FRONTLINE AIDS

GENDER-TRANSFORMATIVE APPROACHES TO HIV

FACILITATORS' HANDBOOK

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.5 million people were infected with HIV in 2020 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ACKNOWLEDGEMENTS

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INTRODUCTION

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1.1 ABOUT THE GOOD PRACTICE GUIDE ON GENDER-TRANSFORMATIVE APPROACHES TO HIV

The first version of the Good Practice Guide on using gender-transformative approaches in HIV programming and advocacy was developed in 2018. In 2021 it was updated by Frontline AIDS and partners through a consultative process.

The updated version, **Good Practice Guide: Gender-Transformative Approaches to HIV** (referred to throughout this handbook as the Good Practice Guide), aligns with the changing landscape of the global HIV response and commitments to achieving gender equality. It also reflects Frontline AIDS' 2020-2025 strategy, embodied in our **Global Plan of Action**.

The Good Practice Guide is suitable for marginalised communities (including people living with HIV, sex workers, people who use drugs, transgender people, adolescent girls and young women, gay men and men who have sex with men) and their organisations/networks/movements. It can be used, in whole or in part, to ensure our approaches to HIV programming and advocacy are grounded in the transformation of gender norms.

1.2 ABOUT THE FACILITATORS' HANDBOOK

The Facilitators' Handbook has been developed to accompany the Good Practice Guide. It turns the content of the Good Practice Guide into practical activities and provides a range of tools and resources so we can embed gender-transformative approaches into all aspects of our work. It is designed in a modular session format, which aligns with the structure of the Good Practice Guide, so it can be adapted as needed.

The handbook can be used in full as a multi-day workshop, as a series of standalone sessions over a period of time, to support –for example – the implementation of a gender strategy, or by picking exercises relevant to a particular training or process. Each session covers a different area relating to gender-transformative approaches and how these can be applied in the context of HIV programming and advocacy.

The handbook draws on the growing experience of the HIV community in using digital approaches for information sharing, learning and exchange, including the use of online platforms and tools for training and workshops. This experience has grown rapidly since the beginning of the COVID-19 pandemic and is continuing to evolve at a fast pace. All sessions in this handbook have clear instructions that enable you to deliver them online, in person or in a hybrid format.(An example of a hybrid workshop is one that has a mixture of physical and remote participants or facilitators, or when participants join online through a number of different physical 'hubs'.)
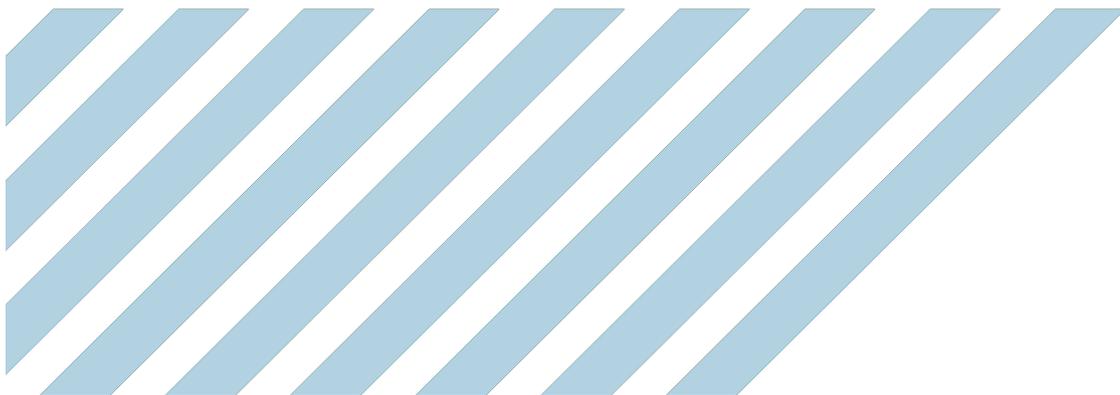
1.3 HOW TO USE THE FACILITATORS' HANDBOOK

- Frontline AIDS has designed this handbook to be used by facilitators to support training and reflective conversations on using gender-transformative approaches in HIV programmes and advocacy.

- Although we do not intend the handbook to be a prescriptive set of practices, or a series of steps that must be followed one after the other, we recommend that Session 2 (Introduction to gender-transformative approaches) and Session 3 (Let's talk about language) are always delivered, as these foundational sessions will ensure participants understand and can begin to apply a gender-transformative approach to their HIV programming and advocacy. These sessions can be delivered with other sessions, depending on the needs identified before the training takes place.

- The Good Practice Guide gives more theoretical background on each of the topics covered in this handbook as well as additional resources and further reading. We recommend reading the Good Practice Guide (or relevant chapters) before you deliver the training, as this will help you to prepare and understand the place of each session in the broader context of gender-transformative approaches. You can then adapt your sessions to your specific context where needed.

- While we hope this handbook provides everything that is needed to run an effective training on gender-transformative approaches to HIV, the more preparation you can do before the training, the better – especially in relation to the specific needs of your participants/organisation in relation to gender. We hope that this handbook inspires you to do further research of your own.

- The handbook is divided into five segments: (1) an introduction, (2) facilitation tips and skills, (3) sessions, (4) evaluation, and (5) handouts to support sessions. An **accompanying slide deck** (in Power Point) is also available to support the learning sessions during online, hybrid or in-person workshops, and specific slides are referred to throughout.

SOME NOTES ON LANGUAGE

A glossary of terms related to sexuality, gender identity and expression and bodily characteristics (taken from the Good Practice Guide) is included in Handout 1.

Language around sexual orientation, gender identity and expression and bodily characteristics is constantly evolving. Please refer to language guides produced by feminist and LGBT+[1] groups and organisations in your country, and always respect people's right to define themselves in their own terms.

USEFUL RESOURCES

Just Associates (2013) **Feminist Movement Builder's Dictionary** is a useful dictionary of terms and definitions, which includes terms around gender diversity and patriarchy.

Facilitator's note: How gender roles affect transgender and gender non-conforming people

Frontline AIDS believes that transgender women are women (regardless of medical or social transition), transgender men are men, and gender-diverse and gender non-conforming people are equally valid in their genders. This doesn't mean that the experiences of cisgender and transgender people are the same or can be targeted with the same approach. Cisgender women, transgender women and gender-diverse people are all affected by patriarchy and misogyny, but in different ways. For instance, cisgender women are socialised as female according to certain gender norms, and they may experience types of violence that are targeted towards them because they are women (e.g. rights violations relating to their reproductive health). Transgender women may have been socialised as male, and might have experienced some privileges that are afforded to men, but they also might have been subjected to punishment or violence because they could not conform to masculine gender roles. Transgender women experience many of the same gender norms and violence that cisgender women do. In addition to this, they might also face violence purely because they are transgender.

Transgender people are often seen as 'different' or non-conforming, and they are exposed to high levels of violence in all settings because of this. Transgender people and gender non-conforming people are particularly targeted by violence that seeks to force individuals to conform to rigid gender roles. And while both transgender and cisgender men may benefit from the status and privileges that being a man brings, patriarchy also limits their life choices and pushes them to fulfil gender roles that may be dangerous at times, exposing them to violence, increased risk taking, mental health challenges, and even suicide.

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1. Please note, LGBT+ is used throughout this handbook to stand for people who are lesbian, gay, bisexual, transgender, queer, intersex, gender diverse and gender non-conforming.

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PLANNING THE SESSIONS

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If you are planning to facilitate sessions on gender-transformative approaches to HIV, it is important that you are an experienced facilitator with a thorough knowledge of HIV and sexual and reproductive health and rights, extensive practise in experiential learning, and sensitivity to the cultural and religious context of your workshop participants. Your role is to guide participants through a structured process, one that is designed to meet the desired outcome of using gender-transformative approaches in their HIV programming and advocacy, helping them to develop understanding and improving their participation and collaboration along the way.

2.1 EXAMINING AND CONFRONTING YOUR OWN GENDER BIASES[2]

No matter how 'accepting' or progressive we believe ourselves to be, we all carry prejudices and biases. Before you train people on using gender-transformative approaches, it is important to examine – and begin to confront – your own biases.

For example, ask yourself:

- Do I treat people differently during trainings based on gender? Who do I expect (or choose) to lead groups? To take minutes? To serve refreshments?

- Do I have experience of working with transgender and gender-diverse people? Am I able to include and respect them? (For example, by using their correct names and pronouns.)

- Do I feel able to impart an understanding of gender as a spectrum of identities to an audience that may be uninformed or potentially hostile towards transgender/gender-diverse people and to the idea that there are more than two genders?

- Have I thought about the gendered traditions or norms in my community that may harm women, girls, LGBT+ people, sex workers and others? How do these traditions and norms make me feel?

As a trainer, you are in a position to address bias, build acceptance and train people to respond to gender bias in their everyday lives. The facilitation tips in Box 1 will help you to do this.

It is important to consider who the participants are and adapt your training and materials accordingly.

Before starting any training:

- Talk with staff from each participating organisation to find out about the workshop participants. You may want to ask participants to fill out a brief pre-

BOX 1: GENDER TRAINING FACILITATION TIPS

- Be aware of the gender balance in the room, who is talking the most, and the gender dynamics of the group.

- Be aware of, and comfortable with, methodologies that use gender-disaggregated groups or mixed groups.

- Be aware of the impact that a gender imbalance might have, or if a conversation is dominated by a particular group – and know how to redress the balance.

- In any training that talks about gender-based violence (even in a theoretical way) there will be people in the group who have experienced violence, and the conversation could be triggering. You need to be aware of this and know how to respond sensitively.

training assessment. (You can find an example of a pre- and post-training gender assessment in Box 2.)

- Ask about:

  - Gender, age, where participants are from, what they do, and what their learning needs are in relation to gender-transformative approaches

  - Are they a programme manager, advocate, fundraiser or other influencer?

  - Their level of knowledge and experience in working on gender equality and gender diversity

  - Attitudes about gender and gender equality

- In addition to individuals, the mix of the group will be key – is this a single gender group or mixed gender group?

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2. This section is adapted from Frontline AIDS (2021), *Gender REAct User Guide*, page 25. Available at https://frontlineaids.org/wp-content/uploads/2021/08/FA_Gender_REAct_ONLINE_0721.pdf

BOX 2: ATTITUDES ABOUT GENDER AND GENDER EQUALITY

(Pre- and post-training gender assessment)

'IN MY OPINION ...' (ANSWER YES, NO, OR NOT SURE FOR EACH QUESTION)

Answers indicating more equitable views are given in brackets

1. Men and women are equal and should be able to do the same things. (Y)

2. Transgender women are women and transgender men are men. (Y)

3. It is a woman's responsibility to avoid getting pregnant. Men do not have to take care of reproductive issues. (N)

4. A man should have the final word about decisions in his home. (N)

5. Whether someone is a man or a woman is determined by the sex they were assigned at birth. (N)

6. I would never have a gay, lesbian or transgender friend. (N)

7. When women, gender-diverse or transgender people get rights they are taking rights away from men. (N)

8. When a woman, gender-diverse or transgender person is sexually assaulted, they usually did something careless to put themself in that situation. (N)

9. Gender equality threatens cultures, traditions, and identities. Things should remain as they are. (N)

Some participants will have different answers to what we might expect when taking a gender -transformative approach. It is important to examine any answers that suggest gender inequitable attitudes by having a dialogue with participants.

2.2 FACILITATION SKILLS AND TIPS

UNDERSTANDING THE CONTEXT YOU WILL BE TRAINING IN

It is essential to understand the context in which your learners are carrying out their HIV programmes and advocacy. The gender-based discrimination and violence encountered by marginalised people will differ between population groups and according to the country and community context, so it's important to gather as much information about these specific contexts as possible. You might want to invite representatives from reputable local women's and/ or human rights organisations or other local gender experts to present at the workshop. They can share their knowledge on the challenges and opportunities for dealing with gender-based discrimination and violence in a way that is relevant to the local context.

DE-ESCALATION AND CONFLICT MANAGEMENT SKILLS

Gender – like any topic with deeply entrenched social and cultural norms – can be a sensitive issue. It can bring conflicting attitudes and feelings to the surface. As a facilitator you may need to respond to profoundly held and deeply inequitable attitudes or values around gender that conflict with your own or other participants' views. Your role is not to 'correct' these attitudes, but to create a space in which discussions can take place and issues can be explored in a non-judgemental and reflective manner, in a way that also keeps vulnerable participants safe. As well as creating a safe space for participants to share their beliefs and experiences, if discussions become heated it may be necessary for you to employ de-escalation or conflict management skills.

Review the tips and principles in Boxes 3 and 4 below and be ready to apply these as needed.

BOX 3: DE-ESCALATION METHODS

Be empathic and non-judgmental
Do not judge or dismiss the feelings of the person in distress. Remember that the person's feelings are real, whether or not you think they are justified. Respect those feelings, keeping in mind that whatever the person is going through could be the most important event in their life at the moment.

Respect personal space
Be aware of your position, posture and proximity when interacting with a person in distress. Allowing personal space shows respect, keeps you safer, and tends to decrease anxiety. If you want to approach someone in their personal space to provide care, seek consent first, and explain what you're doing so the person feels safe.

Use non-threatening 'non-verbals'
The more a person is in distress, the less they hear your words – and the more they react to your non-verbal communication. Be mindful of your gestures, facial expressions, movements and tone of voice. Keeping your tone and body language neutral will go a long way toward defusing a situation.

Keep your emotional brain in check
Remain calm, rational, and professional. While you can't control the person's behaviour, how you respond to their behaviour will have a direct effect on whether the situation escalates or defuses. Positive thoughts like 'I can handle this' and 'I know what to do' will help you maintain your own rationality and calm the person down.

Focus on feelings
Facts are important, but how a person feels is the heart of the matter. Some people have trouble identifying how they feel about what's happening to them. Watch and listen carefully for the person's real message. Try saying something like 'that must be scary'. Supportive words like these will let the person know that you understand what's happening – and you may get a positive response.

Ignore challenging questions
Engaging with people who ask challenging questions is rarely productive. When a person challenges your authority, redirect their attention to the issue at hand. Ignore the challenge, but not the person. Bring their focus back to how you can work together to solve the problem.

Set limits
As a person progresses through a crisis, give them respectful, simple and reasonable limits. Offer concise and respectful choices and consequences. A person who is upset may not be able to focus on everything you say. Be clear, speak simply, and offer the positive choice first.

Choose wisely what you insist upon
It's important to be thoughtful in deciding which rules are negotiable and which are not. For example, if a person doesn't want to participate in large group discussion, can you allow them to share their contributions 1-1? If you can offer a person options and flexibility, you may be able to avoid unnecessary conflict.

Allow silence for reflection
We've all experienced awkward silences. While it may seem counter-intuitive to let moments of silence occur, sometimes it's the best choice. It can give a person a chance to reflect on what's happening and how they need to proceed. Silence can be a powerful communication tool.

Allow time for decisions
When a person is upset, they may not be able to think clearly. Give them a few moments to think through what you've said. A person's stress rises when they feel rushed. Allowing time brings calm.

BOX 4: CONFLICT MANAGEMENT SKILLS AND TECHNIQUES

Here are the steps you can use with participants to resolve a conflict. They can be incredibly effective and can be used in online and offline sessions.

STEP 1: Agree to talk and establish ground rules for the discussion

There won't be any resolution if those involved don't agree to talk. This needs to be the first step. If you then establish ground rules for this conversation it has a chance of being productive. Having ground rules can help create emotional safety, enabling each person to feel comfortable sharing, especially if the discussion is a difficult one.

Examples of ground rules are:

● Not interrupting

● Staying respectful

● Not shouting or swearing

● No verbal insults

Agreeing to talk, with ground rules that support safety, is the start to finding a resolution.

STEP 2: Take turns in explaining your feelings and thoughts about the situation

Once you've established the ground rules, those involved in the conflict can begin talking about what has happened. It is best to have one person share their point of view, experiences, thoughts, and feelings first, then the other person(s) involved can do the same. It is important that each person continues to follow the ground rules discussed and agreed upon because emotions might still be intense. One person might want to interrupt the other, but following the ground rules, which have been established together, can make it easier for each person to share their point of view without getting into an argument. If each person can explain their position while staying calm and respectful it will be easier to find a resolution.

STEP 3: Identify the conflict

Although this sounds simple, identifying what the conflict is about will help find a solution. This step is easily overlooked, but it is an important part of the process. After each person has taken turns expressing their point of view, ask them to describe what they are arguing about. It can also be useful for you to state, in a few sentences, what the argument is about. Describing the conflict in simple terms keeps everyone focused on the problem. You can even start the discussion by stating what the conflict is about and then get everyone's consent before proceeding.

