<td>(1) Good (2) Average (3) Poor</td>
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<td>6.</td>
<td>Allowances, if any</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td>7.</td>
<td>Training materials</td>
<td>(1) Good (2) Average (3) Poor</td>
</tr>
<tr>
<td>C.</td>
<td>CONTENT OF MANUAL</td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Workshop Orientation</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Welcome remarks</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Introductions</td>
<td>(1) Useful (2) Not useful</td>
</tr>
<tr>
<td></td>
<td>Workshop expectations</td>
<td>(1) Useful (2) Not useful</td>
</tr>
<tr>
<td></td>
<td>Workshop objectives, program and methodology</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Workshop/ground rules</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Official opening</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td>2.</td>
<td>Module 1. Understanding gender</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Sex vs. gender/Gender roles vs Sex roles</td>
<td>(1) Useful (2) Not useful</td>
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<td></td>
<td>Social construction of gender</td>
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<td></td>
<td>Power relations and implications on gender</td>
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<tr>
<td></td>
<td>Gender Analysis</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Critical gender issues in Malawi</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td>3.</td>
<td>Module 2. Understanding HIV and AIDS</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Basic Facts About HIV and AIDS</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>HIV/AIDS situation in Malawi</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Overview of Gender and HIV/AIDS Situation in Malawi</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Gender analysis of HIV/AIDS programs</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Some critical Gender and HIV/AIDS issues in Malawi</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td>Q NO.</td>
<td>QUESTION</td>
<td>RESPONSES (Circle one only)</td>
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<tr>
<td>5.</td>
<td>Module 4. Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Understanding project planning, monitoring and evaluation and their linkages</td>
<td>(1) Useful (2) Not useful</td>
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<td></td>
<td>Integrating gender into a project planning process</td>
<td>(1) Useful (2) Not useful</td>
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<td></td>
<td>Planning, conducting and utilizing project monitoring</td>
<td>(1) Useful (2) Not useful</td>
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<tr>
<td></td>
<td>Planning, conducting and utilizing project evaluations</td>
<td>(1) Useful (2) Not useful</td>
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<td></td>
<td>Integrating gender into HIV/AIDS programs: Field Practice</td>
<td>(1) Useful (2) Not useful</td>
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<td>6.</td>
<td>Workshop evaluation and closing</td>
<td>(1) Useful (2) Not useful</td>
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<td></td>
<td>Conducting course evaluation</td>
<td>(1) Useful (2) Not useful</td>
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<td></td>
<td>Official closing, including certificate presentation</td>
<td>(1) Useful (2) Not useful</td>
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</table>

D. **TIME ALLOCATION**

1. Workshop duration                                                                 (1) Good (2) Average (3) Poor

2. Module 1. Understanding gender                                                                 (1) Good (2) Average (3) Poor
   - Sex vs. gender/Gender roles vs Sex roles                                                   (1) Good (2) Average (3) Poor
   - Social construction of gender                                                              (1) Good (2) Average (3) Poor
   - Power relations and implications on gender                                                  (1) Good (2) Average (3) Poor
   - Gender Analysis                                                                             (1) Good (2) Average (3) Poor
   - Critical gender issues in Malawi                                                            (1) Good (2) Average (3) Poor

3. Module 2. Understanding HIV and AIDS                                                                 (1) Good (2) Average (3) Poor
   - Basic Facts About HIV and AIDS                                                              (1) Good (2) Average (3) Poor
   - HIV/AIDS situation in Malawi                                                                 (1) Good (2) Average (3) Poor

4. Module 3. Gender and HIV/AIDS linkages                                                                 (1) Good (2) Average (3) Poor
   - Overview of Gender and HIV/AIDS Situation in Malawi                                         (1) Good (2) Average (3) Poor
   - Gender analysis of HIV/AIDS programs                                                        (1) Good (2) Average (3) Poor
   - Some critical Gender and HIV/AIDS issues in Malawi                                          (1) Good (2) Average (3) Poor

