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# INTEGRATING GENDER IN POLICY IMPLEMENTATION BARRIERS ANALYSIS: A METHODOLOGY

**NOVEMBER 2009**

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The views expressed in this publication do not necessarily reflect the views of the U.S. Agency for International Development or the U.S. Government.



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## **EXECUTIVE SUMMARY**

The Policy Implementation Barriers Analysis (PIBA) activity was designed to pilot a methodology and set of tools to identify key barriers to implementing programs under the President's Emergency Plan for AIDS Relief (PEPFAR). Specifically, the activity focused on identifying barriers to reaching a targeted goal for one or more of the PEPFAR indicators. The project integrated gender into the PIBA activity to help underscore the various needs of women and men within the context of barriers to implementation. Health policies affect women and men differently, as do policies that influence service delivery systems, available resources, patient treatment options, medical costs, and other aspects of healthcare services, such as hours of operation or site location. These differences often are the product of local gender norms and values that shape the freedom and opportunities open to both women and men. Identifying and addressing these differences are crucial to ensuring that women and men benefit equally from health programs.

### **Gender Methodology**

This report outlines a methodology for integrating gender into the PIBA activity and describes the main activities to be carried out by gender experts, ideally with skills in gender analysis, HIV/AIDS issues, and specific country knowledge. As gender is a key component of PIBA, gender experts are seen as integral members of the activity team.

The USAID | Health Policy Initiative assembled a gender team to pilot the methodology, adapting it to the country context and completing the following activities and deliverables:

- Input to overall PIBA survey questionnaires
- Preparation of a briefing note for the Haiti team
- Gender training for the Haiti and Vietnam PIBA teams
- Two field visits to provide technical assistance to the Vietnam PIBA team
- Input to topic-specific questionnaires in Vietnam
- A report on the approach to integrate gender into PIBA work

By mid-2007, the following PEPFAR and non-PEPFAR countries had initiated some element of the PIBA:

- China, which focused on implementation of a policy mandating free antiretroviral therapy services for injecting drug users;
- Haiti, which examined implementation of a voluntary counseling and testing policy with national police and other uniformed services;
- Indonesia, which studied the implementation of the 100% Condom Policy; and
- Vietnam, which examined a policy related to orphans and vulnerable children (OVC), which calls for removing OVC from institutions and caring for them through community-based initiatives.

Based on the pilot process, the gender team recommended that each country complete the following methodology in sequence:

- Desk review and analysis
- Briefing note
- Gender training
- Review of questionnaires
- Survey
- Analysis
- Report writing

### **Country-specific deliverables**

The gender methodology should include the production of three deliverables: (1) a briefing note on gender issues related to the chosen topic, (2) a gender training, and (3) a country-specific report. In addition, a gender expert assists with implementing the PIBA survey. The country-specific report should highlight the most important gender-related constraints and opportunities relevant to the implementation barriers being investigated through the survey. The report can be included as an annex to the overall PIBA report.

### **Integrating gender into PIBA country reports**

Gender experts should be full members of the PIBA team. To ensure attention to gender in the final PIBA reports, a gender team member should assist with integrating the identified gender issues and findings into the report.

To complete these activities successfully, program planners should ensure that there is sufficient flexibility in the time allowed in order to accommodate the process to local conditions. Also, there should be sufficient resources to carry out the gender-integrated approach. The gender team recommends that planners budget for 40–50 days level of effort and travel for a gender expert (local or international) to assist a local gender consultant and work with PIBA team and an additional 40 days level of effort for a local gender consultant to undertake gender activities in-country with the PIBA team. If necessary, these inputs can be scaled back to fewer activities and personnel.

## **ABBREVIATIONS**

AIDS	acquired immune deficiency syndrome
CIVPOL	civilian police
DHS	Demographic and Health Survey(s)
FHI	Family Health International
GBV	gender-based violence
HIV	human immunodeficiency virus
HNP	Haiti National Police
MINUSTAH	UN Stabilization Mission in Haiti
NGO	nongovernmental organization
OB	operational barriers
OBA	Operational Barriers Activity
OPB	Operational Policy Barriers
OVC	orphans and vulnerable children
PIBA	Policy Implementation Barriers Analysis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PSI	Population Services International
RHAP	Regional HIV/AIDS Program for Southern Africa
SOW	scope of work
STI	sexually transmitted infection
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDPKO	United Nations Department of Peacekeeping Operations
UNFPA	United Nations Population Fund
UNIFEM	United Nations Fund for Women
USAID	United States Agency for International Development
VCT	voluntary counseling and testing
WHO	World Health Organization



## I. INTRODUCTION

This report outlines a methodology for integrating gender into the Policy Implementation Barriers Analysis (PIBA) activity.<sup>1</sup> The pilot methodology focused on integrating attention to gender inequalities into the survey and analysis process; identifying gender-based obstacles affecting the achievement of targets under the President’s Emergency Plan for AIDS Relief (PEPFAR); and determining whether the root sources of the obstacles resulted from the impact of the policies, the way access is structured in implementation, and/or other issues related to training, supply, or institutional collaboration. Specifically, this report describes the main activities to be undertaken by a team of gender experts: a desk review and analysis of the relevant policies; drafting of a briefing note; conducting of a gender training; and assistance with the preparation and implementation of the PIBA survey. The report also presents examples of how each activity was developed and/or used in several of the country PIBA surveys.

### Background

Integrating gender into the PIBA activity ensures that the needs of both women and men are considered during the identification of barriers to accessing HIV prevention, testing, treatment, and care services. Health policies often affect women and men differently, as do the way policies influence service delivery systems, available resources, patient treatment options, medical costs, and other aspects of healthcare services, such as hours of operation or site location.

These differences often are the result of local gender norms and values that shape the freedom and opportunities open to both women and men in society. In developing countries, where women may depend on men for livelihood needs, such as food and shelter, they also are more likely disadvantaged in learning to read, finding appropriate transportation, and accessing HIV information and services. They frequently have less control over their participation in sexual activity and their reproductive health than do men. These inequalities result in greater risk of exposure to HIV and greater difficulty in finding and maintaining treatment once the disease is diagnosed. In the case of HIV, women—especially young women—are physically more susceptible to and socially more at risk of HIV infection.

Men also face gender norms that increase their risk of acquiring HIV. They tend to seek healthcare less often than women and thus have less interaction with healthcare providers and HIV prevention efforts. Policymakers and other stakeholders must identify and remove these gender inequalities—whether they result from oversights in policy or breakdowns in implementation—before clear gains can be achieved in halting the number of new HIV infections or caring for and treating those already suffering.

### Gender and HIV

In response to the rising HIV prevalence rate among women, as well as the recognition that gender is a key determinant of HIV risk, efforts to address gender in HIV programming have increased. The Joint United Nations Program on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) estimate that nearly half of all adults living with HIV worldwide are women (47%); in Africa, the proportion among adults is more than half (59%).<sup>2</sup> Over time, donors and recipient governments have refined their national strategies on HIV, increasingly including statements about the importance of identifying gender inequalities and working to overcome them both by empowering women to negotiate for safer sex, engaging men in reducing high-risk behaviors, and ending harmful sexual practices. In July 2007 USAID updated its statement on the gender aspects of PEPFAR, explicitly acknowledging that “[A]ddressing

<sup>1</sup> PIBA originally was called the “Operational Policy Barriers Analysis” activity (in early 2006), but as the activity broadened its focus to address other barriers outside of those affecting policy, the name was changed to reflect the new emphasis.

<sup>2</sup> UNAIDS/WHO. 2006. *2006 AIDS Epidemic Update, Special Report on HIV/AIDS*. Geneva, Switzerland: UNAIDS and WHO, p. 3–4. [http://www.unaids.org/en/HIV\\_data/epi2006/default.asp](http://www.unaids.org/en/HIV_data/epi2006/default.asp).

gender issues is essential to reducing the vulnerability of women and men to HIV infection.”<sup>3</sup> Specifically, in addition to including women in its target populations, PEPFAR supports the following five arenas of effort on gender:

- Increasing gender equity in HIV/AIDS programs and services
- Reducing [gender-based] violence and coercion
- Addressing male norms and behaviors
- Increasing women’s legal protection
- Increasing women’s access to income and productive resources

USAID country and regional Missions have established strategies that parallel and support the Agency-wide positions. For example, the HIV/AIDS strategy for Southern Africa notes that

“...for programs in the region to be successful, interventions must address gender issues. Prevention, care, and treatment programs require both a need to achieve greater involvement and responsibility on the part of men as well as creating an environment where women are empowered to refuse sex and negotiate condom use. Considering gender issues will also contribute to the reduction of stigma and support [in] an environment where disclosure of HIV status is safe and becomes the norm”  
(USAID/RHAP 2003, p. 13).

In addition, through HIV policies and strategies, many national governments have recognized gender inequalities and the need to address them. Table 1 includes relevant statements from some of the countries initially identified for PIBA.

**Table 1. Recognition of Gender in National Policies and Strategies**

<b>Haiti, National Strategic Plan for HIV/AIDS Control 2002–2006</b>	“Reducing women’s vulnerability [to HIV/AIDS] is perhaps approached from two complementary angles: reducing the feminization of poverty and fighting against gender inequalities.”  “La réduction de la vulnérabilité des femmes peut être abordée sous deux angles, l’un complémentaire de l’autre: réduction de la féminisation de la pauvreté et lutte contre l’inégalité de genre” (Haitian Ministry of Public Health and Population, 2002, p. 30).
<b>Indonesia, National HIV/AIDS Strategy, 2003– 2007</b>	“This National Strategy sets forth the principles of the HIV/AIDS response ...for everyone involved in HIV/AIDS prevention and control. These principles include ...# 3. Respect human rights and give due attention to justice and gender equity” (National AIDS Commission, 2003, p. iv). Retrieved from <a href="http://www.undp.or.id/programme/pro-poor/national_hivaids_strategy_2003-2007_en.pdf">www.undp.or.id/programme/pro-poor/national_hivaids_strategy_2003-2007_en.pdf</a> .
<b>Vietnam, National Strategy on HIV/AIDS Prevention and Control in Vietnam Till 2010 with a</b>	“Solutions on laws and policies on HIV/AIDS prevention and control include: <ul style="list-style-type: none"><li>• To ensure gender equality policies.</li><li>• To raise gender awareness and improve gender analysis skills for policymakers, program managers and implementers, promote gender equality in HIV/AIDS care, prevention and control programs.</li><li>• To conduct social studies to improve the understanding</li></ul>

<sup>3</sup> See <http://www.pepfar.gov/documents/organization/76374.pdf>.

<b>Vision to 2020</b>	of the impacts of gender on HIV/AIDS prevention and control and care, especially the impacts of the role and values of gender on behaviors, sexual activities, the vulnerability to HIV (sexual and drug-injecting behaviors) and people living with HIV/AIDS" (The National Committee for AIDS, Drug and Prostitution Prevention and Control, 2004, p. 151, 155).
<b>United Republic of Tanzania, National Policy on HIV/AIDS</b>	"In Tanzania, the main mode of HIV transmission is through heterosexual intercourse. Therefore, addressing issues of gender equity and promoting equal participation of men and women in negotiating safer sexual practices is highly desirable, and women have the right and should be encouraged to say NO to unsafe sex. Men and women should be accorded equal status, equal opportunities for education, access to reproductive health education, and access to health care services, leadership, and advancement in all spheres" (Government of Tanzania, 2001, p. 26).

While this level of attention and support to gender in HIV policies and strategies provides an enabling policy environment for addressing these issues, successful implementation is not always assured. Activities such as the Policy Implementation Barriers Analysis are critical for determining the barriers to successful policy implementation.

## **II. BACKGROUND ON THE PIBA ACTIVITY**

As part of the Health Policy Initiative mandate, the PIBA activity was designed to pilot a methodology and set of tools to identify key barriers to implementing PEPFAR programs and achieving its goals in a number of PEPFAR countries.<sup>4</sup> The uniqueness of the PIBA approach stems from two elements. First, it was designed to be a “bottom-up” effort to identify specific barriers affecting the achievement of a target chosen in consultation with the USAID Mission. Analysts did not assume the barriers were policy related, although in some cases they identified policies as possible contributors to problems seen on the ground. Second, the methodology was adapted to include the integration of attention to gender inequalities into the survey and analysis process; the identification of gender-based obstacles affecting the achievement of targets under the PEPFAR; and the determination of whether the root sources of the obstacles resulted from the impact of the policies, the way access is structured in implementation, and/or other issues related to training, supply, or institutional collaboration.

Building on the work of O’Toole and Montjoy (1984), the study of policy implementation has grown significantly over the past two decades. The most important issue is clarifying how agencies interact with each other; that is, whether the interaction either facilitates or inhibits the achievement of an objective. O’Toole and Montjoy suggest analyzing this interaction on a variety of dimensions, such as the formal structure of the organizations, the amount of resources they possess and, particularly important, the type of interactive relationship, called interdependence. Interdependence relates to agencies engaging with each other in a manner in which their responsibility is pooled, sequential, or reciprocal.<sup>5</sup>

Implementation barriers are the conditions that inhibit the seamless execution of national policies into on-the-ground programs. They can include a range of constraints, such as having to work with outdated guidance on policies and implementation efforts; dealing with inadequate resources—human and financial—that inhibit effective operation; bureaucratic confusion over program responsibilities; or community resistance to policies and programs. In addition, some implementation barriers can result from inadequate understanding of how gender differences intersect with and shape the impact of policies and programs.

Initially, the PIBA team proposed a set of PEPFAR countries to host the activity. The Health Policy Initiative’s technical advisors assisted the team with determining whether USAID Missions in those countries were interested in acting as hosts. As the activity developed, new countries were added and others dropped out. By mid-2007, the following PEPFAR and non-PEPFAR countries had initiated some element of the PIBA:

- China, which focused on implementation of a policy mandating free antiretroviral therapy services for injecting drug users;
- Haiti, which examined implementation of a voluntary counseling and testing policy with national police and other uniformed services;
- Indonesia, which studied the implementation of the 100% Condom Policy; and
- Vietnam, which examined a policy related to orphans and vulnerable children (OVC), which calls for removing OVC from institutions and caring for them through community-based initiatives.

The gender methodology was pilot tested most extensively in Vietnam.

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<sup>4</sup> The first planned set of pilot countries were Haiti, Vietnam, Tanzania, and Kenya. The countries that participated in the first pilot round were Vietnam and two non-PEPFAR countries, Indonesia and China.

<sup>5</sup> Additional information on the theoretical grounding of the PIBA activity is included in the overall report on this activity, *Policy Implementation Barriers Analysis (PIBA): Conceptual Framework and Pilot Test in Three Countries* (see <http://www.healthpolicyinitiative.com>).

The project asked the USAID Missions to choose one of the PEPFAR program areas based on the perceived difficulties in reaching a specific target group or problems with the way a specific policy was implemented. The topic, chosen in advance of the team's field visits, allowed the team to adapt the survey questions to a particular subject and carry out initial background research and analysis.

The PIBA activity included the following steps:

- Preparing two sets of questionnaires for Health Policy Initiative program staff and local consultants to use in interviewing policymakers and program implementers, along with a focus group discussion guide for other stakeholders.
- Conducting key informant interviews with policymakers and program implementers involved in the policy process and implementation of PEPFAR services for key PEPFAR target clients.
- Conducting focus group discussions with other stakeholders, including clients of the services.
- Analyzing survey data from field office staff, local consultants, and the activity team.
- Developing and providing recommendations for overcoming identified and prioritized barriers through a participatory stakeholder forum in each country.

### **III. GENDER METHODOLOGY IN THE PIBA ACTIVITY**

Because policies and programs may have differential impacts on men and women, gender was included as an integral piece of the PIBA methodology and effort. For example, all countries have their own norms, and local gender norms may place men in positions of greater authority and power, allowing them to dominate key occupations or positions of authority in ways that restrict women's access to health services and knowledge. Gender and cultural norms also affect men's access to health services and knowledge, as they often are not included in reproductive health programs. Analysts need to identify and review cultural beliefs and practices that shape notions of appropriate gender roles for their relevance to overcoming implementation barriers.

