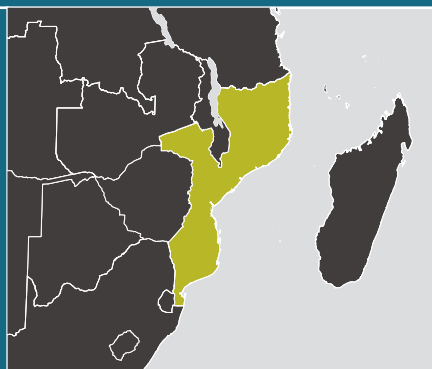


policy

October 2014

PREVENTING
GENDER-BASED
VIOLENCE
A TRAINING MANUAL



HPP Mozambique

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Preventing Gender-based Violence: A Training Manual

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OCTOBER 2014

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ABBREVIATIONS

AIDS	acquired immune deficiency syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRM	Constitution of the Republic of Mozambique
DHS	Demographic and Health Survey
GBV	gender-based violence
HIV	human immunodeficiency virus
OVC	orphans and vulnerable children
PEPFAR	U.S. President's Emergency Fund for AIDS Relief
USAID	United States Agency for International Development
VAW	violence against women

INTRODUCTION

This training manual was designed for civil society organizations implementing HIV prevention and orphans and vulnerable children (OVC) care and support programs in Mozambique. It aims to raise awareness and sensitize training participants on the concepts and interlinkages among gender inequality, HIV, and gender-based violence (GBV). As a result of the training, organizations will better understand and appreciate the influence of gender and violence on HIV- and OVC-related issues and will be in a better position to develop and implement strategies and interventions to promote gender equality and prevent gender-based violence.

The manual was designed for the Mozambican context. However, gender issues are dynamic and the work of the organizations is neither static nor uniform. Therefore, facilitators should make adjustments to the training curriculum based on the specific objectives of the training, the target group, the location of the training, and the amount of time scheduled for the training or for each session. The manual presents a set of facilitation methods and techniques, accompanied by images or illustrations that guide the facilitator on what to do, how to do it, and when to conduct certain activities during the training.

The manual outlines nine sessions that cover a range of topics from a basic introduction to gender to developing a multisectoral response to GBV. The facilitator may choose to implement all of the sessions or select certain sessions based on the needs of the participants and the workshop objectives. Note that unless all participants are well-versed in basic gender concepts, it is prudent to include an introduction to gender concepts before delving deeper into the GBV content.

Each session outline includes

- Theme of the session
- Learning objectives
- Duration of the session
- Preparation and materials needed
- Methods and techniques of facilitation

An overview of the training manual is found on page 5.

Be a facilitator, not a teacher—Remember that your role is to facilitate participants' learning and sharing of their knowledge and experiences. Avoid long speeches or presentations that lead to one-way communication. The participants will have a lot to share and experiential exchanges are one of the best ways to learn.

Get to know the participants before the training begins—Learn about the participants' existing knowledge, skills, and experiences related to the workshop topic. Find out about their expectations for the workshop and if any of them have special needs (there may be participants with a disability or other needs). To gather this information, conduct a pre-workshop survey of the training participants.

Model positive behavior—Aim to be a positive example by modeling gender equality and treating all participants with respect, regardless of sex, gender, or disability.

Be prepared—Allow enough time to prepare for each session and familiarize yourself with the daily lessons in advance of the training. During the training, follow the curriculum while maintaining a relaxed atmosphere (try not to read from the manual).

Know how to listen—Engage in active listening. Do not be the only person to speak; allow for knowledge and experience sharing among the participants.

Encourage participation—Everyone attending the training, even those who tend to speak less during group discussions, should be encouraged to actively participate in the session.

Encourage and praise—Respond to participants' efforts in a positive manner, rather than judging their inputs to be "right" or "wrong."

Demonstrate respect—Acknowledge individual differences, listen, and add value to the ideas and contributions of all participants.

Don't judge—Remain neutral and avoid judging people or their contributions. Be consistent and fair with all participants.

Make learning fun—Have a sense of humor and make the sessions entertaining so the participants will not want to miss anything and are willing to attend all the sessions.

Prepare the training location—Regardless of where the sessions are held (a classroom, a church, outdoors, etc.), arrange the desks and chairs in circles or semi-circles so that participants are able to see each other. The facilitators should also sit in the circle. The meeting place should be a healthy environment, with good ventilation and protection from unpleasant conditions such as strong sun, wind, or rain. Minimize external noise or visual distractions, such as busy roads or Game fields.

WORKSHOP PREPARATIONS

Facilitator Preparation

Conducting a training on GBV prevention is a very sensitive task. The people attending the training sessions may have personal experience with or be affected by GBV. The facilitator should be prepared to address the theme of violence. If participants unexpectedly raise personal or confidential issues during or after the workshop, you should clearly understand and communicate the limitations of your role. The facilitator is not a doctor, counselor, or therapist, and should be prepared for how you to handle such a situation. Consider bringing a referral list of services and resources that may be helpful for someone affected by violence.

Training Needs Survey

Facilitators should gather information about the people who will participate in the training. To do so, conduct a pre-training survey of participants through direct interviews or via telephone or email.

After receiving the completed survey forms from the participants, the trainer should produce a report containing the key attributes of the training group, such as the number of participants (disaggregated by sex); the average age of the participants (if applicable); the positions that they occupy in organizations; the languages spoken by participants; individuals' level of knowledge about and professional experience with GBV; and the participants' main expectations of the training.

The survey findings should be used to adapt the training curriculum, taking into account the objectives of the training and the expectations of the participants.

Prepare the Agenda

The manual may be used in its entirety or in sections. Note that unless all participants are well-versed in basic gender concepts, it is prudent to include an introduction to gender concepts before delving deeper into the GBV content.

When designing the agenda, the facilitator should consider the objectives of the workshop and the experience and expectations of the participants. If participants must travel to the training site each day, allow ample time in the afternoon for them to return home before it gets dark.

Sample Agenda

Time	Session Day 1
9:00 a.m.–9:25 a.m.	Welcome, Opening Session, Logistics, and Housekeeping
9:25 a.m.–10:00 a.m.	Introductions and Presentation of Participants
10:00 a.m.–10:35 a.m.	Expectations and Ground Rules
10:35 a.m.–10:45 a.m.	Break
10:45 a.m.–11:55 p.m.	Gender Concepts
11:55 p.m.–12:30 p.m.	Lunch
12:30 a.m.–2:30 p.m.	Gender Concepts (continued)
2:30 p.m.–4:25 p.m.	Relationships Among Gender, HIV, and Violence

Time	Session Day 2
9:00 a.m.–9:15 a.m.	Welcome
9:15 a.m.–11:00 a.m.	Understanding Gender-based Violence
11:00 a.m.–11:10 a.m.	Break
11:10 a.m.–12:30 p.m.	Stigma and Violence
12:30 p.m.–1:15 p.m.	Lunch
1:15 p.m.–2:45 p.m.	National Legislation that Protects Women and Children from Violence
2:45 p.m.–4:35 p.m.	Comprehensive and Multisectoral Approach to GBV Programs
4:35 p.m.–4:55 p.m.	Evaluation

Opening Session (Up to 15 Minutes)

The opening session is usually led by the representatives of the organization or the institution that arranged the training and by the activity partners or donors.

The opening should provide a brief background of the activity to identify the purpose of the training and the organizations involved and to convey any other information that is relevant to the training. The organizers of the event should also introduce the facilitators and establish the facilitators' credentials and experience working with GBV and HIV.

Administrative Enquiries and Logistics (Up to 10 Minutes)

After the opening, it is advisable to discuss logistical issues and administrative provisions such as lodging, allowances, transport to and from the training venue, reimbursements, location of the bathrooms, and meals (including specific dietary needs).

OVERVIEW OF TRAINING MODULES

Session	Objectives	Time	Preparation/Materials
I: Introduction and Presentation of the Participants	By the end of the session, the participants will be more confident and willing to learn and to share their experiences.	5 minutes	Index cards and markers
II: Expectations and Ground Rules	By the end of the session, the participants will be able to <ul style="list-style-type: none"> • Articulate the objectives and content of the training • Understand, agree, and comply with the ground rules for the training 	35 minutes	A copy of the agenda, flip chart paper, markers, and index cards
III: Gender Concepts	By the end of the session, the participants will be able to <ul style="list-style-type: none"> • Understand the concepts of gender and sex • Understand the connection between the processes of socialization and concepts of gender and GBV • Explain the key gender norms that influence HIV risk and vulnerability 	190 minutes	Copies of the Sex or Gender Game, flip chart paper, and markers
IV: Relationship Among Gender, HIV, and Violence	By the end of the session, the participants will be able to <ul style="list-style-type: none"> • Identify the underlying factors that influence women's and men's vulnerability to HIV • Understand the sensitivities, vulnerabilities, and power dynamics both men and women experience when trying to negotiate to use or to not use a condom • Articulate the relationship between gender, HIV, and violence 	115 minutes	Copies of the Story of Rosinha and discussion questions Condoms (ensure you have enough for every participant) Copies of the key discussion questions on gender and HIV
V: Understanding Gender-based Violence	By the end of the session, the participants will be able to <ul style="list-style-type: none"> • Define GBV • Identify the different types of GBV, settings, and associated risks • Understand the relationship between violence and HIV 	105 minutes	Banner paper or flip chart paper to cover the wall Large index cards Red ribbons of different sizes
VI: When HIV Enters the Home: Stigma and Violence	By the end of the session, the participants will be able to analyze the impact of HIV on the family as it relates to GBV	80 minutes	Create paper family sets

Session	Objectives	Time	Preparation/Materials
VII: National Legislation that Protects Women and Children from Violence	By the end of the session, the participants will be able to discuss the national policies and laws that protect women, men, and children from violence	90 minutes	A list of the laws and policies that protect women, men, and children from violence
VIII: A Comprehensive and Multisectorial Approach to GBV Programs	By the end of the session, the participants will be able to <ul style="list-style-type: none"> • Identify the characteristics of a comprehensive multisectoral response to GBV • Identify concrete actions to strengthen the multisectoral response to GBV 	110 minutes	Large graphic of the figure representing the comprehensive, multisectoral response to GBV Large sticky notes in three different colors Flip charts and markers
IX: Training Assessment	At the end of this session, the facilitator and the participants should <ul style="list-style-type: none"> • Evaluate what they have learned during the training • Identify what objectives and other expectations were not met 	20 minutes	The cards from the first session containing the expectations of the participants

SESSION I: INTRODUCTION AND PRESENTATION OF THE PARTICIPANTS

Objective

By the end of the session, the participants will be more confident and willing to learn and to share their experiences.

