

The background image shows two individuals carrying tall stacks of white, rectangular boxes. Each box has several circular holes punched into its surface. The person on the left is wearing a green shirt and blue pants, while the person on the right is wearing a light-colored shirt and shorts. They are walking on a paved path with green foliage in the background.

Test your Organisation with the 12-Boxes Framework

A Facilitators' Guide to Support NGOs in Self-Assessing their Response to HIV and AIDS in their Workplace and in their Work Using a Gender Perspective

Foreword and acknowledgements

Imagine a world with gender justice and a world in which people don't discriminate based on gender, a handicap, a virus, like HIV, a disease, like AIDS. Imagine a world in which the worries, ideas, opinions and the voices of people living with HIV and AIDS, especially the poor, women and youth do matter. Imagine a world in which girls and women can enjoy their sexual and reproductive rights. Imagine! The world would be a better place for women, but indeed for men too. "Change the world, start with yourself" is the motto of this guide. It fits in Oxfam Novib's policy on gender justice and HIV and AIDS. You can read our principles and commitments to support workplace policies of local organisations in our guidelines "Good donorship in times of AIDS", guidelines on support to Oxfam Novib's counterparts in managing HIV and AIDS in the workplace.

We used our experiences of gender mainstreaming to develop this guide. Two lessons learned were crucial and form the basis for this guide:

- To develop a holistic assessment in stead of only an organisational assessment. This guide includes a self-assessment of the response to HIV and AIDS in the workplace AND in the work. Organisational - and program changes must go hand in hand to result in positive changes for poor people.
- To train more trainers in order to establish sufficient local capacity to facilitate the 12-boxes framework.

The guide leads to three main outcomes on HIV and AIDS:

- Analysis of the organisational and programmatic strengths and limitations on HIV and AIDS from a gender perspective.
- Priorities for action to respond to and manage HIV and AIDS, in the workplace and in the program work.
- More commitment, understanding and energy from staff.

The experiences with this guide will be shared in our knowledge management project (www.oxfamkic.org, choose thematic sites: HIV/AIDS).

Oxfam Novib would like to thank all people involved. The gender focal points and our counterparts for sharing their experiences on gender mainstreaming. R & D department of Oxfam Novib, who drafted the very first 12-boxes framework. Lebesech Tsega, Carolien Aantjes and counterparts in Ethiopia who tested the framework in 2004 and 2005; Verona Groverman, Geert Phlix, Diane Mpinganzima, Frédéric Hakizimana, Savitri Ramaiah, Ramesh Venkataraman, Patricia David E Silva, Amelia Joaquim and counterparts in Burundi, India and Mozambique, who tested this guide during 2006; our program officers, Peter Huisman, Manon Heuvels, Rolf van der Maas, Gertjan van Bruechem, Marjolijn Verhoog, Clarita Benzon, Leo Stolk and Mirjam Andriessen for their enthusiasm, time and feedback. Clemens Wennekens and Shahiera Sharif for their patience to handle the financial issues. Sue Holden for editing the manual. Tijn Uittenboogaard and Anja Timmermans for their support to get the guide formatted and printed.

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Harriet Kivumbi Nkabubo, Oxfam International HIV/AIDS coordinator for the ECA region gave her inputs during the workshop in Burundi. Her ideas, her energy, her work and her passion for AIDS is incredible. A lot of innovations on AIDS within the Oxfam family starts from her region and we hope that this guide gets a place within all Oxfams and their counterparts.

We at Oxfam Novib hope that this publication will lead to a process of change. We admire the work and courage of our counterparts to engage in processes of self-reflection and changes. Please share your experience on www.oxfamkic.org (choose thematic sites: HIV/AIDS).

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Glossary

AIDS stands for Acquired Immune Deficiency Syndrome. Someone who is HIV-positive initially has no symptoms. Later, they develop opportunistic infections because their immune system is being affected by HIV. When these become severe, the person is said to have AIDS. The AIDS stage can be detected via a blood test, and by the presence of certain conditions which are typical of severe HIV infection.

Discrimination refers to the denial of opportunities or benefits (otherwise available to everyone) to a person or group because of real or assumed features or conditions of that person or group.

Gender refers to socially defined differences between males and females. These differences are rooted in widely shared ideas, beliefs and norms about: how males and females should behave and express themselves; the type of social and sexual relationships they should have; what are 'typically' feminine and masculine characteristics and abilities; and what are their key virtues. The ideas, beliefs and norms reflect and influence the different roles, social status, economic and political power of women and men in society.

Gender equality refers to equal rights, voice, responsibilities and opportunities for men and women in societies, at work and in the home. Striving for equal rights, voice, responsibilities and opportunities implies questioning the inequalities currently present in all societies, in different forms and manifestations, in codes of conduct, in the division of labour, in regulations and norms, rules and laws. It further implies taking actions for change. This process of change happens at the level of personal norms, behaviours and convictions as well as at all other levels of society. The involvement of both men and women in this transformation process is imperative.

HIV stands for Human Immunodeficiency Virus. HIV gradually destroys the immune system, leaving the body susceptible to other infections.

HIV-positive means that someone is infected with HIV. When HIV enters someone's blood, it multiplies and stimulates the development of antibodies. The HIV test is for these antibodies; if it finds them the person is said to be HIV (antibody) positive.

HIV and AIDS competence refers to the capacity to participate effectively and rapidly in a local comprehensive response to the HIV and AIDS epidemic. Capacity refers to the financial, technical, material and human resources which affect whether an organisation and its staff members can implement activities and achieve their objectives. In this guide we use the term **HIV and AIDS/Gender competence** to emphasise that responding to the HIV and AIDS epidemic requires a gender perspective and therefore gender capacity.

Impact refers to the effects that HIV and AIDS have at an individual, a community or a society level. HIV and AIDS do not only have impacts on the physical and mental health of individuals and populations; a full blown epidemic also changes socio-cultural structures and traditions, and has economic impacts affecting many different sectors.

Opportunistic infection refers to illnesses that afflict people with weak immune

systems, as occurs with HIV. Examples related to HIV/AIDS are tuberculosis, fungal infections, kinds of pneumonia, viral infections.

Prevalence refers to the total number of cases of HIV infection in a defined population at a specified point in time. It is usually expressed as a percentage of people aged 15 to 49.

Sex refers to physiological attributes that identify a person as male or female:

- The type of genital organs (penis, testicles, vagina, womb, breasts);
- The type of predominant hormones circulating in the body (oestrogen, testosterone);
- Ability to produce sperm or ova (eggs);
- Ability to give birth and breastfeed children.

Sexuality is the social construction of the biological drive to have sex. An individual's sexuality is defined by whom one has sex with, in what ways, why, under what circumstances, and with what outcomes. Sexuality is a central aspect of being human throughout life and encompasses sexual acts, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction.

Stigma is the negatively perceived characteristic(s) of a person or group. Stigmatisation is the labelling or "othering" of persons with such feature(s).

STI stands for Sexually Transmitted Infection. A virus or bacteria transmitted between sexual partners. It is now commonly used in the place of STD (Sexually Transmitted Disease), as STI is more encompassing, including infections without any obvious symptoms.

Susceptibility to HIV infection refers to the likelihood of becoming infected by HIV. It is influenced by many factors including: physiology (differences between men and women's bodies make women more susceptible); individuals' behaviour (such as number of sexual partners, using condoms, getting STIs treated, sharing needles for injecting drug use); and wider issues including poverty, HIV prevalence, livelihood strategies, culture, illiteracy, conflict, and balance of power particularly with regard to gender.

VCT is an acronym for Voluntary Counselling and Testing.

Vulnerability to the impacts of AIDS refers to the likelihood of suffering adverse consequences from illness and death due to AIDS. High levels of vulnerability are associated with poverty, lack of access to treatment, fragmented social and family structures, and gender inequality.

Chapter 1: An invitation to your organisation to assess its HIV and AIDS competence

This guide is written for development NGOs that are concerned about the HIV and AIDS epidemic, and how they might improve their response to it. This chapter is written for managers in those NGOs. It aims to enthuse them to do a self-assessment: to dare to take the test about your HIV and AIDS competence! As for actually doing the assessment, our experience shows that it is best to use external facilitators to support the process. Chapters 2 and 3 are to be read and used by them.

The urgency to address HIV and AIDS-related issues

The HIV and AIDS epidemic is a serious concern for all, as the Secretary General of the United Nations expressed in March, 2006¹:

To date, more than 65 million people have been infected with HIV, more than 25 million people have died and nearly one in 20 children in sub-Saharan Africa have been orphaned by AIDS. AIDS is now the world's leading cause of premature death among both men and women aged 15 to 59. Among the 40 million people currently living with HIV, more than 95 per cent are in developing countries. In the hardest-hit countries the very foundations of society, governance and national security are being eroded, stretching traditional safety nets to the breaking point and leading to social and economic repercussions that are likely to span generations.

(...) Still in its early stages, the pandemic is rapidly globalizing, affecting new countries as well as new populations within countries where the epidemic is already well established. The AIDS burden is growing especially severe for women and girls. Not only is AIDS an unprecedented public health challenge, it represents a profound threat to prospects for poverty reduction, child survival and economic development.

The quote shows that AIDS is a problem all over the world. However, the impacts of HIV and AIDS may not be visible yet in each and every country. The table below gives six stages the countries may find themselves in.²

¹ Declaration of Commitment on HIV/AIDS: five years later. Report of the Secretary-General, General Assembly of the United Nations, 24 March 2006

² Tony Barnett and Alan Whiteside, 2000. Guidelines for preparation and execution of studies of the social and economic impact of HIV/AIDS

Stage 1:	No people with AIDS are visible to the medical services. Some people are infected with HIV.
Stage 2:	A few cases of AIDS affected people are seen by medical services. More people are infected with HIV.
Stage 3:	Medical services see many people with AIDS. There is awareness of HIV infection and AIDS among policy makers outside the medical field. The incidence of reported TB cases increases.
Stage 4:	Numbers of AIDS cases may threaten to overwhelm existing health services. There is widespread awareness of AIDS and of HIV infection among the general population.
Stage 5:	Unusual levels of severe illness and death in the 15 – 50 age group produces coping problems, orphaning, loss of key household and community members. TB is a major killer.
Stage 6:	Loss of human resources in specialised roles in production and economic and social reproduction decreases the ability of households, communities, enterprises and even districts to govern, manage and/or provision themselves effectively. These difficulties elicit various responses, which may include creative and innovative ways of coping or failure of social and economic entities. Both types of responses may be observed in the same country, region, enterprise or even household.

Over time, NGOs have come to see HIV and AIDS as more than health issues, but as poverty-related and development issues also. Most also understand that gender inequalities are a major driving force behind the epidemic. However, for many NGOs this more complex understanding of HIV and AIDS does not follow through to making changes in how they operate. Few NGOs consciously reflect on how HIV and AIDS is affecting their functioning and actively aim to reduce and manage its impacts. How can we support employees to reduce the likelihood of becoming infected with HIV? How can we help them to stay productive and well? There is also the issue of how HIV and AIDS are affecting community members³, now and in the future. What are the effects, and are our programs still relevant? Do we need to begin new projects, or to adjust our existing work, in order to respond to HIV and AIDS through our programs? Reflecting on questions such as these, and then taking action, are of utmost importance if NGOs are to function well.

What this guide is about

This guide aims to help NGOs to reflect on their HIV and AIDS competence and to assess where they can make improvements. This process results in a set of priorities, from which the NGO can develop an action plan to respond better to HIV and AIDS.

Special features of the guide are:

- **A gender perspective.** Since gender issues are an intrinsic part of the HIV epidemic, the assessment explicitly includes attention to gender sensitivity throughout. For an effective response, it is critical to consider gender roles, the resultant inequalities, and their influence on men and women's *susceptibility to HIV infection*⁴ and *vulnerability to the impacts of AIDS*⁵. It touches on issues such as women's empowerment and masculinities/ femininities.
- **A holistic view on organisational functioning and survival.** The assessment pays attention to all relevant organisational issues from technical to cultural aspects. Key questions include: to what extent do policies and plans, organisational systems and processes respond to challenges created by HIV and AIDS in a gender sensitive way? To what extent do the organisational culture and staff attitudes promote discussion and efforts to address HIV and AIDS and gender-related issues?
- **Combining workplace and program matters.** Programs can only be implemented effectively when the organisation has its internal affairs in good order, ranging from policy orientation to staff health issues. An open attitude to, and sincere concern for, the likelihood of HIV infection and how male and female staff cope with the impacts of HIV and AIDS can contribute to better programs and relief at the personal level.

A participatory and guided self-assessment

This self-assessment invites staff of all levels, with the support of facilitators, to reflect on the functioning and work of their organisation in a world of HIV and AIDS. It is an invitation to your organisation to test its HIV and AIDS competence through a gender lens. What are our strengths and limitations? What challenges lie ahead? What actions do we need to take both in the workplace and in our programs to address HIV and AIDS in a gender-sensitive way more effectively?

Staff at various levels and engaged in different tasks are likely to answer such questions differently. We feel that in a self-assessment many opinions and experiences should be shared to get a proper overview. Involving as many staff as possible results in a widely shared understanding and level of commitment from which to take action.

³ Or whoever your organisation works with e.g. your clients.

⁴ Susceptibility to HIV infection refers to the likelihood of becoming infected by HIV. It is influenced by many factors including: physiology (differences between men and women's bodies make women more susceptible); individuals' behaviour (such as number of sexual partners, using condoms, getting STIs treated, sharing needles for injecting drug use); and wider issues including poverty, HIV prevalence, livelihood strategies, culture, illiteracy, conflict, and balance of power particularly with regard to gender.

⁵ Vulnerability to the impacts of AIDS refers to the likelihood of suffering adverse consequences from illness and death due to AIDS. High levels of vulnerability are associated with poverty, lack of access to treatment, fragmented social and family structures, and gender inequality.

However, it is quite a challenge to create an atmosphere in which male and female staff of all levels feel at ease discussing sensitive issues. Furthermore, commenting on the internal affairs of the organisation can be delicate and not easily acceptable. Experience shows that the process works best when an outsider or confidential agent take the leads. We have therefore written this document for the use of external facilitators who guide the staff members through the process of self-reflection, assessment, dialogue, and identifying priorities for action.

The process of self-assessment

The key tool for self-assessment that we use in this guide is the **12-boxes framework**. This framework features 12 elements which all well-functioning organisations have in common. Figure 1 shows the framework, which has four columns and three rows.

- The four columns refer to the basic characteristics of an organisation: its **mission** or overall strategy, its **structure**, its **staff** and its **program work** including advocacy work.
- The first row is about the **basic technical** aspects of an organisation without which it cannot operate: short and long term plans based on policies; an organisational structure in which staff are positioned to perform their tasks; staff to develop and implement plans, policies and programs; and programs aiming to achieve the mission of the organisation.
- The second row is for other aspects relating to **interaction** and decision making processes to make the organisation and programs run smoothly, coordinate actions and motivate staff to do their work. In all of these processes people interact – they discuss, negotiate, listen, express their views, and so on.
- The third row concerns the **cultural** aspects of the organisation. These are the dominant norms and values on which its mission, its way of working and its relations between staff and outsiders (such as beneficiaries, partners, volunteers) are grounded.

If we compare an organisation with a human being, then the basic technical aspects form its body and organs, the interaction processes equate with inner processes to keep the person alive, while the cultural aspects are its personality.

With the facilitators' guidance, staff use the 12-boxes framework to make a diagnosis of their organisation's strengths and limitations in regard to tackling HIV and AIDS-related problems. Based on this diagnosis they can then propose ideas to respond to HIV and AIDS more effectively in their workplace and in their work.

If you would like to know more about the 12-boxes framework, you can find more detailed explanations in the Background Information sections for Sessions 2 and 5. In Annex 3 you find the full overview of the HIV and AIDS 12-boxes framework including a gender perspective.

Figure 1: The 12-boxes framework

	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
<p>TECHNICAL ASPECTS</p> <p>The processes and systems necessary to run the organisation, and the managing of social, financial and technical resources.</p>	<p>1. POLICIES AND ACTIONS</p> <p>Organisations develop <u>policies</u> to guide how the organisation is run and what programs to engage in, in line with its mission and strategy. <u>Planning and budgeting</u> are essential processes to run the organisation and its programs. <u>Monitoring and evaluation</u> systems track implementation and expenditure.</p>	<p>4. RESPONSIBILITIES, PROCEDURES, AND SYSTEMS</p> <p>Organisations put in place <u>procedures</u> to ensure that the right steps are followed, for example, concerning administrative matters, project proposals, budget allocation, recruitment of staff, and the use of facilities. <u>Systems</u> are developed to make sure that information is disseminated to the right people, that activities are coordinated, that data are being processed, that complaints can be forwarded, and, also, that effective partnership and network relationships can be established, and so on. <u>Responsibilities</u> are clarified through assigning positions and developing job descriptions. <u>Facilities</u> are set up to allow staff to do their work.</p>		<p>7. STAFF CAPACITY AND EXPERTISE</p> <p>Staff are a key resource for any organisation. To run the organisation and its programs a certain <u>number of staff</u> of different types is needed, from managers to cleaners. Staff members need specific <u>capabilities</u> to do their job well. <u>Training</u> may be used to refresh or upgrade staff knowledge and skills to better address the challenges the organisation faces.</p>	<p>10. PROGRAM DESIGN</p> <p>Organisations design and implement <u>programs</u>, which are characteristic to the organisation, to achieve their mission. This involves <u>processes</u> such as situation analysis, program design, allocating human, financial and technical resources, implementation, and monitoring and evaluation.</p>
<p>ASPECTS OF INTERACTION</p> <p>The interaction processes which influence the allocation of social, financial and technical resources.</p>	<p>2. VARIOUS INFLUENCES ON POLICIES AND ACTIONS</p> <p>The types of <u>people</u> who play a role in interaction processes related to policy development, action planning and the running of the organisation are characteristic to that organisation. Apart from directors, managers and board members, they may include community members, professionals, sister organisations, donors, staff members, activists, and others.</p>	<p>5. DECISION MAKING</p> <p>Whatever policies are designed, budgets or plans made, and systems developed, decisions need to be taken to make final choices and to put them into action. In decision making various <u>people</u> interact, in a way characteristic to the organisation, including formal and informal <u>arrangements</u>, and degrees of staff participation. <u>Conflict management</u> is also relevant here.</p>		<p>8. FREEDOM /SPACE TO DO ONE'S WORK</p> <p>Managers and supervisors provide a certain degree of <u>freedom/space</u> to staff members to do their job. For example, in relation to making work schedules, expressing ideas, trying out innovations, and work relations. This space is given through <u>supporting</u> staff and <u>rewarding</u> them, through financial and/or emotional means. It contributes to staff members' feeling of well-being in the organisation.</p>	<p>11. DECISION MAKING AND ACTIONS TAKEN ON PROGRAMS</p> <p>In decision making on programs and implementation of decisions a number of <u>people from within and outside</u> the organisation interact. For example, decisions on choices of target groups, key items to be addressed, approaches, and allocation of budgets. The <u>arrangements for decision making and participation processes</u> are characteristic to the organisation.</p>
<p>CULTURAL ASPECTS</p> <p>The norms and values in the organisation.</p>	<p>3. DOMINANT NORMS AND VALUES OF THE ORGANISATION</p> <p>Norms and values characterise an organisation. Norms are about standards or rules telling staff how to act appropriately in the workplace and in their work situation. Values are about qualities of behaviour, thought, and character that are believed to be good, right and desirable. The norms and values are reflected in all of an organisation's <u>actions, choices and the way it presents itself</u> to the world. They produce its image.</p>	<p>6. LEARNING, TEAM WORK AND PARTNERSHIP</p> <p>An organisation's norms and values inform its <u>structural arrangements</u>: what procedures are required, who should take part in information sharing and in decision making, what conflicts are important to pay attention to? Of special importance are norms and values about <u>cooperation and learning</u> within and outside the organisation.</p>		<p>9. BELIEFS AND ATTITUDES OF STAFF</p> <p>Staff members have their <u>personal beliefs and attitudes</u> which have an impact on the functioning of the organisation and the programs. For example, their <u>commitment</u> to the organisation as a whole and their own task. Furthermore, the way they perceive certain attributes of colleagues (e.g. women/men, HIV-positive colleagues, homosexuals) influences the atmosphere and morale in the organisation and the prevalence of <u>stereotyping or stigmatising</u>.</p>	<p>12. STAFF BELIEFS AND BEHAVIOUR TOWARDS COMMUNITY</p> <p>Norms and beliefs about who and what is important and urgent to address underlie the choices made and actions taken related to programs. The <u>beliefs and behaviour of staff</u> involved in any way in the programs influence how <u>programs are shaped and implemented</u>. Critical aspects are inclusion/exclusion of target groups, and staff members' attitude and stereotyping behaviour towards (potential) participants of the activities.</p>

Take the Test: organising a workshop for self-assessment

Our field-testing experiences have shown that doing self-assessment in a workshop setting is very effective because it promotes active participation and interaction between staff members.

The workshop which we have tested and set out in this guide takes three full days of intensive work: a sample program is given in Figure 2. In chapter 3 twelve assignments are described in a certain sequence, ready to be used in the workshop.

The first half of the workshop focuses on reflection, sharing and learning of staff, individually and with colleagues. Reflection on one's own beliefs, behaviour and attitudes is a critical step towards effectively responding to HIV and AIDS in the workplace and in program work. This kind of reflection is crucial if change is going to occur: if you install a condom machine you want people to use it, if you change a policy you want staff to understand and own the issue so that they will act on it. Significantly, reflecting on behaviour, beliefs and attitudes towards HIV, AIDS and gender helps employees to realise that something can be done to prevent, control, and live with HIV and AIDS, and also to learn that people who are HIV-positive are not passive victims.

Building on the reflective part of the workshop, the second half of the workshop engages staff in the self-assessment itself.

The workshop is expected to have three main outcomes:

- An overview of the organisation's strengths and limitations related to its response to HIV and AIDS, using a gender perspective, both in the workplace and in its work;
- A list of priorities for action to respond to and manage HIV and AIDS in a gender sensitive way more effectively, in the workplace and in program work;
- Staff members' commitment to take action and to become actively involved in planning and implementation of those actions.

Figure 2: Sample program for of a three day self-assessment workshop

Session	Activities	Estimated time for a group of 26 participants
Day 1		
1	Introductions, explanations and ground rules	70 minutes
2	Discussion on facts about HIV and AIDS (Assignment 1)	120 minutes
	Presentation of the key tool of assessment: the 12-boxes framework (Intermezzo)	45 minutes
	Reflection on stigmatisation (Assignment 2)	120 minutes
3	Reflection on the gender dimension of HIV and AIDS (Assignment 3)	110 minutes
	Summary of the day	5 minutes
Day 2		
3	Reflection on day 1 and presentation of the program of day 2	15 minutes
	Discussion on the gender dimension of HIV and AIDS (continuation; Assignment 4, 5)	170 minutes
4	Reflection on the personal impact of HIV and AIDS (Assignment 6,7)	50 or 80 minutes
5	Assessing the organisation's staff issues from a HIV and AIDS/Gender perspective (Assignment 8)	145 minutes
5	Assessing the organisation's programs from a HIV and AIDS/Gender perspective (Assignment 9 step 1-3)	35 minutes
	Summary of the day	5 minutes
Day 3		
	Reflection on day 2, optional: including step 4 of assignment 9) and presentation of the program of day	15 minutes
5	Assessing the organisation's programs from a HIV and AIDS/Gender perspective (continuation of assignment 9 step 5-8)	75 minutes
5	Assessing the organisation's organisational culture aspects from a HIV and AIDS/Gender perspective (Assignment 10)	110 minutes
5	Assessing the organisation's mission and structural aspects from a HIV and AIDS/Gender perspective (Assignment 11)	130 minutes
6	Towards an action plan to better respond to HIV and AIDS using a gender perspective (Assignment 12)	60 minutes
	Evaluation and closing	20 minutes

Some important considerations when organising the workshop

- Please note that the workshop is not a training on HIV and AIDS, but an assessment. If employees lack basic knowledge on HIV and AIDS, we strongly advise that you should conduct a training on this before doing the self-assessment workshop.
- Please do not give preference to the participation of staff who work on HIV and AIDS programs over those that do not; the assessment needs everyone's views.
- We suggest a maximum of 26 participants, being a mix of staff of different levels, departments and sectors. Organisations with more staff could opt for a series of workshops. Such a way of working provides an overview of opinions and ideas of all staff members. A short final workshop for all staff could be organised to present and discuss the outcomes of the different self-assessments.
- Please consider using a venue where staff can concentrate on the issues at stake without being disturbed.
- Supporting the self-assessment requires good facilitators. We strongly suggest a team of two facilitators. Both should be skilled in creating an atmosphere in which the participants feel at ease to share feelings and views. One needs to have expert knowledge of HIV and AIDS-related issues including their gender dimension. The other should have good knowledge and experience in organisational development and program issues.
- Chapter 2 describes what the facilitators need to do to prepare a workshop in cooperation with the staff from the organisation who are organising the self-assessment.
- Please note, you should not assign a reporter to the workshop as this would hamper the exchange of personal views and perceptions. Instead, the outcomes of the workshop are put on flipcharts for future use by your organisation.

Follow-up of the workshop

- The self-assessment leads to a list of priorities for action; the NGO then needs to find ways to actually act on those priorities. It may be appropriate to involve one or two of the facilitators who guided the self-assessment in this process of improving HIV and AIDS/Gender competence⁶.
- Self-assessment is an on-going process. The assessment suggested in the guide could be repeated at regular intervals to monitor an organisation's progress in responding to HIV and AIDS.

Lastly, in Figure 3 we present feedback from participants who went through the three-day workshop during our field-tests. In Annex 1 you find the outcomes of the self-assessment of two organisations involved in the testing. We hope the reactions and outcomes challenge you to take the test!

⁶ We use the term HIV and AIDS/Gender competence to emphasise that responding to the HIV and AIDS epidemic requires a gender perspective and therefore gender capacity.

Figure 3: Feedback from the field-tests

The self-assessment using the 12-boxes framework:

- We do not have experiences of working on HIV related issues. The workshop motivated us very much to engage in these issues and to make it a priority in our organisation.
- We already work on HIV and AIDS for quite some time but we never reflected that deeply on HIV and AIDS and how we respond to them. We learnt many new things.
- We feel that using the 12-boxes framework helped us finding out how our organisation responds to HIV and AIDS. We understand better our limitations showing us where we have to work on.
- The assessment was a good first step to make us realise the urgency of the matter. We need much more time to make a proper action plan and develop a strategy.
- We looked into all the organisational elements in a systematic way.
- Very importantly, we came to a collective opinion about our organisation's responses and what to do to improve them.
- At the beginning I was really confused about the framework but it made me think a lot about projects issues.
- It was a complete package, I was able to assess my own feelings and behaviour and organisational issues.