STEP 4: Take turns in exploring options to resolve the conflict

In this step, everyone brainstorms to think of ways that might resolve the conflict. Some of these ideas, thoughts or possibilities might require compromise. But it's not yet time to agree on a solution. For now, stay open to possibilities. At this stage, simply ask each person to clarify what they would like to see happen. This is a pivotal step in the process. Make sure that each person remains open to new ideas and stays respectful to others involved.

STEP 5: Agree on a solution

After brainstorming, it's time to find an agreement. First, discuss which idea might make the most sense, given the circumstances. Or you might identify a solution that everyone involved can agree upon. At this stage, review all the possibilities and then come to an agreement of the solution.

STEP 6: State the solution

Once you've made an agreement, state the solution aloud. Just like you did when identifying the problem, stating the solution can help everyone remember what came of this discussion.

STEP 7: Decide when to evaluate the solution

Before you end the discussion, decide on whether you will need to reconvene. You may want to do this to evaluate whether the solution is working or if it needs some improvements. Depending on the circumstances, you may need to revisit this discussion again in the future to make changes to what has been agreed upon. Before everyone leaves, decide when you will talk again to discuss how this particular solution is working out for all those involved.

USEFUL RESOURCES

Indeed's online article **Conflict Management Skills: Definition and Examples** (March 2021) includes helpful advice on conflict management skills and competencies and how to refine your skills in this area.

Ready to improve your skills in facilitation? Here are some helpful resources.

ACTIVITY	WHERE TO ACCESS IT
Building good facilitation skills: Frontline AIDS' *REAct User Guide* includes a useful 'top tips' section for facilitators. Review this to assess whether there are areas of facilitation that you could improve upon. Test out some of these tips and observe whether you notice a difference in your facilitation style.	**Frontline AIDS' REAct User Guide** (2019)
Self-assessment on knowledge and attitudes around gender	**Box 2** (Attitudes on gender and gender equality) in this handbook (page 8): UN Women has produced the **Gender Equality Capacity Assessment Tool** (2014), a useful self-assessment questionnaire that was originally designed to assess the knowledge and capacity of staff working in the UN system in relation to gender, but can be adapted to different contexts.
Assessment on digital intelligence/remote facilitation: Developing the skills and resources to be an effective remote facilitator is important, especially as the COVID-19 pandemic has made it more challenging to deliver traditional in-person training. The Digital Intelligence Institute has created a framework for developing and measuring the skills and competencies needed to survive and thrive in the digital age, both as facilitators and learners.	**www.dqinstitute.org** **www.dqtest.org**

2.3 PLANNING YOUR WORKSHOP

CONSIDERATIONS	ONLINE WORKSHOPS	IN-PERSON WORKSHOPS	HYBRID WORKSHOPS (This format normally works by having participants together in a group and facilitators joining online or vice versa.)
Inclusivity It is important to create an environment that ensures safety and non-discrimination for all participants, whether your workshop is online, in-person or hybrid. But inclusivity considerations will be different for each scenario.	Ensure that all participants have access to the online platform being used. Check each participant has internet access and a data bundle. Make translation services available, including subtitles. Schedule with different time zones in mind if needed.	Ensure that all participants have equal access to the space being used. Agree common group norms. Also be aware of the cultural context, gender norms and values that exist in that particular community. Have translation services available, including subtitles.	Make sure you consider all online and in-person inclusivity requirements.
Safety	When conducting virtual workshops it is extremely important to take measures to ensure facilitators and participants are safe online. Facilitating conversations on gender-transformative approaches may expose people or cause people to share sensitive information and vulnerabilities, and measures need to be taken to ensure the space remains safe.	Safety precautions should ensure no harm befalls participants before, during and after the workshop. You can do this by following these protocols: • Assess the political and policy environment for conducting the workshop	Make sure you consider all online and in-person safety requirements.

CONSIDERATIONS	ONLINE WORKSHOPS	IN-PERSON WORKSHOPS	HYBRID WORKSHOPS
Safety	Information and tools for staying safe online: • Amnesty International's **How to stay safe online during the COVID-19 crisis** • Safe Sisters is an online organisation that provides information on digital security and how to protect yourself online. Check out its **guide**, available in English, Burmese and Kiswahili. • Luchadoras is a feminist internet platform, which provides information on online safety. Check out its **digital security toolkit**. (In Spanish. Use Google Chrome to translate into French or English.) • **Ciberseguras** provides tips and spaces for campaigners to organise safely online. (In Spanish.) • Plan International's **How to stay safe online**	• In the face of COVID-19 and any other viruses of public health concern that can be spread through person-to-person contact or are airborne, ensure participants have adequate personal protective equipment, such as facemasks. • Issue badges to ensure only registered and invited participants engage.	
Suggested number of participants There is no fixed rule on the ideal number of participants, these are just a guide	To ensure there is equal participation and diverse and dynamic conversations, we recommend between 10-15 participants.	The number will depend on many factors including: • What the training space is like: as a facilitator it is a good idea to visit the space before the workshop so you can give some thought to table arrangements, breakout spaces, ventilation, climate (aircon), and acoustics. • Number of facilitators/co-facilitators • Equipment available (e.g. tables, chairs, projector, whiteboard, extension leads, flipcharts, etc.) • Sanitary facilities It is advisable to calculate the number of participants based on the above plus cost considerations (see below). If you have too small a number of participants it is likely you will have limited diversity in discussions, and if there is a large number of participants there will be less opportunity for everyone to speak, so it's important to ensure there is a balance. 15 to 30 is ideal.	We recommend 10-30 people to ensure diversity of conversations.

CONSIDERATIONS	ONLINE WORKSHOPS	IN-PERSON WORKSHOPS	HYBRID WORKSHOPS
Associated costs	In most cases, a virtual meeting or remote workshop is cheaper than in-person meetings. Travel, accommodation, workshop space, materials and snacks all cost money. By running a workshop online, you can significantly reduce overheads and eliminate many of these costs for your participants. Costs incurred may include: data allowances for participants and facilitators, purchasing platforms to use for the delivery of the training, and equipment costs (e.g. microphones, cameras).	Conducting a face-to-face workshop can be more expensive as you will need to consider the following costs: • Travel • Food • Accommodation (in some instances) • Hiring the space • Equipment (e.g. flipcharts and their stands, markers, audio visual equipment for large audiences, projectors, printed handouts)	In hybrid workshops, both kinds of costs need to be considered. If you or any of your co-facilitators are pre-recording your presentations there can also be a time cost, as you may need intensive preparation time for this.

2.4 TOOLS FOR FACILITATING ONLINE WORKSHOPS

Virtual workshops require facilitators to use online tools as a matter of course. Video conferencing software, such as Zoom and Microsoft Teams, are likely to meet your basic needs. Both allow participants to share screens, make comments in a separate 'chat' function, put their hands up, and meet in smaller groups or pairs in 'breakout rooms' (video chats that are completely isolated in terms of audio and video from the main session).

There are many other tools that can help you to work collaboratively and communicate effectively in an online workshop. Here are some that we recommend (they can be used with other tools or on their own):

MURAL is a digital workspace that enables real-time visual collaboration for remote teams. It effectively emulates many real-life workshop processes, as it has an online whiteboard, sticky notes and can create lists, charts, diagrams and more. This kind of visual approach to facilitation can be very effective. It can really help to engage participants while providing a single space for you to collaborate with your remote participants. Mural has a free 30-day trial and offers pricing plans based on the numbers of members. See MURAL's **Tips for getting started**.

Stormz is an app designed for professional facilitators. It enables you to design and facilitate co-creation sessions to generate ideas, choose the most promising ones, turn them into tangible solutions and make informed decisions. You can use Stormz to ask participants to give their input on questions you generate in the app, collect ideas and make collective decisions directly from their laptop, tablet or mobile phone. The free version allows three participants per workshop and is useful for hybrid workshops where you might need to connect participants from different hubs.

Mentimeter allows you to create questions (such as multiple-choice polls) in a web app that participants can answer from their mobile devices. This allows you to instantly visualise everyone's opinion and display the results in real-time to the group. It can help your participants feel engaged, which is especially important for larger remote workshops. It works really well on mobile devices. The free version allows you to create two polls and five quiz questions per presentation.

Miro is an online whiteboard tool and an easy way of creating an engaging online workspace. You can use it to upload images, create notes, and draw in different colours and sizes using a 'freehand' mode. The app provides a great template library to help you find the right structure for your whiteboard. Its free version offers up to three boards.

SessionLab is designed for planning and designing workshops and meetings. With a library of over 700 expert facilitation techniques and a collection of fully-featured templates, you can get started quickly – particularly useful if you suddenly have to work remotely.

Jamboard is a digital interactive whiteboard developed by Google to work with Google Workspace, formerly known as G Suite.

USEFUL RESOURCES

You can find more applications, tools and collaboration platforms for online trainings, e-learning and for facilitators by reading Collaboration Superpower's article **Tools for remote teams**.

To compare the different online workshop platforms, check out DGI Communications' article **The 7 Best Videoconferencing Platforms** and Gadgets To Use's **Mega Comparison.**

CHOOSING THE RIGHT PLATFORM

Choose a platform that offers good online security (e.g. allows participants to sign up, change names etc.).

Here are some other things worth considering when choosing the right online platform for hosting a workshop:

- Many video conferencing plans are less expensive if you pay annually instead of monthly.

- Some plans will charge per user. Make sure you know how many users are allowed per plan and check if you can add on users as needed.

- If a video conferencing software that you're interested in doesn't offer a free plan or free trial, request a demo so you can see it before you commit to buying.

COMPATIBILITY OF TOOLS AND VIDEO CONFERENCING PLATFORMS

The resources in the right-hand column outline in detail the advantages and limitations of each tool and its compatibility with other conferencing platforms. This is useful for understanding which platforms work best together, and which platforms work best for online, in-person and hybrid sessions.

USEFUL RESOURCES Toasty, **30 Powerful Online Collaboration Tools You Will Swear By**

Society for Cultural Anthropology, **Visual Collaboration and Brainstorming Tools for Student Teams**

TIPS FOR PLANNING YOUR ONLINE WORKSHOP

- Consider a co-facilitation approach

- Have a timer and ensure each session does not last for more than 90-100 minutes

Session Lab's online article **A guide to remote facilitation and online meetings** (March 2020) provides a detailed guide on how to plan online workshops.

2.5 MAKING ONLINE WORKSHOPS ENGAGING

By planning thoughtful, well-designed and well-implemented online sessions, you can keep morale high and increase trust among participants, which increases their engagement.

Here are some tips for making online sessions as engaging as possible:

- Use some virtual ice breakers (see Box 5 below)

- Use breakout rooms

- Co-create virtual sketches for recaps

- Use icons to run virtual checks on participants' comfort and understanding

- Add interesting images and videos to your presentation

- Integrate chats, polls and anonymous voting

BOX 5: VIRTUAL WORKSHOP ICE BREAKERS

Here are five virtual icebreakers that can make online/hybrid workshops more interesting.

1. The deserted island scenario
Imagine your team is on a deserted island with seven objects of your choice, but each person can only choose three. After you've given participants some time to think, ask each person to share their answers. You'll be surprised by what they come up with!

2. Virtual watercooler
Share photos of a theme, such as your day, and a one-sentence update about how you're feeling or what you'll be working on. This exercise is good for understanding your participants' state of mind at the moment, promoting openness and coming up with solutions.

You can send images of anything, but choosing a theme can make the answers more connected and lead to deeper discussions. Here are some theme ideas:

- Interesting things you encounter during the day/week
- A meal you're enjoying at home
- Messy desk inspiration
- A show you're watching

3. Emoji charades
Invite participants to spell out their favourite books or movies only using emojis.

4. Collaborate on a team playlist
Create a playlist on Spotify or YouTube that everyone can contribute to, which you can play during breaks or at the beginning of the day while waiting for everyone to arrive.

5. What's outside your window?
Invite participants to share their view from a nearby window. This gives other participants a literal peek into that person's life. Maybe it's night-time in that part of the world. Or maybe it's snow season over there. All these little facts are enlightening and give members topics for conversation.

Other 'show and tell' ideas could include their mug (during coffee breaks or at the beginning of a session), their slippers, their office space, their pet (if they have one), a favourite photo or picture that they keep on their desk.

But bear in mind that for some participants these activities could feel intrusive or even unsafe – make sure participants are comfortable with sharing aspects of their private space.

3

SESSIONS

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SESSION 1: GENDER 101

Objective:
To review key concepts related to gender

Learning outcomes:
- Participants have a shared understanding of gender as a social construct
- Participants are familiar with and comfortable using terms relating to sexual orientation, gender identity and expression and bodily characteristics
- Participants have explored the way gender norms and stereotypes can lead to negative effects for individuals of all genders

Time: 90 minutes

Delivery: Online/In person/Hybrid

ACTIVITY 1: 'SPEED DATING'/-PAIR-WORK DISCUSSION (35 minutes)

Introduction (10 minutes):
In plenary, introduce the session by asking participants what they understand by the words 'gender' and 'sex'.

If the group (either online or in person) seems unwilling to offer suggestions, buzz-groups or breakout rooms could be used for a few minutes to help break the ice. Hybrid groups could discuss in their separate locations before coming back together as a group to share. Ideas could be noted on flipcharts or using an online whiteboard, such as Miro.

Carousel (15 minutes):
In person: This activity is fun to do as a lively icebreaker. Arrange the participants into two circles with the same number of people. The inner circle face outwards; the outer circle face inwards, so each person should be facing a partner. Ask the first question from the list below, and give three minutes for the participants to answer, during which time both partners should share some of their experiences. After three minutes, instruct the people in the outer circle to move round one step to their right. When everyone has a new partner, ask the next question.

Online/hybrid: Create enough breakout rooms for the whole group to be divided into pairs then have each room discuss the following:

- As a child what messages were you given about being a boy or girl?
- Has there been a time when your gender has been a disadvantage or made you feel uncomfortable?
- Can you think of a time when your gender has been an advantage?
- If you were to raise a child (and perhaps many of you already are) what messages would you want

them to hear about gender as they grow up? Would you give a different message from the one you received?

Facilitator's note: This exercise is not supposed to be an exhaustive discussion, but should get participants thinking about their personal experience of gender and some of the gender norms and stereotypes that are current in their context. If you are doing the exercise with a face-to-face group, keep the discussion moving quickly by calling instructions to swap partners etc. Don't be afraid to interrupt a lively discussion and move people on. If working online, ensure you have timed the breakout sessions so participants are automatically redirected back to the main session at the end of the 15 minutes. Check in on the pairs in the breakout rooms during the exercise to remind them to cover all four questions.

Reflections (plenary discussion – all settings) (10 minutes)
Ask the group the following:

- Was there anything you found new or interesting in discussing these questions? Did the questions spark anything you hadn't thought about before?
- What did you notice about the kinds of messages we received about gender as we grew up? What impact do these messages have on us as we grow older?
- What was the most difficult question to answer? Why?

ACTIVITY 2: WHERE DO YOU STAND? (25 minutes)

Statement exercise (15 minutes)
In physical spaces, write the words 'Society' and 'Biology' on two sheets of flipchart paper and stick them on opposite walls. Then ask participants to stand in a straight line in the centre of the room. Read aloud one statement at a time (see below). After each statement, ask participants to move towards the walls labelled 'Society' or 'Biology', depending on whether they think the statement is socio-culturally or biologically based.

In online spaces, use a poll with the two options 'Society' and 'Biology'. The same two options can be re-set between questions. You can access polls through sites like **www.mentimeter.com** or by using integrated polls in Zoom/Teams.

Statements
- Girls are gentle; boys are not.
- Having sex with her husband is a woman's duty.
- Women can get pregnant; men cannot.
- Men are good at logical and analytical thinking.
- Real men don't cry.

- Women can breastfeed babies; men cannot.
- Women have maternal instincts.
- Men's voices break at puberty; women's voices don't.
- Men have a greater sex drive than women.
- Women like to dress up and wear makeup.
- Men should be the wage earners of a family, not women.
- In a heterosexual relationship or marriage, the man has to be older than the woman.