To ensure that programs funded by the U.S. Government account for implementation barriers in creating HIV/AIDS programming, the Health Policy Initiative proposed an activity that would address policy implementation barriers. Upon approving the activity, USAID advisors to the project requested that a gender component be added to the activity, recognizing that, without a specific gender mandate, this issue often is neglected. The project's Gender Working Group received funding to integrate gender analysis into the overall activity's methodology, thus raising awareness of gender barriers that can affect PEPFAR's implementation efforts.

While designing the PIBA activity, a gender team<sup>6</sup> identified several discrete but related activities for gathering information about gender-related barriers that, if addressed and reduced, would improve the ability of programs—whether funded by PEPFAR or other sources—to achieve gender equity in the provision of health services related to HIV. These activities include a desk review and analysis of the relevant policies; drafting of a briefing note; conducting of a gender training; and assistance with the preparation and implementation of the PIBA survey.

The team formulated the gender methodology, highlighting the sequence of activities and expected deliverables (see Table 2). The methodology emphasizes building on existing knowledge about how gender relations affect the transmission, treatment, and care of HIV in each country. Each activity is discussed in more detail in the following section.

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<sup>6</sup> The gender team included Britt Herstad, Anne Eckman, and Elizabeth Doggett of the Health Policy Initiative; and Debbie Caro and Deborah Rubin of Cultural Practice, LLC. Team members participated in the activities in varying degrees from May 2006 to September 2007.

**Table 2. PIBA Gender Methodology**

Timeframe	Gender Team Activities	Deliverable
Several weeks prior to the country visit	<ul style="list-style-type: none"> <li>In consultation with the Mission, select a focus area</li> <li>Review related policies and other relevant literature</li> <li>Work with the country team to identify local gender consultant(s)</li> </ul>	<ul style="list-style-type: none"> <li>Briefing note, giving a preliminary analysis of key gender constraints related to the identified focus area (see Annex A)</li> <li>Scope of work (SOW) for gender consultant (see Annex B)</li> </ul>
Just before the country visit or soon after arrival	<ul style="list-style-type: none"> <li>Provide guidance on gender-related issues to the PIBA team and consultants through <ul style="list-style-type: none"> <li>gender training, if needed</li> <li>making suggestions for adapting the questionnaire to reflect country- and topic-related gender concerns</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Gender training (see Annex C)</li> </ul>
During the country visit <sup>7</sup>	<ul style="list-style-type: none"> <li>Participate as a full member(s) of the PIBA team in meetings with USAID staff and in conducting interviews and focus group discussions (see Annexes F and G), following up as needed on gender issues with gender probes</li> <li>Interview local gender experts with knowledge of the identified program area</li> </ul>	<ul style="list-style-type: none"> <li>Revised questionnaires; revisions can include <ul style="list-style-type: none"> <li>probes on gender issues</li> <li>questions for interviewing gender and HIV experts (see Annex D)</li> </ul> </li> <li>Revised briefing note, incorporating new information</li> </ul>
After the country visit	<ul style="list-style-type: none"> <li>Analyze gender-related answers to the survey</li> <li>Provide assistance with overall data analysis</li> </ul>	<ul style="list-style-type: none"> <li>Final country-specific gender reports</li> <li>Gender-integrated final PIBA country reports</li> <li>In the pilot phase, a report on gender methodology for integration into the overall PIBA activity</li> </ul>

## Drafting of the Briefing Note

Because HIV is primarily transmitted through sexual behaviors or, as in the case of mother-to-child transmission, is a consequence of sexual behavior, the patterns of its spread and the opportunities for its treatment are closely linked to culturally based constructions of gender. In most countries, significant research already has been done on gender relations; increasingly, this work is being linked to HIV issues.

In the gender methodology, the briefing note focuses on three types of information at global, national, and program levels, linking existing literature on gender relations to the HIV program issue of interest. First, it presents an overview of gender relations in the country, including relevant ethnic or regional differences and references to sources of relevant sex-disaggregated data. Second, it summarizes experiences from other regions that illustrate successful efforts to address gender-related barriers to HIV efforts. Finally, it applies this information to the PEPFAR focus area identified by the Mission. It also describes the key policy documents relevant to the focus area and identifies their gender-related impacts. The review also includes a set of questions for follow-up work in the country. To be of greatest value, the PIBA team should identify the topic for the briefing note prior to arriving in the country.

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<sup>7</sup> The original scope of work for the activity assumed that the team would complete all interviews and part of the data analysis during a single three-week trip to the target country. In practice, the activity required multiple trips.

The contents of the briefing note assist the team with refining the country-specific questionnaire, as each questionnaire is adapted to the local context and selected issue. Annex A, “Briefing note on gender issues, HIV, and the Haitian National Police,” provides an example of the scope and content of this preliminary review and analysis document.

The briefing note is shared with the Mission and any local staff involved in the PIBA effort, and their feedback is incorporated into later iterations of the document. Then, based on new information collected during the country visits and an analysis of the survey data, a final country-specific gender report is prepared, which contributes to the overall PIBA report.

The briefing note also provides input into the SOW for the in-country gender consultant (see Annex B). The gender methodology calls for hiring a gender expert in-country to collect additional information and identify gender issues that may emerge in relation to the relevant HIV policies and the site’s selected program area of interest. The gender consultant can work in consultation with the gender team in Washington, D.C., or in country and assists with analyzing the gender-relevant questions in the survey and integrating gender issues into the country report.

## **Gender Training**

Another key activity of the methodology is gender training for the PIBA country teams. The training is designed to ensure that all team participants have a common, basic knowledge of key gender concepts and an introduction to a gender analysis process. The training enables the survey team to work through a case study and apply the concepts to local contexts. It also illustrates the relationship between the gender issues and the topic covered in the surveys.

In a second session, the gender training offers more country-specific information, reviewing relevant gender resources and offering the team the opportunity to raise questions about handling stereotypical gender statements that might emerge in the interviews. The training also offers a chance for participants to probe for more nuanced understandings of gender constraints and opportunities related to the program area of interest. Annex C provides the full training materials and comments.

The gender training is most effective when given over two full days; this allows sufficient time to introduce concepts, present the analytical framework, work with a case study, and apply concepts to the PIBA questionnaire. Circumstances may require shortening the training, but the content requires a minimum of one day.

The gender team conducted two trainings with PIBA teams. In its pilot effort, the gender team trained two members of the Haiti survey team, including a local gender consultant, who came to Washington, D.C., to receive the training several months before the survey was expected to begin.<sup>8</sup> See Box 1 for the complete training agenda.

In Vietnam, the gender team member from Washington, D.C., trained the Health Policy Initiative country staff and PIBA consultants (a total of 12 people). However, since the team for the PIBA activity changed over time, it eventually included consultants who had not been trained. The Vietnam training was modeled after the Haiti training, using the same format and resources. However, the gender component of the activity was presented to the PIBA team in conjunction with the overall PIBA methodology rather than separately; and the Vietnam topic was not yet specified in detail.

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<sup>8</sup> Unforeseen events prevented the Haiti surveys from being completed.

**Box 1: Agenda: Gender in Policy Implementation Barriers Analysis Activity for USAID | Health Policy Initiative Staff, Futures Group, Washington, D.C.**

**First session**

- I. Welcome /Introductions/Agenda/Objectives (20 minutes)
- II. “Vote With Your Feet” (20 minutes)
- III. The Rationale for Gender Integration (15 minutes)
- IV. What Do We Mean By “Gender”? (30 minutes)
- V. An Analytic Framework for Gender (60 minutes)
- VI. Applying the Framework to a Case Study (60 minutes)
- VII. Wrap-up

**Workshop Objectives:**

- ✓ To understand key concepts related to gender
- ✓ To understand a framework for gender analysis
- ✓ To apply the gender analysis framework to a case study

**Second Session**

- I. Questions and Review of Previous Sessions (10 minutes)
- II. Review of Gender PIBA Methodology and Deliverables (20 minutes)
- III. Review of Current Gender Materials (10 minutes)
  - Women in Development Haiti Gender Assessment
  - PIBA Gender Briefing Note for Haiti
- IV. Identification of Illustrative Gender Constraints in Haiti (45 minutes)
- V. Discussion of Gender Issues in the PIBA Activity (60 minutes)

**Workshop Objectives:**

- ✓ To understand and explore the idea of gender-related implementation barriers
- ✓ To understand the gender-related products of the activity
- ✓ To explore the gender aspects of the survey questionnaire
- ✓ To discuss the gender aspects of the survey data analysis

## **Preparation of the PIBA Survey**

The gender methodology also included the development of survey and focus group discussion questions that will reveal key gender constraints and opportunities. During drafting of the PIBA questionnaire, the gender team provided significant feedback on the questions. As a result, the PIBA team modified some existing questions, as well as added some questions to capture sex-disaggregated data.

The methodology includes planning for in-country revisions to the questionnaire with the gender consultant’s assistance, either during the training session devoted to the survey or in conjunction with adapting the overall questionnaire to ensure that it elicits the kind of gender information needed to analyze the chosen program area. Box 2 illustrates how PIBA teams can modify survey questions and follow up on them to clarify gender issues.

## Box 2: Suggested Follow-up Questions or Probes

### I. Haiti

#### **Program Survey**

##### *Revising questions*

Existing question: Are there special testing services for police, etc.? If no, will service providers know who they are?

Revise this question so that it is not yes/no: What testing services are used to test police and other uniformed officers? If none, why?

##### *Additional suggested questions*

- How many women and men are in the uniformed services?
- Is there specific training related to police [i.e., do service providers know about the police policy of dismissing positive applicants? If so, does the sex of the provider make a difference? (Example: In VCT settings, would men be more likely to accept results from male or female providers?)]
- Do the individual police officers have to pay fees for the services? Is there a difference in how much women and men have to pay?
- Does the provider use guidelines/protocols from police or other uniformed services?
- Do collaborating organizations pay particular attention to men's or women's issues (e.g., GBV clinics/services)?
- What are the specific challenges of women and men as police in seeking services (beyond losing their jobs) (e.g., women facing GBV, men fearing stigma, etc.)?
- [Probe for a question about community groups] Did these groups include both men and women? How many?

#### **Policy Survey**

##### *Additional suggested questions*

- Were women or women's groups involved in developing the policy?
- During development of the policy, was there discussion about the ways in which the policy might affect women police differently than men police? If yes, on which issues?
- Are men more or less likely to be tested? Women?
- Would fewer women enter the police force? Would fewer men and women seek treatment?
- [Add as separate question] Has an HIV/AIDS strategy been developed for the police and other uniformed services? If so, were women involved in its development? Can we get a copy of the written policy?

### II. Vietnam

#### **Policy Survey**

- Tell me a little about the programs for children affected by HIV for which your department provides policy support or monitoring. What is the fee for the service? Where are the services provided—in the community, at an outpatient clinic or facility, or in an institutional setting? (*Probe for details.*)
  - Who is using these programs more—boys or girls? Why is that?
  - In what ways have those most affected by the policy—for example, families, women, youth, and PLHIV—been involved in policy implementation efforts?

#### **Program Survey**

- Tell me a little about the programs for children affected by HIV for which your department provides policy support or monitoring. What is the fee for the service? Where are the services provided—in the community, at an outpatient clinic or facility, or in an institutional setting? (*Probe for details.*)
  - Who is using these services more—boys or girls? Why is that?
  - What kind of services do boys come here for?
  - What kind of services do girls come here for?
  - Do girls have specific problems when trying to use these services?
  - Do boys have specific problems when trying to use these services?

## **Participation in and Analysis of Interviews and Focus Group Discussions**

A key principle of the gender methodology is that the gender experts—whether from Washington or locally hired—are full members of the PIBA survey team. This includes participating in briefings with the Mission, conducting or observing interviews with key government officials and other respondents to assess whether responses to the gender-related questions worked, and providing technical assistance (TA) to the team if the respondents did not understand the gender-related questions.

During field visits, the team members responsible for the gender integration effort conduct informational interviews with in-country groups or individuals who have expertise in working on gender and HIV-related topics, especially the focus topic identified by the USAID Mission (see Annex E). Interviews might include meeting with people living with HIV (PLHIV), women’s and men’s groups, or nongovernmental organizations (NGOs) involved in monitoring the impact of PEPFAR programs. These visits with relevant local gender and HIV experts offer the opportunity to gain more in-depth knowledge about the influence of gender relations on key implementation barriers.

Finally, the gender team members are responsible for (1) developing a list of gender-related questions for use in PIBA focus group discussions and (2) facilitating additional discussions on the gender aspects of the target program area (the team drafted a facilitator’s guide for these focus group discussions—see Annex F).

To successfully implement this activity in-country, flexibility related to timing, the team composition, and the approach is crucial. For example, in Vietnam, after initial informational interviews with gender and HIV experts on programs for orphans and vulnerable children (OVC), the team reassessed the usefulness of these interviews and ultimately decided not to continue with them. As OVC care is a highly specialized topic, the gender experts said that they were not well equipped to provide the information sought. It was evident that the interviews would not provide enough information to be useful in the analysis. Based on this perception, the team discussed gender issues related to OVC in the global context and created a different set of interviews on that topic.

The Vietnam PIBA team decided to address gender issues through an additional focus on caregiving, as it is women who usually are caregivers for PLHIV and OVC around the world. When considering the creation and expansion of community-based care programs, as in Vietnam, it is critical to examine the impacts on women and men. Such programs rely on a certain amount of time and resources from both, which can affect their lives and ability to fulfill their roles within their families and communities. To explore this issue, the PIBA team decided to create an additional questionnaire for staff of children’s institutions to examine their experiences in caring for OVC (see Appendix D). The team also created questions for focus group discussions with current parents and/or other caregivers for OVC—many of whom are HIV positive—to learn about their experiences (see Appendix E). (See Box 3 for examples of the caregiver questions.) These responses provided data for analysis of the types of resources communities will need to provide care for OVC, including human resources. When the data are analyzed, the gender dimensions of caregiving can be explored in the final Vietnam report. To facilitate this process, the U.S.-based gender team member drafted a background document on gender in Vietnam, specifically related to HIV and care, in addition to an overview of global caregiving and gender issues, to provide context for the data analysis.

### **Box 3: Caregiver Questions in Vietnam**

#### **Focus group discussion guide for caregivers**

Do you think women and men have the same roles in caring for children affected/infected by HIV? Or do you think women and men have different patterns of caring for children affected/infected by HIV? Probe on what women do, what men do, whether these roles need to change, etc.

#### **Caregivers in-depth interview guide**

What is the total number of children staying here?

What are the ages of the children staying at the center?

<b>Age</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
<b>Under 3 years</b>			
<b>3–6 years</b>			
<b>7–12 years</b>			
<b>13–18 years</b>			
<b>Total</b>			

## **Outputs**

### **Country-specific deliverables**

The gender methodology includes the production of three deliverables during the PIBA process: (1) an initial briefing note, (2) gender training, and (3) a country-specific report. The report presents the most important gender-related constraints and opportunities linked to the implementation barriers being investigated through the PIBA survey. Based on the questionnaire responses and analysis, the final country-specific report summarizes sex-disaggregated patterns of service access and use, key constraints for men and for women in accessing services, how well services are responding to men's and women's needs, and which proposed solutions to gender-related implementation barriers show potential.

The report also includes information on gender resources and references in the country so that additional work can be continued easily. This final report can be included as an annex to the overall PIBA country report.

### **Integrating gender into PIBA country reports**

In addition to providing a gender annex to the PIBA country reports, the methodology includes the assistance of gender experts in integrating gender issues throughout the reports. In this case, the gender experts work with the data analysis and report-writing teams to ensure that they include and explore responses to gender-specific questions, as needed.

## **IV. CHALLENGES AND LESSONS LEARNED**

Activity implementers may need to be flexible or have a back-up plan if they cannot closely follow the methodology described in this report. The PIBA team successfully overcame challenges, such as delays in starting the fieldwork and evolving changes in the scope of the main PIBA activity. The delays significantly cut into the level of effort available for the technical work. In addition, setting up the activity in each country took longer than anticipated—from selecting the issue to identifying and hiring consultants for the PIBA teams. These delays prevented teams from collecting data as planned in one three-week trip. Washington-based staff had to make additional trips for data collection, including the gender team member assigned to the Vietnam PIBA team.