The participatory methodology used in workshop:

- Because the management was also involved they felt the gaps as well. It is important that the management feels committed to take action.
- The methods and assignments helped us to assess ourselves individually and as an organisation.
- The assignments and variety of methods provoked a high level of participation.
- We will organise more workshops to involve the staff who could not take part in the workshop. The assignments and the methodology were very useful to share ideas and learn from each other.
- Although a three day workshop affects our heavy work schedule it is worth the investment.

The discussions on HIV and AIDS-related issues and their gender dimension:

- Although the workshop was not a training, we learnt a lot about HIV and AIDS and their gender dimension. We feel it is priority for our organisation to organise training to increase our understanding.
- The deep discussions about stigma and its effects were really an eye opener for all of us.
- The discussion made me realise that we need to work with HIV-positive people.
- I learnt a lot about vulnerability and the differences between men and women.
- The reflection on gender equality was very important to me and for our organisation.

Impact of the workshop at the personal level:

- My attitude towards people living with HIV has changed in a positive way.
- The assessment helped me a lot in improving my planning, I need to change some practices.
- Now I understand that HIV is not a health problem but a development problem.
- I will tell my family about the difference between HIV and AIDS and about stigmatisation.
- I think about taking a HIV test, it is important to do it.
- I realise that it is possible to live a positive life when you are infected with HIV.
- I have learnt that HIV-positive people can marry and have children.

Chapter 2: How to guide the process of self-assessment

This chapter sets out the facilitators' task of guiding the staff of an NGO through a process of self-assessing its HIV and AIDS/Gender competence. Chapter 3 presents the actual assignments to do with the staff in the workshop consisting of six sessions.

The aim of the workshop is three-fold:

1. To assess the extent to which the NGO effectively responds to the challenges created by HIV and AIDS and gender inequalities both in the workplace and in its work;
2. To generate priorities for action to strengthen the organisation's response to HIV and AIDS in a gender sensitive way.
3. To generate commitment among staff members to take action on HIV and AIDS.

It is our experience that these aims can be achieved with a good facilitation, and with staff members who are interested in learning and willing to make changes.

What do you, the facilitators, need to do the job well? First and foremost, good facilitation skills and the ability to deal with sensitive issues. In a team of two, at least one of you should have expert knowledge of HIV and AIDS-related issues and their gender dimension. And at least one needs to have expertise in program and organisational development issues. For both we must not forget creativity, enthusiasm, and the ability to cooperate well!

The main characteristics of the workshop

The first half of the workshop involves guiding staff through an in-depth reflection on their personal beliefs and attitudes towards HIV, AIDS and gender. This reflection in Sessions 1 to 4 is very important: it paves the way for an open atmosphere for sharing and discussing about what happens at the work and the workplace. The second half of the workshop is the self-assessment of the organisation's HIV and AIDS competence using a gender perspective, via Sessions 5 and 6.

A maximum of 26 staff members should participate in the workshop. Ideally, involve a mix of staff in terms of position and tasks, from managers to support staff. As mentioned in Chapter 1, a large NGO could opt for a series of workshops, in each of which a part of the staff attends. Eventually, all staff will be included in the assessment.

The methodology of the workshop is highly participatory. We feel that as many views and ideas about the functioning of the organisation and programs in a time of HIV and AIDS should come to the fore, irrespective of the function or position of the staff members. Therefore, we have used methods to actively engage the participants in reflection and discussion, and to promote optimal sharing and exchange among them. We have also included a variety of methods to avoid participants becoming bored. Needless to say, we suggest that you add in your own energisers, whenever you feel that the energy level of the participants has dropped.

Through the workshop, the participants, guided by the facilitators, work towards three main outcomes:

- An overview of the NGO's strengths and limitations related to its response to HIV and AIDS, using a gender perspective, both in the workplace and in its work;
- A list of priorities for action to respond to HIV and AIDS in a gender sensitive way more effectively, in the workplace and in the NGO's work;
- Staff members' commitment to those actions.

As already stated, we advise against having someone note the workshop proceedings as this would hamper the exchange of personal views and perceptions. Instead, the first two outcomes of the workshop are recorded by being put on flipcharts for future use by the NGO.

The program consists of six sessions which are set out in Chapter 3, along with any relevant background information. Figure 1 gives an overview of how the Session 1 to 6 and Assignments 1 to 12 can fit into an intensive three day workshop.

Preparation for the workshop

Although Chapter 3 sets out a 'ready-made' program, please adapt it to make the content appropriate to the needs of the NGO concerned, the level of HIV prevalence, and the felt urgency to address the issues. You should have a preparatory meeting with a few staff from the NGO to discuss a few things, presented in Figure 4 below, to ensure that the content of your workshop fits the NGO. Note also that some assignments differentiate between NGOs which have knowledge about and experience of addressing HIV and AIDS-related issues and those which do not.

Figure 4: Things to find out about the NGO during preparation

- The type and nature of **activities and programs** in which the NGO is involved
- The extent to which attention is paid to HIV and AIDS-related issues and gender equality issues in **programs**. Are there any specific bottlenecks?
- The extent to which attention is paid to HIV and AIDS-related issues and gender equality issues in the **workplace**. Is there an HIV workplace policy, general health policy, space for the input of people living with HIV/AIDS? Are there any specific bottlenecks?
- The level of **knowledge and expertise** of staff, and in particular of the proposed participants, about HIV and AIDS and gender issues. How do they get knowledge and experience?
- **Training** that the NGO organises for its staff. What topics are dealt with, which methodology is used, is training about HIV and AIDS provided and to whom?
- The local availability of training **materials** on HIV and AIDS.
- The extent of **openness** to sharing sensitive issues in the organisation concerning, for example, gender, illness, HIV status, and family or personal problems.
- The **language(s)** used in the workplace, and in particular by the proposed participants. Will you need to use translators, or can you modify methods e.g. mime, drawings. How will you enable participants from different language groups to mix and share their views?
- Any other important matters that could influence the design and running of the workshop.

If the staff members appear to have low levels of knowledge about HIV and AIDS they will not be able to conduct an effective self-assessment. We therefore strongly advise that NGOs in that situation should organise an HIV/AIDS training prior to the self-assessment workshop. The workshop covers the what and how of HIV and AIDS briefly, to focus the participants and to bring their knowledge to the same level, but it is not a training course.

In addition to ensuring that the workshop fits the nature and HIV-situation of the NGO, the facilitators and NGO should talk about organisational matters. We have summarised the main issues to discuss in Figure 5.

Figure 5: Organisational matters to discuss with the NGO during preparation

- The time and venue - one large room is needed with space for large flipcharts on the walls.
- The seating arrangements - the participants sit in a circle on chairs, a few tables should be put in the corners to allow for work in small groups.
- The participants and the invitations – what are the characteristics of the participants? Their number should not exceed 26.
- Attendance - what can be done to ensure that participants stay for the whole course, and are not pulled away by other work commitments?
- The language(s) to be used during the workshop and how to deal with translation.
- Materials and equipment required - a good number of flipcharts, markers for all participants (black or blue) and also a few of various colours, coloured cards or paper to make cards, notebooks and pens for the participants. Optional extras are a video player and DVD player.
- Photocopy facilities. The participants use handouts during various assignments which need to be photocopied.
- Logistics - accommodation, food, per diem, transport, and so on.
- Opening and closing – how to do it and by whom.

Based on the outcome of the preparatory meeting, you can design the workshop. You need to

- Go through the assignments in Chapter 3 and check if they are appropriate for the situation at hand. Prepare and modify assignments, where needed.
- Look for video's or DVD's which can be used in certain assignments.
- Make the program, prepare the handouts and whatever else is indicated for each specific assignment.

Chapter 3: The workshop sessions and assignments

This chapter contains the six sessions of the workshop including the 12 assignments:

Session 1: introductions, explanations, and ground rules

Session 2: HIV and AIDS and related issues

Session 3: the gender dimension of HIV and AIDS

Session 4: the personal impact of HIV and AIDS

Session 5: the organisation's response to HIV and AIDS/gender in the workplace and in its programs

Session 6: setting priorities for action to improve the organisation's response to HIV and AIDS in a gender sensitive way

The description for each session starts with a short introduction to explain to you, the facilitator, the importance of the topic and the expected outcome of the session. Thereafter, the assignments are explained in detail. Each explanation includes: the expected result, an estimate of the time needed, the methods, and materials required. Next, there is a step-by-step guide on how to do the assignment, sometimes including alternative methods or steps. We have also attached handouts which can easily be copied. Finally, some of the sessions have a section of Background Information to help you to carry out the assignments.

It is important that you keep time to ensure that the workshop aims can be achieved. You must find the balance between proper sharing of views and opinions and fitting the whole workshop into the time available!

We must stress that you should feel free to make modifications and to use your creativity. Make a culturally acceptable dish, add your personal flavour to the recipe, and create an enjoyable atmosphere!

Session 1: Introductions, explanations, and ground rules



This introductory session consists of four items, with suggestions of how you might want to deal with them.

- **Welcome** (5 minutes). You may want to invite a key manager or board member to welcome the participants in an inspiring way.
- **Introduction of the participants** (and facilitators) (45 minutes). Choose an appropriate method, remembering that they may already know each other. A useful and enjoyable method is the following:

Invite each participant to draw "anything you like which describes you" on a coloured card. Ask each one to explain their drawing to as many other participants as possible while walking around. Each listener signs their name on the back of the card. After 10 to 15 minutes ask how many signatures the participants have collected. Invite a few people who have collected a lot of signatures to tell about other participants they met, until everybody has been introduced.

- **Introduction of the workshop's aims, the way of working, and the program** (15 minutes). Explain at least the following issues:
 - Workshop aims and outcomes (as mentioned in Chapter 2).
 - The importance of self-assessment. Point out that any assessment is meant to improve an organisation's functioning and its programs. In a self-assessment staff members give their own views and suggestions for improvement. The staff members play the key role in the workshop, the facilitators only guide the process and will not add their opinion.
 - The participatory methodology and series of assignments that will be used.
 - The two main themes of the workshop: deeper reflection on personal beliefs and attitudes towards HIV and AIDS-related issues and, building on it, self-assessing the organisation's response.
 - The program and timing.
- (5 minutes). HIV, AIDS and gender issues are sensitive topics, so it is necessary to have some ground rules for the workshop. Figure 6 lists some important rules; you could present these and ask for comments, or allow more time to develop the rules in a participatory way .

Figure 6: Ground rules for the workshop

- Confidentiality** – no personal information brought forward in this room will be shared outside the room.
- Respect the opinion of each other** – participants respect each others' views, beliefs and values.
- Be careful with making jokes** – although jokes may meant to be funny, they can hurt others.
- Keep time** – the workshop consists of three days of intensive discussion required to realise the expected outcomes.
- Mobile phones off** - the workshop focuses on sensitive issues, the discussion of which should not be disturbed.
- No walking in and out during sessions** - leave the room only at breaks.
- Attendance in all sessions required** - no skipping of parts of the workshop is allowed.

Session 2: HIV and AIDS and related issues



This second session of the workshop is about HIV and AIDS: what do the participants know about these issues? What are their feelings, beliefs and attitudes towards HIV and AIDS? What is the impact of certain attitudes and behaviour?

This session also includes briefly explaining the 12-boxes framework, so that the participants understand the key items that they will explore in the self-assessment. In Annex 3 you find the full overview of the HIV and AIDS 12-boxes framework including a gender perspective.

The session is of utmost importance for three reasons.

- First, the participants need to be at the same level of understanding HIV and AIDS-related issues in order to discuss HIV and AIDS in the workplace and programs.
- Second, addressing HIV and AIDS involves changing beliefs, attitudes and behaviour of men and women at different levels: individual, interpersonal, organisational, in the community and society as a whole. Reflecting on stereotyping, stigmatisation and discrimination is an important step towards changing our beliefs, attitudes and behaviours. This is essential if we are to work effectively with others on issues concerning HIV and AIDS.
- Third, the participatory methods help to create an open atmosphere for discussion.

Assignments and outcomes

This session comprises Assignments 1 and 2 with, in between, a presentation of the 12-boxes framework. There is also some Background Information for you to read about both the assignments and for the 12-boxes framework.

At the end of the session the participants are expected to have a basic understanding of HIV and AIDS and a deeper insight in the process of stigmatisation. They should also have a better sense of the framework they are going to use to assess their organisation's HIV and AIDS competence.

Assignment 1: Knowledge and beliefs about HIV and AIDS

Expected results:

- 1) Participants have increased understanding of HIV and AIDS;
- 2) Participants are aware of their level of knowledge about HIV and AIDS.

Time needed: 120 minutes maximum

Read through and decide whether to use Method 1 or Method 2

Method 1: quiz⁷, plenary discussion

Materials required: copies of Handout 1A or 1B, notebooks and pens

Steps for the facilitator:

1. Preparation: From your preparatory meeting with the NGO you should have a sense of the level of HIV/AIDS knowledge among the participants. Choose Quiz A if the participants have low levels of knowledge, and Quiz B if it is higher. The quizzes are meant to provoke discussion. Note that the questions in the quiz are phrased in such a way that none of them are true! Section A of the Background Information to Session 2 covers the main issues for discussion.
2. Introduction: The workshop is about assessing the organisation's response to HIV and AIDS, so all the participants need to understand HIV and AIDS. However, the workshop though is not a training on HIV and AIDS, though the discussion may reveal the need or desire for more information or training. A maximum of two hours will be spent on the questionnaire or quiz and discussion.
3. Distribute the handout among participants. Ask each one of them to write their answers down.
4. Divide the participants into random groups and ask them to discuss their answers with their group members.
5. In the plenary go through the questions and answers. Add any information about HIV and AIDS when there is a need.
6. At the end of the discussion, give each of the participants a notebook. Ask them to bring them to each session, and now to take a few moments to record their reflections, insights or learning points in the notebooks.

Alternative:

Skip the small group exchange (Step 4) and discuss the questions in the plenary only by randomly asking participants how they answered the question and why they gave that answer (Step 5).

⁷ Designed by Savitri Ramaiah

Method 2: pair-wise discussion, plenary discussion

Materials required: cards, markers, whiteboard or flipchart, notebooks and pens

Steps for the facilitator:

1. Preparation: In Figure 7 below you will find a list of statements, mostly myths about HIV and AIDS. Select statements from the list which are appropriate to the cultural setting or type of organisation, and modify as necessary. You could also use statements from the quiz (Method 1 above).

Write the statements on small coloured cards. Draw two columns on a whiteboard or flipchart, one stating True, another stating False.

2. Introduction: see Step 2 of Method 1 above.

3. Divide the participants into pairs and give each pair some of the cards with statements. Ask them to discuss whether the statement is false or true.

4. In the plenary, discuss the statements as they are put in the columns by the participants. Add any information about HIV and AIDS if there is a need to.

5. At the end of the discussion, give each of the participants a notebook. Ask them to bring them to each session, and now to take a few moments to record their reflections, insights or learning points in the notebooks.

Figure 7: Statements and myths about HIV and AIDS

- HIV is caused by witchcraft.
- Sex with a virgin cleanses you of HIV.
- Marriage protects you from becoming infected with HIV.
- I may contract HIV through kissing an HIV-positive person with cuts on their face.
- HIV can be transmitted by using telephones.
- The moment somebody is infected with HIV he or she will feel the symptoms.
- Rough sex, rape, or female genital mutilation at an earlier age, multiplies the risk of HIV infection.
- Mosquitoes can transmit HIV if they bite within five minutes of biting an HIV-positive person.
- HIV is found in most dense quantity in blood and sexual fluid of an HIV-infected person.
- Breast feeding increases the risk of the child acquiring HIV.
- HIV-positive women can give birth to an HIV negative baby.
- HIV does not respect the group of people you belong to – AIDS affects us all.
- Condoms are the best way to prevent HIV infection.
- When a person has been infected with HIV you can see it immediately.
- HIV can be transmitted by sleeping in the same bed.
- You can get infected with HIV by eating from the same plate or using the same utensils.
- others that you can think of.....



Quiz on HIV and AIDS

Handout 1A

What to do:

- Which of the following statements is true? Some statements may not have a simple “Yes” or “No” answer.
- If a statement is false or partially true, kindly write the facts as you understand them in your notebook.

The following questions are meant to generate discussion and help you acquire greater clarity on the basic facts on HIV and AIDS.

No.	Statement	True/partially true/false
1.	It is the sole responsibility of the Ministry/Department of Health to manage programs for prevention of HIV infection and to provide care and support for those living with HIV.	
2.	The most common mode of transmission of AIDS in my country is through unprotected sex.	
3.	People who have only one sexual partner are not at risk of acquiring HIV infection.	
4.	HIV can be transmitted by using addictive drugs.	
5.	HIV can be transmitted through deep kissing.	
6.	If a blood test is negative for HIV infection, it means that the person is not infected with HIV.	
7.	It should be mandatory to do a HIV test for all pregnant women and individuals requiring any type of surgery.	
8.	People in some groups - such as commercial sex workers, men who have sex with men, and truck drivers - are more likely to get infected with HIV.	
9.	It is important to advise people who engage in multi-partner sex to give up this bad habit so that they can be safe from HIV.	
10.	‘Safer sex’ means using condoms while having sex with any sexual partner who is not a spouse.	
11.	Since abnormal white discharge in women is a symptom of a sexually transmitted infection, any woman who has abnormal vaginal discharge is at higher risk of acquiring HIV infection.	
12.	It is important for people who are HIV-positive to take adequate rest, have a nutritious diet, and avoid strenuous work.	
13.	Condom promotion is the most effective way of controlling HIV infection.	
14.	People who are HIV-positive should take regular treatment in order to lead a long and healthy life.	





Handout 1B

Quiz on HIV and AIDS

What to do:

- Which of the following statements is true? Some statements may not have a simple “Yes” or “No” answer.
- If a statement is false or partially true, kindly write the facts as you understand them in your notebook.

The following questions are meant to generate discussion and help you acquire greater clarity on the basic facts on HIV and AIDS.

No.	Statement	True/partially true/false
1.	It is the sole responsibility of the Ministry/Department of Health to manage programs for prevention of HIV infection and to provide care and support for those living with HIV.	
2.	The most common mode of transmission of AIDS in my country is through unprotected sex.	
3.	People who have only one sexual partner are not at risk of acquiring HIV infection.	
4.	All those who have more than one sexual partner are at equal risk of getting HIV infection.	
5.	HIV can be transmitted by using addictive drugs.	
6.	Someone who is HIV+ has infectious body fluids which can infect other people.	
7.	People in some groups - such as commercial sex workers, men who have sex with men, and truck drivers - are more likely to get infected with HIV.	
8.	A person who tests negative for HIV infection even after three months, has not come in contact with HIV.	
9.	It is important to advise people who engage in multi-partner sex to give up this bad habit so that they can be safe from HIV.	
10.	‘Safer sex’ means using condoms while having sex with any sexual partner who is not a spouse.	
11.	A woman with an STI but no symptoms has the same risk of contacting HIV infection as a woman who does not have an STI.	
12.	It is important for people who are HIV-positive to take adequate rest, have a nutritious diet and avoid strenuous work.	
13.	Condom promotion is the most effective way of controlling HIV infection.	
14.	It should be mandatory to do a HIV test for all pregnant women and individuals requiring any type of surgery.	

Presentation of the 12-boxes framework

Expected result:

Participants understand how the 12-boxes framework is used to assess, bit by bit, the extent to which their organisation responds to HIV and AIDS-related issues.

Time needed: 45 minutes maximum

Method: Participatory discussion, presentation

Materials required: Coloured cards, flipcharts, pens, copies of Handout 2

Steps for the facilitator

Preparation: Read Section B of the Background Information to Session 2, which gives an example of how you can explain the 12-boxes framework to the participants. Prepare your explanation of the framework, to fit the participants’ level of knowledge and experience. You could start with the columns, or the different elements, or the rows of the framework, or a mix of these - whatever you feel most confident with. Use coloured cards to visualise the explanation, writing the 12 elements on cards of one colour, and the headings of the columns and of the rows on different colours.

Finally, prepare a large 12-boxes framework by pasting at least six flipcharts together. You will put this on the wall at the end of the presentation. Please note that Annex 3 contains the full overview of the HIV and AIDS 12-boxes framework including a gender perspective.

1. Introduce the presentation, stressing that it is not a problem if not everyone understands all of the framework by the end; this is an overview, and the participants will get more explanation during the assignments.
2. Introductory question: ask the participants what organisational items would they want to consider if they had to assess their organisation’s response to HIV and AIDS? Let them list the items while you write them on a flipchart. Ask questions to provoke answers, when needed. For instance, what specific items concerning programs would they like to include in an assessment?
3. Explain the framework element by element using the coloured cards. Emphasise the inter-relations between the elements via the rows and columns. (See Background Information, Section B for a suggestion of how to go about this).
4. Return to Step 3’s flipchart and ask them which box each item belongs in. Add explanation, if needed.
5. Put up the large framework on the wall and explain how it will be used during the rest of the workshop. During assignments the participants will prepare cards with strengths and limitations and put them in the appropriate boxes. By the end of the self-assessment all the boxes will be filled, giving an overview of the organisation’s HIV and AIDS competence. This large framework replaces the flipchart you have produced to explain the framework under step 3.
6. Distribute Handout 2 among the participants. Repeat that participants should not worry if they do not understand much of the framework, as you will give more explanation later on.





Handout 2

The HIV and AIDS 12-boxes framework including a gender perspective

In this version of the 12-boxes framework, there is a key question in each box relating to HIV and AIDS, and examples of the factors that one should consider

	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
<p>TECHNICAL ASPECTS</p> <p>The processes and systems necessary to run the organisation, and the managing of social, financial and technical resources.</p>	<p>1. POLICIES AND ACTIONS</p> <p>To what extent do policies and actions include concern about HIV and AIDS/ Gender equality issues and take steps to address them?</p> <ul style="list-style-type: none"> Concern about HIV and AIDS/Gender equality issues in the organisational and staff policies. Concern about HIV and AIDS/Gender equality issues in action plans, strategies and approaches. Budgeting to address HIV and AIDS/Gender-related issues. Attention to HIV and AIDS/Gender-related issues in monitoring and evaluation. 	<p>4. RESPONSIBILITIES, PROCEDURES, AND SYSTEMS</p> <p>To what extent do responsibilities, procedures and systems contribute to effectively and efficiently addressing HIV and AIDS related issues in a gender sensitive way?</p> <ul style="list-style-type: none"> HIV and AIDS/Gender integration in tasks and responsibilities, job descriptions. Consideration of HIV and AIDS/Gender in procedures (recruitment, appraisal, etc.). HIV and AIDS/Gender in information systems. Coordination of HIV and AIDS/Gender actions (focal points, and the like). Networking and partnership arrangements related to HIV and AIDS/Gender Facilities and conditions to allow (male and female) staff to work in a context of HIV and AIDS. 		<p>7. STAFF CAPACITY AND EXPERTISE</p> <p>To what extent does the organisation ensure that staff have the capacities and expertise to address HIV and AIDS-related issues in a gender sensitive way?</p> <ul style="list-style-type: none"> Levels of staff knowledge about HIV and AIDS. Levels of staff competence with regard to HIV and AIDS Understanding among staff of the gender dimension of the HIV and AIDS epidemic. Refresher training on HIV and AIDS and gender. 	<p>10. PROGRAM DESIGN</p> <p>To what extent does the organisation ensure that HIV and AIDS and gender equality issues are part and parcel of the programs, from analysis to monitoring and evaluation?</p> <ul style="list-style-type: none"> Analysis of the situation at the community or society from an HIV and AIDS/Gender equality perspective Design, planning, implementation, monitoring and evaluation of HIV and AIDS activities, components or programs. Program strategies and approaches to address the HIV and AIDS epidemic including adapting existing work through mainstreaming HIV and AIDS. Consideration of gender in HIV and AIDS activities and programs. Partnership and networking with other organisations with HIV and AIDS/Gender expertise.
<p>ASPECTS OF INTERACTION</p> <p>The interaction processes which influence the allocation of social, financial and technical resources.</p>	<p>2. VARIOUS INFLUENCES ON POLICIES AND ACTIONS</p> <p>To what extent do people who are influential in the running of the organisation support and actively pursue addressing HIV and AIDS/ Gender equality issues?</p> <ul style="list-style-type: none"> Commitment and support of the management, board and staff towards HIV and AIDS/Gender related issues in the policies and actions of the organisation. Influence of external individuals, organisations, and donors about HIV and AIDS/Gender-related issues on the policies and actions of the organisation. 	<p>5. DECISION MAKING</p> <p>To what extent does the organisation ensure that HIV and AIDS and gender equality issues are seriously taken into consideration in decision making on organisational matters?</p> <ul style="list-style-type: none"> Consideration of HIV and AIDS/Gender equality related issues in formal and informal decision making processes. Participation of male and female staff irrespective of HIV status in the decision making processes. Management on HIV and AIDS/Gender related issues (confidentiality, action sexual harassment, etc.) and related conflicts. Allocating budgets to HIV and AIDS/Gender actions Putting decisions into action. 		<p>8. FREEDOM/SPACE TO DO ONE'S WORK</p> <p>To what extent does the organisation provide freedom and space to staff members to work in a context of HIV and AIDS in a gender sensitive way?</p> <ul style="list-style-type: none"> Freedom and support given to (male and female) staff to address HIV and AIDS/ Gender-related issues in their work and in the workplace Supportive environment for HIV-positive staff and staff affected by HIV and AIDS (both males and females). 	<p>11. DECISION MAKING AND ACTIONS TAKEN ON PROGRAMS</p> <p>To what extent does the organisation ensure that HIV and AIDS and gender equality issues are seriously taken into consideration in decision making and related actions of its programs?</p> <ul style="list-style-type: none"> Consideration of HIV and AIDS/Gender-related issues in decision making on programs and activities Influence of management, staff and people from outside the organisation on the focus of the programs, the choice of the target group, the approach, budget priorities when it comes to addressing HIV and AIDS/Gender related issues. Conversion of decisions into implementation.