Facilitator's note: *Add or remove questions depending on the context, population and training dynamics. Depending on how much time is available and the level of discussion in the group, you may not be able to get through all the statements. Ensure that you include at least three that have a clear biological basis. The statements that have a biological basis are: 'Women can get pregnant; men cannot', 'Women can breastfeed babies; men cannot' and 'Men's voices break at puberty; women's voices don't'. These statements provide an important entry point to discuss the biological questions from a transgender- and intersex-inclusive perspective. (For example, a trans woman would not be able to become pregnant and give birth but a trans man may be able to.) It is also important to flag up that not all cisgender women can or want to get pregnant, and explore any cultural meanings around this. Intersex people may have bodily characteristics that are diverse and challenge binary ideas about the 'Biology' category.*

After each statement, ask one or two participants to share why they chose either the biology or society answer. Allow different opinions to be expressed, and where possible for participants to come to agreement amongst themselves. Highlight perspectives that do not come out in the discussion, for example, related to age / different stages of the life cycle, or to transgender or intersex experiences.

Reflections (10 minutes)
After all the statements have been read out, discuss the following in plenary:

- Which statements are examples of how society expects people to be and act, based on their gender rather than innate qualities?

- Where do these norms come from and how do we learn them?

- How are they reinforced throughout our lives in the following places?
  - At home / in the family
  - In primary school
  - In secondary school
  - In the workplace
  - In social activities like church, sports, recreation and community engagements

Refer to the glossary (Handout 1) as needed for specific terminology on sex, gender, gender norms, etc.

ACTIVITY 3: UNPACKING GENDER NORMS AND SEXUALITY: GENDERBREAD PERSON (20 minutes)

Introduce the session by asking: What do we understand by 'gender diversity'?

Key points (these can be summarised or reinforced now or at the end of the activity):

- Gender diversity is about acknowledging and respecting that there are many ways to identify outside of the binary of male and female.

- Being gender diverse is not about attention seeking or receiving special treatment, it is about being one's authentic self.

- It is not essential that people know about every gender identity out there. What is important is that people respect those who are gender diverse and/or intersex.

- Using the correct names and pronouns for gender-diverse people and gender-neutral language are reasonable expectations.

- Inclusivity not only benefits gender-diverse people – it benefits everyone!

Using the Genderbread Person, collectively discuss each of the terms on the image and how individuals experience these terms along a spectrum rather than as binary ('this or that') concepts. Ensure participants are clear about what is meant by sex/bodily characteristics (sex assigned at birth), gender identity, gender expression, sexual attraction and sexual orientation. Discuss these aspects of our identity in relation to common gender and social norms.

*Facilitator's note: The Genderbread Person v4.0 can be found at **www.genderbread.org** and on Slide 13. You can find notes to help you break down the terms at **www.genderbread.org/wp-content/ uploads/2017/02/Breaking-through-the-Binary-by-Sam-Killermann.pdf***

Wrap up (10 minutes)
Invite questions, reflections, and re-cap the key points of the session.

USEFUL RESOURCES

Slides 3-15

Handout 1: Glossary of terms

SESSION 2: INTRODUCTION TO GENDER-TRANSFORMATIVE APPROACHES

Objective:
To get participants to explore what we mean by a gender-transformative approach. This includes defining, understanding and linking gender-transformative approaches to their work.

Learning outcomes:
● Participants have a shared understanding of what is meant by a gender-transformative approach

● Participants become familiar with the gender-programming continuum

● Participants have a shared understanding about why we would choose to use gender-transformative approaches to advance gender equity and justice in the context of HIV and sexual and reproductive health and rights

Time: 90 minutes

Delivery Option: Online/In person/Hybrid

ACTIVITY 1: REVIEW UNDERSTANDING AND DEFINITION OF GENDER NORMS (40 minutes)

Explain that most of us are socialised to behave and dress according to gender norms from birth. These norms vary from place to place and can change over time. They have a very powerful influence on us in many different ways. For instance, they influence how others view and treat us – both informally in social interactions, and formally through things such as in the law – and how we perceive ourselves and our potential.

Breaking gender norms is policed through violence and other social punishments. Patriarchal culture and gender norms determine how people are treated. They also define the power dynamics between and among people and how people identify and understand their own gender.

Group work (10 minutes)
Using flipcharts, or Miro/whiteboard for online groups, divide participants into four groups. Ask each group to brainstorm the gender norms that are common in their countries/communities.

The groups should each take one of the phrases at the top right of this page as their starting point, then complete each sentence with as many ideas as they can in the allotted time. Explain to participants that they don't have to agree with the statements, the statements should just be commonly held perceptions or attitudes where they live.

Women should…
Women should not…
Men should…
Men should not…

In plenary: (10 minutes)
Gather the ideas onto a slide or whiteboard. Check that the statements are societal beliefs or 'rules', not biologically determined abilities. Remove any that are based on bodily characteristics for now, although there may be norms that relate to these (e.g. that women should be fertile, norms around breastfeeding, and norms around male circumcision and female genital cutting).

Examples of common norms

Boys/men should:	Girls/women should:
Stay in control	Be soft/kind/gentle
Be brave and courageous	Be faithful
Have many sexual partners	Take care of domestic chores
	Be grateful/happy
Boys/men should not:	**Girls/women should not:**
Express emotion	Dress provocatively
Ask for help/directions/advice	Drink or smoke in public
Let their partner tell them what to do	Walk around alone at night

Ask participants: Which norms are particularly slow to change or most rigidly stuck to in your culture or context? What happens when people transgress (go against) these norms? How does this system of norms impact on gender non-conforming individuals, such as transgender or intersex people? How do other social factors, such as age, race, ability or sexuality, interact with these norms?

Ensure that the conversation leads to a discussion on power and inequality. Highlight that, while these norms can have negative implications for everyone, women, girls and gender non-conforming people are more negatively impacted by these norms in terms of their decision-making power and their access to and control over resources.

Share these key concepts around gender inequality: (10 minutes)
Individuals can be privileged and have more power due to their gender identity. In many societies, this means that cisgender men have more power and privilege than women, transgender or gender non-conforming people. This is gender inequality.

Gender inequality is reinforced and sustained at household, 'community', institutional and state levels. It exists across societies and is the most common

form of social inequality. It overlaps with and affects other aspects of our identities such as class, caste, race and ethnicity, ability and sexuality.

In small groups (10 minutes - use breakout rooms in online workshops):
take a set of norms (but not the same set that the group originally came up with) and ask each group to explore how these norms can increase or decrease vulnerability to HIV.

2 **ACTIVITY 2: ESTABLISH A SHARED UNDERSTANDING OF A GENDER-TRANSFORMATIVE APPROACH AND WHY WE MIGHT CHOOSE TO USE GENDER-TRANSFORMATIVE APPROACHES IN HIV WORK** (40 minutes)

Introduction (10 minutes)
Ask participants: What do you already understand by the term 'a gender-transformative approach'?

Definition of a gender-transformative approach to be shared

A gender-transformative approach is one that actively strives to examine, question and change rigid gender norms and imbalances of power to achieve SRHR and HIV advocacy and programming objectives, as well as gender equality objectives at individual, household, community, institutional, and state levels.

Introduce the gender-responsiveness continuum on page 8 of the Good Practice Guide (Handout 2)/ Slide 21.

Group work: (10 minutes) share examples of approaches from across the gender-responsiveness continuum (see Handout 2). Ask participants to work in small groups to match these approaches to the definitions of programme types from the continuum, and say why they think each example belongs to the category of gender responsiveness they have chosen. Ask the groups if they can think of any more examples from their own work that they can share with the rest of the group.

Reflect in plenary (10 minutes)
Discuss what makes these approaches blind, exploitive, sensitive, empowering or transformative.

Facilitator's note: When reading a short description of a programme it is not always clear where on the gender-responsiveness continuum it sits – elements could be seen as more progressive in a given context, or there might be additional elements that make a programme more (or less) gender responsive. For the purpose of this exercise, after participants have shared their ideas use the following table to share where the programme examples sit.

CATEGORY	SEX EDUCATION PROGRAMMES	ECONOMIC EMPOWERMENT PROGRAMMES	UNPAID CARE PROGRAMMES	POLITICAL REPRESENTATION PROGRAMMES*
Gender blind	1b	2a	3c	4d
Gender exploitive	1e	2d	3e	4c
Gender sensitive	1d	2c	3b	4a
Strategic/ empowering	1a	2e	3d	4e
Gender transformative	1c	2b	3a	4b

*These categories will be explored in more depth in Session 5. Programming examples on gender norms, gender-based violence and sexual and reproductive health and rights are shared in Sessions 4.1, 4.2 and 4.3, respectively, and could be used in this session to provide more examples if needed.

Frontline AIDS' framework for gender-transformative approaches (10 minutes)

Explain that using a gender-transformative approach requires us to not only focus on programming and advocacy but to also look at ourselves and our organisations. This means changing our own organisations and ways of working, and our ways of relating to the organisations, partners and communities we work with to change power dynamics related to funding, reporting and decision-making. It means supporting feminist organisations and approaches led by communities, including communities of women and girls in all their diversity and gender non-conforming people, and ensuring that men and boys are part of the response. It means valuing and prioritising lived experience, and collective action by communities of people with that lived experience.

Share the Frontline AIDS' framework for gender-transformative approaches on page 33 of the Gender Good Practice Guide / Slide 22.

Introduce: Six strategies for gender-transformative change:

(1) Removing gender barriers and increasing access to, and control over, services

(2) Encouraging critical reflection on power, norms, experiences and histories

(3) Transforming social and gender norms in communities and society

(4) Supporting economic justice

(5) Supporting movement building and community-led change

(6) Advocating to transform and implement policies, laws and budgets

Facilitator's note: What a gender-transformative approach is has been defined differently by different organisations, working in different contexts and with different people. As such, the precise language, definition or things that make up a gender-transformative approach may differ.

For example, Rutgers[3] describes a gender-transformative approach as comprising the following six components:

- A human rights-based approach
- Power
- Norms and values
- Gender and sexual diversity
- Empowerment of women and girls
- Engaging men and boys

Plan USA describes a gender-transformative approach as comprising the following six elements:

- Influencing discriminatory gender norms
- Improving women's and girls' agency
- Working with men and boys to understand and promote gender equality
- Improving equality of the condition (well-being, access to services, etc) and position (status and value) of women and girls
- Addressing the needs of young people in all their diversity
- Creating an enabling environment to support gender equality and inclusion

Optional activity: Recap the definition of a gender-transformative approach and check understanding (10 minutes to 1 hour)

Invite participants in alphabetical order (A -Z or Z-A) to share their suggestions of what the components (the different parts) of a gender-transformative approach are and what they mean.

You can ask participants to:

- Share 2-5 words that explain what a gender-transformative approach is, and the next person has to complete that definition and add what might be missing.
- (Online) Write words that are relevant to a gender-transformative approach on pieces of paper and flash them up on the screen, then invite another participant to share why these words are important for a gender-transformative approach. If using video cameras is not an option, participants can share their words in the chat function. Mural can also be used to build up a complete image or framework, if available.
- Create a digital gender-transformative approach word cloud (using Wordclouds.com or similar).
- In physical spaces, creating a gender-transformative collage from magazine pictures and words can be a great way to process ideas and cement understanding.

Wrap up (10 minutes)

Invite questions, reflections, and re-cap the key points of the session.

USEFUL RESOURCES

Slides 16-25

Handout 2: The gender-responsive programming continuum

Good Practice Guide, pages 7-8 and 33

Rutgers (2018) **Gender Transformative Approach Toolkit**

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3. See Rutgers (2018), *Gender Transformative Approach Toolkit*. Available at https://rutgers.international/resources/gender-transformative-approach-toolkit-module-1/

SESSION 3: LET'S TALK ABOUT LANGUAGE

Objective:
To support participants to understand and use gender-inclusive, affirming and non-stigmatising language

Learning outcomes:
- Participants have a shared understanding of the importance of gender-inclusive, affirming and non-stigmatising language
- Participants have practised using gender-inclusive, affirming and non-stigmatising language
- Participants can contextualise and link the use of language with adopting a gender-transformative approach

Time: 60 minutes

Introduction (10 minutes):
Have a discussion with participants about why it is important to be mindful of the language we use in HIV and sexual and reproductive health and rights programming and advocacy.

Ensure that participants understand how language and tone can create an inclusive environment, or be used to exclude people.

Facilitator's note: For current terminology and definitions, see the glossary on page 2 of the Good Practice Guide (Handout 1).

USEFUL RESOURCES

The UN's **Guidelines for gender-inclusive language**

ACTIVITY: SCENARIO ROLE-PLAY (40 minutes)
Divide participants into small groups (not more than five in each group) and ask them to come up with then role play:

a. An inclusive language scenario
vs.
b. A stigmatising or marginalising language scenario

Facilitator's note: Encourage participants to be creative, and use local language dialects or phrases. Be aware that the use of stigmatising language, even in role-plays, could be triggering for some participants who may have been called offensive names before. Make the space as safe as possible by making it clear when the role-plays start and end, and encouraging participants to resolve their role-plays by calling out language that is offensive/excluding.

Do the marginalising scenario first then the inclusive one. Invite participants to share additional suggestions for making language inclusive. Ensure you are prepared with strategies or ways of handling real-life situations where participants may feel stigmatised by other members of the group. Allow participants who might feel triggered or upset to opt out of this activity or to take time out if needed. Use the de-escalation methods in Section 2 if needed.

Share Handout 1 (the Glossary of terms) with participants and allow 5 – 10 minutes for them to read through the terms and ask about any they are unclear on.

Wrap-up (10 minutes)
Run through the 'Dos and Don'ts' of inclusive language on page 13 of the Good Practice Guide (Slide 29), and share resources for more information.

TAKE NOTE!

Language is evolving fast! Please refer to language guides produced by LGBT+ groups and organisations in your country and in your language. And always respect people's right to define themselves.

USEFUL RESOURCES

Slides 26-32

Handout 1: Glossary of terms

Good Practice Guide pages 11-13

SESSION 4.1: GENDER AND HIV – GENDER NORMS AND STEREOTYPES

Objective:
To explore the relationship between gender and HIV, and how gender and social norms are a barrier to HIV prevention and treatment

Learning outcomes:
- Participants understand the relationship between gender and HIV, including how gender and social norms can make women and girls, men and boys, and gender-diverse people more vulnerable to HIV in different ways

- Participants understand the concept of intersectionality

Time: 60 minutes

Delivery: Online/In person/Hybrid

1 ACTIVITY 1: GENDER AND HIV OVERVIEW (20 minutes)

Looking at the data (10 minutes):
Share current global data on gender and HIV (source: latest UNAIDS information, which can be found at **https://aidsinfo.unaids.org**). Ideally, prepare a slide with up-to-date country data as well.

Discuss (10 minutes):
- What does this data show us?

- How do gender norms play into patterns of HIV vulnerability, transmission and acquisition?

  Prompts:

  - What does society tell us about how men and women should behave socially / sexually / romantically / when they are out on a date / when they are at a party / when they are out with their friends?
  - How are girls/young women expected to behave around boys/young men? How are boys/young men expected to behave around girls/young women?
  - What names do we have for girls/young women who have many sexual partners? What about names for boys/young men with many sexual partners?
  - What names do we have for girls/young women who like other girls/women, or boys/young men who prefer other boys/men to girls?
  - What gender norms and stereotypes contribute to the very high levels of HIV among sex workers, women who use drugs, transgender people and men who have sex with men?

Facilitator's note: This is a good opportunity to introduce the concept of intersectionality, which is when different factors of discrimination (for example, gender and race) overlap, creating multiple layers of stigma, discrimination and marginalisation. This overlapping is called intersecting, hence the name 'intersectionality'. This is also referred to as 'compound stigma'.

Discuss: Global commitments on gender, and HIV commitments on gender (20 minutes)
Share **Sustainable Development Goal 5** (Gender Equality) and the **Generation Equality Forum** action areas (see Slide 40). These are not HIV-specific commitments, but several of these targets are relevant to HIV. Look at how these are mirrored in HIV global commitments (the **2021 Political Declaration on HIV and AIDS** [see Slide 39], **UNAIDS Global Strategy 2021 - 2026**, the forthcoming **Global Fund Strategy 2023 – 2028** and the current **PEPFAR strategy**). How do these reflect the priority areas of global commitments and plans on gender equality?

2 ACTIVITY 2: WHAT DOES A TRANSFORMATIVE PROGRAMME ON GENDER NORMS AND HIV LOOK LIKE? (15 minutes)

- Ask participants to share examples of how they have tried to address harmful gender norms and stereotypes in their programmes.

