Gender, One Health and Infectious Disease Training Guide

Facilitator Guide
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This module is one of 16 One Health Training Modules developed by the One Health Central and Eastern Africa (OHCEA); a network of 8 countries, 21 institutions of Public Health and Veterinary Medicine in Africa: Kenya, Uganda, Tanzania, Rwanda, Ethiopia, Democratic Republic of Congo, Cameroon and Senegal. The OHCEA network’s vision is to be a global leader in One Health, promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to build capacity and expand the human resource base needed to prevent, detect and respond to potential pandemic disease outbreaks, and increase integration of animal, wildlife and human disease surveillance and outbreak response systems. The overall goal of this collaboration is to enhance One Health policy formation and implementation, to contribute to improved capacity of public health in the region. OHCEA is identifying opportunities for faculty and student development as well as in service public health workforce that meet the network’s goals of strengthening One Health capacity in OHCEA countries. The modules were developed based on One Health Core Competencies that were identified by OHCEA as key elements in building a skilled one Health workforce. This network is supported by two United States University partners: Tufts University and the University of Minnesota through the USAID funded One Health Workforce project.

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Overview to the Gender and Infectious Disease training

Most capacity building efforts to identify, investigate and respond to emerging infectious diseases have focused on supporting public health agencies. However, responding effectively to these diseases requires engagement of and coordination with a diversity of professions and stakeholders in both human and animal health, as well as social and environmental sciences. To improve the understanding of the epidemiology, and outcome of diseases, aid in their detection and treatment and increase public participation in prevention and control, gender roles must be considered. The Ebola outbreak in West Africa illuminated the importance of gender, social and cultural issues and factors as it relates to emerging pandemics. The spread of the infection was intertwined with cultural beliefs deeply embedded within communities, an area most medical practitioners and public health workers are ill-equipped to handle. While many public health actors were aware that gender and cultural issues played a role, these key factors were overlooked and sidelined by policy makers, aid agencies and the multiple teams and actors working to contain the epidemic. Actors working in this space failed to address the gender issues that played a significant role in the transmission and containment of infectious diseases and public health outcomes. Understanding gender, as well as cultural and beliefs is a key public health competency. The gender differential (biological, social, economic, etc.) poses unique health risks for men and women during their life cycle. The diverse roles that men, women, boys and girls occupy create different exposure mechanisms to domestic animals, wildlife and the environment. Gender roles, the distribution of labor, decision-making power, access to, control over resources and benefit from these resources play an important part in the biosecurity, control, prevention and response to infectious diseases and emerging pandemics. Therefore, gender differences (including barriers and opportunities) need to be addressed to better understand the risks, to help develop effective control and response strategies and to achieve a better impact.

This gender training module will allow participants to develop critical analysis skills as they explore how gender, the realm of emerging pandemics threat (EPT) and One Health intersect and how policies can be developed and/or implemented to meaningfully address diseases and public health threats in a gender sensitive way. Participants will be challenged to consider the implications, barriers and benefits of an engendered One Health approach in preventing and responding to any public health challenges as well as emerging pandemic threats.

OHCEA network recognizes that gender equality, equity and empowerment must be considered in all stages of any program design, and is committed to ensuring that social and gender integration is identified as a high priority at institutional, country and regional levels. Gender inequalities interact with other inequalities such as ethnicity, socio-economics class and age. Therefore, gender differences need to be addressed in an intersectional manner to better understand the risks and to help develop effective control and response strategies. The OHCEA network institutions will use a holistic approach to create more favorable incentives and structures for equitable development and assist country offices to design and implement gender-aware and socially sensitive programs with lasting value. The secretariat will support the awareness-building and knowledge-strengthening activities and training needed to integrate gender considerations into all aspects of programming.
Goals of the Training

1) Participants are more effective in their disciplines by being aware of gender dynamics and applying gender sensitive approaches to emerging pandemic prevention, disease control, surveillance and response.

2) Participants have the skills and knowledge to be effective agents of gender responsive One Health approaches.

3) Participants become transformative agents by promoting gender equality and equity in all aspects of their work and sharing this information with others.

4) Participants become gender trainers, helping to incorporate gender sensitive indicators and assessment tools in their courses as well as sharing information with other colleagues.

Learning Objectives of the Course

1) Participants will be able to define and explain One Health concepts and illustrate the value of interdisciplinary and multidisciplinary approach
   1.1 Describe basic One health concepts
   1.2 Identify One Health core competencies
   1.3 Apply the OH approach and the application of One Health Core Competencies in multiple disciplines to resolve public health emergencies

2) Participants will be able to define and explain infectious disease epidemiology and transmission process incorporating a gender sensitive aspect
   2.1 explain basic concepts, theory and methods for surveillance, prevention, control and response to emerging pandemic threat
   2.2 Describe the global problem of emerging zoonotic diseases and the importance of an engendered One Health approach
   2.3 Participants will be able to analyze how gender impacts and is impacted by emerging pandemics processes

3) Participants will be able to relate and assess how gender intersects with One Health and emerging pandemics
   3.1 The participants will be able to identify basic gender principles and related concepts
   3.2 Participants will be trained in the use of gender analysis tools
   3.3 The participants will be able to recognize gender gaps in One Health and emerging pandemics threat and identify resources to address those gaps
   3.4 Participants will be able to develop gender-sensitive emergency response plans.
   3.5 Participants will be able to develop an advocacy plan for engendering One Health and emerging pandemics programs using gender analysis tools and skills
Target Audience:
This short module’s immediate targets are students and faculty from the OHCEA institutions in the eight African countries as well as multi-sectoral public health professionals from multiple ministries including health, veterinary, wildlife, environment in the public and private sectors. Private sector participants including nongovernmental organizations, community based organizations and industry, who are the first line of response in emergencies and public health threats are also encouraged to use this module. Since no similar course has been developed for Africa, the eventual plan is that this module would be used across Africa as well as with our South East Asian counterparts, SEAOHUN.

Programme/Agenda

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<thead>
<tr>
<th>Day 1</th>
<th>Day 2</th>
<th>Day 3</th>
<th>Day 4</th>
<th>Day 5</th>
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</thead>
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<tr>
<td>Discovering basic gender, One Health, EPT terms and concepts</td>
<td>Focus on One Health and identifying gender gaps using infectious diseases</td>
<td>Learning about gender analysis tools</td>
<td>Gender-sensitive emergency response planning Advocacy</td>
<td>Evaluation of simulation Case study development</td>
</tr>
<tr>
<td>Focus on gender concepts</td>
<td>Focus on epidemiology and gender gaps using Ebola</td>
<td>Applying gender analysis tools to disease surveillance, response, prevention and control</td>
<td>Simulation exercise</td>
<td>Departure</td>
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Session 1: Discovering Basic Gender, One Health and Emerging Pandemic Threat Terms and Concepts

**Session Overview**

The opening session provides an overview of the workshop’s goals, the week’s agenda, and gives the participants an opportunity to learn more about each other’s background, disciplines, and skills. Key gender, One Health and emerging pandemic threat (EPT) terms and concepts are introduced as participants explore the different roles men and women play in the health and health care of a family.

**Session Learning Objectives**

Learning Objective: Participants will be able to identify:

- basic gender principles and related concepts including sex, gender, gender roles, equity, equality, and life cycle.
- basic principles and related concepts including the role of interdisciplinary teams and a focus on the human, animal, ecosystem inter-dependence in responding to an EPT.
- Basic principles and related concepts of epidemiology, disease transmission, and the response cycle (preparation, detection, response and evaluation).

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<th>Learning Activity</th>
<th>Materials</th>
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<td>Presentations</td>
<td>Sign in sheet</td>
</tr>
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<td></td>
<td>PowerPoint</td>
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<tr>
<td></td>
<td>Goals and Agenda</td>
<td></td>
<td>Post Its® (2 colors)</td>
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<tr>
<td></td>
<td>Expectations</td>
<td></td>
<td>Flipcharts</td>
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<tr>
<td></td>
<td>Guest Speaker</td>
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<td>Tape</td>
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<td></td>
<td>Pre-Test</td>
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<td>Pre-Test</td>
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<tr>
<td>9:00 - 10:15</td>
<td>Tea Break</td>
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<tr>
<td>10:15 - 1:00</td>
<td>Discovering One Health and Gender Roles</td>
<td>Small Group Activity</td>
<td>Flipcharts &amp; Markers</td>
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<tr>
<td>1:00 - 2:00</td>
<td>Lunch</td>
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<tr>
<td>2:00 - 3:30</td>
<td>Consequences of Gender Roles</td>
<td>Small Group Activity</td>
<td>Flipcharts &amp; Markers</td>
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<tr>
<td>3:30 - 3:45</td>
<td>Tea Break</td>
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<tr>
<td>3:45 - 4:30</td>
<td>Quick Facts About Gender, One Health and EPT</td>
<td>Interactive Presentation</td>
<td>PowerPoint</td>
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<tr>
<td>4:30 - 4:45</td>
<td>Evaluation of the Day</td>
<td>Plenary</td>
<td>Flip Chart</td>
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<tr>
<td>Time</td>
<td>Activity/Topic</td>
<td>Facilitator Instructions</td>
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<tr>
<td></td>
<td>Registration</td>
<td>(Facilitator notes are added at the end of the session and power point slides are included to support the module)</td>
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<tr>
<td>20 min</td>
<td>▪ Have participants sign the OHCEA attendance register</td>
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<td></td>
<td>▪ Explain logistics (e.g., breaks, meals, etc.)</td>
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<td></td>
<td>▪ Issue per diem</td>
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<td>▪ If the short course is residential, check on housing accommodations</td>
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<tr>
<td>15 min</td>
<td>Welcome</td>
<td>Facilitator welcoming remarks and introductions.</td>
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<td></td>
<td>▪ Participant introductions:</td>
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<td></td>
<td>▪ In pairs, have participants share them</td>
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<tr>
<td></td>
<td>▪ ‒ Name</td>
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<tr>
<td></td>
<td>▪ ‒ Where they are from</td>
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<tr>
<td></td>
<td>▪ ‒ Type of work and position</td>
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<td></td>
<td>▪ ‒ A story about an experience they had that made them aware of the difference between men and women</td>
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<td></td>
<td>▪ Prepare 1-minute introduction of their partner to the class</td>
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<td></td>
<td>▪ Go around the room and have each pair present their partner to the class.</td>
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<tr>
<td></td>
<td>Expectations</td>
<td>Set up: Have two flipcharts in the front of the room: one titled “Expectations” and the other “Concerns.”</td>
<td></td>
</tr>
<tr>
<td>15 min</td>
<td>▪ Give each participant two different colored Post Its® notes</td>
<td></td>
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<tr>
<td></td>
<td>▪ Ask participants to write down their expectations for the short course on one of the Post Its® notes (specify color) and their concerns about the course on the second the Post Its® notes (specify color)</td>
<td></td>
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<tr>
<td></td>
<td>▪ Have participants place their expectation Post It® notes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>▪ son a flipchart titled “Expectations” and their concerns Post Its® notes on another flipchart titled “Concerns”</td>
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<tr>
<td></td>
<td>▪ Organize the Post Its® per common themes</td>
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<td></td>
<td>▪ Explain the agenda for the week and the goals of the short course highlighting the expectations that will be met over the week and the expectations will not be met. Comment and address concerns.</td>
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</tbody>
</table>

**Goals of the Short-Course**

▪ Participants are more effective in their disciplines by being aware of gender dynamics and applying gender sensitive approaches to emerging pandemic prevention, disease control, surveillance and response.

▪ Participants have the skills and knowledge to be effective agents of gender responsive One Health approaches.
Participants become transformative agents by promoting gender equality and equity in all aspects of their work.

Participants have basic knowledge on how to develop gender inclusive case studies.

Explain that this course is sponsored by OHCEA.

- OHCEA is the One Health Central and Eastern Africa network comprised of 14 universities from eight African countries consisting of Schools of Public Health and Veterinary schools with two US partners. The US partners are: Tufts University and the University of Minnesota. OHCEA is funded under a major USAID grant.

