

Gender and HIV/AIDS
mainstreaming in
a market-oriented
agricultural
development context:
Training manual
for frontline staff



Gender and HIV/AIDS mainstreaming in a market-oriented agricultural development context:
A training manual for frontline staff

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Abbreviations

ABC	Abstain, Be faithful and Condom use
AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
ARV	Anti-retroviral
DA	Development Agent
FHH	Female Headed Household
FTC	Farmers' Training Centre
GO	Government Organization
HAPCO	HIV/AIDS Prevention and Control Office
HEW	Health Extension Worker
HH	Head of Household
HIV	Human Immunodeficiency Virus
HTP	Harmful Traditional Practice
IPMS	Improving Productivity and Market Success of Ethiopian Farmers Project
MHH	Male Headed Household
NGO	Non-governmental Organization
OoARD	Office of Agriculture and Rural Development
PA	Peasant Association
PGN	Practical Gender Needs
PLW	Pilot Learning <i>Woreda</i>
PLWHA	Person Living with HIV/AIDS
PRA	Participatory Rural Appraisal
RDA	Research and Development Assistance
RDO	Research and Development Officer
SGN	Strategic Gender Needs
SSI	Semi Structured Interview
VCT	Voluntary Counselling and Testing

Foreword

When assisting the rural population to move to market-oriented agriculture, paying attention to actors and their roles in the value chain is a prerequisite for impact. Both men and women play important roles in input supply, production and marketing. To realize this potential, extension workers need to be aware of who plays what roles and who could potentially perform different roles and functions. In most situations, one will find that men's participation is higher in market-oriented and high value agricultural value chains.

This training manual is based on experiences from the 10 Pilot Learning *Woredas* (PLW) of the Improving Productivity and Market Success (IPMS) of Ethiopian Farmers Project. It aims at assisting extension staff in analysing the roles of men and women in agricultural value chains and working towards a more gender balanced market-oriented agricultural development.

It is generally assumed that the threat of HIV/AIDS increases as a result of a more market-oriented agricultural development. Greater mobility to purchase inputs and market produce, coupled with increased spending power, are often quoted as contributing factors in increasing the risk of exposure to HIV. The IPMS project is sensitive to these potential threats and has developed tools to assess situations and propose solutions in the PLWs. These form part of the training manual aimed at improving the capacity of the extension staff to deal with HIV/AIDS in their day to day activities.

I would like to express my appreciation to the authors of the manual for all the efforts they have put in and hope that the fruits of their labour will contribute to development of skills to enable a more gender and HIV/AIDS sensitive market-oriented agricultural development.

Dirk Hoekstra
IPMS Project Manager

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The authors would like to extend their thanks to Improving Productivity and Market Success (IPMS) of Ethiopian Farmers Project that supported the development of this training manual and testing it through delivery for frontline workers in all its Pilot Learning *Woredas* (PLWs) between October 2008 and January 2009.

We would like to acknowledge all IPMS project staff and government partners in the PLWs for their valuable assistance and inputs during the development of this manual and its testing. This manual has benefited greatly from the PLW experiences in mainstreaming gender and HIV/AIDS in agricultural development.

Finally the authors extend their appreciation to CIDA (Canadian International Development Agency), donor for the IPMS project and for providing enormous support to the integration of gender and HIV/AIDS issues in the project.

Introduction

Improving Productivity and Market Successes (IPMS) of Ethiopian Farmers Project is being implemented by the International Livestock Research Institute and the Ministry of Agriculture and Rural Development. IPMS, a five year project funded by the Canadian International Development Agency (CIDA). It works at the federal, regional and *woreda* (administrative districts) levels on institutional strengthening, capacity building and knowledge management. The project conducts action research at the *woreda* level through 10 pilot learning *woredas* (PLWs) located in four regions of the country (namely, Tigray, Amhara, Oromia and Southern Nations, Nationalities and People's Region (SNNPR)). PLW activities focus on promoting priority marketable commodities (crop and livestock) in support of market-led integrated agricultural development through promoting innovation in commodity value chains; improving service delivery systems; increasing participation by input suppliers, rural finance and farmers organizations; and strengthening market linkage. The project conducts all its activities in a gender balanced and environmentally friendly manner and aims at mitigating the risk of HIV/AIDS.

The project developed gender and HIV/AIDS strategies to inform project activities and guide interventions to address gender and HIV issues. The first step was to gather commodity-specific gender information and HIV/AIDS base line information in all the 10 PLWs. This formed the basis for development of a number of communication materials like gender ideas sheet, HIV/AIDS ideas sheet, gender commodity fact sheets, HIV/AIDS fact sheets and gender and HIV/AIDS toolkits. These have been widely distributed and utilized by many government and non-government partners. This material helped the staff of the IPMS project and partner organizations to raise their awareness and understanding of why the gender and HIV/AIDS issues should be addressed and also provided broad directions on how to incorporate the gender and HIV/AIDS issues during their planning.

There have been a number of requests for gender and HIV/AIDS mainstreaming training and materials of a practical nature from the staff of Ministry of Agriculture and Rural Development (MoARD) and other partners. Consequently, the project developed this training manual, drawing on literature and the practical experiences in integrating gender and HIV/AIDS issues in the project activities in its 10 PLWs since 2005. This training manual has been tested at *woreda* level gender and HIV/AIDS training courses and planning workshops organized in the 10 PLWs of the IPMS project and has been refined, when necessary, in light of these experiences.

This training manual is designed for use by organizations promoting equitable market-led rural development (e.g. MoARD staff, NGOs etc.). The five-day training course aims to develop capacity of frontline staff and equipping them with necessary practical skills to integrate gender and HIV/AIDS perspectives into market-led agricultural development interventions and their day-to-day activities of rural development. The primary target groups comprise staff from the extension services of MoARD and the Ministry of Health such as extension supervisors, *woreda* experts and development agents, health extension workers; federal and regional agricultural research institutes and universities, agricultural TVET colleges and HIV/AIDS Prevention and Control Office (HAPCO). The training may also be of interest to civil society organizations and agricultural service providers operating in rural areas.

The training addresses the two themes of gender and HIV/AIDS in an integrated manner. The manual presents detailed outlines for each of the 15 training sessions, setting out the session purpose, objectives and outline, together with specific activities and participatory exercises. Each session is linked to supporting handouts, of which there are 14 in total. Annex 1 gives some tips on participatory training

techniques. This manual should be used in conjunction with the IPMS gender toolkit and the IPMS HIV/AIDS toolkit, both of which are available from ILRI's InfoCentre or downloadable from:

<http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender.pdf>;

[http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender%20\(Amharic\).pdf](http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender%20(Amharic).pdf)

<http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV.pdf>;

[http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV%20\(Amharic\).pdf](http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV%20(Amharic).pdf);

An overview of a generic training schedule for the five-day course is presented below.

Proposed training schedule

Figure 1 Generic training schedule

Day	Time	Topic	Duration
1 st day	08.45	Welcome	15 minutes
	09.00	1: Introduction: getting to know each other and program	1 hr 30 minutes
	10.30	Coffee	15 minutes
	10.45	2: Basic concepts of gender analysis	1 hr 45 minutes
	12.30	Lunch	1 hr 15 minutes
	13.45	3: Basic concepts of HIV/AIDS analysis I	1 hr 45 minutes
	15.30	Coffee	15 minutes
	15.45	4: Basic concepts of HIV/AIDS analysis II	1 hr
	16.45	5: Relationship between gender and HIV/AIDS	30 minutes
	17.15	Team building	15 minutes
2 nd day	08.30	Participant reflection	30 minutes
	09.00	Impact of gender and HIV/AIDS on agricultural production and marketing	1 hr 30 minutes
	10.30	Coffee	15 minutes
	10.45	Tools for gender analysis of agricultural enterprises	1 hr 45 minutes
	12.30	Lunch	1 hr 15 minutes
	13.45	Gender tools (cont)	30 minutes
	14.15	Tools for HIV/AIDS analysis in rural communities	1 hr 15 minutes
	15.30	Coffee	15 minutes
	15.45	HIV/AIDS tools (cont)	1 hr
	16.45	9: Introduction to fieldwork and self evaluation	45 minutes
3 rd day	08.30	Participant reflection	30 minutes
	09.00	10: Facilitation skills	1 hr 30 minutes
	10.30	Coffee	15 minutes
	10.45	Preparation for field work	1 hr 45 minutes
	12.30	Lunch	1 hr 15 minutes
	13.45	Fieldwork	4 hrs
4 th day	08.30	Participant reflection	30 minutes
	09.00	11: Data analysis and interpretation	1 hr 30 minutes
	10.30	Coffee	15 minutes
	10.45	Data analysis and interpretation (cont)	1 hr 15 minutes
	12:00	Self evaluation	30 minutes
	12.30	Lunch	1 hr 15 minutes
	13.45	Presentations	1 hr 45 minutes
	15.30	Coffee	15 minutes
	15.45	12: Brainstorming of ideas	1 hr 45 minutes

5 th day	08.30	Participant reflection	30 minutes
	09.00	13: Preparation of action plans	1 hr 30 minutes
	10.30	Coffee	15 minutes
	10.45	Preparation of action plans (cont)	1 hr
	11.45	Presentation of action plans	45 minutes
	12.30	Lunch	1 hr 15 minutes
	13.45	Presentation of action plans (cont)	45 minutes
	14.30	Monitoring and evaluation	1 hr
	15.30	Coffee	15 minutes
	15.45	Monitoring and evaluation (cont)	45 minutes
	16.30	Participant reflection	20 minutes
	16.50	14: Wrap up and way forward	1 hr

Trainers' guide

- Session 1: Welcome and getting to know each other
- Session 2: Team building
- Session 3: Basic concepts of gender analysis
- Session 4: Basic concepts of HIV/AIDS analysis
- Session 5: Relationship between gender and HIV/AIDS
- Session 6: Impact of gender and HIV/AIDS on agricultural production and marketing
- Session 7: Tools for gender analysis of agricultural enterprises
- Session 8: Tools for HIV/AIDS analysis in rural communities
- Session 9: Facilitation skills
- Session 10: Field work preparation
- Session 11: Data analysis and interpretation
- Session 12: Brainstorming of ideas for gender and HIV/AIDS responses
- Session 13: Preparation of action plans
- Session 14: Monitoring the action plans
- Session 15: Wrap up and way forward

Trainers' guide

Session 1: Welcome and getting to know each other

Session purpose	The purpose of this session is to welcome the participants and brief them about the objectives of the training and the proposed schedule. In addition, they will start getting to know each other and share their expectations. This is expected to break the ice between participants and start developing trust in each other, so they feel comfortable in sharing their experiences and viewpoints honestly.
Session objective	At the end of this session, participants will be able to: <ul style="list-style-type: none">• Identify the other participants and their backgrounds• Share their expectations about the training with other participants and learn about others' expectations• Understand the purpose and objectives of the training• Appreciate the topics and issues they are going to cover and, skills they are going to acquire in the five days training
Session outline	<ul style="list-style-type: none">• Welcome• Getting to know each other• Participant expectations• Course objective and program
Materials	<ul style="list-style-type: none">• A4 sheets• Cards• Pens• Masking tape• Display board
Time	105 minutes

Activity		Time required
Welcome	The organizers will invite the chief guest to give the welcome speech and open the training	15 minutes
Exercise	<p>i) Getting to know each other</p> <ul style="list-style-type: none">• Explain to participants that this being a participatory training, they will be expected to learn from and share experiences with each other. This requires that they should get to know each other and develop trust.• Use innovative methods to achieve this objective, so the participants develop interest from the outset.• Ask participants to score (5–10) their current skills and knowledge on gender and HIV/AIDS mainstreaming, 5 being low and 10 being high.• Write numbers 5 to 10 on separate pieces of paper and place them on the wall around the training room.• Ask participants to stand in front of their score (group some of the scores if necessary, e.g. 5–6, 7–8, 9–10, in order to get balanced group size) and ask the group members to introduce themselves to the whole group.• Ask participants in plenary to write their names, working area, responsibility and marital status on a piece of A4 paper and display it on the wall.	30 minutes

	<p>ii) Expectations</p> <ul style="list-style-type: none"> • Explain the rules of writing on cards • Ask participants in their group to discuss their expectations using the following questions and recording their answers on cards. <ul style="list-style-type: none"> • What do they want to learn from this training? • What do they expect regarding the method of facilitation in the training? • Review the cards briefly and use these as a means to demonstrate similarities and uniqueness of ideas. 	20 minutes
	<p>iii) Course objectives and program</p> <ul style="list-style-type: none"> • Explain the specific objectives of the training workshop. • Compare if the individual expectations are in line with the course objectives. • Explain the underlying logic of the workshop program using a flow chart (handout 1). 	25 minutes
	<p>iv) Ground rules</p> <ul style="list-style-type: none"> • Ask participants what general behaviours they would like to experience in order for the training to run smoothly and effectively. • List all suggestions on a flipchart. • Post the flipchart where it is visible throughout the training. • Explain that norms are guidelines for behaviour, or expectations of how participants and facilitators should behave, in order for everyone to have a positive experience during the training 	10 minutes
Transition	Process learning and transit to the next session	5 minutes
Handout	Handout 1: Workshop objectives	
Additional reading material	Annex 1: Training tips	

Trainers' guide

Session 2: Team building

Session purpose	The purpose of this session is to form working teams that are responsible for reviewing and evaluating the sessions and activities for each day of the workshop.
Session objective	At the end of this session, participants will be able to: <ul style="list-style-type: none">• Form teams and share responsibilities to review the sessions and activities and other learning activities
Materials	<ul style="list-style-type: none">• Markers• Display boards/flannel boards• Pre-prepared flipchart papers• Cards (different colours)
Session outline	<ul style="list-style-type: none">• Team formation• Ground rules
Time	20 minutes

Activity		Time required
Group formation	<p>i) Team formation</p> <p>The facilitator will:</p> <ul style="list-style-type: none">• Form groups comprised of 5 or 6 people in a creative way• Explain the task of the group: Each group will be responsible for the following activities for one day:<ul style="list-style-type: none">• Time keeping and seating arrangements• Ask participants to record their 'moods' for the day using mood meter• Evaluate the day's sessions and activities, after defining their own evaluation parameters/criteria• Make a short presentation the following morning reflecting their evaluation.	15 minutes
Transition	Process learning and transit to the next session	5 minutes
Handout	Handout 1: Mood meter	

Trainers' guide

Session 3: Basic concepts of gender analysis

Session purpose	The purpose of this session is to understand the concept of gender and the basics of gender analysis that will help the participants to integrate gender concerns into agricultural development initiatives.
Session objectives	At the end of this session, participants will be able to: <ul style="list-style-type: none"> • Understand the fundamental concepts related to gender <ul style="list-style-type: none"> » The difference between sex and gender • Identify the influencing factors, which in the socialization of women and men, generate inequality • Analyse roles and responsibilities from a gender perspective (gender analysis) • Understand gender differences in access to and control over resources and benefits
Session outline	<ul style="list-style-type: none"> • Gender vs. sex • Gender analysis <ul style="list-style-type: none"> » Gender roles and responsibilities » Access to and control over resources » Access to and control over benefits » Participation in decision-making
Materials	<ul style="list-style-type: none"> • Cards • Markers • Flipchart • Coloured papers • Masking tape • Display board
Time	105 minutes

Activity		Time required
Exercise	The facilitator will explain the purpose of the session and briefly explain what is going to be covered in this session	5 minutes
	<ul style="list-style-type: none"> • Gender vs. sex • Gender analysis 	
	i) Gender vs. sex	40 minutes
	<ul style="list-style-type: none"> • Ask the participants to share their secret wish in pairs: 'What I always wanted to do, but could not do because I am a man or woman'. • Ask them to write their secret wish on a coloured card (one colour for men, one colour for women) and post them on the wall. • After the exercise ask the participants to explain the difference between 'sex' and 'gender'; the facilitator will give the definition of gender and sex. • Invite one or two participants to stand beside the pin-board and read the cards with participants' secret wishes and ask the other participants to indicate for each wish whether it is: <ul style="list-style-type: none"> » Gender-related—implying that the wish could be fulfilled if the society changed its norms and gender specific role definitions » Sex-related—referring to biologically determined unchangeable factors 	