- Share the gender-programming continuum on gender norms and HIV from page 17 of the Good Practice Guide / Slide 42. Have a discussion to ensure participants understand the different levels of gender responsiveness.

Wrap up (5 minutes)
Review the main ways harmful gender norms are both a driver of HIV transmission and a barrier to HIV prevention and treatment. Recap on the concept of intersectionality (or compound stigma), which is often faced by the most marginalised communities in the context of HIV.

USEFUL RESOURCES

Slides 33-45

Good Practice Guide pages 15-17

SESSION 4.2: GENDER-BASED VIOLENCE AND HIV

Objective:
To explore the links between gender-based violence and HIV

Learning outcomes:
- Participants are aware of, and understand, the two-way relationship between gender-based violence and HIV
- Participants have explored ways to address the links between gender-based violence and HIV in their communities using a gender-transformative approach

Time: 60 - 80 minutes

Delivery: Online/In person/Hybrid

Introduction (5 minutes)
Define terms related to gender-based violence

ACTIVITY 1: WHERE DO WE STAND? (15 minutes)

In person: Write the following on three separate sheets of flipchart paper:

1.Agree 2. Disagree 3. Not sure

Stick the sheets randomly around the room or place them on the floor or ground. Read out the statements below and ask participants to move around the room and stand where they feel their answer is. Ask each group to share why they chose that answer and to share reflections on the statements.

Online/hybrid: Create a poll using Mentimeter and add the statements below. The answers should be: 1 Agree 2.Disagree 3. Not sure. After they have completed the poll, ask participants to share why they answered the way they did and share some reflections on the statements.

Statements
1. Women are just as violent as men in relationships.
2. Only women experience sexual and gender-based violence, including rape.
3. Most women are abused by strangers. Women are safe when they are home.
4. Women who wear revealing clothes are asking to be raped.
5. A woman can say no if she doesn't want to have sex with her husband.
6. Men cannot control themselves. Violence is simply a part of their nature.
7. Intimate partner violence/domestic violence is a private matter. Outsiders, including the police, should not interfere.
8. Transgender women invite violence by pretending to be women when they are really men.
9. Men sometimes have a good reason to use violence against their partners.
10. As a health worker, how I respond to a woman who has suffered violence or sexual abuse from a partner is very important.
11. A sex worker of any gender cannot be raped.
12. If a woman stays with a violent partner, it is her fault.
13. Men who have sex with men do not experience gender-based violence.
14. If a drunk person is raped it is partially their fault because they chose to drink.

ACTIVITY 2: LINKING HIV AND GENDER-BASED VIOLENCE (15 minutes)

The World Health Organization (WHO) has identified four pathways linking HIV and gender-based violence.

Facilitator's note: Refer to page 20 of the Good Practice Guide for more details on the WHO's four pathways.

Pathway 1 Common risk factors: Gender inequality is at the heart of both gender-based violence and HIV risk.

Pathway 2 Indirect pathways: Gender-based violence is common and normalised, and this leads to increased HIV risk. Indirect pathways are quite complex. They include the inability to negotiate condom use, the mental health impacts of violence (such as low self-esteem and self-worth), sexual risk-taking and alcohol and recreational drug use. Men who perpetrate intimate partner violence are more likely to be living with HIV, have multiple concurrent partners, and engage in other risk factors (such as heavy drinking or low condom use) than other men. Intimate partner violence can also stop people accessing HIV treatment and staying in care.

Pathway 3 Direct transmission: Women can get HIV by being rape or through sexual violence, including within their marriage. The longer-term impacts of sexual violence – including post-traumatic stress disorder – can also increase HIV risk after an attack (for example, someone who has experienced sexual violence may start or increase drug and alcohol use, take more sexual risks, or feel too scared to negotiate condom use).

Pathway 4 Violence as a consequence of HIV: Women living with HIV experience higher levels of violence, due to the stigma of HIV.

ACTIVITY 3: GENDER-BASED VIOLENCE IN OUR COMMUNITIES (20 minutes)

3

Divide participants into groups. Ask each group to think about the questions below in relation to a different marginalised community (e.g. adolescent girls and young women, sex workers, women living with HIV, transgender women, LGBT+ people, young mothers, women who use drugs). Ask the groups to discuss these questions for 10 minutes, then share back in plenary (online groups could use Google Jamboard to record the points of their discussion):

- How are members of these communities affected by gender-based violence?
- What are some of the different forms/types of gender-based violence that this community experiences?
- How does gender-based violence affect their vulnerability to HIV?
- What actions/interventions are needed to address gender-based violence-HIV links at individual, community, institutional and policy levels?

Facilitator's note: if participants are focusing on different marginalised communities for this activity, be sure to highlight issues of intersectionality during the feedback – e.g. that individuals can have overlapping factors of vulnerability that result in multiple layers of stigma ('compound' stigma) or violence (for example, consider a transgender sex worker who is living with HIV, a young women who takes drugs and also does sex work, a young gay man living with HIV).

After you have done this, share the table on page 21 of the Good Practice Guide / Slide 52, which uses the gender-responsiveness continuum to look at approaches that address the links between gender-based violence and HIV. Invite participants to share other examples and discuss where these examples sit on the continuum.

Optional activity: Scenario discussion (20 minutes)
Divide participants into four groups /breakout rooms. Give each group a different scenario (top right of page) then ask them to reflect on these questions:

- What immediate action would you take to address this situation?
- How would you address it in the longer term?

After they have done this, ask each group to present a summary to the main group.

Scenario 1: You are hosting a staff meeting and there is a story in the newspaper that day about a trans woman. You hear your colleagues laughing and joking about this story and making transphobic jokes.

Scenario 2: You are running training with healthcare providers and you have invited girls and women living with HIV to attend. During the break, one of the women with HIV gets very upset after hearing a healthcare provider say that people living with HIV are promiscuous.

Scenario 3: A young sex worker has come to your organisation to seek support because you run support groups for young sex workers living with HIV. The young sex worker tells you that she was denied a service because she is a sex worker and she was discriminated against because of her HIV status.

Scenario 4: You are mentoring a 24-year-old cisgender woman from your community who thinks she might be pregnant and is happy about this. She goes to a clinic where she is given an HIV test. The result is positive, and the nurse tells the young woman she should tell her partner as he might also be living with HIV and they could both get treatment. When she tells her partner, he became angry, hits her and tells her to get out. She comes to you crying.

Wrap up (5 minutes)
Review the key linkages between HIV and gender-based violence

USEFUL RESOURCES

Slides 46-57

Handout 3: Global data on gender-based violence

Good Practice Guide pages 18 – 21

Salamander Trust (2017) **Actions linking initiatives on violence against women and HIV everywhere (ALIV[H]E) Framework**

SESSION 4.3: GENDER, HIV AND SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

Objective:
To explore sexual and reproductive health and rights (SRHR) in the context of gender and HIV

Learning outcomes:
- Participants are familiar with a comprehensive SRHR approach and definition
- Participants understand how gender, SRHR and HIV overlap (intersect)
- Participants explore how to apply a gender-transformative approach to strengthen their SRHR-HIV advocacy and programming

Time: 60 minutes

Delivery: Online/In person/Hybrid

Introduce key concepts on SRHR (10 minutes)

Definition of sexual and reproductive health: The Guttmacher-Lancet Commission on SRHR defines sexual and reproductive health as 'a state of physical, emotional, mental and social well-being in relation to all aspects of sexuality and reproduction, not merely the absence of disease, dysfunction or infirmity'. To achieve this, the Commission highlights the importance of 'a positive approach to sexuality and reproduction [that] recognize[s] the part played by pleasurable sexual relationships, trust and communication in promoting self-esteem and overall well-being'. It also asserts that all individuals 'have a right to make decisions governing their bodies and to access services that support that right'.[4]

The Commission identifies seven components of SRHR and a package of nine key areas of intervention. The nine areas cover clinical services for each of the seven areas plus comprehensive sexuality education, sexual health information, and counselling and services for sexual health and wellbeing[5] (see Slide60-61).

ACTIVITY 1: REALITIES AND CHALLENGES RELATED TO SRHR (15 minutes)

In groups, discuss (10 minutes):

- What are some of the challenges associated with the seven components of SRHR (on the left hand side of Slide 61) facing your community or the communities you work with?

- Which of the nine interventions (on the right hand side of Slide 61) are available/accessible in your community/the communities you work with?

- What are the main gaps?

Depending on the number of groups, allocate one or two of the components to each group, then come back to plenary to share key points (5 minutes).

ACTIVITY 2: THE LINKS BETWEEN SRHR AND HIV (25 minutes)

(See the Good Practice Guide page 23)

In plenary: Discuss the linkages between sexual and reproductive health and HIV (10 minutes).

The links have been well established. For example:

- HIV is mainly sexually transmitted. It can also be transmitted to infants during pregnancy, delivery, and breastfeeding. With antiretroviral treatment and care interventions, HIV transmission to infants is drastically reduced. Male and female condoms provide triple protection from unintended pregnancies, HIV, and other sexually transmitted infections (STIs).

- Gender-based violence can increase the risk of contracting HIV, and it can increase after an HIV-positive diagnosis.

- STIs, such as gonorrhoea, herpes, chlamydia and syphilis, greatly increase someone's risk of both contracting and transmitting HIV.

- Cervical cancer is an AIDS-defining illness, since women living with HIV who get human papillomavirus (HPV) are more likely to develop pre-invasive lesions that can quickly progress to invasive cancer if left untreated. Women living with HIV are four to five times more likely to develop invasive cervical cancer than other women.

- Non-sexually transmitted conditions, such as female genital schistosomiasis and bacterial vaginosis, can increase the risk of STIs and HIV.

Group work: (10 minutes)
Break participants into small groups/breakout rooms. Discuss:

1. How gender norms, roles and stereotypes affect SRHR and HIV

2. How the programming approaches / scenarios on page 22/Slide 65 of the Good Practice Guide do or do not attempt to change gender power

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4. See Guttmacher-Lancet Commission on SRHR (2018), *Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission.* Available at www.thelancet.com/commissions/sexual-and-reproductive-health-and-rights

5. Ibid.

3. Consider how the following strategies could help to address or improve gender power in relation to SRHR (including HIV):

- Encouraging critical awareness of gender roles and norms
- Questioning the costs of harmful, inequitable gender norms in relation to SRHR and making it clear what the advantages are of changing them
- Empowering women/girls and people with diverse gender and/or sexual identities/orientations
- Engaging boys and men in SRHR and gender equality

Share key reflections in plenary (5 minutes)

Wrap-up (10 minutes)
Recap on the key concepts and definition of SRHR, and the links between gender, SRHR and HIV and gender-transformative approaches.

USEFUL RESOURCES

Slides 58-68

Handout 1: Glossary of terms

Good Practice Guide pages 21 - 23

Guttmacher-Lancet Commission on SRHR report (2018): **Accelerate progress – sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission.**

Rutgers International has developed the **Gender Transformative Approach Toolkit** (2018), which offers practical advice on taking a gender-transformative approach to SRHR and gender-based violence programmes and advocacy.

Generation Equality Forum (2021) **Action Coalitions: A Global Acceleration Plan for Gender Equality**.

SESSION 5: GENDER AND HIV – ECONOMIC JUSTICE, EDUCATION AND POLITICAL PARTICIPATION

Objective:
To explore the links between gender and HIV with education, economic justice, unpaid care, and full and effective political participation

Learning outcomes:
- Participants understand the operational environment when it comes to gender, SRHR and HIV programming
- Participants understand how to apply a gender-transformative approach to interventions to address the links between gender and HIV with education, economic justice, unpaid care and political participation

Time: 60 minutes

Delivery: Online/In person/Hybrid

Introduction (10 minutes)
Use Section 2.2 of the Good Practice Guide to define economic justice, including a special focus on unpaid care and domestic work. Discuss what is meant by the 'gender division of labour' and how this may affect power relations between women and men at different levels. Discuss how gender non-conforming people are often economically marginalised, as well as socially marginalised, and any implications of this for their SRHR and access to HIV prevention/treatment.

Explore the importance of education for reducing people's HIV vulnerabilities and risks, and why the political participation of women and gender non-conforming people is important in HIV programming.

ACTIVITY 1: INTEGRATION AND LINKAGES (25 minutes)

In person: Put participants into three groups. Give each an empty Venn diagram on a flipchart, consisting of three circles overlapping in the centre. Assign each group either:

1. Gender and education and HIV
2. Gender and economic justice (including unpaid care) and HIV
3. Gender and political participation and HIV

Ask them to discuss their topic then write in the empty diagram to highlight the links that exist between each element (e.g. for Topic 1, the group would discuss the link between gender, education and HIV). Ask them to think about what positive changes are needed in each of these areas to empower women, girls and gender non-conforming people, including in relation to their

sexual and reproductive health and rights. Then ask them to present their findings after the discussion.

For online/hybrid groups: Create breakout rooms and quickly ask participants to agree on a facilitator and note-taker (you can use Miro for note taking). Have participants discuss any of the following:

● Gender and education and HIV

● Gender and economic justice (including unpaid care) and HIV

● Gender and political participation and HIV

Facilitator's note: The Good Practice Guide has detailed resources that can guide you in formulating the myth game (below) and for developing a deeper understanding of economic justice and empowerment, unpaid care work, and the political representation and participation of girls, women and gender non-conforming people.

ACTIVITY 2: MYTH-BUSTING (20 minutes)

In person: Give each of the participants two flash cards, one with the word 'Agree' written on it, the other with the word 'Disagree'. Tell the participants you are going to ask some questions (examples below) and you would like everyone to respond by lifting one of their flashcards.

For online/hybrid groups: Participants will use Mentimeter to implement this session. A two-minute explanation of how it works and a link will be shared to the participants before the session begins.

Suggested questions (you can add to, remove or edit these questions according to the context):

1. Girls with lower educational levels are more likely to end up in sexually or physically abusive relationships.

2. Women are not meant to take up politics or leadership positions.

3. Men in a heterosexual relationship are supposed to earn more than their partner.

4. Economically empowered women are more likely to be involved in the governance structures of a community or country.

5. Educated girls are more likely to be healthier and can take care of themselves better.

6. Only men make good politicians.

7. Political participation has no link to SRHR and HIV programming.

Facilitator's note: You can find statistics and key points on these areas in the Good Practice Guide pages 24-31.

Wrap-up (5 minutes)
Reflect and recap on key points

USEFUL RESOURCES

Slides 69-77

UN Women's **Seven drivers of economic empowerment of girls, women and gender non-confirming people**

UNAIDS, UNESCO, UNFPA, UNICEF and UN Women's **Education Plus Initiative 2021-2025**

SESSION 6: GENDER AND POWER

Objective:
To understand and explore the concept of power in the context of HIV

Learning outcomes:
- Participants are able to name and describe types and expressions of power
- Participants understand how power affects our daily lives and our programming

Time: 105 minutes

Delivery: Online/In person/Hybrid

ACTIVITY 1: THE POWER WALK
(30 minutes)

This exercise is designed to be used in a physical space where all participants are present. But it could also be used in a hybrid space if groups of participants are together in one space. In hybrid groups, one person in each group would need to be tasked with allocating the characters.

An online version could be adapted using a points system: every time a participant answers 'yes', they are awarded a point instead of taking a step forward. For a 'no' answer, no points are awarded. You will need to message each participant individually about their character, as the game works better when people don't know the identities the different players are representing. This can be done using the 'direct message' in the Zoom chat function.

This exercise is a simulation of countries/communities where Frontline AIDS and partners are working. Everyone starts off equal, but ends up very different. The Power Walk clearly shows the power structures within a society. The debriefing following the exercise allows participants to reflect on the multiple layers of gender inequality, how they condition HIV vulnerability, and to consider how to address these disparities through our work.

After the exercise, depending on the size of the group, the participants could be divided into breakout groups to discuss the experience.

Instructions
- Allocate at random one of the identities below to each of the participants. (Note – choose or revise identities that best reflect the contexts in which participants are working, and/or the realities of the communities they serve.)
- Participants should start together in one line going across the middle of the room
- Ask participants to listen to the statements, and for every statement to which the character they are representing could answer yes, they should take one step forward. Those characters who would answer 'no' should take one step backwards.