Session Design (35 minutes total)

Preparation/Materials

Index cards and markers

Method

Icebreaker

Session Overview

Introductions (30 minutes)

Wrap-up and Closing (5 minutes)

A. Introductions (30 minutes)

Distribute one index card to each participant (including the facilitators) and ask them to draw a picture or symbol that represents their personality.

After everyone has finished, ask every individual to state his or her name, the organization he/she represents, and his/her role at the organization and to show the drawing/symbol and explain its meaning to the group. Each introduction should be limited to one minute.

Then, ask participants to put the drawings on a wall where they can be seen throughout the training. It may be one of the side walls. If there are no walls, you can use the floor or a table.

The participants and facilitator can ask questions about a person's drawing, organization, or work.

To ensure adequate time for all the introductions, it is important for each participant to stick to the one-minute timeframe.

After each introduction, ask the audience to give the participant a warm round of applause (the audience may choose to adopt a personalized way of applauding a fellow member).

B. Wrap-up and Closing (5 minutes)

Thank everyone for participating in the exercise. Ask if there are any final questions before moving on to the next session.

SESSION II: EXPECTATIONS AND GROUND RULES

Objectives

By the end of the session, the participants will be able to

- Articulate the objectives and content of the training
- Understand, agree, and comply with the ground rules for the training

Session Design (35 minutes total)

Preparation/Materials

A copy of the agenda, flip chart paper, markers, index cards

Methods

Group work, plenary, brainstorming

Session Overview

<i>Participant Expectations</i>	<i>(15 minutes)</i>
<i>Agenda</i>	<i>(10 minutes)</i>
<i>Ground Rules</i>	<i>(10 minutes)</i>

A. Participant Expectations (15 minutes)

Divide the group into pairs and distribute three cards to each pair. Allow five minutes to discuss expectations for the training. Explain that they should identify their top three expectations and write them down on the index cards.

After five minutes, go around the room and ask the pairs to share their expectations with the rest of the participants and to tape their cards to a flip chart on the wall. Keep the cards up throughout the entire training so that on the last day participants can determine whether their expectations were met.

Highlight any expectations related to personal changes, such as a participant's desire to change his or her own attitudes. This is important because training on GBV involves cultural issues and is above all about personal transformation, which is essential to bring about change in organizations and the community as a whole. The aim is not to start a heated debate, but to raise the issue of changing behaviors at a personal level.

B. Agenda (10 minutes)

Present the training agenda to the participants. Where possible, draw connections to the participants' expectations identified in the previous exercise. It is important to clearly communicate to the participants which of their expectations will be met and which will not; this will help to avoid frustration at the end of the training.

C. Ground Rules (10 minutes)

In plenary, ask the participants to brainstorm some ground rules. Explain that this phrase refers to norms to which everyone agrees to adhere for the duration of the training to ensure that all participants have a positive learning experience. At the end of the brainstorming session, post the list of rules where everyone

can see them. This will remind participants of the ground rules when they are broken or violated. Some examples of ground rules include

- Respect others' opinions and differences
- Let people speak without interrupting them
- Be kind
- No cell phones
- Have fun

SESSION III: GENDER CONCEPTS

Objectives

By the end of the session, the participants should be able to

- Understand the concepts of gender and sex
- Understand the connection between the processes of socialization and concepts of gender and GBV
- Explain the key gender norms that influence HIV risk and vulnerability

Session Design (3 hours and 10 minutes total)

Preparation/Materials

Copies of the Sex or Gender Game, flip charts with pre-drawn grids (Activity D), extra flip charts, and markers

Methods

Role play, group work, plenary debate sessions, individual reflections, participatory exposure

Session Overview

<i>Role Play: Choose the Sex of Your Baby</i>	<i>(50 minutes)</i>
<i>Concepts of Sex and Gender</i>	<i>(20 minutes)</i>
<i>Act Like a Woman, Act Like a Man</i>	<i>(75 minutes)</i>
<i>Links Between Gender Norms and HIV</i>	<i>(45 minutes)</i>

A. Role Play: Choose the Sex of Your Baby (50 minutes)

Divide the participants into two groups: Group A and Group B. Ask them to write a play based on the following scenario. Give them 15 minutes to develop the plot and practice performing the play.

Actors: a doctor, a couple who wishes to have a child, and their in-laws (mother and father of the husband).

Scene: The couple goes to the doctor to discuss their plans to have a baby. The doctor explains that because of new technology, they can now choose the sex of the child. The doctor gives the young couple a week to decide on the sex of the baby. The couple returns home and meets with the husband's parents to tell them what the doctor said.

Instructions: Write a five-minute play to portray the scenes at the clinic and at home with the in-laws.

Tell the participants that after both plays are performed, the whole group will discuss them. Ask each group to perform its play.

Following the role plays, and before the discussion, be sure to “de-role” the participants and ensure that they are themselves again. Do this by asking the participants to give the group a round of applause, and thank them for their performance. Or, ask the participants, “What did it feel like to play the role of ____?”

It is important to ensure that the perspectives of their “role play” identities are left behind and do not carry over into the discussion. If any heated discussions arose in the role plays, ensure that the participants who were involved have a chance to acknowledge each other again as themselves.

Lead a discussion using the following questions:

- What happened? How did you feel in those roles? What was similar and different between the two role plays in terms of gender norms? Were the role plays realistic?
- Why did group X choose [sex chosen] (*write the reason for the chosen sex on a flip chart*)? What influenced that decision?
- Do the reasons/arguments used by both Group A and Group B reflect genetic/biological processes or processes instilled by society? What aspects are the result of biology and which are the result of social construction?
- Which institutions (family, work, church, culture, etc.) influence the way communities think about a particular sex? How and why?
- Which proverbs, songs, or popular sayings legitimize this way of thinking and behaving?
- How is this exercise applicable to your work? What new ideas have you generated as a result of the role plays?

Thank everyone for their participation and explain that the next session explores some of the key concepts related to sex and gender that the role plays brought to light.

B. Concepts of Sex and Gender (20 minutes)

Building on the previous exercise, ask the participants how they define the terms “sex” and “gender.” Summarize their responses and provide the following definitions:

“**Sex**” refers to the biological differences between men and women.

“**Gender**” refers to economic opportunities and social, political, and cultural attributes associated with being a woman or being a man. The social definitions of what it means to be a woman or man will vary from culture to culture and change with time. Gender is a cultural expression of particular features and functions that are associated with certain groups of people referring to their sex and sexuality. (Source: UNFPA; https://www.unfpa.org/gender/resources_faq.htm)

Tell the group that you will now play a game called “Gender or Sex.” Explain that you (the facilitator) will read a sentence and the participants must respond whether the statement relates to gender or sex. Allow some time for discussion following each statement.

Following the exercise, ask the participants whether they have any questions or comments about the activity. Explain that the next session will include a discussion about how these concepts of gender influence the way individuals think, feel, and act.

Gender or Sex Game

Read the Following Statements:	Gender or Sex?
1. Women give birth to babies; men do not.	
2. The girls are gentle/soft; the boys are bad/rude.	
3. Many women do not make decisions about their lives independently, even matters that relate to their sexual lives.	
4. The voices of men change during puberty, and women’s voices do not.	
5. The risk of a woman becoming infected with HIV generally depends on the sexual behavior of her partner.	
6. Women have greater biological risk than men, which facilitates the transmission of HIV.	
7. Women can breastfeed their babies; men feed them using baby bottles.	
8. In ancient Egypt, men were at home weaving. Women administered the affairs of the house. Women inherited property and men did not.	
9. The majority of truck drivers are men.	
10. In 1999, a study conducted in Uganda showed that young men only felt they were “real men” once they procreated.	
12. Approximately 6 to 7 million people in the world inject drugs, and 80 percent of them are men.	

Gender or Sex Game adapted from: IGWG, <http://www.igwg.org/training/DevelopingSharedVocabulary/TheGenderGame.aspx>

C. Act Like a Woman, Act Like a Man (75 minutes)¹

Ask the participants whether they have ever been told to “act like a man” or “act like a woman” based on their sex. Divide everyone into small groups and ask them to share some experiences in which someone said this or something similar to them. Give them five minutes to discuss.