	<ul style="list-style-type: none"> Finally ask the participants what they can learn from this exercise. To deepen the analysis you can ask the participants why their secret wishes could not be fulfilled. Write their explanations on the flipchart or white board. You can refer to this list of 'influencing factors' when explaining the categories for gender analysis. 	
	ii) Gender analysis	60 minutes
	The facilitator will explain the basics of gender analysis	15 minutes
	<ol style="list-style-type: none"> Gender roles and responsibilities Gender access to and control over resources Gender benefit sharing Gender decision-making 	
	Ask the participants to work in 5 groups and each will try the following different gender analysis tools	20 Minutes
	<ul style="list-style-type: none"> Groups 1 and 2 will cover gender roles and responsibilities <ul style="list-style-type: none"> Who does what (under the three gender roles: reproductive/ domestic, productive and community)? Groups 3 and 4 cover gender access and control over resources <ul style="list-style-type: none"> Who has access to what? Who controls what? Group 5 will cover gender benefit sharing and decision-making <ul style="list-style-type: none"> Who benefits from which income source? Who participates in household and community decision-making and leadership? Each group will present their discussion points in 5 minutes plenary. Following each presentation the participants will be asked what they understood from each presentation. The facilitator will conclude by highlighting the gender imbalance and the need to address those inequalities. 	15 minutes
		10 minutes
Transition	Process learning and transit to the next session	5 minutes
Handout	Handout 2: Basic concepts of gender and gender analysis	
Additional reading material	Gender toolkits (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender.pdf)	

Trainers' guide

Session 4: Basic concepts of HIV/AIDS analysis

Session purpose	The purpose of this session will be to provide an overview of HIV/AIDS disease and the key concepts of HIV/AIDS analysis in rural communities.
Session objectives	At the end of this session participants will be able to: <ul style="list-style-type: none"> • identify an individual's sources of risk of HIV infection, the factors associated with the progression of AIDS, and the factors associated with vulnerability to the impacts of AIDS-related death • identify opportunities to address the epidemic • understand the sources of risk of HIV infection in a rural community • identify indicators of the impacts of AIDS in a rural community.
Session outline	<ul style="list-style-type: none"> • HIV/AIDS pathway • Understanding the dynamics of the disease in rural communities
Materials	<ul style="list-style-type: none"> • Flipcharts • Cards • Pens • Masking tape • Display board
Time	165 minutes

Methods of facilitation

Activity	Time required
<p>Exercise</p> <p>The facilitator will discuss the purpose of conducting HIV/AIDS analysis and will provide the structure for this session.</p> <p>i) HIV/AIDS pathway</p> <p>The facilitator will:</p> <ul style="list-style-type: none"> • Explain the HIV/AIDS pathway using a flipchart (Figure 1, in Handout 3) • Ask the participants for examples of the main means of transmission of HIV and the main symptoms of AIDS-related illnesses • Explain the differences between the drivers of the epidemic and opportunities to address the disease • Ask the participants, in groups, to identify one of the following (Figure 2, in Handout 4) <ul style="list-style-type: none"> » sources of risk of infection » opportunities that help prevent a person from becoming infected » factors that hasten the onset of AIDS-related illnesses and death » opportunities that can prevent or slow down the onset of these illnesses and death » factors that make remaining household members vulnerable to the impacts of an AIDS-related death » opportunities that reduce the vulnerability of remaining household members to the death of a key adult. • ask the participants to report back in plenary; use the pathway to explain the three stages of the epidemic at the community level (AIDS-initiating, AIDS-impending or AIDS-impacted). This information is necessary in order to identify appropriate responses. The next question is to analyse the epidemic at community scale. 	100 minutes

ii) Understanding the dynamics of the disease in rural communities

60 minutes

The facilitator will:

- Explain the importance of understanding the sources of risk of infection and the stage of the epidemic in the rural community in order to make meaningful responses to the HIV/AIDS epidemic
- Compare the HIV prevalence rates between the *woreda*/urban areas and rural areas—the former is much higher than the rural communities, so does it mean that rural populations are not really at risk? Answer—rural populations are at risk because of the role of bridging populations and customs and norms within communities
- Use a schematic map of the rural community and *woreda* hotspots and ask the participants in plenary (or each group to list examples of one of the following (Figure 2, in Handout 4):
- HIV-risky environments in the *woreda*;
- bridging populations (moving from and to rural communities as well as within rural communities);
- norms, traditions and cultures within communities that hasten the spread of the diseases.
- Conclude that living in a rural community is inherently risky, in terms of HIV infection, depending on the age, sex, wealth and livelihood of the individuals
- Discuss the need to use proxies in order to identify the impact of AIDS on a community because of the absence of hard data about prevalence rates and the causes of death recorded on death certificates, and also denial by the community about the presence of the disease (Figure 3, in Handout 4)
- Discuss indicators of an AIDS-infected and impacted community by asking the participants in plenary (or each group to list examples of one of) the following:
 - » as a result of AIDS impacts in a community:
 1. behaviour change and changes in community responses to coping with illness and death;
 2. changes in household composition;
 3. changes in farming and other livelihood practices.

Transition Process learning and transit to the next session

5 minutes

- Handouts
- Handout 3: Understanding the basics of HIV and AIDS
 - Handout 4: Basic concepts of HIV/AIDS analysis in rural communities

Additional reading material HIV/AIDS toolkit (<http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV.pdf>)

Trainers' guide

Session 5: Relationship between gender and HIV/AIDS

Session purpose To understand factors influencing women's vulnerability to HIV/AIDS and how the risk of AIDS infection is influenced by gender roles

Session objective By the end of this session, participants will be able to:

- Describe the factors influencing women's vulnerability to HIV/AIDS
- Understand the relationship between gender and HIV/AIDS

Session outline

- Relationship between gender and HIV/AIDS.

Materials

- Coloured paper
- Flipchart
- Markers

Time 30 minutes

Methods of facilitation

Activity		Time required
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Presentation/talk	Relationship between gender and HIV/AIDS	30 minutes
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The facilitator will:

- Explain the purpose of the session
- Explain all factors and relationships affecting women's vulnerability to HIV/AIDS
- Link how the source of HIV/AIDS risks differs between men and women and point out how women and girls are pre-disposed compared to the risks faced by men and male youth

Handout

- Handout 5: Factors and relationships affecting women's vulnerability to HIV/AIDS

Trainers' guide

Session 6: Impact of gender and HIV/AIDS on agricultural production and marketing

Session purpose	The purpose of this session is to brainstorm a range of ideas regarding the importance of gender and HIV/AIDS issues in the agricultural sector in general and in market-oriented commodity development in particular.
Session objective	At the end of this session participants will be able to: <ul style="list-style-type: none"> • Understand the gender inequalities that exist in the agricultural sector and the risks posed by the HIV/AIDS epidemic. • Appreciate the need to consider gender and HIV/AIDS issues in agricultural development interventions.
Session outline	<ul style="list-style-type: none"> • Group discussion • Presentation
Materials	<ul style="list-style-type: none"> • Flipcharts • Cards • Markers • Masking tape
Time	90 minutes

Activity	Time required
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Group work	The facilitator will:	
	• Explain the objectives of the session	5 minutes
	• Form six groups and introduce the tasks to be allocated to each group	
	• Each group will be given a discussion point on gender or HIV/AIDS, and will be asked to identify the causes and effects of the problem (in order to create a problem tree).	30 minutes
	• Questions for group discussion	
	» How do gender roles and responsibilities contribute to low productivity in agriculture? (Groups 1 and 2)	
» How do gender roles and responsibilities contribute to agricultural marketing inefficiencies? (Groups 3 and 4)		
» How does HIV/AIDS contribute to low agricultural productivity and poor marketing? (Group 5)		
» How does improved agricultural productivity and marketing potentially contribute to the spread of HIV and increase vulnerabilities to the impacts of the disease? (Group 6)		
• The participants will write their ideas on cards and will construct a problem tree. The facilitator will assist the participants to construct a problem tree that help them to realize the cause and the effect relationship of gender roles and responsibilities to agricultural productivity and marketing and for HIV/AIDS.	30 minutes	
• Each group will present their findings in plenary	20 minutes	
Wrap up	• Summarize observations from the presentations.	5 minutes

Additional reading material
Handout 6: Principle of the problem tree

Trainers' guide

Session 7: Tools for gender analysis of agricultural enterprises

Session purpose	The purpose of this session is to expose participants to participatory tools that may be used to collect and analyse gender disaggregated data in agricultural activities.
Session objective	At the end of this session, participants will be able to: <ul style="list-style-type: none"> • Understand and use the participatory tools required to collect gender disaggregated information
Session outline	<ul style="list-style-type: none"> • Wealth ranking • Proportional piling • Tool 1 Review of household economy • Tool 2 Review of technologies and practices in the community • Seasonal calendar • Tools 3 to 5 Gender analysis of agricultural commodities
Materials	<ul style="list-style-type: none"> • Flipchart • Markers • Colour papers • Beans/stones • Ruler • Masking tape • Display board
Time	135 minutes

Activity		Time required
Exercise	<p>i) Wealth ranking</p> <p>The facilitator will:</p> <ul style="list-style-type: none"> • Use role play where participants act as community members • Ask the participants to come up with criteria for categorizing households in the community based on their wealth • Using the criteria agreed upon, ask the group to categorize the community into different wealth categories (for example, rich HHs, middle wealth HHs, poor HHs) • Represent the proportion of each category in the total households using stones or beans. Use proportional piling and convert into percentages • Ask the participants to identify the proportion of FHHs in the community in each wealth group 	35 minutes
	<p>ii) Review of household economy</p> <ul style="list-style-type: none"> • Display tool 1 from gender toolkit on a flipchart and explain how they can use the data from the wealth ranking exercise to fill in template 1 • Go through the template, demonstrating how additional information may be gathered by using probing questions 	25 minutes
	<p>iii) Review of technology and practices in community</p> <p>The facilitator will</p> <ul style="list-style-type: none"> • Display tool 2 from gender toolkit and explain how they can collect data to assess technologies and practices that have been introduced and adopted in the <i>woreda</i> • Go through the template and explain some of the questions presented in the checklist of tool 1 to collect the required information 	15 minutes

	iv) Gender analysis of agricultural commodities and seasonal calendar	55 minutes
	The facilitator will:	
	<ul style="list-style-type: none"> • Ask participants to draw a seasonal calendar of rainfall pattern and illustrate the seasonal activities of the main crop and livestock enterprises of the <i>woreda</i> or PA on a flipchart. • Ask participants to analyse the gender division of labour, access and control of resources and benefits and participation in decision-making for individual arable crops, tree crops and livestock using tools 3, 4, and 5 in gender toolkit, respectively. 	
Transition		5 minutes
Handout	<ul style="list-style-type: none"> • Handout 7: Participatory tools to collect gender disaggregated data 	
Additional reading material	<ul style="list-style-type: none"> • Gender toolkit in Amharic (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender%20(Amharic).pdf) • Example of gender commodity fact sheet 	

Trainers' guide

Session 8: Tools for HIV/AIDS analysis in rural communities

Session purpose	The purpose of this session is to expose participants to tools for HIV/AIDS analysis in a rural community.	
Session objective	At the end of this session participants will be able to:	
Session outline	<ul style="list-style-type: none"> Understand and use participatory tools to collect HIV/AIDS information Identifying HIV/AIDS risk environment and bridging populations (using mapping and tools 1, 2 and 3) HIV/AIDS impact analysis (using proportional piling and tools 4, 5, 6 and 7) 	
Materials	<ul style="list-style-type: none"> Flipchart Markers Beans/stones Ruler Masking tape Display board 	
Time	135 minutes	
Activity		Time required
Exercise	<p>i) Identifying HIV/AIDS risk environment and bridging populations</p> <p>The facilitator will:</p> <ul style="list-style-type: none"> Use role play where participants act as community members Ask the participants to draw the <i>woreda</i> map and locate the HIV hotspot areas on the map Probe why the hotspot areas are considered to be possible sources of HIV infection Ask about bridging populations and record the answers on the map, identifying those people who move from the rural areas to the <i>woreda</i> hotspots, from the urban areas and hotspots to rural communities, and movements within rural communities Display tools 1, 2 and 3 from HIV/AIDS toolkit on a flipchart and show how they can use the data from the mapping exercise to fill in templates 1, 2 and 3, with additional probing questions when necessary. 	60 minutes
	<p>ii) HIV/AIDS impact analysis (changes in household composition)</p> <ul style="list-style-type: none"> Explain what type of information they will collect to see the impact of AIDS in a rural community Ask participants to identify the categories of households that exist in their community (tool 4) Ask them to show the proportion of the households in the community in each category at the present time, using proportional piling Ask them to show the composition of the community 5 and 10 years ago, using proportional piling Ask them the size of the current family in each category and compare it with 5 and 10 years ago. 	35 minutes
	<p>iii) HIV/AIDS impact analysis (changes in farming practice, community responses and behaviour change)</p> <ul style="list-style-type: none"> The facilitator will display tools 5, 6 and 7 in turn and will explain how to ask probing questions to provide relevant information Remind them to use their knowledge and skill of using semi-structured questionnaires. 	35 minutes
Transition		5 minutes
Handout	<ul style="list-style-type: none"> Handout 8: Participatory community mapping 	
Additional reading material	<ul style="list-style-type: none"> HIV/AIDS toolkit in Amharic (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV%20(Amharic).pdf) Example of HIV/AIDS <i>woreda</i> fact sheet 	

Trainers' guide

Session 9: Facilitation skills

Session purpose	The purpose of this session is to highlight how the attitudes and behaviour of professionals affect their relationships and communication with rural people and the required facilitation skills for success
Session objective	At the end of this session, participants will be able to: <ul style="list-style-type: none"> • Discuss how their attitudes and behaviour affect their relationships and communication with rural people • Describe some of the principles of facilitation for successful gender and HIV/AIDS analysis • Demonstrate how to conduct semi-structured interviews.
Session outline	<ul style="list-style-type: none"> • Attitudes and behaviours of professionals • Key expectations for success • How to conduct a semi-structured interview?
Materials	<ul style="list-style-type: none"> • A4 sheets • Cards • Pens • Ruler • Masking tape • Display board
Time	120 minutes

Activity		Time required
Group work	i) Attitudes and behaviours The facilitator will: <ul style="list-style-type: none"> • Introduce the session through: <ul style="list-style-type: none"> » Linking the session with previous sessions and » Post the objectives and session outline • Briefly define attitudes and behaviours • Form five or six groups, using a creative way of group formation. For example, ask participants to write their names and put them in a cap. Mix all the names and ask five or six participants to draw out names randomly to form their groups. • Distribute a picture of animal to each group (such as lion, donkey, tortoise, and giraffe). • Ask participants to list the behaviours of these animals (both good and bad) on cards. • Ask participants to bring all their cards and post them on a wall to sort out good and bad behaviours. • Finally, the facilitator will explain the bad and good behaviours mentioned by the groups in relation to how experts or extension workers should behave with a community and how to handle various types of behaviour within the community. 	50 minutes
Group work	ii) The groups will discuss the following questions What would you do if: <ul style="list-style-type: none"> • A team member has a condescending attitude towards the community and tends to lecture rather than listen? • An official, who has accompanied the team, misrepresents the purpose of the study to the community? • In the meeting, a local leader tries to influence the outcome of the discussion? • During an interview, an informant is unresponsive or reluctant to answer your questions? Each group will report back in plenary	30 minutes
		20 minutes

Group work	<p>iii) How to conduct semi-structured interviews</p> <ul style="list-style-type: none"> • Explain briefly when and why a semi-structured interview (SSI) is used for gender and HIV analysis • Explain the types of questions to be employed in analysing gender and HIV • Divide into pairs, with one person playing the role of interviewer and the other playing the role of a respondent • Give each pair a topic and have the pairs to act out the role play • Give the chance to a few pairs to present their questions <p>Encourage the interviewers to use probing questions and to avoid leading questions</p>	25 minutes
Transition	<ul style="list-style-type: none"> • Handout 9: Facilitation skills for field workers • Handout 11: How to conduct semi-structured interviews 	5 minutes

Trainers' guide

Session 10: Field work preparation

Session purpose	The purpose of this session will be to practice uses of participatory gender and HIV/AIDS tools in the context of market-oriented agriculture development.
Session objective	By the end of this session, participants will be able to: <ul style="list-style-type: none"> • Describe the process of the fieldwork • Prepare in a team to use the gender and HIV toolkits during the fieldwork • Conduct field work in a participatory manner • Apply one or two of the gender or HIV/AIDS tools
Session outline	<ul style="list-style-type: none"> • Process of the fieldwork • Preparation for fieldwork
Materials	<ul style="list-style-type: none"> • Cards • Markers • Masking tape
Time	120 minutes