	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
CULTURAL ASPECTS The norms and values in the organisation.	3. DOMINANT NORMS AND VALUES OF THE ORGANISATION To what extent do the organisational norms and values show concern about HIV and AIDS and gender equality issues? <ul style="list-style-type: none"> • Norms and values about HIV and AIDS/ Gender which guide the policies, actions and programs. • Norms and values about HIV and AIDS/ Gender which guide staff behaviour. 	6. LEARNING, TEAM WORK AND PARTNERSHIP To what extent do the norms and values on ways of cooperation and support among staff and with outsiders, reflect concern about HIV and AIDS and gender equality issues? <ul style="list-style-type: none"> • Norms and values concerning team work in the context of HIV and AIDS/Gender. • Norms and values towards working relations with outsiders about HIV and AIDS/Gender • Importance attached to learning about HIV and AIDS/Gender. 		9. BELIEFS AND ATTITUDES OF STAFF To what extent do staff members' beliefs and attitudes support HIV, AIDS and gender-related issues to be addressed in the workplace? <ul style="list-style-type: none"> • Commitment of staff towards addressing HIV and AIDS/Gender • Stereotyping and stigmatising colleagues with regard to HIV and AIDS. 	12. STAFF BELIEFS AND BEHAVIOUR TOWARDS COMMUNITY To what extent do staff members' beliefs and behaviour support HIV, AIDS and gender-related issues to be addressed in the work? <ul style="list-style-type: none"> • Staff's beliefs about the importance to address HIV and gender inequality issues • Staff's attitude and behaviour towards HIV-positive and AIDS affected men, women, boys, girls in the community (inclusion/ exclusion in programs and activities).



Assignment 2: Reflecting on stigmatisation

Expected results:

- 1) Participants understand forms of stigma, their causes and effects;
- 2) Participants are aware of the feelings that arise from being stigmatised (and - optional - when stigmatising others).

Time needed: two hours maximum

Method: Self-reflection, group exercise, problem tree, plenary discussion

Materials required: Coloured cards, markers, flipcharts, pens

Steps for the facilitator:

1. Preparation: Read Section C of the Background Information for Session 2. This assignment may have a great impact on the participants, particularly if it is the first time they have reflected on the consequences of stigmatising a person or group of people. Note, they may struggle to distinguish between acts of stigma, their causes and their effects. Therefore, the assignment is built up in such a way that gradually the participants increase their understanding of the process of stigmatisation.
2. Introduction: following Assignment 1's discussion about the facts of HIV and AIDS, the participants will have a closer look at the impact of HIV and AIDS on individuals and communities by reflecting on the process of stigma.
3. Ask the participants what comes to their mind when they hear the word stigma. Discuss the meanings of stigma, stereotyping and discrimination.
4. a) Ask the participants individually to reflect on the following question. The answers do not necessarily need to relate to HIV or AIDS:
Think about a time in your life when you felt isolated and rejected because others felt you were 'different'. What had happened to make you feel isolated or rejected? What feelings did you have? How did you react? Later on, did the experience change anything in your life?
In the plenary, ask a few participants to share their experiences. What could be done to overcome the effects of stigmatisation?

Optional step:

- b) Ask the participants individually to reflect on the following question:
Think about a time in your life when you isolated or rejected other people because you perceived them as 'different'. What did you do? What caused you to act that way? What was the reaction of the other? How did you feel afterwards?
In the plenary discuss the experiences of a few who are willing to share them. Emphasize that we all show such attitudes and behaviour because there are moments when we perceive people as 'different'. What we do to others can hurt, and we can be hurt by acts of others.

5. Divide the participants into random groups of four or five. Distribute cards of three colours among the groups. Let the group members share their experiences from Step 4a). Ask them to write the following on the cards:
 - The act of stigma they experienced: what did the other person or group do that made you feel isolated or rejected (colour 1)?
 - The effect that this act or behaviour had on you (colour 2).
 - The cause of the act of stigma: why the person or group isolated or rejected you (colour 3).

6. In the plenary, use the cards produced in the groups to make a big tree on the wall or on the floor:
 1. The trunk represents the acts of stigma
 2. The branches are formed by the cards with effects
 3. The roots represent the causes of the act of stigma.
 Discuss the outcome of the groups. Pay special attention to causes and effects, as people often confuse these concepts.
7. When the participants understand the differences between causes, acts and effects, ask each of the groups to make a tree about acts of stigma related to HIV and AIDS, their effects and causes.
8. In the plenary, ask the groups to present their tree, or let the participants to go around and study the trees pasted on the wall. Discuss some major observations. Show that there are immediate effects and spin-off effects. Pay attention to differences between men and women and other relevant diversities: people often forget about such differences as gender, age and ethnicity.
9. Take a few minutes for participants to write some main reflections, insights or learning points in their notebooks. Ask a few to share their notes.

Alternative:

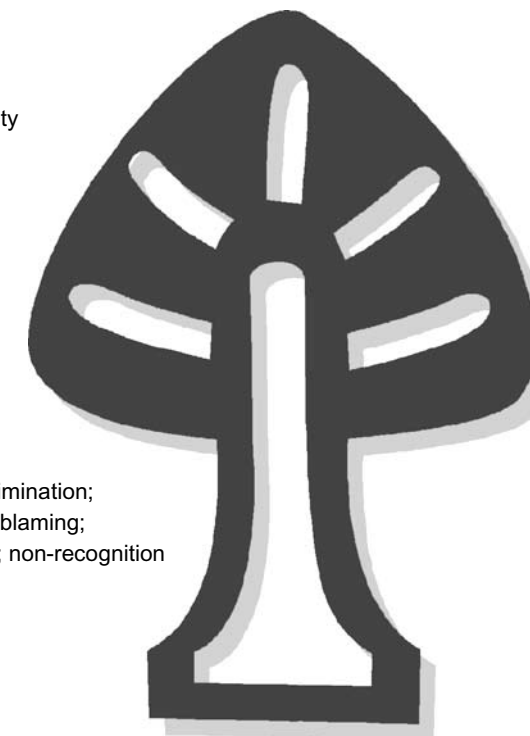
Step 2: If you have a video on stigmatisation you could choose to show the video. Divide the participants into three groups. Ask each group to focus on one aspect: acts of stigma, effects or causes. In the plenary, cluster the points and make a tree.

Example of a tree of stigma - Outcome of a workshop

Impacts:

Social boycott
No earning opportunity
Exploitation

Insecurity
Cut off from basic facilities
Emotional breakdown
Feeling of guilt



Acts of stigma:

Isolation; social discrimination;
sarcastic comments; blaming;
blaming in the media; non-recognition

Causes: poverty; male dominated society; social norms; illiteracy; lack of awareness; trafficking; distorted community; feudal culture; migration

Background Information to Session 2

A) Basic facts about HIV and AIDS (useful for Assignment 1)

Basic facts about HIV and AIDS can be found on the website of UNAIDS: www.unaids.org - Go to *Media Centre*, then to *References*, where you click on *Fast facts about AIDS*.

For your convenience, the main items for discussion with the participants are indicated in the table below. It covers both **Quiz A and Quiz B**.

No. A/B	Statement	Response
1A/ 1B	It is the sole responsibility of the Ministry/Department of Health to manage programs for prevention of HIV infection and to provide care and support for those living with HIV.	Not true. The health department can work through reducing risk behaviours such as unprotected sex, sharing needles and syringes, etc. It can also provide services such as STI services, condom promotion, blood safety etc. However, other departments need to address other factors that increase risk behaviour, such as poverty, ignorance, gender inequality, etc.
2A/ 2B	The most common mode of transmission of AIDS in my country is through unprotected sex.	Not true: HIV is transmitted, AIDS is never transmitted. The common use term HIV/AIDS makes use HIV and AIDS as synonymous, which is wrong. Also, in many countries, the initial awareness programmes focussed only on AIDS as an incurable disease. Most people, therefore, believe that AIDS is transmitted and anyone with AIDS looks very unwell as he/she is closer to death. This has not allowed adequate focus on the several years of asymptomatic phase of HIV infection, where people are not aware that they have the infection. They therefore transmit it to others without their knowledge
3A/ 3B	People who have only one sexual partner are not at risk of acquiring HIV infection.	There are three ways in which an adult can get HIV infection – unprotected sex, getting transfusion of infected blood and sharing needles and syringes. Even if a person has only one sexual partner, the risk to HIV will be there if this partner has multiple sexual partners. Also, even if a person is in a mutually faithful relationship, he/she can get infected through the other two modes
4A/ 5B	HIV can be transmitted by using addictive drugs.	Not true. There are many ways of taking drugs, such as inhalation, oral and injections. Anyone who uses addictive drugs is more likely to engage in unprotected sex as their ability to take informed decisions is compromised. The risk of HIV infection in such cases, is therefore from unprotected sex. Sharing needles and syringes for intravenous drug use has a high risk of HIV transmission. Therefore, if a person uses safe needles and syringes for injection drug use, he/she cannot get HIV through this mode.
5A	HIV can be transmitted through deep kissing.	This can only happen if there is exchange of blood while kissing. Outside a hospital setting, there are only four body fluids that transmit HIV infection – blood, semen, vaginal fluid and breast milk. Saliva has HIV, but it cannot transmit infection as the number of virus is low. Also, salivary enzymes inhibit HIV activity and therefore do not allow them to infect others.

No. A/B	Statement	Response
6A	If a blood test is negative for HIV infection, it means that the person is not infected with HIV.	Not true. The common tests for HIV detect antibodies, which are normally detected after three months. This means that if a person undergoes a test during the first three months after infection, a person will test negative despite being infected with HIV. This period between the entry of HIV in the body and the detection of its antibodies is called window period. If a person tests negative for HIV, he/she is advised to return for another test after three months. It is important to engage in safer behaviours during this period. If a person tests negative after three months, it is concluded that he/she is not infected with HIV. He/she then needs to be counselled to engage in safer behaviour for life.
7A/ 14B	It should be mandatory to do a HIV test for all pregnant women and individuals requiring any type of surgery.	Current ethical guidelines do not allow such testing. HIV test should be done only after counselling and taking informed consent. In high prevalence areas, counselling of pregnant women is done to take their consent for the test so that measures can be taken to prevent mother to child transmission of HIV at the time of birth and support can be given to reduce HIV transmission through breastfeeding. It is recommended that all service providers practice universal precautions while operating upon people irrespective their HIV status. It is therefore not essential to test before surgery. It may be done after counselling if the patient gives informed consent.
8A/ 7B	People in some groups - such as commercial sex workers, men who have sex with men, and truck drivers - are more likely to get infected with HIV.	While it is true that HIV is reported to be more prevalent in some groups such as the ones mentioned, it is not because of who they are , but what they do. People in these groups are more likely to engage in unsafe behaviours and therefore at higher risk. Many people equate who we are with what we do.
9A/ B	It is important to advise people who are engaged in multi-partner sex to give up this bad habit so that they can be safe from HIV.	It is extremely important not to judge anyone as good or bad. Instead, one should focus on the behaviour being risky or not risky. By labelling someone's behaviour as "bad", the service providers make it very difficult to build trust and win the beneficiary's confidence. Therefore, while it is important to help people understand the link between their behaviour and higher risk of getting HIV infection, using judgemental words and phrases such as "bad habit", "immoral", or "against social norms" should not be used.
10A/B	'Safer sex' means using condoms while having sex with any sexual partner who is not a spouse.	Not true. One of the spouses may have higher risk behaviour. If a woman has sex only with her husband, and the husband has sex with many others, she is at risk. Safer sex includes: using condoms for every penetrative sex by partners who are not mutually faithful; increasing practice of non-penetrative sex; decreasing number of sexual partners and rate of partner change.
11A	Since abnormal white discharge in women is a symptom of a sexually transmitted infection, any woman who has abnormal vaginal discharge is at higher risk of acquiring HIV infection.	Abnormal white discharge is one of the symptoms of STIs. However this discharge women can have even without having sex due to endogenous overgrowth. Women who have this discharge due to STIs are at greater risk of HIV as compared to women who have abnormal white discharge due to endogenous growth. It is important to remember that many women with STIs do not have any symptoms.

No. A/B	Statement	Response
12A/B	It is important for people who are HIV-positive to take adequate rest, have a nutritious diet and avoid strenuous work.	Asymptomatic HIV positive people need as much rest and nutritious diet as those who are HIV negative. They can do the same work that HIV negative people can do. However, the consequences of not having a nutritious diet, or having “unclean” food are more serious in HIV positive people than in HIV negative people. In an HIV positive person there is a risk of faster progression of HIV infection to AIDS.
13A/B	Condom promotion is the most effective way of controlling HIV infection.	Merely promoting condoms will not lead to increased condom use – it requires behavioural change. Effective control of HIV infection needs multiple approaches such as promoting safer behaviours, STI prevention, treatment and control, blood safety, care and support, etc. No one approach will work in isolation.
14A	People who are HIV-positive should take regular treatment in order to lead a long and healthy life.	HIV positive people should not start taking medicines as soon as the infection is detected. They should take medicines if the CD4 count is low, and the viral load is high as indicated by frequent episodes of opportunistic infections. Lifestyle modifications such as consistent condom use, regular exercise and practice of relaxation techniques, positive thinking, taking measures to reduce risk of water and food borne diseases, taking early and complete treatment for all minor and major infections, etc. can increase the duration of asymptomatic phase of HIV infection. All the drugs that are prescribed for treatment of HIV infection cause resistance over a period of time, and cause several side effects. By starting the medicines only when the immunity is low, the risk of resistance is postponed for a long time.
4B	All those who have more than one sexual partner are at equal risk of getting HIV infection	Not true. Risk of HIV infection is higher in people who a) practice unsafe sex and b) have a higher number of sexual partners and rate of partner change.
6B	Someone who is HIV-positive has infectious body fluids which can infect other people.	HIV is normally transmitted through four body fluids – see 5A. Contacts with these fluids with intact skin does not transmit HIV infection. Contacts with any other fluids does not cause HIV infection in normal circumstances.
8B	A person who tests negative for HIV infection even after three months, has not come in contact with HIV.	If a person has engaged in unsafe behaviour in between the two tests, he/she may become infected at that time but will test negative in the second test as he/she is now in window period. Not every contact with HIV though leads to infection. This is why HIV infection does not occur every time a person has sex.
11B	A woman with an STI but no symptoms has the same risk of contacting HIV infection as a woman who does not have an STI.	Not true. The woman with STI, even without any symptoms, is at a higher risk of HIV infection as compared to an HIV negative woman.

B) The 12-boxes framework: a tool for assessment (useful for your presentation)

This section of Background Information explains the 12-boxes framework in more detail.

Understanding an organisation: its main elements framed together

In our way of looking at organisations people (men and women) are the central elements. They are ‘organised’ in a certain manner to achieve a common purpose (the ‘mission’) and undertake coordinated activities to realise the desired outputs. Developing work plans, making decisions, implementing projects, are some examples of those activities. The behaviour of the men and women is guided and constrained by certain, persistent rules which are specific to that particular organisation. These rules are about the roles they play in the organisation, the positions they take, the procedures to follow, and so on. Newcomers to the organisation are socialised to apply the rules without questioning – a process which people are usually not aware of. Note also that although the rules are persistent they are also changeable.

All organisations have certain elements in common, which can be ordered in various ways. It is the inter-relation between the elements that characterises an organisation. We use a 12-boxes framework, in which 12 different elements are framed in a specific way, based on the ideas of Tichy⁸. You find this framework in Figure 1 (Chapter 1); Handout 2 in Session 2 presents an HIV and AIDS 12-boxes framework.

Basic organisational characteristics and aspects

The framework consists of four columns and three rows, as shown in Figure 1. The columns refer to the characteristics of an organisation:

- its mission and overall strategy - what it wants to achieve, and what it stands for. The mission and strategy guide and set boundaries for the activities and the programs;
- its structure - how tasks and responsibilities are allocated, how conditions are set to do the work, and how information and decisions are processed;
- its staff or human resources;
- its program work - what it produces, which may include advocacy work.

According to Tichy, the functioning and continuity of an organisation is challenged by three different problems – technical, political and cultural. These problems have to be examined and solved in inter-relation. We have called the three types of problems “aspects”:

- Technical aspects - how social, financial, and technical resources and the know-how are organised to run the organisation and its programs, in order to produce the desired outputs;
- Aspects of interaction - how people interact through processes, who influences and deals with whom, how resources and power allocated;
- Cultural aspects - how the organisation is shaped by societal and organisational norms, values, and beliefs about what is important, ways of working, and relationships. Cultural aspects are usually, but not always, shared by staff.

Using the metaphor of a human, if the technical aspects are the body and the organs, then the processes of interaction are the inner processes which keep the person alive, while the cultural aspects form the personality.

Organisations are continuously confronted with challenges, from within and from outside. Solutions to technical, political and cultural problems can be sought through changes to the mission and overall strategy, the structure of the organisation and/or the management of staff. The changes have an impact on the organisation’s programs, which should hopefully improve.

⁸ The ‘mother’ of the 12-boxes framework is the nine-boxes framework. It has been used in different settings to get an insight into gender competence, e.g. the Gender Route Project of Novib implemented from 1996 – 2000. For a training manual, see V. Groverman and J.D Gurung, 2001, Gender and Organisational Change, Training Manual, ICIMOD, Kathmandu. The gender nine-boxes framework was adjusted from the nine-boxes framework developed by Tichy. See N.M. Tichy, 1983, Managing strategic change, Wiley, New York.

The HIV and AIDS epidemic and related gender inequalities are challenges which incorporate technical, political and cultural problems. Responding to HIV/AIDS involves changes to the organisation's characteristics: for example, adjusting its strategy to take account of the impacts of AIDS; altering decision making systems so that HIV, AIDS and gender inequality forms an integral part of its agenda; or altering staff terms and conditions to support employees who are infected or affected by HIV and AIDS. Indeed, using the 12-boxes framework enables an organisation to take a holistic approach to any challenge, including that presented by HIV and AIDS. It helps ensure its continuation while building on its best resources: the male and female staff.

How the 12-boxes framework can be explained – an example

There are many ways to explain the 12-boxes framework; here is one suggestion.

To assess an organisation's HIV and AIDS competence, we can consider each of the following items and their inter-relation. They concern key elements of any organisation, with an example relevant to HIV and AIDS for each.

1. Let us first look at the people who make up an organisation, the male and female staff. They have certain capacities and expertise.

The key question for self-assessment is: to what extent does our organisation ensure that staff have the capacities and expertise to address HIV and AIDS-related issues in a gender sensitive way? – Put up the card STAFF CAPACITY AND EXPERTISE in BOX 7.

e.g. some staff may have a lot of knowledge on HIV, others not; the NGO regularly organises trainings to improve staff competence.

2. Every staff member has certain tasks to perform which are explained and modified during recruitment, appraisals and meetings. Organisations are structured by procedures, for example, about recruitment and appraisal, and by systems, such as those for sharing information or coordinating activities or networking/partnership.

The key question for self-assessment is: to what extent do responsibilities, procedures and systems contribute to us effectively and efficiently addressing HIV and AIDS-related issues in a gender sensitive way? – Put up the card RESPONSIBILITIES, PROCEDURES, SYSTEMS in BOX 4.

e.g. job descriptions may indicate that employees have to pay attention to the impact of HIV on the communities where they work.

e.g. an NGO may have certain procedures for staff to take paid leave to care for ill family members.

3. In some organisations staff have a lot of freedom, for example, to set their time schedule, or to try out innovative ideas. In others, organisational rules place greater limits on the degree of freedom. Some organisations support and encourage staff in their work a lot, others hardly. We call this characteristic of an organisation FREEDOM/SPACE TO DO ONE'S WORK – Put up the card in BOX 8.

The key question for self-assessment is: to what extent does the organisation provide freedom and space to staff members to work in a context of HIV and AIDS in a gender sensitive way?

e.g. management rewards staff who try to identify the causes of isolation of HIV-positive people in the community.

e.g. management encourages staff living with symptomatic HIV/AIDS to do their work at their own convenience.

4. In every organisation motivation among staff to do their job will vary, as will their attitudes and beliefs. For example a staff member may be under-motivated to work with poor community members, believing them to be unintelligent, and so adopting an attitude of superiority. Staff may not be aware of such prejudices, or may be careful in expressing them.

The key questions for self-assessment are: to what extent do staff members' beliefs, attitudes and behaviours support HIV, AIDS and gender-related issues to be addressed in the workplace and in the organisation's work? - Put up the cards BELIEFS AND ATTITUDES OF STAFF in BOX 9, which refers to the workplace (colleagues, attitude to work) and STAFF BELIEFS AND BEHAVIOUR TOWARDS COMMUNITY in BOX 12, which refers to the organisation's work and its target group.

e.g. some staff members may blame women or men who are HIV-positive for being infected "because they sleep around". They therefore show little empathy to people who are HIV-positive.

e.g. staff make stereotyping jokes about women or feminine ("softy") men.

5. Staff beliefs and attitudes may or may not correspond with the dominant norms, values and beliefs of the organisation. Every organisation has norms and values which people learn while working in the organisation. New recruits may be surprised about certain norms or values, that are taken for granted by colleagues. Examples include the importance attached to refresher training, eating rituals, and working with closed or open doors.

The key question for self-assessment is: to what extent do the organisational norms and values show concern about HIV and AIDS and gender equality issues? - Put up cards DOMINANT NORMS AND VALUES OF THE ORGANISATION in BOX 3, which indicates general norms and values, and LEARNING, TEAM WORK AND PARTNERSHIP in BOX 6, which indicates specific norms and values about the importance attached to learning from others, working in teams and with outsiders.

e.g. a (perhaps unwritten) norm that gender-unfriendly jokes and posters are not accepted.

e.g. the importance an organisation attaches to working with partners with expertise on HIV or learning from people living with HIV and AIDS.

6. Both policies and programs are rooted in the dominant norms, values and beliefs of the organisation. Think of the choices made about target groups or the issues that decision makers feel should be dealt with urgently. The choices are based on what is felt to be important and how the world should look like.

The key questions for self-assessment are: To what extent do policies and actions include attention to HIV and AIDS/ Gender equality issues and take steps to address them? - Put up the card POLICIES AND ACTIONS in BOX 1. And to what extent does our organisation ensure that HIV and AIDS and gender equality issues are part and parcel of the programs, from analysis to monitoring and evaluation? - Put up the card PROGRAM DESIGN in BOX 10.

e.g. having an HIV workplace policy and budgeting to address HIV and gender-related issues.

e.g. specific program strategies to attend to the impacts of HIV and AIDS.

- An organisation's policies and programs are also influenced by the views of certain people about what the organisation stands for and how it is to be run. We can think of the management, board, communities where the organisation works, staff members, donors, perhaps activists.

The key question for self-assessment is: to what extent do people who are influential in the running of the organisation support and actively pursue addressing HIV and AIDS/ Gender equality issues? - Put up the card VARIOUS INFLUENCES ON POLICIES AND ACTIONS in BOX 2.

e.g. board members actively pushing for a HIV workplace policy.

e.g. donors providing financial support to actions and programs on mainstreaming HIV and AIDS.

- Whatever ideas or plans emerge, decision making is required to turn them into action.

Key questions for assessment are: To what extent does our organisation ensure that HIV and AIDS and gender equality issues are seriously taken into consideration in decision making and related actions on organisational matters and with regard to its programs? - Put up the cards DECISION MAKING in BOX 5 and DECISION MAKING AND ACTIONS TAKEN ON PROGRAMS in BOX 11

e.g. decision to allocate a budget to HIV prevention programs;

e.g. decision to address a case of sexual harassment.

e.g. acting on the decision to modify program work to include the most vulnerable community members including people living with HIV/AIDS.

- By now, all the 12 key organisational elements are put up. You now reveal the logic of the way you have laid them out as you explain the column and row headings.
- Boxes 1 to 3 concern the MISSION and overall STRATEGY of an organisation: the policies and actions which should lead to achieving the mission, the people who are influential in developing policies and actions, and the dominant norms and values in which policies and actions are grounded.
- Boxes 4 to 6 all relate to STRUCTURES which are in place to make the organisation run properly: the procedures, systems and processes (including decision making, working relations with colleagues and partners) which are prevalent in the organisation, and the values on which they are based.
- The third column, containing Boxes 7 to 9, deals with STAFF and their work – capacity, freedom/space to do the work, attitudes and beliefs.
- PROGRAM AND ADVOCACY WORK is the heading for Boxes 10 to 12. This characteristic concerns issues of program design, decision making and actions taken on programs, and beliefs and behaviour of staff involved in the programs.
- The first row – TECHNICAL ASPECTS – is about the processes and systems which should be put in place to make the organisation and programs run. If and how the organisation is run effectively, depends to a large extent on the people involved in all these processes and systems. In other words, how they interact, which is the heading for the second row, ASPECTS OF INTERACTION. The technical and interaction aspects are grounded in norms, beliefs, attitudes about what is felt important and urgent – the last row of CULTURAL ASPECTS.

Lastly, why put the elements into a framework? Why not just list them and answer the key questions for assessment? We prefer the framework because its rows and columns show how all of the organisational elements are interrelated. Organisations are confronted with many challenges. One is the HIV epidemic: how can to reduce the

likelihood of HIV infection among staff members, continue its programs despite the impacts of AIDS, and make its work relevant to the changes which HIV and AIDS are causing? To respond holistically, different items have to be addressed in inter-relation. The framework helps to make a strategy of different actions that are required to deal with HIV and AIDS-related issues in a gender sensitive way. The logic of the framework encourages organisations to appreciate all the changes that are needed, rather than responding in a limited way - for example, doing HIV prevention work with community members (Box 10), whilst making no changes to the organisation's policies, structures, staff capacities and beliefs.

e.g. a strategy for action: program components may need to be adjusted to deal with the impact of HIV on community members. It requires competent staff to implement the modified activities. The organisation may want to conduct training about HIV including its gender dimension to upgrade their knowledge. Moreover, for staff who are infected with HIV the organisation should create opportunities to access VCT. And so on.

C) Stigma and related issues (useful for Assignment 2)

In every society people attribute characteristics, intentions or motives to others, on the basis of what they perceive and assume about the others. When this is based on oversimplified and fixed ideas or beliefs about a group of people we speak of stereotyping. Stereotyping becomes stigmatisation when a person or a group is labelled

Figure 8: Examples of acts of HIV stigma, and effects and causes of stigmatising⁹

Acts of stigma:

Name calling, scapegoating, finger pointing, teasing, ridiculing, labelling, blaming, shaming, spreading rumours, gossiping, suspecting, neglecting, not sharing utensils, hiding, staying at a distance, physical violence, self-stigma – blaming and isolating oneself.

Effects of stigmatising:

Shame, denial, loneliness, neglect, loss of hope, depression, giving up on oneself, self-pity, self-hatred, anger, violence, withdrawal from public activities, forced to leave community, family disruption, divorce or separation, being fired from work, loss of promotion or scholarship opportunities, loss of rented accommodation, decline in school performance or dropping out of a school, abuse or bad treatment by relatives, street kids, being deprived of medical care by health staff, being sent back to village, property grabbing, stopping making use of clinics and VTC programs, not following prevention methods for fear of attracting stigma, stigma by association: family members and friends are also affected.

Causes of stigmatising:

The view that people living with HIV and AIDS are immoral - sinners, promiscuous, unfaithful.

Beliefs about pollution, contagion, impurity; physical appearance can lead others to stigmatise.

