



PARTICIPANT TRAINING MANUAL

HIV Prevention Toolkit

A Gender-Responsive
Approach



Introduction

Thank you for your interest in participating in the Office on Women's Health's HIV Prevention Gender Training. As HIV continues to increasingly impact women and adolescent girls, it is important to address the distinct gender-based factors that contribute to this trend.

Goal of Training

By participating in this training, you are building your capacity to integrate a gender perspective into new and existing HIV prevention programs and services. Gender is an overarching social determinant of HIV risk for women and girls that interacts with other social determinants of health, such as socioeconomic status, race/ethnicity, age, and sexual orientation. Gender can affect a person's power in sexual relationships, economic stability, and their exposure to and risk of violence.

Participant Engagement

This gender training will involve discussion and critical analysis of your personal beliefs about gender concepts as well as dominant ideologies about masculinity and femininity. *This transformational process can often be an emotional trigger for some participants, since engaging in critical analysis of concepts related to gender can challenge one's views on gender; this is a normal part of this process.* Bearing this in mind please be patient with yourself and your colleagues as you embark on this mutually transformative learning process. This Participant Manual will be your guide throughout this training, the PPT slides and handouts that will be presented in the training are included in this Manual.

Tools

Essential to the HIV Prevention Gender Training is the HIV Prevention Gender Toolkit, this and the Participant Manual should always be used together. The Sections in the Participant Manual mirror the Sections of the Toolkit for ease of use. Throughout the PPT slides there are references to the HIV Prevention Gender Toolkit section for greater support in understanding the material. *The Toolkit is an invaluable reference document that you should use during the training and once the training is complete,* this will help to ensure that you are fully equipped to effectively apply what you have learned from the training.

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

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Day
One

Day One

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

HIV Prevention Toolkit

A Gender-Responsive
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Day One PPT Slides



Introduction

We want to get to know you a little bit better

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

Gender Self-reflection Activity

Interview your partner and select **one** question:

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

Training Agenda – Day 1

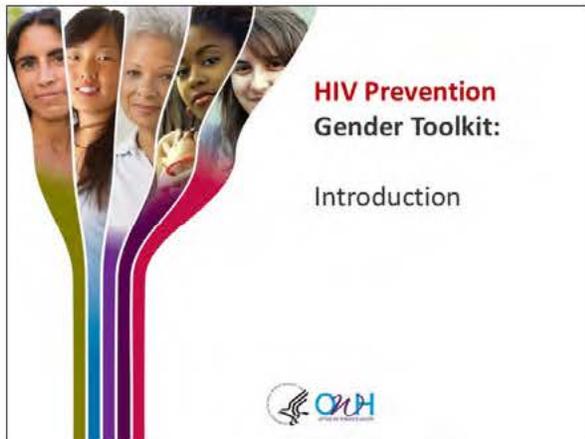
- Welcome and Introductions
- HIV/AIDS among Women and Girls in the United States
- Risk, Vulnerability, and Social Determinants of Health
- Domains of Gender
- **LUNCH**
- Gender Integration in HIV Programming
- Wrap-up and Adjourn

Training Agenda – Day 2

- Review and Preview
- Introduction to Integrating Gender in the Program Cycle
- Integrating Gender in Needs Assessments
- Integrating Gender in Program Goals and Objectives
- **LUNCH**
- Integrating Gender in Program Design
- Integrating Gender in Program Implementation
- Review, Wrap-Up, and Adjourn

Training Agenda – Day 3

- Review and Preview
- Integrating Gender into Program Monitoring & Evaluation
- Key Components of Monitoring & Evaluation Plans, Part 1
- Developing Gender-Sensitive Indicators for Monitoring & Evaluation
- **LUNCH**
- Key Components of Monitoring & Evaluation, Part 2
- Applying Gender Analysis and Evaluation Back Home
- Wrap-up and Evaluation



Why We Are Here

The Office on Women's Health (OWH) of the Department of Health & Human Services is committed to reducing the impact of HIV/AIDS among women and girls in the United States.

OWH recognizes **gender as a key driver** of the epidemic among women and girls and the importance of **gender-responsive approaches** to HIV prevention.

The HIV Gender Toolkit

Background & Use in Training

- *The HIV Gender Toolkit* is designed to equip program planners and providers with:
 - A conceptual framework to understand the gendered dynamics of HIV vulnerability and risk for women/adolescent girls in the U.S.
 - Tools to integrate a gender perspective into the design, implementation, monitoring, and evaluation of HIV programs and support services for women/adolescent girls

A Walk Through the Toolkit

Refer to Section ###

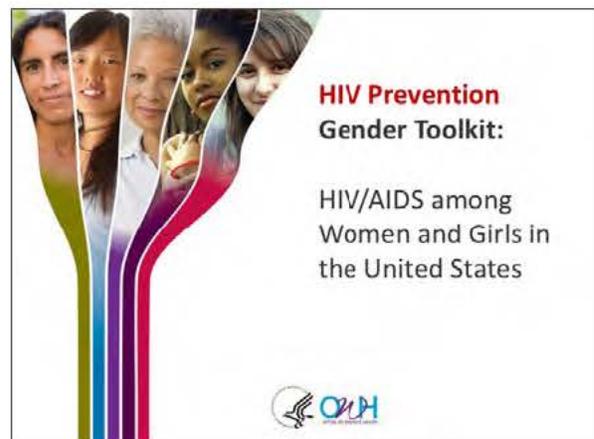
- *The HIV Gender Toolkit* is composed of 6 sections:
 - Sections 1 – 4 provide background on gender as a social determinant of health and the impact of gender on HIV risk and vulnerability
 - Sections 5 – 6 provide information on gender integration and gender analysis

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

Training Objectives

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

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



Refer to Sections 2.1

HIV/AIDS among Women & Girls

Globally In the United States



WORLDWIDE:
60% OF ALL PEOPLE
LIVING WITH HIV
ARE WOMEN.



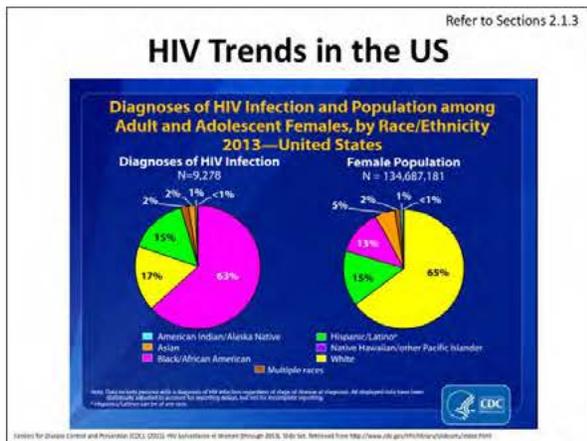
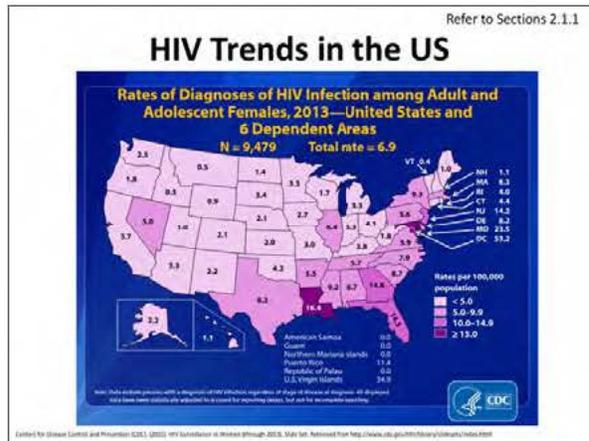
UNITED STATES:
25% OF ALL PEOPLE
LIVING WITH HIV
ARE WOMEN.

- **Heterosexual transmission** is the most common mode of exposure among women and girls worldwide.
- **Heterosexual transmission** accounts for 86% of new HIV diagnoses among women and girls in the US.

UNAIDS, Joint United Nations Programme on HIV/AIDS (UNAIDS), 2010. The Top Stories. Retrieved from <http://www.unaids.org/en/pressroom/2010story.asp?story=0001>

Worley, S. L., Sutherland, L., Kelly, D. J., Anderson, R. A., Hogg, E. L., Cohen, J. S., ... O'Farrell, A. L. (2010). Challenges of a hidden epidemic: HIV prevention among women in the United States. *Journal of Acquired Immune Deficiency Syndromes*, 55(Supplement 2), S88-S93.

Centers for Disease Control and Prevention (CDC). (2013). National HIV Surveillance Report: Progress of HIV Infection in the United States and Dependent Areas, 2012. Vol. 33. Retrieved from <http://www.cdc.gov/hiv/data/nhsr/nhsr13vol33.html>



Refer to Section 2.2

Heterosexual Transmission

Biological & Physiological Risk Factors

- Vaginal mucosa has **greater surface** area than penis
- **Microabrasions** occurring in vaginal wall during vaginal sex provide entry point
- Semen may stay in vagina for up to 3 days, leading to **longer exposure time**
- Vaginal mucosa has a **greater number of the immune cells vulnerable to HIV** than the penis

Worley, S. L., Sutherland, L., Kelly, D. J., Anderson, R. A., Hogg, E. L., Cohen, J. S., ... O'Farrell, A. L. (2010). Challenges of a hidden epidemic: HIV prevention among women in the United States. *Journal of Acquired Immune Deficiency Syndromes*, 55(Supplement 2), S88-S93.

W. T. L. Thomas, R. Pringle, J. Morrison, L. See, & (2010). Sexual physiology and HIV susceptibility in young women. *American Journal of Reproductive Physiology*, 137(Suppl), S23-S29.