Ask for volunteers to share their experiences. Guide the discussion by asking the following questions:

- What was the situation and what did the person say?
- How did it make you feel?
- Why did the individual say this?
- Did you change the way you acted after the comment? How?

Tell the participants that you are going to look more closely at these two phrases. Explain that by examining them, the group can begin to see how society can make it very difficult to be either male or female.

¹ Session adapted from IGWG: <http://www.igwg.org/training/ExpositoryActivities/ActLikeA.ManActLikeAWoman.aspx>.

In large letters, write “Act Like a Man” on a piece of flip chart paper. Ask the participants to share their ideas about what this means. These are society’s expectations of who men should be, how men should act, and what men should feel and say.

Draw a box on the paper and write the meanings of “act like a man” inside it. Responses might include the following:

- Provide for the family
- Be tough and strong
- Do not cry
- Protect other people
- Do not back down

Once the group has brainstormed a list, initiate a discussion by asking the following questions:

- What opportunities do men have if they live by these expectations? What limitations do they face? Why?
- Which emotions or characteristics are men not allowed to express?
- How can “acting like a man” affect a man’s relationship with his partner and children?
- How can expectations to “act like a man” influence men’s risks related to HIV?
- Can men actually live outside the box? [*Clarify that “the box” refers to the one drawn on the flip chart.*] Is it possible for men to challenge and change existing gender roles?
- What are the consequences of acting outside the box?
- When is it acceptable for a man to live outside the box?

In large letters, print “Act Like a Woman” on a piece of flip chart paper. Ask the participants to share their ideas about what this means. These are society’s expectations of who women should be, how women should act, and what women should feel and say.

Draw a box on the piece of paper, and write the meanings of “act like a woman” inside it. Responses may include the following:

- Be passive
- Be the caretaker
- Act sexy, but not too sexy
- Be smart, but not too smart
- Listen to others
- Be the homemaker

Once the group has compiled a list, initiate a discussion by asking the following questions:

- What opportunities do women have if they live by these expectations? What limitations do they face? Why?
- Which emotions or characteristics are women not allowed to express?

- How can “acting like a woman” affect a woman’s relationship with her partner and children?
- How can expectations to “act like a woman” influence women’s risks related to HIV?
- Can women actually live outside the box? [*Clarify that “the box” refers to the one drawn on the flip chart.*] Is it possible for women to challenge and change these prescribed roles?
- What are the consequences of acting outside the box?
- When is it acceptable for a woman to live outside the box?

Summarize the discussion by saying:

People often say “act like a woman” or “act like a man.” But what do these words actually mean? What does it mean to be a woman or a man? What is behind these meanings? Most of our personal characteristics, the ones that make us who we are (e.g., to be gentle, a hard worker, strong and brave; to know how to cook, take care of the children, drive; to be a leader, take chances, assert yourself) are the result of a learning process that started at birth.

When we buy dolls and toy stoves for girls and toy trucks and weapons for boys we encourage them to become what we hope for them to grow up to be. We are saying that the girls should be mothers and cooks and the boys should be aggressive and the household providers and protectors. We divide the responsibilities for girls and boys, which establishes boundaries that determine the girls’ and boys’ territories. Everything is done in such a way that the boys and men should not cross the border into the territory of girls and women, nor should the girls and women cross the border into the territory of boys and men. If they do, they may be punished, stigmatized, excluded, and chastised. Throughout all of society, our family, friends, teachers, the church, and the media influence this process of socialization.

Transition to the next and final activity in this session.

D. Links Between Gender Norms and HIV Prevention² (45 minutes)

Explain that the next exercise will focus on how specific expectations of women and men—the expectations that define a box and whether a person is inside (or outside) of it—relate to HIV risk. In particular, consider what harmful expectations may limit both women’s and men’s ability to minimize HIV risk and what expectations of women and men may lead to protective behaviors.

Ask the participants to work in four small groups to explore these links. Explain that each group will focus on women, girls, men, or boys. Review the group work assignment.

Instructions

Identify two or three key expectations of women, men, girls, and boys that limit their ability to prevent or treat HIV.

² Activity adapted from: *Positive Health, Dignity and Prevention: Training Modules for Community Leaders Living with HIV in Jamaica.*

Groups should discuss the expectations and fill out the following grid with the results:

Current harmful expectations	How expectations limit people's ability to prevent HIV or seek treatment	Alternative expectations and messages

Examples of possible responses include the following:

Current harmful Expectations	How expectations limit people's ability to prevent HIV or seek treatment	Alternative expectations and messages
<p>For Women:</p> <p>Women should not contradict their husbands</p>	<p>Limit women's ability to negotiate condom use</p>	<p>Women and men have equal decision-making power in a relationship</p>
<p>For Men:</p> <p>Men must always be in control and must not be "weak"</p> <p>Men are assumed to be gay if their actions or attitudes are outside the box</p> <p>Gay men are "less than" heterosexual men</p>	<p>Men do not seek healthcare</p> <p>Hard for all men to adopt healthier, alternative behaviors</p>	<p>Seeking healthcare and taking care of oneself is a core part of being a healthy man</p> <p>The "box" limits all men; all men will be healthier and stronger if they are allowed to express the full range of who they are</p>

Ask each group to read out its results. When all are done, facilitate a discussion using the following questions:

- What stands out?
- What are the similarities and differences between women and men?
- Are there particular types of norms or expectations that appear to be most important to challenge? Which ones? Why?
- What are the key messages related to these expectations that will help promote gender equality and positive health and prevention?
- How can we put these into practice in our own lives? In our communities? In our HIV-prevention activities?

Close the activity by summarizing the discussion and sharing any final thoughts. Encourage final reflection on the topic with this question:

The roles of men and women are changing in our society. In many communities and societies, it has slowly become less difficult to step outside of the box. Still, it is hard for men and women to live outside of these boxes. What would make it easier for men and women to live outside of the boxes?

Explain that the next module will explore the relationships among gender, HIV risk, and violence.

SESSION IV: RELATIONSHIP AMONG GENDER, HIV, AND VIOLENCE

Objectives

By the end of the session, the participants will be able to

- Understand the sensitivities, vulnerabilities, and power dynamics men and women face when trying to negotiate whether to use a condom
- Identify the underlying factors that influence women's and men's vulnerability to HIV
- Articulate the relationship among gender, HIV, and violence

Session Design (115 minutes total)

Preparation/Materials

- Copies of the Story of Rosinha and discussion questions
- Condoms (have enough available for all the participants)
- Copies of the key discussion questions on gender and HIV

Methods

Case study, role play, group discussions

Session Overview

<i>Role Play: Condom Negotiation</i>	<i>20 minutes</i>
<i>The Story of Rosinha</i>	<i>45 minutes</i>
<i>Exploring Gender, HIV, and Violence</i>	<i>45 minutes</i>
<i>Closing and Wrap-up</i>	<i>5 minutes</i>

A. Role Play: Condom Negotiation Energizer and Learning Activity (20 minutes)

Tell the participants that during this session, they will have the opportunity to experience a condom negotiation and test how difficult it can be to negotiate safe sex. Work should be done in groups of three: preferably one man, one woman, and a third person to observe (if possible). Give each group a condom. Explain that for the first five minutes the woman will have the condom and must negotiate to have safe sex with the man. He is resistant to using the condom.

After five minutes, the pair switches roles. The man will have the condom and negotiate safe sex with the woman, and the woman will resist using the condom.

After each pair has had a turn to negotiate safe sex, ask the group to report back on who was successful in their negotiation. Ask the observers to provide their observations and comment on the power dynamics that came into play.

Following the role plays and before the discussion, be sure to “de-role” the participants and ensure that they are themselves again. Do this by asking the participants to give the group a round of applause, and thank them for their performance. Or, ask the participants, “What did it feel like to play the role of ____?”

This is important to ensure that the perspectives of their “role play” identities are left behind and do not carry over into the discussion. If any heated exchanges occurred as part of the role plays, ensure that the participants involved have a chance to acknowledge each other again as themselves.

Discussion Questions

- What happened?
- Did you feel vulnerable at any time during the discussion? Why or why not?
- Did you succeed in negotiating safe sex? Why or why not?
- Did men and women have different negotiation styles? How did they differ?
- What power dynamics came to play in the negotiation? Did the man or woman use force, manipulation, threats, or violence? What were the reasons for using force or manipulation?
- How can project activities address power dynamics between women and men?

Ask whether there are any remaining questions. Respond to those questions and transition to the next activity.

B. The Story of Rosinha (45 minutes)

Divide the participants into four groups and distribute the Story of Rosinha and discussion questions to each group. Ask everyone to read the story carefully and discuss the following questions. Give participants 30 minutes to complete the exercise.

- Who was Rosinha and what happens in this story?
- Which types of inequality did Rosinha experience? What were the causes of these inequalities?
- Which types of violence did Rosinha suffer? What were the causes of violence?
- What factors led to Rosinha becoming infected with HIV? What role did power dynamics play?
- Did Rosinha overcome any barriers or obstacles? Why and how did that happen?
- What did you learn from this story?
- What strategies to prevent violence can you design, as individuals, professionals, churches, parents, or community agents? How can these strategies also prevent HIV?

After 30 minutes, bring the groups back together in plenary to discuss the exercise. Review the questions one by one, asking one of the groups to provide a summary of their discussion. After one group has responded, ask for other groups to contribute any additional points.