- OHCEA’s vision is to be a global leader in One Health promoting sustainable health for prosperous communities, productive animals and balanced ecosystems. OHCEA seeks to expand the human resource base needed to detect and respond to potential pandemic disease outbreaks.

- OHCEA has identified gender, culture and beliefs as a critical competent to achieving their vision. For this reason, they are sponsoring this course.

In advance, be sure the speaker is prepared to address the group. Share with the speaker the short course goals and desired outcomes and what you would like the speaker to emphasize in her/his address.

Introduce invited guest speaker to “officially open the course.”

Pass out copies of the pre-test. Tell participants they have 15 minutes to complete the pre-test. Explain that a pre-test is used to gauge how much they learned over the week; a post-test will be administered at the end of the course. The two tests will be compared. There is no grade associated with the pre-test. When participants finish, they can begin their break.

Questions:

1. List at least 5 gender concepts you know
2. Why do you think it is important to work in multidisciplinary teams during the containment of epidemics?
3. In your view, what are the main factors that affect effective management of epidemics in Africa?
4. What is a gender responsive intervention, and how is it important in the management of disease epidemics?
5. How can we effectively implement gender concepts as part of a One Health approach?
Prior reading material

Send out the following three articles to participants to read before they come to the training: (These articles are provided in the resources folder)

Ebola’s Legacy by Erika Check Hayden: Nature: volume 519, 5 March 2015

Gender issues in Human Animal and Plant health using an Eco Health perspective by Brigitte Bagnol, Robyn Alders and Robyn Mcconchie: Environmental and Natural Resources Research Vol 5 No1, 2015

What the solution isn’t: the parallel of Zika and HIV viruses for Women: Susan T. Fried and Debra J. Liebowitz: The Lancet global health blog; February 2016

Discovery Activity: What is One Health?

Begin the session by having the participants watch the following videos

One Health: from concept to Action by CDC https://www.youtube.com/watch?v=TG0pduAYESA

One Health: from Idea to action: https://www.youtube.com/watch?v=gJ9ybOumITg&t=4s

Briefly discuss the two videos with the participants

Have each participant take 5-7 minutes to think about and legibly write down on separate post it notes the answers to the following questions:

- Define what One Health approach means
- Identify two examples of One Health in practice
- Identify two to three advantages to multiple disciplines working together to promote one health

Have them display these post it notes on the wall in three separate sections. Then in a plenary review the following

- What are the common things identified?
- What are the differences?
- What is surprising about the responses?
Come up with a group description of what One Health is.

There are many similar definitions of One Health by health organizations, but for the purpose of the course we will adopt the American Veterinary Medical Association (AVMA) definition of One Health (www.avma.org).

**AVMA:** One Health is defined as the integrative (collaborative) effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad.

The common theme of One Health is multiple disciplines working together to solve problems at the human animal and environmental interface. Collaborating across sectors that have a direct or indirect impact on health involves thinking and working across silos and enhancing resources and efforts while valuing the role each different sector plays. To improve the effectiveness of the One Health approach, there is a need to create a balance and a greater relationship among existing groups and networks, especially between veterinarians and physicians, and to amplify the role that environmental and wildlife health practitioners, as well as social scientists and other disciplines play to reduce public health threats.
Discovery Activity: What is Gender?

Ask the class to think as far back as possible and write down their first experience of realizing they/or someone they know were different from members of the opposite sex / were expected to act differently/were treated differently. Have them record the following:

- How old were you?
- Who was involved?
- Where incident took place?
- What incident was it?
- How did you feel?
- Do you think the incident or response to it would have been different if you were of the opposite sex?
- How other aspects of your identity (race, religious identity, nationality, social status, ethnicity) came into play
- If not ask them to share a story about an experience that made them aware of the difference between men and women (i.e. household chores, who learns what in school and employment the role each sex occupies)

Divide the class into four groups. Provide each group with a separate activity. Allow them 5 minutes to review the activity provided and then have them discuss it and present their findings to the rest of the team.

The teams should be able to respond to the following questions:

- Can you identify any gender related actions in these activities?
- What should be done to address the gender issues?

Group 1: In this community, there is conflict between the people and the national parks because the community is collecting medicinal plants and firewood from the national parks- an area that is protected. The wildlife has also been destroying the villagers’ crops and killing their domestic animals. The national park management decides to create awareness about the role of wildlife by delivering a training and awareness program primarily through night classes.

For facilitator
The classes are held primarily through night classes which limits women who are care providers for children from attending. In some communities, women are not even allowed to go out at night. The Park does not consult the community members on its plans. Considering the fact that most of the people who collect medicinal plants and firewood are women, they should be a key stakeholder in the decision making.

Group 2: There is an outbreak of avian influenza in this community. The government decides that in order to completely eradicate this disease, they will slaughter all birds be they ducks or chicken. They decide to compensate
all bird owners with more than 50 birds. Backyard poultry farmers are not compensated because most of them do not have more than 50 birds.

In this scenario, most backyard poultry farmers and people who keep less than 50 birds are women. If they are not compensated and yet they have lost their birds, they lose their livelihoods. As a result of this policy, whenever the women detect any sick birds, they quickly slaughter them and bring them to the markets for sale, thereby spreading the disease and exposing more people.

Group 3: The government in the country you work in wants to target farmers for training in poultry production and management on Avian Influenza prevention and control. They ask the animal health workers in the communities to identify people for training. Since men are the heads of households and the decision makers, they are selected to attend the training.

In most communities that were affected by Avian influenza, the poultry caretakers were women. The women should therefore have been a key target for disease prevention training. However, since they are not part of the leadership circle in many communities they are not involved in identifying trainees and cannot voice their opinion. Therefore, even if the men are trained, they will not deliver and the disease will still spread.

Group 4: There is an outbreak of brucellosis in this community. Humans have been presenting at the health center with undulating fevers. They also have increased abortions among their animals. The disease is transmitted through contaminated milk and milk products. The department of human decides to create awareness by informing people through the radios that they should boil their milk and cook the meat thoroughly. They are puzzled when the outbreak continues.

In this community, women do not generally listen to the radio. In fact, most radios are owned by men, and they usually listen to the news communally when they have men’s gatherings between the hours of 2 and 5 pm at the market place. Women are not allowed in these gatherings. This is also the time when women are busy completing other household chores like collecting firewood.

Daily Activity Clock for a Household with a Sick Child in a community that has an Ebola outbreak

A daily activity clock charts the activities that occur during a 24-hour period, who does them and the time it takes for them to be done.
In plenary, have the class brainstorm the activities the community will be engaged in when there is an Ebola outbreak and the activities involved in caring for a sick child in a community that has an Ebola outbreak. Record responses on a flipchart.

They should be able to identify activities performed by men only, women only, girls only and boys only as well as communal activities such as cooking for funerals, caring for families that have lost loved ones, attending community training sessions on Ebola prevention.

The list should include:
- Taking sick people to hospital,
- Paying for transportation
- Preparing funerals/burial
- attending funerals
- Washing the dead
- Cooking food for funeral attendants
- Having community meetings to plan funerals
- Community outreach programs to prevent Ebola
- Talking to media/ doctors’ outsiders who have come into the community
- Giving medicine
- Cleaning and bathing
- Assisting with going to the bathroom
- Washing clothing and bedding
- Preparing food
- Feeding
- Calling the doctor or medical care personnel
- Taking to the clinic
Part 2 of activity clock

- Paying for clinic services
- Checking on the patient
- Talking to/entertaining the patient

Part 2 of activity clock

- Divide the class into four groups.
- Give each group flipchart paper and markers.
- Give each group an envelope which has one of the following four diseases:
  - Brucellosis
  - Tuberculosis
  - Sleeping Sickness (Trypanosomiasis)
  - Bilharzia (schistosomiasis)

- Ask each group to spend 20 minutes to read about the disease they have been given. Focus on the following?
  - What are the clinical signs?
  - How is it transmitted?
  - Is it a zoonotic disease?
  - How is it prevented or treated?
  - Can they identify any gender related risks in disease transmission?
  - Can they identify specific gender related disease prevention mechanisms?

- Tell each team to create a 24-hour “activity clock” for what the men, boys, women and girls are doing in the village or community over a 24-hour period when there is a sick person and animal with their disease in the house. An activity clock is an exercise which tracks the activities of different groups over a 24-hour period to learn what different people do during a day and to compare the activities.
<table>
<thead>
<tr>
<th>Time</th>
<th>Adult Men</th>
<th>Boys</th>
<th>Adult Women</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>02:00 am</td>
<td>Sleeping</td>
<td></td>
<td>Checking on the sick child</td>
<td></td>
</tr>
<tr>
<td>03:00 am</td>
<td>Sleeping</td>
<td></td>
<td>Sleeping</td>
<td></td>
</tr>
<tr>
<td>05:00 am</td>
<td>Sleeping</td>
<td></td>
<td>Making tea for the sick child</td>
<td></td>
</tr>
<tr>
<td>05:30 am</td>
<td>Sleeping</td>
<td></td>
<td>Giving the sick child medicine</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>and tea</td>
<td></td>
</tr>
<tr>
<td>06:00 am</td>
<td>Sleeping</td>
<td>Sleeping</td>
<td>Preparing bath and breakfast tea</td>
<td>Fetching water from the well</td>
</tr>
</tbody>
</table>
20 min

Time | Activity/Topic | Facilitator Instructions
--- | --- | ---

* Post all the clocks.
* Have each group present their clock?
* Process the activity:
  - Start by focusing on “facts,” that is how time was spent. Identify activities including non-caring (e.g., working outside the house, non-paid work that benefits the household, leisure, rest, etc., and the caring activities identified earlier in the session.
  - Next focus on similarities and differences in the activities performed by men and women (e.g., similarities and differences between men and women in “caring” for the child; similarities and differences in non-caring activities). Identify differences related to age, class, education
  - Then ask about disease-related activities and impacts:
    - Differences in exposure to the illness.
    - Difference in contact with people outside the home.
* Debrief the activity by asking the group about:
  - Areas of agreement/disagreement among team members as they created the activity clock
  - Surprises
  - The difference in activities among men, women, boys and girls, what do these differences mean to you as someone involved in managing disease
  - Why do these differences exist and are maintained?

20 min


After watching this film, have the class share similar experiences they know of and the influence this has on their outlook towards men and women and the roles they are expected to play.

60 min

Lunch Break
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 min</td>
<td>Discovery Activity: TEDTALK</td>
<td>Have the class watch this TED talk by Christopher Bell. After the video discuss the key ideas of this talk. What is the main topic being discussed? How is it related to gender roles and power? Can people give similar examples from their own past or places of work? Can they suggest some solutions they think can work?</td>
</tr>
<tr>
<td>30 min</td>
<td>Consequences of Gender Roles</td>
<td>Do a power point presentation for 15 minutes that defines basic terms gender, sex, reproductive and productive roles, equality, equity and introduces the concept of gender. This should lead into a discussion of the gender tree (Power Point presentation on Basic Gender Terms) After this introduction, hand out the gender Game and have the participants play the gender Game to differentiate between sex and gender Move into the discussion on the gender tree In most societies, women are primarily considered “caring”, due to social norms. Consequently, they are often given the responsibility to take care of the sick and the elderly – unpaid work that is valuable in the health of the household. Because women regularly encounter sick people, they are more likely to become infected. Women spend a great deal of their time in the caring activities which involve feeding, cleaning, washing, preparing food. Consequently, often women and young girls are less likely to be involved in political, educational, and professional activities. Because they are less educated and informed, their knowledge about the disease is often less than what men have.</td>
</tr>
</tbody>
</table>

https://www.youtube.com/watch?v=rAZPlxYvBAE
To understand the reasons for the differences and the impact of the difference in roles men and women play, use the metaphor of a tree.

- The roots of the tree answer the question why there are gender role differences. Answer should include: culture (stereotypes, myths), religion, legal system, and politics.
- The trunk of the tree is gender roles differences that you just identified in caring for sick people.
- Branches of the tree answer the question: what institutions, legislation, policies create and maintain those gender differences.
- The leaves are the consequences of institutionalized gender differences. The leaves can represent: the spread of disease (sickness, illness), food insecurity, poverty, or lack of education for women.