Fear of infection (due to lack of knowledge), fear of the unknown, and of death.

Misconceptions about HIV transmission and AIDS.

Compounding pre-existing stigma and prejudice against women, the poor, and others thought to be inferior or deviant.

Psychological need to blame someone when something goes wrong, and to distance oneself from the risk of HIV by blaming others, in order to feel 'safe' oneself.

Lack of social prohibition on judging others, gossiping and more generally, on stigmatising and discriminating.

⁹ Adjusted from the CHANGE project. Understanding and Challenging HIV Stigma. Toolkit for Action. Trainers Guide. Washington DC. 2003. Developed by Ross Kidd and Sue Clay. www.changeproject.org. (Module A, exercise 6)

and seen as inferior or deviant because of an attribute they have. Stigma is the mark given to a person or group to indicate their being 'other'. Stigma reinforces existing social and gender inequalities and culminates into discrimination, i.e. treating the 'others' differently.

Stereotyping, stigmatisation and discrimination are common phenomena in the context of HIV and AIDS and gender inequalities. HIV stigma is closely linked to prevailing perceptions of what are morally acceptable behaviours, including sex outside marriage, injecting drug use, men having sex with men. Though we do not always realize it, we are all involved in stigmatising. For example: many of us see some people, such as orphans and widows, as 'innocent victims' while being more ready to blame others such as sex workers or men who have sex with men for their behaviour. Stigmatising creates a division between 'us' and 'them'. Often we do not think or realize how it can hurt the other. Stigma and discrimination have serious effects because those who suffer from them are less likely to access to health care and support services. The stigma attached to women with HIV and AIDS is significantly differently for that of men and, consequently, its effects.

Session 3: The gender dimension of HIV and AIDS



In the previous assignments the discussion may already have touched on differences between men and women related to HIV and AIDS. In this session the gender dimension of HIV and AIDS is discussed explicitly and more thoroughly.

The session is important because gender inequality is a major driving force behind the HIV epidemic. Addressing HIV and AIDS-related issues will not work without a good understanding of gender inequality.

Assignments and outcome

This session has three assignments, which do not have to be done in order. If you do not have enough time to do all three, you could skip Assignment 4 but still give participants copies of Handout 4 to read in their own time.

Assignment 3 uses role play to explore the connections between gender, stigma and the experience of being HIV-positive. Assignment 4 focuses on the difference which gender makes to the susceptibility of men and women to HIV infection. Assignment 5 helps the participants to understand the relationship between HIV and AIDS and gender. It does this using a simple model - the Gender Wheel - and a version of the wheel which specifically addresses HIV, AIDS and gender.

At the end of the session the participants are expected to understand the complex relationship between HIV and AIDS and gender inequalities. They should also be motivated to differentiate between males and females when analysing the situation with regard to HIV and AIDS and when developing strategies for action.

Assignment 3: HIV and AIDS, gender and stigma¹⁰

Expected result:

Participants have a better understanding of the gender-based stigmatisation and discrimination of people living with HIV and AIDS in the family, community and workplace.

Time needed: 110 minutes maximum (discussion: 20 minutes, role plays: 75 minutes)

Method: Pair-wise discussion, role play

Materials required: Copies of Handout 3, pens

Steps for the facilitator:

1. Introduction: this assignment about gender and HIV and AIDS links to the discussion on stigmatisation.
2. Distribute Handout 3 among the participants. It describes real life situations of men and women living with HIV and AIDS. Ask the participants to read the handout and discuss with one or two neighbours to what extent they recognise the situations. (Allow a maximum of 20 minutes).
3. Divide the participants into up to three groups, to prepare and perform a role play. Everyone in each group will take part in the preparation, but they do not all need to be in the play.
4. Let the groups choose one situation from the handout as a starting point for their role play. Encourage them to use their own experiences and creativity in developing the drama. Give them 15 minutes to prepare the play, and tell them they will have a strictly enforced maximum of 10 minutes to perform it (groups often exceed the time given to perform.).
 - To bring out gender issues more clearly, you could ask men to play the role of women and vice versa.
 - Another option is to ask two groups to start with the same situation, but for one group to play it from a male perspective and the other from a female perspective.
5. Invite each group to perform their role play at the plenary. After the play first ask how the players felt about the role they played, then ask questions to the players and the observers, focusing on gender and stigma. Allow a maximum of 10 minutes discussion per play. Possible questions are: why did the group select the story? How did the players and observers feel about the play? Which gender issues came out? What were the feelings of the affected persons? What acts of stigmatisation were shown? What caused this stigmatisation? What were the effects? Did the play show any biases? Lastly, what would they like to do differently to overcome the situation?
6. When all the plays are performed, summarize the gender issues related to HIV and AIDS.
7. Ask the participants to write some main reflections, insights or learning points about HIV and gender in their notebooks.

¹⁰ Based on an assignment developed by Madhu Bala Nath, based on experiences from India, UNIFEM, 2000.



Handout 3

He has HIV/she has HIV¹¹

	HE HAS HIV	SHE HAS HIV
The doctor breaks the news, saying:	You have tested positive for HIV. This is a terminal illness. Be careful about your health.	You have tested positive for HIV. This is a terminal illness. Make sure that you do not become pregnant as HIV will transmit to your child. You are the one to blame for the misery which the child will suffer. If you are pregnant, it is imperative that you abort the child as early as possible.
Notifying their respective spouses. Their reaction:	Reaction of wife: You should not fall sick. I will be by your side. Your service is my honour.	Reaction of husband: You woman with a large vagina. You must be sleeping with someone else. You are a curse to my life. You need not stay here at all. Find a place for yourself.
The family learns of his/her HIV-positive status. Their reaction:	You, man, have brought us shame. It is better that we keep the family's honour by dissociating ourselves from you. Please leave the house. Take your wife and children with you.	We did not know that we were sheltering a whore in this household. Leave the children here. Before the sun rises tomorrow we do not want to see you here. Even your shadow is doomed for us. (She leaves alone).
The community learns about his/her HIV-positive status. Their reaction:	It is unfortunate that this has happened to him. After all men will be men. They do go around sometimes, but such misfortune does not strike everybody. It is his destiny. In any case a bull is not a bull without scars.	The kind of activities she has indulged in, she has got away lightly by just being thrown out. In our times she would have been branded so as to be a lesson for other girls to keep away from bad activities.
The employer learns about his/her employee's HIV-positive status. The employer's reaction:	How could I know, none of those interviewed reveals their HIV status. Let him stay and do his work as long as he can. If he falls ill too often I will tell him to go.	I do not like to have a HIV-positive woman in my workplace. It affects the morale and increases the risk of others to become infected. She has to leave.
The individuals begin getting opportunistic infections. What happens:	His wife has provided the medical staff with extra money and favours in order for her husband to be seen by the doctor.	The woman is made to wait by the clerical staff, the nurses, and the doctor.
The need for medical treatment arises. What happens:	The family uses all of their savings. His wife seeks additional work to pay for the medication. She eats less and cuts down the nutrition of her children to be able to provide medicines for her husband. OR If they are living in an agricultural subsistence economy, the burden of care for the husband leaves very little time for the wife to work in the fields. She grows less labour-intensive crops. The yield is inadequate to nourish either her or the children.	The need for medicines remains unfulfilled. The issue of survival looms large – food and shelter are more critical than medical care. OR If she lives in an agricultural subsistence economy, her marginal land is lying fallow. She is waiting for a show of sympathy by the members of the community to save herself and her children from death.
The inevitable happens – death. What happens:	The wife is left alone hearing the inevitable from all quarters – “she will also die soon”. The burden of childcare and their survival lingers on. There is a bleak chance that she will ever remarry – perhaps another man with HIV. But will she want to go through it all again?	The children wail. More orphans join the children of the street.

Assignment 4: HIV and gender

Expected results:

- 1) Participants are aware of their deeper beliefs around sex, gender and HIV and AIDS;
- 2) Participants understand that the likelihood to becoming infected by HIV and of suffering adverse consequences from illness and death due to AIDS, differs between men and women;
- 3) Participants have increased insight into the complex relationship between HIV and AIDS and gender inequalities.

Time needed: 80 minutes maximum (warm up: 30 minutes; group work and plenary sharing: 45 minutes)

Method: Thumbs up, participatory discussion/explanation, small group exercise

Materials required: Flipcharts, markers, pens, notebooks, copies of Handout 4

Steps for the facilitator:

1. Preparation: Read Handout 4. Select statements from the list in Box Y that are culturally appropriate and fit the workshop setting. Modify the statements and add new ones, if needed.
2. Introduction: The assignment starts with a quick warm up, which is followed by a short discussion about gender issues. Lastly, the participants do a small group exercise and share the outcomes in the plenary.

The warm up

3. We all have perceptions and beliefs of which we are not always aware. Some of these we may not like to share easily with colleagues or outsiders. This game is meant to raise the participants' awareness of their perceptions about sex, gender and HIV and AIDS. Each time you read a statement, the participants must react immediately by putting their thumb up if they agree or pointing their thumb downwards if they disagree. If they do not know or are neutral their thumb should be horizontal. The statements will be read out one after another without giving room for discussion. After the exercise the discussion is open.
4. Ask the participants to sit in a circle either with their backs to each other or facing each other, depending on how much they feel at ease with each other. Read the statements slowly and let the participants put their thumbs up or downwards. At the end, ask how the participants felt about the exercise. Invite them to share some of their observations.
5. Provoke a deeper discussion about statements which link to gender, sexuality and susceptibility to HIV infection. For example, if “a man has the right to ask for sex, a woman not” this might make men more susceptible.

Small group exercise

6. Divide the participants into four groups. Ask them to list the factors that affect the likelihood to becoming infected by HIV and the likelihood of suffering adverse consequences from illness and death due to AIDS. One group will focus on physiological and medical factors, another group on behavioural factors, a third group on socio-cultural factors, and the last group on socio-economic factors. Each group should list the factors for men and for women separately. Let them write the outcome on flipcharts.

¹¹ Modified from Madhu Bala Nath, based on experiences in India, UNIFEM. 2000



7. Let them briefly exchange the group outcomes in the plenary. Give your input where necessary and relevant. At the end distribute handout 4.

Box Y: Possible statements for the “thumbs up” game

- Women are to be blamed for the spread of HIV
- A man who carries condoms must be a responsible man
- A woman who carries a female condom must be a slut
- Men who have too many partners deserve to die
- Female ignorance of sexual matters is a sign of purity
- Providing condoms and sex education promotes and encourages sex
- A man has the right to ask for sex, a woman not
- Gay men spread HIV because they are HIV carriers
- Sex workers are irresponsible and spread HIV and STIs
- Men do not like to admit that they lack knowledge about HIV and AIDS
- Teenage girls are cheap to get
- Women should be blamed for being raped if they wear short dresses or tight jeans
- Modesty and virginity are central values to the image of womanhood
- People living with HIV and AIDS are good for nothing
- People infected with HIV are mostly prostitutes and promiscuous people
- Widows are HIV carriers
- Women living with HIV and AIDS have the right to get children
- Women have the right to say “no” to sex
- Street children need positive support to reduce the risk of HIV infection
- I would tell my sons to carry condoms
- If I tested positively for HIV I would immediately tell my spouse
- I would take my daughter to a hospital for testing after I had found out she was raped.



Handout 4

Examples of factors which affect the likelihood to becoming infected by HIV and of suffering adverse consequences from AIDS, for men and women

Men	Women
Physiological and medical factors	
<ul style="list-style-type: none"> Lower physiological susceptibility than for women. Higher susceptibility if having anal sex (men who have sex with men). 	<ul style="list-style-type: none"> Physiological factors make women two to four times more likely to acquire HIV than men through vaginal sex. These factors include that: the vagina has a large mucosal surface, through which HIV can enter the body; semen has a far higher concentration of HIV than vaginal fluid; semen stays in the vagina longer than vaginal fluid stays on the penis; and HIV survives longer in the vagina due to the moist conditions. Higher susceptibility if having anal sex. STIs increase susceptibility to HIV infection in men and women, but women are more likely to have STIs with no symptoms, and so are less likely to get them treated. It is common for women to have white discharge due to reasons other than STIs; this can mask the presence of STIs. Women are more likely to have blood transfusions during childbirth and abortions or due to anaemia, which increases the risk of HIV transmission through unsafe blood.
Behavioural factors	
<ul style="list-style-type: none"> Men tend to have multiple sexual partners at a younger age. Men tend to remain sexually active for longer than women, and can therefore have a higher number of sexual partners. Boys and men can buy sex for cash or for favours. Men are more likely to engage in injecting drug use, drug dealing, and social alcohol use. 	<ul style="list-style-type: none"> If girls are married when they are very young, they are then physiologically more susceptible. Girls and women tend to have sex with men who are older and more sexually experienced than themselves, so their partners are more likely to be HIV-positive. Girls and women can sell sex for cash or for favours.
Socio-Cultural Factors: Prevailing norms and expectations	
<ul style="list-style-type: none"> Society is more tolerant of men having multiple sexual partners, and more accepting of men having sex outside of marriage. These expectations make men more susceptible to HIV infection. Less stigma attached to men seeking STI treatment. Men are more sexually dominant, giving them more power over the decision of who to have sex with, what kind of sex, and whether to use a condom. A well-informed man who is motivated to reduce his susceptibility is more able to do so than a woman. 	<ul style="list-style-type: none"> Emphasis on virginity and monogamy reduces women's susceptibility if they therefore have fewer partners. However, such expectations also limit how sexual health services are provided to, and accessed by, girls and young women, who are not supposed to need them. Notions of purity contradict seeking treatment for STIs, and STIs raise susceptibility. Emphasis on motherhood as the key identity for women increases their susceptibility due to the need to become pregnant.



Men	Women
Socio-Cultural Factors: Prevailing norms and expectations	
<ul style="list-style-type: none"> Stigma attached to men having sex with men, affects their access to information and STI treatment. Cultural practices of ritual cleansing and widow inheritance increase susceptibility for both men and women. Men presume they know about sexual matters, which prevents them seeking information, contraception or treatment. Imbalance of sexual power and (partial) acceptance of violence against women enables men to abuse women, raising susceptibility of both. 	<ul style="list-style-type: none"> Within relationships women are expected to engage in sex but cannot insist on condom use. It is difficult, therefore, for women to reduce the rise in their susceptibility which is due to their partner's sexual behaviour. In many cultures women are not supposed to decide about their own body. Female genital cutting and practice of "dry" sex increase women's susceptibility (and men's susceptibility too, to a lesser extent, if there is bleeding during sex) In some cultures, the belief that STIs can be cured by having sex with a virgin increases susceptibility among young girls. Culture of silence on sexual matters - it is generally inappropriate for women to be aware of sexuality or to suggest condom use. Women are more vulnerable than men to being coerced into sex, including rape and other sexual abuse - at home, school, workplace, in conflict situations.
Socio-Economic factors	
<ul style="list-style-type: none"> Male occupations involving mobility, migration and family disruption (e.g. truck driving, military, mining) increase likelihood of multiple partners, and hence raise susceptibility for men and their partners. Men have more economic power, more control over resources. This makes them less likely to suffer from the impacts of AIDS as they can earn and save money, and prioritise expenditure on their own health care. Men have established legal rights, which are more likely to be upheld. They may even benefit from AIDS if they are able to grab land. Men have less or no responsibility for caring, though they are expected to take in and extend support to extended family members. This will affect all the household members. 	<ul style="list-style-type: none"> Women are generally less educated, more economically dependent, with less access to and control over economic assets, and fewer options for income or asset creation. This makes them more likely to suffer from the impacts of AIDS as they have a lower earning potential, and are likely to have less spent on their health care. Girls and women may exchange sex for favours to access goods and services, increasing their susceptibility. Women may resort to sex work in situations of poverty or dislocation from support e.g. if a refugee, or if thrown out of the family. Women are more vulnerable due to discrimination in legal rights and how they are enforced e.g. property grabbing leads to widows being further impoverished and so more susceptible. Women and girls are responsible for reproductive tasks, including the work of caring for orphans and ill relatives. This causes stress and reduces their productivity, making them more likely to suffer from the impacts of AIDS



Assignment 5: The HIV and AIDS Gender Wheel

Expected result: Participants have increased insight into the complex relationship between HIV and AIDS and gender.

Time needed: 90 minutes maximum

Method: Participatory discussion, small group exercise.

Materials required: Flipcharts, coloured cards, markers, pens, copies of Handouts 5 and 6.

Steps for the facilitator:

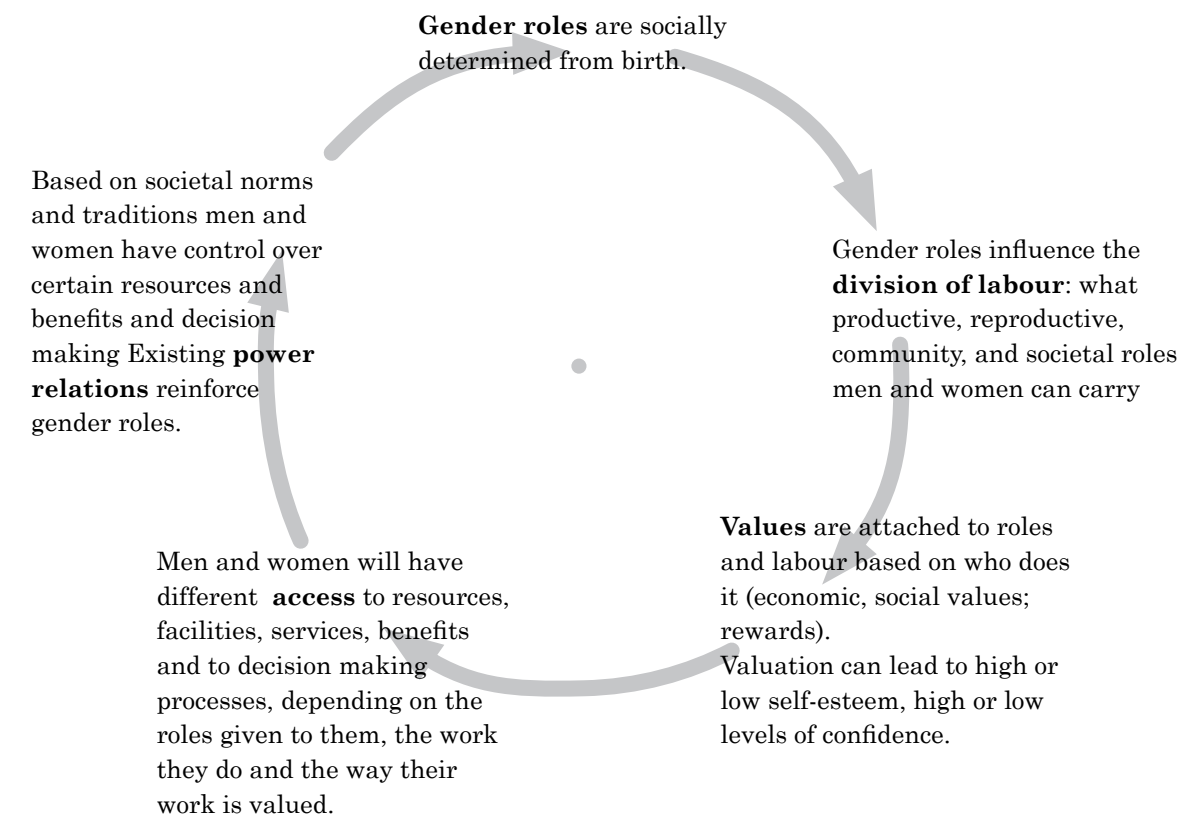
1. Preparation: Read the Background Information to Session 3. Write the elements of the Gender Wheel (see Handout 5) on coloured cards.
2. Introduction: In this assignment we will be looking at the concept gender and the relationship between HIV and AIDS and gender. HIV and AIDS-related issues and impacts can not be addressed without taking gender roles and relations into account.
3. Discuss the concept gender in a culturally appropriate way. Adjust your explanation to the level of knowledge and experiences of the participants. Present the Gender Wheel using a flipchart and the cards you prepared. Distribute Handout 5 among the participants.
4. Ask the participants to mention a few examples of how gender and HIV and AIDS are related as an introduction to a more thorough discussion in small groups. Then, divide the participants into four groups. Distribute Handout 6, the HIV and AIDS Gender Wheel among the participants and ask them to read it.
5. Assign each group to discuss one of the four items: division of labour, valuation, access, and power relations. Ask them to list, on a flipchart, the factors which are relevant for the communities in which they work, adding more points if necessary.
6. In the plenary, invite the groups to present the outcomes. Add your views where necessary to ensure that the participants understand the relation between HIV and AIDS and gender.
7. Take a few minutes for participants to write some main reflections, insights or learning points in their notebooks. Ask a few to share their notes.

The Gender Wheel¹²

Handout 5

In any society males and females are given distinctive roles, responsibilities, rights and identities. We speak of somebody's gender when we refer to these socially defined differences between males and females. They are rooted in widely shared ideas, beliefs and norms about: how males and females should behave and express themselves; the type of social and sexual relationships they should have; what are 'typically' feminine and masculine characteristics and abilities; and what are their key virtues. These ideas, beliefs and norms reflect and influence gender roles, men's and women's positions in society and their respective status. Note that the ideas, norms and practices are subject to change, and that variations exist for example, according to social class, ethnicity, age and caste.

¹² Parker, R., I.A. Lozano, L.A. Messner (1995) *Gender Relations Analysis: a Guide for trainers. Save the Children. New York: Women Ink.*





The HIV and AIDS Gender Wheel

Gender roles: expected behaviour and expressions of men and women, in general and in sexual relationships

Power relations:

Susceptibility to HIV infection is heavily influenced by an individual's negotiating power over who to have sex with and when, who to marry, what kind of sex to have, and whether to use condoms. Women, girls and also boys usually lack this power and control. The extent of control over one's own body and the respect for woman's sexual autonomy also influences susceptibility to HIV infection. These issues touch on violence, sexual abuse, harassment, rape.

The power to claim or have control over property rights, assets, and the like, affect the ability to cope with the effects of HIV and AIDS, including gaining access to treatment.

Access:

Women - and particularly poor women, older women, widows, and women working in the informal sector - generally have less access to health, education, social security services and social protection. They also usually have less access than men to information about sexual matters, HIV and AIDS, and treatment and support.

Men often have less access to information about family planning and child rearing, which is often provided in women's clinics.

Women's lower levels of access to productive resources, such as education, land, credit, income, employment, affects both their susceptibility to HIV infection and their ability to cope with the negative effects of HIV and AIDS.

Women usually have less opportunity to make their voice heard in family health expenditure, priorities in health services and in research on medicines, and the like.



Through the gender **division of labour** men's responsibility to earn an income may push them to work away from their families e.g. mining, armed forces, truck driving. Distance combined with ideas about male sexuality leads to an increase in the number of sexual relationships, raising susceptibility to HIV infection.

Many women are economically dependent on men, being responsible for domestic tasks. Providing sex is part of the role of being a wife or partner. For some, sexual intercourse is part of their livelihood strategy; they can exchange sex for favours or money. For others their jobs may sometimes be dependent on supplying sex e.g. domestic work, or child soldiers.

AIDS increases girls' and women's workload through caring for ill relatives and for orphans, with widows sometimes also taking responsibility for being head of household.

Women tend to seek treatment at a later stage of HIV infection than men partly due to time constraints imposed by their caring responsibilities.

Valuation:

Women's lower income/payment level may force them to look for activities to make (more) income, including sex work, or exchanging sex for favours, which increase the likelihood of becoming infected with HIV.

Valuation is also reflected in the image of women as sexual objects, and the low status and stigma of HIV-positive women, widows (of AIDS affected husbands).

The status of men and women relates to issues of childbearing/fertility/virility, which increase susceptibility for both men (who need to be sexually active, and to have children) and women (who need to become mothers).

The lower valuation of girls and women is partly why they are likely to have less money spent on their health care, including treatment for AIDS.



Background Information to Session 3

The gender dimension of HIV and AIDS

Males and females differ from each other in two main ways. Firstly, there are biological differences, both physically and physiologically. They are referred to as female and male **sex**. Another difference between males and females relates to the roles, responsibilities, rights and identities given to males and females in a particular society. We speak of somebody's **gender** when we refer to these kinds of socially defined differences.

We refer to Handout 4, 5 and 6 where you find details of the gender dimension of HIV and AIDS. In Handout 5, the **Gender Wheel**, the concept of gender is unpacked into key elements. This Gender Wheel explains the inter-relations between gender roles, the division of labour between men and women, the way their roles and responsibilities are valued, their access to resources and decision making processes, and power relations. Irrespective of class, race, age, caste, ethnicity, and so on, we see that responsibilities, rights and power are not evenly balanced between males and females. Behaviours of males and females are 'learnt': families, schools, cultural expressions (songs, stories, paintings), media, and so on, convey messages and stereotypes about how males and females should act, think and what choices in life fit them. Gender-based differences shape males' and females' opportunities in life.

Gender-based inequalities are of critical importance in tackling HIV and AIDS. In Handout 6, the **HIV and AIDS Gender Wheel**, the relationship between gender and HIV and AIDS is explained in line with the Gender Wheel.

Power is a key concept in addressing gender-based inequalities and HIV and AIDS-related issues. Power is about controlling opportunities to access resources, services and decision making processes.¹³ For instance: controlling who receives knowledge about treatment and support programs: who can afford to go to health services; who receives education; who gets access to credit; who gets legal assistance. In many countries, for example, families are likely to spend more on health care for male family members living with AIDS than for women. Power relations are expressed in the way people value and judge females' and males' responsibilities and work, their bodies and identities, and in who has control over the resources used to access health care. Another example is that women known or suspected to have HIV are more likely to be rejected by their family than men. Yet women and girls tend to bear the main burden of caring for sick relatives, including those living with HIV and AIDS.

Whilst gender norms often work in favour of men - through, for example, allocation of power and resources to men - this is not the case for susceptibility to HIV infection. Expectations of masculinity, of a male need for regular penetrative sex, and of being dominant over women increase susceptibility to HIV among men and boys. Meanwhile notions of how women should serve men sexually, including trading sex for protection, favours or money, increase women's susceptibility. For girls, the high value placed on virginity and innocence discourages them from seeking information about sex, sexuality or the use of condoms. More about factors affecting men's and women's susceptibility can be found in Handout 4.

¹³ Control refers to the right and the power to decide on the use of resources, facilities, and benefits and on opportunities to voice opinions.