Refer to Section 2.2

Heterosexual Transmission

Socio-cultural & Economic

- Lower **social status**
- **Unequal power** in sexual relationships and decision-making
- Higher rates of **poverty**
- Lower **education** attainment
- Higher prevalence of **violence** against women

Worley, S. L., Sutherland, L., Kelly, D. J., Anderson, R. A., Hogg, E. L., Cohen, J. S., ... O'Farrell, A. L. (2010). Challenges of a hidden epidemic: HIV prevention among women in the United States. *Journal of Acquired Immune Deficiency Syndromes*, 55(Supplement 2), S88-S93.

W. T. L. Thomas, R. Pringle, J. Morrison, L. See, & (2010). Sexual physiology and HIV susceptibility in young women. *American Journal of Reproductive Physiology*, 137(Suppl), S23-S29.

Wrap-Up

- As of 2013, women and girls account more than half of the people living with HIV worldwide.
- Biological, physiological, socio-cultural, and economic factors contribute to the HIV trends across the global, domestically and in your locally.

HIV Prevention Gender Toolkit:

Social Determinants of HIV/AIDS



Objectives

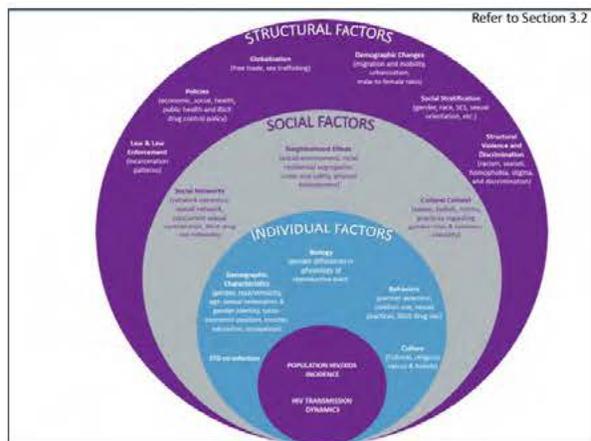
1. Define and understand the distinctions between the concepts of risk, vulnerability, health inequity, and social determinants of health
2. Apply the Social Determinants of Health framework to analyze women's and men's vulnerability to HIV infection
3. Describe how gender intersects with other social determinants of health

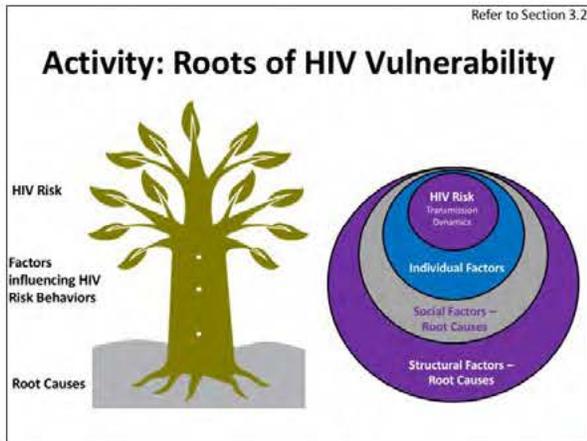
Refer to Section 3.1

Creating Common Language

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

<h3 style="text-align: center;">HIV Risk</h3> <p style="text-align: center;">Likelihood that an individual may acquire HIV infection; largely based on behaviors</p>	<p style="text-align: right; font-size: small;">Refer to Section 3.1.1</p> <h3 style="text-align: center;">HIV Vulnerability</h3> <p style="text-align: center;">External factors (outside of the control of the individual) that affect the ability to avoid risk of HIV infection</p>
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Refer to Section 3.2

Social Determinants of Health and HIV/AIDS

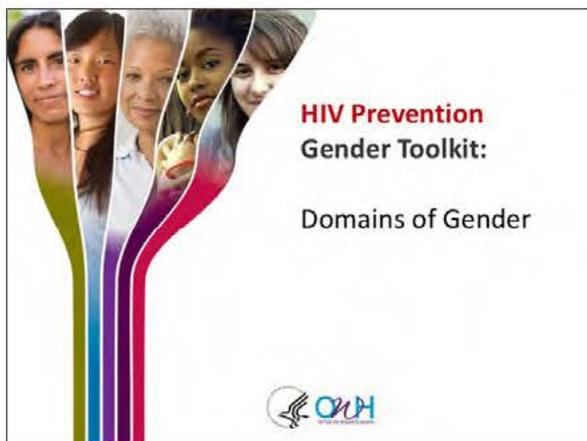
Research strongly suggests that social determinants of health influence:

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

Wrap-Up

- **Gender is a cross cutting social determinant of health** which interacts with other determinants such as race/ethnicity and SES to produce differential HIV/AIDS outcomes for women/adolescent girls and men/adolescent boys.
- Multi-level interventions are important to address the social and structural factors influencing HIV risk and vulnerability

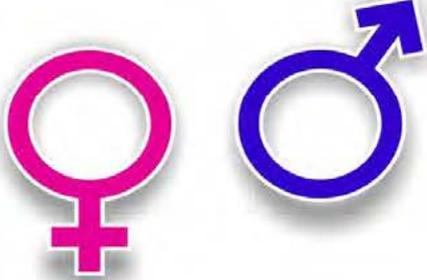
Break
15 minutes



Objectives

1. Explain the characteristics of gender
2. Explain how gender concepts shape the status of women and men
3. Describe how sex and gender interact to increase women's and adolescent girls' vulnerability to HIV infection

Activity: Characteristics of “Women” and “Men”



The image shows two large, stylized symbols. On the left is the female symbol, a pink circle with a vertical line and a horizontal crossbar at the bottom. On the right is the male symbol, a blue circle with an arrow pointing diagonally upwards and to the right.

Sex

Refer to Section 4.1.1

- The biological and physiological characteristics that define human beings as **female** or **male**
- Defined as female or male based on differences in sex chromosomes, gonads (ovaries or testes), hormonal levels & reproductive anatomy, or secondary sex characteristics (e.g., voice pitch, body hair, physique)

Gender

Refer to Section 4.1.2



The image shows two interlocking gender symbols. The female symbol is red and the male symbol is blue. They are positioned such that the vertical line of the female symbol passes through the center of the male symbol, and the arrow of the male symbol passes through the center of the female symbol.

- Ideas of “**normal**” expectations of particular genders are **different** based on socio-economic status, race, and ethnicity.
- Therefore, the way different groups **experience** gender is different

Broader Ideas of Gender

Refer to Section 4.2

- Transgender
 - May be both **biological and social/cultural**
 - May be in **various stages**
 - Temporary or permanent
- Multiple Genders
 - May represent a **blending** of gender identities, and gender roles
 - **Two spirit** in some Native American communities

Components of Gender

Refer to Section 4.1.2

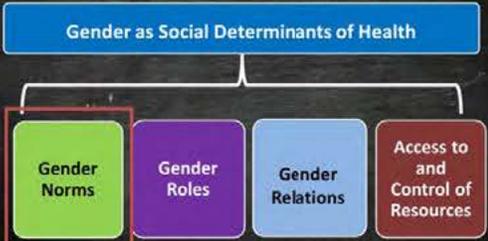


The image features a Venn diagram with five overlapping circles in shades of blue, green, yellow, and orange. Each circle represents a component of gender, with text and bullet points describing each.

- Institutional**
 - Private, personal, familial, household, community
- Socially Constructed**
 - Socio-cultural values, beliefs, attitudes, norms, expectations
- Relational**
 - Roles, duties, rights, responsibilities, behaviors, statuses, power
- Hierarchical**
 - Status, power, opportunities socially, economically, or politically
- Contextual**
 - Age, SES, race, ethnicity, religion, geography, culture.
- Dynamic**
 - Changes over time

Domains of Gender

Refer to Section 4.3



The image shows a flowchart titled "Gender as Social Determinants of Health". A blue box at the top contains the title. Below it, four colored boxes are arranged horizontally: a green box for "Gender Norms", a purple box for "Gender Roles", a light blue box for "Gender Relations", and a red box for "Access to and Control of Resources". Lines connect the top box to each of the four bottom boxes.

Gender Norms

Set of social expectations of roles and behaviors that are considered to be appropriate for women/girls and men/boys.

Shaped by dominant ideologies of masculinity and femininity

Dominant Ideologies of Femininity

Women are:

- Expected to be subordinate
- Naïve and passive in sexual relations
- Denied the right to sexual pleasure
- Subject to double standards
 - Virgins, chaste
 - “Bad” women expected to satisfy the sexual desires of men

Dominant Ideologies of Masculinity

Men are:

- Expected to be providers
- Strong
- Sexually active
- Allowed to have multiple partners even after marriage
- Ridicule real or assumed homosexuality

Gender Norms can...