At the start of this activity, there was considerable discussion about whether to have an independent gender component or to integrate the gender analysis within the larger PIBA effort. The gender team decided to work jointly with the PIBA team, expecting that this would result in a more sophisticated integration of gender issues into the activity. To be successful, sufficient resources are needed to ensure flexibility for joint meetings and discussions and an iterative approach.

## **V. RECOMMENDATIONS**

### **Key Gender Activities**

The gender team recommends that each country team chosen to complete the PIBA survey use the following described methodology in sequence:

- Desk review and analysis
- Briefing note
- Gender training
- Review of questionnaires
- Survey
- Analysis
- Report writing

The team should complete the gender briefing note prior to the first country visit to help identify key informants and focus group participants and influence the final construction of the questionnaire. USAID Missions can contribute by providing the subject of interest one month to six weeks ahead of the planned travel dates. The local Health Policy Initiative team can contribute by researching the specific policy relevant to the issue and distributing it to the entire PIBA team for review before meeting to discuss and revise the questionnaires. This will allow the gender experts to undertake a gender analysis of the policy itself, which in turn can inform revision of the questionnaires.

#### **Composition of the team**

To ensure that gender issues are fully integrated into the PIBA effort, it is important for the gender experts to be full members of the PIBA team. This means that a gender expert should work in consultation with a local consultant who has gender experience and has had an appropriate briefing on the activity and its gender activities.

#### **Funding and level of effort**

Funding requirements for the integrated set of gender-specific activities include a total level of effort of approximately 40–50 days for the primary gender team member (local or international), plus 40 days for an additional local consultant. The time should be distributed roughly as follows, depending on the country, the chosen topic, and the amount of accessible data:

- Initial consultations, 1–2 days
- Briefing note, 5–7 days
- Gender training, 5 days<sup>9</sup>
- In-country visits, 20–25 days
- Analysis, report writing, and technical advice on gender integration into PIBA reports, 10–12 days
- Additional local consultant, 40 days
  - Identify and contact interview respondents
  - Schedule and undertake interviews
  - Assist with revising survey questionnaires
  - Review data, specifically related to gender
  - Contribute to data analysis and report writing, specifically related to gender

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<sup>9</sup> Adapting existing training module for the specific country context.

### **Minimal package**

If it is not possible to fully implement the methodology described above, an abbreviated or minimal gender methodology can be considered. This could include the following activities:

- Desk review and analysis
- Gender training
- Review of questionnaires
- Survey
- Analysis
- Contribution to report writing

While most of these steps are similar to the complete methodology, they can be implemented on a smaller scale. The funding and level of effort could be restricted to one gender expert, rather than two, using the minimum amount of time (i.e., 40 days).

## **ANNEX A: BRIEFING NOTE ON GENDER ISSUES, HIV/AIDS, AND THE HAITIAN NATIONAL POLICE**

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December 2006

This draft summary discusses potential gender issues related to the Operational Barriers Activity (OBA)<sup>10</sup> in Haiti. The intent was to encourage both men and women uniformed personnel, particularly in the police force to (1) know their HIV status and (2) implement behavior change communication efforts to change their attitudes and behavior. “Uniformed services” encompasses men and women who are members of local, national, and regional police forces, civil defense, and the military, including UN peacekeepers, as well as local private security forces.

There is little direct documentation—with a few exceptions—of what gender-related operational barriers affect the police in Haiti, despite that “men in uniform” and the police in particular have been identified as key target groups for activities to increase care-seeking behavior and risk-reducing strategies related to HIV/AIDS (UNAIDS, 2003 a; UNAIDS, 2003b; UNAIDS, 2005).<sup>11</sup> Therefore, to provide background and suggestions for the OBA activity, this briefing note first provides an overview on inequalities in gender relations in Haiti, including general issues on gender and HIV, and then investigates how these patterns of gender relations affect the behaviors of the police force as related to HIV prevention. Attention to gender affects many types of policy issues and should be considered in relationship to all aspects of the program, not simply as a distinct, stand-alone topic.

UN agencies involved with the peacekeeping mission in Haiti have already developed several training programs and resource materials related to gender, HIV, and the uniformed services that are appropriate for application to the Haitian National Police force.

This document addresses the following topics:

- 1. Gender inequality in Haiti**
  - Broad-based gender inequality
  - Legislation and gender-based violence
  - Constructions of femininity and masculinity
  - Gender and HIV
- 2. Gender issues and the police force**
  - Women in the Haitian National Police (HNP)
  - Gender issues in identifying and changing police health-related behaviors and policies among the HNP
  - HIV/AIDS services for the HNP and other uniformed services in Haiti
  - Gender trainings given to police and other uniformed forces

Against this background, the note offers (1) recommendations for follow-up by the Health Policy Initiative staff/consultant in Haiti, (2) a summary of NGOs working on related issues in Haiti, and (3)

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<sup>10</sup> This briefing note was drafted when the activity was still called the “Operational Barriers Activity.” The name later became the “Policy/Program Implementation Barriers Analysis” Activity.

<sup>11</sup> See, among others, the assessments carried out by the USAID-funded Synergy Project managed by TtT Associates, Inc., in 2001 and 2002 on Haiti.

where appropriate, examples of regional and global activities that also address gender issues related to police work.

## **Recommendations for Follow-up by Consultant**

1. Collect additional information on the HNP, including sex-disaggregated data on the current composition of the force and applications for admission to the force, as well as any existing sex segregation in the labor categories filled by men and by women in the police force. There are many areas related to possible gender-related barriers to recruitment and retention about which the project does not have current information; for example

*What are the admission requirements (e.g., is there a height requirement)? Are there policies that limit the hours that women work or the jobs they are allowed to hold? What are the policies on pregnancy and maternity and paternity leaves? Who is doing initial HIV testing on police (and other uniformed personnel) recruits and how is it carried out (internally or by using public clinics or private doctors?) Are results communicated to job applicants, whether they are hired or not?*

2. Compile additional information, through surveys or a review of local sources, about police officers' sexual and health-seeking behaviors, including information on how police officers view risk. Are there gender differences in risk perception? A survey addressing risk perception and related behaviors among the police forces would be valuable as a baseline for behavior change and communication efforts.
3. Review the curriculum for and impact of the gender trainings and HIV/AIDS trainings that have been provided to the HNP by the Office of the Gender Adviser in the UN Stabilization Mission in Haiti (MINUSTAH).
4. Meet with the MINUSTAH Gender Adviser and his/her staff on their perceptions of possible operational policy barriers to police access to and use of HIV-related services and to changing sexual behaviors among police personnel.
5. Confirm the status and details of current policies on workplace protection against stigma and discrimination, sexual harassment, and gender-based violence that could apply to HNP and other uniformed personnel and possibly affect the content and success of behavior change and communication activities.
6. Analyze the impact of policies that have health consequences for differential impact on men and women in the police force.
7. Identify any other gender-related issues affecting the various populations with whom the police interact.

## **Gender Inequality in Haiti<sup>12</sup>**

Although Haiti has ratified almost all of the significant international conventions related to women's rights, the various Haitian governments of the past 50 years have done little to develop enforcement and implementation mechanisms. As a result, Haitian law, despite some recent positive changes, continues to discriminate against women. Women constitute a majority of the population (52%) and are a major force in the national economy, particularly in agriculture and agricultural marketing. Nonetheless, they remain marginalized, impoverished, and politically under-represented.

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<sup>12</sup> For more information, see Gardella, 2006.

### **Broad-based gender inequality**

Haiti is the poorest nation in the Western hemisphere and three-quarters of its households are considered poor. Women are further disadvantaged relative to men on most development indicators. More women (44.3%) than men (33.4%) are illiterate and have lower levels of education generally. Although HIV infection appears to be dropping at the national level, young women are considered an “at risk” population and are being infected at “twice the rate of their male counterparts” (Gardella, 2006, p. 10). Women are important participants in the economy, with 62 percent considered economically active but generally in lower-paying sectors, such as agriculture—a stagnating industry—and the informal sector. Women play a central role in agricultural marketing, from the household to the national level, and generally manage household resources, however small, independently from their spouses or other men in their lives. Women typically gain economic resources from the fathers of their children, whether or not they are legally married to them; and the same woman may have children by different men. Although since 1982 women and men have been legally recognized as equal in marriage, women in common-law marriages have few rights (e.g., of inheritance). A type of customary marriage known as “plaçage” continues to be common in Haiti. The union has no legal status but can be relatively stable and long-standing. The man is obligated to take responsibility for some household expenses (rent, furniture, school fees), but the woman has no long-term rights to land, housing, inheritance, or any of her partner’s other resources, except to farm and sell the produce from land he may provide and use the proceeds to maintain her children and contribute to the household (Blanc, 1998).

### **Legislation and gender-based violence**

Until 2005, Haitian laws did not recognize rape as a criminal act. In addition, the broader Haitian penal code contained many regulations discriminatory to women. Recent changes now define rape as sexual aggression, which is punishable, if there is a conviction, with 10 years of hard labor. The legal system now allows for crimes against children under the age of 15 to be punishable by up to 15 years of hard labor. There continues, however, to be uneven application of these laws against men and women, and women “remain second-class citizens with unequal representation before the law and the State” (Gardella, 2006, p. 14).

Gender-based violence (GBV), particularly violence against women, includes both *structural violence*, “inequality based on gender, vulnerability, and poverty [that] make[s] Haitian women especially susceptible to physical violence and interfere[s] with their ability to gain protection” (UNIFEM, 2004, p. 2); as well as *domestic violence*. GBV is an omnipresent problem and has been for many years (see Fuller, 1999). In 1996, even men who reported not using violence against women themselves overwhelmingly supported other men who used violence to control women who were “rowdy,” “extravagant,” refused to obey men, or committed adultery (Fuller, 1999). More recently, an analysis of Demographic and Health Survey (DHS) data on Haiti from 2000 reported a prevalence rate of spousal violence among ever-married women of nearly 29 percent (Kishor and Johnson, 2005).

The International Tribunal Against Violence Against Women in Haiti, held in November 1997, brought to public light the extent of GBV in the country and marked a shift in public attention to the issue. In recent years, efforts to stem violence against women have become an important component of several large donor programs. Such efforts support women’s advocacy groups and work directly with youth gangs who perpetrate much of the violence to change social attitudes toward violence and rape and reduce stigma and discrimination against survivors.

Domestic violence frequently is considered a family rather than a legal issue, and legal protection for victims of such abuse is minimal. Under the new legislative changes, adultery is now considered a private affair rather than a criminal one. There is a code of silence that further limits a woman from filing and reporting complaints (Gardella, 2006).

Particularly relevant to the actions of police and other uniformed personnel, Article 280 states that people in positions of authority who abuse that authority can be punished with hard labor for life if someone dies following criminal abuse.<sup>13</sup>

### **Constructions of femininity and masculinity**

Social norms for men and for women differ significantly in Haiti. In Haiti, men generally have positions of greater control over decisionmaking within families and in society at large. Women are in a weaker position in their ability to make decisions on family affairs and negotiate their sexual relations. DHS from 2000 report that women, either alone or jointly with their partners, make decisions about how to use the money that they have earned themselves (83%), what methods of contraception to use (83%), how many children to have and when to have them (80%), when to visit family and friends (78%), and when to buy everyday items (77%). Sixty-four percent of husbands did not see women as having the right to manage important affairs of the household (Cayemittes et al., 2000).

Women are, in theory, expected to demonstrate fidelity in sexual unions, while men are expected to have multiple sexual partners. Women's refusal to have sex with a promiscuous man is interpreted as encouraging the man to become intimate with other partners (Ulin et al., 1993). In a survey in the early 1990s, 32.5 percent of men in "stable unions" reported having had more than one sexual partner in the previous month (Fuller, 1999).

Haitian social norms, although changing, have historically downplayed the trauma of violence against women. Domestic violence is regularly considered a family matter rather than an issue for police investigation. Before 2005, rape was not considered a crime, and men received little punishment for the offense, even though women who were survivors of rape were stigmatized. A 1996 study on violence against women found it to be pervasive and not significantly affected by education level, economic status, or religion.

Constructions of masculinity in Haiti, as elsewhere in the Caribbean, do not require that sexual intercourse be restricted to heterosexual relations. Sex between men is not necessarily expressive of a homosexual or bisexual identity. As Cáceres states (2002, p.23), "In Latin America, hegemonic male identities do not exclude sexual exchanges with other men, as long as distinct sexual roles are unambiguously assigned" [i.e., where the 'heterosexual' male performs only insertive oral or anal sex] and non-penetrative sex between men may not be categorized as "sexual relations" at all.

### **Gender and HIV**

Haiti has the highest prevalence of HIV in the Latin American and Caribbean region and is the only country where overall prevalence is near that of African countries. Prevalence rates are thought to be declining, but rising rates of sexual activity among increasingly younger populations is problematic. Gaillard and others (2006) find that HIV prevalence has declined from its peak in the late 1980s, both among pregnant women and the general public, especially for pregnant women in urban areas or over age 25, but not among those in rural areas or under 25. Estimates are that 157,000 to 250,000 Haitians are HIV positive.

The degree of general awareness of HIV/AIDS has not been demonstrated conclusively. Some sources report general knowledge among the Haitian population as high (98%) but knowledge of transmission as lower (65%). Experts estimated condom use in 2001 to be at 12 percent among women and 32 percent among men, although increasing. Women often are unable to negotiate for safe sex; 37 percent reported

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<sup>13</sup> A more extensive discussion of the gender aspects of the Haitian penal code is provided in the USAID/Haiti gender assessment (Gardella, 2006).

having had nonconsensual sex (Putnam et al., 2001). Other reports claim that Haitians “remain poorly informed about the disease” (SmartWork, 2004).

There is agreement that in Haiti, as elsewhere, key gender issues for HIV/AIDS include the following: differential access to services by women and men; greater risks of infection for women—especially young girls—after exposure to HIV; women’s greater difficulty in controlling sexual relations because of their dependence on men in general, and their children’s fathers in particular, for financial assistance—or, for others, their engagement in sex work; different forms and consequences of stigma and discrimination for women than for men; and women’s lower levels of education and knowledge about HIV/AIDS. These gender differences are acknowledged in Haiti’s National Strategic Plan to Address HIV/AIDS.

## **Gender Issues and the Police Force**

The aspects of gender inequality outlined above will affect almost all aspects of police officers’ behavior.

### **Women in the HNP and other uniformed services**

Little information is publicly available on the composition of the HNP. Most police officers are men (i.e., members of the dominant gender category, both structurally and culturally). Studies have shown that increasing the number of women in a police force can have positive benefits, such as reducing sexual harassment on the force, defusing violent confrontations, improving the police response to and reporting by women and children of domestic violence and sexual abuse, and building greater trust in community policing (UNDPKO, 2001). In 2003, approximately 300 of Haiti’s 5,000 police officers were women,<sup>14</sup> but this figure is outdated and the police force has been revamped since then. A 2004 multilateral donor strategy recommended that 10 percent of new recruits to the HNP be women (UN et al., 2004).

UNIFEM reports that in 2005, 15 of 368 police recruits were women (4%), chosen from among more than 30,000 applicants.<sup>15</sup> In July 2006, this figure increased both proportionately and in absolute numbers—out of 578 candidates chosen for admission to the police academy, 27 were women (nearly 5%). In comparison, the Liberian National Police Force established a policy to recruit at least 15 percent women in future intake groups.<sup>16</sup>

Gender issues facing women police officers in the HNP may be extrapolated from reports by women in other uniformed services, such as the UN civilian police (UN CIVPOL) in Haiti and women serving as peacekeeping troops elsewhere. In October 2004, only 15 of 409 members of the UN CIVPOL in Haiti were women.<sup>17</sup> Some of these women cited the following obstacles to their participation:

- Being accepted by society as equal in authority to men and having the right to work outside the home, particularly in a profession thought by many to be unsuitable for women
- Having to wear uniforms that are considered immodest
- Getting support from their spouses
- Passing difficult physical tests

In the case of MINUSTAH, women are required to have eight years of policing experience to be taken into the UN force. Also, women at that level usually are married and so found that leaving their family at home to take up work overseas often was difficult to manage, especially because it was seen as an abandonment of their family responsibilities (Guéhenno, 2003).