Activity	Time required
i) Process of the field work The facilitator will explain the session objectives <ul style="list-style-type: none"> • Explain the purpose of the session • Clarify the objective of the fieldwork, expected outcome, and the process • Form five groups (with mixed professional skills and from different Farmers' Training Centres (FTCs), <i>woreda</i> offices) in order to make most effective use of time in the field. Three groups will work on gender and two groups will work on HIV (5 minutes) 	20 minutes
Role play ii) Preparation for fieldwork through role play <ul style="list-style-type: none"> • Ask the participants to sit in their groups. • Distribute the required templates for the group <ul style="list-style-type: none"> » Group 1: Gender analysis on household economy and wealth ranking (tool 1) and seasonal calendar » Group 2: Gender analysis of an arable crop (tools 3 and 2) » Group 3: Gender analysis of a livestock enterprise (tools 5 and 2) » Group 4: HIV risk analysis (tools 1, 2 and 3) » Group 5: AIDS impact analysis (tools 4, 5, 6 and 7) • Inform the groups how to divide the fieldwork tasks among themselves (e.g. who will take the lead on using a specific tool, who will record, who will observe etc.) and provide sufficient time for the participants to share responsibilities among the group members as facilitator, note taker and observant. • Enable participants to practice the tools through role play with other members of their group. 	90 minutes
Handouts <ul style="list-style-type: none"> • Handout 9: Process of the field preparation • Gender tool 1 for group 1 • Gender tools 3 and 2 for group 2 • Gender tools 5 and 2 for group 3 • HIV tools 1, 2 and 3 for group 4 • HIV/AIDS tools 4, 5, 6 and 7 for group 5 	
Additional reading material <ul style="list-style-type: none"> • Gender toolkit in Amharic (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender%20(Amharic).pdf) • HIV/AIDS toolkit in Amharic (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV%20(Amharic).pdf) 	

Trainers' guide

Session 11: Data analysis and interpretation

Session purpose	The purpose of this session will be to develop skills in analysing and interpreting gender and HIV/AIDS data from rural communities.
Session objective	At the end of this session, participants will be able to: <ul style="list-style-type: none"> Analyse and interpret data from a gender perspective Analyse and interpret data from an HIV/AIDS perspective Provide critical feedback on the field work process Review the team's attitudes and behaviour while interacting with the community Examine interaction among team members Suggest ways of improving their facilitation skills in the future
Session outline	<ul style="list-style-type: none"> Data analysis and interpretation Observations on the field work process Presentation
Materials	<ul style="list-style-type: none"> Flipchart Coloured papers Marker Ruler Masking tape
Time	300 minutes
Method of facilitation	

Activity	Time required
<p>Exercise</p> <p>i) Data analysis and interpretation</p> <p>The facilitator will:</p> <ul style="list-style-type: none"> Explain how to analyse and interpret the data collected from field using the gender analysis tools (tools 6, 7 and 8) (20 minutes) Explain how to analyse and interpret HIV/AIDS data collected from field using the HIV/AIDS analysis tools (tools 8 and 9) (20 minutes) Support the field work groups while they conduct data analysis and interpretation (120 minutes) 	160 minutes
<p>ii) Observations on field work process</p> <p>The facilitator will explain the objectives of the session and explain how they are going to evaluate the field work process</p> <p>Ask participants to score the team's facilitation skills out of 10 (1 = low, 10 = high) and give reasons for their score, with reference to the following questions:</p> <ul style="list-style-type: none"> How was the interaction among team members before, during and after the meeting with the community? What was the level of participation of men and women during the discussion with the community? How did you encourage the quieter community members to participate? How did you manage dominant talkers? How was the interaction between the team and the community? How can you improve your facilitation skills? 	30 minutes
<p>iii) Presentation</p> <ul style="list-style-type: none"> Each group will present their findings (10 minutes per group) and their observations on the field work process (5 minutes per group) Feedback and discussion (30 minutes) 	105 minutes

Transition	Process learning and linkage to the next session	5 minutes
Additional reading material	<ul style="list-style-type: none">• Gender analysis template of tools 6, 7 and 8• HIV/AIDS analysis template of tools 8 and 9• Gender toolkit (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender.pdf)• HIV/AIDS toolkit (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV.pdf)	

Trainers' guide

Session 12: Brainstorming of ideas for gender and HIV/AIDS responses

Session purpose	To brainstorm a range of agriculturally-related activities for gender and HIV/AIDS responses.
Session objectives	At the end of this session participants will be able to: <ul style="list-style-type: none"> • identify a range of activities to mainstream gender into the day-to-day activities of extension staff • identify a range of activities to mainstream HIV/AIDS into the day-to-day activities of extension staff
Session outline	<ul style="list-style-type: none"> • Brainstorming of ideas for gender responses • Brainstorming of ideas for HIV/AIDS responses
Materials	<ul style="list-style-type: none"> • Flipcharts • Cards • Markers • Masking tape
Time	105 minutes

Activity		Time required
Group work in pair	<p>i) Brainstorming of ideas for gender responses</p> <p>Explain the purpose of the session:</p> <p>Distribute cards with questions either about gender or HIV/AIDS to the participants (one card per pair) (see plates 5 and 6 in annex 2)</p> <ul style="list-style-type: none"> • <i>Under the main question of WHAT CAN I DO AS AN Extension agent/ Health Extension Worker/District staff TO.....;</i> <ul style="list-style-type: none"> »increase participation of women at training »empower women economically »increase visibility of women »reduce women's workload »increase farmers' access to information about HIV/AIDS »increase traders', middlemen's, transporters' and casual labourers' access to information about HIV/AIDS »reduce farmers' movement to market produce »encourage farmers, labourers to manage their earnings »promote enterprises suited to resources of PLWHA and their HHs »help PLWHA and their families • Ask the participants to brainstorm together (buzz groups) for 10 minutes about the question and record their answers on separate cards (one idea per card) • In plenary, call on participants to contribute their ideas • Add in additional ideas identified by IPMS and other organizations • Distinguish between meeting practical and strategic gender needs. 	45 minutes
	<p>ii) Brainstorming of ideas for HIV/AIDS responses</p> <ul style="list-style-type: none"> • As a continuation in plenary, call on participants to contribute their ideas of HIV/AIDS responses • Add in additional ideas identified by IPMS 	55 minutes
Transition	Process learning and linkage to the next session	5 minutes

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- Handouts
- Handout 12: Ideas for agriculturally-related activities for gender and HIV/AIDS responses
 - IPMS gender ideas sheet
 - IPMS HIV/AIDS ideas sheet

- Additional reading material
- IPMS HIV/AIDS *woreda* fact sheet
 - IPMS HIV/AIDS posters
 - IPMS gender commodity sheets
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Trainers' guide

Session 13: Preparation of action plans

Session purpose	The purpose of this session will be to prepare implementable action plans at FTC and <i>woreda</i> levels.
Session objective	At the end of this session participants will be able to: <ul style="list-style-type: none"> • Prepare an action plan using gender and HIV/AIDS mainstreaming opportunities in agriculture • Integrate gender and HIV/AIDS into their day-to-day activities
Session outline	<ul style="list-style-type: none"> • Action plan preparation • Presentation of action plans
Materials	<ul style="list-style-type: none"> • Flipchart • Coloured papers • Marker • Ruler • Masking tape
Time	245 minutes

Activity		Time required
Exercise	i) Action plan preparation The facilitator will: <ul style="list-style-type: none"> • Explain the gender and HIV/AIDS action plan format (20 minutes). • Group the participants by FTC to prepare an action plan (10 minutes) • Distribute the gender and HIV/AIDS matrix for action plan preparation for each group and let the group to prepare action plan at FTC level (2 hours) 	150 minutes
	ii) Presentation <ul style="list-style-type: none"> • Presentation of gender and HIV action plans in plenary (10 minutes per group—approximately 1 hour in total) • Group discussion on the presentation (20 minutes) • Explain the need to consider gender and HIV/AIDS mainstreaming opportunities during any action planning activity (10 minutes) 	90 minutes
Transition	Process learning and linkage to the next or previous session	5 minutes
Handout	<ul style="list-style-type: none"> • Handout 13: Action planning 	
Additional reading material	<ul style="list-style-type: none"> • Gender action planning matrix • HIV/AIDS action planning matrix • Gender toolkit in Amharic (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20Gender%20(Amharic).pdf) • HIV/AIDS toolkit in Amharic (http://www.ipms-ethiopia.org/content/files/Documents/Training%20Materials/Toolkit%20-%20HIV%20(Amharic).pdf) 	

Trainers' guide

Session 14: Monitoring the action plans

Session purpose	The purpose of this session will be to develop skills to monitor the action plans prepared at FTC and <i>woreda</i> levels.
Session objectives	At the end of this session participants will be able to: <ul style="list-style-type: none"> • Ensure the gender and HIV/AIDS activities are implemented as planned and as per agreed schedules • Identify the gender and HIV/AIDS indicators to be monitored • Identify which approaches and tools helped to reach out to women and address HIV/AIDS issues • Document the extent to which the gender and HIV/AIDS is addressed • Make appropriate adjustment or correction if things are not proceeding in the right/intended way • Document lessons learnt for the future for addressing both men and women equally.
Session outline	<ul style="list-style-type: none"> • Setting up monitoring system • Presentation
Materials	<ul style="list-style-type: none"> • Flipchart • Coloured papers • Marker • Ruler • Masking tape
Time	105 minutes

Activity		Time required
Exercise	i) <i>Setting up monitoring system</i>	40 minutes
	The facilitator will:	
	<ul style="list-style-type: none"> • Explain how the gender and HIV/AIDS action plan will be monitored using: <ul style="list-style-type: none"> » Gender and HIV/AIDS sensitive indicators » Instruments and tools to ensure that women and HIV/AIDS infected and affected HHs are participating and benefiting from interventions » Documenting and reporting the process and the accomplished activities • Continue to work with the action plan groups for group exercise • Select one best action plan for gender and HIV/AIDS and post them on the wall/flipchart stand • Ask all groups to work with the same action plan but different tasks (one or two groups work on one question depending on the number of groups there) <ul style="list-style-type: none"> » What are the gender and HIV/AIDS indicators in the action plan posted? » What approaches or tools will increase women participation? » What approaches or tools will assist in addressing HIV/AIDS in market-led development interventions? 	20 minutes
		20 minutes

	ii) Presentation	65 minutes
	<ul style="list-style-type: none"> • Presentation of their findings in plenary (5 minutes per group—approximately 30 minutes in total) • Group discussion on the presentation (10 minutes) • The facilitator will: <ul style="list-style-type: none"> » Indicate the logical relationship of gender and HIV/AIDS planning and monitoring through indicators and tools and approaches that can be used in achieving the planned activities and outputs » Highlight any important indicators, tools and approaches that might have been missed during action planning • Finally assist the participants to agree on a time <ul style="list-style-type: none"> » to submit the final version of action plan to the OoARD and respective organization » to report progress against the target and plan. 	40 minutes
		20 minutes
Transition	Process learning and linkage to the next session	5 minutes
Handout	<ul style="list-style-type: none"> • Handout 14: Integrating gender and HIV/AIDS into monitoring and evaluation 	
Additional reading material	<ul style="list-style-type: none"> • Annex 1: IPMS gender and HIV/AIDS monitoring matrix 	

Trainers' guide

Session 15: Wrap up and way forward

Session purpose The purpose of this session is to evaluate the course with respect to its various dimensions in order to provide feedback to organizers and facilitators.

Session objective At the end of this session participants will be able to:

- List some of the main lessons learned about the process of the training
- List some of the main lessons learned about the content of the training
- Suggest ideas to improve subsequent training

Session outline

- Evaluation of the course
- Wrap up and way forward

Materials

- Cards
- Markers
- Masking tape

Time 60 minutes

Activity	Time required
Individual work	
i) Evaluation of the course	30 minutes
<ul style="list-style-type: none">• Ask participants to reflect on:<ol style="list-style-type: none">1. Three most important lessons learnt from the content of the training2. Three most important lessons learnt from the process of the training3. Suggestions to improve the training• Invite two or three participants to give their feedback about the content of the training• Invite two or three participants to give their feedback about the process of the training• Invite two or three participants for their ideas to improve subsequent training• Collect all the ideas in three separate envelopes (one for each topic) and analyse once the training has finished• Present the findings in the workshop report	
ii) Wrap up and way forward	30 minutes
<ul style="list-style-type: none">• Thank the participants, facilitators, organizers and other supporters• Invite the organizers to reflect on the training• Offer certificates to the participants• Finally invite the official representative to deliver the closing speech	

Handouts

- Handout 1: Workshop objectives
- Handout 2: Basic concepts of gender and gender analysis
- Handout 3: Understanding the basics of HIV and AIDS
- Handout 4: Basic concepts of HIV/AIDS analysis in rural communities
- Handout 5: Factors and relationships affecting women's vulnerability to HIV/AIDS
- Handout 6: Principle of the problem tree
- Handout 7: Participatory tools to collect gender disaggregated data
- Handout 8: Community mapping
- Handout 9: Facilitation skills for gender and HIV/AIDS mainstreaming
- Handout 10: Process of the fieldwork
- Handout 11: How to conduct semi-structured interviews
- Handout 12: Brainstorming ideas for agriculturally-related activities for gender and HIV/AIDS mainstreaming
- Handout 13: Action planning
- Handout 14: Integrating gender and HIV/AIDS into monitoring and evaluation systems

Handout 1 Workshop objectives

Workshop objectives

Purpose

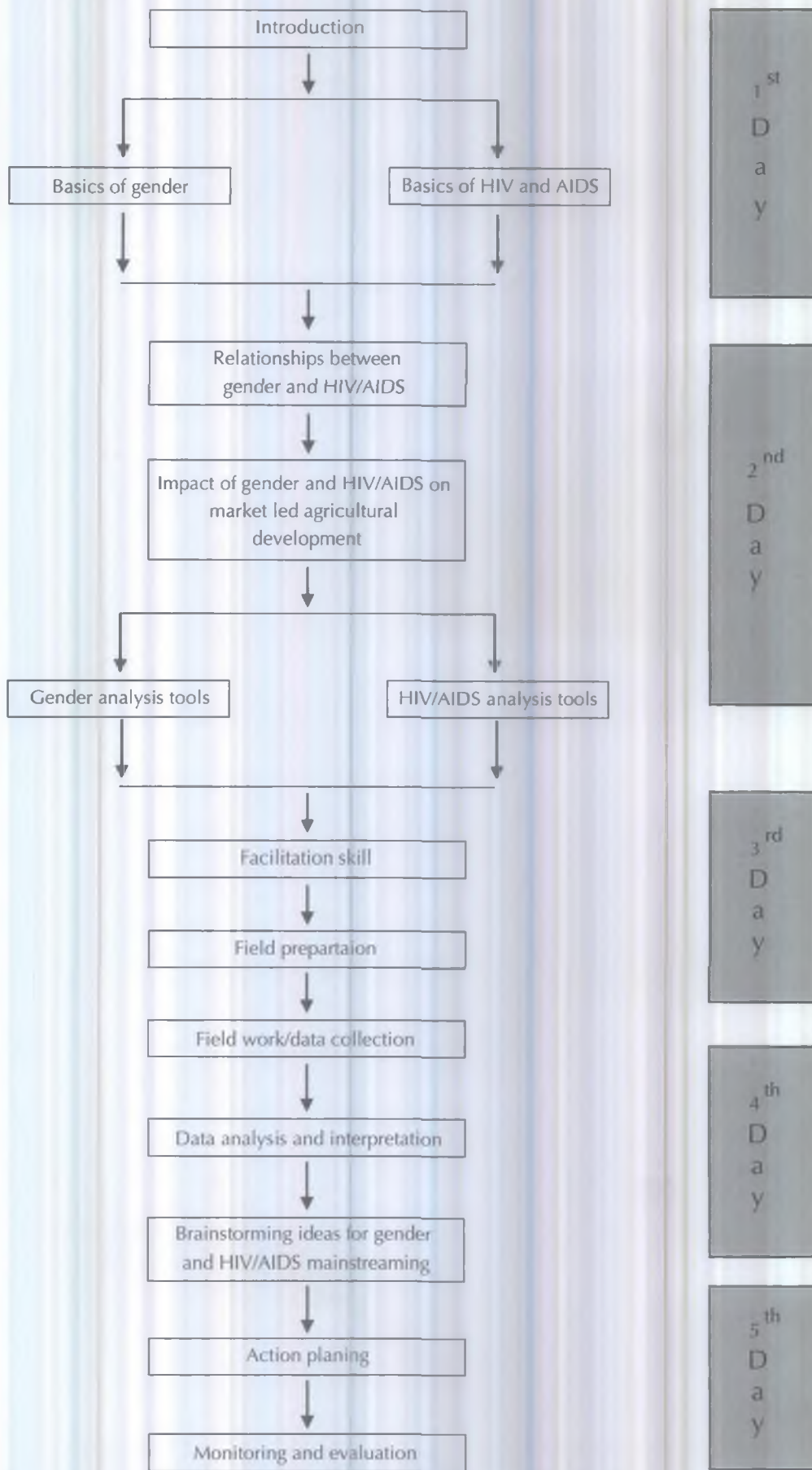
To develop capacity and practical skills of frontline staff to integrate gender and HIV/AIDS perspectives into market-led agricultural development interventions and their day-to-day activities of rural development.