- Perpetuate gender stereotypes as natural and unavoidable
- Create and enforce inequities in relationships and can mean that women/girls and men/boys are valued differently

Gender Norms effect on HIV risk and vulnerability

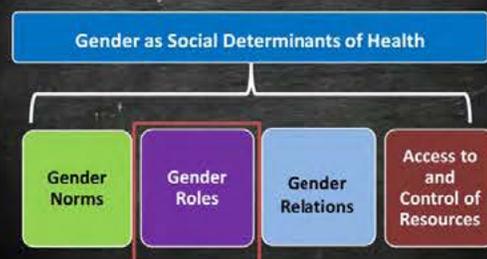
Women

- Sexual passivity and naivety limit the ability to:
 - Seek sexual health and HIV information
 - Be proactive about reducing their risk
- Virginity and chastity before marriage may lead women/girls to engage in high-risk behaviors, such as anal sex
- Emphasis on motherhood

Men

- Pressure to be more experienced about sex limits the ability to:
 - Seek sexual health and HIV information
 - Be proactive about reducing their risk
- Encourages multiple female partners
- Creates a perceived need to prove manhood

Domains of Gender



Gender Roles

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

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

Gender-Based Division of Labor

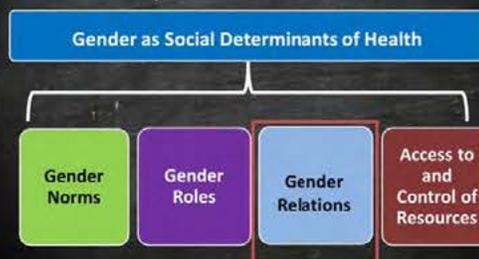
Productive, reproductive, and community work

- **Productive Roles**
 - Can be carried out by men or women to produce goods and services in return for payment
- **Reproductive roles**
 - Activities that need to be carried out to ensure the reproduction of society's labor force
 - Includes child-bearing, child-rearing, provision of care for family members, domestic tasks.
 - **Predominately done by women and girls**
- **Community work** has 2 components:
 - **Community Managing**
 - Extension of reproductive roles
 - Generally voluntary unpaid work during "free time"
 - **Community Politics**
 - Usually paid work, either directly or through status or power

Gender Roles and HIV

- Burden of care giving and domestic roles for women may mean:
 - Less educational opportunity
 - Less economic opportunity
 - Less able to seek and utilize health care or HIV prevention, testing, or treatment services

Domains of Gender



Gender Relations

- Hierarchical, personal, and social relations of **power** between men and women that increase a woman's vulnerability
- Reflect how power is distributed between men and women

Power and Decision Making

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

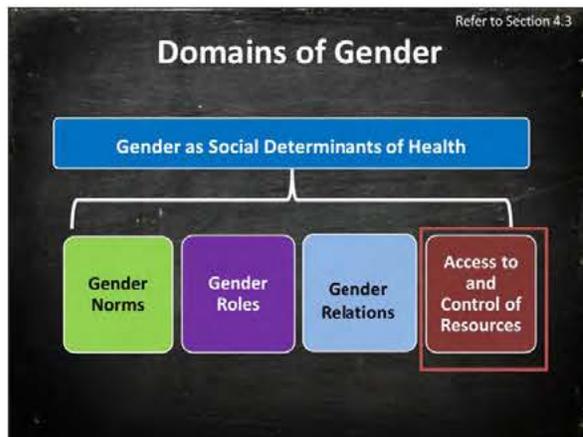
Reflects the distribution of power that is shaped by social, cultural, political and economic institutions

Refer to Section 4.3.3.1 – 4.3.3.3

Unequal Power & HIV Vulnerability

The Case of Condom Use

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



Refer to Section 4.3.4

Access to and Control over Resources

1. Knowledge of resources
2. Opportunities to use a resource
3. Power to decide how to use a resource

Refer to Section 4.3.4

Access to and Control Over Resources

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

- Example: Condom Use

Refer to Section 4.3

Wrap-Up

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

Lunch



- ### Objectives
1. Define gender-responsive programs and gender-integration
 2. Describe the purpose of gender analysis
 3. Describe the steps in gender analysis
 4. Describe gender-based opportunities and constraints

Refer to Section 5.1

Gender-Responsive Programs...

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



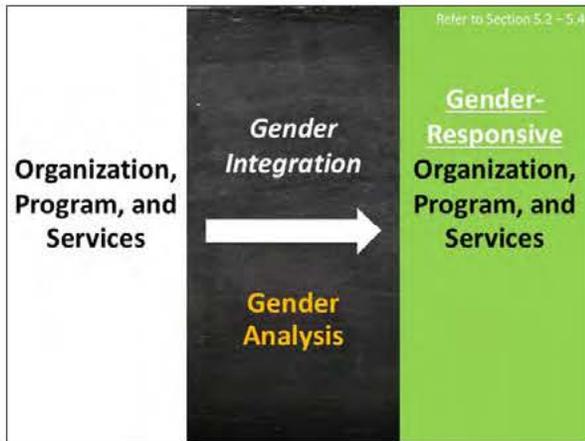
How do we develop more gender-responsive HIV organizations, staff, programs and services?

Refer to Section 5.2-5.3

Gender Integration

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

Multiple Levels: Organization, Staff, Program, and Services



Refer to Section 5.2 – 5.4

Gender Integration requires Gender Analysis

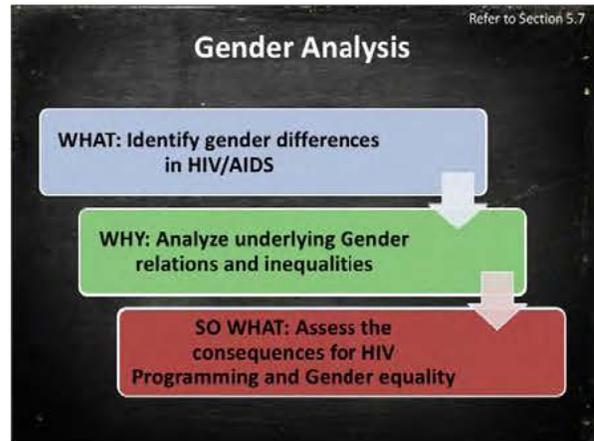
Gender must be considered and integrated into ALL stages of a program- planning, designing, implementing, monitoring, and evaluating

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

Refer to Section 5.4

What is Gender Analysis?

- Systematic analytical process used to identify, understand, and describe:
 - Differences between women/girls and men/boys
 - Relevance of gender in a particular context
- **Foundation** for meaningful gender integration
- **Ongoing process** that informs program development and integration



Refer to Section 5.7.1

Step 1. Identifying Gender Differences

Collect Disaggregated Data

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

Refer to Section 5.7.1

Example of Disaggregated Data

Data	Disaggregated Data by Race
In 2010, 46,913 estimated diagnoses of HIV infection were reported among adults and adolescents in the U.S.	Of the 46,913 diagnoses of HIV infection reported among adults and adolescents in the U.S. in 2010:
	-225 were among Native Americans -812 among Asian Americans -21,712 among African Americans -9620 among Hispanic Americans -64 among Native Hawaiians/Pacific Islanders -13,844 among Caucasians
	Disaggregated Data by Sex
	Females accounted for 9,868 and males for 37,045 of the estimated 46,913 diagnoses of HIV in 2010

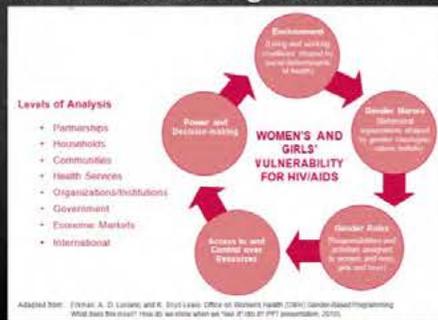
Step 2. Analyze Underlying Gender Relations and Inequalities

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

GbCs and GbOs

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

GbCs and GbOs should also be developed with the context of gender domains



GbC & GbO Statements

1. Who is being affected (the who)
2. What result is being limited or maximized (the condition)
3. What causes the limitation/opportunity (the factor)

Examples of GbCs

MSM who do not self-identify as "gay" are constrained in their ability to participate in HIV prevention programming because funded programming is designed for openly gay identified men.

Example of GbO

Women are more likely to have access to health care resources because their role as child bearers and care providers permits them to be covered by Medicaid more easily than men

Activity: Identifying GbCs and GbOs



Step 3. Assess the Consequences for Programming

Refer to Section 5.7.3

- This step answers “so what”
- Connects the GbCs and GbOs to HIV prevention program goals and objectives
- How will the GbCs and GbOs affect women, girls, men and boys?
- How will the GbCs and GbOs affect the achievement of HIV prevention program goals?

Examine GbCs and GbOs

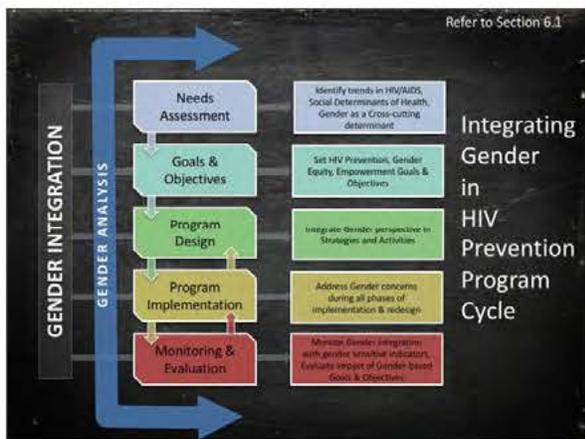
Refer to Section 5.7.3

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

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

Wrap Up

What?	States the differences between women and men
Why?	Explains why the differences exist
So What?	Highlight the effect on women and men and HIV prevention goals and objectives



Thank you for an outstanding Day 1!

See you back in the morning at 9:00am!

Have a great night!

Day One: Handout 1.1

Definitions of Key Concepts

Risk refers to the likelihood that an individual may be exposed to an infection, develop a disease or disability, or suffer an injury.

Vulnerability refers to the likelihood that an individual group or community will be affected by disease, ill health, disability, or injury. Vulnerability is influenced by a range of structural, environmental, and societal factors. These factors negatively affect our ability to exert control over our own health.

Health Disparities are differences in health status or distribution of health among different populations (e.g., differences in disease rates, outcomes, access to care).