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<sup>14</sup> See [www.wehaitians.com](http://www.wehaitians.com).

<sup>15</sup> The number of women applicants is not known; at least 120 registered at the Police Academy.

<sup>16</sup> UN Mission in Liberia, retrieved in July 2007 at <http://www.unmil.org/content.asp?ccat=gender>.

<sup>17</sup> Interview with Nadine Puechguirbal, October 2004.

One informant mentioned the following policies as possibly encouraging more women to join and remain in national police forces (Guéhenno, 2003; UNDPKO, 2001):

- Ensuring that selection criteria emphasize all required skills for good policing, specifically balancing physical strength and good communication skills
- Including women and men on selection panels who support women's involvement in policing
- Establishing strong policies on and mechanisms to address sexual harassment
- Increasing offerings of professional training to women police so that they can qualify for new opportunities and advancement in the ranks
- Permitting flexible working hours and offering trainings at various times to accommodate non-work responsibilities and pregnancies
- Encouraging girls to continue in academic programs and develop good physical skills to improve their acceptance into police ranks
- Publicizing positive messages in communities about women being successful law enforcement officers while also filling other socially expected roles, such as spouse and parent

### **Gender issues in identifying and changing police health-related behaviors and policies among the HNP**

The construction of masculinity described above that imposes norms of physical and sexual domination on men can encourage men in the police force, by virtue of their positions of authority, to engage in high-risk sexual practices and/or be physically and sexually abusive.

Several reports on rapes and sexual coercion by policemen in Haiti conclude that they engage in high-risk sexual behavior with women (and possibly men) they encounter in carrying out their duties (e.g., prostitutes, vendors, political activists); this behavior may be exacerbated by travel or other required absences from their homes and families. Police and other uniformed services are considered “a core transmission group” for STI and HIV infection and have prevalence rates higher than among the general public. One source, speaking more generally about the situation of uniformed personnel, stated that “confronting risk daily inspires other risky behaviors, and the sense of invincibility the services promote sometimes carries over into personal behavior” (FHI, 2002). It is for these reasons that “men in uniform” have been identified as an at-risk population. There is, however, no documented evidence of the scale or scope of such behavior in Haiti.

One project implemented in Papua New Guinea provided trainings for peer educators among the police, the wives of police, and sex workers. The peer education program workshops included information on HIV/AIDS and STI transmission, use of condoms, and related topics. One specific component of the workshops addressed the practice of policemen participating in the group rape of the sex workers they picked up for violations (a practice also reported for Haiti in the 1990s). The program developed materials such as comic books to explain the specific risks of these “lineups,” where HIV-negative police workers could become infected from the semen of HIV-positive inseminators who preceded them, even if the sex worker also was negative at the time. After the workshops, rates of condom use rose among these groups when engaging in sexual activities with their clients and casual partners but—among the policemen—not with their wives and girlfriends. The frequency of coerced sex by the police also was reduced (Jenkins, 1997).

Most of the data reported on rapes is collected from women and does not provide much data about the perpetrators, other than a frequently cited figure that 50 percent of the aggressors are husbands or boyfriends (Fuller, 1999). There is no information about their occupations, however—nor any data on the proportion of men in the uniformed forces that has ever engaged in sexually coercive or high-risk behavior (e.g., multiple partners or not using a condom).

There also is no report about whether female police officers experience sexual harassment by their male colleagues or from men with whom they interact as part of their work; this would be a useful issue for investigation.

As noted in the OBA description in Haiti, police and custom and border guards must be tested for HIV and only those with negative tests are hired. The Haitian Labor Law does not require employers to provide formal, written health policies on HIV/AIDS. This law provides only three months of sick leave and then allows workers who are still ill to be fired (SMARTWork, 2004). For the police, there is no required testing after hiring and no job protection if their status becomes positive. This policy clearly creates a disincentive for regular testing when a positive test result would result in the loss of employment. It also discriminates against women, who are a majority of the population (52%) in Haiti and a growing proportion of HIV-positive people.

A contrasting example exists in India, where the police in Mumbai established a policy of nondiscrimination for police offers testing positive for HIV (BBC News, 2004). Some other countries are developing policies to ensure that an individual's employment record does not include information on STI treatments, workplaces maintain the employment of HIV-positive staff, and uniformed forces provide condoms to their employees.<sup>18</sup> HIV testing is not required for UN peacekeepers before, during, or after deployment. When national services do require testing, they generally do not make the results available to the UN missions. Some nations have asked that troops entering their countries be tested prior to arrival, but this position has been considered discriminatory since "the HIV status is not in itself considered an indication of fitness for deployment" (UNAIDS, 2005, p. 23).

#### **HIV/AIDS services for the HNP and other uniformed services (including UN peacekeepers)**

Only one of the NGOs working in Haiti on HIV/AIDS, Population Services International (PSI), noted having a program involving the police force. Its website page on Haiti programs notes that, as part of its HIV/AIDS programming, it is providing voluntary counseling and testing (VCT) services to the police, but the site gives no details.<sup>19</sup>

The 2001 Synergy Project report noted that Family Health International (FHI) was expecting to work in Haiti on HIV services with the police, first in Cap Haitien and later scaling up to a national program; however, its website provides no information confirming that the Haiti activity was started (Putnam et al., 2001).

FHI has developed programs on HIV and uniformed personnel in other countries (Nigeria, Zambia, South Africa, Kenya, Eritrea, and Ethiopia) (FHI, 2002). It is part of a broader alliance of groups that constitute the USAID-supported Task Force on Uniformed Services, which is developing tools to integrate programs on HIV/AIDS into uniformed services health systems. Among the activities, the following are mentioned as key to a comprehensive approach: advocacy to keep STI treatments off of individuals' health records; studies to understand perceptions of risk; strategic planning for better integration of HIV/AIDS programming; training on HIV/AIDS for all recruits and personnel; condom distribution; strengthened STI services; high-quality HIV VCT services; monitoring and evaluation programs; providing post-exposure prophylaxis; and offering care and support for people living with HIV/AIDS. Although not directly discussed in the FHI materials, each of these activities is influenced by gender issues that need analysis. For example, in terms of condom distribution, gender analysts need to ask: Are both male and female condoms provided? When looking at the quality of HIV VCT services, are they equally accessible to men and women? In addition, the growing number of women in the uniformed services needs to be addressed.

<sup>18</sup> Examples from the Task Force on Uniformed Services, coordinated by FHI International.

<sup>19</sup> [http://www.psi.org/where\\_we\\_work/haiti.html](http://www.psi.org/where_we_work/haiti.html).

As of 2005, UNAIDS had not signed a formal partnership agreement with government leaders in Haiti to make a national commitment to respond to HIV/AIDS among its uniformed services; although, it is developing a formal partnership with the regional organization of the Committee for the Prevention and Control of HIV/AIDS in Latin American and Caribbean Uniformed Services (UNAIDS, 2005). At a global level, however, both the UNAIDS Uniformed Services Task Force and the UNAIDS Security and Humanitarian Response Office are working in this area. UNAIDS has developed a number of guides, including a peer educator guide containing a module on gender and human rights issues, for working on HIV/AIDS issues with uniformed personnel (listed in the bibliography). Also, UNAIDS has established full-time AIDS advisors in each of its major peacekeeping missions, as well as AIDS focal points in smaller missions. Haiti, as a major mission, has a full-time AIDS advisor, Colonel Ingrid Shrils (in 2005). The mission in Haiti, for example, has used three-day courses to train more than 70 peacekeepers from 16 different troop-contributing countries, with follow-up support and monitoring provided by the mission's AIDS unit (UNAIDS, 2005).

Among the police in Haiti,

In collaboration with the Ministry of Public Health and Population and the Ministry of Justice and Public Security, the United Nations Population Fund (UNFPA), and the UN peacekeeping mission in Haiti, UNAIDS is providing financial and technical assistance to help the Haitian police force develop a comprehensive plan to promote HIV prevention, reproductive health, and gender equality. The project also aims to build the long-term capacity of the police to integrate these health concerns into its regular orientation, training, and oversight. Activities include peer education, the curricula development for the National Police Academy, voluntary testing and counseling, improved management of STIs and HIV infection, and condom promotion and distribution. The project seeks to reach more than 6,200 members of the national police, as well as 300–400 new recruits every six months (UNAIDS, 2005, p. 24).

In El Salvador, The Manoff Group, under the CHANGE project, worked with police and their families to modify high-risk behaviors and reduce HIV transmission (2002–2004). It created a peer network and a counseling network and introduced voluntary testing to be made available to police.<sup>20</sup>

FHI carried out significant work under the IMPACT project to develop a program for the police in Ghana, including

- Incorporating an HIV/AIDS curriculum into police recruit training;
- Establishing a police peer education program;
- Promoting condoms;
- Initiating targeted behavior change interventions and "sensitization sessions" to raise awareness;
- Starting VCT programs for police and providing services throughout the country; and
- Developing a web page on the police department website on VCT.<sup>21</sup>

The POLICY Project worked with police in Nepal to develop both an HIV strategy and a curriculum guide for training with police officers (Nepal Police, 2005a and b).

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<sup>20</sup> Program materials, in Spanish, can be found at [www.manoffgroup.com/prog\\_elsalvador.html](http://www.manoffgroup.com/prog_elsalvador.html).

<sup>21</sup> Retrieved in July 2007 at <http://www.ghanapolice.org/others/hospital3.htm>.

### **Gender trainings given to police and other uniformed forces**

Historically, male police officers have had poor relations with the women in the public they deal with. Police officers hold positions of power. In Haiti, they also can call on cultural norms of dominance by men, combined with a lack of legislation or judicial action against sexual crimes, to abuse women with whom they interact, especially—but not limited to—prostitutes, domestic workers, and political dissidents. There are numerous accounts of police officers beating, raping, and killing women, and it is commonly reported that a woman would not dare to report a rape to the police for fear of being raped again. In 2005, it was alleged that sexual misconduct and rape was used as a tactic not only by the HNP but also by UN peacekeepers.<sup>22, 23</sup>

To address these problems, which are closely related to gender norms and expectations, police and other uniformed officers in Haiti have gone through gender sensitivity and gender awareness trainings. Security Council Resolution 1542 authorized a mission to assist the transitional government in monitoring, restructuring, and reforming the HNP. For this mission, MINUSTAH was to vet and certify personnel, advise as to reorganization and training, include gender training, and monitor and mentor members of the Haitian National Police.<sup>24</sup>

In June 2004, MINUSTAH appointed a Senior Gender Advisor, Nadine Peuchguirbal, to work in Haiti. Her responsibilities included providing trainings for MINUSTAH's international staff, the international CIVPOL, and the military peacekeepers on the meaning of gender awareness in the Haitian context. In late 2004, it was reported that Ms. Peuchguirbal was "contributing to a training curriculum for the Haitian National Police on HIV/AIDS and gender issues" and was working in collaboration with many of the other UN agencies in Haiti. "The aim is to improve the police response to cases of violence against women and strengthen services and shelters for victims." In addition, MINUSTAH hired Mr. Ernst Lucceus in a national program officer position in the Gender Unit; he took over the gender trainings for the HNP.<sup>25</sup> Mr. Lucceus also was expected to develop a peer education project with UNFPA to address issues related to masculinity in Haiti.

In 2005, MINUSTAH also began implementing a project aimed at improving the facilities within police stations that receive women who have been victims of sexual violence, but the project found little documentation as to progress of this effort. Also in December 2005, MINUSTAH, along with UNFPA and UNAIDS, provided a gender awareness training as part of a larger program on human rights to 49 police inspectors—four of whom were women (2 from the HNP and 2 from CIVPOL) (AlterPresse. 2005).

Liberia provides another example of gender advisors working with the national police. In 2004, the United Nations Mission in Liberia had a very active Office of the Gender Advisor, which accomplished the following:<sup>26</sup>

- The office held several trainings that included gender issues. One program for 646 people included 60 women from the Liberian National Interim Police. A second training for 20 senior management staff included three women from the Liberian National Police. A third training included civilian police instructors (1 woman) at the Policy Academy. The training "covered

<sup>22</sup> See, for example, UNIFEM reports, available at <http://www.womenwarpeace.org/haiti/haiti.htm> and Refugees International reports, available at <http://www.refugeesinternational.org/content/article/detail/5383>.

<sup>23</sup> Similar tactics and abuse of police authority are described for Jamaica. See <http://hrw.org/english/docs/2004/11/16/jamaic9669.htm>.

<sup>24</sup> Retrieved in July 2007 at <http://www.state.gov/p/inl/rls/fs/47759.htm>.

<sup>25</sup> Retrieved in July 2007 at [http://www.un.org/womenwatch/osagi/resources/faces/4\\_Gender\\_faces\\_en.pdf#search=%22%22What%20is%20a%20gender%20advisor%2C%22%20Haiti%22](http://www.un.org/womenwatch/osagi/resources/faces/4_Gender_faces_en.pdf#search=%22%22What%20is%20a%20gender%20advisor%2C%22%20Haiti%22).

<sup>26</sup> Retrieved in July 2007 at [www.unmil.org/content.asp?ccat=gender](http://www.unmil.org/content.asp?ccat=gender).

gender concepts, sexual and gender based-violence, gender and culture, and gender issues in policing.” The office also conducted a training of trainers for 10 civilian police instructors, including one woman, at the police academy.

- Staff wrote a training manual on gender in consultation with the police as a response to the training described above; it covered those gender issues as well as topics on human rights, legal rights, and national legal instruments (the Constitution of Liberia, the Penal Code, and the new Inheritance Act).
- The office also developed a gender policy that addressed gender disparities in the police service and targeted at least 15 percent recruitment of women in the police.

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## **ANNEX B: GENDER CONSULTANT SCOPE OF WORK**

### **SOW for Consultant, Haiti OPB<sup>27</sup> Activity**

#### **Background on OPB activity**

The overall Operational Policy Barriers (OPB) activity involves conducting rapid reviews in four pilot PEPFAR countries to identify key operational policy-related barriers affecting the ability of programs or institutions to achieve their stated implementation goals. Once the activity identifies the barriers, the analysis process will reveal opportunities, both short and long term, for overcoming the constraints.

Operational policies are understood to be the laws, regulations, codes, guidelines, plans, and proposed resource allocations that shape consumer demand and how services are provided.

In each country, one or more topics will be the focus of the OPB analysis. In Haiti, the central topic is to review and understand the operational policy-related barriers associated with improving the HIV testing and counseling of and service delivery to the HNP and other uniformed services, including security guards. In the first stage, the consultant working under the OPB activity will be responsible for carrying out a preliminary study to uncover key policies affecting HIV testing, counseling, and services among the HNP and other uniformed services. In a second stage, the consultant will conduct focus groups and interviews, using a pre-set questionnaire among program managers, service delivery providers, service users, other stakeholders, and policymakers.

It is expected that the findings from the focus group and other interview results will be used by policymakers, provincial or district health authorities, and other community members to improve and clarify policies, address barriers to implementing key programs, and advocate for increasing the amount of funding available for identified policies or programs so as to update implementation plans or advocate for policy reform.

#### **Gender-related aspects of OPB activity**

Because both policies and programs may have differential impacts on men and women, it is important to consider gender as an integral piece of the OPB effort. In Haiti, for example, local gender norms place men in positions of greater authority and power, and men are dominant in the police force. Although women are key economic actors in Haiti's still agriculturally based economy, they are nonetheless dependent on men for economic assistance for their children and to pay for other household expenses, including healthcare. Also, the general belief that it is acceptable for men, but not women, to have multiple sexual partners makes it difficult for women to protect themselves from sexually transmitted diseases, even if they are being faithful in a long-term relationship.