Objectives of the workshop

To expose the participants to:

- the basic concepts of gender in the context of agriculture
- the basic concepts of HIV/AIDS in the context of agriculture
- techniques and tools used to collect gender disaggregated information in rural communities
- techniques and tools used to collect information on the risk of HIV infection and vulnerability to the impacts of AIDS in rural communities
- methods for analysis and interpretation of gender and HIV/AIDS data
- skills to develop a gender and HIV/AIDS action plan
- skills to integrate gender and HIV/AIDS considerations in their day to day activities.

Workshop program



How to write on cards

- Write only one idea per card so that clustering of ideas is possible
- Write only three lines on each card and form blocks of words
- Use key words instead of full sentences
- Write large letters in both upper and lower case
- Learn to write legibly and use the broader side of the marker, not the point
- Use different sizes, shapes and colours of cards creatively.

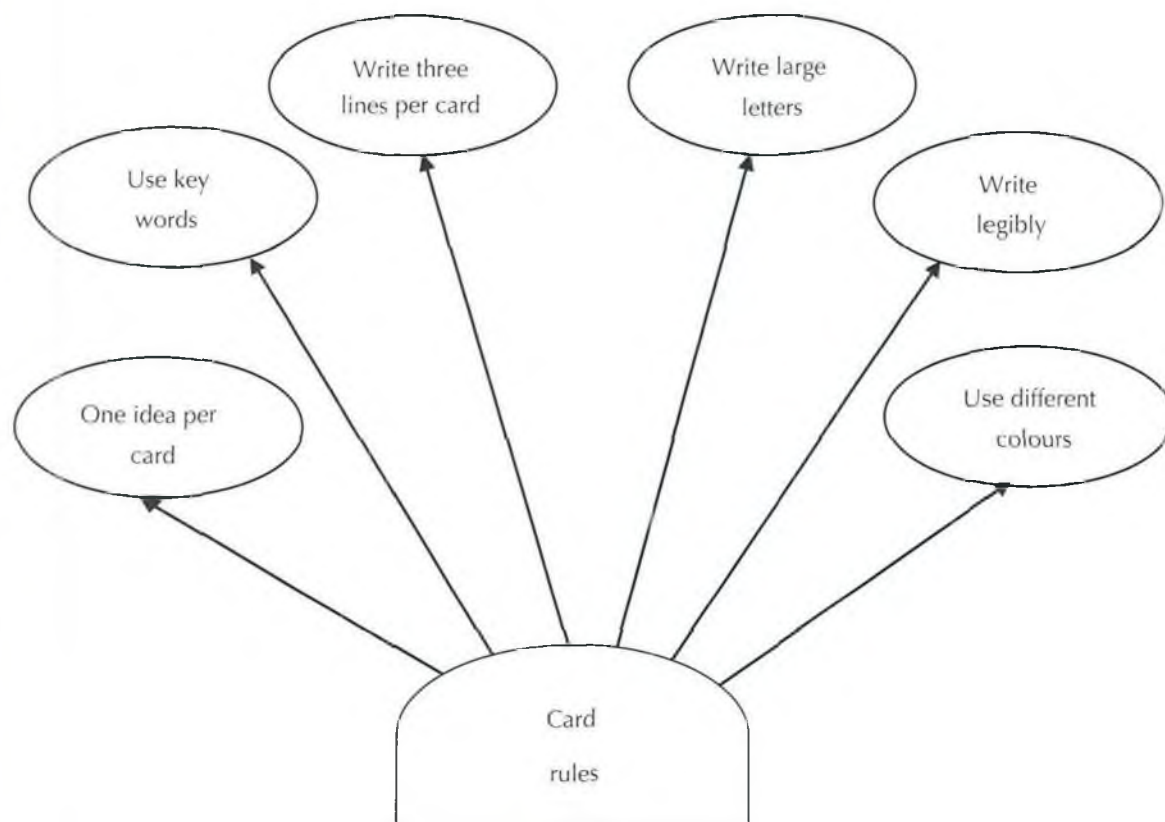


Figure 1. How to write on cards.

Mood meter

It is a tool on which participants could express their feeling about the training workshop. Participants are requested to mark what they felt during the training at the end of the day or half a day on the labelled feeling. It helps the facilitators obtain participants feedback and make necessary adjustment or keep up on their way of delivering the training based on participants' reaction. Ideally, it should be posted near the exit of the meeting hall where everyone can access it easily and express their feeling freely.

Mood meter	Monday		Tuesday		Wednesday		Thursday		Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Very happy 										
Happy 										
Indifferent 										
Not happy 										

Figure 2. Mood meter matrix for the participants.

Handout 2 Basic concepts of gender and gender analysis

Gender vs. sex

Sex identifies the biological differences between men and women. Gender identifies the social relations between men and women. Gender relations are contextually specific and often change in response to altering economic circumstances.

Sex	Gender
Biological	Socially constructed set of roles and responsibilities
Born with	Not born with
Natural	Learned
Universal	Cultural
Cannot be changed	Can be changed
No variation from culture to culture or over time	Variation from culture to culture and over time
Example: Only women can give birth	Example: Women able to do traditionally male jobs

Figure 1. Difference between sex and gender.

Gender analysis

Gender analysis helps understand the needs, opinions and goals of both genders so that they can be integrated effectively into a project or development intervention. Gender analysis often focuses around addressing the following questions:

The WHO Questions:

- Who participates?
- Who makes decisions?
- Who bears the burden?
- Who does what sort of work or has a specific role?
- Who uses the resources?
- Who controls the resources?
- Who benefits?

The triple gender roles

The division of labour in society illustrates both biological and gender differences. In most low income countries, women have triple roles, reproductive (household), productive and community. Men primarily undertake productive and community activities.

Reproductive role: This includes child-bearing responsibilities and domestic tasks done by women, required to guarantee the maintenance and reproduction of the labour force. It includes not only biological reproduction but also the care and maintenance of the work force (male partner and the working children) and future work force (infants and school-going children).

Productive role: work done by both women and men for payment in cash or kind. It includes both market production with an exchange-value, and subsistence/home production with actual use value, and also potential exchange-value. For women in agricultural production this includes work as independent farmers, peasants and wage labourers.

Community managing role: activities primarily taken by women at the community level are often an extension of their reproductive role, to ensure the provision and maintenance of scarce resources of collective consumption, such as water, health care and education. This is unpaid work undertaken in their free time.

Community political role: activities undertaken primarily by men at the community level, organized at the formal political level, often within the framework of national politics. This work is usually remunerated, either directly or indirectly, through status or power.

Gender access to, control over resources and benefits

In general the distinction between access and control is significant. Access represents the right to use a resource or benefit whilst control represents the right to make decisions about the use of a resource or benefit. Thus a woman may have the right to use family labour to assist with weeding but her husband decides who will help her and when the labour is available.

Men and women do not have the same access or control over productive resources or benefits that accrue from them. This gender-based inequality can have implications for the design and implementation of development interventions. In doing gender analysis, planners therefore need to obtain information about the gender-based patterns of access to and control over resources and benefits in the given community. The resources and benefits profile is a tool to help identify these gender-based patterns:

- What resources do men and women have to work with?
- Who uses/owns/controls each of these resources? Who is excluded from use/ownership/control?
- What decisions do men and women make: in the household? In the community?

Gender participation in decision-making

Decision-making takes place at the household, community and enterprise level. The ability of women to participate in, and shape the outcome of, decisions strengthens their voice and ensures their views are taken into account. If they are inadequately represented in this process, it is likely that their needs and priorities will be overlooked.

This handout introduces the basic facts about the HIV/AIDS epidemic by explaining the relationship between HIV and AIDS, identifying sources of infection and ways in which the disease is not transmitted, and describing the lifecycle of the disease for an individual and his or her family.

What is HIV and how do people become infected?

HIV causes AIDS, a disease that destroys a person's immune system. There are no clear symptoms of HIV infection but an infected person can pass on the virus to others.

The main sources of infection are through:

- unprotected sex with an infected person;
- contact with contaminated blood or other body fluids (such as semen and vaginal secretions) (for example, by sharing contaminated skin piercing instruments such as injecting needles, razor blades and safety pins, or open cuts and wounds, or by *transfusion with infected blood*); or
- from mother to child (during pregnancy, at delivery or during breast-feeding).

The meaning of HIV

Human: human beings

Immuno-deficiency: a weakening in the body's immune system—the white blood cells—to fight diseases and other infections

Virus: an infectious organism that multiplies and destroys human body cells

What is AIDS?

AIDS is the final stage of the infection. As HIV slowly *damages the immune system*, the body's ability to fight off diseases and other infections is weakened. Eventually an infected person suffers from a combination of illnesses which results in his/her death.

AIDS symptoms typically include rapid weight loss, dry cough, diarrhoea lasting more than a week, recurring fever, swollen lymph glands, skin rashes, memory loss, depression, dementia and severe chronic fatigue.

Take note: these symptoms are similar to those associated with other illnesses so it is not possible to rely on these alone to determine whether someone has AIDS.

Who can be infected with HIV?

Everyone is potentially at risk from HIV infection and the disease is found in all races, nationalities and age groups. People are especially at risk if they practice high-risk behaviour, have risky-lifestyles or live in potentially risky environments which may expose them to the virus through unprotected sex, or infected blood and body fluids. However, HIV infection is preventable and a few precautions reduce the risk of infection even for those in high-risk groups.

The meaning of AIDS

Acquired: the virus is passed on from an infected person

Immune Deficiency: a weakening in the body's immune system to fight off diseases

Syndrome: a group of health problems that occur together or one after another but are all part of the same underlying medical condition

Ways in which HIV is NOT transmitted

HIV is a very fragile virus. People living with HIV/AIDS (PLWHA) do not pose a threat to others in the community during casual, day-to-day activities and contacts. The virus is not spread through casual contact with infected people such as: shaking hands, hugging, sitting together or playing; sharing toilet or bathroom facilities; sharing dishes, utensils or food; eating food bought at the market from someone who is HIV-positive; wearing clean clothes which have been worn by a person living with HIV; through sneezing, coughing or insect bites; or witchcraft.

Absence of cure

The ABC of prevention

Abstain: stop having sex

Be faithful: keep to one uninfected partner who should also be faithful

Condoms: use condoms correctly every time during sexual intercourse

There is no traditional or scientific cure for HIV and AIDS. However, there are steps which HIV-infected people can take to delay the onset of full-blown AIDS and reduce the vulnerability of themselves and their families to the impacts of AIDS.

How can people act responsibly in the era of HIV/AIDS?

Responsibility to one's self: Since there are no clear symptoms of HIV infection, it is only by having an HIV test that someone knows his or her HIV status. Early detection not only enables an infected person to safeguard others from infection but also improve the quality of his or her own life. People with HIV can help themselves stay healthy by avoiding stress, resting and taking exercise, improving their diet, avoiding cigarettes, drugs and alcohol, and following good hygiene practices. They should avoid re-infecting themselves by always practising safe sex even with another HIV-positive person (since re-infection may accelerate the onset of AIDS).

Responsibility to others: HIV-positive people should ensure that other people do not come into contact with their blood or other body fluids and should always practice safe sex. Those living or working closely with HIV-positive people should take care not to expose PLWHA to infections (such as colds, flu or other viruses) which their weakened immune systems are less able to withstand. PLWHA need support, encouragement and respect; they should not be marginalized or discriminated by their community.

Voluntary counselling and testing (VCT) services

The only way to be sure if one has HIV is to be tested. The test should be accompanied by counselling, to provide (i) information about the test; (ii) advice about how individuals may protect themselves from infection if they have negative test results; and (iii) for those with positive test results, advice about how an infected person may protect others from infection, and their own care and treatment options.

What is the lifecycle of the disease for an individual and the household?

An individual passes through three stages between infection and death (in the absence of anti-retrovirals (ARVs)). This process may spread over a period of up to 8 to 10 years. The stages are described below and illustrated in Figure 1:

- HIV-infected but not yet affected: After a person becomes infected with HIV, he or she can spend a number of years looking and feeling healthy and strong. This stage is very risky for the spread of the disease because an infected person can pass on the virus to others without knowing they are doing so, through unprotected sex or sharing unsterilized skin piercing instruments. Good nutrition and medical treatment can slow down the rate at which HIV weakens the immune system. This stage, without any symptoms, may last between six to eight years.
- HIV-infected and affected: The infected person starts becoming sick with opportunistic infections, such as tuberculosis, pneumonia, viral and fungal infections, which take advantage of the body's weakened immune system. As these illnesses become more frequent and persistent, the patient suffers from chronic fatigue. Medical treatments can prevent or cure some of the illnesses associated with AIDS. Household resources are diverted into patient care, involving not only the time of other household members to tend to the sick but also financial resources for medical treatment. The ability of someone suffering from AIDS-related illnesses to carry on with their normal lives depends on the extent to which physical strength and visual appearance is important. Once the person has full-blown AIDS, life expectancy is two to three years.
- AIDS-related death and impact on other household members: Immediately following the death of an infected person, many households observe funeral and mourning rites. This can be a time-consuming and expensive process, further draining a household's limited resource base. If the deceased had a spouse, it is very likely that the spouse is also infected and it is only a matter of time before he or she becomes sick. A household may remain in a state of being infected and affected for several years. Many households struggle to survive the death of key household members, particularly in communities where the property inheritance system is weak or characterized by property grabbing by relatives of the deceased.

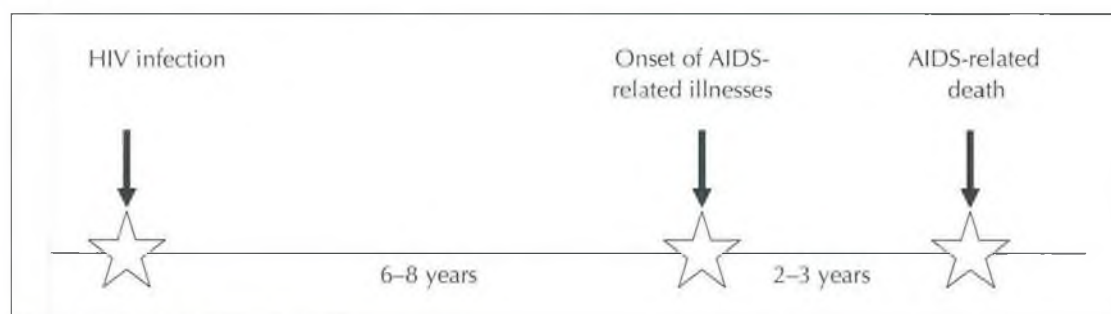


Figure 1. Individual HIV/AIDS timeline.

Why is stigma so harmful?

Stigma is very common, particularly in rural communities where there are many misconceptions and misunderstandings about how the disease is transmitted. Many people fear all forms of contact with PLWHA even though normal daily activities are not a source of infection. Stigma has devastating consequences not just for the infected but also for their families and the wider community. People who may be infected are reluctant to have an HIV test and to tell others of their status. As a result, the disease continues to spread and PLWHA delay in seeking appropriate health care. It is essential to end

the silence and secrecy surrounding the disease by creating more openness, less stigma and a more supportive environment for HIV-infected and affected women and men.

Tips on dealing with stigma and discrimination during fieldwork

- Be tactful and sensitive to PLWHA and their families
- Avoid language or behaviour which may offend or hurt them
- Avoid stigmatizing or discriminating actions or language with others
- Include PLWHA and their families in community discussions
- Ask local HIV/AIDS specialists to assist with the community meeting
- Increase community understanding about the basic facts of the disease.

Handout 4 Basic concepts of HIV/AIDS analysis in rural communities

This handout introduces the basic concepts of HIV/AIDS analysis in rural communities. It explores the sources of risk of HIV infection, both for an individual and at community level, and identifies indicators of the impacts of AIDS.

Why undertake HIV/AIDS analysis?

Many people want to do something in their work to address the HIV/AIDS epidemic but are unclear what to do. In order to identify appropriate responses to addressing HIV/AIDS in agricultural development initiatives, they need to be matched to the stage of the epidemic in a community. In circumstances where HIV/AIDS data are not readily available, such as many rural communities, it is necessary to:

- identify the extent to which the rural community is at risk of HIV infection; and
- determine whether the community is already impacted by AIDS.

What is an individual's HIV/AIDS pathway?