Statements
1. I have comprehensive knowledge of HIV prevention and treatment
2. I can read newspapers regularly
3. I have time and access to listen to the radio
4. I have access to microcredit
5. I can speak in extended family meetings
6. I have access to confidential counselling services
7. I can buy condoms
8. I can negotiate condoms use with my partner
9. I have attended secondary school
10. I can enjoy a healthy environment in my community
11. I won't face discrimination or stigma when using HIV services
12. I will be consulted on issues affecting health services in our community
13. I can pay for treatment at a private hospital if necessary
14. I eat at least two full meals a day
15. I sometimes attend workshops and seminars
16. I am not in danger of being sexually harassed or abused
17. I can question what community funds are spent on
18. I get paid at least the official minimum wage
19. I have access to or can afford the legal counsel of a lawyer

Debriefing:
1. Ask people at the front why they are there. Prompt: Because they know and have the capacities to exercise their rights.
2. Ask people at the back why they are there. How does it make them feel?
3. What are the trends we see in terms of who is at the front and back of the room? Male/female, rich/poor, old/young?
4. When we arrive in a country or community who are more likely to become our main contacts or partners? Who are the people for which our programmes are ultimately intended? Are people at the front aware of the real problems experienced by those at the back?
5. Who is most likely benefiting from HIV programmes in reality? Why do you think this is happening?
6. What strategies would you put in place to make HIV responses reach those at the back?

POWER WALK IDENTITIES

✂

I AM A 14-YEAR-OLD SCHOOL GIRL,
LIVING IN AN URBAN AREA

I AM A 14-YEAR-OLD BOY, OUT OF SCHOOL,
LIVING IN AN URBAN AREA

I AM A 14-YEAR-OLD GIRL, OUT OF SCHOOL,
LIVING IN A RURAL AREA

I AM A 14-YEAR-OLD SCHOOL BOY,
LIVING IN A RURAL AREA

I AM A 40-YEAR-OLD GAY MAN, MEDICAL DOCTOR

I AM A 35-YEAR-OLD MEDICAL DOCTOR. I AM A LESBIAN

I AM A 30-YEAR-OLD BUSINESS MAN.
I AM LIVING WITH HIV

I AM A 30-YEAR-OLD WOMAN WORKING AS A
SUCCESSFUL EXECUTIVE. I AM LIVING WITH HIV

I AM A 35-YEAR-OLD MALE TRUCK DRIVER.
I AM LIVING WITH HIV

I AM A 19-YEAR-OLD FEMALE SEX WORKER IN AN URBAN AREA.
I AM A SINGLE MOTHER

POWER WALK IDENTITIES

I AM AN 18-YEAR-OLD MALE SEX WORKER IN A TOURISM AREA

I AM AN UNEMPLOYED WOMAN AND MOTHER OF FOUR CHILDREN.
I AM MARRIED TO A SUCCESSFUL BUSINESSMAN

I AM A BUSINESSMAN, MARRIED TO AN UNEMPLOYED WOMAN.
TOGETHER, WE HAVE FOUR CHILDREN

I AM A MALE STUDENT OF 20 YEARS OLD.
I AM GAY

I AM A 20-YEAR-OLD FEMALE REFUGEE FROM
A COUNTRY IN CONFLICT

I AM A 40-YEAR-OLD WIFE OF A MIGRANT WORKER, WORKING MY
FARM AND CARING FOR TWO OF MY CHILDREN AND TWO ORPHANS

I AM A 40-YEAR-OLD MALE MIGRANT WORKER IN
A MINE IN A NEIGHBOURING COUNTRY

I AM A 25-YEAR-OLD MALE STREET TRADER WHO INJECTS DRUGS

I AM A 16-YEAR-OLD FEMALE SURVIVOR OF RAPE
WORKING AS A DOMESTIC SERVANT

I AM A 25-YEAR-OLD TRANSGENDER WOMAN.
I AM UNEMPLOYED

I AM A 25-YEAR-OLD TRANSGENDER MAN.
I WORK IN A FACTORY

Optional exercise: Video screening (30 minutes)

Raising Voices' **SASA!** is a 30-minute documentary that explores the connections between violence, HIV and power in women's lives. This film is an inspiring look at two women's lives and a call to action for everyone to prevent violence against women and HIV infection now.

Defining power and identifying different types of power (10 minutes)

Ask/brainstorm: What is power?

Share this definition of power offered by CREA[6]:

POWER is the capacity of individuals or groups to decide or influence

Discuss these different expressions of power:

● Power to
● Power over
● Power with
● Power within

...and these types of power:

● Visible power
● Invisible power
● Hidden power

(See the Quick Guide to Power on Slide 83 for definitions.)

Try to prepare examples of each type and expression of power in advance, and also invite participants to share their own. Think about where power comes from (e.g. knowledge/education/information, resources/wealth, self esteem/self worth/self confidence, position/status/connections) and the structures that help to maintain power or powerlessness.

2 **ACTIVITY 2: EXPLORING THE CONCEPTS OF 'POWER OVER' AND 'POWER TO'** (25 minutes)

1. Divide participants into two groups (Group A and Group B)

2. Give each Group A member a slip of paper with a programme stakeholder from the list on the right. Give each Group B member a slip of paper with a programme participant/community representative. Now put the participants in pairs - made up of one person from Group A and one from Group B.

PROGRAMME STAKEHOLDERS	PROGRAMME PARTICIPANTS
Teacher	Young woman living with HIV
Parent	Adolescent mother
Service provider	Boda-boda driver
Religious leader	Young person who has transactional sex
District health officer	Young gay man
Policeman	Transgender woman
Nurse	Young person with learning difficulties
Clinic receptionist	Young woman in relationship with older man
Caregiver	Teenage girl
Peer educator	Teenage boy

3. Working in these pairs, think about the power that each has individually, and the power relationship between the two. Work through these questions:

● What **power** does each individual* have? Where does their power come from? (What are the different sources of power?)

● What are some examples of **'power over'**, which the stakeholder groups have when compared to the programme participants? Where does this 'power over' come from? (What are the different sources of power? What structures help to maintain this power?)

● As programme implementers, what can we do to increase the **'power to'** of the programme participants?

*Caution: don't assume that the programme participants have no power. Identifying the spaces where less powerful individuals do have power and agency can be key to building/expanding power to.

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6. See CREA (2020), *All About Power*. Available at https://creaworld.org/wp-content/uploads/2020/07/All-About-Power.pdf

4. Gather ideas in plenary

SOURCES OF POWER	STRUCTURES OF POWER
EXPRESSIONS OF POWER OVER	STRATEGIES FOR EXPANDING POWER TO

For online groups: To do the pairwork, set up breakout rooms and allocate the pairs in advance. Use Mural or Jamboard to gather the feedback – the table can be prepared in advance.

Wrap up (10 minutes)
Revisit the key concept of power in relation to gender and HIV.

USEFUL RESOURCES

Slides 78-89

CREA (2020) **All About Power**

ECID (2021) **Gender, Inclusion, Power and Politics (GIPP) Analysis Toolkit**

SESSION 7: GENDER AND POWER – LOOKING AT OURSELVES

Objective:
To focus on the process of implementing a gender-transformative approach and looking at our individual power

Learning outcomes:
● Participants are able to critically reflect on their own experiences of gender power and how they use power

Time: 60 minutes

Delivery: Online/In person /Hybrid

Introduction (10 minutes)
Revisit the concept of power and its relevance to gender-transformative approaches. Share with participants that we are going to look at the top left hand quadrant of the Frontline AIDS' gender-transformative approaches framework (see Slide 93). Briefly discuss the importance of being aware of our own gender power before using the activities below to explore this area in more depth. Encourage participants to think about themselves as power-holders, especially if they are working with (but do not identify as) people living with HIV, adolescents and young people, or other marginalised communities.

1

ACTIVITY 1: PERSONAL STORIES OF POWER (suitable for online, in person and hybrid) (20 minutes)
In plenary ask some volunteers to share and reflect from their experiences on the following:

Q. What is power?
Prompts: Strength, ability, authority, violence, force, prestige, control, money, energy.

Q. Would you consider power as positive or negative? Why?
Prompts: There are many types of power, and it can be used positively or negatively. Power can take different forms. (Refer back to different expressions and types of power on Slide 84 if needed.)

2

ACTIVITY 2: POWER ANALYSIS SESSION (suitable for online, in person and hybrid) (20 minutes)
Introduce the activity: Before we analyse power at an institutional or programmatic level it is good practice to think about our own personal experiences and use of power. ActionAid has developed ten feminist behaviours, adapted in Handout 4 as questions to help guide us in such reflections.

Invite participants to do a personal power analysis using Handout 4, in which they reflect and document their answers to these questions. They should do this on their own. Afterwards, volunteers can share their thoughts if they want to, but should not be put on the spot.

ADDITIONAL RESOURCES FOR CRITICAL SELF-REFLECTION

Good Practice Guide page 35

CREA **All About Power**

JASS **We Rise Toolkit**

USEFUL RESOURCES

Wrap up (10 minutes)

Recap on the importance of looking at ourselves and reflecting on our own power and privilege as part of using a gender-transformative approach. Invite reflections from participants on how they found this session.

Facilitator's note: This can be an intense and enlightening session, so it's important to create a safe space where participants feel able to open up, engage and share their thoughts without feeling judged, blamed or shamed. During the wrap-up highlight self-care, as this is a pivotal aspect of our power. See page 35 of the Good Practice Guide for resources on self-care.

USEFUL RESOURCES

Slides 90-97

Handout 4: Looking at ourselves

Good Practice Guide pages 34 - 35

SESSION 8: GENDER AND POWER – LOOKING WITHIN OUR ORGANISATION

Objective:
To undertake an organisational gender assessment or audit to make sure an organisation's structure, culture, staff, policies and other elements are suitable for implementing gender-transformative approaches

Learning outcomes:
- Participants have reflected on gender and power in an organisational environment
- Participants understand how to implement an organisational gender assessment or audit

Time: 60 minutes

Delivery: Online/In person/Hybrid

Introduction (10 minutes)

Revisit the concept of power and its relevance to a gender-transformative approach. Share with participants that we are going to look at the top right hand quadrant of the Frontline AIDS gender-transformative approaches framework (see Slide 100).

Discuss power within organisations: who has it, how do they share it, and what structures enable power to be shared (or not) throughout the organisation and with partners?

ACTIVITY 1: CONDUCTING A GENDER ASSESSMENT
(25 minutes)

Split participants into four groups

Explain that a gender audit or assessment can help guide organisations to integrate an intersectional, feminist and gender-transformative approach by supporting staff at all levels to examine the following areas:

1. Political will
2. Understanding and capacity
3. Accountability
4. Organisational culture

Using the gender assessment handout (See Handout 5), allocate one of the above areas to each group. Ask each group to explore this area in relation to their own organisation(s).

Ask each group to **feedback to plenary** with ONE thing they found interesting or surprising about their gender assessment. (10 minutes)

Facilitator's note: In reality, a gender audit takes considerable time and resources to prepare for and do, and should be a participatory exercise involving people from different parts of the organisation. In this exercise, we are just touching on some of the key areas that could be included in a gender audit to catalyse thinking about how gender power is distributed within our organisations, and what it might take for an organisation to adopt a gender-transformative approach. The Good Practice Guide provides a number of resources for deepening work in this area.

Wrap up (10 minutes)

Summarise the session. Discuss how participants can deliver similar sessions within their organisations, and how to facilitate gender assessments or gender audits at organisational level.

USEFUL RESOURCES

Slides 98-104

Handout 5: Looking within our organisations

Good Practice Guide page 36

InterAction (2019) **The Gender Audit Handbook**

IPPF (2019) **The Gender Assessment Tool**

UN Women (2014) **Gender Equality Capacity Assessment Tool**. This is a useful self-assessment questionnaire, which was originally designed to assess the knowledge and capacity of staff working in the UN system in relation to gender, but can be adapted to different contexts.

SESSION 9: GENDER AND POWER – OUR WORK AND PROGRAMMES

Objective:
To understand the components and strategies involved in delivering gender-transformative programmes

Learning outcomes:
- Participants understand that our work and programmes are shaped by many things beyond our organisations' intentions
- Participants feel confident to conduct a gender analysis in their given context
- Participants can apply a gender-transformative approach to programme design, implementation, and monitoring, evaluation, accountability and learning

Time: 100 minutes

Delivery: Online/In person /Hybrid

Introduction (10 minutes)

Introduce or recap on the concepts of power, gender and the gender-transformative approaches framework.

Discuss how these factors shape the context we are working in and how they interact with gender norms and HIV epidemiology:

- Legal frameworks around adolescent SRHR, abortion, gender identity and expression, sexual orientation and sex work
- Health and transport infrastructure
- Social norms
- The funding our organisation receives

Highlight that gender norms, power, relationships and roles should be considered at each of these stages of our programming:

- Knowing your context (gender analysis)
- Planning
- Implementing
- Monitoring and evaluation
- Learning and adapting

1 ACTIVITY 1: GENDER ANALYSIS (UNDERSTANDING YOUR CONTEXT) (20 minutes)

Here are two personal stories to help us keep the real-life experiences of women, girls and gender non-conforming people in all their diversities at the centre of our thinking.

In **online** workshops, break the participants into two groups, in **in-person/hybrid** settings break participants into up to four groups. Ask the groups to decide on a facilitator and a note-taker. Allocate one of the stories below to each group. Then ask them to read the story and reflect on the gender dynamics of the situation using the questions below.

1. Lili's story

Lili is 29. She has sold sex since her early teens as a way to help support her family. When she was 18 she began injecting opioids. She knows that some of her friends sell sex to support their drug dependence. While Lili uses some of her income to purchase drugs, it is not her sole motivation for engaging in sex work. Lili and many of her friends have experienced violence from their clients. They know their work is illegal and do not trust the police to intervene on their behalf. Clients are not required to use condoms, and Lili sometimes negotiates extra money by agreeing to have unprotected sex. Despite having friends who have contracted HIV, she doesn't seek out support or find out her HIV status because she is worried about the stigma she will suffer if people in her community find out about her drug use and her work.

2. Patience's story

Patience was walking home from a local bar known to be open to the LGBT+ community when three men stopped her and pushed her into an alleyway. They told her they were going to make her remember that she was a woman and raped her. Afterwards she was afraid but still went to the police to report the crime. The police officer she spoke to dismissed her report, asking what she did to encourage her attackers. Six months later, Patience tested positive for HIV at the local health centre. On receiving the results she didn't know what to do. The doctor told her to inform all her sexual partners – meaning her male partners. No one said anything about how this could affect her girlfriend, and she was afraid of how her girlfriend would react to the news. She assumed, based on the information available, that HIV couldn't be transmitted through lesbian sex so she didn't need to disclose either the rape or her HIV status to her girlfriend.

Facilitator's note: Stories can be adapted to make them more relevant to your local context and/or the communities you are working with.

Discussion questions:

a. What are the main challenges Lili and Patience face, and how do these relate to oppression based on gender, race, age, sexuality and other factors?

b. Where do they currently get support?

c. What are the opportunities and barriers for improving gender equality in the community?

d. Who are the actors involved in decision-making and influencing, particularly in relation to issues affecting Lili and Patience?

e. How do power relations affect the realisation (or not) of gender equality? Which power relations are particularly relevant to gender equality?

f. What organisations and activities exist that are addressing the relevant issues?

Plenary (10 minutes)

Share reflections from each group.

Recap on the six intervention strategies for implementing a gender-transformative approach:

1. Removing gender barriers and increasing access to, and control over, services

2. Encouraging critical reflection on power, norms, experiences and histories

3. Transforming social and gender norms in communities and society

4. Supporting economic justice

5. Supporting movement building and community-led change

6. Advocacy to transform and implement policies, laws and budgets

Consider how these could be applied (singly or in combination) to address Lili and Patience's situations. Which strategies do you think should be prioritised?

2 ACTIVITY 2: PROGRAMME DESIGN AND IMPLEMENTATION: (40 minutes)

This session ensures participants can review the design and implementation of their projects from a gender-transformative perspective.

In person: Give the Values Checklist (Handout 6) to participants

Online/hybrid: Send the checklist to participants in advance of the session.

1. Group work: Ask participants to review the values checklist in small groups and reflect on the values in relation to their own programmes. (Optional: ask participants to complete the checklist with a particular programme in mind – this could be done as a collective activity by groups of participants working on the same programme/s.) (20 minutes)

2. Discuss any implications for enacting all the values in the checklist, including giving considerations to the following areas: (10 minutes)

- **Budgets:** How should our programme budget be allocated to ensure we spend it on gender-transformative approaches?

- **Staffing:** Is there a diversity of representation within our programme staff, including leadership?

- **Partnerships:** Are we partnering with feminist organisations and community-led organisations of women, girls and gender non-conforming people?