Building on work already completed and reported on in the OPB Haiti briefing note, the consultant will collect additional information on the following and identify gender issues that may emerge:

- Information on the HIV/AIDS policies of the HNP, including those on prevention, testing, and access to VCT, care, and treatment; handling of positive officers, e.g., who is doing initial HIV testing on recruits for the police and other groups of uniformed personnel and how it is carried out (internally or by using public clinics or private doctors). Are results communicated to job applicants, whether or not they are hired? Similar questions can be asked of other uniformed services, including private security guard groups.
- Data on the current gender composition of the HNP force and applicants, as well as the sex-segregation, if any, in the labor categories filled by men and by women in the police force. There

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<sup>27</sup> This was written before the activity changed its name to "Policy Implementation Barriers Analysis."

are many areas for which there is no information about possible gender-related barriers to recruitment and retention (e.g., admission requirements, such as height requirements); hours of service; and pregnancy and maternity/paternity leave policies.

- Data on men and women police officers' sexual and health-seeking behaviors, including information on how police officers view risk. Are there gender differences in risk perception? A survey addressing such risk perception and related behaviors would be valuable as a baseline for behavior change and communication efforts.
- Information on the curriculum for and impact of the gender and HIV/AIDS trainings that the Office of the Gender Advisor has provided to the HNP.
- Information on the status and details of current police force policies on workplace protection against stigma and discrimination, sexual harassment, and gender-based violence that could apply to HNP and other uniformed personnel and that might affect the shape and success of behavior change and communication activities.

## **ANNEX C: TRAINING MATERIALS USED WITH HAITI AND VIETNAM TEAMS**

### **Gender in Operational Barriers Activity<sup>28</sup> for USAID | Health Policy Initiative Staff and Consultants**

#### **Table of Contents**

1. Agenda and Workshop Objectives
2. Facilitator Contact Information
3. “Vote with Your Feet” Exercise Statements
4. PowerPoint Presentations, January 8, 2007
  - The Rationale for Gender Integration
  - What Do We Mean by “Gender”?
  - An Analytic Framework for Gender
5. Case Study—St. Vincent and the Grenadines Island-to-Island Program
6. Worksheets One and Two
7. PowerPoint Presentation, January 11, 2007
  - Linking Gender Analysis and the OB Activity
8. Gender Methodology and Deliverables
9. Worksheet Three
10. Reference Materials
  - Gardella, Alexis. 2006. *USAID/Haiti Gender Assessment*. Washington, DC: DevTech Systems, Inc. (Available at <http://dec.usaid.gov>).
  - Rubin, Deborah, and Elizabeth Doggett. 2006. *Briefing Note on Gender Issues, HIV/AIDS, and the Haitian National Police*. Paper prepared for Health Policy Initiative, Futures Group Haiti Team (November 3 draft) (see Annex A of this document).

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<sup>28</sup> This training was created and implemented before the activity changed its name to the “Policy/Program Implementation Barriers Analysis.”

**Agenda: Gender in Operational Barriers Activity for  
USAID | Health Policy Initiative Staff  
Futures Group, Washington, DC**

**Day One**

1. Welcome /Introductions/Agenda/Objectives (20 minutes)
2. “Vote With Your Feet” (20 minutes)
3. The Rationale for Gender Integration (15 minutes)
4. What Do We Mean By “Gender” (30 minutes)
5. An Analytic Framework for Gender (60 minutes)
6. Applying the Framework to a Case Study (60 minutes)
7. Wrap-up

**Workshop Objectives:**

- ✓ To understand key concepts related to gender
- ✓ To understand a framework for gender analysis
- ✓ To apply the gender analysis framework to a case study

**Day Two**

1. Questions and Review of Previous Sessions (10 minutes)
2. Review of Gender OB Methodology and Deliverables (20 minutes)
3. Review of Current Gender Materials (10 minutes)
  - Women in Development Haiti gender assessment
  - Operational Barriers (OB) gender briefing note for Haiti
4. Identification of Illustrative Gender Constraints in Haiti (45 minutes)
5. Discussion of Gender Issues in the OB Activity (60 minutes)

**Workshop Objectives:**

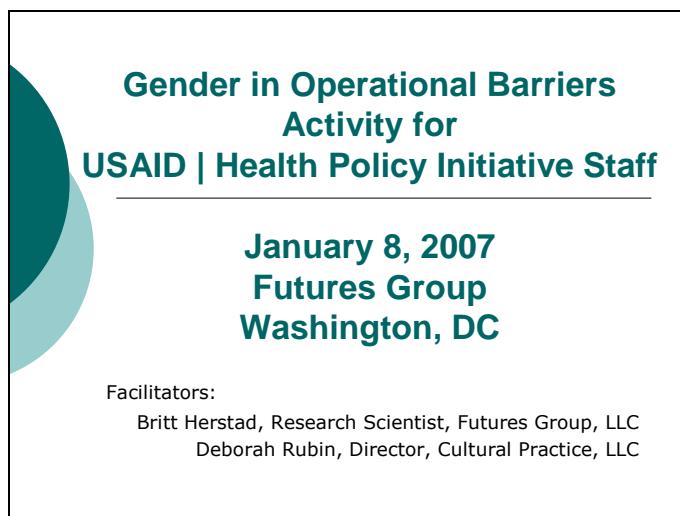
- ✓ To understand and explore the idea of gender-related OB
- ✓ To understand the gender-related products of the activity
- ✓ To explore the gender aspects of the survey questionnaire
- ✓ To discuss the gender aspects of the survey data analysis

## **“Vote with Your Feet” Exercise**

**Instructions:** The trainer should read each statement aloud and instruct participants to move to one side of the room or the other to show their agreement or disagreement with the statement. The facilitator should then ask a participant on one side to explain the reasoning behind his/her choice. The facilitator should ask someone on the opposite side to respond and then hold a short discussion to explore people's opinions. The exercise should conclude with a debriefing to explain that personal opinions often color attitudes toward gender issues and program design and operations.

- Statement One: “Women are naturally better parents than men.”
- Statement Two: “Many reproductive health workers are more uncomfortable working with men than with women.”
- Statement Three: “Gender-equitable relationships should not be the goal of a donor-funded health program.”

## **PowerPoint Presentations for Gender Training Workshop**



- This presentation addresses the reasons behind integrating gender into the OB activity.
- Gender differences affect the way that men and women experience health and disease and are engaged in health programs.
- USAID has mandated that gender issues be addressed in its HIV/AIDS programs.
- Introductions of training facilitators and current involvement in OBA activity
  - ◊ Britt Herstad, Futures Group, worked on the Vietnam project
  - ◊ Deborah Rubin, Cultural Practice LLC, worked on the Haiti project

## Workshop Objectives

To enable workshop participants to

- Understand key concepts related to gender
- Understand a framework for gender analysis
- Apply the gender analysis framework to a case study
- Link the gender analysis to gender-related operational barriers
- Understand the gender-related products of the OB activity
- Explore the gender aspects of the survey questionnaire
- Discuss the gender aspects of the survey data analysis

- The gender training will be given on two days—each day with its own set of learning objectives and activities to help participants integrate gender throughout the activity.
- At the end of the training, participants will leave with three accomplishments:
  - ◊ Understanding of the gender analysis process related to health
  - ◊ Completion of a case study that will provide knowledge and offer practice, so that participants feel more comfortable working with gender issues using a project-level example
  - ◊ On the second day, application of the analysis to the OB activity

## Vote With Your Feet

- If you agree with the statement, move to your left
- If you disagree with the statement, move to your right

No sitting on the fence!



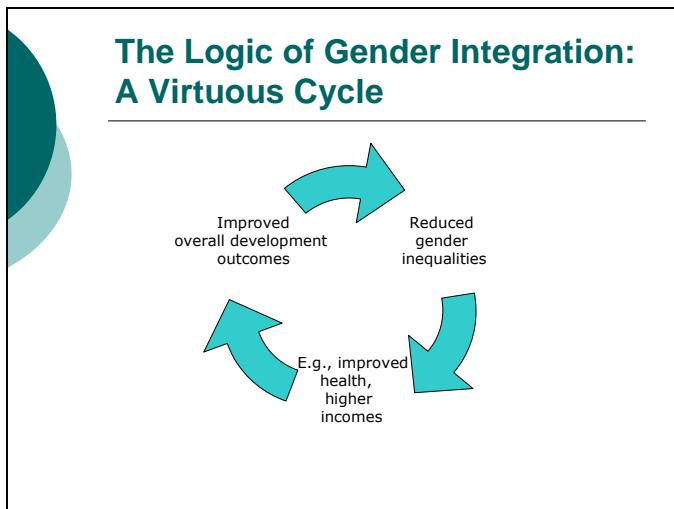
- This “vote with your feet” exercise is intended to help participants identify their beliefs about different gender issues. As the trainer reads each statement, the participant must take a position, either agreeing or disagreeing with the statement.
- Instructions: Trainer reads a statement (see below). Participants move as directed by the slide. Explain that this will be done in-country with the focus groups to warm them up for discussion.
  - ◊ Statement One: “Women are naturally better parents than men.” This statement illustrates how people’s beliefs about differences between men and women are either biologically or socially based.

- ◊ Statement Two: “Many reproductive health workers are more uncomfortable working with men than with women.” This statement is used to discuss a gender-related operational barrier.
- ◊ Statement Three: “Gender-equitable relationships should not be the goal of a donor-funded health program.” This statement introduces ideas about gender-related policy impacts and emphasizes that each activity has twin goals: to achieve both program and gender-equity objectives.

In debriefing the exercise, the trainers should point out that “natural” differences between men and women lies in the ability to bear children and to breastfeed. The other differences are largely socially conditioned and differ in various countries and over time.

- People’s beliefs about gender can create operational barriers.

People already have ideas about what gender means. These ideas influence the way they look at different kinds of questions, even when they are not aware of them. The “vote with your feet” exercise helps people become aware of these biases so that they can understand how their thinking affects the way they work; this encourages them to make appropriate changes as needed.



Results of development research over the past three decades have shown that paying attention to the different needs of men AND women and addressing these needs systematically throughout a program cycle can begin to create a “virtuous cycle” of development, where good efforts create good results that reinforce each other. By removing inequalities based on gender, it is possible to improve development outcomes, which in turn creates a more equitable environment for both men and women.

An example of this process is the benefits of successful nutrition interventions. When economic growth channels more funds to women who are mothers, their health improves, they are able to go to school or work, and are then better able to feed and care for their children, thus passing the benefits on to future generations.



## Contribution of Gender Analysis to Health Programs

For **groups and individuals**, gender analysis clarifies how culturally defined gender categories shape

- Different levels and types of risk, exposure, and knowledge
- Occurrence, severity, and frequency of disease
- Social and cultural responses to disease, sexuality, and reproduction
- Access to health resources
- Power to exercise rights and have control over one's body and one's health

Research has shown that there are several ways in which health systems are affected by gender inequalities. These inequalities can create issues for women or men as individuals. Often the problem is that women, who may be poorer or less mobile, have difficulties in accessing health services.

But inequalities also emerge through institutional preferences. Doctors, who are more often men than women in developing countries, may receive a greater share of health resources than nurses, who are more likely to be women. In another example, men may be negatively affected, as in the predominance of maternal health programs compared with men's reproductive health programs, so that men's access to health services may be more limited in these areas.



## Addressing Gender in Health Recognizes That...

"even apparently gender-neutral development policies can have gender-differentiated outcomes – in part because of the ways in which institution and household decisions combine to shape gender roles and relations....that prevent women and men from taking equal advantage of economic opportunities."

World Bank, 2001

The trainer should read the slide and ask for comments.



## What Makes Gender Our Responsibility?

### ✓ International Agreements

- UN International Conference on Population and Development (ICPD)
- Fourth World Conference on Women (Beijing)
- Millennium Development Goals

Not only are there significant benefits to improving gender equity, it is also the law in most countries. Many international agreements have been signed, such as the Convention to Eliminate Discrimination Against Women and the Millennium Development Goals, which explicitly recognize a commitment to achieving gender equality and improving conditions for women around the world, particularly in education, law, and health. These conventions and declarations share a commitment to involve women in the leadership, planning, decisionmaking, implementation, and evaluation of development activities, as well as all other aspects of economic, political, and social life in each country. They also support the involvement of men in taking responsibility for their sexual and reproductive behavior and their social and family roles.

[At this point, the trainer can also mention the specific conventions applicable to the country in which the OB survey work is being or will be carried out.]



## What Makes Gender Our Responsibility?

### ✓ USAID Policy

- The Percy Amendment
- The ADS (Operations Manual):
  1. How will gender relations affect the achievement of sustainable results?
  2. How will proposed results affect relative status of women?

The United States Government has made commitments to address gender issues in health and development work. USAID is responsible for adhering to these commitments and ensuring that gender concerns are integrated throughout all of its work. As signatories to the International Conference on Population and Development and the Beijing Platform for Action, USAID is required to

- Promote women's empowerment and gender equity;

- Put aside demographic targets to focus on the needs and rights of individual women and men, promoting a comprehensive reproductive health and rights approach;
- Involve women in leadership, planning, decisionmaking, implementation, and evaluation; and
- Involve men in taking responsibility for their sexual and reproductive behavior and their social and family roles.

In its own institutional policies, USAID also requires a commitment to gender equity. The earliest statement of this commitment was in 1972, with the passage of the Percy Amendment and the establishment of the Women in Development Office.

More recently, these principles have been included in the Automated Directive System, which is USAID's set of administrative policies. It requires all USAID programs to report on the two questions shown on the previous slide. It is important to be explicit about both goals in designing health programs. But how do we answer these questions?

To answer them, projects must conduct gender analyses and integrate gender into all activities.

The first question suggests that it is necessary to understand the current situation of gender relations in a particular environment as it relates to the activity being implemented—what is going on and how it will affect what you want to do?

The second question indicates the need to be sure that any activity put in place does not worsen the situation of women or men (consequences). To determine whether there has been a positive or negative consequence necessitates having established both a baseline and a monitoring system to measure change.

## What Makes Gender Our Responsibility?

### ✓ USAID: PEPFAR

- Meet unique needs of women
- Encourage men to be responsible and to respect women
- Increase women's access to employment, income, productive resources, and microfinance programs
- HIV/AIDS education for women and girls
- Health and counseling programs: reducing sexual violence and coercion, child marriage, the denial of widow inheritance, and polygamy
- Preventative intervention education and technologies with emphasis on most-at-risk populations

Finally, PEPFAR program objectives also speak to improving gender equity.

Language in PEPFAR calls for the following:

- Strategies to meet the unique needs of women, including the empowerment of women in interpersonal situations and those who are victims of sex trade, rape, sexual abuse, assault, and exploitation.
- Strategies and assistance to encourage men to be responsible in their sexual behavior and childrearing and to respect women, including reducing sexual violence and coercion.

- Strategies and assistance to increase women's access to employment opportunities, income, productive resources, and microfinance programs.
- Programs specifically targeted at women and girls to educate them about the spread of HIV.
- Including information in health and counseling programs on reducing sexual violence and coercion, including practices such as child marriage, denial of widow inheritance, and polygamy.
- Preventative intervention education and technologies with emphasis on high-risk populations, including those exploited through the sex trade and victims of rape and sexual assault.

In addition, the pilot program of assistance for children and families affected by HIV/AIDS “should ensure the importance of inheritance rights of women, particularly women in African countries, due to the exponential growth in the number of young widows, orphaned girls, and grandmothers becoming heads of households as a result of AIDS pandemic.”

## The Elevator Metaphor



Existing gender inequalities restrict access to upper floors of the development skyscraper

- Discriminatory legislation
- Lack of skills, knowledge, education
- Gender-based violence

Gender-sensitive interventions

- Remove obstacles
- Create equitable opportunities for both women and men,
- Let both men and women, together, reach the penthouse

In this slide, we use the metaphor of an elevator in a skyscraper to communicate that gender equality benefits everyone—both men and women. The point of working toward gender equality is to remove any obstacles to economic growth, better health, or participation in government that are based on a person's sex. All people, both men and women, should be able to get into the elevator and get to the top floor—to the penthouse. It would not be fair if only men could use the elevator and women had to use the stairs—nor would it be fair if the situation were reversed.



## Sex and Gender

In this section, we provide a brief refresher course on the concepts of sex and gender.