Before examining the sources of risk at community level, it is useful to examine the nature of the HIV/AIDS disease for an individual. This may be represented diagrammatically in the form of the HIV/AIDS pathway (Figure 1). The pathway assists in identifying what makes individuals more or less likely to become infected with HIV and what makes them more or less vulnerable to the impacts of AIDS. The pathway has three gates:

- Gate 1: HIV infection (see handout 'understanding the basics of HIV/AIDS' for the principal sources of infection)
- Gate 2: AIDS-related illnesses (see handout 'understanding the basics of HIV/AIDS' for typical symptoms—chronic illness, weight loss)
- Gate 3: AIDS-related death.

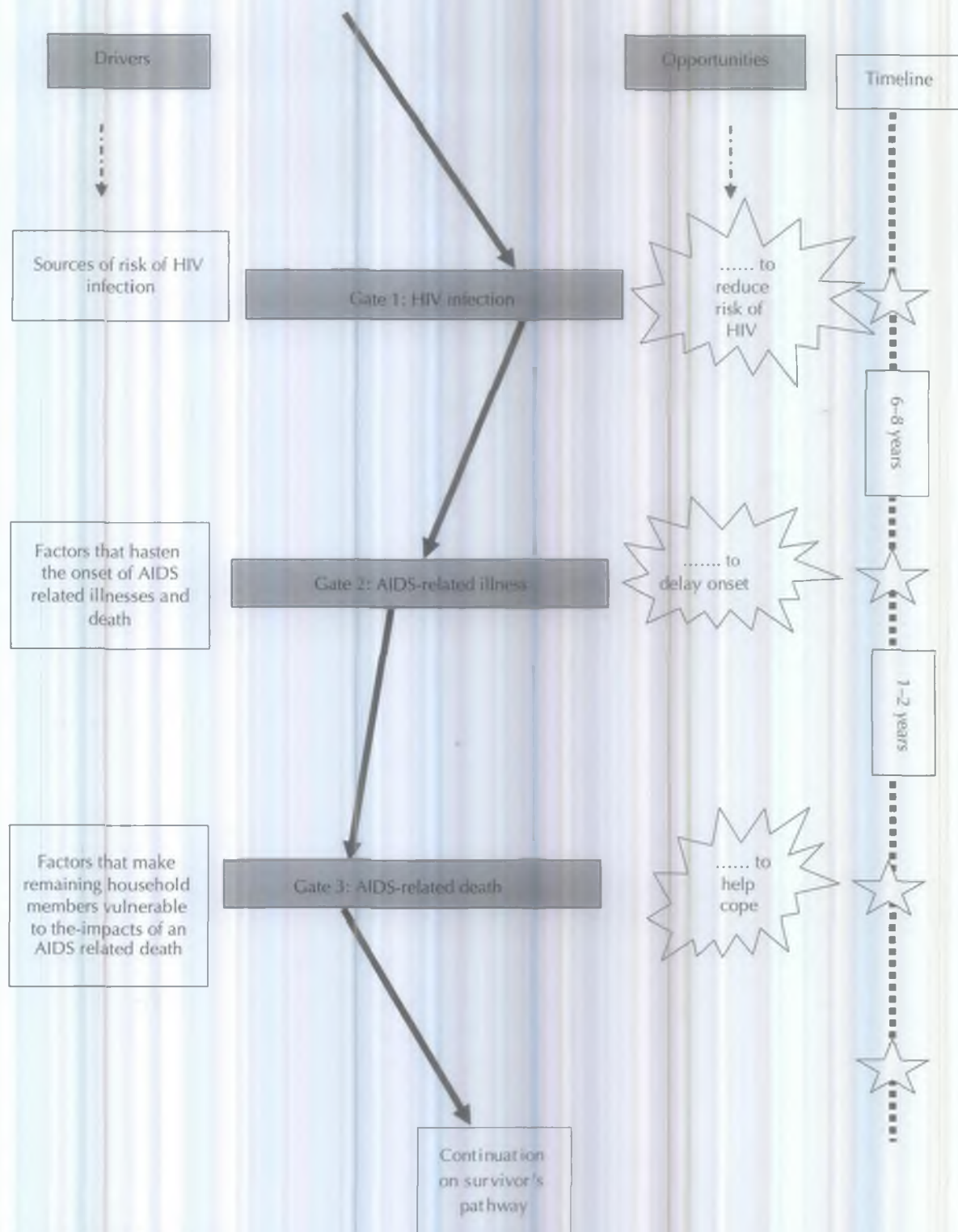


Figure 1. HIV/AIDS pathway.

In the absence of any care and treatment, including anti-retroviral therapy, it takes the following times to move between the gates:

- Gates 1 to 2: on average 6–8 years
- Gates 2 to 3: on average 1–2 years.

Entrance through gate 1 is an irreversible step, which will inevitably arrive at the second and third gates at some time in the future, even though the journey may take place over 6 to 10 years (or longer,

with effective anti-retroviral therapy). The rate at which individuals pass along the pathway, or even commence the journey, depends on a number of factors.

What are the drivers of the epidemic?

There are three groups of drivers:

- factors that put people at risk of HIV infection (largely through unprotected sex with an infected person), such as poverty, mobility, displacement from the family, lack of social cohesion, excessive alcohol consumption and cultural practices;
- factors that hasten the onset of AIDS-related illnesses and death, such as re-infection with HIV virus, household composition, weak household asset base, limited diversity of livelihood strategies, and stigma and discrimination;
- factors that increase vulnerability of surviving household members to the impacts of AIDS, such as sex and age of the remaining household head, household composition, strength of the household asset base, asset ownership, diversity of livelihood strategies and stigma and discrimination.

What opportunities are there to address the epidemic?

The purpose of HIV/AIDS interventions is to do one of the following:

- to avoid entering gate 1 by giving people the life skills to enable them not to become infected with HIV through raising awareness and understanding of HIV/AIDS, behaviour change communication, availability and use of health services, treatment of sexually transmitted infections, condoms and empowerment;
- to slow down progress to gate 2 by finding ways to delay the progression of the infected person towards AIDS-related illnesses and death through behaviour change communication, improving the nutritional status, labour saving technologies, care practices, health care services, access to ARVs and community safety nets; and
- to help surviving household members cope and adjust to life after the death of a key adult members (beyond gate 3) by strengthening their access and control over assets, developing livelihood skills, and strengthening safety nets.

How can we use the pathway to analyse gender differences of HIV/AIDS?

The pathway can be used to identify the differing vulnerabilities of women and men to the epidemic:

- Women are at greater risk of infection because of biological, social, economic and cultural reasons. They also tend to have more limited access to opportunities to reduce their risk of infection (such as sources of information, economic empowerment, negotiating power for safe sex, use of condoms).
- Women tend to be more vulnerable to the onset of AIDS-related illnesses because they often have more limited access to treatment, especially if financial resources are required. They are also at risk by caring for others who are living with HIV/AIDS, if they have incomplete knowledge about safe care practices.
- Women are often more vulnerable to the impacts of the death of their spouse, especially if household assets have been depleted during illnesses or are snatched by relatives. The household livelihood may be at risk if women have not had opportunities to develop the appropriate skills and have access to the necessary resources.

The pathway can also be used to identify opportunities to reduce women's risk of infection and vulnerability to the impacts of the disease.

What are the stages of the epidemic that a community may pass through?

- AIDS initiating: the HIV prevalence rate is low at present but is expected to rise in the near future due to the presence of HIV-risky environments and bridging populations, and norms and traditions within the community;
- AIDS impending: the HIV prevalence rate is already high (based on data and observed behaviour) but the community is not yet heavily impacted by AIDS-related illnesses and deaths; and
- AIDS impacted: the HIV prevalence rate is high and households and the community are already impacted by AIDS-related illnesses and deaths.

These stages may be represented on the HIV/AIDS pathway. If a community is at the initiating stage, most of the community members are before gate 1; at the impending stage, a significant number of the community will already be infected and progressing towards gate 2; if there are many AIDS-related deaths, the community is already beyond gate 3.

How do we know what stage of the epidemic a community has reached?

- (i) Understand whether the community is at risk of HIV infection by identifying the potential sources of risk of HIV infection
- (ii) Understand whether the community is already experiencing the impacts of AIDS by identifying indicators of impact.

What are the sources of risk of HIV infection in rural communities?

There are three sources of risk of infection in rural communities:

- potentially HIV-risky environments or hotspots in and around each *woreda*;
- bridging populations comprising people who are at higher risk and that provide substantial links with other subpopulations who have lower risk behaviour; and
- cultural traditions and practices which may hasten the spread of the disease once it is present in rural communities.

The interrelationships between these three components and the rural community are presented in Figure 2. It is also important to be aware of risks of infection specifically associated with agricultural production and marketing.

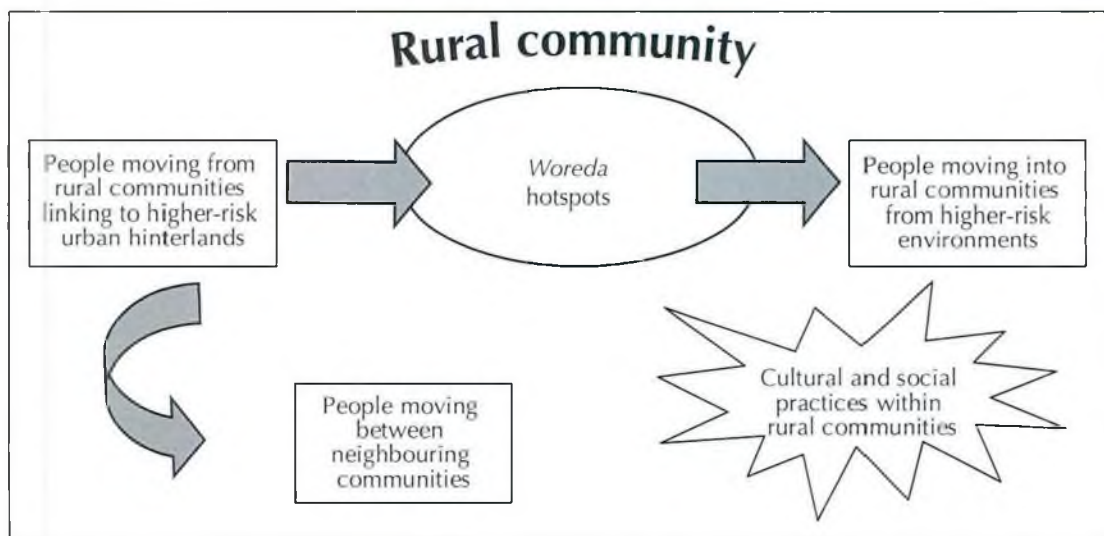


Figure 2. Inter- and intra-linkages between rural communities and urban hinterland.

What are HIV-risky environments?

HIV-risky environments are not only urban phenomena but also exist within rural communities, drawing people together from a wide hinterland and often requiring them to spend time unaccompanied away from home. Some hotspots are present in all *woredas*, such as administrative centres, trading and market centres, secondary schools and colleges, and centres of employment. Other risky environments tend to be site specific, such as major road and rail routes, sizeable construction works, commercial farms etc.

Who are the bridging populations?

There are three types of bridging population who may link low prevalence rural areas with higher prevalence communities (see Figure 2):

- Adults and the youth who link their rural communities to higher-risk urban hinterlands for employment, education or social reasons. Since these activities take place away from home and the confines of community norms, the lack of social cohesion and anonymity may be a contributory factor, which encourages them to engage in activities outside their social norm.
- People from outside who may carry the virus into rural communities. This includes professionals working and residing in rural communities who are often unaccompanied by their families, seasonal labourers, politicians, the military, commercial sex workers, construction workers, transporters, traders, agro-pastoralists, relatives, visitors, refugees, displaced people and resettlement farmers.
- People moving within and between neighbouring rural communities, on activities associated with daily living, attending to administrative matters and social affairs.

What norms, traditions and cultural practices contribute to the spread of HIV?

Once the virus is present within a rural community, cultural and social practices may contribute to its spread between people. Such practices potentially placing people at risk from HIV infection differ widely between communities and between regions. They may be classified according to whether they result in having:

- unprotected sex with an infected person: forms of marriage, extramarital affairs, multiple sex partners, abduction, use of condoms, chat chewing and alcohol consumption, widow inheritance, lack of understanding, limited use of condoms;
- contact with contaminated body fluids: harmful traditional practices, lack of understanding about the disease; and
- mother to child transmission: lack of understanding, lack of appropriate medication or medical treatment.

What are the indicators of AIDS impacts in the community?

One of the greatest challenges of working in many rural communities is that HIV/AIDS data are relatively scarce. In the absence of hard data on AIDS-related illnesses and deaths in the community, it is necessary to look for proxies to provide insights regarding the extent to which communities have already been impacted by AIDS. It should be noted that these changes may also reflect causes other than AIDS.

- Reported behaviour change: reduction in the number of multiple sex partners by decreasing extramarital affairs, the use of prostitutes and the incidence of polygamous marriages; ceasing to remarry divorcees, widows or widowers; avoiding unnecessary overnight stays away from home; ceasing to share razor blades; abstaining from sex before marriage; establishing one-to-one partnerships; taking pre-marriage HIV/AIDS tests.
- Changes in composition of households in community: increase in the number of households headed by women, single men, orphans and grandparents.
- Changes in farming practices and livelihoods: reduction in the area cultivated per household; increase in fallow land; change to less-labour intensive livelihood activities (e.g. less labour-intensive crops or livestock); change in the division of labour between household members; and the use of reciprocal labour groups and labour sharing.
- Changes in community response to coping with epidemic: care offered to PLWHA, modification of traditional burial activities to reduce the duration and burden on remaining household members.

Which households are most vulnerable to the impact of AIDS?

The impact varies according to sex and the age of the PLWHA, the nature of the livelihood and household wealth. The latter determines a household's ability to access labour, and raise money for medication and food. Increased access to ART, coupled with home-based care and access to CD4 count facilities, helps. Female-headed households are among the most vulnerable.

HIV/AIDS pyramid

Once a community starts experiencing AIDS-related deaths (A) and illnesses (B) this is only the tip of the problem (Figure 3). It is likely that a larger group is already infected with HIV but not yet showing any symptoms (C). Many household members are affected by the diversion of household resources to care for the sick or by fostering orphans (D). Ultimately the whole community is at risk of infection (E). Hence the scale of the problem presents a serious challenge to extension work even if prevalence rates are relatively low.

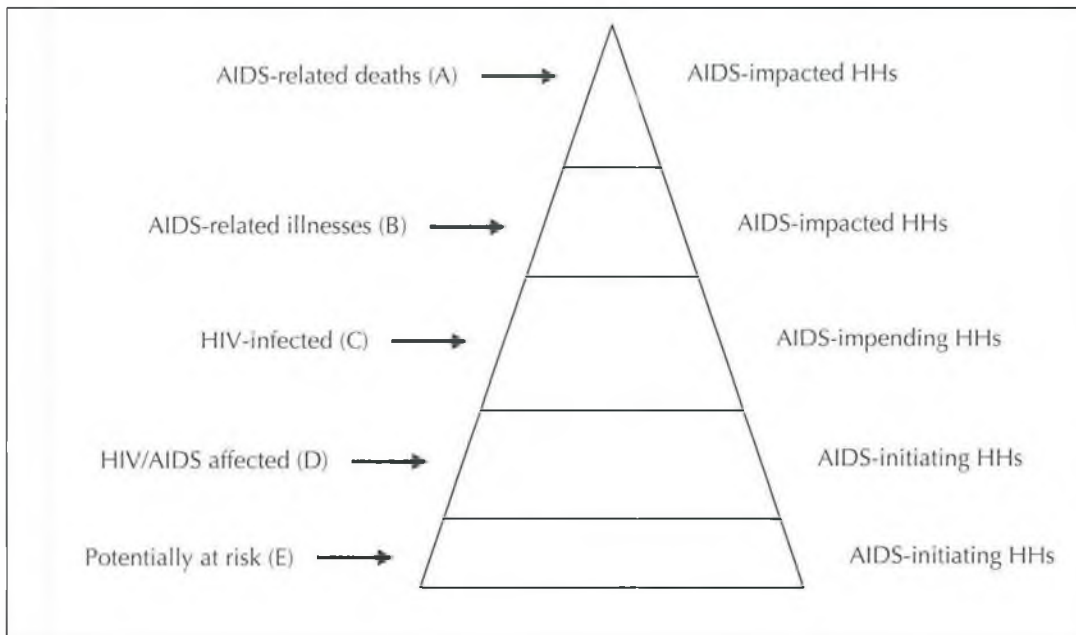


Figure 3. HIV/AIDS Pyramid.