- **Adaptations:** How can we include in our programme design the ability to adapt activities to new and changing circumstances, both internal and external? Think in particular about how COVID-19 has meant that organisations have had to adapt their programmes – how have adaptations continued to prioritise the needs of women and girls and gender-diverse communities, without compromising the safety of these communities or relying on their volunteerism?

- **Backlash:** What strategies can we put in place to prevent or mitigate backlash? (see page 43 of the Good Practice Guide / Handout 7)

3. Discuss the scenarios in the **'Take note'** box on page 45 of the Gender Good Practice Guide / Slide 116, which highlights some common pitfalls of HIV programming. These things can lead to unintended negative outcomes, or reduce the effectiveness of your programme. (10 minutes)

ACTIVITY 3: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (20 minutes)

Introduce these principles of applying a gender-transformative approach to monitoring, evaluation, accountability and learning:

- Ensure your monitoring, evaluation, accountability and learning (MEAL) are rooted in feminist and gender-transformative approaches (see the Good Practice Guide page 47-48 / Handout 8/ Slide 118)

- Select indicators and outcome measures to track progress towards gender equality

- Link your monitoring and evaluation to accountability and learning approaches

Wrap up (10 minutes)
Summarise the key points in designing and implementing gender-transformative programmes.

USEFUL RESOURCES

Slides 105-120

Good Practice Guide pages 39-49

Handout 6: Values checklist

Handout 7: Programme design

Handout 8: MEAL

Salamander Trust (2017) **Actions linking initiatives on violence against women and HIV everywhere (ALIV[H]E) Framework**

SESSION 10: GENDER AND POWER – ADVOCACY

Objective:
To understand how to apply a gender-transformative approach to advocacy work

Learning outcomes:
- Participants have the tools to apply gender-transformative approaches to their advocacy

Time: 60 minutes

Delivery: Online/In person/Hybrid

Introduction (10 minutes):

Discuss what we mean by advocacy, and invite participants to share examples of gender and HIV advocacy that advances the rights of women and girls living with HIV, sex workers, transgender and gender non-conforming people, adolescent girls and young women, and other groups of women and girls most affected by HIV in the context participants are working in (for example, women who use drugs, lesbian and bisexual women).

Discuss safety issues in relation to advocating for the rights of women and girls in their diversity, including transgender and gender non-conforming people.

ACTIVITY 1: ADVOCACY STAKEHOLDER ANALYSIS (suitable for online, in person and hybrid) (15 minutes)

In advocacy planning, as with all programmes, you need to understand who makes decisions that affect your activities, where resistance may come from, and who your allies are in each situation. This will be part of your advocacy power and gender analysis and will feed into your advocacy design plans for safety and self-care.

Split participants into three groups/breakout rooms. Ask each group/room to facilitate a stakeholder analysis on:

a. Friends/allies

b. Foes/where might resistance come from

c. Important influencers to target

Facilitator's note: *A more extensive strengths, weaknesses, opportunities and threats (SWOT) analysis could be undertaken if time allows – see the JASS / We Rise **Friends, Foes, Forces SWOT analysis framework** for a more in-depth process.*

Have a discussion with participants about the risks involved in their work, and how the risks can be minimised or mitigated, thinking especially about the safety of advocates representing marginalised groups.

ACTIVITY 2 : GENDER-TRANSFORMATIVE ADVOCACY (25 minutes)

Introduction (10 minutes)

- Share Handout 9 on gender and human rights-based policy commitments. Ask whether participants are aware of these. If they are aware of them, ask to what extent their countries have domesticated these commitments.

- Invite participants to suggest advocacy activities for advancing the rights of women and girls and gender-diverse people.

Group work (15 minutes)

Share key examples of activities that could form part of a gender-transformative advocacy strategy, including:

- Generating and using evidence, including from programme work

- Monitoring governments and others to hold them accountable (watchdog role)

- Being heard, being represented, setting the agenda

- Building alliances and movements that are accountable to the community or communities you are working with

- Changing the conversation through, for example, awareness raising, sensitisation, social media campaigns, giving media interviews or developing media content, such as radio jingles

Allocate one of the above activities to each group. Ask each group to discuss the following:

1. Invite participants to share any examples of this activity that have been used to promote the rights of girls, women and/or gender-diverse people.

2. How can this activity be planned and implemented in a way that is community-led and owned?

3. How can we ensure we avoid the 'trap of tokenism' when implementing this activity? (See Good Practice Guide page 52/Slide 126.)

Facilitator's note: *Activists' personal safety should be a major priority. Only use activists' images, real names and voices publicly if activists have given express permission, and if the assessed risk-level makes it safe to do so. A thorough risk assessment should be undertaken to evaluate what threats exist and how to mitigate them before embarking on any activity that could expose people to potential risks.*

Wrap up (10 minutes)

Summarise the key elements of advocacy programmes that are designed to address gender power.

USEFUL RESOURCES

Slides 121-128
Good Practice Guide pages 49-53
Handout 9: Human rights-based policy commitments

JASS **Friends, foes and forces: A SWOT analysis**

SESSION 11: FEMINIST FUNDING

Objective:
To unpack and understand the concept of feminist funding and how it links to implementing gender-transformative approaches in HIV and SRHR programming and advocacy

Learning outcomes:
- Participants understand the concept of feminist funding and why it matters in the work we do
- Participants can practically link feminist funding to gender-transformative approaches

Time: 60 minutes

Delivery: Online/In person /Hybrid

Introduction (15 minutes):

Define the concept of 'feminist funding' and make links with economic justice and equity.

Share Handout 10 on feminist funding principles.

Discuss how and why applying these principles to funding community-led and women's rights organisations is vital for an effective HIV response. Organisations and networks led by and for women living with HIV, sex workers, transgender women, LGBT+ people and young women, as well as community-led organisations working towards gender justice and reproductive justice, often rely heavily on volunteerism, especially in their advocacy work. They frequently have no core-funding and only receive short-term project funding, which means they have no dedicated resources for strategy development, fundraising, governance and communications. For community-led or women's rights organisations and networks, whose work is deeply rooted in the lived realities of their staff and members, this situation ends up treating people's lives as projects.

Feminist funding principles invite us to engage in a thoughtful, rigorous practice that acknowledges the power of purposeful grant-making. These principles can be applied across different organisational strategies, geographic priorities and theories of change.

Review the feminist funding eco-system proposed by Mama Cash – a feminist-funding organisation based in the Netherlands (see Slides 132-33)

ACTIVITY 1: THE TREE BALANCED ECOSYSTEM (35 minutes)

Share the Association for Women's Rights in Development's (AWID) feminist funding ecosystem visual (Slide 135-6). Use the graphic to discuss what each of the elements below represent and contextualise that representation in the participants' realities and lived experience:

a. Roots

b. Kettle/watering can

c. Clouds

d. Flowers/birds/fruits

Ask the participants to work in organisational or community groups to draw their own trees. These can depict either the current situation ('where we are now') and/or the ideal situation ('where we want to be'), or the participants can be split into 'current' and 'ideal' groups.

Ask the participants to share their images with you. For online sessions, ask participants to take pictures or scan, then share via email.

You can use these visuals to produce a feminist funding leaflet, which you can attach to your training report, or scan and share all of them with participants for use in individual organisations' advocacy.

Wrap up (10 minutes)

Summarise the concept of feminist funding, link with economic justice and gender-transformative approaches.

USEFUL RESOURCES

Slides 129-138

Good Practice Guide pages 55 - 57

Handout 10: Feminist funding principles

AWID (2019) **Toward A Feminist Funding Ecosystem**

AWID (2019) **Toward A Feminist Funding Ecosystem: Infographics**

Canadian Women's Fund (2020) **Principles for feminist funding**

4

EVALUATING THE SESSIONS

Session evaluation is important, as it helps you to plan future sessions. We recommend that you do it immediately after the session/ sessions have finished.

When evaluating sessions, it is a good idea to do the following:

- Wrap up each individual session by ensuring that participants have understood the concept(s).

- Clarify or share extra resources if needed.

- Do an overall evaluation at the end of the training (e.g. more than two sessions delivered)

It is a good idea to create evaluations based on the local context, who your participants are and the objectives for conducting the session/sessions.

4.1 ONLINE SESSION EVALUATION

You can use this guide to frame your evaluation for online sessions.

Content
- Relevance to individuals, relevance to organisations
- Applicability of learnt knowledge
- Understanding of training and ability to replicate training
- Technical issues and accessibility

Facilitation
- Clarity
- Facilitation skills
- Non-discriminatory and inclusive
- Facilitator demonstrates good understanding of what they were delivering on

Administration and logistics
- Allowances (per diems/data allowances) – timely access
- Online safety
- Accessibility of platform

TIP: MENTIMETER CAN BE USED FOR SESSION EVALUATIONS

See **How to use Mentimeter to collect feedback** (for facilitators and participants)

How to create multiple questions (for facilitators)

4.2 IN-PERSON SESSION EVALUATION

You can use this guide to frame your evaluation for in-person sessions.

Content
- Relevance to individuals, relevance to organisations
- Applicability of learnt knowledge
- Understanding of training and ability to replicate training

Facilitation
- Clarity
- Facilitation skills
- Non-discriminatory and inclusive
- Facilitator demonstrates good understanding of what they were delivering on

Administration and logistics
- Pre-workshop information shared in a clear and timely manner
- The venue: cleanliness, accessibility, security, protective equipment
- Per diems and transport allowances – timely access

4.3 HYBRID SESSION EVALUATION

You can use both the online and in-person guides above to frame your evaluation for hybrid sessions.

ACTIVITY: PERSONAL REFLECTION AND ACTION 'THINK, FEEL, DO' (10 minutes)

This activity can be used at the end of either a one-off or standalone session, or a longer training or workshop. Ask participants to work individually to reflect on their learning during the workshop.

Ask participants to quietly reflect and write about the following things, without having a discussion with anyone else and while their thoughts are still clearly in their head:

- What I have thought – THINK
- What I have felt – FEEL
- What I wish to act on – DO

In terms of action, ask participants to consider what they might like to do at the following levels:

The personal and individual: What I am going to do in terms of my personal life

Family/friendship: What I am going to do with regards to my family

Community: What I am going to do within my community

Participants may choose to share their actions, or not. **Either way, it's important that they write them down and keep a note of them so they can refer back to them to check their progress. They may wish to make their actions 'SMART' (specific, measurable, achievable, realistic, and timely), including one or more time-bound commitment.**

5 HANDOUTS

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HANDOUT 1: GLOSSARY OF TERMS

Gender: Relates to the characteristics – ranging from gender roles to physical appearance – that societies attribute to the notions of 'masculine' and 'feminine'.

Bodily characteristics: Often referred to as 'sex characteristics', bodily characteristics related to sex are diverse and are often used to assign a binary male/female identity.

Cisgender (or cis): Refers to people who identify with the sex they were assigned at birth.

Cisnormativity: Denoting or relating to a worldview that promotes being cisgender as the norm or preference.

Attraction: There are different forms of attraction, including romantic, emotional, sexual, physical, aesthetic or platonic.

Gender assignment: When a child is born, a doctor or midwife takes a quick glance at the baby's genitals and declares the baby a boy or a girl (see also Intersex). Most people grow imperceptibly into this gender assignment through a process of socialisation, accepting it as their gender identity.

Gender roles: This refers to the array of socially constructed roles and relationships, attitudes, behaviours, values, relative power and influence that society ascribes to individuals, usually on the basis of their perceived sex and gender identity. Societies typically promote the idea that there are only two genders and only two sexes, where sex is understood as being determined by biology and gender is understood as being in alignment with sex assigned at birth. Gender roles are 'acquired' through learned gender norms, can change over time, and vary widely within and across cultures.

Gender binary: This is the classification of gender into two distinct, 'opposite' forms of masculine and feminine, whether by social system or cultural belief. The 'binary' of men and women, or male and female, does not recognise that there is a whole range of sexual orientations, gender identities, gender expressions and bodily characteristics. We live in a world where being male or female, man or woman, is generally regarded as a fundamental, taken-for-granted fact of existence.

Gender-diverse people: This describes gender identities and gender expressions that demonstrate a diversity beyond the gender binary framework.

Gender expansive: An umbrella term sometimes used to describe people who expand notions of gender expression and identity beyond perceived or expected societal gender norms. Some gender-expansive people identify as a mix of genders, some identify more as a man or a woman, and some identify as no gender.

Gender expression: This refers to how we express or present our gender to the world in our behaviour, actions and appearance, and how these are interpreted based on gender norms, which vary from culture to culture. When talking about gender expression we commonly use the terms 'femininity' and 'masculinity'. But we do not have to stick to this binary. Gender expression can be any combination, in between or outside, this binary.

Gender-fluid: A gender identity that is not fixed and is capable of changing over time.

Gender identity: The innate sense of self we all have in defining our gender, which may or may not align with the sex we were assigned at birth. This is often presented as a binary of man and woman, but there is a spectrum of identities, in combination and outside, of this binary. There are many words that people use to describe their gender identity, and the terminology is always evolving. It is important to ask what terms a person feels comfortable with and respect that.

Gender non-conforming: This refers to people who do not follow other people's ideas or stereotypes about how they should look or act based on the sex they were assigned at birth. People can be cisgender and gender non-conforming. Similarly, many transgender people are highly gender conforming, if given the opportunity to affirm their gender identity socially, medically, and/or surgically.

Gender norms: From birth, we tend to be socialised to behave and dress according to gender norms. These norms vary from place to place and can change over time. They have a very powerful influence on us in many different ways. For instance, they influence how others view and treat us, both informally in social interactions and formally such as in the law, and how we perceive ourselves and our potential. Transgression of gender norms is policed through violence and other social punishments. Patriarchal culture (see Patriarchy) and gender norms determine both how people are treated, and the power dynamics between and among people, due to how communities define them and how they themselves identify and understand their gender.

Genderqueer: This encompasses all genders that are not cisgender.

Heteronormativity: Denoting or relating to a worldview that promotes heterosexuality as the normal or preferred sexual orientation.

Intersex: An umbrella term for people with bodily characteristics that do not fit a male/female binary. Surgical, hormonal and other medical interventions, often unwanted, may be performed to modify a person's bodily characteristics, primarily for the purposes of making a person's appearance fit within arbitrary definitions of typical male/female body types.

LGBT+: This acronym represents people who are lesbian, gay, bisexual, transgender, intersex, queer, asexual. Other relevant language can include gender non-conforming people or people of diverse sexual orientation, gender identity, expression and sex/bodily characteristics (sometimes referred to using the acronym SOGIESC).

Misogyny: This is the hatred of, contempt for, or prejudice against women or girls.

Non-binary: This describes people who feel their gender cannot be defined within the margins of gender binary. Instead, they understand their gender in a way that goes beyond identifying as either a man or a woman.

Patriarchy: A system of society or government in which men hold the power, and women and gender non-conforming people are largely excluded from positions of power or decision-making. The result of patriarchy is that women and gender non-conforming people have less access to, and control over, goods and resources.

Sexuality: This encompasses sexual orientation, eroticism, pleasure, intimacy and reproduction (or not). Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values behaviours, practices, roles and relationships. It refers to each person's capacity for profound emotional or romantic and/or sexual attraction to, and intimate and sexual relations with, individuals of a different gender, the same gender or more than one gender. Sexualities include heterosexual, lesbian, gay, bisexual, pansexual and asexual, amongst others.

Sexual orientation: Emotional, romantic or sexual feelings toward other people or no people. While sexual activity involves the choices someone makes regarding their behaviour, someone's sexual activity does not define their sexual orientation. Sexual orientation is part of the human condition and all people have one. Typically, it is attraction that helps determine orientation.

Structural racism: A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways, to perpetuate racial inequalities.

Transgender: Transgender people have a gender identity or gender expression that differs from the sex that they were assigned at birth. Being transgender does not imply any specific sexual orientation because transgender people can identify as straight, gay, lesbian, bisexual etc. Nor does it imply any particular gender expression, hormonal makeup or physical anatomy. It is important to note that not everyone who does not identify with the sex assigned to them at birth sees themselves as transgender. In many cultures there is broader recognition of diverse genders and/or sexual orientations and gender expressions, such as Hijras in India and Two Spirit people in Indigenous North American communities.