[Insert a photo of children—both boys and girls—engaged in household activities, such as childcare, dishwashing, etc.]

The trainer asks the audience: What do you see, sex or gender?

Someone may respond, “I see a boy who is fishing/playing.” “I see that girls are washing dishes.” “Boys are wearing shorts and girls are wearing dresses.”

The trainer should ask: “Is that something that marks a sex category or a gender category?” The trainer should explain that clothing is something that you wear according to cultural norms. In different cultures, different types of clothes are acceptable for boys or girls, or men or women, and vary according to age, ethnicity, and social class. Clothing is a cultural marker for gender, not for sex.

In the same way, the activities depicted—fishing or washing dishes—are learned behaviors, not natural ones, so they are also the result of gender norms.

The trainer then asks, “Can you see sex in the picture at all?” It is important to help everyone realize that they are making judgments about what they see and they are making interpretations about the evidence they are seeing to put people into gender categories. We bring our own understandings of gender to the picture.

## Definitions

- **Gender** refers to "the economic, social, political, and cultural attributes and opportunities associated with being male and female.... what [gender] means .... and patterns of inequality vary among cultures and change over time" (OECD 1998).

Men and women power/inequality	Relative
Culturally diverse	Change over time

- **Sex** refers to the biological characteristics that define males and females primarily according to reproductive capabilities or potentialities.

Males OR Females	
Universal	Unchanging

This slide provides definitions for sex and gender. It is important that a common vocabulary is shared. The word “sex” and the words “males” and “females” should only be used when referring to biology and characteristics that do not change across time or space. At all other times, the words “men” and “women” should be used to reflect gender categories.

## Gender is relational – and gender relations may be unequal

- Gender is not only about the socially defined attributes associated with either men or women but also about the relationship **between** men and women.
- Women are key contributors in any given community, but they often have less access to resources (income, education, technology) than do men.

Another aspect of gender is that it is relational. Cultures often define the attributes of men and women in opposition to each other. An approach that looks only at men or only at women will be incomplete, reflecting only a portion of the whole picture. Also, to achieve change, it is necessary to include both men and women.



## **Gender equity is the means Gender equality is the result**

- **Gender equity** refers to the process of being fair to men and women, including using measures to compensate for historical and social disadvantages that prevent men and women from operating on "level playing fields." (CIDA 1996)
- **Gender equality** is the equal enjoyment by men and women of socially valued goods, opportunities, resources, and rewards. (SIDA 1997)
- **Gender mainstreaming** is about changing unequal power relations that are related to gender in order to secure greater equality in all its social manifestations for the disadvantaged members of society (poor men and women). Gender mainstreaming ensures that the goals of gender equality are expressed in both an organization's structure and its activities.

This slide provides definitions for other commonly heard terms: gender equity, gender equality, and gender mainstreaming.

[The trainer should ask if there are any questions about the definitions of these terms.]



## **Addressing Gender in Health Programs**

- Looking beyond biology to women's roles as daughters, mothers, and grandmothers and men's roles as sons, fathers, and grandfathers
- Revamping health services to reach both women and men
- Bringing women and men into health provision and health education jobs and activities
- Creating support groups with equitable membership and benefit practices
- Using new technologies to reach both men and women with health information

Building on the definitions already presented, this slide reminds activity implementers to look beyond biology (beyond male/female) to work with people in terms of their gender roles and responsibilities.

The trainer asks if those in the audience can provide examples from their experience in which programs were adjusted to respond to local gender roles.



## **Implications of Gender**

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The association of gender differences with specific behaviors, attitudes, or aptitudes cannot be assumed but needs to be investigated, as it will vary from one context to another as well as over time.

As seen in the exercises, the differences between men and women cannot be assumed but must be investigated. They are not natural—they are shaped by local cultural beliefs and practices and will be different from one place to another and change over time.



## **Gender Analysis Framework**

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## Domains of Gender Analysis

- Access to Assets
- Knowledge, Beliefs, and Perceptions
- Practices and Participation
- Space and Time
- Legal Rights and Status
- Power

**Gender analysis** is a type of socioeconomic analysis. In the context of development assistance, it is intended as a tool to illuminate the links between the existing gender relations in a particular society and development problems that need to be addressed. Gender analysis identifies the types of gender differences and inequalities that otherwise might be taken for granted—such as how men and women have different access to and control over resources, carry out different social roles, face different constraints, and receive different benefits. Once highlighted, they can be addressed and alleviated by carefully designed programs.

There are many different ways of doing gender analysis. In addition to the one presented in this training, practitioners may be familiar with the following:

- The Harvard Analytical Framework, also known as the Gender Roles Framework
- The Moser Gender Planning Framework
- The Gender Analysis Matrix
- The Women's Empowerment Framework
- The Social Relations Approach

There also are other models for collecting and analyzing gender-relevant information and ways to put that analysis into effect in development interventions. No single framework provides an appropriate way to address all development problems.

- Each model reflects a set of assumptions about how gender is constituted and the importance of understanding gender issues to achieve successful development outcomes. Some emphasize equity or equality as the key outcome and do not address other development objectives. Program managers can learn to identify these assumptions so as to choose the most appropriate model for their specific needs.
- The different institutional settings of the multilateral and bilateral development agencies, foundations, NGOs, and developing and transition country government systems call for the adaptation of different gender analysis frameworks. Not all models work equally well in every organization; many were designed by specific organizations and are not easy to adapt to other institutional programs. Some are more research oriented and are difficult to use in implementation; others are focused on one particular implementation style and may omit data useful for other approaches.

- Each model was developed at a particular point in time. Not all have been modified to reflect changes in the way we think about gender or the way in which development priorities and approaches have changed.

In hiring consultants to carry out gender analyses, it is important to clarify which, if any, framework the consultant follows. Some follow one particular model; others use a combination of methods, depending on the situation at hand.

The one used here was developed by Deborah Rubin and Deborah Caro of Cultural Practice, LLC, and came out of an anthropological approach to gender in developing countries. They have identified six domains of social life in which gender relations are particularly significant. The domains are not mutually exclusive; they overlap and intersect. Some kinds of behaviors will be relevant to more than one domain. These spheres of life are present in families, communities, and institutions.



## Access to Assets

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The capacity to use the resources necessary to be a socially, economically, and politically active participant in society

- Income
- Services
- Labor and Employment
- Information
- Benefits
- Capital
- Land

Here “access” refers to being able to use the resources necessary to be a fully active and productive participant (socially, economically, and politically) in society. It includes access to resources, income, services, employment, information, and benefits.

In nearly all societies, people’s ability to control their labor and access to different jobs or information will vary enormously, depending on their gender. For example, in Haiti, many women get pregnant and become dependent on a man for support of the child. Women face a lack of job opportunities related to uniformed services, even though it is an important source of employment for men.

## **Knowledge, Beliefs, Perceptions**

- Who knows what and how that differs by gender category
- Beliefs (ideology) that shape gender identities and behavior; how men and women or boys and girls conduct their daily lives
- Perceptions that guide how people interpret aspects of their lives differently depending on their gender identity

This domain refers to the culturally mediated gender ideologies that shape beliefs about the qualities and life goals or aspirations appropriate to different gender categories. It involves understanding how people interpret aspects of their lives differently according to gender categories. Men and women may have access to different types of knowledge, have diverse beliefs, perceive situations differently, and conform to gender-specific norms. In many cultural systems, some knowledge may be proprietary to only one gender category and hidden from the other, limiting people's ability to participate in the full range of social experiences.

## **Practices and Participation**

Gender influences people's behaviors and actions.

In rural communities, gender affects the division of labor on the farm and the taking of off-farm employment; it affects educational opportunities and the ability to control and amass assets.

Gender influences participation in activities, meetings, political processes, services, and training courses.

This domain refers to people's behaviors and actions in life—what they actually do—and how this varies by gender. It encompasses not only current patterns of action, but also the way that people engage in development activities. It includes attending meetings or training courses, accepting or seeking out services, and participating in other development activities. Participation can be both active and passive. Passive participants may be present in a room where a meeting is taking place and so may be aware of the information transmitted but not voice their opinions or play a leadership role. Active participation involves voicing opinions and playing an active role in the group process. We also find that men and women are expected to behave differently in the area of practices/participation.

In Haiti, women are very strong economic actors. Most agricultural trade is transferred through women in Haiti. This is not, however, a transferable strength to other social spheres.

## Time and Space

- Gender affects how people use time:
  - Time allocation
  - Time availability
  - Division of labor
- Gender affects where people are located in the landscape:
  - Where women and men (girls and boys) work
  - Where women and men (girls and boys) socialize

Gender often structures the availability and allocation of time, as well as the space in which time is spent. This domain includes recognizing gender differences in the division of both productive and reproductive labor; identifying how time is spent and committed during the day, week, month, or year, and in different seasons; and determining how people contribute to the maintenance of the family, community, and society. The objective here is to determine how people in different gender categories spend their time and the implications of these time commitments on their availability for program activities. An important question to ask about time availability is whether it is flexible, negotiable, and fungible.

In the Caribbean, there is an expectation that men can travel unaccompanied, while women are expected to stay closer to home, walk around with a companion, or follow restrictions for traveling at certain times of the day.

## Legal Rights and Status

- Gender affects the way people are regarded by and treated by both customary law and the formal legal code and judicial system
- Gender affects rights to
  - Legal documents
  - Ownership and inheritance
  - Reproductive choice
  - Representation
  - Due process

Analysis of this domain involves assessing how the customary and formal legal codes and judicial systems treat people in different gender categories. It encompasses access to legal documentation, such as identification cards, voter registration, and property titles, as well as rights to inheritance, employment, redress of wrongs, and representation.

In Haiti, the law regarding rape has been changed only recently. Until 2005, Haitian laws did not recognize rape as a criminal act and the broader Haitian penal code contained many regulations that

discriminated against women. Recent changes now define rape as sexual aggression, and if there is a conviction, it is punishable with 10 years of hard labor. People convicted of crimes committed against children under the age of 15 are punishable by up to 15 years of hard labor. There continues to be uneven application of these laws against men and women, however, and women “remain second-class citizens with unequal representation before the law and the State” (Gardella, 2006, p. 14).

## Power

Gender norms and relations influence people's abilities to freely control, enforce, and shape the decisions over one's children and one's body.

It affects one's ability to engage in collective actions or associate with others; participate in affairs of the household, community, municipality, and nation; use individual economic resources; and choose employment.

This sphere of social life pertains to people's ability to decide, influence, control, and enforce. It refers to the capacity of individuals to make decisions freely and exercise power over their own body and within their own household, community, municipality, and the state. This includes the capacity of adults to decide about the use of household and individual economic resources, income, and type of employment. It also encompasses the right to engage in collective action, including the determination of rights to and control over community and municipal resources. Finally, it includes the capacity to exercise one's vote, run for office, be an active legislator, and enter into legal contracts.

While power also is a part of all of these other domains, from an analytical perspective it is useful to identify power relationships as a separate category.

## Gender-based Constraints

... are gender-related factors that inhibit either men's or women's access to resources or opportunities of any type. They can be socio-cultural attitudes, beliefs, values, or practices; or they can be codified in formal or customary laws or institutional structures.

Example in Sudan: Women's fear of being assaulted when fetching water

## Gender-based Opportunities

...are gender-related factors that facilitate women's and men's equitable access to resources, behavior and participation, time use, mobility, rights, and exercise of power.

Example in Sudan: Raising chickens is considered women's work and provides a source of cash income

## Case Study, Worksheet One

### Instructions:

1. Read through the case study.
2. Review Worksheet One by looking at the types of information filled into Column One. Can you add to it? [Discuss]
3. Complete Worksheet One by filling in Column Two for one domain row. Each person should choose a different domain. [Discuss]

Remember the following as the worksheets are completed:

- In filling out the second column for Worksheet One, what is it that you need to know (but don't) to work on this particular issue? No project description or supplementary documentation will be perfect; you will nearly always need to find additional information.



## Case Study, Worksheet Two

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### Instructions:

1. Review Worksheet Two. Identify one gender-based constraint and fill in the boxes across the page for one domain. [Discuss]

One example is the difficulty of women's lack of employment opportunities. This can affect the project because there is not a central location to reach women for training. Boys, by contrast, can be reached through the Banana Growers Association.

What action could overcome this constraint?

## **St. Vincent and the Grenadines Island-to-Island Program**

### **Case Study Materials**

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**Project purpose:** Improved adolescent reproductive and sexual health

**Project objectives:**

1. To improve the reproductive health and HIV prevention behaviors of young people ages 14–24 through the implementation of a peer-to-peer program
2. To develop new dialogues around protection during sexual activity
3. To reduce intergenerational sex between young women and older men
4. To help reduce the level of domestic violence present in many households

**Location of project:** St. Vincent and 15 islands of the Grenadines

**Implementing partners:**

1. Youth League of St. Vincent and the Grenadines
2. Vincentian Girls Against AIDS
3. National Banana Growers Association

**Funder:** An international development agency, managed by a cooperating international NGO

**Project description:** In the islands of St. Vincent and the Grenadines, young people go to school irregularly due to seasonal harvest variations. Unemployment is high in the country, so youth are under great economic pressure to help their families and communities when bananas are harvested each year. During harvesting season, males tend to work on the plantations; this often entails migration among the islands searching for work, while women sell agricultural products to small stores and markets in their communities. A 2001 national survey showed that young people on the various islands rarely made it past 10th grade and, of those who did, girls were twice as likely to make it that far in school.

More and more, couples are having children outside of marriage, with first babies being born between ages 17–20 for girls and ages 18–20 for boys. While strong religious and social norms traditionally have discouraged premarital sexual activity, over the past several years, the age of sexual debut has decreased to as low as 15 for girls and 14 for boys. A recent community assessment revealed that a large portion of first sexual experiences may be coerced or forced. However, couple communication around sexual issues is rare, even between consenting partners. Also, there is normative pressure for young women and men to have sex without contraception, due to the high social value of becoming a parent.

Throughout the Caribbean, parenthood signifies an important transition to adulthood, so becoming a parent at a young age is not always considered to be a negative consequence. For young women in particular, it can bring newfound status and economic security, especially if they have more than one child with different “baby fathers.” For young men, becoming a father can help to prove their maturity and virility and improve their status among peers. In many instances, boys are pressured to “sow their seed,” while girls are encouraged to find someone to help support them financially. Although much sexual activity takes place among peers, intergenerational sex is not uncommon, as older married men often seek out younger women as mistresses. Because households tend to be headed by women, young women frequently get involved in these intergenerational relationships, because it brings additional financial security to them and their children.

Coupled with the pressure to become parents, youth also face a great deal of pressure from the media (television, radio, etc.) that encourages/promotes irresponsible sexual behavior, multiple partners, power imbalances between males and females, violence against women, and increased violent behavior in general, especially among young men. Community groups suspect that these behaviors have led to an increasing spread of HIV in the region. HIV rates are as high as 5 percent on some of the islands.

The St. Vincent and the Grenadines Island-to-Island Program seeks to improve the reproductive health and HIV prevention outcomes of young men and women in the area. It reaches young people on their own islands through lectures that explain the reproductive system and how HIV “works,” pamphlets describing prevention measures, and peer-to-peer activities. The primary message is “Plan and Protect.” Young women are taught communication skills and methods for negotiating contraceptive and condom use more easily. They are encouraged to think about their future and what it means to be a “baby mother” early in life. Young men are taught communication and anger management skills and the importance of using condoms to protect against pregnancy and STIs/HIV. The program encourages the boys, like the girls, to think about their future and the increased responsibilities of becoming a baby father at a young age.

The Youth League of St. Vincent and the Grenadines is the NGO that coordinates activities of the Island-to-Island Program. The Youth League comprises a dynamic group of adults and young people committed to youth development. The NGO utilizes Vincentian Girls against AIDS to rally young women to support each other against sexual pressure from the opposite sex and peers—both of which make it positive to have babies at an early age. Vincentian Girls against AIDS also provides access to contraceptives and referrals to VCT centers. The program reaches young men through the National Banana Growers Association during its bimonthly plantation meetings. The association encourages young men not to take advantage of young women, think about their future and their finances, realize the great risks of not using condoms as protection against HIV, and the negative consequences of their behavior on women—particularly younger women—and that they should treat women more equitably and avoid any sort of violent behavior. Twice a year, at the Banana Growers Association Fair, young men compete (by island) by putting on theater pieces on the previously mentioned issues for their peers. The winning island then travels to Kingstown to participate in additional training put on by the Ministry of Health each year.