Handout 5 Factors and relationships affecting women's vulnerability to HIV/AIDS

Sexual transmission of the HIV virus is several times more likely from men to women than from women to men:

- Younger women are even more vulnerable as the tissue lining their genital tract is not fully developed, thus their thinner mucosa is less protective than that of older women;
- Young women and girls are culturally vulnerable to contracting HIV infection as it is common for men to select significantly younger women as partners and wives;
- Due to their economic, social and emotional dependence on men, it is difficult for women to refuse unsafe sex or negotiate for safe sex. Thus, insisting that all women demand abstinence or refuse non-protected sex is not practical;
- For men it is common to have many sexual partners, with the result that more women (even those who are monogamous) are placed at risk of infection;
- Poor communication between men and women concerning sexual and reproductive health matters, which results in the inability to foster shared responsibility in sexual and reproductive health decision-making;
- Lack of an affordable, widely available, women-controlled method of prevention;
- Women's lack of equal access to health, education, training, independent income, property and legal rights affects their access to knowledge about HIV and AIDS and subsequently, their ability to protect themselves from infection;
- There is growing evidence that a large proportion of new cases of HIV infection are due to gender based violence in homes, schools, work places and other social spheres; unwilling sex with an infected partner carries a higher risk of infection, especially for girls (due to cuts and abrasions); and
- Despite the effect of their vulnerability to HIV/AIDS to cope with the pandemic, women represent 95% of care providers.

Each of the above areas, together with the gender division of labour, control over resources, and socio-cultural aspects, builds on establishing the risk to which women and young girls are pre-disposed compared to the risks faced by men and young boys.

Hence:

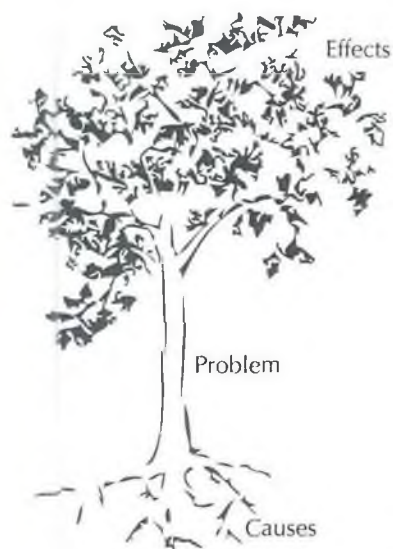
- In order to address HIV/AIDS, it is necessary to challenge gender roles, power relations and empower women;
- The recognition of a woman's right to knowledge is critical to ensure she makes informed choices and takes appropriate actions regarding HIV prevention and protection;
- Safer sex requires male understanding, participation and cooperation; and
- Health extension workers should encourage women to ask their male colleagues to accompany them to health services to discuss sexual health and reproductive health issues.

Handout 6 Principle of the problem tree

The problem tree is a visual problem-analysis tool that can be used by both field development staff and the community to specify and investigate the causes and effects of a problem and to highlight the relationships between them.

It is '...a tool for the identification and analysis of the relevant causes of the main problems, which will later form the bases for formulating solutions and objectives for the intervention strategy. A discussion of the causes can help to identify the segments of the community who are most affected and who should be specifically interested in participating in activities aimed at removing the causes of the problem. Remember that each cause of the problem is also a problem in its own right...'

'As the name implies, this tool resembles a tree. The roots of the tree, in the lower part of the drawing, metaphorically represent the causes of the main problem. The tree trunk at the centre of the drawing represents the main problem and the tree branches, on the upper side of the drawing, provide a visual representation of the effects of the main problem.'



The whole purpose of the problem tree is to define the main problems present in the community in order to analyse and prioritize their causes as the first step towards effective sustainable solutions. Probably the most important tool to keep in mind throughout this process is a single question or rather a single word: 'WHY?' It is amazing how this short word can generate unexpected insights, which greatly help in developing an effective intervention strategy. Never be afraid of asking or wondering why something is happening, even if it seems obvious.

Handout 7 Participatory tools to collect gender disaggregated data

This information is provided to supplement the data collection tools described in the gender analysis toolkit.

Wealth ranking and proportional piling (for use with tool 1)

Outsiders and community members have different perceptions of wealth and inequalities. Local perceptions are crucial for getting a deeper insight. Different people in a community (men, women, merchants, labourers) may use different criteria for wealth. Wealth ranking is based on the assumption that the community members have a good understanding among them about who is more or less well off. It should be kept in mind that this is the community's own perception of the situation. It is good practice to crosscheck this with another method (e.g. direct observation) to verify the results.

This type of socioeconomic community profile may be used as a basis for sampling of households for interviews, to identify and target participants (e.g. the poorest training candidates), and to see whether families who are project participants improve over time compared to those who do not participate in the project. It is also useful for discussing coping strategies, opportunities, problems, and possible solutions of the respective wealth groups.

Proportional piling is commonly used to identify social differentiation based on wealth techniques. Proportional piling helps to identify the proportion (not individual households) of different wealth groups and the criteria used to identify wealth categories by members of the community. Proportions may be represented by piles of local materials such as beans, stones, seeds, soil etc. and these are then converted into percentages. For example, take 20 stones (representing all the households in the community) and ask for a volunteer to allocate the total of 20 stones between the different wealth groups. Give other people a chance to adjust the distribution until all are in agreement.

Seasonal calendar (to complement tool 1)

The main purposes of the seasonal calendar is to understand the activities undertaken by the rural community including men, women, girls and boys at different times of the year, identify problems/ periods of stress and the most appropriate time of the year to introduce a new activity.

In order to prepare a seasonal calendar, start with rainfall distribution and record the first month on the calendar at the beginning of the rainy season (not necessarily the beginning of the calendar year). Note all the main crop and livestock enterprises. Record the months when they prepare the land, plant, weed and harvest for each enterprise; note if livestock activities are constant throughout the year or whether there is any seasonal variation.

Explore also seasonal constraints and opportunities by noting changes by month throughout the year. Seasonal calendars can be prepared to examine other issues including labour demand, health problems, availability of feed, income and expenditures, market prices, migration patterns, availability of food, prevalence of pests and diseases etc. It can be used with the gender division of labour to see which seasons of the year is the busiest or the slack period to the specific segment of the society.

Events/ activities	Months											
	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Rain			[Shaded bar from June to March]									
Land preparation		M, B	M, B									
Removing roots/weeds		W, G	W, G									
Planting			M, W, B	M, W, B								
Weeding					W, G, B, M	W, G, B, M						
Harvesting							M, W	M, W				
Threshing										B, M		
Preparation of threshing fields										W, G		

Note: M = men; B = boys; W = women; G = girls.

Figure 1. Seasonal calendar and gender activity table for crop production in Wangedam, Bure.

Handout 8 Community mapping

Community mapping is one of the PRA tools to facilitate data collection and analysis in a rural context. There are about seven types of mapping, namely, topical, resource, farm/compound sketch, historical or impact monitoring map, social map, mobility and model maps. A particular map can be adapted according to the needs and purposes of the PRA activity in question.

Local people can produce a map of their PA/locality or *woreda* to assess the HIV risk environment and to show the movement of bridging populations in their locality/PA.

Fundamental points for preparation:

In order to map the HIV risk environment, the following points may be required:

- Clearly set out tasks in a simplified manner
- Involve the right mix of people to get the envisaged result
- Avoid over imposition and give people space and time to brainstorm issues until the last speaker agrees on a particular point on the map
- Do not emphasize perfection, but participation
- Encourage people to use local materials to allow more creativity and ease for community mapping (flowers, seeds, leafs, different soil colours etc.)

The role of the facilitator

'Minimize your participation. Observe. Do not join in or advise'

The facilitator is there to give directions and to learn about the local situation not to teach.

Example:

'I do not know this area very well. I KNOW THE ROAD THROUGH THE VILLAGE. Can you show us more of the community. For example, where is this meeting place?'

Such probing/comments encourage community participation and empowerment.

Finally, ask why they do the mapping as they did and allow them to comment if there is limitations to it from their own perspective and record it properly.

Triangulation

Give a chance to different categories of people to comment on the map (the youth, women, the elderly, children etc.) if possible.

Limitations of mapping

- Time consuming: in most cases community mapping may take more time than anticipated but it differs from group to group (e.g. in Bure the community members completed the mapping and the discussion on HIV/AIDS hotspots and the different local institutions in their PA within two hours).
- Elite capture: often there are a few dominant individuals in a local context and they might overshadow broader participation of marginal groups (the elderly, women and introverted individuals in the community) by dominating the discussion.

- Perfectionist biases: the map is not to give the perfect details, nodal points and geographic coordinates of a locality but only to trigger a participatory discussions. Therefore it is better to avoid overindulgence to producing a perfect product.
- Not a replica of reality: the map does not represent all possible dynamics in a community and is not a replica of the facts on the ground.

Handout 9 Facilitation skills for gender and HIV/AIDS mainstreaming

The essential ingredients of success for gender and HIV/AIDS data collection and analysis are a high degree of trust and confidence between the field workers and community. This requires effective facilitation skills.

Field workers must build trust with local people to work effectively. The objectives of building trust are to develop communications and establish working relationships with local people. This helps to overcome suspicions and make future work easier. Building trust can be particularly difficult where there are language, cultural or religious differences between field workers and local people.

Building trust with rural women is particularly important. Women are often overlooked, especially in men dominated societies as a result of cultural and other reasons. Both male and female field workers can successfully build rapport with women by being patient, tactful and resourceful.

Establishing such mutual understanding involves a social interaction between the field workers and the community in which many spoken and unspoken signals are exchanged, as in any face-to-face communication between people. The field workers' awareness of these signals, and of skills for consciously managing them, will determine the success of the fieldwork. For this, field workers need to exercise and develop skills in order to achieve successful communication with communities. Even when community members are totally accustomed to the frequent presence of outsiders, it is the first impressions which influence the success of the work.

It is important to be aware how first impressions, and the way in which community discuss and answer questions among themselves, can influence the ease or difficulty with which relationships of trust and confidences are established. The following tips are important for building a rapport between men and women.

Key expectations for the success

Use simple and clear language (use interpreters if you have a problem with the language, but this needs care);

- It will be necessary to hold meetings in places and at times that are appropriate for women;
- Use different mechanisms to encourage women to speak about their problems and needs;
- Informal discussions with women at their work place, and assisting them while performing their task, are ways of encouraging women's participation;
- Be tactful and sensitive to all members of the families;
- Include HIV/AIDS infected people and their families in community discussions;
- Avoid stigmatizing or discriminating actions or language with others;
- Both types of knowledge (local and scientific) merit mutual respect;
- The practices of rural people, and their whole way of life, are to be respected and esteemed by the outsiders;
- Rural people need to understand the discussion that is going on, and therefore they have the right to ask questions; they are entitled to explanations and justification of the discussion;
- Outsiders are motivated to learn from the rural people, who will, therefore, teach as well as learn;
- Rural people will be responsible for decisions that can make or break the success of the fieldwork.

Working with shy people

- Make smaller groups
- Give value to their ideas
- Encourage individual contributions
- Know their names and invite them to talk by name
- Give different responsibilities such as giving feedback or note taking to members of the community
- Use role play to increase confidence.

Working with dominant people

Clarify the purpose of the meeting

- Agree on ground rules
- Give them responsibility within the group
- Reinforce alternative behaviour
- Split into smaller groups (possibly have one group of key informants and place all the dominant people together)
- Discuss informally after the meeting.

Dos and don'ts for facilitating community dialogues

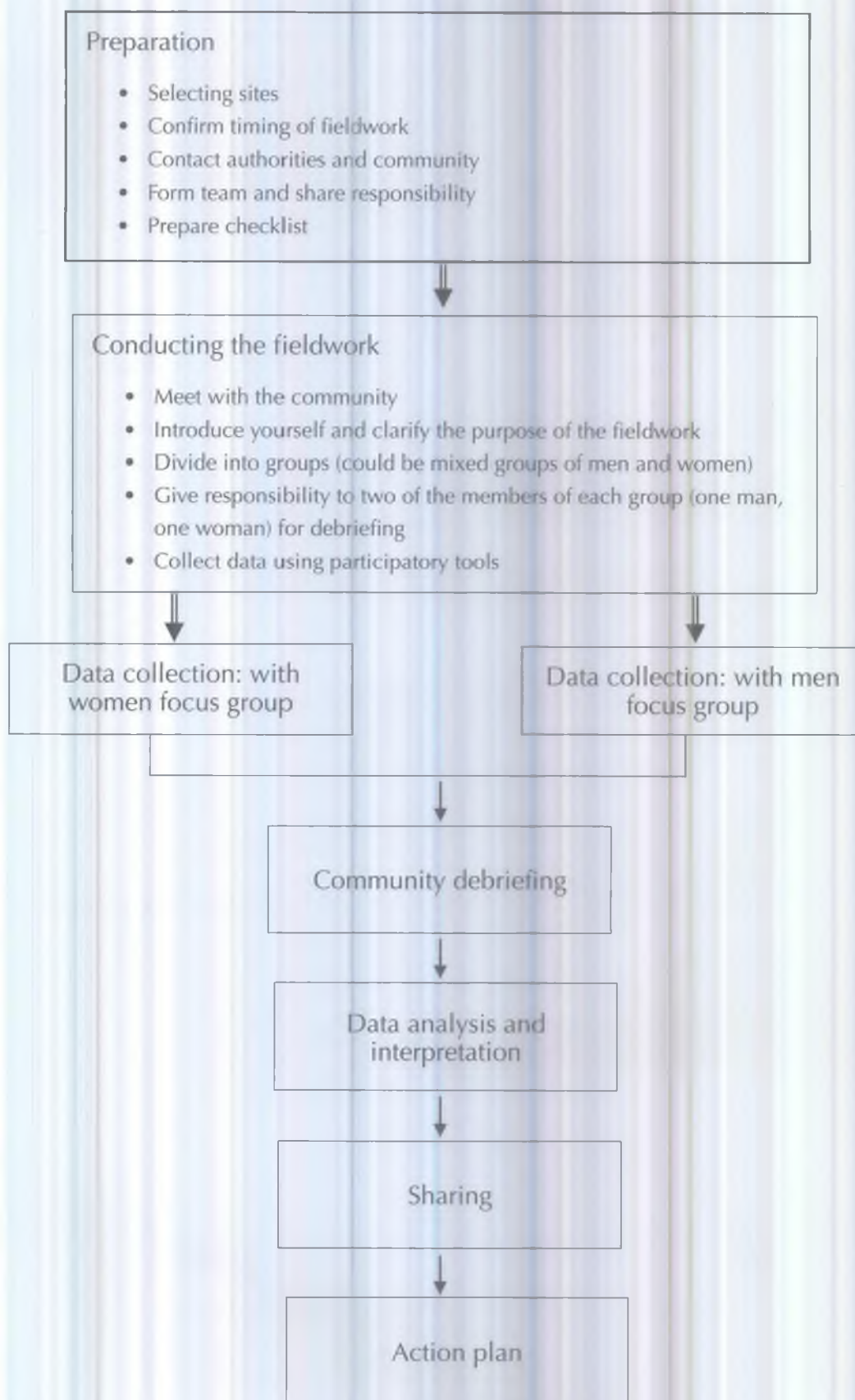
Dos

- Be prepared and organized
- Be on time
- Ask open ended questions
- Probe answers
- Listen
- Use verbal and non-verbal behaviours to motivate people to talk
- Keep attentive
- Be flexible
- Be artistic
- Be friendly
- Use local resources

Don'ts

- Don't lecture
- Don't dominate
- Don't advise
- Don't ask leading questions
- Don't loose your temper
- Don't force
- Don't whisper
- Don't interrupt
- Don't judge answers
- Don't point fingers
- Don't be formal
- Don't sit further than community members/group

Handout 10 Process of the fieldwork



Handout 11 How to conduct semi-structured interviews

As opposed to structured interviews, a semi-structured interview (SSI) is a form of guided interviewing where only some of the questions are predetermined. Gender and HIV/AIDS analysis often does not use a formal questionnaire but rather a checklist of questions as a flexible guide. SSI can be held with individuals, groups, key informants and focus groups.

There are three main types of questions, namely:

- **Leading questions:** imply the kind of response that is expected: the speaker may try, consciously or unconsciously, to get the listener to agree with or support the speaker's point of view.
- **Direct questions:** usually aimed at obtaining specific points of information. Usually they are prefaced by: How many, How much, How often, Who, When, Where, Why?
- **Open questions:** are key questions in a dialogue. They give free rein of expression without explicitly directing interviewee's response.

Individual interviews: are conducted with a sample of purposely-selected individual respondents.

This may include leaders, innovative persons, women household heads, resource poor farmers etc.