### Divide the class into four groups.

- Give each group a piece of flipchart paper and markers. Give them three topics to discuss 9 other topics can be generated by the facilitator
  - 1) Gender roles in research/workplace at universities (engineering)
  - 2) Gender roles in Politics
  - 3) Gender roles in provision of Health Care
  - 4) Gender roles among livestock keepers in a rural community
- Tell them to draw the tree describing in greater detail based on their topic:
  - Why there are role differences between men and women (ROOTS)
  - The different roles men and women (TRUNK)
  - What institutions, legislation policies create and maintain gender differences (BRANCHES)
  - The consequences of institutionalized gender differences (LEAVES)

- Post the trees and do a gallery walk highlighting:
  - Similarities
  - Differences
  - Missing aspects
Note: Use the tree above to make sure participants have a complete and accurate understanding. When reviewing the tree, provide definitions for gender and sex. Emphasize that culture and as result gender roles are not static.

Debrief the session by asking students to reflect on:

- Which part of the tree would you target for long-term, systemic intervention in order to manage disease sustainably?
- And what would you do?

**Equity and Equality**

Ask four participants to come to the front of the room and remove their left shoe and put them all in a pile. Ask each person to select a left shoe that is not their own. Everyone now has a left shoe. But this distribution is not what each person needs, when we take into account other factors by acting equitably, we are inclusive and move towards equality (i.e. you receive a shoe that fits you for your purposes). Equality means “giving everyone the same thing,” but that “only works if everyone starts from the same place.” Equity means giving everyone “access to the same opportunities. We must ensure equity before we can enjoy equality.”
Understanding the interaction between gender roles, One Health and EPTs can lead to important insights into disease transmission patterns, strategies for prevention and control and the use of a multidisciplinary approach to inform policy and practice. Today’s focus on gender, One Health and EPT terms and concepts has allowed the participants to critically analyze the convergence of gender and One Health using practical tools such as the 24-hour calendar and the tree metaphor. The four diseases selected for this purpose provide a basis that allows the participants to begin identifying the gender gaps in One Health and EPT, the resources available in the communities, as well as exposure to some tools that can be used in developing a framework for gender analysis. Over the next four days we will build on these concepts to gain a more in-depth understanding of One Health, EPT and gender.

**End of Day One Evaluation**

- Create the flipchart shown below.
- Ask the class: “How did it go today?”

<table>
<thead>
<tr>
<th>How did today go?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑️</td>
</tr>
</tbody>
</table>

**Comments:**
Session 1: Facilitator notes

1) Definition of One Health

There are many similar definitions of One Health by health organizations, but for the purpose of the course we will adopt the American Veterinary Medical Association (AVMA) definition of One Health (www.avma.org)

AVMA: One Health is defined as the integrative (collaborative) effort of multiple disciplines working locally, nationally, and globally to attain optimal health for people, animals, and the environment. Together, the three make up the One Health triad, and the health of each is inextricably connected to the others in the triad.

The common theme of One Health is multiple disciplines working together to solve problems at the human animal and environmental interface. Collaborating across sectors that have a direct or indirect impact on health involves thinking and working across silos and enhancing resources and efforts while valuing the role each different sector plays. To improve the effectiveness of the One Health approach, there is a need to create a balance and a greater relationship among existing groups and networks, especially between veterinarians and physicians, and to amplify the role that environmental and wildlife health practitioners, as well as social scientists and other disciplines play to reduce public health threats.

In less than 10 years, One Health has gained significant momentum. It is now a movement and it is moving fast. The approach has been formally endorsed by the European Commission, the US Department of State, US Department of Agriculture, US Centers for Disease Control and Prevention (CDC), World Bank, World Health Organization (WHO), Food and Agriculture Organization of the United Nations (FAO), World Organization for Animal Health (OIE), United Nations System Influenza Coordination (UNSIC), various Universities, NGOs and many others.

The current One Health movement is an unexpected positive development that emerged following the unprecedented Global Response to the Highly Pathogenic Avian Influenza. Since the end of 2005, there has been increasing interest in new international political and cross-sectoral collaborations on serious health risks. Numerous international meetings and symposia have been held, including major initiatives in Winnipeg (Manitoba, Canada, March 2009), Hanoi (Vietnam, April 2010), and Stone Mountain (Georgia, US, May 2010), as well as four international One Health scientific congresses, the last of which took place in Melbourne, Australia, in December 2016

2. Definition of concepts and tools used in gender analysis

Sex usually defines the biological characteristics differentiating men and women. Sex is also culturally defined as the case of the South African athlete Caster Semenya showed. She and her family considered she was a woman while the medical institution and the International Federation of Athletics decided she was a hermaphrodite. Gender is a constitutive element of social relationships based on perceived differences between the sexes, and gender is a primary way of signifying relationships of power 1.
Gender is the wide set of characteristics that are seen to distinguish between male and female. As a word, has more than one valid definition. In all societies men and women play different roles, have different needs, and face different constraints. Gender roles differ from the biological roles of men and women. Gender roles are socially constructed. They demarcate responsibilities between men and women, social and economic activities, access to resources, and decision-making authority. Biological roles are fixed, but gender can and do modify with social, economic, and technological changes. Gender roles demarcate responsibilities between men and women, social and economic activities, access to resources and decision making. Social and economic factors underlie and support gender-based disparities:

- Institutional arrangements that create and reinforce gender-based constraints or conversely, foster an environment in which gender disparities can be reduced
- The formal legal system that reinforces customs and practice giving women inferior legal status
- Sociocultural attitudes and ethnic and class-based obligations that determine men and women’s roles, responsibilities, and decision-making functions
- Religious or/ and traditional beliefs and practices that limit women’s mobility, social contact, access to resources, and the types of activities they can pursue
- Economic factors that limit women’s access, control and benefits over resources, services, activities and knowledge.

Gender analysis
At its simplest, gender analysis is seeing what our eyes have been trained not to see. It is asking about the differences between men and women’s activities, roles, and resources to identify their development needs. Assessing these differences makes it possible to determine men and women constraints and opportunities within a sector. Gender analysis can help ensure provision of services that men and women want and that are appropriate to their circumstances. This requires understanding men and women’s roles in the sector by analyzing quantitative and qualitative information about their activities, resources and constraints, and benefits and incentives.

Gender planning
Gender planning is a planning that recognizes that because women and men play different roles in society they often have different needs.

Gender roles
Gender planning recognizes that in most societies low-income women have a triple role: women undertake reproductive, productive and community managing activities, while men primarily men undertake productive and community politics activities.

Reproductive role: Child-bearing/rearing responsibilities, and domestic task done by women, required to guarantee the maintenance and reproduction of the labor force.
It includes not only biological reproduction but also the care and maintenance of the workforce (male partner and the working children) and the future workforce (infants and school-going children).

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

Community managing role: Activities undertaken primarily by women at the community level, as an extension of their reproductive role, to ensure the provision and maintenance of scarce resources of collective consumption, such as water, health care and education. This is voluntary unpaid work, undertaken in; time.
Community politics role: Activities undertaken primarily by men at the community level, organizing at the formal political level, often within the framework of national politics. This is usually paid work, either directly or indirectly, through status and power.

Differential Access to, Control over Resources and Benefits: It is important to distinguish between access to resources and control over them when examining how resources (land,
labor, credit, income, etc.) are allocated between women and men. How men and women benefit from the resources also should be analyzed.

**Access:** gives a person the use of a resource e.g. land to grow crops.

**Control:** allows a person to make decisions about who uses the resource or to dispose of the resource e.g. sell land. Base-line data in a complete gender analysis establishes whether there is any differential in men’s and women’s access to key categories of resources.

**Benefit:** Allows the person to dispose of the resource in his/her interest.

**Condition and Position:** Development projects generally aim to improve the condition of people’s lives. From a gender and development perspective, a distinction is made between the day-to-day condition of women’s lives and their position in society. In addition to the specific conditions which women share with men, differential access means women’s position in relation to men must also be assessed when interventions are planned and implemented.

**Condition:** This refers to the material state in which women and men live, and relates to their responsibilities and work. Improvements in women’s and men’s condition can be made by providing for example, safe water, credit, seeds. (practical gender needs).

**Position:** Position refers to women’s social and economic standing in society relative to men, for example, male/female disparities in wages and employment opportunities, unequal representation in the political process, unequal ownership of land and property, vulnerability to violence (strategic gender need/interests).

**Gender needs:** Women have needs that differ from those of men, not only because of their triple role, but also because of their subordinate position in terms of men. It is useful to distinguish between two types: Practical gender needs (PGN) are the needs women identify in their socially accepted roles in society. PGNs do not challenge, although they arise out of, gender division of labor and women’s subordinate position in society. PGNs are a response to immediate perceived necessity, identified within a specific context. They are practical in nature and often concern inadequacies in living conditions such as water provision, health care and employment. Strategic gender needs (SGN) are needs women identify because of their subordinate position in society. They vary according to contexts, related to gender divisions of labor, power and control, and may include such issues as legal rights, domestic violence, equal wages, and women’s control over their bodies. Meeting SGNs assist women to achieve greater equality and change existing roles, thereby challenging women subordinate position.

**Data disaggregated by sex/gender:** This is the information collected by questionnaires, observation or other techniques, that reveals the different roles and responsibilities of men and women e.g. a gender analysis matrix chart. Female/Gender headed households: Female headed households maybe households where no adult males are present (due to divorce, separation, migration, non-marriage, widowhood). They may also be households where the men are present, but do not contribute to the household income (illness, disability, alcoholism).

**Gender blind:** This is a person who does not recognize that gender is an essential determinant of the life choices available to individuals within a society.

**Gender sensitive and/or gender responsive:** This term is used in reference to projects and planning. Gender sensitivity involves being aware and incorporating into projects activities considerations about the different need, priorities and constraints resulting from the different socio-cultural economic groups within the given project environment.

**Participation:** A process of communication among local people and development agents during which local people take the leading role to analyze the current situation and to plan, implement and evaluate development activities.
References


Ebola’s legacy by Erika Check Hayden: Nature: volume 519, 5 March 2015

Gender issues in Human Animal and Plant health using an Eco Health perspective by Brigitte Bagnol, Robyn Alders and Robyn Mcconchie: Environmental and Natural Resources Research Vol 5 No1, 2015

What the solution isn’t: the parallel of Zika and HIV viruses for Women: Susan T. Fried and Debra J. Liebowitz: The Lancet global health blog; February 2016

One Health, Epidemiology and Gender Gaps

Session Overview

Day Two provides a foundation for understanding One Health concepts and how developing One Health competencies enhances health professionals, practitioners, and partners’ effectiveness. With this base, the day explores a gender-sensitive approach to epidemiology in addressing emerging pandemic threats.