At the end of the discussion, ask if anyone has outstanding questions. Respond to the questions and transition to the next activity.

Story of Rosinha

Amelia was in her last month of pregnancy, but was very worried because she had been under pressure from her in-laws and husband to have a boy. Everyone said: "The first child has to be a boy." Amelia was afraid to ask the doctor if she was expecting a boy or a girl because she feared that the baby would be female. On the day of birth, her mother-in-law followed her to the maternity ward. She had a girl. When her in-laws and husband found out, they were sad and blamed Amelia. Even so, Amelia enthusiastically welcomed the baby, who was named Rosa after Amelia's mother-in-law, and therefore, received some affection and acceptance. At home, the child was called Rosinha.

When she was seven months old, doctors discovered that Rosinha had an impairment in her leg. The family blamed Amelia for the defect; they thought Amelia was jinxed. When Rosinha was two years old, Amelia gave birth to a boy who received all the family's attention. He was named Pedro and was the pride of the family.

Amelia had a total of five children: three boys and two girls. All the children were enrolled in school, but only the boys were allowed to complete primary school. After being withdrawn from school, Rosinha and her sister were given the tasks of helping with domestic work and taking care of their brothers. The boys played while the girls performed chores.

When Rosinha was 16, her father delivered her for marriage to Mr. Mapulango, who worked in the mines of South Africa. His work often kept him away from home for long periods of time. Rosinha became Mr. Mapulango's third wife and was mistreated by his other wives for being the youngest and having a disability. She also suffered psychologically and physically because her early marriage meant that she started sexual activity as an adolescent. When she first married, she didn't know about condoms or how to negotiate safe sex practices with her husband. She once asked her husband to use a condom and he hit her, yelling, "What? You don't trust me?"

At age 17 she became pregnant and miscarried at six months. Shortly thereafter, Mr. Mapulango learned that he was living with HIV; within a few years, all the wives, including Rosinha, were too.

Five years later, Rosinha's husband and his first wife died due to complications related to AIDS. Rosinha was 22 years old, the mother of one child, and a widow without the means to survive. She decided to return to her village, but not to her parents' house because she felt hurt by her father's behavior. She went to live with an aunt and uncle and worked on their small plot of land to help provide for her child. Rosinha's aunt encouraged her to visit the health clinic to receive counseling on living with HIV. Now, Rosinha visits her health clinic regularly to monitor her HIV status. She's learned that by taking care of her health, she can lead a long and fulfilling life. Rosinha also recently enrolled in a microcredit program. She plans to start her own business so she can improve her life and take care of her son.

By Benilde Nhalavilo and staff of the Health Policy Project

C. Exploring Gender, HIV, and Violence (45 minutes)

Explain that the next activity will examine the linkages between gender, HIV, and violence in Mozambique. Before asking the groups to complete their task, read the following statistic:

Research from the 2009 Demographic and Health Survey (DHS) indicated that 11 percent of adults in Mozambique were living with HIV and AIDS. However, women had a higher rate of prevalence, 13.1 percent, compared to 9.2 percent of men. The highest rate of infection, 16.8 percent, was in women between ages 25 and 29; for men, the highest rate was 14.2 percent among those ages 35 to 39.

Assign each group one of the discussion questions below. Give each group a flip chart and explain that they will have 20 minutes to discuss their questions and record their responses. Clarify that at the end of 20 minutes, each group will report out the results of the discussion.

Discussion Questions

- Why are women the largest group living with HIV? How do expectations about how they are supposed to act, their roles and activities, access to resources, legal rights, and power dynamics influence women's risk of contracting HIV?
- Do you think that the spread of HIV in women is somehow linked to violence or fear of violence? In what way? How is the spread of HIV in children linked to violence or fear of violence?
- How do gender norms influence men's experiences related to HIV prevention and transmission? How do expectations about the way they are supposed to act, their roles and activities, access to resources, legal rights, and power dynamics influence men's risk of contracting HIV?

After 20 minutes, ask each group to report the main outcomes of the discussion. Post the flip charts on the wall for everyone to see. Encourage other groups to comment and ask questions about the discussions. Use the Resource Material found on page 21 to contribute to the discussion. The facilitator may choose to clarify myths or misconceptions and mention additional points not raised by the participants. The participants may identify answers that are not included in the Resource Material—this is to be expected and encouraged because the answers are not exhaustive.

D. Closing and Wrap-up (5 minutes)

To close the session, ask participants to share any final thoughts on the day's discussion.

Briefly describe what to expect the next day.

Resource Material: Gender and HIV Questions and Answers³

There are many ways to answer frequently asked questions. Some of these questions are listed below, along with possible responses.

Why are women the largest group living with HIV?

Inequalities in power relations—Women often have less power than men and may have difficulty saying “No” to the practice of unsafe sex. In the case of illness, women tend to have less access to hospitals and medical treatment.

Harmful aspects of tradition and culture—Although culture has positive aspects, some harmful practices still restrict women’s autonomy and decision-making capabilities. Traditional gender norms dictate that men are independent decisionmakers, while women are dependent and submissive. This inequality results in women being stripped of their right to make decisions, including those that relate to their bodies and sexual life such as who to date, marry, and with whom to have children. This makes it difficult for women to negotiate safe sex and, in turn, makes them more vulnerable to HIV.

The *levirato* (Purification of the Widow), the initiation rites (which expose early adolescents to sexual life), and early marriage are a few of the practices that make women more vulnerable to HIV.

Sexual violence—Sexual violence or abuse is one way HIV is transmitted to women of all ages (infants, children, adults, and the elderly). Women are the main victims of this flagrant violation of human rights. Sexual violence also occurs between married couples when men impose their power (e.g., dominance and authority) and force women to engage in sex, even when they are ill. Sexual violence often results in unprotected sex. It can include forms of sex that increase the risk of HIV infection due to the chance of increased bleeding, such as rough sex, anal sex, and sexual abuse.

Inequitable access to social and economic resources such as education, health, work, food, and finances—Due to the higher rate of illiteracy among women than men (60% vs 30% respectively, according to the 2011 DHS report) and low access to resources, women are dependent on their partners and parents. This inequality complicates women’s ability to negotiate sex or choose a healthy relationship and reduces the possibility of avoiding higher-risk sexual relations.

Limited access to information and knowledge—Women’s limited access to education makes it difficult for them to access information that allows them to make informed decisions. In Mozambique, media outlets primarily use Portuguese, but this is not the first language of much of the population. The radio, which is an important information resource, particularly in rural areas, is most commonly listened to by males and less commonly by women and girls.

Biological vulnerability—Biologically, women are more vulnerable to HIV than men. For example, compared with men, women’s increased surface area of the body parts (cervix and vagina) means there is more space for transmission to happen. Also, the delicate tissue of the genital tract can be damaged during intercourse, leading to abrasions and bleeding, which increase the risk of transmission. Concentrations of HIV are higher in semen than vaginal secretions, and a significant amount of seminal fluid enters the woman’s body during sex.

³ Adapted from multiple sources including WHO: http://www.who.int/gender/hiv_aids/en/; UNFPA: <http://www.unfpa.org/hiv/docs/report-cards/mozambique.pdf>; Canadian AIDS Society: [http://www.cdnaids.ca/files.nsf/pages/15womensbio/\\$file/Women%E2%80%99s%20Biological%20Susceptibility%20to%20HIV.pdf](http://www.cdnaids.ca/files.nsf/pages/15womensbio/$file/Women%E2%80%99s%20Biological%20Susceptibility%20to%20HIV.pdf); and IGWG: <http://www.igwg.org/training.aspx>.

Is the spread of HIV in women and children somehow linked to violence? How?

Violence increases women's risk of HIV—Many women, for fear of suffering acts of psychological, economic, verbal, physical, or sexual violence, practice unsafe sexual relations. However, once they are infected with HIV, often by their husbands or partners, they may be stigmatized, expelled from home, or abandoned. Forced sexual intercourse increases the risk of HIV infection because there is a greater possibility of bleeding due to the aggressive nature of the relationship.

Children are also at risk of HIV due to violence—Children (both girls and boys) have little information and knowledge about situations of risk, have a small chance of defending themselves, and have less power than an aggressor to say “no.” The sexual abuse of girls and boys is a common problem in Mozambique, and the main perpetrators are adult men. In addition, there are cultural practices that put children at risk of contracting HIV or dying. For example, in some regions of Mozambique, it is believed that if an adult man has sexual relations with a virgin girl, he will be cured of HIV and AIDS. As a result, many girls become infected. Sexual abuse by parents or other family members also exposes children to HIV.

How does gender influence men's experiences related to HIV prevention and transmission?

Higher-risk behaviors—Harmful male norms can influence men to behave in ways that put them, and their partners, at risk of contracting HIV. Norms around masculinity can encourage higher-risk behaviors such as initiating sexual activity early in life, having multiple sexual partners, and representing oneself as being knowledgeable about sexual matters and disease prevention even when this is not the case.

Appropriate health services—Historically, reproductive health services have targeted females rather than males. As a result, men may not have equal access to appropriate health information and services that are critical to protecting their sexual health. Moreover, reproductive health is often considered a “woman's issue,” so men are hesitant to discuss their reproductive health with others. Lastly, most health clinics are only open during the day, when most men are at work.