Interviewing a number of different farmers on the same topic quickly reveals a wide range of opinions, attitudes, and strategies. It is advisable to ask individual respondents about their own knowledge and behaviour.

Group interviews: provide access to a larger body of knowledge (or community level information), and provide an immediate crosscheck on information, because it is

validated by others in the group. When groups become too large (as a rule of thumb more than 20-25) management can be difficult.

Key informant interview: this interview is conducted with anyone who has special knowledge on a particular topic. Key informants are expected to be able to answer questions about the knowledge and behaviour of others and especially about the operations of the broader systems. While there are risks of being misled by key informants' answers, and crosschecking is necessary, key informants are a major source of information. Outsiders who live in the community can be valuable key informants.

Focus group discussion: this technique is used to discuss specific topics in detail with a small group of people (6-12) who have intimate knowledge about the topic under consideration. Often a facilitator is chosen to ensure that the discussion does not diverge too far from the original topic and that no participant dominates the discussion.

Guidelines for conducting SSI

1. Preparations

- Select an appropriate team of interviewers. Assign responsibilities, i.e. note taker, observer and moderator.
- Formulate questions clearly. Agree on how to conduct the interview: e.g. focus groups, key informants, individuals...
- Prepare yourself for the interview.
- Prepare a checklist.

2. The beginning of the interview

- Begin with the traditional greeting.
- Explain who you are: your name, your job and purpose of your visit.
- Find the right place to sit: take a seat on the same level as the interviewee, not above.
- Be sensitive and respectful.
- Begin the conversation with locally accepted polite talk.
- Use the same language as the interviewee to reduce barriers.
- The interview should be a dialogue or process where important information develops out of causal conversation. The quality of information depends in large part on the rapport established between the interviewer and the informant.
- Observe; keep eyes open for patterns, behaviours, differences, unusual things and non-verbal indicators.

3. During the interview

- Ask one question at a time.
- Most interviews should be open ended with broad questions to allow respondents to discuss the topic in their own terms, not the interviewer's.
- Use words phrased like Why, Who, Where, When, What, How.
- Probe responses.
- Do not suggest answers.
- Do not contradict respondents.
- Avoid lecturing and advising.
- Carefully lead up to important or sensitive questions.
- Take your time, allow your respondent to answer completely before moving onto the next topic.

4. Recording the interview

- Divide the pages of your note into two columns. One, for responses and the other for observations.
- Ask permission from your informants before you start writing things.
- Record what is being said:
 - Details of an interview
 - Important points
 - Who was interviewed?
 - Who was in a group?
 - Where was the interview held?

5. Closing the interview

- Summarize the discussion.
- Try not to refuse drinking water or local drinks.
- Do not take a photograph of people unless you ask and receive their permission. If it is a digital camera, share the photo afterwards with the subject.
- Finish the interview politely.
- Thank the interviewee.

Handout 12 Brainstorming ideas for agriculturally-related activities for gender and HIV/AIDS mainstreaming

Gender ideas

What can I do as an extension worker, health extension worker or *woreda* staff member to...

.... *empower women economically?*

- increase women's participation in training? Set participation targets (40%)—do not hold session if women do not account for at least 40% of participants; conduct training at Farmers' Training Centres (FTCs) or other venues in the locality in order to make it easier for women to attend and also go home to cook, take care of children and livestock etc. FTC training can focus on commodities that are relevant to women in locality; organize couples' training; arrange the timing of training (e.g. use seasonal calendar, daily calendar) to see what time is most appropriate for women; encourage women to participate in field days etc. to boost their morale; conduct a training needs assessment and ensure that the training offered meets needs of women farmers.
- *increase women's access to farm inputs and services? Savings and credit associations.*
- ensure new technologies and practices are women-friendly? Prepare more demonstration sites and increase the participation of women in running the sites; participatory technology development; encourage women's participation at field days, demos—see training.
- increase women's access to information? Display information at accessible places where women visit; link up with functional adult literacy classes; adopt the household approach to reach women with agriculture and health extension messages.
- increase women's participation in selling marketable commodities? Organize more training for women and their traditional enterprises; support their development by developing markets, providing access to credit and inputs, providing technical training, developing basic business and marketing skills; arrange experience sharing between successful and less successful women farmers; develop women's skills in traditionally male-dominated activities, e.g. ploughing; develop women's skills in traditionally male-dominated enterprises, e.g. apiculture; encourage women to form marketing groups and increase their bargaining power.
- overcome traditional barriers? Address traditions so that the community, and men in particular, appreciate that women can participate in economic activities.

.... *increase the visibility of women in the community?*

- increase women's participation in community decision-making? Hold leadership training for women; give awards for women farmers.
- role models: Ensure women DAs and HEWs are role models for women in the local community.
- broadcast radio programs for women.
- put posters of women being economically productive and in leadership role around the FTC and other venues in the locality to show contribution and potential of women.
- make women responsible for providing information during field day, demos etc.
- encourage women to make presentations at community meetings.

.... *reduce women's workload?*

- introduce labour saving technologies—see above.
- develop new skills for men in women-dominated activities, e.g. taking the children to the clinic, cooking.

.... *address cross-cutting issues?*

- conduct gender analysis of crops and livestock with market potential.
- collect, analyse and report on sex disaggregated data.
- use gender commodity data analysis to guide commodity and technology selection.
- train women and men to manage household resources and income together (through the household extension approach, couples' training).
- strengthen women-oriented village organizations and associations.
- create awareness at community level to address some of traditions and cultures which prevent women from participating.
- identify and address the constraints facing FHHs (they tend to be very poor, very many of them).
- integrate gender considerations into the FTC/*woreda* action plans.
- screen activities prior to implementing them: what will this mean for gender, can I do more? (see Annex 1).
- work in partnerships with relevant organizations, e.g. with WAO to identify FHHs and married women to target them as potential beneficiaries and encourage them to participate in economic activities.

Distinction between meeting practical and strategic gender needs

It is important to recognize which types of gender needs a project is addressing:

- practical gender needs relate to people's basic and material needs for their day-to-day survival. In meeting these needs, the existing division of labour is accepted and gender roles are not challenged. Such projects are concerned with improving the condition of women and men through promoting the efficiency of resource use, rather than addressing issues of empowerment or equity (see below).
- strategic gender needs challenge existing gender identities and relationships between women and men in favour of equity for all. Thus the division of labour would no longer be broadly determined by gender. Similarly, restrictions on access and control of resources and benefits would be independent of gender. In meeting strategic gender needs, a project sets out to change the relative position of women in the pursuit of empowerment and equity.

The Four Es

- Efficiency: the productive use of resources, including labour.
- Empowerment: a process through which all people acquire the knowledge, skills and confidence to make informed decisions about their lives, thereby becoming more self reliant and aware.
- Equality: equal rights and opportunities for all members of society.
- Equity: just treatment and equity of impact, rather than merely equality of opportunity.

It should be noted that the division between practical and strategic needs is not absolute; in some circumstances a project may address practical needs whereas, in a different context, the same project meets strategic needs.

Gender needs

Women have particular needs that differ from those of men, not only because of their triple roles, but also because of their subordinate position in terms of men. It is used to distinguish between two types: practical gender needs and strategic gender needs.

Practical gender needs (PGN)	Strategic gender needs (SGN)
Tend to be immediate, short term	Tend to be long term
Unique to particular women	Common to almost all women
Relate to daily needs: food, housing, income, healthy children etc.	Relate to disadvantaged position: subordination, lack of resources and education, vulnerability to poverty and violence etc.
Easily identifiable by women	Neither basis of disadvantage nor potential for change is necessary; easily identifiable by women
Can be addressed by provision of specific inputs: food, hand pumps, clinic etc.	Can be addressed by consciousness raising, increasing self-confidence, education, strengthening women's organizations, political mobilization etc.
Addressing PGNs	Addressing SGNs
Tends to involve women as beneficiaries and perhaps as participants	Involves women as agents of change or enables women to become agents of change
Can improve the condition of women's lives	Can improve the position of women in society
Generally does not alter traditional roles and relationships	Can empower women and transform relationships

Examples presented below show that practical/strategic gender needs can be met once planners differentiate target groups not only on the basis of income but also on the basis of gender.

Types of interventions	Women's role recognized			Gender needs met	
	R	P	CM	PGN	SGN
1. Employment policy					
a. Skill training					
Cooking	X			X?	
Dressmaking		X		X	
Masonry/carpentry		X			X(a)
b. Access to credit					
Allocated to household		X		X	
Allocated to women		X			X(b)
2. Human settlement policy					
a. House ownership					
In man's name	X			X	
In woman's name	X	X			X(c)

Types of interventions	Women's role recognized			Gender needs met	
	R	P	CM	PGN	SGN
3. Basic service					
a. Location of nursery					
Located in community	X	X	X	X	
Mother's work place	X	X		X	
Father's work place	X	X			X(d)
b. Health clinic in community					
Where women work during the day					
open in the morning	X	X			
open in afternoon/evening	X	X	X	X	X
c. Timing of rural extension meetings					
In the morning		X			
In the afternoon/evening	X	X	X	X	X

R = reproductive; P = productive; CM = community managing; PGN = Practical gender needs; SGN = Strategic gender needs.

(a) Changing the gender division of labour against women owning land, by law or tradition

(b) Control over financial services
(d) Alleviation of the burden of domestic labour.

(c) Overcoming discrimination

What can I do as a DA, HEW or *woreda* staff member to: ...

.... *increase awareness and understanding about HIV/AIDS?*

- increase farmers access to information about HIV/AIDS: arrange for HIV/AIDS messages and dramas at training, demos, commodity platform meetings; conduct short survey using checklist to determine level of HIV/AIDS awareness and understanding among specific livelihood groups, e.g. pastoralists; ensure there are continued messages about HIV/AIDS at all places and at all times
- increase traders, middlemen, transporters, casual labourers access to information (these people do not usually belong to groups and often represent bridging populations): use public broadcast systems to disseminate HIV/AIDS information on market days; design and distribute h/a posters and materials, e.g. FTCs, *woreda* knowledge centres
- arrange for VCT services to be available at field days, livestock fairs, FTCs
- supply short films about HIV/AIDS to local cinemas
- arrange for testimonies by PLWHA at training events, market days
- broadcast HIV/AIDS using different media, e.g. radio
- hold transparent and open discussions about HIV/AIDS with the farming community (e.g. community conversations or following HIV/AIDS analysis).

.... *reduce the risk of HIV infection?*

- reduce farmers' movement to buy farm inputs and access services? Establish farmers cooperatives in local communities; support on-farm seed multiplication; encourage growth of farm input shops in *woreda*; encourage maintenance and repair services to locate near activity (e.g. irrigation pump repairers)
- reduce farmers' need to travel to market produce? Supply market information in the rural community; establish linkages between growers and traders by telephone; establish temporary

collection points in *woreda* for farmers to leave produce and trader to collect from one point; market produce through multipurpose cooperatives

- reduce movement associated with training? Provide training locally through the FTCs, organize couples' training
- improve market efficiencies? Improve handling procedures at processing plants; improve the timeliness of pricing arrangements
- encourage farmers, labourers, traders to make productive use of their earnings? Broaden their horizons, encourage them to save and to invest in their future; provide training and advise households to plan and spend together; monitor and follow up how they use these skills
- reduce movement of labour? Reduce demand for seasonal labour (e.g. conservation agriculture); reduce need to migrate by extending cropping season through irrigation or different enterprises, e.g. livestock fattening, poultry; improve living conditions in rural areas to lessen the incentive to leave
- strengthen women's economic empowerment? (see gender section)
- reduce risk of infection among professionals posted to rural areas?

.... *reduce vulnerability to the impacts of AIDS?*

- helping PLWHA and their families: promoting enterprises suited to resources and labour of PLWHA and their families (e.g. close to home, not labour intensive, not capital intensive, low risk), e.g. small ruminants; develop market opportunities for enterprises—farm and non-farm—suited to PLWHA and their families; develop transport marketing groups to ensure PLWHA and their households can get produce to market; develop wide skills base among family members through couples training; promoting crops and livestock for balanced diets for PLWHA especially those on ARVs
- helping others: form selling groups among petty traders to protect their livelihoods when ill
- improve well-being: labour saving technologies and practices, train cooperative/group members in home-based care.

.... *address cross-cutting issues?*

- conduct HIV/AIDS analysis in the community
- integrate HIV/AIDS considerations into the FTC/*woreda* action plans
- screen activities prior to implementing them: what will this mean for HIV/AIDS, can I do more? (see Annex 1)
- work in partnerships with relevant organizations, e.g. HAPCO to identify PLWHA and their families.

IPMS gender and HIV/AIDS monitoring checklist

Actions	Yes	No	Partial	Please mention specific commodities/ technologies/activities here
1. Gender data have been collected for priority crop/ livestock enterprises/technologies and analysed				
2. Have activities been undertaken for gender awareness raising at various levels?				
3. Based on the above gender analysis, were opportunities identified for:				
<ul style="list-style-type: none"> • Increasing women's access to and control over assets—inputs, credit, technologies • Increasing women's access to skills and knowledge • Increasing women's participation in market-oriented agricultural production • Strengthening women's decision-making role in the household, farmer groups and local associations/ organizations • Improving well-being and ease workloads by facilitating access to labour saving technologies 				
4. Were operational measures identified to ensure gender-equitable participation in, and benefit from, planned activities, in particular:				
<ul style="list-style-type: none"> • Setting specific targets in terms of the proportion of women participants in different activities and relevant decision-making bodies • Explicitly addressing the ability of field staff to ensure outreach to women, and designs activities accordingly • Establishing that experience of working with women and a willingness to do so as a criterion for NGO/partner selection • Creating new partnerships and linkages for implementation • Identifying sex-disaggregated performance and impact indicators 				
5. With regards to HIV/AIDS mainstreaming, were opportunities identified for:				
<ul style="list-style-type: none"> • Raising awareness and understanding about HIV/AIDS • Reducing the risk of exposure to HIV/AIDS • Reducing vulnerability to AIDS impacts • Creating new partnerships and linkages for implementation 				

Handout 13 Action planning

An action plan is a planning tool to achieve a certain goal by putting a list of specific tasks to be performed within a specified time frame using well planned financial, material and human resources. Account is taken of the support given by partner organizations and potential support in the future.

The following are a few of the key points to remember while an action plan is being prepared:

- Clarity of goal: visualize the expected outcome after the planned activities are done. Put in measurable indicators, identify constraints such as limitation of time, money, human and material resources that can hamper reaching your stated goals and stipulated activities.
- List of actions: list down ideas, activities and alternatives on a sheet of paper in a spontaneous manner. Do not try to analyse and reason out simply list them as they come to your head.
- Analyse, prioritize and weed out the misfits: look at the spontaneously stated ideas and tasks and take only the feasible ones and remove the unclear and irrelevant ones. Finally get a list of tasks that can be done.
- Organize your list into a plan: make decision on the steps, procedures to be fulfilled, and tasks that need rearrangement to produce the final plan of action. Finally scrutinize your plan and try to further simplify it into a user friendly plan of action.
- Monitoring and review: take time to monitor and revise the action plan based on new information, challenges and new developments that arise during implementation.

Where do I put my action plan?

The action plan should be displayed at your place of work where it can be glanced at easily and regularly. Action plans prepared by development agents, *woreda* experts and their partners can be posted in the FTCs and field offices.

How gender issues are included in the main plan

Considering gender issues during the planning assist project task teams, borrowers, and partners to recognize and address gender concerns in designing rural development sector projects and increasing the economic productivity of the rural poor is largely about enabling women to be benefited and improve their own and their families' quality of life.

Prior to planning gender baseline information on the roles, responsibilities, position of men and women in the community including their access to and control power over important resources should be collected and analysed. Moreover the opportunities and challenges in increasing women participation in the agricultural development initiatives in general and in market-oriented agriculture should be explored and used during planning.

These analyses will indicate where and how we target women in the project intervention; if and where the objectives and methods proposed for the project should be modified to improve the chances that the project will succeed through increasing women participation; and to minimize the likelihood that women will be disadvantaged as a result of it. Some questions that may need to be considered in the analysis are:

Production

- Will the project activities divert women's productive efforts from food production?
- Will a change in crop varieties affect women's traditional markets?
- Will new technologies displace women's traditional income-earning labour?
- Will project activities or outcomes increase women's workload?
- What compensatory benefits will the project introduce to offset changes affecting women's role and equity in production, such as those referred to above?