HANDOUT 2: THE GENDER-RESPONSIVE PROGRAMMING CONTINUUM

IN A PROGRAMME THAT IS:	
GENDER BLIND	We intentionally or unintentionally fail to acknowledge the role of gender. We do not necessarily do harm but may directly or indirectly support the status quo.
GENDER EXPLOITATIVE	We take advantage of rigid gender or social norms and existing imbalances in power. This causes harm.
GENDER SENSITIVE	We aim to meet practical needs and vulnerabilities of different genders within the process. This may involve consultation and an inclusive approach to ensure everyone's voice is heard.
GENDER STRATEGIC/EMPOWERMENT	We explicitly address strategic gender issues. We empower individuals to make active choices, and we build access to information, rights awareness, and pathways to accountability.
GENDER TRANSFORMATIVE	We address broader power structures that underpin gender inequality, often through collective, community-led action and influencing the enabling environment.

Where on the continuum do the following programming examples sit, and why?

1. SEX EDUCATION PROGRAMMES

1a) The UNAIDS Education Plus initiative is a high-level advocacy campaign to promote universal secondary school education among girls, as an entry point to comprehensive sexuality education, HIV and gender-based violence prevention, and promoting sexual and reproductive health and rights.

1b) A programme or curriculum that only recognises two identities (male-men/female-women) and one sexual orientation (heterosexual). Programmes like this exclude adolescents and young people who might not identify as men or women or who have different sexual orientations (e.g. bisexual, homosexual) and will fail to address their specific concerns. It might also make them feel isolated and ashamed.

1c) A comprehensive sexuality education (CSE) programme that discusses pleasure, consent, is human-rights based, and enables students to recognise structural barriers, challenge their own views, and act to make things better. For example, **South Africa's national CSE programme** helps learners to build an understanding of rights-based, gender-focused concepts, values and attitudes around sexuality, sexual behaviour, and leading safe and healthy lives.

1d) A programme that recognises and explains gender as a social construct and how it differently affects boys, girls and gender non-conforming people. Presents the whole spectrum of different sexual orientations.

1e) A programme that uses gender stereotypes and norms to promote the idea that girls should abstain from having sex, and fails to take into account how gender norms and desires drive sexual practices.

2. ECONOMIC EMPOWERMENT PROGRAMMES

2a) A programme that trains men and women on how to use land for more efficient production, without recognising that in many countries women do not inherit land and that, even if they are the main people working on agriculture, they lack the decision-making power to enforce new ideas. A project like this should be complemented with finding (legal) strategies for women to access land and using other strategies (e.g. soft skills, such as negotiation techniques) to convince partners or relatives who might have the power to change the situation.

2b) A programme that is in line with **AWID's Feminist Bailout manifesto**, which combines demands from feminist and social movements, to list 5 principles and 10 actions for a feminist post-COVID recovery.

2c) Alliance India's **Women Initiating New Goals for Safety programme (WINGS)** assesses the economic status of women who use drugs then provides advice and support on managing money and keeping savings safe.

2d) A micro-finance programme that requires a man's signature (partner or male relative) for a woman to open a bank account.

2e) A programme that focuses on decriminalisation and the promotion of safe working environments for sex workers. Achieving these things could avert 33–46% of new HIV infections among sex workers and clients over a decade due to the impact it would have on violence, policing, work environments and HIV transmission.

3. UNPAID CARE PROGRAMMES

3a) In Hawaii, the **Kupuna Caregivers Act**, which was adopted in 2017, provides caregivers who work full-time jobs with up to US$70 per day to cover the cost of healthcare, meals, transportation and in-home services for an aging family member. This is a first-of-its-kind piece of legislation that could provide the financial relief working caregivers need to care for aging loved ones without sacrificing their careers. The legislation takes its name from the Hawaiian word used to refer to senior citizens in a way that shows reverence and respect.

3b) A harm reduction clinic that has a nursery area and recognises that women who use drugs will have different needs than men who use drugs, and that women might need to access services or information while taking care of their children.

3c) An income generation programme for women to increase their access to money and income, which does not attempt to change women's burden of domestic chores and men's attitudes to women. Programmes like this can actually make women's workloads bigger, and can worsen women's health and lead to violence against them.

3d) During COVID-19 lockdowns, **READY+** created information materials targeted at young people and their parents and caregivers to highlight that women and girls were likely to be bearing the biggest burden of unpaid care during the pandemic. The information outlined the negative consequences of this, and how parents/caregivers could be role models by distributing domestic work equally among all household members.

3e) A programme that asks women and girls to volunteer to care for other community members without compensating them for their time. This reinforces the idea that it is 'natural' for women to take care of others for free.

4. POLITICAL REPRESENTATION PROGRAMMES

4a) **YouthRise**, a harm reduction organisation in Nigeria, has participated in a workshop on gender-transformative action. This has built staff members' knowledge on gender issues and will be used to improve the organisation's advocacy for gender-responsive harm reduction policies. The training has led to a renewed commitment within the organisation to prioritise women who use drugs and develop interventions to address harmful gender norms.

4b) **The Transgender Law Center** in the USA is the largest national trans-led organisation advocating self-determination for all people. Grounded in legal expertise and committed to racial justice, it employs a variety of community-driven strategies to keep transgender and gender non-conforming people alive, thriving, and fighting for liberation.

4c) A programme that includes international events where a speaker's HIV status, sexual orientation or gender identity is revealed without their consent, which puts them at risk when they return to their country (for example, because being LGBT+ is criminalised).

4d) An HIV programme that seeks to address rights violations related to sexual orientation by training activists to be paralegals, which only recruits men who have sex with men, rather than people from the wider LGBT+ community.

4e) In India, the **Positive Speakers Bureau** (PSB), coordinated by Alliance India, provides a forum for sharing marginalised communities' ideas and issues of interest to inform government policy and practice. Community representatives present their own case studies in government spaces, which are then taken into account during the development of laws and policies. One idea from PSB that the government took up was a health phoneline that people living with HIV can ring during COVID-19 lockdowns to get their problems addressed.

HANDOUT 3: GLOBAL DATA ON GENDER-BASED VIOLENCE

USEFUL RESOURCES

RESOURCES:
Global Database on Violence Against Women
UN Women's **Women Count**

- Globally, an estimated 736 million women – almost one in three – have been subjected to intimate partner violence, non-partner sexual violence or both at least once in their life (30% of women aged 15 and older). This figure does not include sexual harassment. The rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections and HIV are higher in women who have experienced violence than women who have not, as well as many other health problems that can remain even after the violence has ended.

- Most violence against women is perpetrated by current or former husbands or intimate partners. More than 640 million women aged 15 and older have been subjected to intimate partner violence (26% of women aged 15 and older).

- Of those who have been in a relationship, almost 1 in 4 adolescent girls aged 15 to 19 (24%) have experienced physical and/or sexual violence from an intimate partner or husband. 16% of young women aged 15 to 24 experienced this violence in the past 12 months.

- In 2018, an estimated 1 in 7 women experienced physical and/or sexual violence from an intimate partner or husband in the past 12 months (13% of women aged 15 to 49). These numbers do not reflect the impact of the COVID-19 pandemic, which has increased risk factors for violence against women.

- Rates of intimate partner violence have increase during the COVID-19 pandemic. In some countries, calls to helplines have increased five-fold. The effects of the pandemic, which include restricted movement, social isolation and economic insecurity, are increasing women's vulnerability to violence in the home around the world.

- By September 2020, 52 countries had integrated prevention and response to violence against women and girls into their COVID-19 response plans, and 121 countries had adopted measures to strengthen services for women survivors of violence during the crisis, but more efforts are urgently needed.

- Globally, 6% of women report they have been subjected to sexual violence from someone other than their husband or partner. But the true prevalence of non-partner sexual violence is likely to be much higher due to the particular stigma related to this form of violence.

- Every day, 137 women are killed by a member of their family. Of the 87,000 women who were intentionally killed in 2017 globally, more than half (50,000) were killed by intimate partners or family members; more than one third (30,000) were killed by their current or former intimate partner.

- Fewer than 40% of the women who experience violence seek help. In the majority of countries with available data on this issue, women who do seek help most look to family and friends. Fewer than 10% of those seeking help went to the police and very few seek help from other institutions, such as health services.

- Globally, violence against women disproportionately affects low- and lower-middle-income countries and regions: 37% of women aged 15 to 49 living in countries classified as 'least developed' by the Sustainable Development Goals have been subject to physical and/or sexual intimate partner violence in their life, and 22% of women living in these countries have been subjected to intimate partner violence in the past 12 months – substantially higher than the world average of 13%.

- At least 155 countries have passed laws on domestic violence, and 140 have laws on sexual harassment in the workplace. But even when laws exist, this does not mean they are always compliant with international standards and recommendations or that the laws are implemented and enforced.

- Women and girls account for 72% of all human trafficking victims detected globally, with girls representing more than 3 out of every 4 child trafficking victims. Adult women account for nearly half (49%) of all human trafficking victims. Most women and girls are trafficked for the purpose of sexual exploitation.

- As of 2019, 1 in 5 young women aged 20–24 were married before they were 18. During the past decade, the global rate of child marriage has declined, with South Asia seeing the largest decline. Today, the risk of child marriage is highest in sub-Saharan Africa, where more than 1 in 3 young women aged 20–24 were married before the age of 18. Child marriage often results in early pregnancy and social isolation, interrupts schooling, and increases a girl's risk of experiencing domestic violence.

- At least 200 million women and girls aged 15–49 have undergone female genital mutilation in 31 countries where the practice is concentrated. Half of these countries are in West Africa. There are still countries where female genital mutilation is almost universal, where at least 9 in 10 girls and women aged 15–49 have been cut.

- Worldwide, 15 million adolescent girls aged 15–19 have experienced forced sex (forced sexual intercourse or other sexual acts). In the vast majority of countries, adolescent girls are most at risk of forced sex by a current or former husband, partner or boyfriend. Based on data from 30 countries, only 1% of these girls have ever sought professional help.

- School-related gender-based violence is a major obstacle to universal schooling and the right to education for girls. Globally, 1 in 3 students aged 11–15 have been bullied by their peers at school at least once in the past month, with girls and boys equally likely to experience bullying. While boys are more likely to experience physical bullying than girls, girls are more likely to experience psychological bullying, and they report being made fun of because of how their face or body looks more frequently than boys.

- In Europe, 1 in 10 women aged 15 and above have experienced cyber-harassment. This includes receiving unwanted and/or offensive sexually explicit emails or SMS messages and offensive and/or inappropriate advances on social networking sites. The risk is highest among young women aged 18–29.

- In the Middle East and North Africa, 40–60% of women have experienced street-based sexual harassment. In a multi-country study, women said the harassment was mainly sexual comments, stalking or following, staring or ogling. Between 31 and 64% of men said they had carried out such acts. Younger men, men with more education, and men who experienced violence as children were more likely to engage in street sexual harassment.

- Across 5 regions, 82% of women parliamentarians reported having experienced some form of psychological violence while serving. This included remarks, gestures, images of a sexist or humiliating sexual nature, threats and mobbing. Women cited social media as the main source of this type of violence, and nearly half (44%) reported receiving death, rape, assault or abduction threats towards them or their families. 65% had been subjected to sexist remarks, mainly from male colleagues in parliament.

HANDOUT 4: LOOKING AT OURSELVES

Before we do power analysis at an institutional or programmatic level it is good practice to think about our own personal experiences and use of power. ActionAid has developed ten feminist behaviours, adapted here as questions to help guide us in such reflections.

1. Self-awareness
- Am I working towards accepting my vulnerabilities, as well as recognising and valuing my own strengths and those of others? How could I do this more?

2. Self-care and caring for others
- Am I taking care of my own emotional and physical well-being and encouraging and supporting others to do the same? For example, do I make sure deadlines and work schedules take into account my unpaid care obligations, and those of others?
- Do I role model this by keeping my own working hours balanced and taking enough leave?

3. Dismantling bias
- Do I check my own and institutional privilege and power based on advantages I have such as, gender, class, race, ability and other factors?
- Do I notice when I might be dominating in a discussion and instead encourage others to voice their opinions?

4. Inclusion
- How am I responding to different barriers to participation?
- How do I work to ensure that people with different perspectives to me join the conversation at the start rather than relying on those 'who think like us'?

5. Sharing power
- Do I actively create a space for others to lead? For example, do I encourage colleagues to recognise their own value and abilities, and support them in putting themselves forward for committees, promotions and other opportunities?
- Do I encourage individuals who have completed a piece of work to attend senior leadership team meetings to present it?

6. Responsible and transparent use of power
- Am I clear, timely and transparent in making decisions? Do I explain the arguments and analysis that were undertaken to reach decisions and show how people's views were considered in the decision-making process?

7. Accountable collaboration
- How am I ensuring collective goals are clearly defined and mutually owned? How am I holding myself and others accountable for achieving them?
- When things don't go well, how do we encourage creative thinking about what we could have done differently and how we could have worked together better to overcome challenges? How do we recognise and celebrate collective and individual contributions and achievements?

8. Respectful feedback
- How do I seek, give and value constructive feedback as an opportunity for two-way and collective learning?
- Do I practise continuous feedback sideways to our colleagues, bottom up to our managers and top down to those we manage, through empathetic, unbiased and uplifting language? How well do I step into the other person's shoes and focus on the positive processes and outcomes that we want?

9. Courage
- Do I take initiative, learn from mistakes and not fear failure?
- Do I seek out new ways of doing things and empower others to do the same? Am I open to valuable insights from colleagues, even those I disagree with? If I come across challenges, am I open about mistakes and self-doubts? How do I show that I understand that this is a journey and that everyone will 'make mistakes', and how do I keep the focus on helping individuals learn about themselves and the impact of their actions?

10. Zero tolerance
- Do I notice discrimination and abuse of power and take appropriate action to address it? Do I ensure my own conduct is free from any kind of harassment and exploitation?
- Do I report any inappropriate or abusive behaviour that I witness?

HANDOUT 5: LOOKING WITHIN OUR ORGANISATION

Organisations should regularly undertake some critical reflection or self-assessment, to make sure their culture, structures, staff, policies, etc. are fit for purpose to implement gender-transformative programming. A gender assessment or gender audit can help guide organisations to integrate an intersectional and gender-transformative approach by supporting staff to examine the following:

1. **Political will** – how leaders within our organisations (including the board of directors) and programmes use their position of power to communicate and demonstrate their support, leadership, enthusiasm for and commitment to working toward an intersectional and gender-transformative approach. Questions to explore can include whether:

    - The integration of gender equality in programmes/projects is mandated in my organisation.

    - My organisation has a written policy that affirms a commitment to gender equality.

    - Senior management actively support and take responsibility for the implementation of the policy (or for promoting gender equality, if no policy exists).

    - There has been an increase in the representation of women in senior management positions in the past few years. There has also been an increase in people who are openly living with HIV, and/or openly gender-diverse.

2. **Technical capacity** - the capacity of our organisations to ensure quality programmes which support gender justice, and institutionalisation of an intersectional and gender-transformative approach in organisational processes. This includes the ability, qualifications and skills of staff, budget allocations to gender-transformative programming, availability and use of toolkits and other technical resources, etc. Questions to explore can include whether:

    - My organisation has budgeted adequate financial resources to support our gender integration work (within our organisational processes and systems, staff training and programmes).

    - There is a person or division responsible for gender in my organisation.

    - Staff has the necessary knowledge, skills and attitude to carry out their work in ways that are gender-transformative.

    - Programme/project/organisational planning, implementation, evaluation, and advisory teams in my organisation consist of members who are gender-sensitive and feel confident in the use of gender-transformative approaches.

    - Programme/project/organisational planning, implementation, evaluation, and advisory teams in my organisation include at least one person with specific expertise and skills in gender-transformative approaches.

    - Gender analysis is built into our organisational and programme planning and implementation procedures.

    - Gender analysis is built into our organisational and programme evaluation procedures.

3. **Accountability** - the mechanisms by which our organisations determine the extent to which they are 'walking the talk' in terms of integrating an intersectional and gender-transformative approach in programmes and organisational structures, and being accountable to women, girls and gender-diverse people. Questions to explore can include whether:

    - Data collected for organisational processes, projects and programmes is disaggregated by gender and other relevant identity factors.

    - The gender impact of organisational processes, projects and programmes is monitored and evaluated.

    - My organisation's processes, programmes/projects contribute to the empowerment of women/girls, gender-diverse people and the changing of unequal gender relations.

    - Gender awareness is included in job descriptions and/or in job performance criteria.

    - Mechanisms exist, are known about and appreciated, for feeding back on the organisation's ways of working.