**Indicators:**

1. Number of young women reached through outreach sessions
2. Number of young male peer educators trained
3. Number of young men reached through peer education
4. Percent of intervention group reporting premarital sex
5. Number of young women and men reached who accept modern contraceptive methods

## **Worksheet One: Gender Analysis Framework**

**Directions:**

1. Review the information provided in the case study to identify relevant points under each activity domain (first column) and fill in the appropriate boxes (second column). List ONLY information provided in the case study. Each small group is responsible for preparing information for one domain.
2. In the third column, write down any additional information on gender relations and identities that you would find helpful, but that is not given in the case study, which would help to develop a more gender-inclusive program. Develop a list of questions about gender issues that would help you to collect this missing information for the domain you have been assigned.
3. If you have additional time, repeat the process with another domain.

<b>DOMAIN</b>	<b>AVAILABLE GENDER-RELATED INFORMATION</b>	<b>NEEDED INFORMATION TO DESIGN A MORE GENDER-INCLUSIVE PROGRAM</b>
<b>ACCESS TO ASSETS</b>	<ul style="list-style-type: none"><li>➤ Girls stay in school longer than boys</li><li>➤ Women's access to financial resources is through parenthood—by having a child with a man, a woman can leverage resources from him</li><li>➤ Children from multiple partners provide multiple sources of financial support for women</li><li>➤ Young women's and young men's, particularly young men's, employment on banana plantations provide financial resources to households</li><li>➤ Young men earn money by migrating to other islands to work on banana plantations during the harvest</li><li>➤ Women sell agricultural products to stores and in markets</li></ul>	

<b>DOMAIN</b>	<b>AVAILABLE GENDER-RELATED INFORMATION</b>	<b>NEEDED INFORMATION TO DESIGN A MORE GENDER-INCLUSIVE PROGRAM</b>
<b>KNOWLEDGE, BELIEFS, AND PERCEPTIONS</b>	<ul style="list-style-type: none"> <li>➤ Normative beliefs (social and religious) discourage premarital sex</li> <li>➤ Social norms also appear to include sex without contraception</li> <li>➤ Positive value is ascribed to parenting, both motherhood and fatherhood</li> <li>➤ Parenthood among youth is a sign of their transition from childhood to adulthood</li> <li>➤ The media influences perceptions about gender roles, behavior, and gender-based power relationships</li> </ul>	
<b>PRACTICES AND PARTICIPATION</b>	<ul style="list-style-type: none"> <li>➤ Average age of sexual debut for girls is 15</li> <li>➤ Average age of sexual debut for boys is 14</li> <li>➤ Young men participate in sex education activities through bimonthly meetings of the National Banana Growers Association</li> </ul>	
<b>SPACE AND TIME</b>	<ul style="list-style-type: none"> <li>➤ Men are absent from the communities during the harvest when they migrate to banana plantations on other islands</li> <li>➤ Women realize the sale of agricultural products close to home by selling in local markets and to stores</li> </ul>	
<b>LEGAL RIGHTS AND STATUS</b>	<ul style="list-style-type: none"> <li>➤ Status for both men and women is associated with having children</li> <li>➤ Men's financial obligations to women are linked to children</li> <li>➤ Households are frequently headed by women</li> </ul>	
<b>POWER</b>	<ul style="list-style-type: none"> <li>➤ Sexual relations among youth often are coerced and forced</li> <li>➤ Intergenerational sex is not uncommon (older men seek out younger women as mistresses)</li> <li>➤ Violence against women exists and seems to be sanctioned by media images</li> <li>➤ There are power imbalances between men and women</li> </ul>	

## **Worksheet Two: Gender Constraints and Opportunities in Activity Design and Implementation**

**Directions:** Using the background information about how gender relations are expressed in the six domains obtained from the review of the case study, identify gender-based constraints and/or opportunities for each domain that might influence the achievement of sustainable results. Each work group is responsible for one domain.

- **Gender-based constraints** are factors that inhibit men's or women's access to resources, behavior and participation, time use, mobility, rights, and exercise of power based on their gender identity.
- **Gender-based opportunities** are structural and institutional factors that facilitate women's and men's equitable access to resources, behavior and participation, time use, mobility, rights, and exercise of power.

Using the information from the Case Study and Worksheet One, you should answer the questions heading the columns in the table below.

DOMAIN	What gender-related constraints or opportunities can you identify from the case study? [Remember, not all constraints are necessarily gender-related.]	(1) How will the identified gender-based opportunity or constraint affect the achievement of sustainable results (e.g., what is the effect of gender relations on the ability to carry out the proposed intervention)?	What actions might address the constraints and opportunities to achieve more equitable outcomes?	(2) How will proposed action/s affect the relative status of men and women?
ACCESS TO ASSETS				
KNOWLEDGE, BELIEFS, AND PERCEPTIONS				

<b>DOMAIN</b>	<b>What gender-related constraints or opportunities can you identify from the case study? [Remember, not all constraints are necessarily gender-related.]</b>	<b>(1) How will the identified gender-based opportunity or constraint affect the achievement of sustainable results (e.g., what is the effect of gender relations on the ability to carry out the proposed intervention)?</b>	<b>What actions might address the constraints and opportunities to achieve more equitable outcomes?</b>	<b>(2) How will proposed action/s affect the relative status of men and women?</b>
<b>PRACTICES AND PARTICIPATION</b>				
<b>SPACE AND TIME</b>				
<b>LEGAL RIGHTS AND STATUS</b>				
<b>POWER</b>				

## **Presentation: “Linking Gender Analysis and the OB Activity”**

### **Gender in Operational Barriers Activity for USAID | Health Policy Initiative Staff**

**January 11, 2007  
Futures Group  
Washington, DC**

Facilitators:

Britt Herstad, Research Scientist, Futures Group  
Deborah Rubin, Director, Cultural Practice LLC

### **Today's Workshop Objectives**

To enable workshop participants to

- Carry out the gender operational barriers (OB) methodology
- Understand the gender-related products of the OB activity
- Explore the gender aspects of the survey questionnaire
- Discuss the gender aspects of the survey data analysis

This presentation provides an overview of the specific gender methodology designed for the OB activity. At the end of this session, the audience will understand the gender-related products resulting from implementing the gender methodology. In addition, the presentation outlines the gender aspects of the existing survey questionnaires and discusses how gender will be incorporated into the data analysis plan. [Distribute the handout, “Methodology for the Gender Component of the Operational Barriers Activity.”]

## Gender OB Objectives

1. To ensure that gender dimensions of operational barriers are explicitly identified (and thus incorporated into the activity methodology) and integrated into final analysis and actions resulting from activity methodology
2. To identify gender dimensions of operational barriers
  - o To identify gender barriers in a specified area
  - o To identify policy roots/potential actions associated with those
3. To consider gender in ensuring equitable solutions and impacts even in areas not highlighted as key gender issues

The overall objectives for including gender in the OB activity are to ensure that the gender dimensions of operational barriers are identified and integrated into data analysis and the priority actions stemming from the fieldwork. The methodology accomplishes this through the following central activities:

- Identifying gender barriers related to the chosen topic, including policy roots and potential actions associated with the barriers
- Considering gender impacts when identifying possible solutions for reducing and removing identified barriers (e.g., undertaking a brief gender analysis of proposed solutions would allow activity implementers to consider the gender impacts).

## Gender OB Methodology

- o Preliminary review of gender in relation to key country policies and practices affecting HIV/AIDS testing, counseling, and/or services related to a selected program area
  - o Formulate gender probes related to the country topic
- o As part of OB survey methodology:
  - o Conduct interviews using the OB questionnaire among program managers, service delivery providers, and policymakers
  - o Explore in focus groups discussions of current and potential clients the gender aspects of the selected topic
- o Conduct interviews with in-country gender experts to gain their insights on the selected program area
- o Analyze data from these sources
- o Contribute to integrating gender issues into the OB country report
- o Draft a country-specific gender report

The first part of the methodology is a review of gender in relation to the selected program area. This review informs the creation of specific gender questions related to the country's topic, which are included in the survey questionnaires. The second part is undertaken with the larger OB team and includes conducting interviews with policymakers and program implementers, along with focus group discussions on gender-related aspects of the topic. The gender team supplements these interviews with separate interviews with in-country gender experts to learn more about gender in relation to the program area. The team then analyzes the data, with particular attention to gender findings and assists in integrating these findings into the overall country report. In addition, the gender team drafts its own country-specific gender report based on the initial review and but expands this with survey findings and data analysis.

## Gender OB Deliverables - Haiti

1. Initial internal briefing note on gender related to the OB topic [For Haiti, a draft has been prepared]
2. Country-specific report addressing
  - Key gender constraints raised in survey and focus group discussions
  - Recommendations for action on priority constraints based on survey and FG results and other resources (can include briefing note)
  - Explanation of gender methodology, including gender-specific probes on the identified topic

- The first key deliverable for a specific country—in this case, Haiti—in the gender methodology is an initial briefing note, based on a desk review of gender related to the chosen topic. The briefing note explores gender and HIV in the country, gender issues related to the specific topic, and programs that address these issues.
- The second deliverable is a country-specific report, which presents key gender barriers that surface in the interviews and focus group discussions. This report includes recommendations for action and reviews the gender methodology implemented.

## Gender OB Deliverables - Global

- Final gender methodology, with explicit description/guidance on its implementation, to be included as annex of the OB methodology
- Short briefing note, for the Office of the U.S. Global AIDS Coordinator/Gender Working Group, on initial impact/highlights of integrating gender into OB methodology

As the OB activity, and specifically the gender methodology, is a pilot process, the gender team is responsible for articulating the gender methodology in a written report. This report can be included in the larger OB methodology report. In addition, the gender team should draft a short briefing note on the initial impact of integrating gender into the methodology.

## Haiti Gender Resources

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- USAID Gender Assessment by Alexis Gardella
- UN Gender Training materials for uniformed services
- Briefing Note by Deborah Rubin and Elizabeth Doggett

To begin exploring gender issues related to Haiti's chosen topic of VCT and uniformed services, it is important to research and access key resources. For Haiti, analysts can look to the USAID Gender Assessment, UN gender training materials for uniformed services, and the briefing note drafted by gender team members for this activity.

## The Briefing Note

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- Provides a summary statement of key gender issues related to the selected program area or policy
- Identifies key gender constraints or opportunities related to the selected program area or policy

The briefing note described as the first component of the gender methodology summarizes key gender issues related to the selected program/policy area for the specific country. It also identifies key gender constraints or opportunities related to this program/policy area.

## Illustrative Gender Constraints

- Poverty
  - Women's greater economic fragility than men
  - Use of pregnancy to access income and productive resources
- Gender-based violence
  - Risk to women in urban areas, especially from street gangs
  - Risk to women of domestic violence
  - Stimulus to men to abuse
- Education
  - Women's lower retention rates in secondary school
  - Women's higher levels of illiteracy

Here are a few examples of gender constraints related to key issues in Haiti. As the topics of poverty, gender-based violence, and education are reviewed, some specific examples of gender constraints can be identified. Looking at education, it is found that women have lower retention rates in secondary schools and, in general, higher levels of illiteracy. It is these types of constraints to keep in mind when beginning to examine the impact of gender on the issue at hand.

## Linking Gender Constraints to OB Activity

Policy or program area	Identified general gender-based constraint	Identify gender-based constraints to policy or program area	How will these constraints affect achievement of the selected objective?
Increase use of voluntary counseling and testing among uniformed services	1. Poverty: Women's greater economic fragility 2. Gender-based violence: Risk to women in urban areas, especially from street gangs 3. Education: Women's higher levels of illiteracy	For example, costs of reaching clinics or of services will be a greater constraint for women than men	

This table presents a framework for linking gender constraints to the OB topic. The example here is based on Haiti's topic—increasing the use of VCT among uniformed services. In the second column, fill in information from the previous slide—examples of gender constraints that have been identified already. In the third column, think specifically about how the gender-based constraint links to the policy/program area. Here, there is the example of the cost of transportation to reach clinics—this is a constraint for women more than men. Are there other gender-based constraints in relation to GBV or education that would affect the ability of women or men in the uniformed services to access VCT?

Using the example of higher levels of illiteracy among women, if accessing VCT involves reading educational materials or consent forms, women may be less likely to participate or fully understand what they are consenting to.



## Brainstorming for Carrying Out Gender Interviews for Haiti

- 
- Experts, organizations
  - Probes and questions for gender expert interviews

If the process of examining gender-based constraints is clear, let's move on to the process of undertaking the interviews in Haiti. Let's brainstorm about appropriate people to contact and interview, specifically those in roles related to gender and VCT.

After reviewing the Haiti briefing note, begin to brainstorm additional probes or questions for experts on gender and VCT in Haiti.

[Facilitators should spend half an hour or so reviewing issues in the briefing note and discussing additional questions that would be key to understanding the gender constraints related to VCT and uniformed services in Haiti.]



## Data Analysis Plan

From data collected:

1. Develop a list of general gender inequalities and gender-based constraints affecting the selected topic
2. Review interview and focus group discussion statements for informants views on key gender topics and organize statements by theme
3. Determine if the gender category of the respondent clarifies the position taken or type of information provided
4. Develop a list of key gender-based constraints affecting the program topic
5. Report possible actions/recommendations suggested by informants

Reminders:

- Gender includes men and women
- Distinguish between gender and sex
- Compare men's and women's responses to survey questions

While it is important to create and revise tools to elicit gender issues related to the topic, it is just as important to keep gender in mind while analyzing the data. This slide presents the data analysis plan for the gender methodology.

## **Handout: Methodology for the Gender Component of the Operational Barriers Activity**

The purpose of integrating gender into the operational barriers activity is to ensure that obstacles to improving access to HIV/AIDS preventative, testing, treatment, and care services take into account the needs of women and men. Sometimes the genders are affected differently by health policies or the conditions of healthcare services, such as hours of operation, location of sites, or literacy ability. In this activity, participants seek information about gender-related barriers to implementation as well as gender-related barriers embodied in health policies themselves.

### **Background on OBA activity**

The overall Operational Barriers Activity (OBA) involves conducting rapid reviews in four pilot PEPFAR countries to identify key operational policy-related barriers affecting the ability of programs and/or institutions to achieve their stated implementation goals. Once the barriers are identified, the analysis process will reveal opportunities, both short and long term, for overcoming the constraints.

Operational barriers are understood to be the laws, regulations, codes, guidelines, and plans, as well as the levels and categories of proposed resource allocations that shape consumer demand and how services are provided. In each country, one or more topics will be the focus of the OBA analysis. In [country site], the activity will review and analyze the operational barriers associated with improving HIV/AIDS testing and counseling and service delivery as linked to a particular problem area.

As part of the OBA activity, in the first stage, the gender consultant will be responsible for carrying out a preliminary study to uncover key policies affecting HIV/AIDS testing, counseling, and services related to a selected program area. In the second stage, the consultant will conduct focus group discussions and interviews using a pre-set questionnaire among program managers, service delivery providers, service users, other stakeholders, and policymakers. There will be specific gender-related probes identified within the questionnaire and a list of separate gender questions to ask.

### **Gender-related aspects of the OBA activity**

Because both policies and programs may have differential impacts on men and women, it is important to consider gender as an integral piece of the OBA effort. In each country, for example, local gender norms may place men in key occupations or positions of greater authority and power. The gender consultant needs to identify local cultural norms and beliefs that shape notions of appropriate gender roles and analyze them as to their relevance in overcoming operational barriers.

Gender consultants will collect additional information and identify gender issues that may emerge on gender-related aspects of HIV/AIDS policies in each country site, including policies about prevention, testing, and access to VCT, care, and treatment, depending on the selected program area of interest.