Stigma and discrimination—The socialization of men in Mozambique may inhibit them from seeking HIV testing and treatment services due to a fear of stigma and discrimination. Stigma and discrimination affect heterosexual men and men who have sex with men differently. Heterosexual men may fear being associated with homosexuality, sex work, or drug use and being perceived as weak or unmanly. Men in same-sex relationships may fear discrimination and poor treatment at health facilities or being rejected by their families or communities.

Delays in accessing healthcare—Men are more likely than women to delay seeking healthcare for various reasons, including stigma, male norms that discourage admitting ill health, and employment responsibilities. As a result, men often seek treatment for HIV at a more advanced disease stage than women.

SESSION V: GENDER-BASED VIOLENCE

Facilitator note: If this is the first session of the day, spend the first 15–20 minutes reviewing the key content from the previous day. Respond to any outstanding questions before moving on to the next session.

Objectives

By the end of the session, the participants will be able to

- Define gender-based violence
- Identify the different types of GBV, settings, and associated risks
- Understand the relationship among violence, stigma, and HIV

Session Design (95 minutes total)

Preparation/Materials

- Review the resource material on definitions of GBV to become familiar with terms and definitions
- Banner paper or flip chart paper to cover the wall
- Large index cards
- Develop a “key” with symbols to depict home, workplace, village, school, place of worship, and public space (bar, etc.); see the photo on page 26
- Cut ribbons of different lengths out of red adhesive foam or use paper and draw ribbons with a red marker
- Prior to the session, transfer the grid from the mapping handout onto the large wall chart
 - On the wall chart, add age group information, such as “women 18+” to define the grouping
 - Write the GBV definition on a flip chart for reference
 - Prepare the group task on a flip chart

Methods

Group work, plenary debate sessions

Session Overview

<i>Defining Gender-based Violence</i>	<i>(15 minutes)</i>
<i>GBV Mapping</i>	<i>(60 minutes)</i>
<i>Discussion</i>	<i>(30 minutes)</i>

A. Defining Gender-based Violence (15 min)

Remind the participants that one of the main objectives of the workshop is to raise awareness of and increase familiarity with GBV program options. Later sessions will examine the comprehensive,

multisectoral program model for responding to GBV. This session focuses on sharing experiences to understand how GBV is manifested in the communities where the participants implement projects.

In plenary, ask the participants how they would define GBV. After a few people have responded, point out the working definition of GBV, review it with the group and respond to any questions. It is important to note that the term “GBV” is often used interchangeably with the term “violence against women (VAW);” however, this usage is inaccurate.

GBV is broader than VAW and includes violence against men, boys, and sexual and gender minorities (e.g., men who have sex with men and transgender persons). Explain to the group that “transgender” is an umbrella term referring to individuals who do not identify with the sex category assigned to them at birth, or whose identity or behavior falls outside of stereotypical gender norms. The term encompasses a diverse array of gender identities and expressions, including those that fit within a female/male classification and those that do not (Source: IGWG).

Regardless of its target, GBV is rooted in structural inequalities between men and women and is characterized by the use and abuse of physical, emotional, sexual, and/or financial power and control.

GBV is the violence that is directed at an individual on the basis of his/her biological sex, gender identity, or perceived adherence to socially defined norms of masculinity and femininity. It includes sexual, physical, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether in public or private life.

(Source: USAID/Mozambique GBV Initiative)

Ask the group for some concrete examples of GBV (e.g., sexual harassment, rape, battery). You can also ask whether they consider the following examples to be GBV: forced marriage and denying a teenage girl access to economic opportunities such as vocational training.

Explain that the next session will explore how GBV is manifested in the communities where participants live and work.

B. GBV Mapping (60 minutes)

Distribute the one-page handout of the Map of GBV in Mozambique and refer to the large version on the wall. Note that the “map” is not a geographic map. The term “map” refers to the chart, which provides a way to connect populations with types of violence, settings, and HIV risk.

Explain that the purpose of this exercise is to pool together participants’ “on-the-ground” knowledge about GBV as a phenomenon in the communities where they work.

Ask the group whether their project settings are rural, peri-urban, urban, or mixed.

Guide participants through the following exercise:

GBV Mapping Exercise

GBV \ Demographic Group	Sexual	Physical	Psychological
Women			
Men			
Girls			
Boys			

Source: Tool developed by Frances Houck, Elisabeth Rottach, and Ricardo Silva of the Health Policy Project.

Points to Clarify

In the left column, the table is divided into demographic groups. Identify the age ranges (the facilitator may choose to ask the participants how they define boys and girls vs. men and women). Note that adult women include elderly women, so types of GBV that occur at the end of the life cycle should also be considered.

Across the right header row, GBV is broken into subcategories: sexual, physical (non-sexual), and psychological. Note that the violence subcategories are not mutually exclusive and types of violence will often fall into two or more categories. The purpose of the exercise is to encourage the group to think across the range of GBV types, rather than focus on how to categorize each type of GBV.

Divide participants into four working groups, assign each group a demographic category (Women/Men/Girls/Boys), and present the following group task:

Group Task

For your assigned demographic group, identify the specific types of GBV that the group experiences in Mozambique. Draw on your knowledge of this demographic group in the communities where you work based on your experience or studies you have read. Write each distinct type or instance of GBV on an index card.

Sort the cards according to whether the nature of the violence is sexual, physical, or emotional. Add examples that may cross over into several categories. Tape the cards to the wall chart.

Code the examples according to the setting where the violence occurs. (The symbol key appears next to the chart.)

Clarify the task by taking an example, such as trading grades for sex, and guide the group through the classification process using the chart. Ask the participants to identify which population this example applies to (i.e., girls under age 18). Next, ask them to discuss the nature of the violence and whether it is sexual, physical, and/or emotional. Trading sex for grades could be categorized as sexual violence because sexual acts are involved. It could also be categorized as psychological violence if coercion and threats are used by the teacher. Lastly, ask participants to identify where trading grades for sex occurs, such as at the school or at home.

Remind the participants that they should focus on concrete examples of GBV. It is easy to focus on single events that are highly publicized (e.g., a woman who has sex outside of her marriage and is brutally punished by the community). Sensationalized stories are relevant, but this exercise is more concerned with trends of violence that affect the communities.

Give the groups 30 minutes to discuss, identify examples, post them, and code them by setting.

For the final step in the exercise, lay red ribbons in front of the chart. Ask participants to revisit their identified types of GBV and assess the level of risk each presents for transmitting or contracting HIV. To help facilitate this process, the trainer should be familiar with how GBV can increase HIV risk, both directly (e.g., physical trauma caused by forced sex) and indirectly (e.g., threats and coercion that decrease women’s ability to negotiate condom use). The participants may need prompting to think about the ways indirect drivers such as verbal abuse or control over resources may increase HIV risk. They should affix red ribbons to the types of GBV that are associated with an increased HIV risk.

Wall chart with types and settings identified



C. Discussion (30 minutes)

While everyone is gathered at the wall chart, ask each group to share its classification results, beginning with the group that assessed women. After each “demographic group” has shared its results, ask the larger group for comments or to identify any other types of GBV that affect this group, where that violence occurs, and what HIV risk—including drivers of HIV—is associated with that type of violence. Refer to the facilitator material on page 27 to help you respond to any questions about the definitions of various types of violence. Also use this list to fill any gaps in types of violence identified. For example, if no one raises the issue of sexual harassment in schools, but that is an important issue locally, ask the group whether it should be included on the map.

Summary Questions

1. As you look at this map of GBV in Mozambique, do you see particular concentrations emerging that may guide your programming?
2. Do the results identify any information gaps or areas that require more study to plan for any changes to programming?

Resource Material for the Facilitator: Definitions

Types of Violence

Physical violence—This term refers to aggression directed at someone that results in bodily harm. There are several types of physical violence, including kicking, hitting, biting, burning, pushing, tying up, and giving excessive work.

Psychological/emotional and moral violence—These forms of violence include every act or omission to destroy or control the actions, behaviors, beliefs, and decisions of a person by means of intimidation, manipulation, insult, threat, humiliation, or isolation. It also encompasses any other conduct that adversely affects the mental health or the self-determination of an individual. Moral violence includes defamation and libel.

Sexual violence—This refers to any act or conduct imposed on a person to practice, maintain, or participate in unwanted sexual relations through intimidation, threats, coercion, or the use of force.

Patrimonial or economic violence—These types of violence include any action or omission that may endanger the property of the family, including the destruction or evasion (refusal of transfer) of the property or inheritance, deprivation of basic needs, prohibition of work or controlling the income from a person's work, as well as excluding individuals from making decisions that directly affect their way of life.

Sociocultural violence (or harmful traditional practices)—Traditional and cultural practices may endanger the self-esteem, health, and life of women, men, girls, and boys as people. Examples of sociocultural violence include female genital mutilation, early marriages and forced labor, widow cleansing, forced sexual exposure, and the *lobolo* (dowry) involving large monetary sums or major assets of value. Depriving women from socializing with other people, friends, relatives, or neighbors is part of this form of domestic violence.

Examples of GBV

Domestic violence (or intimate partner violence)—This form of gender-based violence is caused by inequalities in power relations between women and men at the family or household level. It is any act or omission—physical, sexual, emotional, verbal, psychological, and/or economic—by or on behalf of a family member that results in the suffering, injury, or death of a person. Domestic violence can occur within the immediate family or domestic sphere (at home) or outside it (but between members of the same family). Domestic violence is often perceived to be a private matter that should be handled by the family. This perception may prevent survivors of violence from reaching out to authorities for help.