Susceptibility and vulnerability

The concepts susceptibility, vulnerability as well as risk are key concepts in the literature on HIV and AIDS but, unfortunately, they are often defined in different ways. All of the three have to do with likelihoods and a variety of factors at stake. Our key concept is **susceptibility to HIV infection**. We understand this concept as the likelihood of becoming infected by HIV. It is influenced by many factors including: physiology (differences between men and women's bodies make women more susceptible); individuals' behaviour (such as number of sexual partners, using condoms, getting STIs treated, sharing needles for injecting drug use); and wider issues including poverty, HIV prevalence, livelihood strategies, culture, illiteracy, conflict, and balance of power particularly with regard to gender. Handout 4 refers to such factors. The probability that a person will acquire an HIV infection can to a certain extent be controlled by the person, for instance, by using (female) condoms, sole sex partnership. However in reality the situation is much more complex due to the influence of social, cultural, economic and personal factors and power relations. In our example, the option to use a condom or to stick to one sex partner depends on access to services, need for money, the power to say no to sex, the influence of your peer group, to mention just a few factors.

Some people are more prone to suffer from adverse consequences from illness and death due to AIDS than others. It has to do with situations of poverty, lack of access to treatment, fragmented social and family structures, and gender inequality. In Oxfam documents we often find the concept 'vulnerability to the impacts of AIDS' which refers to the likelihood of suffering adverse consequences from illness and death due to AIDS.

Session 4: The personal impact of HIV and AIDS



In the previous sessions we have been looking at HIV, AIDS and gender. In this session you guide the participants to reflect more deeply on their personal attitudes and the impact of HIV and AIDS on their personal life. This step towards the personal level is important. We expect participants to be more ready for addressing HIV and AIDS-related issues when they feel a personal motivation to do so. Moreover, they will better understand that HIV and AIDS are part of our lives, that we have to live with them, and that we can live with them.

Assignments and outcome

There are two assignments. The first, Assignment 6 is optional: it explores the personal impact of an HIV-positive diagnosis, and may provoke very emotional reactions. Although there was no need for counselling during our field-testing, there could be situations where it is needed afterwards.

After the participants have gone through one or both of the assignments they are expected to have more insight into what HIV infection might mean for their life.

Assignment 6: Exploring the personal impact of an HIV-positive diagnosis¹⁴

Note: This assignment usually provokes very emotional reactions.

Expected result: Participants have a better understanding of the personal impacts and repercussions of being HIV-positive.

Time needed: 30 minutes, plus break time afterwards.

Method: Visualisation

Materials required: None

Steps for the facilitator:

1. Preparation: Read the text below and check if adjustments in the text are required to make it culturally acceptable or better fit to the local setting. Translate it into the language which participants feel most comfortable with.
2. Introduction: in this assignment we are making the step to reflect on HIV and AIDS as a personal issue.
3. Make sure the room is quiet and do your best to prevent disturbances (e.g. a sign on the door, unplugging phones). You can begin in two ways: either the participants sit comfortably, with both feet on the ground and their eyes closed, or they wander around the room. Ask them not to interact with anyone through eye contact or touching, but to keep to themselves and their thoughts.
4. When you feel that the participants are with their own thoughts, you begin to read the text, pausing between statements so the participants can reflect on the questions.
5. It is important that people get a chance to discuss their emotions afterwards by talking with one other participant, if they choose to. There is no plenary or reporting back into the group. Make sure that there is a break after this assignment.

Narration:

When did you first hear about HIV?

How many years have you known about this?

What have you done in your own life? Think of all those things, visualise them, one by one... In all these years, when have you protected yourself? Maybe against abuse? Maybe against sorrow? Maybe against being hurt emotionally or physically? Think of all those incidents.

Have you done anything to protect yourself against HIV? Anything at all? Remember, not everybody needs to do something.

Some people think they are not at risk: it cannot happen to them – they say: "I am in a relationship. I am married." Have you ever thought this?

Have you done a lot of travelling? Working? For days on end?

Have you had unprotected sex in the past 20 years?

Have you ever had a blood transfusion? Maybe it was not checked for HIV?

Or have you shared needles or other skin cutting instruments with anyone, even once?

There is a chance you have been infected with HIV.

¹⁴ India version by Ramesh Venkataraman (HIV and AIDS expert and trainer). The original exercise was developed by Peter Busse (facilitator of HIV and AIDS workshops and trainings, counsellor).

(If the participants have been wandering about, ask them to sit down and close their eyes)

Let us assume that after this workshop you decide to go for an HIV test.

Your test result is positive - you do have HIV.

How would you react? How would you personally respond to this news?

Think about your reactions. How would you feel for the next 24 hours?

What is your greatest fear? Think of how the time will pass in those 24 hours.

Think about your mother. If she has passed away, think how she was.

Go to her and tell her you are HIV-positive. How would you tell her? How would she react? Does she show love or rejection? Does she blame you? How easy or difficult is it? What words do you use? What would your fear be?

Think about your father. If he has passed away, think about how he was.

Imagine telling him you are HIV-positive. How would he react?

Think about your sisters and brothers. Imagine each of them. Who would be the easiest to talk to? Are you going to speak to one of them and not to the others? What would it be like? Who would be most supportive? Who most difficult?

Think about your current sexual partner or partners. What impact would it have on your relationship? What would it mean for the level of trust in your relationship? What about the glorious romance? When would you say you are HIV-positive? How would you time it?

If you have children, think about them. Would you tell each of them that you are HIV-positive? How are you going to tell them? In the future, when you die, they will be orphans. Who would take care of your children? What kind of true love would they receive?

Your neighbours. If they know you are HIV-positive, would they treat you the same way? Would there be a change in their behaviour?

Next place. The place where you work. You've got a positive HIV test result. How would you feel when you walk through the door to your workplace? Who would you choose to talk to?

Would your colleagues be supportive? Would you experience stigma and discrimination?

How would you feel if people say that HIV is no problem here. Is there some support structure at your workplace?

HIV-positive people have not only rights, they also have responsibilities. Is management prepared to deal with HIV and AIDS? Do they deal with it on a case by case basis? Is there equality in the treatment you need? Is there something in writing? Where can you go for protection?

Do you have good health insurance? Are there any staff benefits? Do you get support? Do you think it would affect your chances to go for training or promotion?

At some point you are quite ill. You need to be at home. You are put on five months reduced salary. Who takes care of you? Five months to nurse you. Who would do it? Do they have to take leave? What is the financial impact on your household? Who is dependent on you? What is the impact on the people you live with? How would they feel? What do they have to cope with? It is a big taboo.

You have a good doctor. He tells you your prognosis: you have one week to live. What would you do in that week? Who would you like to see? What kind of arrangements do you have to make? Who will take care of the children? What would your family be loosing? What would your friends be loosing? What would your community be loosing? What skills are lost?

What would be the impact on your organisation? What kind of skills would they loose?

Up to now more than 25 million people have died of AIDS. 65 million are infected with HIV. It is mainly people aged 15 to 45 who have died. They are parents, fathers, mothers, children. What does it mean? What does it mean to their families, to their communities, to civil society, to their workplaces, to their programs? All people have expertise, their skills are getting lost.

Take one minute to remain quiet. When you are ready slowly open your eyes.

If you like, choose one person and talk about how you felt during this visualisation exercise.

Take a break after this exercise.

Assignment 7: Reflecting on the personal impact of an HIV-positive diagnosis¹⁵

Expected result: Participants understand how an HIV-positive diagnosis could affect their life.

Time needed: 50 minutes maximum

Method: Game based on personal reflection; plenary discussion

Materials required: Coloured cards, markers or pens, notebooks

Steps for the facilitator:

1. Preparation: Prepare a heap of coloured cards precisely the same number as the number of participants. Indicate on the back of about 10% of the cards a very small triangle, on another 10% a very small star, and on the same number of cards a very small circle.
2. Introduction: Just explain that we are going to play a game.
3. Distribute the cards among the participants, making sure that the signs are not visible. Ask the participants to dream of how they would like their life to be in 15 years. Ask them to make a drawing of this on the card. Let them think about the actions they should take to make the dream come true.
4. Ask them move about the room and to share their dream with at least three people.
5. Once the participants are seated again, tell them to look on the other side of their card:
 - If they find a triangle, it means the person is diagnosed to have a heart disease and high blood pressure
 - If they find a star, it means the person is diagnosed to have cancer;
 - If they find a circle, it means the person is diagnosed to have HIV.

For those with a sign on their card, ask them to think about the actions they should now take to make their dream come true, knowing their health situation. For those who do not have a sign, what should they do to prevent disease or to protect themselves to make their dream come true.
6. Ask them to share their dream and actions with a few participants they have not talked to yet. It is up to each the person whether to disclose their disease to others.
7. In the plenary, discuss what happened to the participants. Ask the following questions:
 - How many had a sign?
 - What did you feel when you found out you had a heart disease, cancer, HIV? Did it change your dream? Did it change your actions?
 - How did the participants feel who did not have a sign?
 - How many disclosed their disease, why (not)?
 - If you sensed or were told that a participants had a disease, how did you react?
8. Ask the participants to write some reflections, insights or learning points about the personal impact of HIV and AIDS in their notebooks.

¹⁵ Assignment developed by Savitri Ramaiah

Session 5: The organisation's response to HIV and AIDS/Gender in the workplace and in its programs

Annex 3: The HIV and AIDS 12-boxes framework including a gender perspective

In this version of the 12-boxes framework, there is a key question in each box relating to HIV and AIDS, and examples of the factors that one should consider

	MISSION AND OVERALL STRATEGY	STRUCTURE	STAFF	PROGRAM AND ADVOCACY WORK
TECHNICAL ASPECTS The processes and systems to run the organisation, and the managing of social, financial and technical resources	1. POLICIES AND ACTIONS To what extent do policies and actions include concern about HIV and AIDS/Gender equality issues and take steps to address them? - Concern about HIV and AIDS/Gender equality issues in the organisation and staff policies. - Concern about HIV and AIDS/Gender equality issues in action plans, strategies and approaches. - Budgeting to address HIV and AIDS/Gender-related issues. - Attention to HIV and AIDS/Gender-related issues in monitoring and evaluation.	4. RESPONSIBILITIES, PROCEDURES AND SYSTEMS To what extent do responsibilities, procedures and systems contribute to effectively and efficiently addressing HIV and AIDS related issues in a gender sensitive way? - HIV and AIDS/Gender integration in tasks and responsibilities, job descriptions. - Consideration of HIV and AIDS/Gender in procedures (recruitment, appraisal, etc.). - HIV and AIDS/Gender in information systems. - Coordination of HIV and AIDS/Gender actions (local points, and the like). - Networking and partnership arrangements related to HIV and AIDS/Gender. - Facilities and conditions to allow (male and female) staff to work in a context of HIV and AIDS.	7. STAFF CAPACITY AND EXPERTISE To what extent does the organisation ensure that staff have the capacities and expertise to address HIV and AIDS-related issues in a gender sensitive way? - Levels of staff knowledge about HIV and AIDS. - Levels of staff competence with regard to HIV and AIDS. - Understanding among staff of the gender dimension of the HIV and AIDS epidemic. - Refresher training on HIV and AIDS and gender.	10. PROGRAM DESIGN To what extent does the organisation ensure that HIV and AIDS and gender equality issues are part and parcel of the programs, from analysis to monitoring and evaluation? - Analysis of the situation at the community or society from an HIV and AIDS/Gender equality perspective. - Design, planning, implementation, monitoring and evaluation of HIV and AIDS activities, components or programs. - Program strategies and approaches to address the HIV and AIDS epidemic including adapting existing work through mainstreaming HIV and AIDS. - Consideration of gender in HIV and AIDS activities and programs. - Partnership and networking with other organisations with HIV and AIDS/Gender expertise.
ASPECTS OF INTERACTION The interaction processes which influence the allocation of social, financial and technical resources.	2. VARIOUS INFLUENCES ON POLICIES AND ACTIONS To what extent do people who are influential in the running of the organisation support and actively pursue addressing HIV and AIDS/Gender equality issues? - Commitment and support of the management, board and staff towards HIV and AIDS/Gender related issues in the policies and actions of the organisation. - Influence of external individuals, organisations, and donors about HIV and AIDS/Gender-related issues on the policies and actions of the organisation.	5. DECISION MAKING To what extent does the organisation ensure that HIV and AIDS and gender equality issues are seriously taken into consideration in decision making on organisational matters? - Consideration of HIV and AIDS/Gender equality related issues in formal and informal decision making processes. - Participation of male and female staff irrespective of HIV status in the decision making processes. - Management on HIV and AIDS/Gender related issues (confidentiality, action sexual harassment, etc.) and related conflicts. - Allocating budgets to HIV and AIDS/Gender actions. - Putting decisions into action.	8. FREEDOM/SPACE TO DO ONE'S WORK To what extent does the organisation provide freedom and space to staff members to work in a context of HIV and AIDS in a gender sensitive way? - Freedom and support given to (male and female) staff to address HIV and AIDS/Gender-related issues in their work and in the workplace. - Supportive environment for HIV-positive staff and staff affected by HIV and AIDS (both males and females).	11. DECISION MAKING AND ACTIONS TAKEN ON PROGRAMS To what extent does the organisation ensure that HIV and AIDS and gender equality issues are seriously taken into consideration in decision making and related actions of its programs? - Consideration of HIV and AIDS/Gender-related issues in decision making on programs and activities. - Influence of management, staff and people from outside the organisation on the focus of the programs, the choice of the target group, the approach, budget priorities when it comes to addressing HIV and AIDS/Gender related issues. - Conversion of decisions into implementation.
CULTURAL ASPECTS The norms and values in the organisation.	3. DOMINANT NORMS AND VALUES OF THE ORGANISATION To what extent do the organisational norms and values show concern about HIV and AIDS and gender equality issues? - Norms and values about HIV and AIDS/Gender which guide the policies, actions and programs. - Norms and values about HIV and AIDS/Gender which guide staff behaviour.	6. LEARNING, TEAM WORK AND PARTNERSHIP To what extent do the norms and values on ways of cooperation and support among staff and with outsiders, reflect concern about HIV and AIDS and gender equality issues? - Norms and values concerning team work in the context of HIV and AIDS/Gender. - Norms and values towards working relations with outsiders about HIV and AIDS/Gender. - Importance attached to learning about HIV and AIDS/Gender.	9. BELIEFS AND ATTITUDES OF STAFF To what extent do staff members' beliefs and attitudes support HIV, AIDS and gender-related issues to be addressed in the workplace? - Commitment of staff towards addressing HIV and AIDS/Gender. - Stereotyping and stigmatising colleagues with regard to HIV and AIDS.	12. STAFF BELIEFS AND BEHAVIOUR TOWARDS COMMUNITY To what extent do staff members' beliefs and behaviour support HIV, AIDS and gender-related issues to be addressed in the work? - Staff's beliefs about the importance to address HIV and gender inequality issues. - Staff's attitude and behaviour towards HIV-positive and AIDS-affected men, women, boys, girls in the community (inclusion/exclusion in programs and activities).

In this session our focus shifts from the personal to the organisational level. The emphasis is on how the NGO can manage HIV and AIDS in the workplace and in its programs more effectively while using gender equality principles. Such management requires measures and actions to limit the spread of HIV and reduce social and economic burdens of the HIV and AIDS on both the staff and their dependants, and the people the NGO works with.

The participants will assess the extent to which their organisation responds to HIV and AIDS in the workplace and in the programs using the 12-boxes framework. They will go through four assignments which are designed to identify strengths and limitations related to each element, which they write on cards. These cards are then pasted on to the large framework, which you put up in Session 2. Annex 1 contains two frameworks which were the outcomes of self-assessment workshops during field-testing.

Guiding the assessment

The self-assessment is divided into Assignments 8, 9, 10, and 11, with each using a different method to make it more 'edible'. The first assignment takes the most time because the participants have to get used to the framework, the self-assessment and the way of working.

During each assignment the participants go through a set of questions that help them to assess specific organisational issues. These questions are a guiding check list. They do not need to answer all the questions, particularly if they seem to be irrelevant or impossible to answer. Equally, they are not exhaustive; you may need to provoke them to think more widely, if they are to come up with strengths and limitations other than those referred to in the questions.

There is a risk that NGOs which are not involved in HIV/AIDS work may have an outcome of a large number of limitations and only a few strengths. It is desirable that such an outcome is avoided and the focus is maintained on the problems and opportunities instead of limitations and strengths. The facilitator may need to adjust the set of questions, in such a case.

Participation of staff

In some workshops a mix of staff will participate, while in others a more selected group may take part. You will need to check who is able to discuss certain issues, and who is interested in participating even if they are not knowledgeable about the issue. For example, in some workshops during the field testing drivers and guards were highly motivated to attend the whole workshop, even though they made limited contributions to discussions around Boxes 1, 2, 4 and 5. Our experience is that if there is a mix of staff present, then all of the assignments can be completed.

Assignments and outcome

There are four assignments, each dealing with a set of elements or boxes of the framework as follows:

- Assignment 8 concerns the Staff characteristics, and Boxes 7, 8, 9: all the participants should take part.
- Assignment 9 deals with Program Work and Boxes 10, 11, 12: at least all the program and management staff need to participate.
- Assignment 10 covers Boxes 3 and 6, the Cultural Aspects of the organisation's Mission/Strategy and Structure: all the participants should be involved.
- Assignment 11 tackles the remaining elements, Boxes 1, 2, 4 and 5: at least the entire management, and middle level and program staff should take part.

At the end of the session, the participants are expected to have an overview of the strengths and limitations of their organisation's response to HIV and AIDS from a gender perspective.

At the end of the description of this session you can find Background Information about the details of the twelve elements of the 12-boxes framework.

Assignment 8: Assessing the organisation's response to HIV and AIDS/Gender with regard to staff issues

Special note: all the participants need to take part in this assignment.

Expected result: Participants have identified three main strengths and limitations of their organisation related to staff issues.

Time needed: 145 minutes (game: 15 minutes, explanation: 20 minutes, assessment: 110 minutes).

Method: Game with provoking statements¹⁶, individual assessment, small group exercise, plenary sharing.

Material required: Coloured cards (two colours), markers, pens, copies of Handout 7.

Steps for the facilitator:

1. Preparation: Read Section A of the Background Information to Session 5. Read the statements in Figure 9 and select three, or write your own, that are appropriate. Create an open space for the warm up game. Put the large 12-boxes framework on the wall or the floor.
2. Introduction: Explain the procedure of the self-assessment. Emphasize the importance of them sharing views, and of keeping an open mind. They may have different perceptions of what happens due to position, function or personal experience. The discussions may lead to a consensus but may also bring different opinions to the front.
3. Explain the focus of this assignment and the method.

The warm up:

4. Ask the participants to stand in the open space. You read a statement. The participants go to the one side of the open space if they agree with the statement, to the other side if they disagree, and stand in the middle if they cannot decide. Invite the participants to present arguments to support their position and to try to convince others; they can change position at any point during the discussion. The statements may provoke heavy discussions, which you may need to cut if they take too long. You should stress that they should be honest: "We can say that we believe something because of our work but in reality we do things differently".
5. Repeat for the other two statements. Encourage the participants to listen to others and allow everyone to express their opinions. The exercise will not be useful if emotions run high and people shout in order to defend their positions.

Figure 9: Attitudes and beliefs regarding HIV-positive colleagues

- I will support an HIV-positive colleague's decision to have children.
- HIV-positive people should not be recruited for senior positions that have many key responsibilities.
- I will be extra caring and supportive towards an HIV-positive colleague.
- I will let my five year old child play football with a colleague's HIV-positive child.
- We should employ HIV-positive people in our office as it gives a good image to donors.
- I feel that HIV-positive people should not marry.
- I feel that an HIV-positive person should not marry a HIV-negative person.
- I think that every staff member should know who is HIV-positive within the organisation so that they can protect themselves and support the HIV-positive staff.
- Every staff member should be tested for HIV so that their treatment, care and support can be started early.
- I would employ an HIV-positive woman to cook for the staff.

The assessment:

6. This assignment concerns the column for staff issues. Briefly, clarify the three elements related to staff issues (Boxes 7, 8 and 9, as set out in Section A of the Background Information for Session 5).
7. Divide the participants into random groups of four or five. Distribute Handout 7, which explains what to do. Choose different colours of cards to indicate strengths and limitations.
8. Group work (about one hour): Make sure the participants first go through the questions individually. While the participants discuss the questions in their group, observe each group in turn. Clarify where necessary and ensure that everybody participates in the discussion.
9. Plenary exchange (about 50 minutes): In the plenary, discuss the outcomes of the different groups for each box. First, ask each group to read their cards for strengths in Box 7. Cluster the cards where possible and place them in the appropriate box of the large framework on the wall. Sometimes a card may belong in another box of the framework. Repeat the process to discuss the limitations for Box 7, then do the same for Boxes 8 and 9. Ask two people to assist in the clustering and placing the cards in the appropriate box.
10. At the end ask the participants how they felt about the group work and the plenary discussion.

¹⁶ Method developed by Savitri Ramaiah



Assessing the organisation's response to HIV and AIDS/gender with regard to staff issues

What to do in your group:

1. First answer the following questions individually. Then, discuss your answers with others in your group. Why have you given a particular answer? Does each answer apply to all staff or to certain individuals only? If perceptions differ within your group, try to find out why – it could be due to differences in your tasks, position, or personal situation. Note that perhaps not all questions of the check list are relevant in the present context.
2. Based on your responses to the questions, list strengths and limitations of your organisation. It may help you to reflect on the arguments you bring forward to answer the question with yes or no. Prioritize a maximum of three strengths and limitations for each of the three boxes. Write the strengths and limitations in clear and readable sentences on the cards in their assigned colours. Make notes of your answers and arguments. You do not have to restrict yourself to questions in this handout, you can add other relevant items, if necessary.

You will share the outcomes of your group work in the plenary and arrive at an overall assessment of your organisation's strengths and limitations related to staff capabilities and development, and the attitude of the staff towards HIV and AIDS, and gender issues.

Box 7: Our staff capacity and expertise in a context of HIV and AIDS

1. Are our staff members sufficiently knowledgeable about the facts of HIV and AIDS?
2. Do our staff members feel confident to, and capable of, addressing HIV and AIDS-related issues in their work? If not, why?
3. When thinking about addressing or while addressing HIV and AIDS-related issues, do the staff members take into consideration the different susceptibilities of men and women? If not, why?
4. Do staff members have the capacity and ability to modify their existing work to address HIV and gender inequalities?
5. Does our organisation regularly organise training sessions, or other means to strengthen and update staff knowledge and skills in the area of HIV and gender? If not, why?
6. Could staff members reduce their susceptibility to HIV infection while at work? If not why?



Box 8: Freedom/space to do one's work in a context of HIV and AIDS

1. Can male and female management and staff openly discuss HIV issues? If not, why?
2. Can management and staff openly discuss HIV issues with relevance to our workplace (such as susceptibility to HIV infection, measures to prevent infection, treatment, care, support)? If not, why?
3. Does our management give moral and emotional support to staff to address their problems at work or in their personal lives? Do they give equal attention to male and female staff? If not, why?
4. Are staff members rewarded for doing work differently irrespective of the outcome? Are they encouraged to document failures and use them as stepping stones towards success?
5. Do female and male staff have (equal) access to VCT, treatment and support? If not, why?
6. Do male and female HIV-positive staff get support to continue working? If not, why?
7. Do male and female staff get support to take care of HIV-infected family members? If not, why?

Box 9: Beliefs and attitudes of staff in a context of HIV and AIDS

1. Are male and female staff members willing to talk openly about HIV? If not, why?
2. Are male and female staff members willing to change practices, especially those related to ways of working in the workplace? If not, why?
3. Is there enough motivation among staff to address HIV and gender issues together? If not, why?
4. Do male and female staff members disagree with stigmatising due to HIV? Do they criticise a person who states that women are to be blamed if they become infected?
5. Will staff accept colleagues who choose to disclose their HIV-positive status? If not, why?
6. Do staff show empathy towards colleagues, men and women, who are affected in any way by the disease? If not, why?



Assignment 9: Assessing the organisation's response to HIV and AIDS/gender in its program and/or advocacy work

Special note: all the program and management staff need to participate. Others may also be interested to take part.

Expected result: Participants have identified three main problems and opportunities (situation A) or three main strengths and limitations (situation B) of their organisation in their program work.

Time needed: 100 minutes (game: 15 minutes, explanation: 15 minutes, assessment: 70 minutes). If a film is shown more time is required.

Method: Game with provoking statements¹⁷, fish bowl

Material required: Coloured cards (two colours), markers, pens, notebooks, copies of Handout 8A or 8B. Optional: video/DVD recorder

Steps for the facilitator:

You could start this assignment showing an appropriate film e.g. the video HIV/AIDS and Livelihoods, experiences in mainstreaming from Malawi (25 minutes), published by Oxfam International. 2004. see www.oxfam.org. Otherwise, use the 'warm up game.

1. Preparation: Read Section B of the Background Information to Session 5. Read the statements on the community in Figure 10 below. Select three statements, or be creative and write your own. Create an open space for the warm up.

Choose one of the handouts to be copied. Handout 8A is meant for organisations which have either not addressed HIV and AIDS in their programs or have just started doing so. Handout 8B is designed for organisations which are already responding to HIV and AIDS-related issues in their programs.

2. Introduction: Explain this assignment focuses on the community, which will lead them to assess their program work.

The warm up (15 minutes maximum):

3. Ask the participants to stand in the open space. The procedure is the same as in Assignment 8, but here the statements focus on the community.
4. Read one statement and ask the participants to take their position. Let them make their points clear before you move on to the next statement. Cut the discussion if it takes too long.

Figure 10: Attitudes and beliefs regarding HIV-positive community members

- HIV testing should be compulsory before marriage in high prevalence areas.
- Husbands who infect their wives with HIV should be punished.
- I would employ a HIV-positive woman to take care of my three year old child.
- HIV-positive people should be identified in the community so that the community can give them care and support.
- Children infected with HIV are innocent victims.
- A doctor should inform the family of the HIV-positive status of a person if they do not know.
- HIV-positive women should not have children.
- It is no problem to appoint an HIV-positive woman as kindergarten teacher.
- Identifying HIV-positive people in the community can help to ensure that they get community-based care and support.
- I would not employ people who are HIV-positive as it would adversely affect our NGO's relationship with the community.