Session Learning Objectives

Learning Objective: Participants will be able to:

- Explain the One Health approach
  - Describe the principles of ecosystem health and the human-animal-environmental interface
  - Address health issues that cannot be solved through a single disciplinary approach
- Use a gender-sensitive approach to epidemiology

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Topic/Activity</th>
<th>Learning Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 9:00</td>
<td>Registration</td>
<td></td>
<td>Sign in sheet</td>
</tr>
<tr>
<td>9:00 - 9:30</td>
<td>Morning Reflections</td>
<td></td>
<td>2 Flipcharts</td>
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<td></td>
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<td></td>
<td>Post It Notes®</td>
</tr>
<tr>
<td>9:30 - 10:00</td>
<td>Introduction to One Health</td>
<td>Plenary Session</td>
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<tr>
<td>10:00 - 10:30</td>
<td>Case Studies: One Health</td>
<td>Presentation</td>
<td>PowerPoint</td>
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<tr>
<td>10:30 - 10:45</td>
<td>Tea Break</td>
<td>Small Group Activity</td>
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<tr>
<td>10:45 - 11:45</td>
<td>Group Presentations</td>
<td>Plenary Session</td>
<td>PowerPoint</td>
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<tr>
<td>11:45 - 12:45</td>
<td>One Health Competencies</td>
<td>Presentation</td>
<td>Power cards</td>
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<td></td>
<td></td>
<td>Small Group Activity</td>
<td>Flipchart Paper</td>
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<td>Colored Markers</td>
</tr>
<tr>
<td>12:45 - 1:45</td>
<td>Lunch</td>
<td></td>
<td></td>
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<tr>
<td>1:45 - 2:30</td>
<td>Epidemiology and Gender Gaps</td>
<td>Presentation</td>
<td>PowerPoint</td>
</tr>
<tr>
<td>2:30 - 3:30</td>
<td>Case Study: Ebola</td>
<td>Small Group Activity</td>
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<tr>
<td>3:15 - 3:30</td>
<td>Tea Break</td>
<td></td>
<td></td>
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<tr>
<td>3:30 - 4:30</td>
<td>Group Presentations</td>
<td>Plenary Session</td>
<td></td>
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<tr>
<td>4:00 - 4:15</td>
<td>Evaluation of the Day</td>
<td>Plenary</td>
<td>Flip Chart</td>
</tr>
</tbody>
</table>

Detailed Facilitator Notes
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 min</td>
<td>Attendance</td>
<td>Have participants sign the OHCEA attendance register</td>
</tr>
</tbody>
</table>
| 15 min | Morning Reflections                 | Have two flipcharts in the front of the room:  
  ▪ On one flipchart write the question: “Do you feel women’s roles are less valued than men’s?” If yes, why? And if no, why not?  
  ▪ On the other flipchart write the question: “Do you feel that men are becoming marginalized? If yes, why? If no, why?”  
  ▪ Discuss how these roles are playing out in the context of your country/region/district. Give each student two Post It® Notes  
  ▪ Have students write their responses on the Post It® Notes  
  ▪ Have students put their Post It® Notes on the respective flipcharts  
  ▪ Debrief:  
    ▪ Review and discuss the comments                                                                                                                                                                                                                     |
| 30 min | Introduction to One Health and Gender | As infectious diseases continue to threaten the wellbeing of the world, a more strategic cross-sectoral approach is needed to counter these threats. Emerging and re-emerging diseases such as Rift Valley fever, Ebola virus, Brucellosis, Tuberculosis, increasing global trends in climate change and microbial resistance make us acutely aware of the interdependence of human, animal and environmental ecosystems. The One Health paradigm recognizes the reliance of these three systems on each other and that to prevent diseases at the human animal and ecosystem interface, cross-sectoral collaboration has to be promoted and policies, systems and processes have to be put in place. This morning’s section will focus on One Health presenting definitions, concept and rationale and the current context of One Health in Africa. Using various case studies, we will demonstrate the interconnectivity of various health challenges and the benefits of multidisciplinary approaches. This One Health section is aimed at sensitizing and imparting the requisite knowledge and enabling skills for the adoption and promotion of the concepts of One Health approaches to participants and it is expected that through this, participants will be able to work in a multidisciplinary manner in the planning, implementation and |
monitoring of any activities that will improve their response to any emerging pandemics.

**One Health presentation**

Present a brief power point on One Health, what it is and the drivers of disease emergence and why it is important to have a multidisciplinary approach (Power Point Presentation on One health and the drivers of disease emergence)

**Case Studies in One Health and Gender**

Case Studies in One Health and Gender (case studies are found at the end of the session in the session facilitator notes)

- Divide the class into four groups.
- Give each group one of the following case studies.
  - Rabies
  - Outbreak of TB in Uganda
  - Environmental, Wildlife and Health Issues in Kilosa
  - Mining in Lake Tshangalele
- Have the groups read their case study, answer the questions at the end of the case and prepare a 10-minute report summarizing the case and conclusions.

**Case Study: Rabies**

Questions:
1. Who are the people involved and affected in this case?
2. Can you list the different sectors that you can identify who could work together well/ what other sectors would you have liked to involve?
3. What would you have done differently?
4. What could you have done to prevent the situation from getting to this stage?
5. Do you support everything that the veterinarian did: why/why not?
6. If you were a district veterinary officer, how would you manage this problem in your community?
7. What gender issues do you see in this scenario and how would you deal with them?

**Case Study: Bovine Tuberculosis (TB)**

Questions:
1. Who and what are the different elements involved and stakeholders in the case of TB?
2. What disciplines should work together to control this re-emerging pandemic?
3. What are the benefits of cross-sectoral cooperation and the sharing of resource and information between countries?
4. What gender issues do you see in this scenario and how would you deal with them?
5. Can you make a list of some of the gender issues that are noticeable in this case study? How can you begin to address some of these issues?

Case Study: Environmental, Wildlife and Health Issues in Kilosa

Questions:
1. Why do you think this situation is ideal for One Health activities?
2. Identify key issues that are problems in this area?
3. Identify key elements and stakeholders in the area?
4. What gender sensitive One Health related interventions can be developed and how can you engage key stakeholders in the interventions?
5. What gender issues do you see in this scenario and how would you analyze and address them?

Case Study: Mining in Lake Tshangalele

Questions
1. Given this scenario, what are the One Health issues that arise and who is affected?
2. Identify the multiple stakeholders or players in this scenario.
3. Develop a gender sensitive intervention strategy for this community.
4. Who would be your key players in the intervention strategy?
5. What do you think could be the possible causes of the health problems affecting the community?

6. How would you investigate the problem? What simple steps can be taken to investigate the problem?
7. What are the main gender considerations in this scenario and how would you address them?

Break

15 min
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 min</td>
<td>Group Presentations</td>
<td>Each group has 10 minutes to present and 10 minutes for discussion on their case study. Note: Presentations should include the points that were in italics in each case study.</td>
</tr>
</tbody>
</table>
| 30 min | Stakeholder analysis of the case study | Have the participants complete the following stakeholder analysis exercise (This exercise was adopted from the University of Minnesota OH-SMART tool [https://www.vetmed.umn.edu/centers-programs/global-one-health-initiative/one-health-systems-mapping-and-analysis-resource-toolkit](https://www.vetmed.umn.edu/centers-programs/global-one-health-initiative/one-health-systems-mapping-and-analysis-resource-toolkit) and from work done by Professor Jodi Sandfort of UMN on Policy Field analysis) You have been provided with a set of sticky notes.  
1. On a sticky note, write a name of a stakeholder or player in your case study scenario. One name per note. Write as many stakeholders as you can think of. Identify them by their roles. Consider their gender as well especially at the community level.  
2. Line the sticky notes on the plain piece of paper according to whether they are international, national, regional or local  
3. Draw a circle around those stakeholders with lots of power and authority using a red marker  
4. Draw a square around those players with the most interest in the activity or who are impacted the most  
5. Using a red marker, draw arrows that show flow of decision making (power and authority) from one stakeholder to another  
6. Using a green Marker draw arrows that show flow of resources (funding) from one stakeholder to another  
7. Using a blue marker draw arrows that show communication flow from one stakeholder to another. Have the groups discuss the map and the following questions:  
   - Who has power and authority?  
   - Who do you think should have power and yet does not?  
   - Who is being left out of the different arrows and yet considered important and how do you include them? |
Can you identify any gender differences in power, communication flow and resource flow?

The case studies demonstrated the interconnectivity of health challenges and the benefits of a multidisciplinary approach. Key concepts include:

- Health emergencies are not limited to one sector.
- Human activity, agricultural practices and gender roles can contribute to disease transmission.
- The benefits of cross-sectoral cooperation and the sharing of resources leads to the prevention of disease at the root because which is economic and can save lives.
- Primary health strategies need to include education about disease and disease transmission.

For effective and efficient practice of the One Health approach, there are defined competencies -- skills, knowledge and behaviors -- that build upon the foundation of multiple health-related disciplines. One Health
competencies are critically important for the early identification and appropriate response to epidemics of emerging infectious pathogens.

Presentation on One Health Core Competencies
Give a 10-minute introductory presentation on core competencies and how they were developed. (Introduction to One Health Core Competencies)

Note: This activity requires that the facilitator prepare “role cards” for each case. The role cards should have the name of health professionals, practitioners, partners and other stakeholders relevant to the case. The table below shows the cards that need to be prepared:

<table>
<thead>
<tr>
<th>Rabies</th>
<th>TB</th>
<th>Kilosa District</th>
<th>Mining</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother</td>
<td>mother</td>
<td>pastoralist/herder</td>
<td>miner</td>
</tr>
<tr>
<td>child</td>
<td>veterinarian</td>
<td>farmer</td>
<td>wife</td>
</tr>
<tr>
<td>nurse</td>
<td>medical doctor</td>
<td>woman</td>
<td>child</td>
</tr>
<tr>
<td>veterinarian</td>
<td>farmer</td>
<td>park ranger</td>
<td>Chinese owner</td>
</tr>
<tr>
<td>village elder</td>
<td>business man/woman</td>
<td>tourist</td>
<td>government official</td>
</tr>
<tr>
<td>women group leader</td>
<td>hunter</td>
<td>government official</td>
<td>fish monger</td>
</tr>
<tr>
<td>traditional healer</td>
<td>tourist</td>
<td>village elder</td>
<td>herder</td>
</tr>
<tr>
<td>government official</td>
<td>government official</td>
<td>environmentalist</td>
<td>medical doctor</td>
</tr>
<tr>
<td>public health person</td>
<td>wildlife specialist</td>
<td>poacher</td>
<td>veterinarian</td>
</tr>
<tr>
<td>dog owner</td>
<td>milk consumer</td>
<td>veterinarian</td>
<td>environmentalist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>disaster manager</td>
<td>businessman</td>
</tr>
</tbody>
</table>

- Return to case study groups
- Pass out role cards for each case study
- Have individuals assume the roles on the cards
- Assignment:
  - As a group, identify the skills, knowledge, behaviors in one or two words that each role needs to work together in relation to the case study and the role. Present this on a flip chart
  - After all the groups are done, discuss as a group and identify key skills and competencies that participants think are key for them to become effective in their work and the roles they played
  - Have each group create a symbol that represents their group.
  - On a flipchart, create a “Wordle,” with their group symbol in the center. A “Wordle” is a picture created by words:
Font and color are used to differentiate words
- The words can form an outline of an objective or just fill a rectangle
  - Conduct a “gallery” walk stopping at each flipchart and having the group explain their symbol and design.

Debrief:
- What key skills, knowledge and behaviors do you see in all the Wordles?
- What differences do you see?
- What do you think this says about the One Health competencies?

Lunch

Epidemiology and Gender Gaps
- Give a power point presentation on epidemiology and gender gaps
  
  See PowerPoint presentation for presentation notes. (Power Point Presentation on Epidemiology and Basic Gender Gaps)

  Have the participants watch the following video on Ebola in Liberia.

  https://www.youtube.com/watch?v=XasTcDsDfMg

  As they watch it- have them think of the transmission of Ebola
  The roles of men and women in the process- hunters, sellers: who does what? Who believes what? Who are the gatekeepers and trusted members of the community? Who controls the resources and how does this affect...
risk? And therefore, what role would they play in transmission and control of the outbreak. What are the risk issues to Ebola in this community? Who is this community being more exposed and at risk? Who should be targeted for interventions and why?

Case Study: Ebola

Have the participants review the case study on Ebola and discuss it. Allow the participants 15 minutes to specifically research about the cases of outbreaks mentioned in the various countries through the internet. Write the questions on a piece of paper and have everyone pick one question and answer that question in a plenary.

Questions
1. Why do you think in the 2001-2002 outbreak of Ebola in Congo and Gabon more men than women were infected in the early stages of the outbreak?
2. Why do you think the cases of women later outnumbered the cases of men in this outbreak?
3. Why is it that the female cases exceeded the number of male cases for the duration of the outbreak of 2000–2001 in Gulu, Uganda?
4. Explain why in the outbreak of 1976 in Sudan, there were more men cases than women?