Early or forced marriage—This refers to the forced union of adolescent girls or young women. In Mozambique, girls and women are often treated as objects for the reproduction of children and the labor force, particularly in the domestic sphere. Many young girls are forced to marry much older men who may already have one or more wives.

Forced sex work—Some adolescents and young people are forced by their families to sell their bodies in exchange for money, clothing, or other goods. Others are not pressured by family but, due to poverty or pressure from friends, end up selling sex with the hope of having a better life.

Sexual violence—This refers to any act or conduct imposed on a person to practice, maintain, or participate in unwanted sexual relations through intimidation, threats, coercion, or the use of force.

Sexual harassment—This type of harassment may occur in a workplace, school, or other professional or social situation and involves unwanted sexual advances or obscene remarks. There are specific laws that punish this type of conduct in the workplace. Sexual harassment is often committed by a person who occupies a position of power against a person who is a subordinate, but it can also occur between peers or strangers.

Delivery of girls to traditional healers—Sometimes, when parents or other family members seek treatment from healers and do not have enough money to pay, they use their children, usually girls, as a form of payment. These girls often end up becoming wives or domestic workers. This practice is a crime and a violation of human rights that should be reported to the local authorities and the police. The traditional healers and parents/family members should be held responsible for their involvement in this criminal activity.

Sex trafficking—This practice involves forcing or coercing people, including children, into the commercial sex trade. Traffickers frequently target vulnerable people, such as those living in poverty, and may use violence, threats, debt bondage, or other forms of control to prevent victims from escaping.

SESSION VI: WHEN HIV ENTERS THE HOME: STIGMA AND VIOLENCE

Objectives

By the end of the session, the participants will be able to analyze the impact of HIV on the family as it relates to stigma and GBV.

Session Design⁴ (80 minutes total)

Method

Group activity

Preparation/Materials

Create family sets using index cards. Prepare one card for each family member. Put together sets of diverse families to be distributed among the groups. In each family set, draw a colored dot on the back of one card. This dot will indicate that the family member is living with HIV or AIDS. Put the dot on a different family member in each set.

Session Overview

Family Stories: Stigma and Violence (60 minutes)

Wrap-up and Closing (20 minutes)

A. Family Stories: Stigma and Violence (60 minutes)

This exercise helps participants understand the impact of HIV entering the home as it relates to stigma and GBV.

Divide the participants into groups of three and give each group a “family” (a set of cards). Then explain the exercise:

Before HIV Enters: Ask the groups to make up a story about the family.

- What are the family members doing in terms of work and/or study?
- Describe the family relations—are there any problems (e.g., alcohol, violence, sexual affairs)?
- What are the family’s hopes or plans for the future?

HIV Enters the Family: Ask each group to turn over their cards to see which one has the dot on the back. This family member has HIV. Discuss

- What happens when the family learns that one member has HIV?
- What forms of stigma and violence might occur?
- How would the presence of HIV and related stigma and violence affect the family?

⁴ Session adapted from: Kidd et al. 2007. *Reducing HIV Stigma and Gender Based Violence Toolkit for Health Care Providers in India*. ICRW.

Next, ask the groups to give a brief report on their discussions. Give participants time to ask questions or comment on other groups' reports.

Sample responses to the discussion questions may include the following:

- Women are at huge risk of experiencing stigma and violence if they disclose their HIV status to their husbands.
- The wife may be accused of bringing HIV home (i.e., other partners) or blamed for not raising an HIV-positive child properly/morally. She may experience emotional violence.
- When a woman contracts HIV and discloses her HIV-positive status, she may experience physical violence from her husband or parents-in-law.
- If the wife contracts HIV, she loses her right to property and custody of her children.
- If the wife contracts HIV, the marriage collapses and she is kicked out of the home. If the husband contracts HIV, the marriage stands and his wife is expected to care for him.
- The person with HIV becomes isolated within the home; he or she has a separate room, bed, food, and utensils.
- Families suffer through increased conflicts and breakdown in communication. Couples may separate or divorce.
- Families may feel shame and a loss of honor. They may try to hide the problem from the neighbors.
- Children are forced to leave school, start working, etc.
- Women face a higher burden than men in caring for HIV-positive family members.

After the groups have reported out, move on to the next session to further reflect on and analyze the exercise.

B. Wrap-up and Closing (20 minutes)

Lead a discussion using the following questions:

- What happened to the families when one member became HIV positive?
- Why did things change in the family when one member became HIV positive?
- How are women treated compared to men?
- How can families cope better with this situation?
- What can community programs do to minimize the impact of HIV, stigma, and violence on women?
- How can the community support families living with HIV? What local institutions can support these families?

SESSION VII: NATIONAL LEGISLATION THAT PROTECTS WOMEN AND CHILDREN FROM VIOLENCE

Objectives

By the end of the session, the participants will be able to discuss the policies and laws that protect women, men, and children from violence.

Session Design (90 minutes total)

Method

Group discussion

Preparation/Materials

A list of the national laws and policies that protect women, men, and children from violence

Session Overview

Laws and Policies on GBV (60 minutes)

Wrap up and Closing (30 minutes)

A. Laws and Policies on GBV (60 minutes)

Using the information below, present the international and national legal frameworks that protect the rights of all citizens to be free from violence.

Mozambique is a signatory of several international and regional legal instruments that protect the rights of all citizens. According to the Constitution of the Republic of Mozambique (CRM), all international and regional legal instruments duly approved, ratified, and publicized in the State Bulletin have the same value as national laws approved by the Parliament.

Thus, Mozambique ratified and adopted important conventions and protocols such as the Universal Declaration of Human Rights, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the African Charter on Human and People's Rights, the UN Convention on the Rights of the Child, Africa Fit for Children, and the African Charter on the Rights and Welfare of Children, to name a few.

At the national level, the government has made progress in formulating and implementing laws and policies that take into consideration the regional and international instruments for protecting the rights of all men, women, and children. Article 40 of the CRM states that, "All citizens have the right to life, and physical moral integrities and can not be subjected to torture or cruel and un-human treatments."

Articles 35 and 36 of the CRM make provisions for gender equality whereas articles 47, 119, and 121 focus on children's rights, emphasizing that children have the right and are entitled to protection and care from their families, society, and the state to ensure their integral development and well-being.

The government has approved laws and implemented programs and policies that protect women and children from violence, abuse, and neglect.

Group work: Divide the participants into four groups. Assign each group one law or policy (CRM, Penal Code, Family Law, Law on Human Trafficking, Law on Domestic Violence against Women) and hand out the summary of provisions in the laws related to violence. Ask each group to review the summary and discuss the extent to which the law protects the rights of children and adults (women and men) to be free from violence. Instruct the groups to make two columns on a flip chart. In one column, they should write the key provisions that protect children and adults from violence. In the second column, they should write the gaps in protection (i.e., provisions that are absent but necessary to fully protect adults and children from violence, or gaps in implementation and enforcement).

Give the groups 30 minutes to discuss their laws. After 30 minutes, ask each group to report on its discussion to the larger group. Ask the participants to answer the following questions:

- What are the key provisions that protect children and adults?
- What gaps exist?

Ask for any final questions or comments. After responding to the questions or comments, transition to the next exercise.

B. Wrap-up and Closing (30 minutes)

The purpose of this session is to encourage participants to reflect on ways they can raise awareness about gender-based violence.

Summarize the previous activity by reiterating that the government of Mozambique has shown a commitment to fighting violence against women, children, and men through the approval of legislation and implementation of programs and policies. When violence occurs, the victims and/or their families should seek justice using legal instruments to hold the perpetrators responsible for their actions. However, survivors seldom use these legal instruments due to lack of knowledge that they exist; fear of re-victimization by the aggressor, family, and government officials; or social norms that violence is a private or family issue. Instead, the survivor either keeps silent or the families find informal solutions to address the problem.

Tell the participants to reflect on how they—as husbands and wives, mothers and fathers, community members, and professionals—can raise awareness of or take action to prevent violence in their own households, communities, and workplaces.

Ask for volunteers to discuss the actions they have decided to take and to provide personal, work, and project-related examples. Examples may include the following:

Actions—Personal Life

- Model gender equality at home by ensuring sons and daughters have equitable access to health and education resources, recreation, and rest opportunities
- Practice nonviolence and respectful dialogue
- Stop making sexist jokes or making light of gender discrimination
- Be aware of modeling other forms of discrimination (against physically or mentally disabled individuals, or against diversity, strangers, etc.)

Actions—Work and Professional Life

- Sensitize community members (leaders, adults, youth, and children) to the underlying factors contributing to GBV

Session VII: National Legislation that Protects Women and Children from Violence

- Conduct a community mapping exercise to identify GBV services; strengthen the referral system
- Share information about the laws, policies, and programs that protect women, men, and children from violence
- Incorporate GBV prevention messages into all project activities for women, men, and sexual and gender minorities

Handout on Laws and Codes: Protection from Violence

Republic Constitution

Article 47 (Children's Rights)

Children have the right to protection and care, as it is necessary for their well-being.

Article 119 and 121 (Childhood)

All children are entitled to protection from their families, society and the state with a view of their integral development. The Law safeguards the interests of the Child in family's coexistence.

National Plan of action for the children—2005–2010;

National council regulation for children's rights;

Strategic Plan for the prevention and control of trauma and violence-Ministry of Health—2010–2015;

Policy no. 39/2003—Suspension of teachers accused of practicing sexual harassment in Schools.