5. Module 4. Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs | (1) Good (2) Average (3) Poor |
   - Understanding project planning, monitoring and evaluation and their linkages                | (1) Good (2) Average (3) Poor |
   - Integrating gender into a project planning process                                          | (1) Good (2) Average (3) Poor |
   - Planning, conducting and utilizing project monitoring                                       | (1) Good (2) Average (3) Poor |
   - Planning, conducting and utilizing project evaluations                                      | (1) Good (2) Average (3) Poor |
   - Integrating gender into HIV/AIDS programs: Field Practice                                    | (1) Good (2) Average (3) Poor |

6. Workshop evaluation and closing                                                                 (1) Good (2) Average (3) Poor
   Conducting course evaluation                                                                  (1) Good (2) Average (3) Poor
   Official closing, including certificate presentation                                           (1) Good (2) Average (3) Poor
<table>
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<td><strong>E. FACILITATION</strong></td>
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<td>1.</td>
<td>Module 1. Understanding gender</td>
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<td>Gender Analysis</td>
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<td></td>
<td>Critical gender issues in Malawi</td>
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<td>2.</td>
<td>Module 2. Understanding HIV and AIDS</td>
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<td></td>
<td>Basic Facts About HIV and AIDS</td>
<td>(1) Good (2) Average (3) Poor</td>
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<td>HIV/AIDS situation in Malawi</td>
<td>(1) Good (2) Average (3) Poor</td>
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<td>3.</td>
<td>Module 3. Gender and HIV/AIDS linkages</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td></td>
<td>Overview of Gender and HIV/AIDS Situation in Malawi</td>
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<td></td>
<td>Gender analysis of HIV/AIDS programs</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td></td>
<td>Some critical Gender and HIV/AIDS issues in Malawi</td>
<td>(1) Good (2) Average (3) Poor</td>
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<td>4.</td>
<td>Module 4. Integrating gender into the planning, monitoring and evaluation of HIV/AIDS programs</td>
<td>(1) Good (2) Average (3) Poor</td>
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<td></td>
<td>Understanding project planning, monitoring and evaluation and their linkages</td>
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<td>Integrating gender into HIV/AIDS programs: Field Practice</td>
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<tr>
<td>5.</td>
<td>Group work</td>
<td>(1) Good (2) Average (3) Poor</td>
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<tr>
<td>6.</td>
<td>Field work</td>
<td></td>
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<td><strong>F. PARTICIPATION</strong></td>
<td>(1) Good (2) Average (3) Poor</td>
</tr>
<tr>
<td>1.</td>
<td>Interaction in general</td>
<td>(1) Good (2) Average (3) Poor</td>
</tr>
<tr>
<td>2.</td>
<td>Group work</td>
<td>(1) Good (2) Average (3) Poor</td>
</tr>
<tr>
<td>3.</td>
<td>Punctuality</td>
<td>(1) Good (2) Average (3) Poor</td>
</tr>
<tr>
<td></td>
<td><strong>G. WORKSHOP EFFECTIVENESS</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Did the workshop achieve its objectives</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td>2.</td>
<td>Was the workshop useful to you?</td>
<td>(1) Yes (2) No</td>
</tr>
<tr>
<td></td>
<td><strong>H. SUGGESTIONS FOR FUTURE WORKSHOPS (LIMIT TO 3 ONLY)</strong></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
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<td>3.</td>
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</tbody>
</table>
HANDOUT 6.2: SAMPLE CERTIFICATE

CERTIFICATE OF PARTICIPATION

This is to certify that

Dyton Malizo

Participated in the Training Workshop on

Monitoring and Evaluation for Integrating Gender
into HIV/AIDS Programmes

Held from 13th to 16th January, 2004.

At Malawi Institute of Management, Lilongwe

[Signatures]

Principal Secretary
Ministry of Gender and Social Services
Lilongwe

Executive Director
National AIDS Commission
Lilongwe

Country Manager
World Bank
Lilongwe
SUGGESTED READINGS

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