The self-assessment:

5. Explain that this assignment relates to their program work, which is the last column in the 12-boxes framework. Explain the Boxes 10, 11 and 12 briefly (see Section B of the Background Information to Session 5).
6. Explain the **fish bowl** method.
 - Divide the participants into random groups of eight to 12 participants.
 - Each of these groups is then split into A and B. Note: this method is not effective if A and B have fewer than four or more than seven participants. It is most effective if subgroups A and B have five or six participants each.
 - The participants in each group need consider the questions individually, and then check that they all have a common understanding of them. If necessary, they can seek clarifications from the facilitator.
 - Subgroup A then sits in an inner circle, which is the discussion group, and Subgroup B sits in the outer circle, which is the observation group, including one who is the timekeeper.
 - Subgroup A discusses the questions in turn for 10 minutes while subgroup B observes them, listening to their discussion and taking notes.
 - After ten minutes, subgroups A and B swap places.
 - Subgroup B summarizes A's discussion and modifies their outcome, if they feel it is necessary to do so. They then take the discussion forward from where subgroup A had left and proceed with the next questions for 10 minutes.
 - The above two steps are repeated at least twice more. Normally the outcome of a shared position is achieved within 40 minutes, but you may need up to 60 minutes.
 - All the groups share their outcome in a plenary.
7. Next, distribute Handout 8A or 8B, which includes instructions on what to do and the questions for the groups. Each group should choose a time keeper. Use the same coloured cards to indicate the strengths and limitations as in the previous assessment. In case of problems and opportunities use two different coloured cards.
8. The group work takes about 70 minutes. Move about to clarify questions if necessary. Ensure that everybody participates in the discussion and that the participants change place in time. Note: some people may try to rush the discussion to fit the 10 minutes; emphasise that it is more important that everyone gets a chance to speak.
9. In a plenary, all the groups place their cards in the respective boxes while comparing and discussing. Ask them to combine cards that are similar and move cards to other more appropriate boxes, if necessary.



Assessing the organisation's response to HIV and AIDS/Gender in its program work¹⁸

What to do:

You will assess your organisation's response to the HIV and AIDS epidemic in your programs in two stages: (A) classifying the nature of response and (B) identifying the problems and opportunities of responding to HIV and AIDS-related issues. First read and think about the questions individually, then discuss them using the fish bowl method.

¹⁸ By which we mean your organisation's operational work - this could include advocacy work, and you may use other terms e.g. 'projects'.

A. Classifying your organisation's response to HIV and AIDS

1. What strategies is your organisation using to respond to HIV and AIDS? The table below presents four types of response; please list maximum eight of your programs, and then decide which category each of them fits in.

Type of response to the HIV and AIDS epidemic in the projects/programs			
<p>No consideration of HIV and AIDS related issues in the project/program.</p>	<p>HIV and AIDS related activities as add-on: Specific or focussed activities to address HIV and AIDS related issues are undertaken as additional activities in the existing projects/programs.</p>	<p>Modification of the existing projects/ programs: The existing projects/ programs have been modified to include HIV and AIDS related issues as an integral part of project implementation.</p>	<p>Consciously taking HIV and AIDS into consideration: The prevalence and impacts of HIV and AIDS as they are today, and as they are estimated to be over a period of time, are consciously and systematically included in all stages of project/ program planning and implementation, from situational analysis to monitoring & evaluation.</p>
<p>Example: A savings and credit scheme which has not looked into families that have greater vulnerability to HIV and AIDS. In high-prevalence areas it is not considered why there has been an increase in members missing meetings or in deaths among members.</p>	<p>Example: A savings and credit scheme which provides HIV information to its members. Providing or referring to services such as STI treatment, condom promotion, VCT Centres referrals, etc.</p>	<p>Example: A savings and credit scheme which alters its terms:</p> <ul style="list-style-type: none"> - members can take a rest from the group (e.g. when they are caring for a sick relative) and then return without penalty; - when a member dies, another member of the family can take over their place - the minimum age for members is reduced so that more young heads of households, including orphans, can join. 	<p>Example: An NGO focussing on livelihood improvement includes data collection about HIV and AIDS and their impacts to properly analyse the situation in its area of operation. The objectives are made more realistic and now include female-, child- and elderly headed households. Approaches are adjusted to strengthen existing coping capacities and to include people living with AIDS in the design of projects.</p>



2. What are your reasons for listing the various programs in each of the four groups?
3. Do the programs take the different susceptibilities of and impacts of AIDS on men and women into account? If so, why? If no, why?

B. Identifying problems and opportunities your organisation may face to address HIV and AIDS-related issues in a gender sensitive way in its programs

The following questions can help you think of problems and opportunities that your organisation may face while responding to HIV and AIDS in the community (or any other level or unit in which you work). The problems relate to various aspects of program design and implementation. Remember that these questions are only guidelines. You may add additional items, if necessary, and ignore questions which are clearly not relevant to your organisation.

Identify a maximum of three problems and three opportunities per box. Write them in clear and readable sentences on cards.

Box 10: Program design

What problems and opportunities do you see in:

1. Analysing the situation of the community and/or target groups from a HIV and AIDS perspective?
2. Including gender-specific factors that influence susceptibility to HIV infection and impacts of AIDS in the situational analysis?
3. Including activities to directly address HIV and AIDS: (a) to prevent HIV infection and (b) to promote access to VCTC, treatment, care and support?
4. Including activities to address gender issues which connect to HIV and AIDS? For example, activities related to the burden of caring, lesser access to resources and information for women, gender-based violence, lack of knowledge of legal rights, services to fight for legal rights if necessary.
5. Modifying existing work to indirectly address HIV and AIDS? For example, adapting a livelihoods program to enhance the involvement of vulnerable people who are affected by and living with HIV?
6. Seeking partnerships with organisations that are either engaged in HIV and AIDS and gender issues or have expertise in these areas?
7. Including issues related to gender and HIV in your monitoring & evaluation system?

Box 11: Decision making and actions taken on programs

What problems and opportunities do you see in:

1. Considering HIV and AIDS and gender issues while taking decisions in the different stages of the project cycle?
2. Allocating financial resources to programs which directly address HIV and AIDS (prevention, treatment, care and support)?
3. Allocating financial resources to modifying existing programs to enhance the way that they indirectly address HIV and AIDS?
4. Consulting with your staff (both males and females) and others with expertise in HIV and AIDS and gender while taking decisions at different stages of the project cycle?





Box 12: Staff beliefs and behaviour towards the community

What problems and opportunities do you see in:

1. Staff members reducing anybody's stigma and discrimination towards people affected by and living with HIV and AIDS?
2. Staff members demonstrating empathy for people affected by and living with HIV?
3. Staff members committing to address HIV and AIDS-related issues in their work?
4. Staff members willing to involve people living with HIV as their partners or colleagues in their program/projects?
5. Staff members committing to address gender inequalities related to HIV and AIDS?



Assessing the organisation's response to HIV and AIDS/gender in its program work¹⁹

Handout 8B

What to do:

You will assess your organisation's response to the HIV and AIDS epidemic in your programs in two stages: (a) classifying the nature of response and (b) identifying the strengths and limitations of the response. First read and think about the questions individually, then discuss them using the fish bowl method.

A. Classifying your organisation's response to HIV and AIDS epidemic

1. What strategies is your organisation using to respond to HIV and AIDS? The table below presents four types of response; please list maximum eight of your programs, and then decide which category each of them fits in.

¹⁹ By which we mean your organisation's operational work - this could include advocacy work, and you may use other terms e.g. 'projects'

Type of response to the HIV and AIDS epidemic in the projects/programs			
<p>No consideration of HIV and AIDS related issues in the project/program.</p>	<p>HIV and AIDS related activities as add-on: Specific or focussed activities to address HIV and AIDS related issues are undertaken as additional activities in the existing projects/programs.</p>	<p>Modification of the existing projects/ programs: The existing projects/ programs have been modified to include HIV and AIDS related issues as an integral part of project implementation.</p>	<p>Consciously taking HIV and AIDS into consideration: The prevalence and impacts of HIV and AIDS as they are today, and as they are estimated to be over a period of time, are consciously and systematically included in all stages of project/ program planning and implementation, from situational analysis to monitoring & evaluation.</p>
<p>Example: A savings and credit scheme which has not looked into families that have greater vulnerability to HIV and AIDS. In high-prevalence areas it is not considered why there has been an increase in members missing meetings or in deaths among members.</p>	<p>Example: A savings and credit scheme which provides HIV information to its members. Providing or referring to services such as STI treatment, condom promotion, VCT Centres referrals, etc.</p>	<p>Example: A savings and credit scheme which alters its terms:</p> <ul style="list-style-type: none"> - members can take a rest from the group (e.g. when they are caring for a sick relative) and then return without penalty; - when a member dies, another member of the family can take over their place - the minimum age for members is reduced so that more young heads of households, including orphans, can join. 	<p>Example: An NGO focussing on livelihood improvement includes data collection about HIV and AIDS and their impacts to properly analyse the situation in its area of operation. The objectives are made more realistic and now include female-, child- and elderly headed households. Approaches are adjusted to strengthen existing coping capacities and to include people living with AIDS in the design of projects.</p>





2. What are your reasons for listing the various programs in each of the four groups?
3. Do the programs take the different susceptibilities and impacts of AIDS on men and women into account? If so, why? If no, why?

B. Identifying your organisation's strengths and limitations in addressing HIV and AIDS-related issues in a gender sensitive way in its programs

Use the following questions to assess your organisation's strengths and limitations related to various aspects of program design and implementation. It may help you to reflect on the relevance, adequacy, effectiveness, efficiency or timeliness of processes, systems, or activities mentioned in the questions. Remember that these questions are only guidelines. You may add additional items, if necessary, and ignore questions which are clearly not relevant to your organisation.

By the end of the assignment, you need to have prioritised a maximum of three strengths and limitations each per box. Write them in clear and readable sentences on the coloured cards.

Box 10: Program design

1. Do you analyse the situation of the community and/or target groups regularly? If not, why?
2. Do you have a system to periodically reassess the need for HIV prevention, and treatment, care and support programs? If not, why?
3. Do you include gender-specific factors that influence susceptibility to HIV infection and impacts of AIDS in the situational analysis?
4. Do your programs include activities to directly address HIV and AIDS: to (a) prevent HIV infection and (b) promote access to VCT, treatment, care and support? If not, why?
5. Do your programs include activities to address gender issues which connect to HIV and AIDS? For example, activities related to the burden of caring, lesser access to resources and information for women, gender-based violence, lack of knowledge of legal rights, services to fight for legal rights if necessary? If not, why?
6. Do you modify your existing work to indirectly address HIV and AIDS? For example, by adapting a livelihoods program to enhance the involvement of vulnerable people affected by and living with HIV?
7. Do you have partnerships and networking mechanisms with organisations that are either engaged in HIV and AIDS and gender issues or have expertise in these areas? If not, why?
8. Does your monitoring & evaluation system include attending to the impacts of HIV and AIDS on program activities? If not, why?
9. Does the monitoring and evaluation system include issues related to gender and HIV? If not, why?

Box 11: Decision making and actions taken on program/ projects

1. Do program staff consider susceptibility to HIV infection and impacts of AIDS and gender issues while taking decisions in the different stages of the project cycle? If not, why?
2. Are financial resources allocated to programs which directly address HIV and AIDS (prevention, treatment, care and support)? If not, why?



3. Are financial resources allocated to modifying existing programs to enhance the way that they indirectly address HIV and AIDS? If not, why?
4. Do you have a system for consulting with your staff (both males and females) and others with expertise in HIV and AIDS and gender while taking decisions at different stages of the project cycle? If not, why?
5. Do you have a well defined system of disseminating the decisions taken on HIV and AIDS and gender-related issues to all the staff members? If not, why?

Box 12: Staff beliefs and behaviour towards the community

1. Do staff members believe it is important to remove anybody's stigma and discrimination related to HIV and AIDS? If not, why?
2. Are staff members working to reduce stigma and discrimination towards people affected by and living with HIV and AIDS? If not, why?
3. Do the staff members demonstrate empathy for people affected by and living with HIV? If not, why?
4. Are staff members committed to address HIV and AIDS-related issues in their work? If not, why?
5. Are all the staff members willing to involve people living with HIV as their partners or colleagues in their program? If not, why?
6. Do all staff members believe that gender inequalities related to HIV and AIDS need to be addressed and are committed to do so? If not, why?





Assignment 10: Assessing the organisation's response to HIV and AIDS/gender with regard to its internal cultural aspects

Special note: all the participants should take part in this assignment.

Expected result: Participants have identified three main strengths and limitations of their organisation with regard to its internal cultural aspects.

Time needed: 110 minutes (explanation: 20 minutes, questionnaire: 25 minutes, assessment: 65 minutes)

Method: Questionnaire, pyramid discussion

Material required: Cards in two colours, markers, pens, notebooks, copies of Handouts 9 and 10

Steps for the facilitator:

1. Preparation: Read Section C of the Background Information to Session 5.
2. Introduction: Explain that the participants will be assessing Boxes 3 and 6 of the framework, and explain the boxes. Ask questions to ensure that the participants have a common understanding of what 'norms and practices' means. Explain that first they will fill in an anonymous questionnaire which will help them to reflect on the norms and practices in their organisation. Next, they will identify strengths and limitations for the two boxes using a pyramid discussion.

The questionnaire:

3. Give out Handout 9 and ask each participant to fill it in individually.
If the participants may struggle with the questions, you could read each statement aloud, clarify and let each participant tick their answer in the form. (10 to 15 minutes)
4. You may choose to discuss some of the questions in the plenary. Stress that no answer is wrong. Perceptions of staff may differ but also participants may give different answers because their work and experiences vary. (10 minutes for discussion).
5. Optional: Collect the questionnaires, asking participants to indicate their gender on the form but not their name. Later on, present the results split by gender in the form of a diagram. The example which forms Annex 2 shows the wide variety of answers and how perceptions vary by gender?

The assessment:

6. Explain the pyramid discussion method. Draw the process of joining of groups on a flipchart for proper understanding:
 - The 'pyramid' name is because the method involves starting with a large number of pairs of people, which gradually come together to form fewer groups, until you have just one group involving everyone (the top of the pyramid).
 - Divide the participants into two groups. One group will do the assessment for Box 3 while the other will do it for Box 6.
 - The maths will depend on how many participants you have. However, for each of Box 3 and Box 6 you are aiming for four rounds of discussion, beginning with pairs and ending with everyone for that group discussing, and hopefully agreeing, together. We give an example here for 24 participants, divided into two groups of 12.

- People first discuss the questions in Handout 10 for their box in pairs for 15 minutes. (six pairs per box) Each pair decides which of them will be the leader for the next stage.
 - Each pair then joins up with another pair to make groups of four (three per box) discussing for 10 minutes. The two leaders discuss - if the other two participants want to say something, they do it through their leader. The aim is to arrive at a consensus. They decide on a leader, preferably someone who hasn't done it yet, for the next stage.
 - Next one pair joins them to make a two groups of six per box. They repeat the process with the two new leaders leading the discussion, for a further 10 minutes. They then assign a leader for the final stage.
 - Finally, the two groups of six come together to form a single group per box. They have another 10 minutes in which to arrive at a consensus on three main strengths and limitations, discussing as before through the two leaders.
7. Distribute Handout 10. Assign a time keeper. Give them the same coloured cards to indicate the strengths and the limitations as in the previous assessment.
 8. Pyramid discussion (about 45 minutes): Move between the groups, giving clarification if necessary. Ensure that everybody participates in the discussion and that the participants join others in time.
 9. Plenary exchange (20 minutes): representatives of Box 3 and Box 4 present their outcomes, and members of the other group can react. Based on the reactions, make them draw out final conclusions about the strengths and limitations and let them put the cards in the appropriate boxes of the framework.





Handout 9

Questionnaire on organisational concerns concerning HIV and AIDS/Gender

What to do:

For each statement, put a mark in the appropriate box, depending on the degree to which you disagree or agree. This questionnaire is anonymous and you do not need to share your responses with other participants.

Statements about norms and practices in our organisation	Fully dis-agree	Dis-agree	Neutral	Agree	Fully agree
Because we travel a lot in our work, we are likely to engage in sexual activity during our travels.					
Staff who are paid a per diem during their travel, are more likely to engage in sexual activity as they have money to spend.					
It is important to join colleagues in social activities such as drinking alcohol in order to work well as a team.					
It is common in our office to engage in sexual activity in order to either get a job, retain a job, or to get professional favours.					
It is common practice to discuss personal matters and family problems in our organisation.					
The staff members in our office usually share personal and family problems with their colleagues of the opposite sex.					
It is accepted to pass comments or share jokes that stereotype or even stigmatise people, e.g. about men who are seen to be feminine, women who are seen to be masculine, and homosexuals.					
Addressing HIV and AIDS-related issues is a priority in our organisation					
Addressing gender inequality is a priority in our organisation.					
It is highly appreciated when staff members spend a great deal of time in their work.					
The working environment allows staff to report sexual harassment or abuse in the workplace.					
In our office there is much room for emotional outlet or grieving.					
The management of our organisation give support to staff who are living with HIV and AIDS e.g. giving them less demanding work if need be.					
Our management is unreasonably generous towards people living with HIV.					
If a colleague discloses that they are HIV-positive, it will be easily accepted in our organisation.					

Assessing the organisation's response to HIV and AIDS/Gender with regard to its internal cultural aspects

Handout 10

What to do:

Use the following questions to assess the strengths and limitations of your organisation's culture. Remember these questions are only guidelines; you may add items, if necessary.

By the end of the exercise, your group needs to have identified three main strengths and limitations for the box that you have been assigned. Write the strengths and limitations in clear and readable sentences on cards.

Box 3: Organisational norms and values:

1. Does our organisation give a high priority to addressing HIV and gender equality in the **workplace**? If yes, why? If no, why not?
2. Does our organisation give a high priority to addressing HIV and gender equality in its **programs/projects**? If yes, why? If no, why not?
3. Is the acceptance of people living with HIV as staff, partners and beneficiaries a guiding principle of our organisation? If yes, why? If no, why not?
4. Does our organisation feel it is important to ensure equal opportunities for people living with or affected by HIV and AIDS irrespective of their gender? If yes, why? If no, why not?
5. Does our organisation attach importance to being seen to address HIV and gender inequality in the **workplace**? If yes, why? If no, why not?
6. Does our organisation feel it is important to being seen to address HIV and gender inequality in its **programs/projects**? If yes, why? If no, why not?
7. Does our organisation explicitly disagree with gossiping and joking about gender roles and HIV and AIDS? If yes, why? If no, why not?

Box 6: Organisational norms and values about cooperation and learning

1. Does our organisation think it is important to include staff and/or outsiders who are HIV-positive in discussions about HIV and AIDS? If yes, why? If no, why not?
2. Does our organisation believe in teamwork to address HIV and AIDS? If yes, why? If no, why not?
3. Does our organisation attach importance to learning and sharing about HIV and AIDS-related issues? If yes, why? If no, why not?
4. Does our organisation believe it can learn from organisations or professionals with experience in HIV and gender issues? If yes, why? If no, why not?
5. Does our organisation believe it is important to build partnership with organisations or professionals with experience in HIV and gender issues? If yes, why? If no, why not?



Assignment 11: Assessing the organisation's response to HIV and AIDS/Gender with regard to its policies and structure

Special note: the entire management, and middle level and program staff should be involved in this assignment. Others may also want to take part.

Expected result: Participants have identified three main strengths and limitations of their organisation related to its policies and structure.

Time needed: 130 minutes maximum (explanation: 20 minutes, group discussion: 50 minutes, merry-go-round/ carousel: 60 minutes)

Method: Group discussion, merry-go-round

Material required: Coloured cards (two colours), markers, pens, copies of Handout 11A or 11B

Steps for the facilitator:

1. Preparation: Read Section D of the Background Information to Session 5.

Choose one of the handouts: 11A is for organisations which have either not addressed HIV and AIDS or have just started doing so, 11B is for those which are already responding to HIV and AIDS-related issues. Prepare the group formation (see Step 3).

2. Introduction: In this assignment we will discuss and fill the remaining Boxes 1, 2, 4 and 5, which concern policies and structure. Explain the contents of the boxes.

Encourage the participants to take part in the discussion. Although they may not be involved in policy matters or work with certain procedures and systems, they can have an opinion about such issues.

The assessment:

3. Group formation: Divide the participants into four groups if using Handout 11A, or three groups for Handout 11B. Each group will be assigned questions relating to certain boxes; try to ensure that people are allocated to groups according to their experience. For example, the group that discusses about policies should include staff members who are involved in policy development.
4. Distribute the handout, explain the assignment, and give any clarification that may be needed regarding the categories of questions and terms used. Ask the group members to help each other to understand and to ask the facilitator if they need further clarification. Remind them of the importance of everybody participating in the discussion.

5. When the groups have finalised their discussions they exchange their outcomes with the other groups using the **merry-go-round (also called carousel)** method:
 - Ask each of the three or four groups to split into two subgroups: X and Y. X stays at the place where they had group discussion and Y interacts with all the other groups in rotation in a clockwise direction.
 - Each time subgroup Y moves, the new group that is now formed shares the outcomes of both subgroups (two way sharing) and makes suggestions, if necessary. They discuss for 15 minutes and make notes on the suggestions.
 - Continue until each Y joins its original X. They then share the suggestions and comments from the other subgroups and prepare the final outcomes on cards (10 minutes).
6. In the plenary the group members put their cards in the respective boxes. You could opt to have a double quantity of cards for Box 1 or to select the six major items.



Assessing the organisation's response to HIV and AIDS/Gender with regard to its policies and structure (A)

What to do:

The following questions are to help you think of problems and opportunities that your organisation may face while responding to the threat of HIV and AIDS in your workplace and in the communities you work with. The questions are related to your organisation's mission, the policies that guide your decisions and actions, and the way you work, which includes procedures, systems, and decision making processes.

The problems and opportunities to be identified are related to (a) policies and actions (Box 1), (b) influences on policies and actions (Box 2), (c) responsibilities, procedures and systems (Box 4) and (d) decision making (Box 5). You will work in four groups, and discuss questions related to the Box assigned to your group. Identify a maximum of **three** problems and **three** opportunities per box. You will then learn about the outcomes from the other groups through a merry-go-round/carousel method of sharing and suggesting ideas.

GROUP 1:

Policies and actions (Box 1)

What problems and opportunities do you see in:

1. Anticipating the impact of HIV and AIDS on the communities you **work** with over the next five to 10 years?
2. Anticipating the internal impact of HIV and AIDS i.e. on your **organisation** over the next five to 10 years?
3. Planning how to mitigate the impacts of HIV and AIDS in the communities you work with?
4. Planning how to mitigate the impacts of HIV and AIDS in your organisation?
5. Including HIV and gender equality in your organisation's mission?

Influences on policies and actions (Box 2):

What problems and opportunities do you see in:

1. Motivating the management to address HIV and gender equality issues in the **workplace**?
2. Motivating the management to address HIV and gender equality issues in your **programs**?
3. Seeking inputs from professionals outside your organisation and other organisations that have expertise in HIV and AIDS and gender issues?
4. The staff influencing the management in the way your organisation should address HIV and gender equality issues in the **workplace**?
5. The staff influencing the management in the way your organisation should address HIV and gender equality issues in your **programs**?



GROUP 2:

Responsibilities, procedures and systems required to run the organisation and put the policies and programs into action (Box 4):

What problems and opportunities do you see in:

1. Defining procedures to ensure confidentiality for staff who are living with HIV?
2. Assigning responsibility to an individual or a working group to coordinate HIV and AIDS-related actions in your **workplace**?
3. Developing systems to deal with discrimination, sexual harassment, and the like?
4. Establishing systems through which female and male staff can access VCT, treatment, and support.
5. Informing all the staff about their rights and responsibilities concerning HIV and AIDS in the workplace?
6. In including addressing HIV and AIDS and gender issues in job descriptions, wherever relevant?
7. Defining or modifying the system of information sharing among the staff to include HIV and gender equality related issues?
8. Developing partnerships/networks with organisations and professionals with HIV and AIDS/Gender expertise.
9. Assigning responsibility to an individual or a working group to coordinate HIV and AIDS-related actions in your **programs**?

GROUP 3:

Decision making on matters regarding the running of your organisation (Box 5):

What problems and opportunities do you see in:

1. Including issues related to HIV and gender while making decisions on policies, planning and budgets?
2. Allocating financial resources to address HIV and AIDS in the workplace (prevention, health care, death benefits, recruitment, training, and so on)?
3. Putting into action the decisions taken on HIV and gender equality?
4. Addressing conflicts related to HIV and AIDS, sexual harassment or abuse, and resistance to work with HIV-positive staff?
5. Ensuring equal participation of both the male and female staff while taking decisions on HIV and gender equality related issues in the workplace?
6. Creating equal opportunities for male and female staff living with or affected by HIV to express their opinions and concerns?

GROUP 4:

Organisational policies that influence the decisions and actions taken at the workplace and in the programs (Box 1)

What problems do you see in:

1. Collecting data and information at the community level about:
 - a. The prevalence of HIV among men and women, with special attention to the youth;
 - b. The prevalence of sexually transmitted infections (STIs);
 - c. The evidence of AIDS-related illnesses and death;
 - d. Sexual behaviours which make people highly susceptible to HIV infection;
 - e. Attitudes towards sex and sexuality;
 - f. The differences in the way men and women are affected by HIV and AIDS.





2. Analysing:
 - a. The situation and trends about STIs and HIV and AIDS;
 - b. The causes and effects of susceptibility to HIV infection and vulnerability to the impacts of AIDS among staff;
 - c. The causes and effects of susceptibility to HIV infection and vulnerability to the impacts of AIDS in the communities you work with;
 - d. Gender-related factors, such as sexuality issues, violence, and power inequalities in the communities you work with.
3. Including HIV and gender-related issues in your policies?
4. Developing a HIV-workplace policy and an action plan? A comprehensive policy and plan includes awareness, education, reducing stigma, prevention, testing, discrimination, treatment, care, and employee benefits for male and female staff living with HIV.
5. Developing a sexual harassment policy and putting it into practice?
6. Modifying your organisation's monitoring and evaluation system to include:
 - a. Collection and analysis of sex-aggregated data related to HIV;
 - b. Periodically reviewing policies and modifying them, if necessary, depending upon the changing situations related to HIV and gender;
 - c. Involving staff affected by or living with HIV in the monitoring and evaluation of the HIV-workplace policy.



Assessing the organisation's response to HIV and AIDS/Gender with regard to its policies and structure (B)

Handout 11B

What to do:

The following questions should encourage you to reflect on the way your organisation responds to challenges arising as a result of HIV and AIDS. The questions are related to your organisation's mission, the policies that guide your decisions and actions, and the way you work, which includes procedures, systems and decision making processes.

You will work in three groups, with the aim of identifying four strengths and four limitations per box. It may help you to reflect on the relevance, adequacy, effectiveness, efficiency or timeliness of processes, systems, or activities mentioned in the questions. Then you will learn about the outcomes from the other groups through the merry-go-round method of sharing and discussing ideas.

GROUP 1:

Policies and actions (Box 1)

1. Has our organisation looked into the likely impact of HIV and AIDS on the communities we work with over the next five to 10 years? If not, why?
2. Has our organisation looked into the likely impact of HIV and AIDS on the functioning of our organisation over the next five to 10 years? If not, why?
3. Does our organisation actively mitigate the impacts of HIV and AIDS in the communities we work with? If not, why?
4. Does our organisation actively mitigate the impacts of HIV and AIDS on the functioning of our organisation? If not, why?
5. Does our organisation's mission include principles of gender equality, in particular in relation to HIV and AIDS? If not, why?