Training

- What training could be included in the project to offset changes in production affecting women's role, or to increase women's equity in and benefits from the productive system as well as their productive skills?
- Is the project likely to precipitate changes in lifestyle in the client population, such as increased incomes following a shift from subsistence to cash production?
- What training might help women benefit from the changes?
- Is there potential for supplementary intersectoral programs involving health, social development, and education agencies?
- Should women be trained separately from men to ensure that they receive and benefit from training?
- Can training be scheduled for times that suit and fit women's other responsibilities?
- What training can be provided to women to address their strategic gender needs and increase their influence and control over decision-making (e.g. training in the maintenance and repair of agricultural equipment)?
- Would local demonstration farms help women and men understand and obtain access to project benefits?
- Will the project need a communication strategy and innovative teaching methods for illiterate women and men?
- Can the project include training in small business management, accounting and entrepreneurial skills, and marketing, in support of rural women's income-generating activities?

Information

- Will the information and extension services reach women?
- Will information about project activities be provided directly to women as well as men?
Is a separate communication strategy needed to ensure that project messages reach women (e.g. a woman-to-woman information service or the use of local women's groups)?
- Are project messages both culturally appropriate and designed to promote gender equity?

Participation

- Were women consulted and did they take part in setting the project objectives?
- Were women involved in the planning and design of projects?
- If women are not involved in local decision-making, could they be involved through advocacy measures within the project, such as a community development component? Is there scope for NGO involvement if such a component is feasible?

- Can women's NGOs be contracted to mobilize women to participate in the project?
- If mobility problems hamper women's participation, could the project be organized to overcome these problems?
- Does the project require motivational components to encourage women to participate?

Access

- Can project terms and conditions overcome the legal impediments that keep women from owning or accessing land, taking out loans, joining cooperatives, selling products, or receiving payments?
- If women's rights to property are currently unequal, can the project increase women's equity? (For example, if new land arrangements are proposed, can the project require that the title be held jointly by the man and the woman in a household and exclusively by women in female headed households?)
- Can broad targets be set for the supply of measurable material inputs and services to women who are directly or indirectly engaged in the project activities?

A few internet resources for further reading:

Time Management–Guide.com 2002. <http://www.time-management-guide.com/plan.html>

Mind Tools Ltd. 1995–2008. http://www.mindtools.com/pages/artcle/new_HTE_4.htm

Action Planning: http://www.careers.ed.ac.uk?CCPP/Making_Plans/action_plan.htm

Handout 14 Integrating gender and HIV/AIDS into monitoring¹ and evaluation² systems

Integrating gender and HIV/AIDS into the monitoring and evaluation system is an important management tool to assist development practitioners, experts, staffs and other partners to recognize and address gender and HIV/AIDS concern in designing rural development project in general and market-oriented development initiatives in particular. Moreover, it helps to monitor and evaluate results, outcomes and impact on achieving over all well-being.

How to integrate gender and HIV/AIDS into monitoring and evaluation

An effective gender sensitive monitoring and evaluation system in rural development projects requires that the following key activities be undertaken at different points of the project cycle:

Gender	HIV/AIDS
<p>Stage I–Identification and preparation</p> <ul style="list-style-type: none"> • Ensure that the benchmark survey or baseline study is gender sensitive • Undertake an initial gender study or analysis to identify both the opportunities and the potential negative impact of project intervention on women and men • Identify gender related goal and priorities based on available information and in consultation with stakeholders • Asses the institutional capacity for integrating gender into market-led agricultural development initiatives 	<p>Stage I–Identification and preparation</p> <ul style="list-style-type: none"> • Ensure that there is a benchmark study on HIV risk and vulnerability to the impact of AIDS for the area • Undertake an initial HIV risk and vulnerability analysis to identify both the opportunities and the potential negative impact of market-led agricultural development initiatives could cause • Identify HIV/AIDS related goal and priorities based on available information and in consultation with stakeholders • Asses the institutional capacity for integrating HIV/AIDS into <i>market-led agricultural</i> development initiatives
<p>Stage II–Design and appraisal</p> <ul style="list-style-type: none"> • Ensure gender is integrated into goals and objectives and set clear targets • Plan for developing capacity to address gender issues; and to monitor and evaluate <i>progress and outcomes</i> • Set up a monitoring and evaluation system: <ul style="list-style-type: none"> • Identify and select key gender sensitive indicators for outcomes and impact • Develop or select the best data collection methods and decide on timing 	<p>Stage II–Design and appraisal</p> <ul style="list-style-type: none"> • Ensure HIV/AIDS is integrated into goals and objectives and set clear targets • Plan for developing capacity to address HIV/AIDS issues; and to monitor and evaluate <i>progress and outcomes</i> • Set up a monitoring and evaluation system: <ul style="list-style-type: none"> • Identify and select key HIV/AIDS sensitive indicators for outcomes and impact • Develop or select the best data collection methods and decide on timing

1. Monitoring is defined as the continuous assessment of project implementation in relation to agreed schedules and of the use of inputs, infrastructure, and services by project beneficiaries.

2. Evaluation is defined as a periodic assessment of the relevance, performance, efficiency, and impact (expected and unexpected) of the project in relation to stated objectives.

Stage III–Implementation

- Collect gender-sensitive data based on the selected indicators
- Monitor the progress against outcomes and targets set for the period under evaluation, and feed results back into the system to allow midterm correction
- Assess progress and make correction if needed to obtain expected gender related outcomes

Stage III–Implementation

- Collect HIV/AIDS sensitive data based on the selected indicators
 - Monitor the progress against outcomes and targets set for the period under evaluation, and feed results back into the system to allow midterm correction
 - Assess progress and make correction if needed to obtain expected HIV/AIDS related outcomes
-

Gender sensitive indicators

A gender-sensitive indicator can be defined as an indicator that captures gender related changes in society over time. Thus, whereas a gender statistics provides factual information about the status of women, a gender-sensitive indicator provides 'direct evidence of the status of women, relative to some agreed normative standard or explicit reference group' (Johnson 1985). An example of a gender-sensitive indicator would be: '60% of women in country X are literate, as compared to 82% of men, and compared to 30% and 52% five years ago'.

- How many women and men, people from different ethnic groups, members of different castes, and different economic classes are participating among the stakeholders?
- What is the level of input of women and men at different levels (government, NGOs, local stakeholders) at different stages of the project?
- What is the level of participation of local stakeholders, women and men, in key activities? (e.g. number of men and women attending project workshops, number of men and women participating in training events, number of male and female farmers participating in crop assessment trials.)
- Number of female DAs involved in delivering extension services increased
- Strategies designed to reach rural women, both FHH and female farmers in MHH, for capacity building and other services
- FHH and married women considered in giving information, training, engaged in a business ...
- Female trainees at FTC level increased and curriculum revised and improved to incorporate gender issues in training provided for farmers
- The number of women farmers participated in research activities such as problem identification, priority setting, planning and implementation
- Availability of strategies to increase the numbers of female researchers and measures taken to improve their involvement.

HIV/AIDS sensitive indicators

An HIV/AIDS-sensitive indicator can be defined as an indicator that captures HIV/AIDS related changes in society over time. Thus statistics about HIV/AIDS provides factual information about the status of HIV/AIDS in a society like prevalence rate, an HIV-sensitive indicator provides 'direct evidence of the status of HIV/AIDS in a given society or community. An example of an HIV/AIDS-sensitive indicator would be: 'there are about 1.3 million Ethiopians infected with HIV', 'HIV prevalence rate in rural community of Ethiopia is 1.8%', 'AIDS accounts for 35% of young adult death (15–49 years old)'.

- How many HIV/AIDS infected and affected households from different ethnic groups, members of different castes and different economic classes are participating among the stakeholders?
- What is the level of participation of local stakeholders like people living with HIV/AIDS association, HAPCO, DA and health extension workers in key activities? (e.g. number of men and women from PLWHA association attending project workshops, participating in training?)
- Number of orphan headed, female headed, grandparents headed households involved in and supported by delivering extension services
- Strategies designed to reach HIV/AIDS infected and affected households and individuals for capacity building and other services to sustain their livelihoods
- Strategies designed to reduce the spread of HIV through awareness raising and increasing understanding about the HIV/AIDS
- Strategies designed to reduce the risk of exposure to HIV/infection.

Annex 1: Training tips

Prior to training

- Find a venue with adequate space for breakout groups, allow flexibility in room layout, easy access to lunch to save time
- Visit the room a day before training starts, to check layout, cleanliness.

During presentations

- Start with stating the objectives of session
- Emphasize backward and forward linkages between different sessions, as well as reference to overall program
- Use visualization techniques, when appropriate
- Do not necessarily ask all participants to contribute their individual ideas, pick a sample of responses
- Keep to time, adapt content to fit the time available
- Move focus of training around the room to keep audience's attention, use different parts of the room for different activities
- Encourage quieter members of the group to make presentations in plenary, especially women
- Use energizers appropriately to keep people's attention
- Observe group norms
- Ensure mini wrap-up at the end of each session to highlight main learning points.

Fieldwork

- Select a community that is reasonably close to the training venue, in order to minimize the travel time
- Confirm that the proposed timing is suitable for the community members and adapt if necessary
- Ensure the community will not have any false expectations of the outcome from the fieldwork
- Encourage the participants to think ahead during the fieldwork to the analysis stage, to ensure that they are collecting all the necessary information
- Get the participants to think about how they are going to conduct themselves on arrival—who is going to explain the purpose of the visit, the structure of the program for the fieldwork (small groups and plenary), how they will divide the community into groups etc.
- Encourage women to participate during the feedback in plenary
- Return the flipcharts, maps etc. prepared during the fieldwork to the FTC nearest to the community once the participants have completed the data analysis.

Facilitation/training team

- Flexibility among team members
- Mutual respect for each other's opinions and ideas.

Use of visual aids facilitates the flow of topics

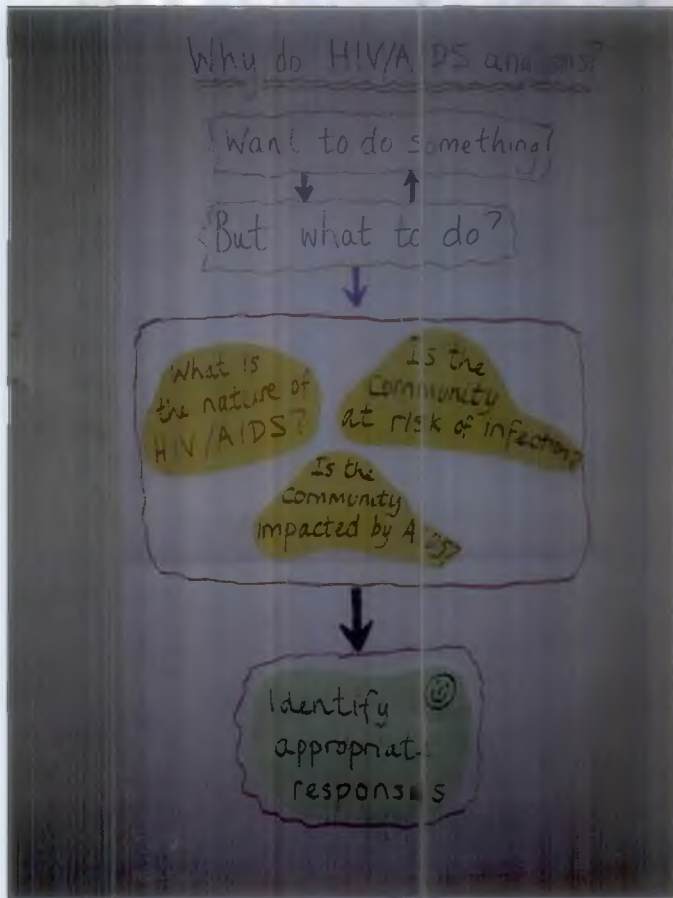


Figure 1. Why HIV/AIDS analysis is important.

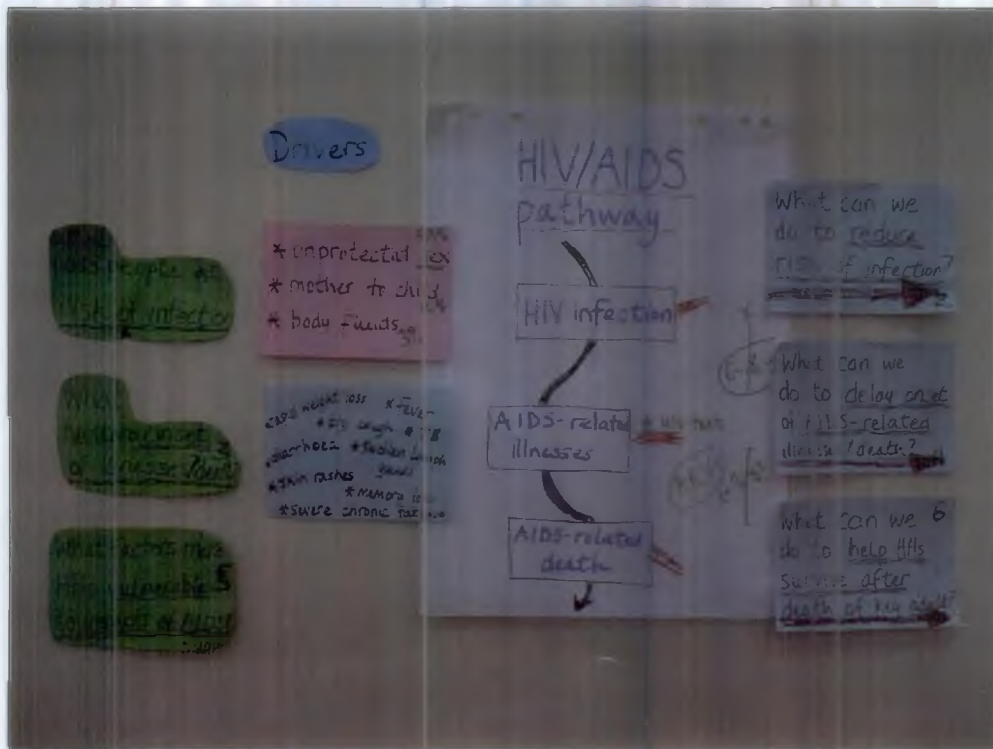


Figure 2. HIV/AIDS pathway.

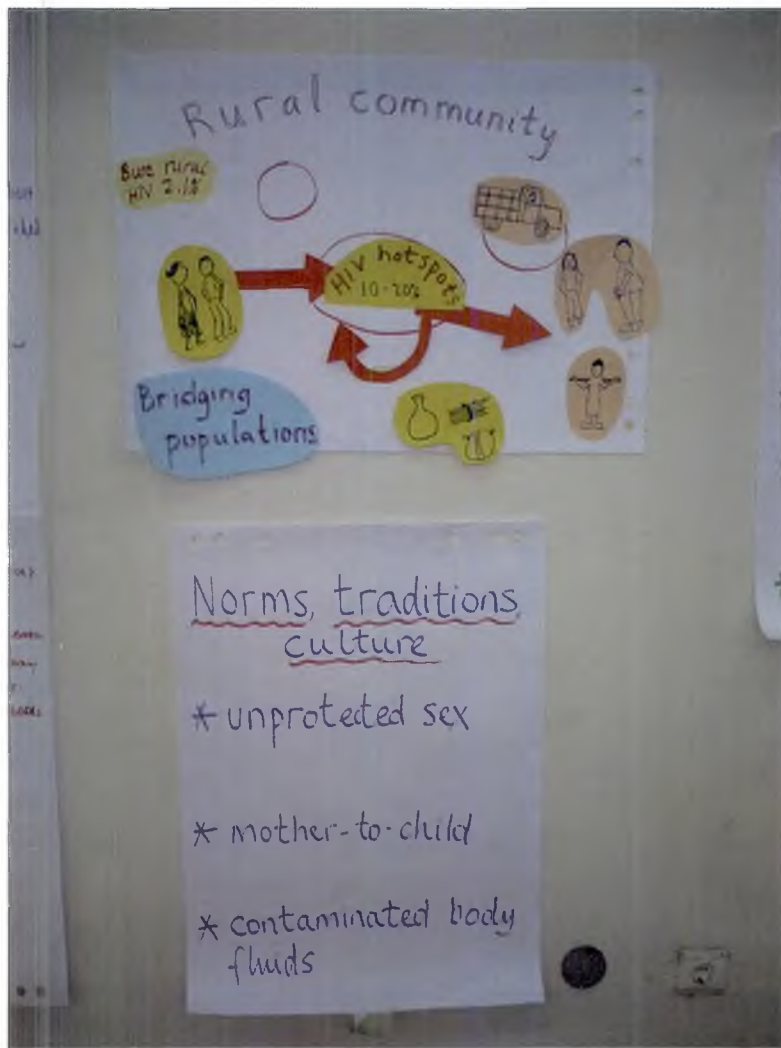


Figure 3. Sources of risk of HIV infection in rural communities.



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