Health Inequalities are differences in health status or in the distribution of health determinants between different population groups (equivalent to health disparities). The terms health disparities and health inequalities are often used interchangeably. Both focus on differences in health status and health outcomes.

Health Inequities are **systematic** differences in health status, outcomes, care, and determinants between groups that are unnecessary, avoidable, unfair, and unjust. This term focuses on the social justice aspects of differences in health status and outcomes.

It is important to distinguish between health disparities or inequalities and health inequities. Some health inequalities result from biological variations or free choice. In this case, it may be impossible—or ethically or ideologically unacceptable—to change the health determinants, and so the health inequalities are unavoidable.

Other inequalities in health are the result of the external environment and conditions mainly outside the control of individuals. These inequalities result from an unequal structuring of life chances for individuals and groups that in turn lead to an unfair distribution of the underlying social determinants of health (e.g., access to educational opportunities, income, housing, food and nutrition, safe jobs, and healthcare). These are health inequities because they are deemed unnecessary, unfair, and unjust. Thus, the term health inequity goes beyond focusing on differences in health status and outcomes and incorporates a *social-justice* component.

Health Equity is achieved when there is an absence of systematic differences in health or in the major social determinants of health between groups with different levels of underlying social advantage/disadvantage (wealth, power, or prestige).

Social determinants of health are conditions in which people are born, grow, live, work, and age. Social determinants of health include the social and physical environments, health services, structural and societal factors. These conditions influence a person's opportunity to be healthy, to avoid risk of illness, and to increase life expectancy. They are shaped by structural factors, including the distribution of money, power, and resources at global, national, and local levels, which are influenced by policy choices.

In turn, people's health is shaped by the immediate visible conditions of their lives, such as their access to healthcare and social services; access to quality schools and education; their employment and working conditions; leisure time; the quality of their food and drinking water; their homes, communities, towns, and cities; and the urban or rural setting in which they live, among others. These structural determinants and conditions of daily life together make up the social determinants of health.

Social determinants of health are crucial to explaining health inequities. Gender inequalities and inequalities based on race, ethnicity, and socioeconomic status are social determinants of health (CSDH, 2008; Mikkonen & Raphael, 2010; WHO, 2010).

The social determinants of health are mostly responsible for health inequities. Social determinants of health and health inequities are amenable to change through policy and governmental interventions.

Day One: Handout 1.2.1

Roots of HIV Vulnerability Activity

Instructions:

1. Identify a recorder to write the responses the group comes up with on newsprint and a reporter who will report out to the larger group.
2. Read the scenario that you have been given
3. Review the questions you should answer in your small group and reference the *Roots of HIV vulnerability tree* visual.
4. Spend 15 minutes answering the following questions in your small group.

1. What risky behaviors has he/she engaged in?
2. What social factors/determinants led to the risky behavior? Some examples of factors that can contribute to risky behavior include: factors like education, occupation, income, race, and ethnicity, cultural values or norms, gender, and religion.
3. What structural factors/determinants may have led to the factors listed in your response to Question #2? For example, factors like (poverty, racism, and gender inequality, social or economic policy).

Definitions of key concepts

Risk- refers to the likelihood that an individual may be exposed to an infection, develop a disease, disability, or suffer an injury

Vulnerability- refers to the likelihood that an individual, group, or community will be affected by disease, ill health, disability, or injury. Vulnerability is influenced by a range of structural, environmental, and societal factors. These factors negatively affect our ability to exert control over our own health.

Day One: Handout 1.2.2

Case Scenarios

The following five scenarios will be used for the small group activity: Roots of HIV Vulnerability. Each group should have a different case scenario to work with. However, if there are more than 5 small groups in a training session then more than one group may be assigned the same scenario.

SCENARIO I

Beverley is a 41 year old African-American who works the night shift as a security guard. She earns \$11 per hour and is a mother of three children ages 25, 18, and 10. She first became pregnant when she was 17 years old and dropped out of high school. She has an on and off relationship with one male partner (50 years old) for the last 10 years who also provides her regularly with some financial support. Her partner has other concurrent relationships which she accepts as long as they do not call her home or directly cross paths with her. She tries to please him as much as possible sexually and does not use condoms consistently. She has recently received an HIV positive test result from a rapid HIV test that she did at a Health Fair.

SCENARIO II

Altigracia is a 48-year-old undocumented Hispanic woman from the Dominican Republic who speaks only Spanish and lives in Orlando, FL. She came to the United States 10 years ago to work. She first worked as a seamstress in a factory and then as a hairdresser. Her jobs did not provide any health-insurance coverage, so she went to a community health center to get a free physical. She was tested for HIV as part of the routine care and was told she is HIV positive. Even though the HIV counselor told her the risk assessment indicates she became infected through heterosexual transmission, she does not understand how she became infected. She has been married for 10 years and has been faithful to her husband throughout their marriage. She did not feel she needed to use condoms, since she is married. Asking her husband to use condoms never crossed her mind because she sees herself as a good, church-going woman, and good women don't use condoms, only prostitutes do. Moreover, if she did ask him to use condoms, he would think she was being unfaithful to him. Her husband is by nature a hard- working man who has done his best to support her and their two children ages 9 and 8. He currently has very limited work hours from his part-time job and is depressed about not being able to be a reliable financial provider for his family. Lately, he's been going out drinking with his friends and stays out late, but he always comes home to sleep.

SCENARIO III

Maria is a 25-year-old Puerto Rican woman who was tested for HIV in the methadone clinic she attends. She has just received the results that indicate she is HIV positive. She was using heroin for 6 years before she entered methadone treatment. She felt she was finally getting her life together. She was working with the foster-care agency on a plan to have her two young children returned to her custody and she was planning to start studying to get her G.E.D. She was shocked to learn her diagnosis, since she had been tested a number of times before and received negative results.

She started using heroin when she was 19 years old, having been introduced to the drug by her boyfriend. Her boyfriend often brought drugs home for her, and they shot up together using the same needles. He started dealing drugs to support their habit and was incarcerated for possession of drugs. He spent 6 months in jail, and when he was released, he started living with Maria again. By this time, Maria was attending the methadone program and was clean. Shortly after he got out of jail, her boyfriend had a difficult time finding a job and they both started using heroin again.

Her boyfriend does not like to use condoms when they have sex because he feels condoms reduce his sexual pleasure. Although she tries to get him to use condoms, he refuses. She has unprotected sex with him because she feels it is an expression of her love for him.

SCENARIO IV

Chelsea is a 40 year-old White woman with a Master's degree, who lives in a wealthy Connecticut suburb. She has been married to her husband for 17 years and has two young children with him. Chelsea was physically and verbally abused as a child and has struggled with self-esteem issues all her life. In the past 9 years, her husband has become increasingly emotionally and physically abusive, and controls all aspects of her life including her access to her own money. Her husband travels for business frequently and Chelsea knows that he has extra-marital affairs with women in countries where he does business. She has regular unprotected sex with him when he is home and is afraid to ask him to use protection because she knows that would enrage him. Chelsea wants to get out of this abusive relationship but doesn't want to associate with the kind of women who stay in domestic violence shelters.

Chelsea recently went to visit her primary care physician (PCP) because she thought she might have a urinary tract infection. Her PCP told her that he thinks that she might have an STI. After STI testing, her doctor shared with her that she has chlamydia and is HIV positive.

SCENARIO V

Dante is a 23 year old African-American man, who works at a clothing department store and lives with roommates in an apartment close to Boston. He has been in a visiting relationship with his current partner for one year. His partner is a 40 year old African-American man and works as a Senior Administrator in the Boston Public School system. His partner's job demands that he travel for work to Washington, DC once a month. For Dante, his partner was the man of his dreams and supported him financially and otherwise. Dante really wants this relationship to work. Dante trusted his partner's self-report of his negative status early on in their relationship and never asked that he get tested. As Dante and his partner's relationship progressed, they stopped using condoms. Dante suspects that his partner is sleeping with another man in DC, but talked himself out of taking any action based upon his suspicions. Dante is very health conscious and gets a regularly scheduled HIV test every two years. After his most recent health center visit for routine testing he tested positive for HIV.

Day One: Handout 1.3

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender based constraint statement.

Unequal Condition

Discriminatory drug laws and sentencing policies contribute to disproportionately higher rates of incarceration among minority men in the US, especially Black men. These discriminatory laws and policies lead to lower sex ratios in communities with high rates of male incarceration.

Discussion Questions

1. Who is affected by this unequal condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Between 1960 and 2011, the share of households headed by single mothers rose from 7 percent to 25 percent. Men lead almost 25% of all single-parent families, whereas women lead more than 75%.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Based upon a 2001 study of the earnings of more than 9,300 Americans over a period of 18 years, women earned 75 cents on the male dollar.. In 2008, U.S. women earned only 77 cents on the male dollar. That earning value dropped to 68 cents for African-American women and 58 cents for Latinas.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because _____

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Men have 2 to 4 times as many sexual partners in their lifetime as women.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because _____

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Women bear primary responsibility for domestic activities including childrearing, care giving and housework. Many women also hold jobs outside of the home and also engage in community work.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Surveys have shown that a disproportionately large number of transgender women lack employment and live below the poverty line. Other studies suggest that a large proportion of transgender women engage in sex work in order to generate income to pay for basic necessities.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Studies have estimated that up to 44% of men who have sex with men have experienced violence in their same-sex relationships.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because

Identifying Gender-based Constraints

Read the unequal condition below. Please answer the subsequent questions based upon the unequal condition presented and your own group discussion. Then write a gender-based constraint statement.