Responsibilities, procedures and systems required to run the organisation and to put the policies and programs into action (Box 4):

1. Are procedures in place to ensure confidentiality for staff who are living with HIV? If not, is there a need to do so?
2. Is responsibility assigned within our organisation to coordinate HIV and AIDS-related actions in our workplace in a gender sensitive way?
3. Are there systems in place to deal with discrimination, sexual harassment, and the like? If not, why?
4. Is addressing HIV and AIDS and gender issues part of all relevant job descriptions? If not, why?
5. Does our system of information sharing include recent information and data on HIV and AIDS, and gender inequalities? If not, why?
6. Are all staff members informed about their rights and responsibilities concerning HIV and AIDS in the workplace? If not, why?
7. Do female and male staff have equal access to VCT, treatment, care and support? If not why?
8. Does our organisation recruit staff irrespective their HIV status? If not, why?
9. Does our organisation adjust the responsibilities among staff to anticipate the loss of staff capacities, which may include recruiting new staff?
10. Are partnerships/networks established with organisations and professionals with HIV and AIDS/Gender expertise? If not, why?





11. Is responsibility assigned within our organisation to coordinate HIV and AIDS-related actions in our programs? If not, is there a need to do so?

GROUP 2:

Influences on policies and actions (Box 2):

1. Are the management and board actively addressing HIV and AIDS and gender equality issues in our **workplace**? If not, why?
2. Are the management and board actively addressing HIV and AIDS and gender equality issues in our **programs**? If not, why?
3. Does the management actively seek inputs from professionals outside our organisation and other organisations that have expertise in HIV and AIDS and gender? If not, why?
4. Do staff members influence the management in the way our organisation should address HIV and gender equality issues in the **workplace**? If not, why?
5. Do staff members influence the management in the way our organisation should address HIV and gender equality issues in our **programs**? If not, why?

Decision making on matters regarding the running of our organisation (Box 5):

1. Are issues related to HIV and AIDS discussed while making decisions on policies, planning and budgets? Is gender also considered? If not, why?
2. Are financial resources allocated to address HIV and AIDS in the workplace (prevention, health services, death benefits, recruitment, training, and so on)? If not, why?
3. Are decisions on HIV and gender equality put into action? If not, what are the barriers?
4. Are conflicts related to HIV and AIDS, sexual harassment or abuse, and resistance to working with HIV-positive staff effectively managed? If not, why?
5. Do both male and female staff actively take part in decision taking on HIV and gender equality related issues in the workplace? If not, why?
6. Do male and female staff living with or affected by HIV have an equal chance to express their opinions and concerns at all levels? If not, why?

GROUP 3:

Organisational policies that influence the decisions and actions taken at the workplace and in the programs (Box 1)

1. In our organisation do we collect data and information at the community level about:
 - a. The prevalence of HIV among men and women, with special attention to the youth;
 - b. The prevalence of sexually transmitted infections (STIs);
 - c. The evidence of AIDS-related illnesses and death;
 - d. Sexual behaviours which make people highly susceptible to HIV infection;
 - e. Attitudes towards sex and sexuality;
 - f. The differences in the way men and women are affected by HIV and AIDS.
2. Has our organisation done a thorough analysis of
 - a. The situation and trends about STIs and HIV and AIDS;
 - b. The causes and effects of susceptibility to HIV infection and the impacts of AIDS among staff;
 - c. The causes and effects of susceptibility to HIV infection and the impacts of AIDS



- d. Gender-related factors, such as sexuality issues, violence, and power inequalities in the communities we work with.
3. Are HIV and gender-related issues included in our policies? If not, why?
4. Does our organisation have a HIV-workplace policy and the action plan in place? It is comprehensive, covering awareness, education, reducing stigma, prevention, treatment, care, testing, discrimination, and employee benefits for male and female staff living with HIV? If not, why?
5. Is a sexual harassment policy in place, and is it put into practice? If not, is there a need to do so?
6. In our organisation's monitoring and evaluation system:
 - a. Are sex-aggregated data related to HIV collected and analysed?
 - b. Are the policies periodically reviewed and modified, if necessary, depending upon the changing situations related to HIV and gender?
 - c. Are male and female staff living with HIV involved in the monitoring and evaluation of the HIV-workplace policies?



Background Information to Session 5

Session 5 covers the core of the self-assessment; filling in the 12-boxes framework. This Background Information contains more detailed information about each of the 12 boxes in Sections A to D, which correspond with Session 5's Assignments 8 to 11.

A. Staff Characteristics: Boxes 7, 8 and 9

Any organisation need staff to run the organisation and the programs efficiently and effectively. Managers, field staff, secretaries, drivers, cleaners – all have their role to play and are important for the running of the organisation. Each needs specific knowledge and skills to do their job. The situation in which they work and the equipment or materials they use often changes and, consequently, the demands to do their job well change. Therefore, organisations arrange trainings to refresh or upgrade the capacities of its staff. These can range from training in monitoring and evaluation instruments to first aid. We can call **staff capacity and expertise** - to be found in **Box 7** - a key element of an organisation.

Organisations provide a certain freedom or space in which staff members do their job. In some organisations managers or supervisors allow staff members to make their own work schedules, come up with new ideas, try out innovations, establish working contacts. In others, they have to work within preset boundaries. Sometimes staff members try to stretch these boundaries by careful manoeuvring. The extent to which supervisors or managers support staff members indicates how much freedom staff are allowed to have. Support can take the form of financial rewards or promotion, but also of creating an environment in which staff members feel at ease to carry out their tasks. **This freedom/space to do one's work** is another key element of an organisation and forms **Box 8**.

The way in which staff members, from managers to support staff, perform their work will depend on their commitment to the organisation as a whole and to their specific tasks. In turn, their attitude towards work has an impact on the running of the organisation or the programs. Beliefs and attitudes of staff in general influence how an organisation functions. How a staff member treats his/her colleagues has an impact on their well being and can affect their output - for instance, the extent to which he/she stereotypes or stigmatises. We call this key element of an organisation, which forms **Box 9, beliefs and attitudes of staff**.

B. Program Work Characteristics: Boxes 10, 11 and 12

Organisations design and implement programs in order to achieve their mission. Organisations go through various processes to start up programs and to try to create desirable results. The cycle usually starts with an analysis of the situation followed by designing a program. This includes the planning process, which concerns the allocation of human, financial and technical resources. Then there is the implementation process and related to that, monitoring and evaluation. We have called this element of an organisation **program design**, which is **Box 10**.

Design and implementation can be seen as technical processes, that follow procedures and systems characteristic of the organisation. These processes involve people, who take part in decision making and implementation of decisions. They may vary from managers, supervisors, field staff, or board members to outsiders, such as community members, activists, experts, consultants, donors, and so on. Those who play a role in these decision making processes have varying degrees of influence on decisions

concerning, for example, choices of target groups, key items to be addressed, approaches and allocation of budgets. They also influence whether decisions are put into action. This element which forms **Box 11**, is called **decision making and actions taken on programs**.

Decision making and implementation are not only based on rational arguments. Underlying the choices which are made and the actions which are taken are norms and beliefs about who and what is important and urgent to address. The beliefs and behaviour of staff involved in any way in the programs form critical elements in the way programs are shaped and implemented. A staff member's beliefs about the roles that women and men play in society, for example, will influence his/her efforts to involve males or females in project committees. If staff members do not believe that HIV is an urgent matter to address, they will be poorly motivated to attend to HIV and AIDS in their work (even if policies state that they should do so). Since many programs focus on the community, we refer to **Box 12** as staff beliefs and behaviour towards community. For organisations involved in advocacy and lobbying then 'community' should be read as society or any other unit on which they focus their actions.

C. Dominant Norms and Values of the Organisation: Box 3 Learning, Teamwork and Partnership: Box 6

Every organisation has its cultural aspects of norms and values. Organisational norms are standards or rules telling staff how to act appropriately in the workplace and in the work situation: who should do what, when and how. Norms are socially enforced. At certain moments in time the founders or other influential people will have agreed to these rules. Norms are often unspoken and staff may be unaware of them – they are taken for granted.

Values are principles, standards or qualities considered worthwhile or desirable by the person who holds them. Values at the organisational level are abstract ideas about qualities of behaviour, thought, and character that are believed to be good, right and desirable. Values tell what we should believe, regardless of any evidence or lack thereof.

Examples of values and norms include: the value placed on gender equality; participation of staff irrespective their HIV status; working in teams; the importance attached to learning from staff and from outsiders; a participatory management style; socialising of staff in bars; celebration of birthdays of staff; the norm of having open doors to offices, seating arrangements at meetings; and so on. New staff who do not know the organisation's norms and values may be surprised about things that existing staff take for granted.

The norms and values of an organisation are reflected in all of its actions and the way it presents itself to the world. They produce its image. Its policies, the focus and strategies of its programs, its procedures, the way decisions are taken, the partnership relations, and so on, are based on the organisation's cultural elements.

In the 12-boxes framework, the element **dominant norms and values of the organisation** in **Box 3** underlie the mission, policies and actions, and all other actions, priorities and choices of the organisation. The element **learning, team work and partnership** in **Box 6** is about norms and values underlying structural issues. These include what procedures are required, who should take part in information sharing and in decision making, what conflicts are important to pay attention to, which partnerships are worthwhile to establish, and how staff should work together.

D. Policies and Action: Box 1
Various Influences on Policies and Actions: Box 2
Decision Making: Box 5
Responsibilities, Procedures and Systems: Box 4

Every organisation is characterised by its policies. They are meant to guide how the organisation is being run and what programs to engage in. The policies are developed in line with the organisation's mission and main strategy. Examples of policies are staff health policies, HIV workplace policy, sexual harassment policy, policies on training, policies on partnerships, program policies, and so on. The policies are made operational through action plans with budgets to implement them. Planning and budgeting are essential processes to run the organisation. Organisations usually develop monitoring and evaluation systems to find out if the implementation of the plans is on track and, after some time, if the aims have been achieved. This critical element of an organisation is titled **policies and actions** and forms **Box 1**.

Directors, managers and board members usually take part in policy development and action planning. Depending on the type of organisation others may play a role as well. Some organisations include the community in the design and planning of programs. Others invite professionals and sister organisations to participate in discussions on specific policies. Donors or staff from within the organisation may also be influential in the processes. We name this element **various influences on policies and actions** to indicate that it refers to interaction processes involving a variety of actors. It is to be found in **Box 2**.

Another element which is an aspect of interaction is **decision making** which is **Box 5**. Whatever policies are designed, and whatever plans are made, decisions need to be taken to make the final choices and to put them into action. Organisations have different arrangements on how to make decisions and who to involve. To give a few options, formal or informal decision making, participatory processes in which staff of different levels can express their views, and hierarchical forms of decision making. Decision making is a key element because an organisation will not function properly when decisions are not taken or put into action.

A last organisational element concerns the **responsibilities, procedures and systems** which are required to run the organisation, found in **Box 4**. Procedures have to be in place to ensure that the right steps are followed, for example, concerning administrative matters, projects proposals, budget allocation, recruitment of staff, and the use of facilities. Systems are needed to make sure that information is disseminated to the right people, that activities are coordinated, that data are being processed, that complaints can be forwarded, to mention a few examples. Systems are also required to establish relationships with other organisations and professionals, for instance through partnerships or networks. Lastly, people within and outside the organisation should be clear about who is responsible for what within the organisation.

Session 6: Setting priorities for action to improve the organisation's response to HIV and AIDS in a gender sensitive way



In this final session the participants use the 12-boxes framework's strengths and limitations to prioritise actions for improving their organisation's response to the HIV and AIDS epidemic.

The session also pays attention to the follow-up of the workshop. The identification of priorities is a first step to developing an organisation-wide action plan. It is explained to the participants that the 12-boxes framework can help to make a strategy for action, i.e. a set of interrelated activities towards a clearly described change – and an action plan. If more workshops are being organised for other staff members, the priorities identified need to be shared to produce a final list of priorities. Evidently, an action plan has to be developed in line with the existing procedures of decision making.

Assignment and outcome

The session has only one assignment, number 12, which focuses on setting priorities. By the end of the session the participants are expected to have a list with priorities for action, and to be committed to take action.

Figure 11 gives examples of the priorities identified by the participants of three workshops which were part of the field-testing for this guide.

Figure 11: Examples of priorities identified in three self-assessment workshops

<p>An organisation, already involved in HIV and AIDS and gender activities, defined the following three priorities</p>	<ul style="list-style-type: none"> • Build staff capacities on HIV and AIDS • Modifying other development programs to respond to HIV and AIDS-related issues • Build staff capacity to reduce susceptibility of community members
<p>Another organisation, not yet paying attention to HIV and related gender issues, came to the following three priorities</p>	<ul style="list-style-type: none"> • Build staff capacities on HIV and AIDS • Collect information on HIV and AIDS • Establish linkages with different stakeholders (government and non-government) to link actions on HIV and AIDS
<p>An organisation with a few years' experience of addressing HIV and AIDS-related issues in the workplace and in its programs.</p>	<ul style="list-style-type: none"> • Organising discussions about our HIV and AIDS workplace policy to make it better known • Sharpen our HIV and AIDS workplace policy, with regard to leave for staff who care for ill relatives, sickness fund for people infected with HIV, discriminatory behaviour of staff towards HIV-positive people • Elaborate a specific project to learn how to take gender issues into consideration in HIV and AIDS projects in a more effective way

Assignment 12: Identifying priorities for action to improve the organisation's response to HIV and AIDS/Gender in the workplace and in its work

Expected results:

- 1) Participants have identified priorities for action.
- 2) Participants state they are committed to take further steps to better respond to HIV and AIDS at the organisation and program level.

Time needed: one hour maximum

Method: Presentation, prioritising exercise

Material required: Coloured cards (one colour), markers, stickers or coloured markers, flipcharts, pens

Steps for the facilitator:

1. Preparation: Read the Background Information to the Session 6. It explains how the 12-boxes framework can help to develop a strategy for action and an action plan.
2. Introduction: This is the final session and final assignment. The participants have assessed the HIV and AIDS competence of their organisation according to their own perceptions. They have systematically identified strengths and limitations for each of their organisation's key elements by filling in the 12-boxes framework. The next step is to think about the actions they should take to improve the way their organisation responds to HIV and AIDS/Gender-related issues. What can be done here, and what this last session is for, is to identify and propose priorities for action to be taken up by the appropriate committees and systems for planning and decision making.
3. Explain the prioritising exercise:
 - Ask the participants to go over the strengths and weaknesses pasted on the framework. Ask each participant to propose two actions which he/she feels are **important, urgent and feasible to undertake in the three months to come**.
 - Ask them to discuss their ideas in groups of three, and to agree on two actions. Each group of three should write their two actions on two cards **in short sentences** using specific and simple language.
 - Invite two participants to take the lead in putting the cards on the floor and clustering the ideas.
 - List the clustered ideas on one or more flipcharts.
 - Invite each participant to indicate their priorities. Give each participant an equal number of stickers (e.g. five) and let them distribute them to signify their priorities. They can put more than one sticker on a single item.
 - The distribution of the stickers will show which actions the participants as a whole believed to be the highest priorities. Write them on a flipchart for the organisation to follow up.
4. Lastly, shift the focus to the future. The priorities give an indication of urgent and feasible actions to be taken. However, a well thought-out strategy or set of interrelated actions will be more effective than various ad-hoc actions. Give an example of how the the 12-boxes framework can be used to develop a strategy, improvising from the priorities they have set and the strengths and limitations which have been identified.
5. To close, stress that there is no single model to follow to respond to HIV and AIDS and gender inequality in the workplace or in programs. Organisations have different

resources and options, different starting points, varied missions, and they work in different contexts which are continually changing. What is special about the process they have just been through is that it is unique to the organisation. Both the process of the self-assessment, with all the reflection it has involved, and the outcomes are first steps for our organisation to improve its response to HIV and AIDS. "Congratulations on those first steps - and make sure you take the next steps!"

Background Information to Session 6

Apart from being a self-assessment tool, the 12-boxes framework can be used to develop a strategy to respond to HIV and AIDS/Gender inequality issues more effectively. It might also be used to monitor progress and make adjustments to the strategy and action plan.

Using the 12-boxes framework to develop a strategy

The priorities for action are the starting point for developing an action plan, a time-bound set of actions leading to specific improvements. The beauty of the 12-boxes framework is that it enables us to systematically consider the effects of an action in one box on the other elements, and to identify additional actions which may be required. By looking holistically at the whole organisation and how the actions interact we can develop a strategy.

For example, suppose that the staff identify providing support to staff living with HIV and AIDS as a priority. An action plan would initially involve research. How are staff affected by HIV and AIDS, and what are their thoughts about how the organisation should support them (Box 9)? What about the openness of the organisation, are personal issues easily discussed (Box 3)? What are staff attitudes like towards people who are HIV-positive (Box 9)? What procedures and facilities are already in place to support staff, and do they work (Box 4)? What are other organisations' experiences of workplace policies and programs? What guidance is available (Box 4)? Does the organisation promote support among staff and more especially of its managers (Box 6)? Following the research, how will the organisation decide on its strategy (Box 5)? How will it involve its stakeholders (Box 2)? Who will take responsibility (Box 4) for developing the workplace policy (Box 1)?

Another example. Suppose an organisation identifies attending to HIV and AIDS-related issues in the programs as a priority (Box 10). A decision has to be made about how to do this (Box 11): addressing HIV and AIDS indirectly through modifying existing programs, or starting new projects which directly respond to HIV and/or AIDS? Before a decision can be made, the organisation needs to understand the issues and its options better, by learning from others (Box 4 or 10). The organisation feels that they can learn much from other organisations (Box 6). It may also need to conduct research: is there an unmet need for HIV education in the community (Box 10)? It will also want to speak with its donors, board and others (Box 2) particularly if taking action requires a change to the organisation's policies (Box 1). Staff are another consideration. What training would they need to improve their capacity to implement each of the options (Box 7)? Are they willing to do their work differently, and to respond to HIV and AIDS (Box 9)?

Once a decision has been made as to how to respond to HIV and AIDS in the programs, the 12-boxes framework can help with the action plan, by reminding us to consider all the elements of the organisation. Are staff attitudes towards community members compatible with the new work (Box 12)? Do they need training to carry out the work (Box 7) and a better understanding of the approach to be motivated to do it (Box 9)? What support might they need to experiment with the new approach (Box 8)? Who can the organisation learn from, so as to avoid mistakes that others have already made, and to make best use of existing resources (Box 4 or 10)? Who will take responsibility for the new work, and how will it fit into existing systems (Box 4)? Is there a need to change organisational policies (Box 1)? How will processes of program design and implementation need to change (Box 10)?

These examples show how the 12-boxes framework contributes to a holistic approach and helps to anticipate the consequences of certain actions.

Examples of NGO responses to the HIV and AIDS epidemic

More and more, NGOs take efforts to address HIV and AIDS-related issues. We have summarised some of their responses. The first set of examples concern the organisation itself. Comparing these with the elements of the 12-boxes framework we can notice that they mainly relate to technical aspects and that less attention is paid to cultural aspects. The latter appear a difficult area to deal with.

Organisational responses to HIV and AIDS foremost take place in four areas. The first two are increasingly common and the last two more rare:²⁰

- **HIV & AIDS workplace policies.** The policies take different forms and scope. Experience learns that it is better to develop comprehensive staff health policies that include attention to the HIV and AIDS epidemic than to develop HIV and AIDS specific policies. The policies should address prevention, positive living, treatment and mitigation of effects. Participatory policy development processes appear to be time consuming and costly. Often deeper and wider organisational issues relating to norms and values, relationships and decision making come to the fore which may lead to tensions in the organisation. Some NGOs involved in developing HIV & AIDS workplace policies advise to start with reviewing the existing staff health policies, benefits and interventions and identify which specific additions are needed to address HIV and AIDS.
- **Awareness raising and staff education** on HIV and AIDS. Examples are training sessions on HIV and AIDS awareness, prevention, human rights, gender, legal issues, domestic violence, counselling, peer education, life skills, behaviour change communication, community research. In some NGOs HIV and AIDS focal points have been appointed in charge of in-house education or provision of HIV-related services.
- **Coping and human resource management strategies.** Some NGOs hold needs assessment meetings and attempt to analyse and plan for long-term human resource implications of HIV and AIDS. In most organisations it appears difficult to address HIV and AIDS more openly and to overcome the fears of staff to disclose personal situations.
- **Changes in financial budgeting, management and planning.** Although it is important to understand and anticipate costs attached to the impacts of HIV and AIDS for the organisation, it is an area which has not been addressed in-depth by most NGOs. Some organisations have built up experiences with risk assessment.²¹

A second set of examples is about modifications in the **programs**. Program policies, strategies, activities and targeting have been modified with the aim to reduce the impacts of HIV and AIDS. It may include capacity building of implementing staff.

- In **agricultural and rural development programs**, for instance, farmers of female headed households, child or elderly-headed households, get advise on suitable agricultural techniques, especially on agricultural products which need less labour. Specifically targeting at vulnerable households promotes that agro-biodiversity and

the associated indigenous knowledge is spread to more people in the community. Agricultural diversification plays a critical role in providing and enhancing a balanced nutritional supply among poor rural families, especially the ones dealing with people living with HIV and AIDS. Some programs strengthen the existing coping capacities of communities by pooling labour in communities so that families who lost members can still farm enough land or by making sure that families with orphans do not have to pay school fees. Other agricultural development programs work on better access and control for women over productive resources, including equal inheritance rights to land when their partner dies, credit, knowledge, agricultural inputs and technology. Agricultural extension workers take a stand against HIV and AIDS related stigma, and proactively involve organisations of people living with AIDS in designing their programmes.

- In **education programmes** the recruitment, training and capacity building for an adequate number of teachers is supported. Teachers reflect their own attitudes, adapt their behaviour and learn how to address AIDS and sexuality education. School curricula and teacher training curricula are changed to include sexuality education, empowering young people's with correct information about HIV and AIDS, with negotiation skills, with wisdom on how to keep relationships healthy, etc. Schools, including teacher training officially appoint one or two confidential agents. Teachers and pupils, who themselves are infected by HIV or AIDS are supported by establishing HIV positive living groups in schools.
- **Micro Finance Institutions** (MFI's) review their client selection policies to ensure that they serve existing and potential clients irrespective their HIV status. MFI's offer financial products and services for households, affected by HIV and AIDS. HIV-positive clients get financial advise to better plan for the future of their enterprise, which includes strategies for coping with illness and death. An open, non-stigmatising approach to planning with HIV-infected clients will benefit clients and MFIs alike. Irrespective of whether or not the MFI accepts deposits, MFI's encourage their clients to accumulate savings as a buffer against times of crisis. In this way, MFI's help HIV and AIDS affected households to prepare for loss of income at times of illness and for medical and funeral expenses. MFI's try to link clients with insurance companies and with health services providers and other supportive organisations.
- **At the national level**, some development instruments, like PRSP's (Poverty Reduction Strategy Papers) placed AIDS in the centre of national development planning and budgetary allocation processes. There are also national development plans that include HIV and AIDS in the analysis of issues and in the strategies required to respond to the epidemic.

²⁰ O'Grady, Mary. 2004; INTRAC. 2004; CARE. 2005; Elwes, T. & A. Jackson. 2003; Holden, Sue. 2003.

²¹ See Elwes, T. & A. Jackson. 2003

Further reading

General documents

CARE. 2005. Briefing Papers – based on the workshop facilitated by SWARMU on HIV/AIDS in the workplace, Johannesburg, January 2005 www.care.org

Commonwealth Secretariat. 2002. Gender mainstreaming in HIV/AIDS. Taking a multisectoral approach www.thecommonwealth.org

Elwes, Tabitha and Aileen Jackson. 2003. Working Positively – A guide for NGOs Managing HIV/AIDS in the workplace. UK Consortium on AIDS and International Development www.aidsconsortium.org.uk

Holden, Sue. 2003. AIDS on the Agenda: Adapting Development and Humanitarian Programs to Meet the Challenge of HIV/AIDS. Oxfam GB, ActionAid and Save the Children UK <http://publications.oxfam.org.uk> to purchase or download for free

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INTRAC. 2004. Rewriting the Rules? Capacity Building in Times of HIV/AIDS. PSO/INTRAC

Michael, Karen and Stuart Cottom. HIV/AIDS Workplace Program for Small & Medium Enterprises. Facilitator's manual. Micro Enterprise Alliance, MEA www.mea.org.za

Novib. 2006. Good Donorship in a Time of AIDS. Guidelines on support to Novib counterparts to manage HIV/AIDS in the workplace www.oxfamnovib.nl

ILO (2001), ILO Code of Practice on HIV/AIDS and the World of Work, Geneva: ILO <http://mirror/public/english/protection/trav/aids/code/languagespubl/hiv>

ILO (2002), Implementing the ILO Code of Practice on HIV/AIDS and the World of Work: An Education and Training Manual, Geneva: ILO <http://mirror/public/english/protection/trav/aids/code/manualen/index.htm>

International HIV/AIDS Alliance. 2002. Toolkit "Pathways to Partnerships" www.aidsalliance.org

O'Grady, Mary. 2004. Managing HIV/AIDS in the workplace: Examples of nine non-governmental organisations in South Africa, Zambia, and Zimbabwe. Oxfam International. www.oxfam.org/eng/policy_paper_HIV.htm

Rau, Bill. 2004. Workplace HIV/AIDS Programs. An Action Guide for Managers. Family Health International with Impact and USAID (Focuses on large businesses)

SAN! 2005. Taking the initiative...HIV/AIDS workplace policies for NGOs in Ethiopia, Africa

Swiss Agency for Development and Cooperation. 2004. Mainstreaming HIV/AIDS in practice. A toolkit. www.deza.ch/resources/

UK Consortium on Aids and Internal Development. 2003. Working Positively
A guide for NGOs Managing HIV/AIDS in the workplace www.aidsconsortium.org.uk

Useful websites:

www.actionaid.org: among others, information about the training package on HIV/AIDS – Stepping Stones.

www.aidscompetence.org: website of the Constellation for AIDS Competence

www.aidsconsortium.org.uk: The UK Consortium on AIDS and International Development is a group of more than 80 UK based organisations which work together to understand and develop effective approaches to the problems created by the HIV epidemic in developing countries.

www.unaids.org provides information, resources, documents, and includes web links.