Note: Discussions should include the following:
- Men were the first to be exposed through some established gender roles like hunting where they first came in contact with infected people.
- The female excess may be explained by the fact that the transmission of the Ebola virus often occurs while caring for the sick, a role that is more likely to be played by women than men.
- Gender roles ascribed to women like washing of bodies and caring for the sick.
- Men predominated because 75% of the medical staff in the main hospital was male (WHO International Study Team, 1976).
- The transmission of cases was almost exclusively from providing nursing care for sick relatives; 24 of 29 secondary cases had provided such care.
- Response should include the following steps:
  - Carry out a thorough gender analysis to establish: gender roles of community members, time use, participation, norms, laws or codes, status of women and men in terms of access to resources (money etc.), norms that may impact women/men in terms of
what she/he is allowed to do, and impact of the project goals on women and men.
- Provide appropriate training and sufficient protective gears to those at the frontline of care giving during any outbreak
- Discourage the men in Congo from hunting and eating monkeys
- Train those elderly women who prepare dead bodies to treat all dead bodies as potential source of an epidemic and they should be handled with utmost caution.

Debrief with the following concluding remarks:
- Ebola is a terrible outbreak with significant gender connotations
- Men and women may be affected differently
- Care givers who are mainly women should always be alert handling every case with caution, following all bio-security measures

Tea Break

Case analysis: Ebola in Sierra Leone, 2014
(The below case activity was authored by Katherine Grassle, Andrea Rios-Gonzalez, Adel Molnar, Esty Yanco as part of their case study on Ebola At the Tufts Cummings School of Veterinary Medicine, Human Dimensions in Conservation Medicine class, Masters in Conservation Medicine Candidates 2016)
Read the background information provided in the Annex on Ebola titled Ebola 2014: in Sierra Leone

Activity 1: Sociocultural Factors in Disease Transmission
i) In your groups, Using the framework provided, generate scenarios in which transmission of the Ebola virus could occur between the individuals included in the story framework. The first transmission scenario has been provided as an example (see framework table below background information)

ii) Identify 3 main components of Sierra Leonean culture that contributed to the transmission of Ebola during the 2013-2015 outbreak. How do you think these components are integral to their culture?
iii) What are some ways that transmission of Ebola can be reduced? Suggest 2 actions that can be taken by those in an Ebola-stricken region that could curtail the likelihood of virus transmission while not imposing on cultural traditions. Remember that a lack of cultural sensitivity has fostered mistrust of outsiders during the outbreak response.

Activity 2: Risk analysis

Examine the diagram in the annex that reviews behaviors linked to Ebola transmission. Using a scale from 1 to 3 (1 = low and 3 = high) and the background information provided above and from your own knowledge, assign a relative risk of Ebola transmission to each behavior. As you assign the risk, also assign the gender to each behavior based on their roles (it could be male, female or both). Besides roles, can you think of the other components such as division of labor, access and control over resources, power dynamics, that increase anyone’s risk to transmission?

In 2015, the World Health organization designated 11 diseases as high risk for severe outbreaks. 10 of these diseases are of zoonotic origin. This list includes the following: Arenaviral hemorrhagic fevers (including Lassa Fever, Crimean Congo Hemorrhagic Fever (CCHF), Filoviral diseases (including Ebola and Marburg), Middle East Respiratory Syndrome Coronavirus (MERS-CoV), Other highly pathogenic coronaviral diseases (such as Severe Acute Respiratory Syndrome, (SARS), Nipah and related henipaviral diseases, Rift Valley Fever (RVF), Severe Fever with Thrombocytopenia Syndrome (SFTS) and Zika

Divide the participants into pairs. Assign each group one of these diseases. All participants should answer the following questions:

- In relation to their disease, they should identify the health threat, the environmental component, the animal component (vector or reservoir), the human component as well as other One health competencies that intersect with these three,
- They should identify the risk in relation to gender and cultural issues i.e.: Are there cultural habits that increase the risk of the disease
- Are gender roles likely to impact the risk of the disease-(differences) among men women
- Does access to resources, decision making, information, education time influence the risks to the disease and can one identify who is more at risk based on these factors?
- How can they take gender issues into consideration in their management plan?
Participants should then present their findings keeping the presentations to five minutes maximum. This should open a discussion on the importance of gender related factors that influence risk and affect exposure and consequences in cases where there are public health threats.

Article on Ebola legacy in West Africa

Participants were requested to read this article prior to coming to the training

Include article on gender and Ebola

*Ebola’s lasting legacy by Erika check Hayden: nature: volume 519; March 2015 (included in the Annex)*

Review this article with the group focusing on current and future Impact of Ebola on Maternal Health and why it is so significant?

What challenges do you see in relation to your own country and other countries?

End of Day Two Evaluation

- Create the flipchart shown below.
- Ask the class: “How did it go today?”

<table>
<thead>
<tr>
<th>How did today go?</th>
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<th>Comments:</th>
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Session 2: Facilitator notes

**1) Case study 1: Rabies**

Batamuliza, a 10-year-old girl, the daughter of Mr. and Mrs. Baswiza, a resident of Nyagatare, Rwanda traveled to Uganda to visit her grand-mother and spent there 1 week. While she was away, she was bitten by a stray dog. When she returned home, she was not feeling well and the dog wounds were getting infected. She told her mother what had happened and her mother found some traditional herbs and gave them to her. When she did not get better the mother brought her to the traditional medicine
man, who cast out the evil spirits that he said were bothering the girl. After a few days, the mother realized that Batamuliza was getting worse and brought her to the local health center. At the health center, the nurse realized immediately that the dog might have been rabid. Batamuliza needed to receive post exposure vaccination which was very expensive. Mr. Baswiza consulted with the local butcher man and sold the family cow to pay for the vaccine. Batamuliza was given the vaccine. The nurse also quickly called the veterinarian in charge who called his counterpart in Uganda to ensure that the dog was captured and did not bite any more people. They found out that the dog had also bitten two other children in that village and several cows which had developed rabies. On further investigation, the veterinarian discovered that the dog had been infected by some wild fox which liked to come and scavenge for food in the village. The women in the village liked to feed the fox because they believed in the tradition that if you fed foxes, you would be more fertile. The veterinarian called a meeting of the village elders and did a brief community training on rabies. Batamuliza got better after a few days and went out to play with her friends.

Questions:

1) Who are the people involved and affected in this case?
   
   Family members, mother father, children, other villagers, from both Uganda and Rwanda, veterinarians in the two countries, nursing personnel who treat and handle the sick, local leaders and decision makers, traditional medicine men

2) Can you list the different sectors that you can identify who could work together well/ what other sectors would you have liked to involve?
   
   Health and veterinary sectors in both Rwanda and Uganda, government (local leadership and county council), Immigration offices

   Local social work office that deals with cultural issues/ traditional healers association

3) What would you have done differently?
   
   Taken child immediately to hospital, inquired from family in Uganda immediately if dog was rabid and involved the medical and vet department, and any diagnostic labs, also gather the women’s groups or other social networks that women engage in and conduct a community training with them.

4) What could you have done to prevent the situation from getting to this stage?
   
   Communicate immediately with authorities, educate mother and other mothers and women (women who are not mothers yet may also feed foxes) on rabies as well as community

5) Do you support everything that the veterinarian did: why/why not?
   
   He just called village elders for meeting. This usually leaves out women and children. Should have specifically targeted women and children in school to make them aware.

6) If you were a district veterinary officer, how would you manage this problem in your community?
   
   ▪ Create awareness for both humans and animals, work with medical team and local community members to educate everyone about rabies
   ▪ Vaccination campaign for dogs
   ▪ Pre-exposure vaccination campaign for humans

7) What gender issues do you see in this scenario and how would you deal with them?
Gender roles - access to resources and decision making? Mrs. Baswiza was responsible for collecting traditional herbs and care for the family. Did Mr. Baswiza consult when he sold the only cow the family had; control over resources. In this community, women perform the animal care activities and yet do not control the resources.

Veterinarian was communicating with village elders about this disease - are women allowed in the village elders meeting or is it assumed that this information will be passed onto them by their husbands. 80% of the nurses are female and risk of exposure to infectious diseases are high.

2) Case study 2: Bovine Tuberculosis

Every year, there are 8–10 million new cases of TB reported, and 2–3 million deaths attributed to TB. In many countries in Africa, HIV-AIDS is widespread. The biggest killer of people with HIV-AIDS is TB. However, the Impact of Bovine TB on humans is poorly documented. BTB is a major problem for livestock in developing countries and wildlife play a major role in the failure of TB eradication programmes. In many cases, consumption of raw meat and milk and development of bush meat consumption as cheap source of protein are the principal routes of human contamination with BTB.

Human TB of animal origin (zoonotic TB) is an important public health concern in developing countries. African nations face a particular challenge in TB control, deficiencies in public health control measures for cattle and animal products. Once detected, tuberculosis is curable in 90 percent of cases for as little as $15 per treatment. HIV/AIDS is fueling the TB epidemic, and coordination between the TB and HIV communities is lacking. The spread of extensively drug-resistant TB (XDR-TB) is a major threat and there is a significant lack of infrastructure and capacity, including laboratory facilities and health workers. This is exacerbated by the fact that smaller, less-regulated farmers sell unpasteurized milk directly to consumers and most consumers in the village do not boil their milk to the required standards.

Mycobacterium bovis has a broad host range as the principal cause of TB in free-living wildlife, captive wildlife, domestic livestock, and non-human primates. Wild ruminants and carnivores, such as African
buffalo, lion, cheetah, greater kudu, leopard, warthog, and eland, can be infected and infect both humans and domestic animals. Scavengers (hyenas, genet) and chacma baboons in Kenya became infected through the ingestion of abattoir wastes. Furthermore, recent development of wildlife activities, such as game tourism, farming, and hunting to develop the peripheral zones of protected areas has increased human contact with wild animals. Due to international travel and migration, TB is now considered a rapidly re-emerging pandemic. Many cases diagnosed are Multi-drug resistant (MDR) or XDR.

Questions:

6. Who and what are the different elements involved and stakeholders in the case of TB?
   - Wild animals, domestic animals, humans, birds
   - Multiple governments, veterinarians, medical doctors, wildlife specialists
   - Consumers of milk and meat products, handlers of these products, business people, hunters, women selling milk and handling food, caring for the sick
   - International travel organizations and their governments, WHO, OIE, FAO
   - NGOs involved and engaged in disease control

7. What disciplines should work together to control this re-emerging pandemic?
   
   All disciplines medical, veterinary, wildlife, anthropology, local and national leaders, businesses, consumers, multi-lateral organizations: WHO, OIE

8. What are the benefits of cross-sectoral cooperation and the sharing of resource and information between countries?
   - Needed for the effective control of highly contagious disease emergencies
   - They should be able to brainstorm here and come up with multiple ideas

9. What gender issues do you see in this scenario and how would you deal with them?
   - Women are responsible for milking, and cooking food.
   - They are care givers
   - If not targeted for intervention, cannot be able to control TB
   - Men are hunters bringing bush meat home
   - Traders in illegal bush meat sometime women are middle men or intermediaries.
   - Access to medical care, training less for women than men in most communities
   - Drug resistance (MDR ad XDR) make control difficult

10. Can you make a list of some of the gender issues that are noticeable in this case study? How can you begin to address some of these issues?
    - Multi-disciplinary cooperation
    - Cross regional –cross country multiple governments
    - Working with anthropologists and social scientist

3) Case study 3: Environmental, wildlife and Health issues in Kilosa
Considering the increasing global demographics, disease emergence and intensified encroachment on natural habitats, meeting the needs of the community and safeguarding their health is becoming a significant challenge. Engaging communities in One Health activities is one way to ensure that they are involved in the planning, implementation and management of activities and interventions right from the beginning. In Kilosa district of Tanzania, close to the Mikumi national park, wildlife, livestock and people live in close proximity making the plains a potential “Hot spot” for emerging pandemic threats. This area has been identified as ideal for a One Health demonstration site. Specific human health, animal health, and ecosystem challenges and impacts were identified, such as local human, livestock and wildlife diseases, habitat fragmentation, edge effect and biodiversity loss. The Kilosa region is strategically positioned in terms of cultural resources and vulnerable populations as well as endemic or threatened wildlife species. Rabies, Rift Valley Fever and milk borne (Bovine Tuberculosis and Brucellosis) as well as water borne zoonoses are identified by community members as priority diseases that could be intervened effectively using One Health approach. There is ongoing conflict among pastoralists and farmers, and the national parks administration. Wildlife like elephants constantly destroyed farmers’ crops and human wildlife conflict was rampant. Environmental degradation is evident with community members cutting down trees to sell charcoal. Recent flooding in the area had led to massive soil erosion as well as people and animal displacement. As a result of this, there is conflict over scarcity of water resources for wildlife, animals and humans. Poaching in the Mikumi national park was constant and road kill of wildlife was big problem since this was the main high way for transnational tracks from Tanzania to southern Africa. Conflict between the national park rangers and communities also results from the fact that women go into the park to gather firewood and fruits for food. Potential opportunities for the demonstration site to contribute to the local economy by virtue of employment, improved subsistence...
resources, conservation and sustainability, biodiversity protection, improved recreation or appreciation by tourists are present.