Unequal Condition

Many states or local jurisdictions have laws/policies that restrict schools from providing comprehensive sex education including information about human sexual anatomy, sexual reproduction and intercourse, HIV and condoms.

Discussion Questions

1. Who is affected by this condition?
2. What might be causing this unequal condition?
3. Which domain is being addressed?
4. How does this unequal condition affect women and girls (or men and boys) risk and vulnerability for HIV?

Gender-based Constraint Statement

Women (or men) are constrained from

because _____



Day Two

Day Two

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

HIV Prevention Toolkit

A Gender-Responsive
Approach

Day Two PPT Slides

**HIV Prevention
Gender Toolkit:**

**Welcome to Day
Two!**

**HIV Prevention
Gender Toolkit:**

**Review of Day One
Concepts**

Day One Review

1. What percentage of persons living with HIV in the U.S. are women?
2. Name one biological or physiological factor that increase women's and girls' HIV risk?
3. What is the difference between HIV risk and vulnerability?
4. What are social determinants of health and how is gender related to social determinants?

Day One Review

5. What are the four domains of gender?
6. Name a commonly held gender norm and describe how it affects HIV risk and vulnerability?
7. Name one step of gender analysis.
8. Name two levels of gender analysis.

Training Agenda – Day Two

- Review and Preview
- Introduction to Integrating Gender in the Program Cycle
- Integrating Gender in Needs Assessments
- Integrating Gender in Program Goals and Objectives
- **LUNCH**
- Integrating Gender in Program Design
- Integrating Gender in Program Implementation
- Review, Wrap-Up, and Adjourn

**HIV Prevention
Gender Toolkit:**

**Introduction to
Gender Integration
in the Program Cycle**

Gender Integration Objectives

1. Understand the importance of involving women and adolescent girls, as well as other key stakeholders, in every step of the planning process
2. Apply gender analysis to the iterative processes of program planning
3. Identify the steps involved in integrating gender analysis into the various steps of a program cycle
4. List implementation issues related to staff, partner organizations and participants

Before you get started: Meaningful Inclusion and Participation of Women and Adolescent Girls

Meaningful Inclusion and Participation of Women and Adolescent Girls

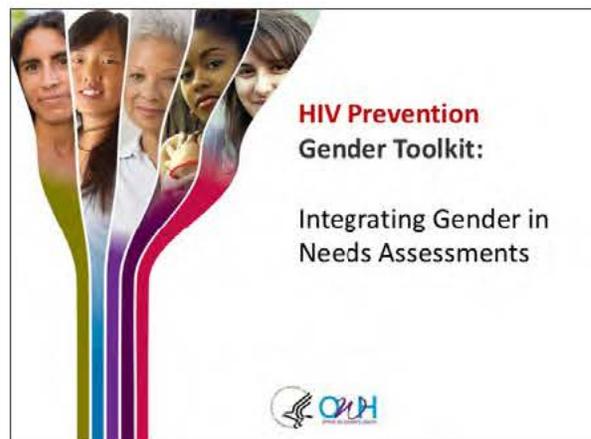
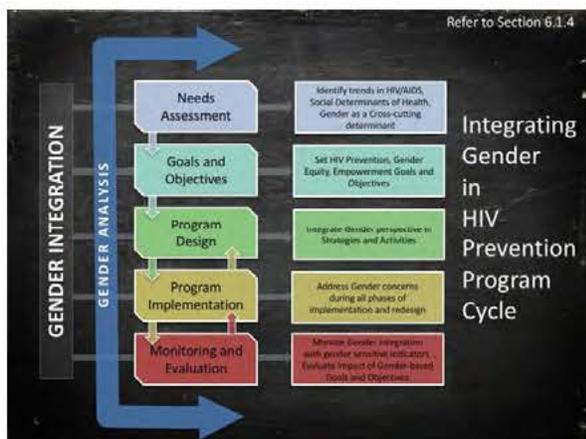
Refer to Section 6.1.1

- Meaningful involvement of the women and adolescent girls will:
 - Increase program and service responsiveness to the unique needs of participants
 - Ensure the Gender-based Constraints are addressed
 - Promote women's and girls' ownership of the program

Meaningful Inclusion and Participation of Women and Adolescent Girls

Refer to Section 6.1.1

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



Refer to Section 6.2

Integrating Gender into the Needs Assessment

Assessments determine the:

- Nature and extent of HIV epidemic
- Major risk behaviors, factors, and determinants
- Underlying sociocultural, economic, political, health factors
- Needs and capacities of different stakeholders
- Gaps between identified problems/needs and available resources

GENDER ANALYSIS

Needs Assessment

Goals and Objectives

Program Design

Program Implementation

Monitoring and Evaluation

Refer to Section 6.2

Linking Gender Analysis to Needs Assessment

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

Refer to Section 6.2

Needs Assessment with Gender Lens

- Is data disaggregated by sex, gender, age, race/ethnicity and sexual orientation?
- Does it include information on the quality of life?
 - Housing, employment, income, poverty-level, education
 - Family size and composition
 - Prevalence of substance abuse,
 - Intimate partner violence (sexual, physical, emotional)
- Does it determine differences on access and barriers to HIV prevention, care, and support services as experienced by women and girls, men and boys?

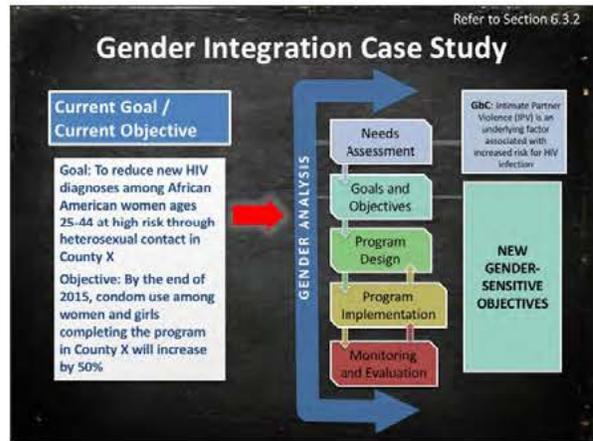
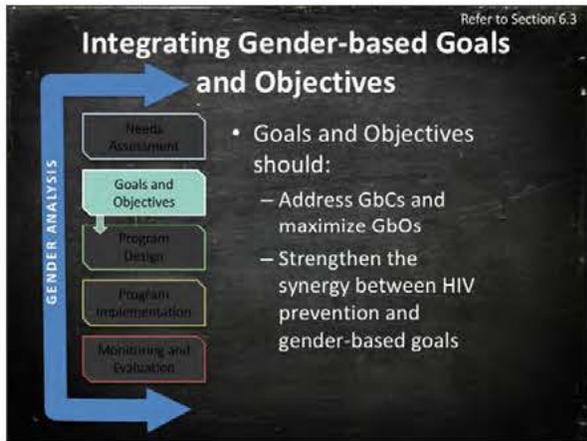
Tool 10 : Integrating Gender in Needs Assessment



Break 15 minutes

HIV Prevention Gender Toolkit:

Integrating Gender in Program Goals and Objectives



Refer to Section 6.3.3

Program Goals

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

Refer to Section 6.3.4

Program Objectives

Current Objective:

- By the end of 2015, condom use among women and girls completing the program in County X will increase by 50%

Gender Responsive Objective:

- By the end of 2015, increase by 50% the perception of risk for HIV infection among African American women ages 25-44 who are in steady sexual relationships with a male partner in the program area by providing HIV prevention education workshops



Refer to Section 6.3

Examine Existing Program Goals and Objectives

- Re-examine and revise existing program goals and objectives to ensure they attend to GbCs and GbOs
 - Seek to link the components of HIV prevention to gender
 - Examine each domain of gender
 - Rely upon your assessment data and the ongoing results of your gender analysis

Lunch

HIV Prevention Gender Toolkit:
Integrating Gender in Program Design

Refer to Section 6.4

Integrating Gender in Program Design

Program Design Steps:

- Brainstorm, identify, and design new strategies and activities
- Use existing evidence-based interventions
<https://www.effectiveinterventions.org>
- Link strategies and activities to objectives

Refer to Section 6.4.1

Gender Integration Continuum

Gender Exploitative Gender Accommodating Gender Transformative

Gender Aware

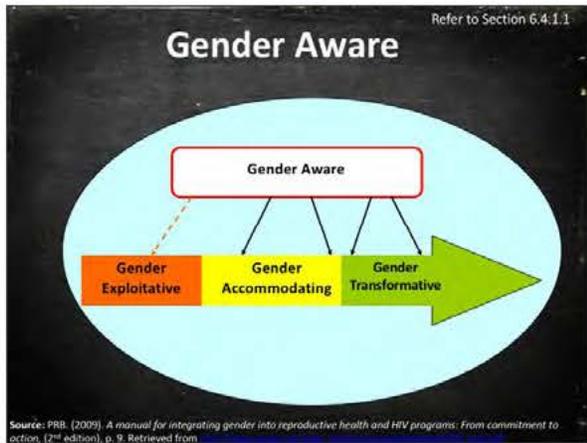
Gender Blind

Source: PRB. (2009). A manual for integrating gender into reproductive health and HIV programs: From commitment to action. (2nd edition). p. 9. Retrieved from

Refer to Section 6.4.1

Gender Blind

**Abstain
Be Faithful
Consistent and Correct
Condom Use**



- Refer to Section 6.4.2
- ## Gender Strategies for Program Design
- Incorporate gender strategies that specifically address inequities arising from gender norms, roles and relations - gender strategies
 - Address GbCs and maximize GbOs for women/adolescent girls when deciding among strategies and activities to

Refer to Section 6.4.2

Gender Strategies and Gender Domains

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

Refer to Section 6.4.2

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

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

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

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

HIV Prevention Gender Toolkit:

Integrating Gender in Program Implementation

Refer to Section 6.5

Integrating Gender in Program Implementation

GENDER ANALYSIS

Needs Assessment

Goals and Objectives

Program Design

Program Implementation

Monitoring and Evaluation

1. Assess organizational capacity for gender integration
2. Develop program implementation plan (Tool 11)
3. Incorporate gender responsive implementation principles
4. Address implementation issues

Refer to Section 6.5.4.1

Gender-responsive staff...