Documents on the relationship between HIV and AIDS and Gender

Bell, Emma. 2002. Gender and HIV/AIDS: Overview Report. Bridge Cutting Edge Pack. www.ids.ac.uk/bridge

Gender or Sex: Who Cares? Skills-building Resource Pack on Gender and Reproductive Health for Adolescents and Youth Workers. 2001. Ipas and Health & Development Networks. www.ipas.org/english/publications/adolescents.asp

Louis, Jill. 2003. Gendering Prevention Practices. A practical guide to working with gender in sexual safety and HIV/AIDS awareness education. www.nikk.uio.no

Norwegian Working Group on HIV/AIDS and Gender. 2001. HIV/AIDS and Gender – an awareness raising folder

Rao Gupta, Geeta, Daniel Whelan, Keera Allendorf . 2003. Integrating Gender into HIV/AIDS. WHO. Available at www.kit.nl/publishers

UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS. 2005. Operational Guide on Gender HIV/AIDS. A Rights-based Approach. Available at www.kit.nl/publishers

UNAIDS Inter-Agency Task Team on Gender and HIV/AIDS. 2005. Fact Sheets on Gender and HIV/AIDS. Available at www.kit.nl/publishers

UNIFEM. 2000. Gender, HIV and Human Rights: A Training Manual (written by Madhu Bala Nath). www.genderandaids.org Gender and HIV/AIDS Web Portal

UNIFEM APGEN/UNDP. 2004. Women, Gender and HIV/AIDS in East and Southeast Asia. www.genderandaids.org Gender and HIV/AIDS Web Portal

Tallis, Vici. 2002. Gender and HIV/AIDS: Overview Report. Bridge Cutting Edge Pack. www.ids.ac.uk/bridge

Websites:

www.genderandaids.org: provides documents, reports, references, web links and other resources (UNIFEM/ UNAIDS)

<http://womenandaids.unaids.org> : the website of the Global Coalition on Women and AIDS (UNAIDS)

www.icw.org: website of the International Community of Women Living with HIV/AIDS

Documents on stigmatisation

Kidd, Ross and Sue Clay. 2003. Understanding and Challenging HIV Stigma. Toolkit for Action. Trainers Guide. CHANGE project www.changeproject.org

JOHAP (Joint Oxfam HIV/AIDS Program). 2005: a series of reports, among others:

- Understanding HIV and AIDS stigma and discrimination at a community level: Perspectives from rural KwaZulu-Natal. Research. Number one
- Learning the meaning of HIV and AIDS and Gender – yesterday, today and tomorrow. Case study. Number three
- Strengthening community responses to HIV and AIDS in South Africa. Lessons. Number one

Annex 1: Examples of the outcome of the two self-assessment workshops

Example 1: an organisation which was responding to HIV and AIDS in its workplace and in its programs

	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
<p>TECHNICAL ASPECTS</p> <p>The processes and systems necessary to run the organisation, and the managing of social, financial and technical resources.</p>	<p>1. POLICIES AND ACTIONS</p> <p>Strengths:</p> <ul style="list-style-type: none"> Finances/budget allocation to HIV and AIDS Good workplace policy and strategy on HIV in place. Policy and strategy periodically reviewed in the light of changes We use data researched by other reliable agencies to frame our policies, approach and programs High priority matched by high investment in systematic staff capacity building program Mission statement includes HIV and gender On going implementation strategy for HIV and AIDS programs <p>Limitations:</p> <ul style="list-style-type: none"> Need to have a sustainable strategy related to HIV and AIDS programs Workplace gender policy development is in progress, not yet implemented Initiation action for HIV and AIDS projects (non HIV and AIDS) 	<p>4. RESPONSIBILITIES, PROCEDURES, AND SYSTEMS</p> <p>Strengths:</p> <ul style="list-style-type: none"> Info sharing among all projects in a gender sensitive way HIV and AIDS activities shared in regular meetings Good infrastructure and resource team All staff aware about rights and responsibilities on HIV and AIDS Policy exists on confidentiality No probing into HIV status at recruitment <p>Limitations:</p> <ul style="list-style-type: none"> Info sharing needs to happen on a more regular basis Data & info collection on HIV and AIDS to be improved Need system for crisis management – sexual harassment Need to have more technical staff, such as health care professionals, gender specialist Need for a designated person or team to deal with issues such as sex harassment, discrimination Focus on retaining staff. 		<p>7. STAFF CAPACITY AND EXPERTISE</p> <p>Strengths:</p> <ul style="list-style-type: none"> Basic knowledge on HIV and AIDS among all staff HIV and AIDS program staff are confident enough to respond to HIV and AIDS Our organisation regularly conducts HIV prevention training for staff Non HIV related program staff are free to participate in HIV program events <p>Limitations:</p> <ul style="list-style-type: none"> Staff capacity has to be improved (all staff) to work on reduction of vulnerability More integration needed between HIV and AIDS programs and other programs Language problem restricts learning from others, no literature in local language available Need more (wider, deeper) capacity building for staff on HIV and AIDS Same for gender perspective More understanding of care and support needed 	<p>10. PROGRAM DESIGN</p> <p>Strengths:</p> <ul style="list-style-type: none"> Good networking and linkages between groups and external agencies Strategies to prevent HIV Situational assessment Have reached huge numbers of female sex workers and men having sex with men Have increased access: awareness info; referrals – care, support; condoms, VCT, etc; livelihoods (sponsorships also), organizing. <p>Limitations:</p> <ul style="list-style-type: none"> Counselling skills (especially of families) need strengthening Gender disaggregated monitoring of impact of HIV on people with HIV not yet done Care and support needs more attention, but external agencies providing services are limited HIV and AIDS in livelihood can be strengthened Too focused targeted interventions in too few districts
<p>ASPECTS OF INTERACTION</p> <p>The interaction processes which influence the allocation of social, financial and technical resources.</p>	<p>2. VARIOUS INFLUENCES ON POLICIES AND ACTIONS</p> <p>Strengths:</p> <ul style="list-style-type: none"> Networking use of external experts helps in development of policies and actions Concept paper on mainstreaming developed due to influence of board and management Workplace policy – board and management played positive role Influence donors in program implementation <p>Limitations:</p> <ul style="list-style-type: none"> low salaries etc. given by donor (especially government programs), result in turnover More focus to be given to external experts Financial assistance to non HIV and AIDS programs 	<p>5. DECISION MAKING</p> <p>Strengths:</p> <ul style="list-style-type: none"> During the planning stage the intervention will be designed according to gender Decisions taken to invest in capacity building Platforms are existing to take decisions by men and women equally <p>Limitations:</p> <ul style="list-style-type: none"> Budget for HIV and AIDS not allocated to all programs 		<p>8. FREEDOM/SPACE TO DO ONE'S WORK</p> <p>Strengths:</p> <ul style="list-style-type: none"> Fairly free atmosphere for discussion Organisation provides supportive environment Care and support like medication, leave, etc. are provided Equal attention to male and female staff Work can be done irrespective HIV status No inhibition to discuss HIV and AIDS-related issues <p>Limitations:</p> <ul style="list-style-type: none"> Have not motivated staff to check HIV status Need for open sharing for non HIV and AIDS staff programs We have little opportunity to share with all staff 	<p>11. DECISION MAKING AND ACTIONS TAKEN ON PROGRAMS</p> <p>Strengths:</p> <ul style="list-style-type: none"> Staff and experts have the space to influence decisions In decision and action taking all take part There is gender sensitivity in decision making Strong community involvement in participatory project implementation and M&E. <p>Limitations:</p> <ul style="list-style-type: none"> More focus on risk next to vulnerability should be included in decision making Need to evolve a strategy towards an integrated approach (HIV and AIDS in non HIV and AIDS programs considered) Definition of "high risk group" given by donors should change (means we have to be careful with branding sex workers – not all are high risk if use condom)

	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
<p>CULTURAL ASPECTS</p> <p>The norms and values in the organisation.</p>	<p>3. DOMINANT NORMS AND VALUES OF THE ORGANISATION</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Positive approach – equal opportunities • A lot of jokes but not hurting anybody • Image: capacity to work on HIV and AIDS-related issues <p>Limitations:</p> <ul style="list-style-type: none"> • Organisational focus on HIV and AIDS is not reflected in non HIV and AIDS projects • Because of decentralised nature of projects HIV and AIDS is not a shared value in all programs 	<p>6. LEARNING, TEAM WORK AND PARTNERSHIP</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Team work encouraged and appreciated, individual responsibility is clearly placed • Willing to learn from other organisations, persons and from the field, innovations and appropriate adaptations made while applying new learning • HIV status not a hindrance to get opportunity, focus is on knowledge, skills and ability to job well • Many programs operate through district networks <p>Limitations:</p>		<p>9. BELIEFS AND ATTITUDES OF STAFF</p> <p>Strengths:</p> <ul style="list-style-type: none"> • Male and female staff share experiences openly • Concern about gender • Willing nature • Supportive attitude • HIV program related staff freely disagree with stigmatisation • Staff working on HIV and AIDS programs have receptive attitude • Ownership towards work • Helpful in nature and cooperation <p>Limitations:</p> <ul style="list-style-type: none"> • Staff are ready to change behaviour but need little more time • Not enough info on staff attitude towards HIV available • Stigma sensitisation to be further discussed with non HIV and AIDS-related staff • All our staff have to undergo attitudinal change towards HIV and AIDS • Not all agree with: is attention to HIV an organisational norm or/and practice? 	<p>12. STAFF BELIEFS AND BEHAVIOUR TOWARDS COMMUNITY</p> <p>Strengths:</p> <ul style="list-style-type: none"> • No stigmatisation • Listening attitude • Committed, self motivated and enthusiastic staff (with learning attitude) • Innovative and pioneering attitude of staff and organisation • Focus on process and quality not only on achievement of quantity targets <p>Limitations:</p> <ul style="list-style-type: none"> • Attitude of non HIV and AIDS staff should also be influenced

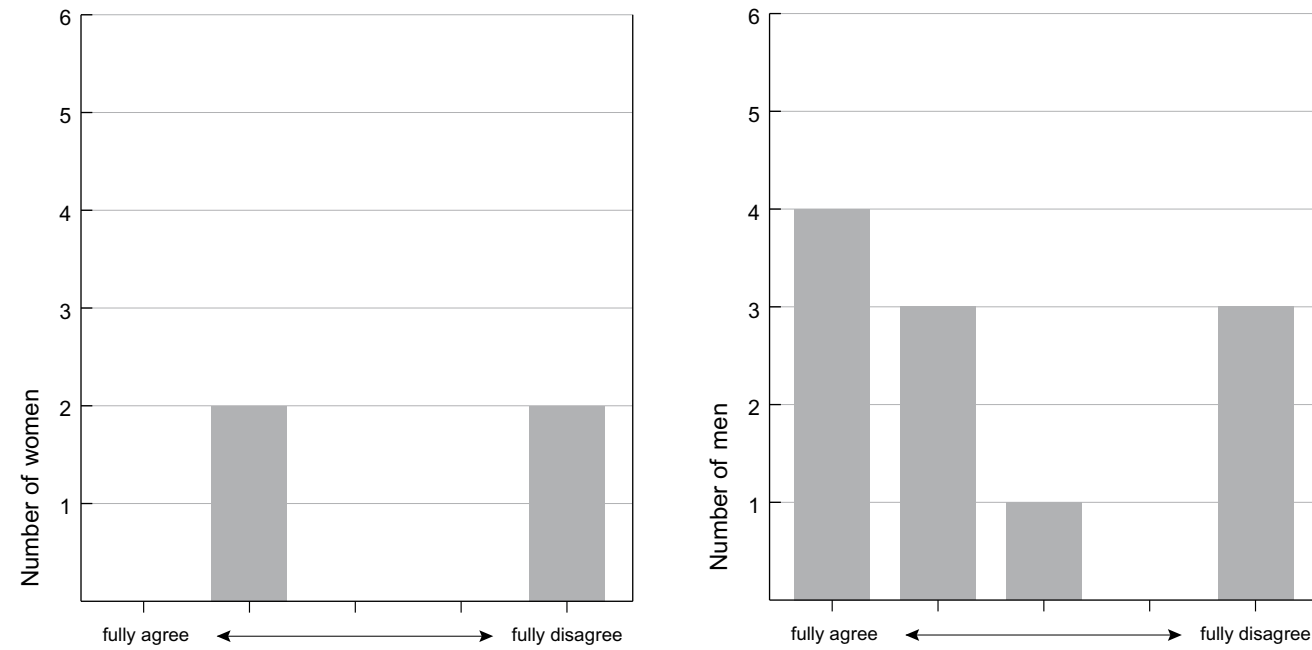
Example 2: an organisation not yet responding to HIV and AIDS

	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
<p>TECHNICAL ASPECTS</p> <p>The processes and systems necessary to run the organisation, and the managing of social, financial and technical resources.</p>	<p>1. POLICIES AND ACTIONS</p> <p>Problems:</p> <ul style="list-style-type: none"> No baseline data on HIV We cannot change vision & mission all the time Stereotype beliefs about HIV and AIDS in the community Lack of skills to collect data on HIV and AIDS Difficult to get data because the community does not speak about it No experience to interact with HIV-positive people – how to involve them in policy development A sexual harassment policy can bounce back to us HIV is not an issue in our mission <p>Opportunities::</p> <ul style="list-style-type: none"> Flexibility to include issues in our policies 	<p>4. RESPONSIBILITIES, PROCEDURES, AND SYSTEMS</p> <p>Problems:</p> <ul style="list-style-type: none"> No HIV focal point to stimulate and coordinate actions to respond to HIV and AIDS-related issues in the programs 		<p>7. STAFF CAPACITY AND EXPERTISE</p> <p>Strengths:</p> <ul style="list-style-type: none"> Sensitivity for health issues Competent and capable staff members Skilled staff able to understand socio-economic and health issues Staff can work effectively to address HIV and AIDS if they are given training <p>Limitations:</p> <ul style="list-style-type: none"> No staff orientation on HIV and AIDS Lack of technical knowledge on HIV and ADIS HIV related capacity building is never held in the organisation Staff members do not feel confident and capable to addressing HIV and AIDS 	<p>10. PROGRAM DESIGN</p> <p>Strengths:</p> <ul style="list-style-type: none"> Networking partners are also working on HIV and AIDS Situation analysis done periodically Working with most vulnerable groups <p>Limitations:</p> <ul style="list-style-type: none"> No system to maintain records/data for HIV Projects do not include strategies related to HIV
<p>ASPECTS OF INTERACTION</p> <p>The interaction processes which influence the allocation of social, financial and technical resources.</p>	<p>2. VARIOUS INFLUENCES ON POLICIES AND ACTIONS</p> <p>Problems:</p> <ul style="list-style-type: none"> Lack of knowledgeable staff which makes it difficult to influence management No donor funds available so it is difficult to implement plans 	<p>5. DECISION MAKING</p> <p>Problems:</p> <ul style="list-style-type: none"> Budget for support structure may be problematic Work pressure may be a problem, we have to make an extra effort to pay attention to HIV 		<p>8. FREEDOM/SPACE TO DO ONE'S WORK</p> <p>Strengths:</p> <ul style="list-style-type: none"> Moral and emotional support given to staff Equal treatment of male and female staff We have a culture of open interaction among staff, even with higher authority on any issue/concern Innovative platform Moral support/ encouragement <p>Limitations:</p> <ul style="list-style-type: none"> Female staff are given more importance than males Immersed in own target/work Need to get more moral and emotional support from outsiders/ experts 	<p>11. DECISION MAKING AND ACTIONS TAKEN ON PROGRAMS</p> <p>Strengths:</p> <ul style="list-style-type: none"> Scope for decision making at the community level Monitoring systems are modified to accommodate the issue of gender <p>Limitations:</p> <ul style="list-style-type: none"> No consultation with staff on HIV at phases in the project No system to disseminate info regarding HIV and AIDS Staff does not consider risk/impact of HIV and AIDS

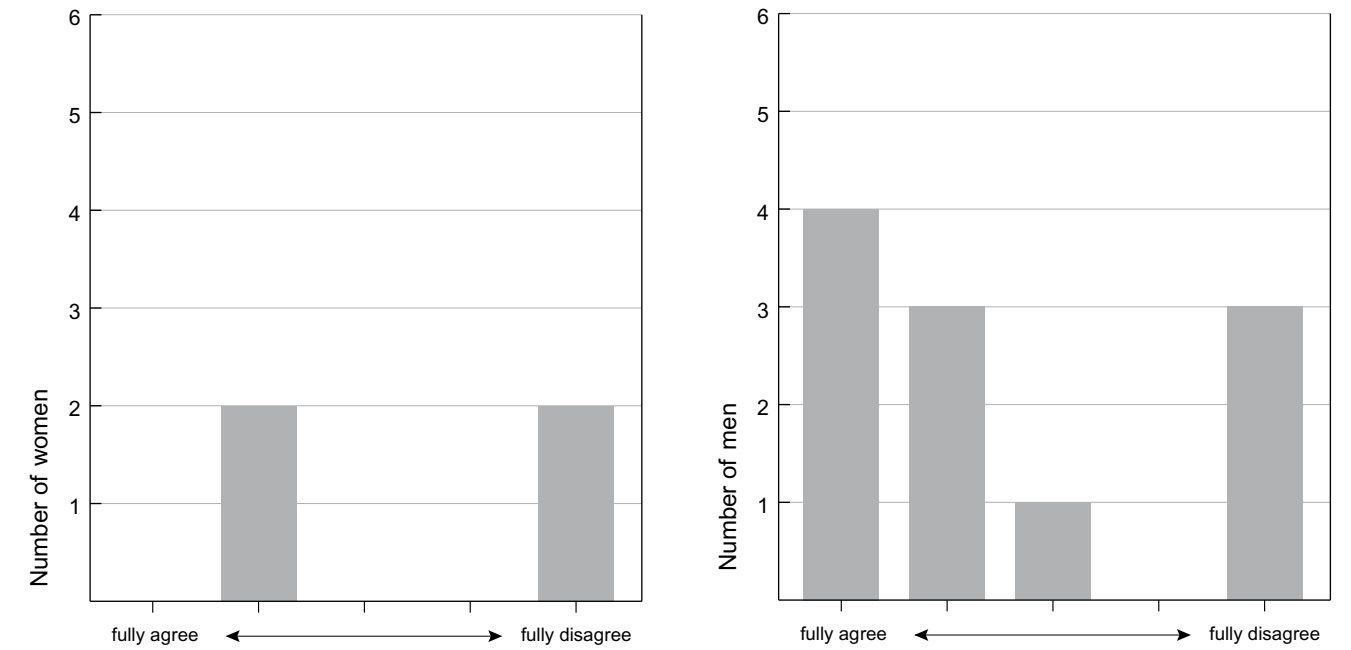
	MISSION AND OVERALL STRATEGY	STRUCTURE		STAFF	PROGRAM AND ADVOCACY WORK
<p>CULTURAL ASPECTS</p> <p>The norms and values in the organisation.</p>	<p>3. DOMINANT NORMS AND VALUES OF THE ORGANISATION</p> <p>Strengths:</p> <ul style="list-style-type: none"> Acceptance of people living with HIV as staff, partners and beneficiaries will become a guiding principle of our response to HIV and AIDS Our organisation thinks it is a priority to address gender equality in the workplace Same for the projects <p>Limitations:</p> <ul style="list-style-type: none"> Our organisation does not think that it is high priority to address HIV in the project – but now it has changed this view Our organisation does seek to have the image that it is addressing HIV 	<p>6. LEARNING, TEAM WORK AND PARTNERSHIP</p> <p>Strengths:</p> <ul style="list-style-type: none"> Learning by doing is the norm and value Belief in learning and sharing We think to involve HIV-positive people in discussions We believe it is necessary to build partnerships with organisations and consultants Our organisation believes in team work <p>Limitations:</p> <ul style="list-style-type: none"> Hesitation to discuss these issues openly 		<p>9. BELIEFS AND ATTITUDES OF STAFF</p> <p>Strengths:</p> <ul style="list-style-type: none"> Our organisation has will to work on HIV and AIDS issues Staff is willing to change practice in the workplace Collective and good team efforts Male and female staff is willing to talk openly about HIV Staff will accept colleagues who choose to disclose their status Staff shows empathy towards male and female colleagues who are affected by HIV <p>Limitations:</p> <ul style="list-style-type: none"> Not willing to talk about issues related to sex and sexuality Male and female staff do not fully disagree with stigmatisation due to HIV Lack of broader/ progressive attitude 	<p>12. STAFF BELIEFS AND BEHAVIOUR TOWARDS COMMUNITY</p> <p>Strengths:</p> <ul style="list-style-type: none"> Staff believe in community support Staff feels it is important to remove stigma and discrimination on HIV Willingness to address the issue of HIV and AIDS in different projects Staff is committed to give priority to PLWHA and vulnerable groups

Annex 2: Data from the questionnaire on organisational norms and practices concerning HIV and AIDS/gender

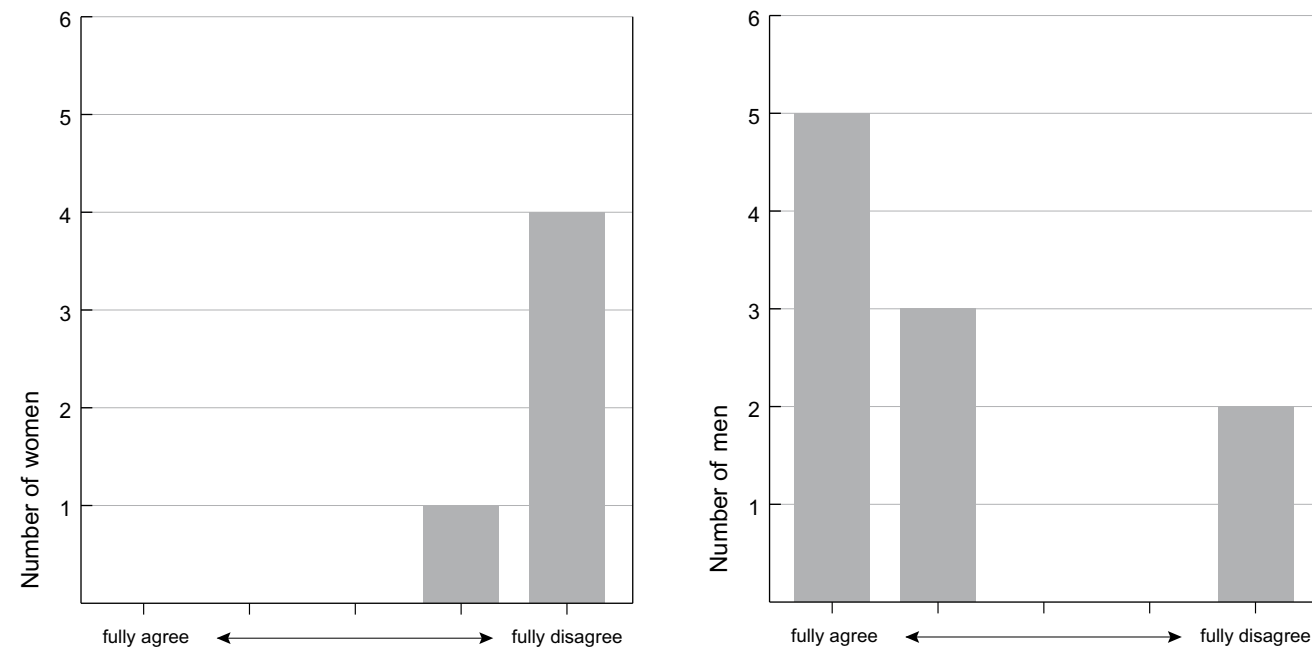
1. The management of our organisation does not give special privileges to people living with HIV, such as extra leave, giving them less demanding work, etc.



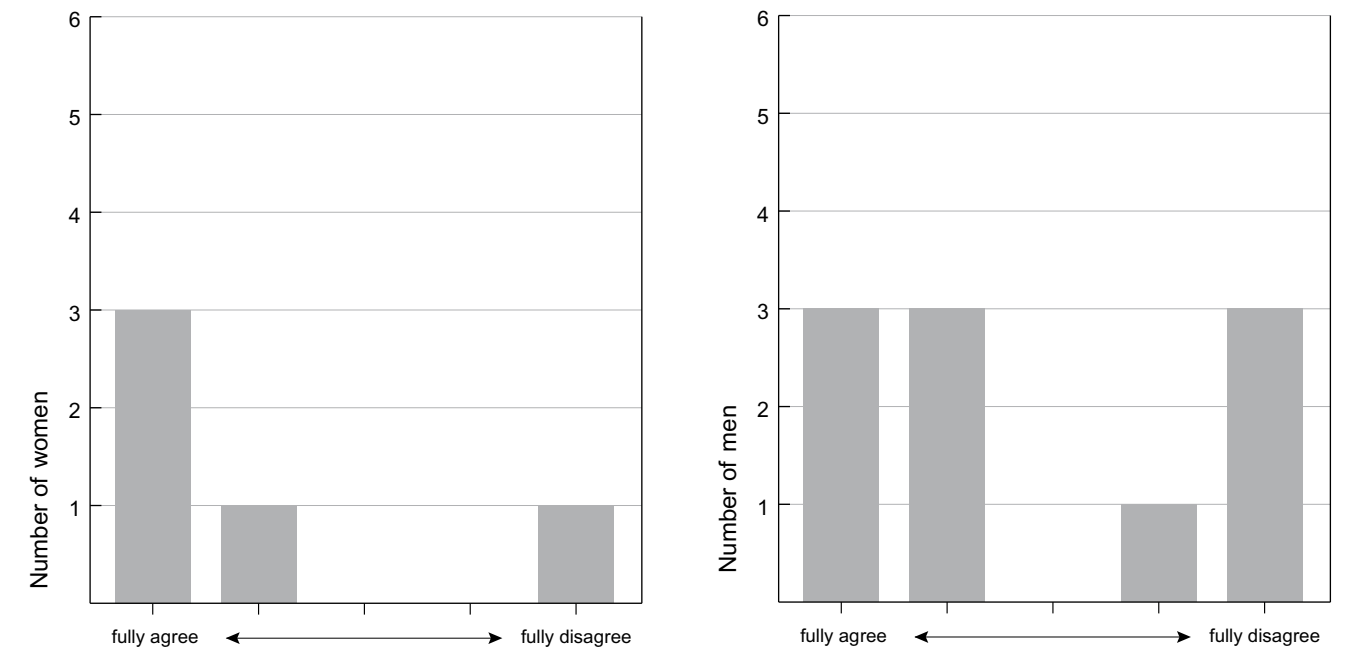
3. It is common in our office to engage in sexual activity in order to either get a job, retain a job, or to get professional favours.



2. Because we travel a lot in our work, we are likely to engage in sexual activity during our travels and therefore we risk to become infected with HIV.



4. It is not common practice to discuss personal matters and family problems in the organisation.



5, It is accepted to pass comments or share jokes that stereotype or even stigmatise people, e.g. about men who are seen to be feminine, women who are seen to be masculine, and homosexuals.