Questions:
6. Why do you think this situation is ideal for One Health activities?
   - Specific human, animal, and ecosystem health challenges and impacts
   - Consistent with One Health themes and competencies (e.g. local human, livestock and wildlife diseases, habitat fragmentation, biodiversity loss)
   - Examples of, and/or future opportunities for community-based participatory research, training and interventions.
   - Presence of ongoing/resolved issues/stakeholder conflicts and degree to which such issues present opportunities or obstacles to success in the teaching and learning environment.
   - Involvement/presence of community and District level stakeholders/personnel who are willing to be part of the team

7. Identify key issues that are problems in this area?
   - Zoonotic diseases: Rabies, Rift Valley Fever and milk borne (Bovine Tuberculosis and Brucellosis) as well as water borne zoonoses were identified by community members as priority diseases that would be intervened effectively using One Health approach.
   - Human-wildlife conflict, conflict between farmers and the national park rangers, conflict over scarcity of resources such as foliage and water, poaching in Mikumi national park, conflict between pastoralists and herders
   - Flooding and displacement and what happens to animals
   - Tourism and its impact, traffic in the area and road kill of wildlife
   - Gender issues

8. Identify key elements and stakeholders in the area?
   - Wildlife, domestic animals, crops,
   - Farmers, herders, pastoralists, women collecting firewood, internally displaced people
   - Poachers different ministries-national park rangers, ministry of agriculture
   - Veterinarians, medical doctors, disaster management teams, district officers in different departments
   - Police officers, tourists, car owners travelling to other countries

9. What One Health related interventions can be done and how can you engage key stakeholders in the interventions?
   - Rabies, Rift Valley Fever and milk borne (Bovine Tuberculosis and Brucellosis) as well as water borne zoonoses were identified by community members as priority diseases that would be intervened effectively using One Health approach.
   - Ongoing conflict among pastoralists, farmers, and the national parks administration present opportunities for research and novel intervention systems.
   - Tourism and road kill are key issues for the park to deal with.
   - All the activities mentioned as One Health issues can become interventions with community
   - Look for opportunities to engage the communities in the interventions

10. What gender issues do you see in this scenario and how would you deal with them?
To provide incentives and attract investors to the mining sector a new mining code was enacted in the DRC in July of 2002. The new code attracted several new mining companies generally of smaller size compared to those operating at the time of the reform. For economic reasons, small mining operations tend to operate closer to large populations creating health and environmental problems. To mitigate the environmental impact of extractive industries, the government of DRC has recently enacted an environment framework law. However, this 2011 legislation still needs other implementation measures to guarantee its effectiveness.

The increase in mining operations in Lubumbashi, a city of 1.3 million inhabitants and surrounding areas has led to air and water pollution directly affecting humans, animals and the food chain. The mines are estimated to provide direct employment to between 200,000 and 280,000 permanent full-time miners and are located only 0.1 km from the edge of the city (see Figure). During the peak season, the total number of miners reaches an estimated 400,000 workers. About 74% of miners are diggers while the remaining are sorters and washers.

Miners and their families are exposed to heavy metals through dust inhalation, food and water contamination. In Shinkolobwe and Kolwezi, miners are exposed to radiation of up to 24 mSv/year. Poor
sanitary conditions in miners’ camps also favor epidemics. Recent studies have shown a significant risk of heavy metal contamination in humans, goats and fishes. Massive excavations related to copper mining operations affect the ecosystem such that the natural habitat of rodents and other animal carriers of pathogens that may cause known and unknown diseases are invading human habitats creating a serious health risk. In 2011, an outbreak of unknown disease with hemorrhagic fever like symptoms caused several deaths and hospitalizations in Kapolowe health district 114 Km North West of Lubumbashi. However, follow up was not made as there was generally a poor understanding of these exposures and their specific effects and they did not have adequate capacities to study and mitigate these problems. Evidence suggests fish from Lake Tshanga-Lele located in the same district are heavily contaminated. Fish from this lake constitute a main source of protein for the population of the city of Lubumbashi. Illnesses of unknown origin have also been observed in goats within the same area. These kinds of exposures from mining and activities related to it may be associated with significant disease burden. The World Health Organization (WHO) estimates that environmental risk factors contribute to 24% of the global burden of disease from all causes, and to 23% of deaths, emphasizing that this is likely a conservative estimate because for many diseases, the associations are poorly understood (Prüss-Üstün and Corvalán, 2006).

Questions

8. Given this scenario, what are the One Health issues that arise and who is affected?
   ▪ Pollution, heavy metal contamination, waterborne illnesses, lung problems, animal /human diseases, dust inhalation, food and water contamination
   ▪ Miners and their families, business people and consumers, fishermen and their consumers, animal owners, government, extractive industry

9. Identify the multiple stakeholders or players in this scenario.
   Miners and their families, business owners and private industry, medical, environment, and veterinary professionals, fishermen and other people who rely on the fish, goat keepers or herders and those who purchase the animals for food, government, law and policy makers regarding mining

10. Develop a gender sensitive intervention strategy for this community.
    ▪ Scenario can be different but should involve community and government legislation, miners and private industry
    ▪ This scenario has particular relevancy to inform zoning policies in the Katanga province, decrees to be issued to accompany the environmental framework law enacted in 2011 and the design of effective emergent and re-emergent diseases surveillance and outbreak response mechanisms. Other regions of DRC and many countries in Africa face the same mining problems.
    ▪ It should also help to develop and strengthen environmental and occupational health-related regional research collaborations and to inform nationally and internationally-relevant policy development.
11. Who would be your key players in the intervention strategy?

Community of miners both male and female, private industry, professionals’ vet/medics/environmentalists, government and policy makers, community leadership whether male or female

What do you think could be the possible causes of the health problems affecting the community?

12. How would you investigate the problem? What simple steps can be taken to investigate the problem?

▪ Carry out simple participatory exercises among the community to identify levels of affection in humans, animals and community, collect samples from water, animals, fish, humans, test samples for heavy metals
▪ Perform a risk assessment
▪ Perform a rapid gender analysis (in person or desk review)

13. What are the main gender considerations in this scenario and how would you address them?

▪ Identify the gender roles and responsibilities:
▪ Women in this community: excessive exposure because they are fetching water from the rivers and cooking the contaminated foods.
▪ Men are mostly exposed because they work in the mines and therefore lung diseases would be more common among them
▪ Among those who died who was affected the most: males or females?

5) Case study 5: Ebola

In the 2001–2002 Ebola outbreak that occurred in the Congo and Gabon, more men than women were infected during the early stages of the outbreak, a situation that was reversed during the later stages of the outbreak. In contrast, the number of female cases exceeded the number of male cases for the duration of the outbreak of 2000–2001 in Gulu, Uganda. During an outbreak, health officials usually compare the cumulative distributions of male and female cases. Cumulative distributions can sometimes mask potentially informative fluctuations in numbers of cases over the course of an outbreak. For the outbreak in Gulu, for example, the cumulative distribution was greater in females throughout, whereas in the outbreak in Gabon it switched from predominantly male to predominantly female.

If only the cumulative distribution had been plotted for the outbreak in Gabon, the switch in incidence from an excess of male cases to an excess of female cases would not have been seen until later in the outbreak when the total number of females infected was greater than the total number of males infected. Interestingly, the outbreaks in Sudan are notable exceptions. Although no published data are available on the proportion of female cases in a relatively large outbreak that occurred in 1976, it has
been reported that males predominated. The 1979 outbreak in Nzara and Yambio, Sudan was also unusual, in that despite its small size, a large proportion of those infected were female (69%).

Questions

5. Why do you think in the 2001-2002 outbreak of Ebola in Congo and Gabon more men than women were infected in the early stages of the outbreak?
6. Why do you think the cases of women later outnumbered the cases of men in this outbreak?
7. Why is it that the female cases exceeded the number of male cases for the duration of the outbreak of 2000–2001 in Gulu, Uganda?
8. Explain why in the outbreak of 1976 in Sudan, there were more men cases than women?
## Ebola 2014: In Sierra Leone

The below case activity was authored by Katherine Grassle, Andrea Rios-Gonzalez, Adel Molnar, Esty Yanco as part of their case study on *Ebola At the Tufts Cummings School of Veterinary Medicine, Human Dimensions in Conservation Medicine class, Masters in Conservation Medicine Candidates 2016*.

Read the following background information.

<table>
<thead>
<tr>
<th>Origins of disease</th>
<th>Scientific evidence suggests that the virus lays dormant in fruit bats. The virus is transmitted to chimpanzees and gorillas in the forest, both of which get sick and die of Ebola. The virus is often transmitted to humans through consumption of infected meat (World Health Organization 2016a).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methods of transmission</td>
<td>Ebola is transmitted from person-to-person when an uninfected individual meets the body fluids (e.g., blood and saliva) of someone who is showing symptoms of Ebola either through direct contact or contacting contaminated surfaces (World Health Organization 2016a).</td>
</tr>
<tr>
<td>Disease progression</td>
<td>The first signs of Ebola appear at 2 to 21 days after infection. Initial symptoms include fever, muscle pain, and headache. As the disease worsens, sick individuals experience vomiting, diarrhea, decreased kidney and liver function, and sometimes bleeding (both internal and external). On average, 50% of those infected die from Ebola. Rehydration and supportive care are currently the most widely used and effective treatment for Ebola (World Health Organization 2016a).</td>
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<tr>
<td>Roles of women</td>
<td>Once married, a woman will move from her family's village to that of her husband. Women are responsible for childcare, tending to the ill (both in hospitals and at home), and trade of goods and food. Research estimates that women are responsible for up to 70% of all cross-border trade in Sierra Leone and Liberia and studies estimate that women made up approximately 75% of the total Ebola cases in Liberia during the 2014 outbreak (Diggins and Mills 2015).</td>
</tr>
<tr>
<td>Funeral Rituals</td>
<td>When a male member of a household dies, the other male members participate in funeral rituals by washing the body of the deceased. The wife of the deceased shaves her hair and covers her head with mud made from the washing water, which protects her from her husband's jealous spirit if she remarries (Richards et al. 2015). When a female member of a household dies, the women from her family's village travel to the home of the deceased to wash her body. The body is then transported back to the woman's family's village for burial (Richards et al. 2015).</td>
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<tr>
<td>Mistrust of Authorities</td>
<td>Many people do not trust international agencies that arrive in their villages to manage the disease outbreak. They dress differently (wearing personal protective equipment such as body suits) and mandate rules that are not familiar to the villagers. Poor communication and lack of cultural sensitivity has led to many fearing international authorities and avoiding seeking care for their illnesses (Richards et al. 2015, Pellacchia et al. 2015).</td>
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<tr>
<td>Travel across Borders</td>
<td>In West Africa, borders between countries are fluid—they are not demarcated and guarded strictly like those along the political lines of the United States.</td>
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</table>
Trade, marriage, and family visitation can require an easy passage across village and country borders.

Framework for Ebola transmission

The hunter’s family is hungry so he goes into the local forest to catch bush meat. While out hunting with others, they find an already dead chimpanzee, butcher it, roast it, and eat it all while in the forest. While butchering, the hunter wipes the blood off his hands, but without disinfecting, he infects himself after touching his eyes.
Risk analysis diagram
Learning and Applying Gender Analysis Tools in Disease Surveillance, Response, Prevention and Control

Session Overview

The day flows with a succession of analysis tools being introduced and applied. The session uses concepts that were presented in the afternoon of Day One in the specific context of disease surveillance, response, prevention and control. The whole day participants use as example four different disease (TB, brucellosis, Ebola and Bilharzia). Please note that there are materials to assist facilitator in this session. These are at the end of the session.