### **Deliverables**

1. Briefing note on gender issues related to the selected program area in the country site—ideally written prior to the start of the interviews and focus group sessions, for review by country team.
2. List of gender-related questions for use in focus group discussions.
3. List of gender-related probes for use in the interview schedules.
4. Analysis of responses to overall questionnaire for gender issues, as well as other relevant gender issues discovered during the work that will be incorporated into the final report.
5. Revised briefing note (if needed, depending on results of country study) for inclusion as an appendix to the final report.

### **Worksheet Three: Integrating Gender throughout the Program Cycle**

<b>Steps 1 and 6 Project objectives, intermediate objectives, and results</b>	<b>Step 2 Types of data to be collected – what do we need to know about whom?</b>	<b>Step 3 Gender-based constraints and opportunities to achieve objectives and results</b>	<b>Step 4 Activities and interventions that reduce gender-based constraints and take advantage of gender-based opportunities</b>	<b>Step 5 Indicators to measure both reduced gender inequalities (removal of constraints or building on opportunities) and health impacts of interventions</b>
Original project objective:				Original project indicators:
Revised or additional gender-related project objectives:				Revised gender-related project indicators that measure improvement in gender equity:

## **ANNEX D: GENDER QUESTIONS ON OVC FOR GENDER AND HIV EXPERTS IN VIETNAM**

### **Questions for Gender and HIV Experts in Vietnam**

Hello. Thank you for taking time for this interview. My name is [fill in], and I work for the USAID-funded Health Policy Initiative. As you know, we are interviewing gender and HIV experts who may have knowledge of OVC or are involved in OVC issues. The purpose of collecting this information is to understand a few gender issues around care for OVC in Vietnam.

The results of our interviews may be used by policymakers, health authorities, or community groups to address barriers to implementing a policy or program, increase the amount of funding available, update implementation plans, or advocate for policy reform. They are part of a larger activity aiming to develop recommendations to strengthen the delivery of services to children orphaned by or made vulnerable because of HIV/AIDS, with a focus on opportunities to strengthen community-based care and support.

As this activity is in the initial development stage, we are still exploring the specific issues to be addressed and would seek your opinions on the range of gender issues related to OVC. To begin, we would like to find out more about your organization's work.

1. What types of programs does your organization support regarding gender and HIV or OVC?
2. Are you familiar with the policies that affect the care of OVC in Vietnam?
3. If yes, what are they?
4. Do they address the different impact of HIV/AIDS on boys/girls?
5. What are the data on how many girls are OVC and how many boys are OVC?
6. Are there discussions of how girls and boys have different experiences as OVC in Vietnam? What are these discussions?
7. How do you think boys' and girls' experiences as OVC are different from one another? (*Quality of life issues: education, access to healthcare, etc.*)
8. Do these experiences tie in to how they are cared for (e.g., abandoned at institutions or kept at home)?
9. Do ideas of what is best for girls differ from ideas of what is best for boys?

10. Who are the primary caretakers for OVC—either in institutions, communities, or families?
11. What impact does this caretaking have on households or communities?
12. Is the range of services offered to OVC different for girls or boys (*either in institutions or communities*)?
13. What changes in policies and/or programming would you recommend to improve boys' and girls' experiences as OVC and men's and women's experiences as caretakers?
14. Is there anything more you'd like to say about the gender dimensions of OVC?

## **ANNEX E: INSTITUTIONAL CAREGIVER SURVEY (VIETNAM)**

<b>Date</b>	
<b>Interview Initials</b>	
<b>Location</b>	
<b>Start Time</b>	
<b>Finish Time</b>	
<b>Interview Number</b>	

### **Caregivers In-depth Interview Guide**

1.  Male \_\_\_\_\_ or Female \_\_\_\_\_

**Please tell me a little about yourself:**

2. What is your age: \_\_\_\_\_

3. Are you single, married, divorced, or widowed: \_\_\_\_\_

4. How many years of school have you completed: \_\_\_\_\_

5. How long have you been working here: \_\_\_\_\_ year \_\_\_\_\_ months

6. What is your position in the center?

7. Where do you live? At this place: \_\_\_\_\_  
In the community: \_\_\_\_\_

8. How many children of your own do you have? \_\_\_\_\_

9. How many children do you care for every day? \_\_\_\_\_

10. What are the ages of these children?

<b>Age</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
<b>Under 3 years</b>			
<b>3–6 years</b>			
<b>7–12 years</b>			
<b>13–18 years</b>			
<b>Total</b>			

### **Daily Routine**

You provide a lot of different kinds of support to the children staying here. We would like to know the kinds of activities you do on a typical day—from when you wake up in the morning to when you go to sleep at night. Some of these activities are for looking after the children and some are activities for looking after yourself.

11. Please tell us about your daily routine. So, let's start with when you wake up in the morning and then go step by step throughout the day.

*Probe on time and details of activities.*

	Typical day	
	Time	Activity
1.		Wake up:
2.		
3.		
4.		
5.		
6.		
7.		

12. We'd also like you to share three things you like or enjoy about your work.

*Fill in column for like or enjoy. Then ask:* Of these things, which do you enjoy the most, which comes in second, and which comes in third?

13. Which are the three most difficult things for you in your work?

*Fill in the column. Then ask:* Of these things, which is the most difficult, which the second, and which the third?

	<b>Most enjoyable</b>	<b>Rank</b>	<b>Most difficult</b>	<b>Rank</b>
1.				
2.				
3.				
4.				
5.				

14. How often do you find your work stressful?

Always       Sometimes       Rarely       Never

15. What is the most stressful part of your work?

16. Now, let's talk some more about the children you care for.

17. What kinds of physical health problems do the children have? How do you address these health problems? Who looks after the children when they are ill? *Probe on details, including access to healthcare provider, hospitalization, medication needed, access to medication, etc.*

18. Can you tell me about one child with such problems? How did he/she get looked after? How did you handle the child? What help/advice did you get on how to handle the child, and from whom?

19. On an average day, how many of the children you care for are not well?

20. How would you compare the general health of children living here compared to children living in the community?

21. What kinds of emotional or behavioral difficulties do the children have? How do you address these problems? Who looks after the children when they have these problems? *Probe on details about*

*availability of counseling for the children, how the care providers try to comfort them, medication, etc.*

22. Can you tell me about one child with such problems? How did he/she get looked after? How did you handle the child? What help/advice did you get on how to handle the child, and from whom?
23. On an average day, how many of the children you care for have emotional/behavioral problems?
24. How would you compare the emotional health of children living here compared to children living in the community?
25. Where do school-aged children go for school?
26. Of all school-aged children here, how many are attending school?

All \_\_\_\_ Most \_\_\_\_ Few \_\_\_\_

27. *If informant answers “Most” or “Few,” ask:* Why are only some children going to school?
28. *If in an orphanage:* Tell me how the school is run (for example, how are the classes set up, number of children in class, etc.?).
29. Do you think HIV-positive children should be educated at community schools or in separate schools just for them? Why?
30. Since you started working here, have you had any training on how to care for children staying here?

*If yes:* What kind of training?

Who provided the training?

*If no:* Why not?

31. What are the special needs of orphans with HIV?
32. What are the special needs of other orphans?
33. Of the children you care for, how many have family that come to visit them (ever in a year)?
34. The government has recently made a decision to reintegrate children living here back into the community. What needs to be done to get the children reintegrated into the community? *Probe about what needs to be done for the children and what needs to be done for the community.*

## **ANNEX F: FOCUS GROUP GUIDE**

### **Conducting a Focus Group**

#### **Introduction**

Focus group discussions are group interviews with a defined and narrow focus. They are different from surveys because they do not provide statistically valid data. They provide a rich and in-depth perspective on a well-defined topic. The focus group discussion also differs from a survey because it allows individuals to hear from other participants in the group in a way that creates new ideas and sometimes influences previously held opinions. In the process of their interactive discussion, the respondents actively shape the research results. The goal of the discussion is not to identify one “right” answer but to see which views are more widely held and to clarify their meaning.

Good facilitators are critical to having a good focus group session. All of the facilitators should train together to ensure consistency in the way different facilitators handle different groups. The facilitators need to get the participants talking, bring out a range of perspectives, follow up on comments so that they move beyond simple stereotypes, and review and gain concurrence about the positions expressed by the group in the summary period.

The team for each discussion should consist of one facilitator, at least one note taker, and one observer who can keep track of the tape machine (if participants have agreed to its use), assist with writing notes on the flip charts, and troubleshoot any problems that come up (e.g., outsiders walking into the room or late arrivals). Team members can change roles between focus group discussions but not during the discussion. It is important that the designated facilitator manage the complete session—note takers and observers should not interject questions or comments without raising their hands and being acknowledged (or not) by the facilitator.

Focus group discussions usually are conducted with small groups of 8–10 people and typically last 90 minutes to two hours (see illustrative schedule below). All members of the group are expected to participate.

#### **Identifying group members**

For the [selected program area topic], focus groups will consist of [identify types of participants]. It is important to choose a time of day that does not bias the sample of participants in the group. Decide in advance if you will be using same-sex or mixed-sex groups or a combination of both.

#### **Preparing for the focus group meetings**

There are many tasks to complete before the focus group meeting takes place. These include

- Identifying the location in which the meeting will be held;
- Preparing name tags for the facilitators and, if desired, for each participant; and
- Preparing flip chart pages or chalkboards so that they are visible to all of the group members; these are used to record the pertinent points made in the discussion, as follows:
  - ❖ One chart labeled “Ground Rules,” which lists the agreed-upon ground rules and leaves space for one or two more to be added by the group, as needed. This page should be displayed where it can be seen throughout the session.
  - ❖ A separate page for each of the three or four questions the group will be discussing.
  - ❖ A page labeled “Review of the Session” to record the key points.

#### **Conducting the focus group meeting**

1. Let all of the focus group members sit down so they can all see each other.

2. Have the focus group facilitators introduce themselves.
3. Explain the purpose of the project (see “Explanation of the project” below).
4. Explain the purpose and schedule of the focus group session (see “Explanation of the session” below).
5. Explain that the session will be tape recorded and that there will be a note taker, in addition to the notes captured on the charts or chalkboards. The tape recorder cannot be used if participants object, so detailed note taking is essential.
6. Clarify the ground rules of the session to establish expectations for group behavior. In particular, it is important to stress the issue of confidentiality so that people can feel comfortable expressing themselves without concern that there will be punishments or penalties for any individual. Common ground rules include the following:
  - Maintain confidentiality
  - Participate as much as possible
  - Ask lots of questions
  - Try not to interrupt
  - Respect other people’s opinions
  - Turn off cell phones/pagers

It is also helpful to ask if there are other rules that the group wants to suggest and add them to the list.

7. Hold a warm-up exercise, such as “vote with your feet.” In this exercise, the facilitator chooses a provocative statement that relates to topic that will be discussed (some examples related to gender roles are listed below). The facilitators ask the group to move to one side of the room if they agree with the statement and to the other if they disagree with the statement. Tell the participants that they must choose a side and that they cannot argue about the wording. Once everyone has chosen a side, the facilitator asks someone to explain his or her reasoning for choosing that position; then the facilitator asks someone from the other side to do the same. The facilitator continues until several people have spoken. The facilitator then briefly discusses how the answers indicate that different people will see the same issue in different ways; that no one answer is fully right or wrong; that each participant bring his or her own experiences and biases to a new topic; that we can agree to disagree, but that it is also important not to impose one’s views on others. Topics could include the following:
  - It is harder to change gender roles than it is to change other aspects of social behavior.
  - Marriage offers more benefits for women than for men.
  - It is better to have a boy child than a girl child.

8. After concluding the warm-up exercise, ask the first focus group question (see suggestions below), facilitate the discussion, developing follow-up questions as needed, and provide a summary of the points raised. Write down the majority and minority positions on the issue. Repeat for the remaining questions.

Question 1: What are your experiences with [selected program topic]?

Question 2: What are the challenges to changing people attitudes about [selected program area topic]?

Question 3: What actions can be taken to address [selected program topic]?

For the facilitator, it is important to manage the discussion:

- Give the group members a chance to think about their answers to a question before opening up the discussion. You can facilitate the discussion by giving each person time to offer his or her answers. Reflect back to the group a summary of what you have heard after each question has been answered.
  - If someone offers a stereotypical response, probe that answer more deeply. For example, if someone says a girl marries early because “her family needs the money,” explore exactly what that means (e.g., that they no longer have to pay her school fees or for her upkeep? That they shift the burden of costs to the other family? That they count on receiving bride wealth payments so that another brother can marry or that the father can marry again?) It is critical to get answers that are as specific as possible.
  - Be sure that everyone participates. If there are one or two people dominating the discussion, say that you will go around the group to let each person contribute.
9. After all of the questions have been discussed, the facilitator will then review the main points that were raised for each question and confirm that these summarize what the group still thinks.
10. As a wrap-up, go around the group and ask each person for a final observation.
11. The facilitator then closes the session by stating his/her appreciation for the group’s time and participation and thanking them for coming. The meeting is then closed. The facilitator should immediately take a few minutes to write down observations about the sessions that might not be a part of the session notes.

### Schedule of Activities

Activity	Timing
Welcome by facilitators	2 minutes
Explanation of the project	2 minutes
Explanation of the session	2 minutes
Review of ground rules	2 minutes
Introduction of the participants—name and institution	5 minutes
Warm-up exercise	15 minutes
Question 1 & Discussion – Review	15 minutes for discussion/2–3 minutes for review
Question 2 & Discussion – Review	15 minutes for discussion/2–3 minutes for review
Question 3 & Discussion – Review	15 minutes for discussion/2–3 minutes for review
Review of session results	5 minutes
One-page survey	5 minutes
Final comments from each participant	10 minutes
	<b>Total time, approximately 1 ½ hours</b> Add about 20 minutes for each additional question

## **ANNEX G: FOCUS GROUP DISCUSSION GUIDE FOR CAREGIVERS IN VIETNAM**

Please introduce yourself, tell us where you are from, your age, and tell us a little about the children you care for (if they are your children, boys/girls, etc.).

1. *Select one individual in the group and ask him/her to outline in detail their day (it must be a typical day). Tell the other participants that we will be asking them to fill out a form about their own schedules at the end of the discussion.*

You provide a lot of different kinds of support to the children affected/infected by HIV/AIDS. We would like to know the kinds of activities you do on a typical day, from when you wake up in the morning to when you go to sleep at night. Some of these activities are for looking after the children and some are activities for looking after yourself.

Please tell us about your daily routine. So, let's start with when you wake up in the morning and then go step by step throughout the day.

*Probe on time and details of activities.*

	Typical day	
	Time	Activity
1.		Wake up:
2.		
3.		
4.		
5.		
6.		
7.		

2. What kinds of physical health problems do the children you care for have? How do you address these health problems? Who looks after the children when they are ill? *Probe on details, including access to healthcare provider, hospitalization, medication needed, access to medication, etc.*

*PROBE if not enough discussion*—Can you tell me about one particular time the child you care for had a health problem? How did he/she get looked after? How did you handle the child? What help/advice did you get on how to handle the child, and from whom?

3. What kinds of emotional or behavioral difficulties do the children you care for have? How do you address these problems? Who looks after the children when they have these problems? *Probe on details about availability of counseling for the children, how the caregivers try to comfort them, medication, etc.*

*PROBE if not enough discussion*—Can you tell me about one particular time the child you care for had such a problem? How did he/she get looked after? How did you handle the child? What help/advice did you get on how to handle the child, and from whom? [*Try to get at least one example from the group.*]

4. Have you had any training/education on how to care for children with HIV/AIDS?

*If yes:* What kind of training/education? Who provided the training/education?

5. What are the special needs of orphans with HIV?
6. Do you think women and men provide the same roles in caring for children affected/infected by HIV? *Or Do you think women and men have different patterns of caring for children affected/infected by HIV? Probe on what women do, what men do, whether or not these roles need to change, etc.*
7. How is your caregiving affected when you are ill? Who looks after the child/children in those circumstances?
8. The government has recently made a decision to reintegrate children living here back into the community. What needs to be done to get the children reintegrated into the community? From your own experience, imagine what would be needed for the children, etc. *Probe about what needs to be done for the children and what needs to be done for the community.*

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