4. **Organisational culture** - the norms, customs, beliefs and codes of behaviour in our organisations that support or undermine gender-transformative approaches and aims – how people relate; what are seen as acceptable ideas; how people are 'expected to behave', and what behaviours are rewarded, for example. Questions to explore can include whether:

- Gender issues are taken seriously and discussed openly by men, women and gender-diverse people in my organisation (including by people at different levels of the organisation).

- Women, including young women and gender-diverse people, feel comfortable expressing their views openly on organisational objectives, processes and culture.

- My organisation has a reputation of integrity and competence on gender issues amongst leaders in the field of gender and development, including among communities.

- The working environment in my organisation has improved for women and gender-diverse people over the past two years.

- Staff in my organisation is committed to the advancement of gender equality.

- My organisation has made significant progress in integrating gender into our organisation, operations and programmes.

The gender assessment or audit should explore the degree to which everyone inside and around the organisation feels – and is – safe and supported by the organisation, regardless of race, gender, age, sexuality etc. It should highlight active work being done to counter patriarchy, white supremacy, ageism, ableism, heteronormativity, transphobia etc. Intersectional and gender-transformative approaches to safeguarding should be integrated into the four areas above.

HANDOUT 6: VALUES CHECKLIST

Enacting our values in programme design and implementation: a checklist. The questions below can be used to guide and assess progress on embedding a gender-transformative approach in our programmes, and can be adapted to guide all our activities.

QUESTIONS TO GUIDE OUR PROGRAMME DESIGN AND IMPLEMENTATION	SCORE 0-4 0: not at all 1: a bit 2: somewhat 3: a lot 4: always
1 Human rights ● Do our programmes affirm and uphold human rights, particularly of women and girls in all their diversities, and gender non-conforming people?	
2 Sexual and reproductive health and rights ● Do our programme activities increase the access to SRHR of women and girls in all their diversities and gender non-conforming people?	
3 Gender equity and equality ● Does the way we work support women, girls and gender non-conforming people to voice their priorities, and uphold and address these priorities?	
4 Representation, voice and agency ● Do we support the agency and leadership of women, girls and gender non-conforming people of diverse experiences and backgrounds in our work? ● Do our internal systems and processes promote diversity and gender equality within our programmes? ● Do we ensure people feel they are represented in decision-making; do they have voice and agency?	
5 Safety and self-care ● Could our programmes increase or worsen potential violence against women, girls and gender non-conforming people in the community and elsewhere, or expose them to new experiences of violence or vulnerability? Do we have a solid risk-management strategy, and have we considered mechanisms for emergency responses? ● Have we factored in a possible backlash from those who benefit from patriarchy? ● Do we ensure our programmes support self-care and safety for staff, activists and community members? ● Do we involve men and boys in a way that promotes the safety (and rights) of women, girls and gender non-conforming people?	

QUESTIONS TO GUIDE OUR PROGRAMME DESIGN AND IMPLEMENTATION	SCORE 0-4 0: not at all 1: a bit 2: somewhat 3: a lot 4: always
6 **Supporting movements and participation of women, girls and gender non-conforming people** ● Do we support organisations and networks led by women, girls and gender non-conforming people, including at grassroots/community level? Is the support we provide empowering and transformative, and on their terms? ● Are we making funding available for women's, girls' and gender non-conforming people's advocacy, peer support, networking and digital inclusion? ● Do we consciously ensure the meaningful involvement of women and girls in all their diversities and gender non-conforming people in all stages of planning, implementation, monitoring, evaluation, project management and governance decision-making? ● Do we ensure women and girls in all their diversities and gender non-conforming people are adequately supported and resourced so that we are not relying on their voluntarism and unpaid work?	
7 **Evidence-informed** ● Do we understand which aspects of the lives of women, girls and gender non-conforming people the existing evidence has failed to represent? Does our work ensure that the lived experiences of women and girls in all their diversities and gender non-conforming people become part of the evidence base? ● Does the evidence support the programmes we develop? ● Do our programmes enhance or deepen the understanding of the intersections between gender inequality, violence and HIV? ● Do we collect disaggregated data (i.e. data that is categorised by relevant factors, such as age or gender) on the impact of our programmes? Do we support community data collection (respecting confidentiality) on other factors that can worsen vulnerability (e.g. gender identity, HIV status, disability, sexuality, poverty, selling sex)?	

*Adapted from the **ALIV[H]E framework** (Actions Linking Initiatives on Violence against Women and HIV Everywhere)*

HANDOUT 7: PROGRAMME DESIGN

To enable us to enact gender-transformative values in our programme design, we need to consider the following:

- **Budget** - How should our programme budget be allocated to ensure we spend it on gender-transformative approaches? Have we budgeted enough to cover:

  - Staff expertise and development on gender-transformative approaches

  - Gender assessments and analysis

  - Ongoing MEAL

  - Ongoing capacity support, training, tool development, mentoring, lessons sharing

  - Activities and unexpected activities

  - Safeguarding and risk management

Does our finance system allow us to track spend on gender-transformative activities?

- **Staffing** - Is there a diversity of representation within our programme staff, including leadership? Does it reflect the communities we are working with? How do we identify and address intersectional and gender power dynamics within programme staff teams, and between the programme staff team and communities? How are programme staff supported to ensure the intervention is gender transformative? What training and tools will programme staff receive?

- **Partnerships** - Are we partnering with feminist organisations, community-led organisations of women, girls and gender diverse people? Are we budgeting sufficiently for this? Are we working to address power imbalances within partnerships?

- **Adaptation** – How can we design in an ability to adapt our programme to new and changing circumstances, both internal and external?

- **Backlash** - When we work to create gender equality and end gender-based violence, we often face a backlash, or push back, from individuals and systems that benefit from the patriarchal status quo. Backlash includes the harassment or aggression feminist and gender non-conforming activists experience when they challenge unequal power structures, gender inequality and gender-based violence. It affects the mental and physical wellbeing of gender-based violence practitioners and those taking gender-transformative approaches, and it can discourage others from working on these issues.

Strategies to foresee and respond to backlash, such as developing organisational policies, practices and structures that support individuals and groups who speak out, and promoting a culture of self-care, can help to reduce the likelihood and consequences of backlash. The first step is to ensure you have a collective understanding of who makes decisions that affect your activities, where resistance may come from, and who your allies are in each situation. This will be part of the power and gender analysis you do when planning your programming and advocacy work as part of your plans for safety and self-care.

HANDOUT 8: MONITORING, EVALUATION, ACCOUNTABILITY AND LEARNING (MEAL)

Gender-transformative monitoring and evaluation is about how you do it, as well as what you are monitoring and evaluating.

Ensure MEAL is rooted in feminist and gender-transformative principles: Your MEAL should reflect the feminist and gender-transformative principles of your programming. Many organisations have produced tools to support feminist, participatory and gender-transformative MEAL work. We should try to make MEAL an empowering process that resonates with the interests and needs of the various stakeholders, including organisational staff, partners and community members, women, girls and gender-diverse people and others who are often marginalised from decision-making.

In sum, we can promote a participatory approach in line with feminist principles by ensuring that MEAL systems:

- Are led by and co-designed with communities, with processes to collectively review and make sense of, and decisions about, evidence generated from the process

- Are flexible, adaptable and responsive to context, because originally proposed results and related indicators may be revised as people and organisations respond to change

- Use participatory tools and methods that explore gender and power relationships, encourage broad participation, in particular by removing barriers to participation, and favour collective and responsive learning

- Build trust and understanding about how knowledge is used and is integral to a gender-transformative, rights-based approach to planning, MEAL and programming

A feminist, gender-transformative evaluation should be based on values of egalitarianism, inclusion, participation, and transparency. These evaluations would also:

- Recognise that evaluations are political, and choices about the approach, questions to ask and data to collect are not neutral or objective, and should explore community priorities

- Privilege the perspectives of women, girls and gender-diverse people as a way to overcome silencing of women, girls and gender-diverse people

- Be transformative – with opportunities for reflection and learning for all stakeholders and actors, including the evaluator

- Be empowering – a feminist and rights-sensitive evaluation would ensure that community members lead on the monitoring and evaluation or are in equal partnership with an evaluating organisation or team.

- Be based on the principle of mutuality – ensuring evaluation is not 'extracting' information, but promoting community co-ownership of the data, analysis and findings

- Use mixed methods and qualitative, participatory approaches that enable women, girls and gender-diverse people to share their experiences

- Prioritise the assessment of changes in power relations

- Generate broader knowledge that advances gender justice and feminist understandings of health, livelihoods, justice and rights for women, girls and gender-diverse people

Many traditional approaches to evaluation take for granted that no one is actively trying to undermine, push back against, or oppose actions. However, we need to plan for blowback and, in many cases, rejection of the very idea that we are rights holders.

Accountability to women, girls and gender-diverse people:

Don't just collect data – use it! It is important to understand how you use the data you collect and not to ask for data that is not used to improve your own programmes and advocacy, and that of others. Participatory approaches to MEAL can be transformative by expanding the space for accountability to and meaningful involvement of women, girls and gender-diverse people in shaping how projects and services are provided and evaluated in their communities. Approaches such as community score cards and community advisory boards have led to increased accountability to women, girls and gender-diverse people, mutual generation of solutions and resulting service improvements, greater service use and service user satisfaction.

HANDOUT 9: HUMAN RIGHTS-BASED POLICY COMMITMENTS

RELEVANT POLICY DOCUMENTS

It can sometimes be useful to present relevant policy documents related to both HIV and to advancing a feminist agenda to end gender inequality. Examples include:

- The right to health for everyone and non-discrimination enshrined in the **Universal Declaration of Human Rights** (1948) has been successfully used to achieve rights for women and girls and gender non-conforming people.

- **The Sustainable Development Goals:** A core principle of the 17 Sustainable Development Goals (SDGs), and of the HIV response, is that **no one should be left behind**. The HIV epidemic cannot be ended without addressing the needs of women, girls, men, boys, gender non-conforming people, and people living with and affected by HIV, and addressing the gendered determinants of health and vulnerability. **SDG 5** (achievement of gender equality and the empowerment of women and girls) also directly addresses underlying factors that drive women and girls' vulnerability to HIV and HIV-related inequalities. **SDG 3** includes the promise made by UN Member States to end AIDS by 2030 (target 3.3). HIV-sensitive and gender-transformative universal health coverage can play a vital role in promoting health equity, while integration with rights-based services for sexual and reproductive health, non-communicable diseases, hepatitis, tuberculosis and other conditions can improve broader health outcomes.

- **UN Political declaration on HIV and AIDS**: The targets and commitments adopted in the *Political Declaration on HIV and AIDS* will guide the world in addressing the critical links between health, development, injustice, inequality, poverty and conflict, and supporting the SDGs. The political declaration affirms that these goals can only be realised with strong leadership and the engagement of people living with HIV, communities and civil society. Leaders have placed strong emphasis on addressing the immense burden of the HIV epidemic on women, especially adolescent girls and young women in sub-Saharan Africa, by committing to achieve gender equality, investing in women's leadership, and ending all forms of violence and discrimination against women and girls. The engagement of men and boys in doing so is vital.

- **Universal Health Coverage (UHC) political declaration:** UN Member States in the UHC political declaration call for the engagement of civil society in health system governance, in health policies and in the UHC review process. Engaging organisations led by women, girls and gender non-conforming people and communities living with and affected by HIV worldwide will be critical to ensuring the overall success of UHC. The political declaration recognises the 'fundamental importance of equity, social justice and social protection mechanisms as well as the elimination of the root causes of discrimination and stigma in healthcare settings to ensure universal and equitable access to quality health services' (para 14), and states that that a 'gender mainstreaming perspective' should be implemented when 'designing, implementing and monitoring health policies, taking into account the specific needs of all women and girls with a view to achieving gender equality and the empowerment of women' (para 69).

- **Beijing Platform for Action, Beijing+25**, and the UN Women-led **Generation Equality**. The Beijing Declaration and Platform for Action calls for the involvement of women in HIV and AIDS policies and programmes, for laws to be amended and reviewed if they contribute to women's and girls' vulnerability to HIV and AIDS, the implementation of legislation, policies and practices to protect women and girls from HIV and AIDS-related discrimination, and the strengthening of national capacity to create and improve gender-sensitive policies and programmes on HIV and AIDS.

- **UNSCR 1325:** The UN Security Council adopted resolution (S/RES/1325) on women and peace and security on 31 October 2000. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peacebuilding, peacekeeping, humanitarian response and in post-conflict reconstruction. It stresses the importance of women's equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all UN peace and security efforts. It also calls on all parties involved in a conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse. The resolution provides a number of important operational mandates, with implications for Member States and UN organisations and entities.

- **Yogyakarta Principles:** In 2006, in response to well-documented patterns of abuse, a group of international human rights experts met in Yogyakarta, Indonesia to outline a set of international principles relating to sexual orientation and gender identity. The result was the **Yogyakarta Principles: a universal guide to human rights**, and the updated **Yogyakarta Principles plus 10 (YP+10)**, which affirm binding international legal standards with which all states must comply. They promise a different future where all people are born free and equal in dignity and rights and can fulfil their promise.

- **CSW Resolution 60/2:** The UN Commission on the Status of Women has passed resolutions on women girls, and HIV and AIDS, including resolution 60/2 in 2016. In 2009, it issued agreed conclusions on the equal sharing of responsibilities between women and men, including caregiving in the context of HIV and AIDS , and on women, the girl child and HIV and AIDS in 2001.

- **International Conference on Population and Development (ICPD)** and **ICPD+10 ICPD** includes provisions to provide universal access to family planning and sexual and reproductive health services and reproductive rights, deliver gender equality, the empowerment of women, and equal access to education for girls. But HIV receives just one mention in the ICPD commitments and is largely absent from the main sessions and debates (see **Frontline AIDS article on the ICPD** - Stegling, 2019).

- **The Convention on the Elimination of Discrimination against Women (CEDAW)** is the only convention on the list that explicitly addresses the rights of women and girls and therefore can be used to hold governments to account through government and shadow reporting.

- **The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa** (the Maputo Protocol 2003): This is the first international legally-binding human rights instrument to recognise the intersection between women's human rights and HIV. However, the focus is around HIV prevention and the right to partner notification. Broader articles around the drivers of gender inequality could provide leverage for a more holistic approach to women and girls' rights.

- Other international human rights instruments set out rights to **health**; the right to **non-discrimination**; **civil and political rights**; **economic, cultural and social rights**, and the rights of specific groups, such as **people with disabilities**, **children**, and **women**.

HANDOUT 10: FEMINIST FUNDING PRINCIPLES

Feminist funding principles for HIV should include:

1. HIV funders should recognise that organisations led by women, girls and gender-diverse people are doing vital work on HIV, and feminist funders should recognise that women, girls and gender-diverse people living with HIV play a key role in gender-transformative approaches and promoting feminist futures. HIV and feminist funders should fund at the intersection of women's and girls' rights, rights of sexual minorities and gender-diverse people, feminist futures and HIV movements.

2. Provide core funding that is flexible and long-term to support work led by women and girls in all their diversities and gender-diverse people. Avoid providing project-only funding that does not recognise the work that goes into building and maintaining organisations. Recognise the limitations of short-term funding of 'quick fixes' based on consideration of value for money and 'efficiency'. Transformative change requires funding for systemic approaches and long-term action.

3. Fund movement building, including cross-issue, regional and international feminist movement building.

4. Fund organisations doing important work, even if they are not legally registered or formally constituted, or do not have their own bank account. Work with such organisations to think creatively about how to do this.

5. Fund new organisations, without a requirement of years of existence.

6. Fund capacity building for both start-up and seasoned civil society organisations (for example, by providing infrastructure and office equipment as well as technical support).

7. When funders have a requirement that boards and governance structures be representative, this may feel like an expectation that community members will work for free (as Trustee positions are not paid roles), adding to their existing burden of unpaid work. Recognise and address this.

8. Be accountable to communities of women, girls and gender-diverse people living with and affected by HIV – ensuring that women, girls and gender-diverse people co-determine with funders what this accountability should look like.

9. Insist on sharing power with and meaningful involvement of women, girls and gender-diverse people living with and affected by HIV, both in the decision-making process around awarding funding and in work to be carried out using the funds.

10. Fund approaches that women, girls and gender-diverse people living with and affected by HIV design and prioritise, including arts-based approaches, self-care, work that adopts measures identified by women, girls and gender-diverse people to support their safety and well-being.

11. Recognise that funders have much to learn from community-led organisations about effective, sustainable funding relationships.

12. Go beyond grant-making, provide the kind of support that grantees request, and amplify the work of grantees.

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