Session Learning Objectives

Learning Objective: Participants will be able to:

- select the relevant gender tool
- use the gender tool
- understand the importance of using gender tools and conducting gender analyses

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<thead>
<tr>
<th>Schedule</th>
<th>Topic/Activity</th>
<th>Learning Activity</th>
<th>Materials</th>
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<tbody>
<tr>
<td>8:00 - 9:00</td>
<td>Registration</td>
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<td>Sign in sheet</td>
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<tr>
<td>9:00 - 9:15</td>
<td>Introduction to Day Three</td>
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<tr>
<td>9:15 - 9:45</td>
<td>Gender matrix development</td>
<td>Group Activity</td>
<td>Activity 1</td>
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<tr>
<td>9:45 - 10:15</td>
<td>Group Presentations</td>
<td>Plenary Session</td>
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<tr>
<td>10:15 - 10:20</td>
<td>Data on Gender Difference in Ebola Outbreak</td>
<td>Plenary Session</td>
<td>PowerPoint Activity 2</td>
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<td>10:20 - 10:50</td>
<td>Gender Analysis – 5 Domains</td>
<td>Group Activity</td>
<td>Activity 3</td>
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<td>10:50 - 11:00</td>
<td>Tea Break</td>
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<td>11:00 - 11:30</td>
<td>Group Presentation</td>
<td>Plenary Session</td>
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<tr>
<td>11:15 – 12.00</td>
<td>Social network analysis--stakeholder and resource mapping Vulnerability mapping Group presentation</td>
<td>Plenary Session</td>
<td>PowerPoint</td>
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<td>12.00 -12.30</td>
<td>Communication profile presentations</td>
<td>Group Activity</td>
<td>Activity 4</td>
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<td>1:15 - 2:15</td>
<td>Lunch</td>
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<td>2:15 - 3:15</td>
<td>Gender continuum</td>
<td>Plenary Session</td>
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<td>3:15 - 3:45</td>
<td>Monitoring and Evaluation of Interventions Using Gender Tools</td>
<td>Plenary Session</td>
<td>PowerPoint</td>
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# Implications of Gender Issues for Surveillance, Response, Prevention and Control

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<th>Schedule</th>
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<th>Learning Activity</th>
<th>Materials</th>
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<tbody>
<tr>
<td>3:45 - 4:00</td>
<td>Tea Break</td>
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<tr>
<td>4:00 - 4:20</td>
<td>Summary of the Day</td>
<td>Plenary Session</td>
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<tr>
<td>4:20 - 4:30</td>
<td>Evaluation of the day</td>
<td>Plenary Session</td>
<td>Evaluation chart</td>
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## Time | Activity/Topic | Facilitator Instructions

### Opening Comments
- **5 min**
- Have participants sign the OHCEA attendance register

Introduce today’s topic: by saying: “Today flows with a succession of analysis tools being introduced and applied. The session uses most of the concepts that were already discussed in Day One (afternoon) in the specific context of disease surveillance, response, prevention and control. Participants work in the same four groups all day (at least four groups so that surveillance, response, prevention and control can be covered) and apply the tools to an imaginary rural community according to the disease that was assigned to them. They will use a gender lens to collect relevant data in the context of health. Then the data accumulated in relation to the fictional community will allow them to develop a gender sensitive intervention. In the morning, they use tools to understand the community and in the afternoon, they use tools to develop an intervention to mitigate the impact of the disease.”

### Introduction to Day Three
- **15 min**

Gender Analysis in Infectious Diseases (part 1)

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<th>Why do Gender Analysis?</th>
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<td>Who has what?</td>
<td>Who gains?</td>
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<td>Who decides?</td>
<td>Who looses?</td>
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<td>How?</td>
<td></td>
</tr>
</tbody>
</table>

- It is important to identify the Gender-related practices which increase the probability of men or women getting an infectious disease.
- Harmful practices can then be discouraged while helpful ones adopted.

Give a brief power point presentation on gender analysis, gender indicators and gender sensitive indicators and statistics (Power Point presentation on Gender analysis)

Also discuss the different gender analysis concepts.
What A Good Analysis Should Provide

- Gender Awareness - Understanding of Gender Relations and their Implications for Development Policy and Implementation
- Analysis of the Division of Labor - Activities, Access and Control and Benefit From
- A Review of Women’s Priorities - Restraining and Driving Forces
- Recommendations to Address Women’s Practical Needs and/or Strategic Interests.
- Productive/paid and unpaid work

Gender Analysis Tools: The day will focus on the following tools

- Gender analysis matrix
- Community Resource mapping
- USAID’s 5 Domains of Analysis
- Communication profile
- Gender continuum
- Monitoring and evaluation using gender tools

Instructions: During the day, participants will be divided into four groups: They will use gender tools to collect relevant data in the context of health. The data will be used to develop a gender-sensitive intervention

- Briefly introduce the Gender analysis domains
- Divide the class into four groups:
  - Ask for four volunteers (2 women and 2 men)
  - Have the volunteers come to the front of the classroom?
- Have each volunteer pick someone in the class they have not worked with yet and do not know as well. That person stands behind the original volunteer.
- Ask the second person in line to pick someone they have not worked with yet and do not know well.
- Continue until everyone is on a team.

5 Domains of Analysis

- **Laws, Policies, Regulations and Institutional Practices**: Are men and women treated equally in legislation, and by official policies and institutions in the country? How could this impact your project or activity?
- **Access to and Control over Assets and Resources (including income, employment, and assets such as land)**: Who has access to which resources? Do men and women have equal access to the resources needed to participate in this project?
- **Gender Roles, Responsibilities and Time Use**: Who does what? How do gender roles and responsibilities impact the likelihood that men and women will participate in this project and in development activities in general?
- **Cultural Norms and Beliefs**: What beliefs and perceptions shape gender identities and norms? Do gender stereotypes function as a facilitator or barrier to men’s or women’s engagement in this activity?
- **Patterns of Power and Decision-making**: Will women have control over and benefit from assets they may accrue because of participating in the project?

Directions:

**Part A**

- Ask participants to select a specific urban or rural setting and a different community in different countries.
- Assign different diseases to different groups - participants to select a disease that most of the group members did not work on during Day 1 or 2. The diseases include: Brucellosis, TB, Ebola or Bilharzia.
- In their selected setting, participants should complete the handouts identifying the vulnerability, exposure and response to disease outbreak as it affects men and women, the household and entire communities.

**Part B**

- The next step involves the groups completing the 5 domains of analysis for each disease and how it impacts community members.
- Each group should present this information on a flip chart.
The discussion should emphasize the fact that men and women are often not involved in the same social activities. While men are more likely to be involved in hunting, commercial crops, large livestock and formal employment, women are gathering wood, edible and medical plants, caring for small livestock, and producing subsistence food. Women are also responsible for the nutrition and health of their households, especially when preparing daily meals and taking care of the sick and the elderly (both as paid professionals and as unpaid and untrained persons). Livestock, crops, natural resources and activities, are thus “gendered” as well as the risk to contract disease because of these activities. Distinguishable exposure is often the result of patterns of activities resulting from socially defined gender roles that influence the timing of the contact with the infectious agent within the cycle of the outbreak.
Activity 2: Access, Control and Benefit Over Resources

Introduce exercise by showing Slide 3 and review the data on gender differences in an Ebola outbreak. (Refer to Activity 2 in the annex.) Use the table with data on Tanzania and Zambia as an example of some of the resources to consider.

Instruct participants to complete Activity 2 and to discuss the implications of the data on the impact of disease and the provision of health care and education about the effects of treatments for their assigned focus (e.g., outbreak, surveillance, prevention, response, control). Each group should prepare a 5-minute presentation.

Tea Break

Group Presentations

In plenary ask the different groups to present their findings.

Discuss gender differences relating to the impact of disease and provision of health care and knowledge about effect of treatments

Gender does not only impact on the risk of contracting diseases it also influences the likelihood of accessing information and treatment, resources to get access to treatment, to the evolution of the disease and the outcome of the treatment.

Access to services depends on several factors that include among others gender, class, religion and education. While women regularly go to the health center when they are pregnant or with young children, who they take for weighing or immunization, they are less likely than men to go to the health center for their own health problems. Often, they do not have the resources to do so and require a formal authorization from their partners. Also, in some cases with norms of social behavioral, women may not have the decision-making authority to take their children to the health center and to consult the health center for their own health issues.

While some groups can be more prone to be infected by a disease some others, such as pregnant women and breast-feeding women, also find themselves in a situation where the side effects of the medicine on both, them, the fetus and the breast-feeding child are not always well known.
Stigma can also affect men and women differently. Discrimination and stigmatization are important issues in highly pathogenic avian influenza, (HPAI), Ebola (WHO, 2007), Marburg and HIV.

Community resource mapping is a method of showing information regarding the occurrence, distribution, access to, use and control over and benefit from resources. It covers the topography, natural resources, human settlements, and activities in a community from the perspective of the community. This is a mapping tool to help people understand visualize, discuss and improve situations in which many different actors influence outcomes. This analysis tool will specifically focus on participants identifying what they consider are places of significance in a community for different stakeholders. The resources in the community are identified.

- They may be physical: water source, forest, wildlife, and wetland.
- They may include social services – Hospitals, schools, places of worship, transport
- They may include economic resources like cattle, agricultural gardens, human resource (health worker’s teachers, household as a unit)
- It is key identify who in the community has access to these resources and who controls them

« Who has access to them?
« Who controls them?
Participants should read the TESO case study

(Based on a report from Kenya Finland Collaboration project- KEFINCO-Western Kenya Water Supply Programme 1996 (WKWSP)
Installing water system in Teso District - Very Tricky

Group Activity: resource mapping: Teso

Have the groups answer the following questions:

1. Plot a resource map indicating issues of use, who has access, ownership and control.
2. Draw a daily activity chart for the men and women in the village
3. What would be the best time to meet the women and where would the meeting be?
4. What would be the best time to meet the men and where would that meeting be located?
5. Is it possible to have a combined meeting for the men and women? Where would it be and when?
6. Why did the women shun the tap built by the NGO’s?
**Group Activity: resource and risk mapping for an Ebola community**

**Resource mapping**

Divide the class into four groups: women, men, children (noting differences in/with girls and boys, medical personnel (again noting differences in women personnel vs male personnel). They should assume they are in an Ebola outbreak community in Sierra Leone. Each group should then map out the stakeholders and specific resources/places they consider important to them or they will use the most to meet their needs. In doing a walk through:

- They should identify and discuss similarities in groups
- Differences in groups
- Significance of those differences
- How the differences affect access to and control over resources?

**Vulnerability to risk mapping**

This is essential to identify who is most vulnerable in an infectious disease outbreak and why, which capacities need to be strengthened and what relief and services are needed. Vulnerabilities and capacities of individuals and social groups evolve over time and determine people’s abilities to cope with and recover from disaster

- Each group should map out the risks faced by their teams (women, men, children, medical personnel)
- Identify/map out signs of those risks in the community
- Add resources that can be used to mitigate those risks to the maps in different colors
Activity 4: Communication profile

Communication profile (This is a communication matrix tool developed by ACDI/VOCA – found in the Annex as activity 4)

This is a very simple tool that provides information on how women and men access and share information.
- Based on the community, they are working in, have participants fill out the communication matrix for their community
- They should then display this communication matrix and discuss it with the rest of the class

Activity 5: Gender continuum tool

Give a brief introduction- power point presentation on what the gender continuum is. (Power Point Presentation on Gender Continuum)

This Gender Equality Continuum Tool shows the ways that programs can address gender – or not.

Some programs are gender blind – they don’t address gender at all.

Other programs are aware of how gender norms/inequalities influence behavior and address those norms in their activities.

Gender accommodating programs work around gender norms and dynamics.

Gender transformative programs seek to change gender norms and dynamics.

These programs also may be synchronized or may intentionally work with women and men in mutually reinforcing ways to address and challenge gender norms.

Programs can include both gender accommodating and transformative elements to achieve address gender inequalities that are barriers to healthy behavior.