Penal Code

Article 391 (2) (Indecent Assault)

All perpetrators of indecent assault to a person of the other gender that is committed with the use of violence, either to satisfy sexual cravings or for any other reasons, will be punished with imprisonment.

Sole Paragraph: If the offended person is less than 16 years the penalty will still be the same, given that sufficient proof of the act of violence is provided.

NOTE: This crime does not always occur as a result of sexual relations between the rapist and the victim, but rather the simple fact that the perpetrator of the crime uses insulting words, presents pornographic photos, forces the victim to undress or undresses in front of the victim, with the aim of causing a feeling of shame, and justifies the practice of this crime. This is punishable by law.

Article 392 (2)—Rape

He who seduces a virgin woman older than 12 years of age, with the aim of raping her, is subjected to a penalty of two to eight years of imprisonment. Sexual relations with children younger than 12 years of age (even if it is consensual) are punishable with imprisonment of eight to twelve years.

IMPORTANT: For this crime, the rapist is believed not to force himself on the victim, but acts in a way that makes the victim trust and believe him. The victim and her family often know the criminal, and after a while, he will be seen as friendly, and the victim will end up trusting him and will eventually give in to a sexual favor. The act of seduction may occur by promises of a marriage, the offering of gifts, etc. Since the victim is younger than 12 years old, the perpetrator may not be forgiven, based on the fact that the victim assented to his request. In this case, the victim's consent is not valid. The law is clear, and it states that the crime of rape occurred.

Article 393 (2) (Women—Rape)

He who has illicit copulation against any woman, against her will, by means of physical violence, strong intimidation, or by any fraud that is not seduction, or if the woman thinks and can prove that the perpetrator's actions are of suspicious conduct, he commits the crime of rape which grants a sentence of two to eight years of imprisonment. This is one of the most common crimes of sexual violence, to pair with the crime of sexual abuse of minors, which in this case the victim is a woman. Normally the perpetrator uses physical violence to reach his goals.

Article 394 (1)—Sexual abuse toward children of less than 12 years of age

He who violates a minor of 12 years and cannot prove what has been stipulated in the other acts will be sentenced to eight to twelve years imprisonment.

Law 8/2002—Approves the Amendment of Some Articles in Penal Code

Pimping/Procuring

Any family member, including stepfather or stepmother, father or adoptive parent who initiates, promotes or facilitates prostitution or corruption of any person, whether descending, step child or adopted, will be sentenced to prison from one to two years with a corresponding fine, getting suspended from political rights for twelve years.

1. The husband who commits the same crime in relation to his wife will be sentenced to imprisonment of up to one year and corresponding fine, getting suspended from political rights for three years.
2. The guardian or any other person responsible for the custody of any minor, who commits the same crime with respect to the minor of less than twenty-one years of age, shall be punished with imprisonment from six months to two years in prison and a fine of up to a year, and will also be waived of all the rights to being a legal guardian of the child for a period of five years, and will not be allowed to teach, or campaign of a management position of any institution.

Law 29/2009—Domestic Violence Against Women

Under the law, it is the act of causing physical, sexual, psychological or economic damages to the well-being of a woman. Moreover, it is the imposition of restrictions or arbitrary deprivation of liberties in public or private lives.

Article 13—Simple Physical Violence

Imprisonment for 6 months and a corresponding fine. Depending on the court this can be replaced by community service.

Article 14 (4)—Serious Physical Violence

When it seriously affects the body, the senses, the speech, the ability to procreate, the manual or intellectual work, causes disease or serious damage and/or irreparable damage to the victim, the penalty varies from two to eight years in prison.

Article 15—Psychological Violence

The penalty varies from one to two years in prison for those who offend voluntarily and psychically by means of threats, verbal violence, injury, defamation or slander the woman with whom he has or has had romantic relationships.

Article 17—Non-Consensual Copulation

One that maintains non-consensual copulation with the spouse, girlfriend, woman with whom he/she has a loving relationship is punished with a penalty that varies from six months to two years in prison and a corresponding fine.

ACT 18 (1)—Copulation of Disease Transmission

He who is conscious of his infectious state and maintained consensual or non-consensual copulation with a spouse, girlfriend or woman with whom he has or has had a loving relationship is punished with a penalty of two to eight years in prison.

Law 6/2008—Law on Human Trafficking

Article 10 (Human trafficking)

All those who recruit, transport, welcome, provide or host a person by any means even under the pretext of employment domestically or abroad, training or learning for the purposes of prostitution, forced labor, slavery, involuntary servitude or debt bondage will be punished with a penalty of sixteen to twenty years in prison.

ACT 11 (Pornography and sexual exploitation)

Those who smuggle people with the purpose of obtaining money, profit or any other advantage, a Mozambican citizen or a foreigner, for marriage for the purpose of buying, giving away, selling or exchanging the person for involvement in pornography, sexual exploitation, forced labor, slavery, involuntary servitude and servitude for debt, is punishable by penalty of twelve to sixteen years.

NOTE: It is not only in criminal law that minors are protected. The Family Law, for example, contains several structures that establish the obligation of the parents, the family, and of states and governments to ensure assistance and protection of children.

Law 10/2004—Family Law

Article 4 (Duties of the Family)

The family's duties lie, in particular, to:

- (C) Ensure the growth and development of the child, adolescent and young adult
- (D) Ensure that no situations occur of discrimination, exploitation, neglect or abuse of authority

Article 30 (1) (Absolute Impediments to marriage)

At age of less than 18 years—this means that the marriage of minors is prohibited by law, and this constitutes a foundation for fighting forced unions. Furthermore, this impediment is absolute, which means that it cannot be removed.

Article 205 (the Right to be registered and to use a name)

Children have the right to be registered immediately after birth

Children have the right to have a proper name and use the surname of their parents (It should be noted that by law the couple has the right to choose if the surname of the children will be that of the mother or the father)

Article 284 (Content of Parental power)

Parental power consists of a special duty that falls to the parents, for the greater good of the children, guarantee their protection, health, safety and sustenance, guiding their education and promoting their harmonious development.

Article 289 (Children born out of wedlock)

Parents may not opt-out of their duties in relation to their children even if they were born out of wedlock, however they may not introduce the child into the home without the consent of the other partner (It should be noted that there are no illegitimate children in Mozambique. All children have the same rights whether they are born out of a marriage or out of wedlock.)

Article 294 (Abandonment of Home)

1. Children may not leave the dwelling of the family or the home that the parents have intended for them to stay.

SESSION VIII: A COMPREHENSIVE AND MULTISECTORAL APPROACH TO GBV PROGRAMS

Objectives

By the end of the session, the participants should be able to

- Identify characteristics of a comprehensive multisectoral response to GBV
- Identify concrete actions to strengthen the multisectoral response to GBV

Session Design (110 minutes)

Method

Group work

Preparation/Materials

Large graphic of the figure representing the comprehensive, multisectoral response to GBV ⁵

Large sticky notes in three different colors (green, yellow, and red)

Flip charts and markers

Write four guiding principles of working with GBV survivors on the flip chart

Session Overview

A Comprehensive and Multisectoral Approach to GBV Programs 90 minutes

Wrap-up and Discussion 20 minutes

A. A Comprehensive and Multisectoral Approach for GBV Programs (90 minutes)

Present the four guiding principles for working with GBV survivors and write them on a flip chart. The purpose of the principles is to ensure that programs protect the dignity, rights, and well-being of people at risk for and survivors of GBV.

In plenary, ask the participants to discuss their understanding of each of the four principles and specific actions they, as program designers and implementers, can take to adhere to these principles. (See pages 13–18 of Khan 2011). The four principles are

1. Do not cause harm
2. Maintain privacy, confidentiality, and informed consent
3. Include the active participation of people living with HIV, especially women living with HIV and survivors of GBV
4. Accountability and monitoring and evaluation

⁵ Khan, Alia. 2011. *Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs*. Arlington, VA: USAID's AIDS Support and Technical Assistance Resources, AIDSTAR-One, Task Order 1. Available at: http://www.aidstar-one.com/focus_areas/gender/resources/pepfar_gbv_program_guide.

Present the comprehensive, multisectoral response to GBV graphic. The main message of the graphic is as follows: Use an evidence- and rights-based, gender-sensitive approach; foster strong, functional linkages and integration within and between services and programs; mobilize communities to address harmful gender norms that contribute to violence; coordinate across sectors; and monitor and evaluate outcomes and impact to provide holistic services (Khan, 2011). Services should holistically address the needs of survivors, including legal, health, education, economic and social welfare, and security.

A Comprehensive and Multisectoral Approach for GBV Programs



Group Work

Ask the participants to identify which components of the comprehensive approach they are addressing. Follow the steps below and provide the instructions in the box.

1. Give the participants strips of green paper and ask them to write their current GBV-related activities and pin them to the appropriate component (health, legal/justice, security [i.e., law enforcement, location of schools or services], education, and/or social welfare). Examples of activities may include conducting community discussions that address GBV; providing referrals to psychosocial services; raising awareness of women’s rights; or coordinating with safe houses.