- Recognize significance of differences in class, race/ethnicity, sexual orientation on participants' experience of gender
- Are sensitive to power imbalances in client relationships and the impact they have on decision-making
- Demonstrate their own individual gender expression and establish safe zone for participants
- Are sensitive to presence of IPV/abuse and promote safer sex options as appropriate
- Recognize and set aside personal gender bias and ideas during group facilitation
- Challenge attitudes and practices that villainize and/or victimize a particular gender.

Refer to Section 6.5.4.2

Partner Organizations

- Share a vision of gender-equity
- Understand the meaning and importance of providing gender-responsive programs and services

Refer to Section 6.5.4.3

Participation of women/girls and men/boys

Implementation plan should include strategies and activities for clients to meaningfully participate as program implementers and decision-makers. Suggested roles include:

- Peer educators
- Volunteers
- Advisory Councils
- Leadership development opportunities

Refer to Section 6.5.4.3

Considerations for Gender Integration in Program Implementation

Tool 6: Considerations for Gender Integration in Program Implementation

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

Refer to Section 6.6

Integrating Gender Analysis in Monitoring and Evaluation

- Determine if most important **gender concerns** were adequately addressed in program design
- Measure the **achievement** of program goals and objectives
- Assess how program design effected the **promotion of gender equity**

Refer to Section 6.1

Gender Integration occurs in every part of the HIV Prevention Program Cycle

Needs Assessment	Identify trends in HIV/AIDS, Social Determinants of Health, Gender as a Cross-cutting determinant
Goals and Objectives	Set HIV Prevention, Gender Equity, Empowerment Goals and Objectives
Program Design	Integrate Gender perspective in Strategies and Activities
Program Implementation	Address Gender concerns during all phases of implementation and redesign
Monitoring and Evaluation	Monitor Gender Integration with gender sensitive indicators, Evaluate Impact of Gender-based Risk and Objectives

HIV Prevention Gender Toolkit: Wrap-Up

OAH

Key Elements of Day 1 Training

- Risk, Vulnerability, Social Determinants of Health
- Domains of Gender
- Introduction to Gender Analysis

Key Elements of Day 2 Training

- Gender Integration in the Program Cycle
 - Needs Assessment
 - Integrating Gender in Goals and Objectives
 - Integrating Gender in Program Design
 - Integrating Gender in Program Implementation

Questions or Comments?



Evaluations

Thank You!

Trainer email:

Day Two: Handout 2.1

Identifying Gender based Constraints in a Needs Assessment

This activity uses a local HIV needs assessment that your Facilitator has identified or the needs assessment sample from the **Statewide Coordinated Statement of Need for Connecticut** or the **Epidemiologic Profile of Connecticut**.

1. *Overview of the Ryan White Statewide Coordinated Statement of Need*

The Ryan White CARE Act was enacted by congress on August 18, 1990 and is the largest federally funded program in the United States for people living with HIV/AIDS. The CARE Act requires a Statewide Coordinated Statement of Need (SCSN). The SCSN is a written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize Ryan White HIV/AIDS Program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs. The SCSN reflects a discussion of existing needs assessments, and includes a brief overview of epidemiological data, existing quantitative and quality information, and emerging trends/issues affecting HIV care and service delivery in the State. The SCSN identifies broad goals and critical gaps in the life-extending care needed for people living with HIV/AIDS both in and out of care. The purpose of the Statewide Coordinated Statement of Need (SCSN) is to provide a collaborative mechanism to identify and address significant HIV/AIDS care issues related to the needs of people living with HIV/AIDS (PLWHA), and to maximize coordination, integration, and effective linkages across the Ryan White HIV/AIDS Program Parts. In addition, the SCSN process is expected to result in a document that reflects the input and approval of all Ryan White HIV/AIDS Program Parts.

Source: <http://hab.hrsa.gov/>

2. *Overview of epidemiologic profile*

The epidemiologic profile describes the demographic, geographic, behavioral, and clinical characteristics of persons with HIV at the state and local levels. The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) are two agencies that use HIV epidemiologic and surveillance data. State HIV epidemiologic profiles can be found on most health department websites. If not, search the internet using the name of the state and “*epidemiological profile of HIV in state X.*”

Source: http://www.cdc.gov/hiv/pdf/guidelines_developing_epidemiologic_profiles.pdf.

Day Two: Handout 2.1.1

Small Group Assignment #1 from 2012 Statewide Coordinated Statement of Need for Connecticut

Section II. HIV/AIDS Surveillance: People Living with HIV/AIDS Unaware of their Status Page 11- 12 of the 2012 Statewide Coordinated Statement of Need for Connecticut
http://www.ct.gov/dph/lib/dph/aids_and_chronic/care/pdf/scsn_chpc.pdf

Unequal condition from the needs assessment data:

The female ratio of HIV infection for those exposed through heterosexual risk is higher compared to females who have IDU risk.

1. What gender domain is apparent in the unequal condition?
2. Identify one gender based constraint.
3. What additional data is needed to fully understand the unequal condition?

Additional needs assessment review exercise:

Source: http://www.cdc.gov/hiv/pdf/guidelines_developing_epidemiologic_profiles.pdf

On page 29 of EPI Profile, participants can examine the following unequal conditions:

Although the overall Male/Female ratio of HIV infection is 66%/34%, it differs in some important subgroups:

Sub-group	Male	Female
Black	61%	39%
MSM	100%	0%
White	75%	25%
Under Age 30	71%	29%
Hispanic	63%	37%
Ages 30-49yrs	62%	38%
IDU	66%	34%

Day Two: Handout 2.1.2

Small Group Assignment #2 from 2012 Statewide Coordinated Statement of Need for Connecticut

**Unequal condition from the needs
assessment data:**

The female ratio of HIV infection for those exposed through heterosexual risk is higher compared to females who have IDU risk.

1. Use the identified gender based constraint from previous activity. Identify one gender based constraint.
2. Create at least two gender-based objectives that address the identified gender based constraint.

Day Two: Handout 2.1.3

Small Group Assignment #3 from 2012 Statewide Coordinated Statement of Need for Connecticut

**Unequal condition from the needs
assessment data:**

The female ratio of HIV infection for those exposed through heterosexual risk is higher compared to females who have IDU risk.

1. Use the Identified gender based constraint and the identified program objectives from your same small group.
2. Create two or three program activities that address the gender-based objective.



Day Three

Day Three

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

HIV Prevention Toolkit

A Gender-Responsive
Approach

Day Three PPT Slides

Welcome to Day 3!

We will get started in just few minutes



Training Agenda – Day Three

- Day One and Two Review
- Objectives for Day 3 Training
- **Break**
- Integrating Gender into Monitoring and Evaluation (M&E)
- Key Components of M&E Plans- Part 1
- Developing Gender Sensitive Indicators for M&E
- **LUNCH**
- Key Components of M&E Plans- Part 2
- Bringing Home a Gender Perspective



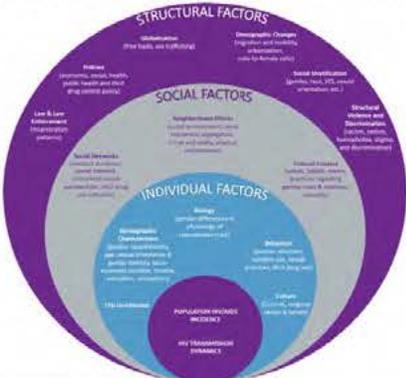
HIV Prevention Gender Toolkit:

Review of Day One and Day Two



Refer to Section 3.2

Review: Social Determinants of HIV Risk



Refer to Section 4.3

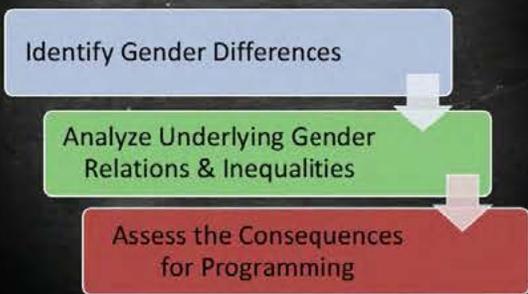
Review: Gender-Responsive Programs

Gender as Social Determinants of Health

- Gender Norms
- Gender Roles
- Gender Relations
- Access to and Control of Resources

Refer to Section 5.7

Review: Gender Analysis



Refer to Section 5.7.2.3

Review: GbCs and GbOs

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

Refer to Section 6.3

Review: Objectives Address GbCs and GbOs

Addressing GbCs

GbC: Women with low educational attainment may be unable to find employment or to earn enough to support themselves and their families.
Objective: By the end of 2015, there will be a 50% increase in enrollment for continuing education programs and a 50% increase in employment services for women at risk for HIV.

Maximizing GbOs

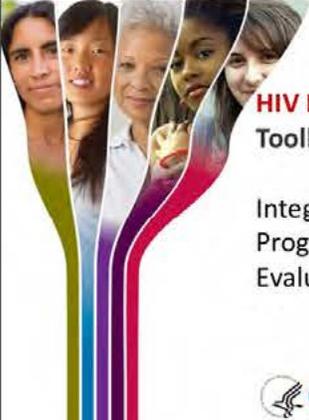
GbO: Low-income women are more likely to be covered by Medicaid than low-income men.
Objective: By the end of 2015, 100% of women on Medicaid in the service areas will be tested for HIV and STIs and receive referral for treatment if needed.

Refer to Section 6.3.4

Review: GbCs, GbOs and Program Objectives

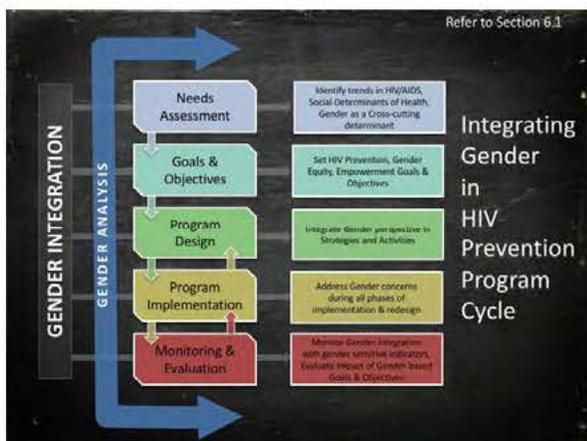
Tool 6: Developing Program Objectives Based on Priority Gender-based Constraints and Opportunities

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



HIV Prevention Gender Toolkit:

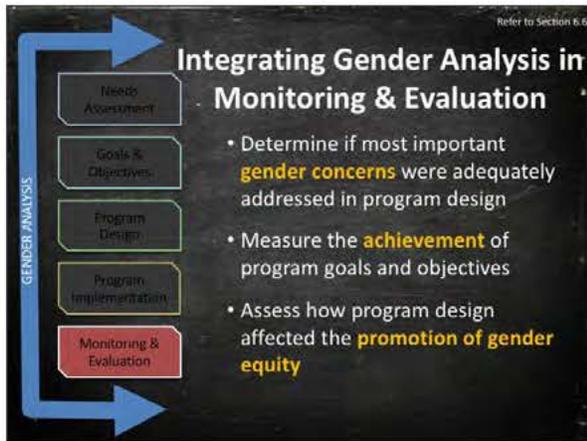
Integrating Gender in Program Monitoring & Evaluation

Day 3 Training Objectives

Monitoring and Evaluating Effectiveness

1. Understand the difference and overlap between monitoring and evaluation
2. Identify key components of gender-sensitive monitoring and evaluation plan
3. Develop gender-sensitive questions and indicators for monitoring and evaluation
4. Utilize assessment tool to ensure gender considerations in monitoring and evaluation



- Refer to Section 6.6.4
- ## Gender Sensitive Monitoring
- Is an ongoing, routine process
 - Determines if program is:
 - Delivered as intended
 - Consistent with original design
 - Generating outputs that benefit women and adolescent girls
 - Addressing needs of women and adolescent girls
 - Informs need for corrective action addressing GbCs and maximizing GbOs

- Refer to Section 6.6.5
- ## Gender Sensitive Evaluation
- Periodic, systemic, in-depth analysis of effectiveness
 - Undertaken selectively – consider cost
 - Assesses gender roles, gender lens of program services
 - Determines how gender issues affect achievement of outcomes
 - Answers specific questions to guide decision makers and program managers

Refer to Sections 6.6.3

Interrelationship of Monitoring and Evaluation

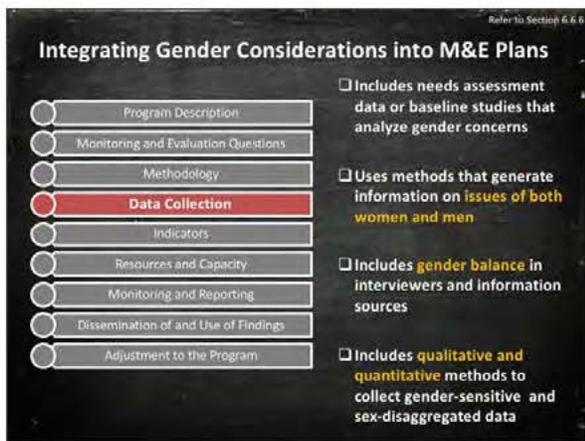
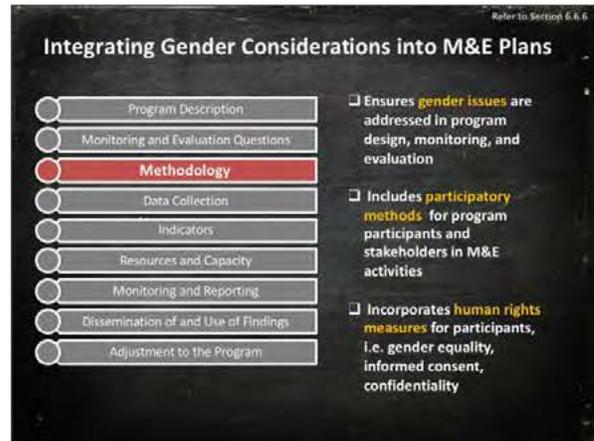
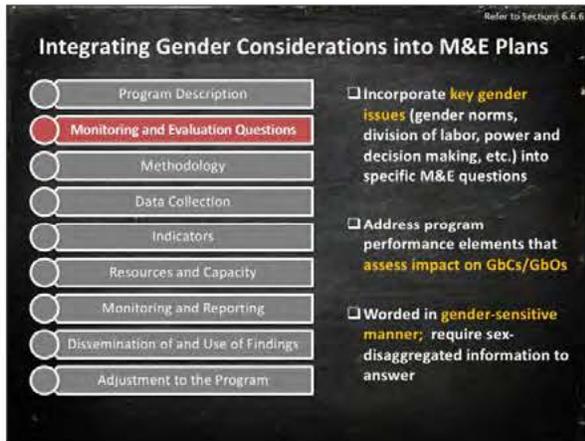
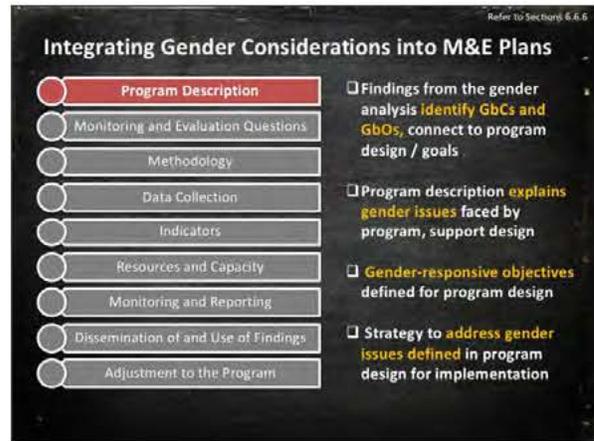
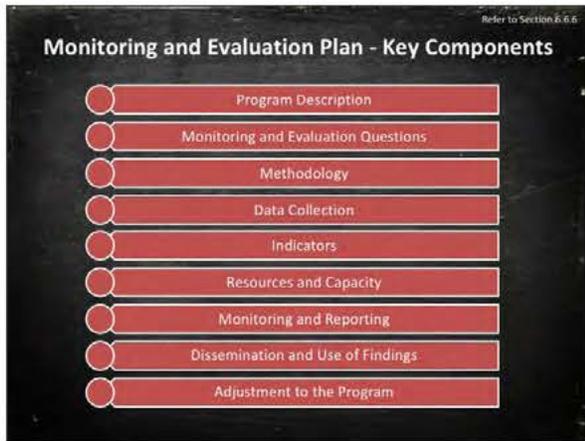
Complementary Functions of Monitoring and Evaluation	
Monitoring	Evaluation
Clarifies program objectives	Analyzes why intended results were or were not achieved
Links activities and their resources to objectives	Assesses specific causal contributions of activities to results
Translates objectives into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

Source: UNAIDS (Joint United Nations Programme on HIV/AIDS). 2010. Basic Terminology and Frameworks for Monitoring and Evaluation. UNAIDS. Monitoring and Evaluation Fundamentals.