Group Work Instructions

1. Write your current GBV-related activities on green paper and pin them to the appropriate component
2. Write your partner’s GBV-related activities on the yellow paper and pin them to the appropriate component
3. Write what you see as the biggest gaps on the red paper and pin them to the appropriate component

2. Give the participants strips of yellow paper and ask them to write the GBV-related activities of their program partners (including other nongovernmental organizations and government partners) in the communities where they implement projects. Encourage them to think about referral mechanisms that may be in place or formal and informal partnership agreements. They should pin these pieces of paper on the appropriate component on the large graphic. *Note to facilitator:* If you are running short on time you can combine steps 1 and 2 and have the participants simultaneously identify where they are working and where their partners are working.
3. Next, give the participants strips of red paper and ask them to identify and write the biggest gaps in their approaches. Pin these to the appropriate component on the graphic.
4. Lead a discussion.
 - a. Ask the participants to report on and discuss the process to complete the exercise
 - b. Next, ask them to identify the strengths and gaps in their approaches
 - c. Ask them to identify areas they could strengthen. How could they do so? [Note that many organizations will not provide legal, security, or social welfare services. Encourage the group to think about other resources or organizations in their communities that they may access to develop a stronger referral network.]

B. Wrap-up and Discussion (20 minutes)

Brainstorm with participants to create a list of activities that they could integrate into existing programs to strengthen their response to GBV. Examples include the following:

- Develop a code of conduct for staff, including volunteers and activists
- Provide gender sensitization and GBV training for activists
- Raise awareness among all cadres of healthcare workers about GBV as a risk factor for HIV infection
- Train healthcare workers and counselors on high-risk populations' increased vulnerabilities to violence
- Conduct a community mapping exercise to identify the services and programs available for survivors of violence; foster development of referral systems
- Train and sensitize child- and youth-serving program staff and volunteers on GBV and the particular risk factors that children and young people face (e.g., sexual violence including forced sex and coercion)
- Train all service providers on gender inequality and equip them to recognize and address it
- Promote nonviolent values and awareness raising, especially with girls and boys
- Teach children about good and bad touching and how to report suspected maltreatment
- Conduct training on gender, sexuality, diversity, violence, and health
- Address stigma and discrimination related to HIV and violence

Choose some examples from the list and ask the group to identify the steps needed to operationalize the action. For example, would they first need to gather more data? Identify best practices? What is needed in order to put these actions into practice?

SESSION IX: TRAINING ASSESSMENT

Note that this assessment activity is not a substitute for a written evaluation. Consider writing and administering a written evaluation to be completed at the conclusion of the workshop.

Objectives

At the end of this session, the facilitator and the participants should

- Determine whether the participant's expectations have been met
- Evaluate what they have learned during the training

Session Design (20 minutes)

Preparation/Materials

Cards from the second session that list the participants' expectations

Method

Participatory Facilitation Exposure

Step 1. Choose cards one by one and ask to what extent each expectation was or was not satisfied. Place the expectations that have not been fulfilled in one pile. Review the pile of expectations that have not been met with the participants and offer suggestions for where participants may seek further information assistance outside of the workshop (e.g., an online training resource).

Step 2. Give each participant the opportunity to say something about the training as a kind of oral evaluation. The facilitator should participate in this verbal evaluation by sharing his or her feelings, knowledge gained during the process, and evaluation of the training.

Closure of Training

Step 1. For the closing session, the facilitator should invite the organizers of the activity and the donors (if needed) to conclude the training. If they cannot be present, the facilitator may conclude the training.

APPENDIX I: TERMS AND DEFINITIONS RELATED TO GENDER⁶

Sex is the classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including chromosomes, hormones, internal reproductive organs, and genitalia.

Gender refers to a culturally defined set of economic, social, and political roles, responsibilities, rights, and entitlements obligations associated with being female and male, as well as the power relations between and among women and men, boys, and girls. The definition and expectations of what it means to be a woman or girl and a man or boy, and sanctions for not adhering to those expectations, vary across cultures and over time and often intersect with other factors such as race, class, age, and sexual orientation. Transgender individuals, whether they identify as men or women, are subject to the same set of expectations and sanctions.

Gender Identity refers to one's internal sense of being male, female, neither, or both.

Sexual Orientation refers to one's sexual or romantic attractions and includes sexual identity, sexual behaviors, and sexual desires.

Gender Equity is the process of being fair to women and men, boys, and girls. To ensure fairness, measures must be taken to compensate for cumulative economic, social, and political disadvantages that prevent women and men, boys, and girls from operating on a level playing field.

Gender Equality is the state or condition that affords women and men equal enjoyment of human rights, socially valued goods, opportunities, and resources. Genuine equality means more than parity in numbers or laws on the books; it means expanded freedoms and improved overall quality of life for all people.

Gender-based Violence, in the broadest terms, is violence that is directed at individuals based on their biological sex, gender identity, or perceived adherence to culturally defined expectations of what it means to be a woman and man, girl, and boy. It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private. GBV is rooted in economic, social, and political inequalities between men and women. GBV can occur throughout the lifecycle, from infancy through childhood and adolescence, the reproductive years, and into old age (Moreno 2005) and can affect women and girls and men and boys, including transgender individuals. Specific types of GBV include (but are not limited to) female infanticide; early and forced marriage, "honor" killings, and female genital cutting/mutilation; child sexual abuse and exploitation; trafficking in persons; sexual coercion, harassment, and abuse; neglect; domestic violence; economic deprivation; and elder abuse.

Gender Integration refers to strategies applied in programmatic design, implementation, monitoring, and evaluation to take gender considerations (as defined above, in "gender") into account and to compensate for gender-based inequalities.

Gender Mainstreaming is the process of incorporating a gender perspective into organizational policies, strategies, and administrative functions, as well as into the institutional culture of an organization. This process at the organizational level ideally results in meaningful gender integration as outlined above.

⁶ Source: IGWG, <http://www.igwg.org/training/DevelopingSharedVocabulary/DefiningGenderRelatedTerms.aspx>

Transgender is an umbrella term referring to individuals who do not identify with the sex category assigned to them at birth or whose identity or behavior falls outside of stereotypical gender norms. The term “transgender” encompasses a diverse array of gender identities and expressions, including identities that fit within a female/male classification and those that do not. Transgender is not the same as intersex, which refers to biological variation in sex characteristics, including chromosomes, gonads, and/or genitals that do not allow an individual to be distinctly identified as female/male at birth.

Empowerment means expansion of people’s capacity to make and act upon decisions affecting all aspects of their lives—including decisions related to health—by proactively addressing socioeconomic and other power inequalities in a context where this ability was previously denied. Programmatic interventions often focus specifically on empowering women because of the inequalities in their socioeconomic status.

Men’s Engagement is a programmatic approach that involves men and boys (a) as clients and beneficiaries, (b) as partners and (c) as agents of change, in actively promoting gender equality, women’s empowerment, and the transformation of inequitable definitions of masculinity. In the health context, this comprises engaging men and boys in addressing their own and supporting their partners’ reproductive, sexual, and other health needs. Men’s engagement also includes broader efforts to promote equality with respect to caregiving, fatherhood, division of labor, and ending gender-based violence.

Homophobia is the fear of, aversion to, or discrimination against homosexuals or homosexual behavior or cultures. Homophobia also refers to internalized heterosexism by homosexuals as well as the fear of men or women who transgress the socio-cultural definitions of what it is to be a “true man or woman” or embody “true masculinity or femininity.”

Heterosexism is the presumption that everyone is heterosexual and/or the belief that heterosexual people are naturally superior to lesbian, gay, transgender, and bisexual people.

APPENDIX II: PRE-TRAINING NEEDS ASSESSMENT

Cover Page [Optional]

Prior to the survey questions, you may consider including some background information on the project and/or the workshop.

Workshop Overview

Provide a brief overview of the workshop, including the overall goals and objectives. Include any additional background information that may help participants understand the larger context of the workshop (e.g., overview of project, activities that led up to the workshop, how the workshop fits into the larger project or ongoing in-country processes).

Purpose of the Pre-Workshop Survey

This survey is designed to familiarize the facilitation team with your background, experiences, and skills in the technical content areas of the workshop and to understand your expectations. This will help ensure that the workshop is relevant to your needs.

Please complete the questionnaire and return it to [*Name*] at [*EMAIL ADDRESS*] by [*DATE*].

[Name of Workshop]

Pre-Workshop Survey

Name: _____

Organization: _____ Position: _____

Survey Questions

Expectations and Priorities

Please describe your reasons for participating in this workshop. Specify the kinds of knowledge and skills you expect to gain.

If you have designed or implemented gender or gender-based violence projects, please describe your involvement and experience in this area.

Please prioritize the following items in order of your interest and expectations of the workshop (1= highest priority; 5 = lowest priority):

- ___ Improve understanding of gender concepts
- ___ Increase awareness of types of gender-based violence
- ___ Increase understanding of how violence and HIV risk are related
- ___ Improve ability to identify characteristics of a comprehensive multisectoral GBV response
- ___ Increase awareness of policies and laws that protect women, men, and children from violence

Gender and GBV Skills and Knowledge

How do you rate your ability to:	1 Low	2 Moderate	3 Good	4 Excellent
Define gender				
Define gender-based violence				
Articulate the relationships among gender inequality, violence, and HIV risk				
Identify GBV services and referral systems available in community settings				
Coordinate with partners providing GBV services and programs in community settings				
Discuss laws and policies that protect women, men, and children from violence				

What knowledge and skills would help you strengthen your organization’s processes in promoting gender equality and violence prevention in community discussions?

What knowledge and skills would help you to form partnerships and interact with others doing similar work?

Please discuss any additional expectations you have for this workshop.

Thank You

For more information, contact:

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