**Break
15 minutes**

HIV Prevention Gender Toolkit:

Key Components of Monitoring & Evaluation Plans, Part 1





Refer to Section 6.6.3

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

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

Refer to Sections 6.6.2-1, 6.6.3

Choosing Appropriate Mix of Indicators

Program Monitoring Indicators:

- Input indicators
 - Quantity / quality of program resources
- Process Indicators
 - Type and ways program services provided
- Output Indicators
 - Measure immediate short-term results

Program Evaluation Indicators:

- Outcome Indicators
 - Measure long-term effects of program outputs
- Impact Indicators
 - Measure actual long-term effects of programs (e.g., reduction of HIV)

Refer to Section 6.6.4

Review Gender-Sensitive Indicators

Table 10. Examples of Gender-sensitive Indicators

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

Refer to Section 6.6.4

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

Tool 12: Developing Gender-sensitive Indicators Matched to Objectives

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

Lunch

HIV Prevention Gender Toolkit:

Key Components of Monitoring & Evaluation Plans, Part 2

Refer to Section 6.6.6

Integrating Gender Considerations into M&E Plans

- Plan describes the **financial, staffing, and technical capacity** to conduct monitoring and/or evaluation
- Describes expertise of staff to **gather gender-sensitive data and conduct analysis**
- Ensures **gender balance** in staff/consultants

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

Refer to Section 6.6.6

Integrating Gender Considerations into M&E Plans

- Data collected **addresses possible different effects of program on women or adolescent girls, different subgroups**
- Reporting on **differential effects of program on women and men and gender relations**
- Provides **progress report on performance of program in addressing GbCs and GbOs**

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

Refer to Section 6.6.6

Interpreting Data - Drawing Conclusions

- Staff involved in data analysis have **expertise in gender-related HIV evaluation**
- Stakeholders that may be impacted by the program are **included in data interpretation**
- Components of an **Evaluation Report**
 - Executive Summary
 - Introduction
 - Methodology and Study Design
 - Findings
 - Conclusions and Recommendations
 - Appendices

Refer to Section 6.6.6

Integrating Gender Considerations into M&E Plans

- Requires **routine review, analysis and discussion** of intended and unexpected effects of program on gender relations
- Includes **management response to gender-related evaluation recommendations**
- Includes plans to discuss policy implications and informs advocacy for policy changes
- Includes **internal and external mechanisms to share knowledge & lessons learned with stakeholders, community, and broader public**

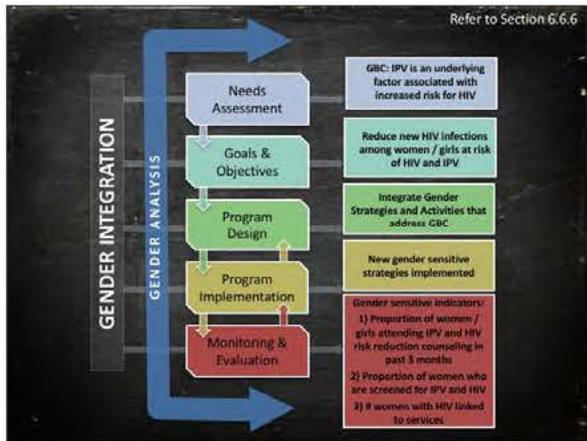
Program Description
Monitoring and Evaluation Questions
Methodology
Data Collection
Indicators
Resources and Capacity
Monitoring and Reporting
Dissemination of and Use of Findings
Adjustment to the Program

Refer to Section 6.6.6

Integrating Gender Considerations

- Includes mechanisms to adapt or revise program to **improve performance** on gender-related issues based on findings
- Defines strategies to develop plans to conduct **future gender analysis studies and program planning**

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



Refer to Sections 6.6.7.5

Gender-sensitive Assessment of a Monitoring or Evaluation Plan

Tool 9: Gender Concepts in the Monitoring and Evaluation Plan		Yes	No	Not sure
Program Description	Does the description of the program explain gender issues and how they are addressed in the program? (e.g., in design and implementation)?			
Measurability and Quantifiability	Does the program include measurable and quantifiable indicators that address gender issues? (e.g., in monitoring and evaluation)?			
Measurability	Does the program include measurable and quantifiable indicators that address gender issues? (e.g., in monitoring and evaluation)?			

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

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

Day Three Wrap-Up

Major Take-Away

Gender must be considered and effectively integrated into ALL stages of HIV Prevention program- planning, designing, implementing, monitoring, and evaluation.

HIV Prevention Gender Toolkit:

Bringing Home a Gender Perspective

Activity: How will we bring this training back to our organizations for improved HIV Prevention for women and girls?

Questions or Comments?



Wrap-up and Evaluations



Thank You!

Trainer email:

Day Three: Handout 3.1.1

Small-group exercise instructions

Work in your small group. Select a recorder and a reporter. Review **Handout 3.1.2: Sample Indicators to Measure Strategies to Reduce Violence against Women**. This table provides examples of gender-sensitive indicators to measure program strategies and activities related to the gender strategy of reducing violence against women. It illustrates how indicators are matched to gender strategies.

In your small group, develop two process indicators and two outcome indicators for each program objective that you developed in previous exercises.

Use the matrix provided in **Handout 3.1.3** to write the indicators. Starting on the left side of the matrix, write the program objective in the first column. Then write the specific gender strategy that the objective intends to address in the second column (e.g., change harmful gender norms and practices; reduce/eliminate violence against women; reduce barriers in access to services; reduce stigma and discrimination; increase educational opportunities; increase economic security; reduce the burden of care). In the third column, for each objective write two process and two outcome gender indicators to measure the objective. In the fourth column, specify whether the indicators are process or outcome measures.

Remember:

- An indicator is a piece of information or a data set that can be used to assess progress.
- Process indicators measure the extent to which the program is being delivered to the persons for whom it was intended (e.g., women/adolescent girls) and whether it is in a form consistent with its original design (e.g., have the staff carried out the activities as originally planned?).
- Outcome indicators measure the extent to which changes in behavior and environmental conditions were achieved and what changes the program created in the determinants of the behavior or the environmental condition.
- Gender-sensitive indicators measure changes in relations between women/adolescent girls and men/adolescent boys in a given community/society over a period of time; are disaggregated by sex, age, and socioeconomic status, etc.; and are tools to assess the progress of a particular program toward achieving gender equity.

Consider the following questions in developing gender-sensitive indicators:

- Do the indicators measure changes in gender norms, gender relations, gender roles, access to and control over services and resources, and power and decision making?
- Are the indicators matched to the program objectives addressing gender-based constraints and opportunities that women/adolescent girls experience in protecting themselves against HIV infection?
- Do the indicators measure whether the gender-based constraint has been reduced or eliminated?

Day Three: Handout 3.1.2

Sample Indicators to Measure Strategies to Reduce Violence Against Women

Sample Indicators to Measure Strategies to Reduce Violence Against Women		
Gender Strategy	Indicator	Level
Address effects of violence against women/gender-based violence (VAW/G) on condom use	Proportion of women in program who reported physical, emotional, or sexual abuse by male partner when asked to use a condom during sexual intercourse during specified time period (last 3 months)	Individual
Address/reduce violence against women/gender-based violence (VAW/G) Reduce harmful gender norms	Number of HIV-prevention programs implemented for men and boys that include examining gender and cultural norms related to VAW/G	Community
	Proportion of men and boys with gender-related norms that put women and girls at risk for physical and sexual violence	Individual/Group
	Proportion of men and boys who believe that men can prevent physical and sexual violence against women and girls	Individual/Group
	Proportion of people who have been exposed to VAW/G-prevention messages	Community/ Individual
	Proportion of people who say that men cannot be held responsible for controlling their sexual behavior	Community/ Individual
	Proportion of people who agree that a woman has a right to refuse sex	Community/ Individual
	Proportion of people who say that wife-beating is an acceptable way for a husband to discipline his wife	Community/ Individual
Barriers to accessing services	Proportion of women who demonstrate knowledge of available social welfare-based VAW/G services	Individual
	Proportion of women who know of a local organization that provides legal aid to VAW/G survivors	Individual
	Proportion of women who were asked about physical and sexual violence during a visit to an HIV clinic	Organizational

Day Three: Handout 3.1.3

Developing Gender Indicators Matched to Program Objectives and Gender Strategies

Developing Gender-Sensitive Indicators Matched to Objectives			
1) Priority Gender based Constraints or Opportunities to Address	2) Program Objective	3) Gender-based Indicator	4) Type of Indicator

Day Three: Handout 3.2

Review Tool 11 in HIV Prevention Gender Toolkit - Integrating Gender Considerations into Monitoring and Evaluation Plan

Work independently to review **Tool 11** from your *HIV Prevention Gender Toolkit*. For the next 10 minutes, read through each **Component Section** and the **Gender Considerations** outlined for each component. Note that this tool is designed for program planners, managers and staff to use when developing or reviewing a monitoring and/or evaluation plan. This tool is a usable summary tool that encompasses all program cycle elements of our three day Training.

Tool 11: Gender Concept in the Monitoring and Evaluation Plan				
Component	Gender Concepts	Yes	No	If NO, what actions are needed to address this issue?
Program Description	Does the description of the program explain gender issues faced by the program and describe the program's strategy to address them in design and implementation?			
Monitoring and Evaluation Questions	Are key gender issues such as gender norms, sexual division of labor, access to and control over resources, and power and decision making incorporated into program monitoring and the evaluation design?			
	Does the evaluation assess the program's performance in addressing GBCs and GBOs?			
	Are all monitoring and evaluation questions worded in a gender-sensitive manner, and do they call for sex-disaggregated information?			
Methodology	Does the methodology call for gender issues to be addressed in the program design, monitoring, and evaluation?			
	Does the plan include participatory methods to ensure that program participants and other relevant stakeholders play an active role in monitoring and evaluation activities?			
	Does the plan include measures to ensure the human rights of participants and stakeholders, including gender equality, participation, informed consent, confidentiality, and safety, will be respected and protected?			
	Does the plan include qualitative and quantitative methods and tools to collect gender-sensitive data?			
	Does the plan call for all data to be sex-disaggregated?			
	If sex-disaggregated data are not available, does the plan define strategies for developing appropriate databases to make it possible to conduct better gender analysis in future studies and program planning?			

Your task is to think about how you will use this tool in your own organizational setting.

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

What plans do you have in place now that you would review using this tool?

What aspects of the tool might be most / least relevant to your review process? How might you redesign this tool for your own setting?

Pick one Component on **Tool 11** that you are familiar with and answer in the last column (Component / Gender Considerations: ***If NO, what actions are needed to address this issue***). Be creative with your action ideas. This is a hypothetical issue that is meant to increase your capacity to use Tool 11 with your colleagues back home.

Prepare to come back to the larger group and share the Component you chose along with one or two actions you would take to address the issue you identified.