Cases on Gender continuum

Have participants review the following brief case studies or select an activity or project that they work with. It could be their university, a specific project or a specific activity in the OHCEA work plan and analyze it against the continuum

Case 1: Handwashing for Diarrheal Disease Prevention in Fredonia

The Fredonian Handwashing Initiative aimed to reduce morbidity and mortality among children under 5 through a communication campaign promoting proper hand-washing with soap to prevent diarrheal disease.

Four soap companies launched hand-washing promotion campaigns: radio and television advertisements; posters and flyers; school, municipal, and health center programs; distribution of soap samples; promotional events; and print advertisements. The basic approach was to present a mother as caretaker of the family and to describe or illustrate the three critical times for handwashing: before cooking or preparing food; before feeding a child or eating; and after defecation, cleaning a baby, or changing a diaper. They
also emphasized essential aspects of the handwashing technique: use water and soap, rub one’s hands together at least three times, and dry them hygienically.

Case 2: Zika Virus in Blanktown

Zika virus disease (Zika) is a disease caused by Zika virus that is spread to people primarily through the bite of an infected Aedes species mosquito. The most common symptoms of Zika are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting for several days to a week after being bitten by an infected mosquito. People usually don’t get sick enough to go to the hospital, and they very rarely die of Zika. For this reason, many people might not realize they have been infected. Once a person has been infected, he or she is likely to be protected from future infections. During the first week of infection, Zika virus can be found in the blood and passed from an infected person to another mosquito through mosquito bites. An infected mosquito can then spread the virus to other people. We do not know how long the virus is present in the semen of men who have had Zika. We do know that the virus can be present in semen longer than in blood. Not having sex is the best way to be sure that someone does not get sexually transmitted Zika virus. Grappling with a mosquito-borne virus linked to brain damage in infants, Blanktown is advising all women in the country not to get pregnant until 2018. One community leader said that a government clinic in his neighborhood shut down three months ago after repeated threats from gangs, the kind of conditions that experts say make it harder to treat and combat the virus. Standing water, which allows the insects to breed, is a fact of life here, as are the pools of trash cloaking many city streets in the dense neighborhoods that carve through the hillsides of the capital. An expert said that members of the armed force would go door-to-door to with information for women on delaying pregnancy to help in mosquito eradication efforts ahead of the country’s holiday celebrations. The government plans to also distribute mosquito repellent to some 400,000 pregnant women who receive cash-transfer benefits.

Case 3: Overcoming Structural Barriers to Improve Nutrition for Men

As part of its commitment to the health and well-being of its workers, an international mining company in South Africa set up a health clinic near one of its mines to provide health services to its workers. As part of their required annual checkups, all mine workers are tested for HIV and receive integrated NACS (nutrition assessment, counseling, and support) services. The nutritional assessment revealed that several of the miners suffer from a Vitamin C deficiency as well as moderate malnutrition. Appropriate nutrition counseling is offered to these clients, with follow up visits scheduled to re-assess the miners’ nutritional status. Unfortunately, upon reviewing the quarterly data, clinicians discovered that despite receiving nutritional counseling the miners’ nutritional status did not improve. The clinic undertook a Quality Improvement process to try
and understand what was happening. The process revealed that while NACS was being properly implemented in the clinic, the malnourished clients had a difficult time adopting some of the essential nutrition actions that were recommended, specifically eating a variety of foods and increasing the intake of nutritious foods. Upon closer examination, the QI team discovered that the malnourished miners had migrated to South Africa from their home in Lesotho and they did not know how to cook – cooking being a skill that was not traditionally taught to boys in Lesotho but was the responsibility of women and girls. As such, the miners had not been able to improve their dietary diversity.

The clinic decided to incorporate basic information on how to prepare and cook nutritious foods into its nutrition counseling sessions and referred the miners to a community support group that was working on improving the overall health of the mining community. They also informed the community support group of the challenges facing the miners’ ability to maintain adequate nutrition, and suggested they incorporate cooking demonstrations into their community outreach activities.

Questions for review and analyses based on continuum

- Are the cases gender blind/ gender aware?
- Exploitative
- Accommodating
- Transformative
- Begin to think of ways to make them transformative
- What specific action items can they come up with?
Activity 6: Monitoring and evaluation using gender tools

Have participants engage in the above activity following the instructions provided in the table.

Please refer to the monitoring and evaluation in activity six of the annex.

Divide participants into four groups. Participants will work with a fictional community either urban or rural (the group members choose the community). Using the following gender tools, develop interventions related to your assigned RESPOND activity (e.g., response, surveillance, prevention, control) to address an Ebola outbreak for the village community you have been working on.

Presentation of gender tools:
- Condition and position
- Practical and strategic needs
- Equity/equality
- SWOT analysis
- Gender sensitive indicators

All the data accumulated on the fictional community need to be used to develop a gender sensitive intervention and the relevant gender sensitive monitoring. Assign one group work on surveillance, another on prevention, one on control and the last one on response. The groups should use the new tools introduced:
- Condition and position
- Practical and strategic needs
### Implications of Gender and Cultural Issues for Disease Surveillance, Control and Response

Elements for the discussion and the PowerPoint. Give a 20-minute power point presentation that focuses on gender and disease surveillance control and response

Guidelines for disease surveillance and response systems rarely include specific indicators for gender and cultural issues. However, as discussed earlier, gender differentials create different circumstances with impact on the implementation of biosecurity and eco-security measures. Similarly, socio-economic and cultural aspects influence the socially accepted measures to be taken. As a consequence, gender and cultural aspects need to be collected and taken into consideration during all phases of both the collection of information and the intervention. For example, gender and cultural aspects have been identified as a major issue in relation to the prevention and impact mitigation of HIV&AIDS (UNAIDS, 2009a; 2009b).

**Gender sensitive disease surveillance, control and response**

It is important to understand disease epidemics and responses in terms of gender in order to meet the needs of all groups within a community. All data such as infection rate and case-fatality should be disaggregated by sex. Similarly, the profile of symptoms for men and women should be also separated.

The use of relevant sex and age-disaggregation helps to build the knowledge necessary for programming action and for developing gender-responsive programming. It is necessary to gather and use sex and age-disaggregated data and other relevant socio-cultural, economic and legal data in addition to carrying out gender analyses in all phases of programming and action. It enables understanding of the varying impacts of infectious disease and emerging diseases at all levels of society on women, men, girls and boys as people that are or can be infected and affected by the diseases in various ways. The epidemiology of risk and vulnerability for all groups must be analyzed, taking into account the economic, legal and sociological contexts that fuel the spread of the
disease, increase their burden of care, and prevent effective treatment and support (UNAIDS, 2009b).

Culturally sensitive disease surveillance, control and response
Local differences in both the cosmological views and the etiology of the diseases and in the treatments, impact on all phases of an intervention. Thus, understanding the context is fundamental to draw upon local knowledge to strengthen disease surveillance and response (Hewlett and Hewlett, 2008). Specialists in cultural issues (anthropologist or sociologists) should be involved whenever possible (WHO, 2007). A participatory approach that enables discussion and the sharing of both the biomedical approach and the local knowledge on medical issues facilities dialogue with communities to develop messages and measures together to limit risk and treat specific signs and syndromes.

The health burden carried out by women has to be reduced by involving men in care for the sick and the hold and by sharing the responsibilities of caring for babies and children (Sweetman, 2002; The Guttmacher Institute, 2003, Father Incorporated, 2003). Health programs that emphasize women’s role in the caring responsibilities reinforce gender stereotypes and contribute to maintaining women in a gender confine world with limited access to information and resources.

Break

Summary of the Day
- Review gender analysis tools
- Review activities
- Ask students:
  - What stood out as key learnings?
  - What surprised you?
  - How do you see using gender analysis tools and techniques in your work?

End of Day Three Evaluation
- Create the flipchart shown below.
- Ask the class: “How did it go today?”

How did today go?

Comments:
Session 3: Facilitator notes

1) Productive and Reproductive Roles

DEFINITIONS

Gender Division of Labor: In all societies, tasks and responsibilities are typically undertaken by either women or men. This allocation of activities on the basis of sex is known as the gender division of labor, and is learned and clearly understood by all members of a given society, as are the circumstances under which the typical practices can be varied, and the limitations of this variation. Change usually takes place when the society is under some form of stress, for example when a community migrates to find work, and their tasks must be undertaken by other members of their families. The sexual division of labor is perhaps the most significant social structure governing gender relations.

Gender roles and responsibilities: This is another term for the division of labor. It tends to be used most frequently in those analytic frameworks, especially the Harvard Framework and its derivatives such as the POP Framework which emerged before the use of the term “gender relations” became widespread during the 90s.

Productive work: This is work that produces goods and services for exchange in the market place (for income). Some analysts, especially those working on questions of equality between men and women, include the production of items for consumption by the household under this definition, even though they never reach the market place, regarding this as consumption of a form of non-monetary income. Both men and women contribute to family income with various forms of productive work, although men predominate in productive work, especially at the higher echelons of remuneration. Historically, in most societies, changes in economic structure, and hence in the structure of productive activities, have led to changes in the sexual division of labor and gender relations.

Reproductive Work/Unpaid work: This work involves all the tasks associated with supporting and servicing the current and future workforce – those who undertake or will undertake productive work. It includes child-bearing and nurture, but is not limited to these tasks. It has increasingly been referred to as “social reproduction” to indicate the broader scope of the term than the activities associated with biological reproduction. Socially reproductive activities include childcare, food preparation, care for the sick, and socialization of the young, attention to ritual and cultural activities through which the society’s work ethic is transmitted, and the community sharing and support which is essential to the survival of economic stress.

Community managing role: Activities undertaken primarily by women at the community level, as an extension of their reproductive role, to ensure the provision and maintenance of scarce resources of collective consumption, such as water, health care and education. This is voluntary unpaid work, undertaken in "free" time.
Community politics role: Activities undertaken primarily by men at the community level, organizing at the formal political level, often within the framework of national politics. This is usually paid work, either directly or indirectly, through status and power.

The fact that reproductive work is the essential basis of productive work is the principal argument for the economic importance of reproductive work, even though most of it is unpaid, and therefore unrecorded in national accounts. Women and girls are mainly responsible for this work which is usually unpaid.

The intersection of peoples’ productive and reproductive responsibilities with policy priorities, which has repercussions at all levels of an economy and society, is the principal focus of a gender analysis.

EXAMPLE: Social Rôles and Risk Différences in an Ebola Outbreak

Information available on the Ebola hemorrhagic fever virus published by WHO (2007: 23-32) shows gender differences in the transmission route and in the timing of the infection. Ebola virus is often fatal in humans and primates and is transmitted through contact between animals, animals and humans and between humans1. At the onset of the outbreak, men in contact with infected primates, often hunters, may become infected, but as the outbreak progresses, more women are exposed due to specific gender roles such as caring for sick people either at home, in the health center, as traditional healers or as midwives.

In relation to the Ebola hemorrhagic fever virus, both as a result of cultural practices and as a way to prevent the younger generation from being exposed to the risk of contracting the disease, in some communities it was found that old women were responsible for caring for the sick and performing the cleansing of the dead body (Helmett and Amola, 2003; WHO, 2007). Thus, not only the gender and role of the person, but also the age can be an important risk factor that needs to be taken into consideration alongside the cultural characteristics.

During an outbreak of Ebola Hemorrhagic fever in Kikwitt in DRC in 1995, a large number of women were infected in the maternity clinic (WHO, 2007). Thus, maternity clinics and hospitals can be a space where nosocomial spread is observed and the outbreak amplified. Health professionals and people more likely to frequent the facilities are at an increased risk to contract the infectious disease at an early stage of the outbreak when preventive measures are not yet in place.

---

1 http://www.who.int/csr/disease/ebola/en/
### 2) Difference in Exposure to the Ebola Hemorrhagic Fever Virus by Men and Women

<table>
<thead>
<tr>
<th>Transmission Route</th>
<th>Gender Role</th>
<th>Human group affected</th>
<th>Period of the Outbreak Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>From infected primate</td>
<td>Hunting</td>
<td>Adult male</td>
<td>Onset of the outbreak</td>
</tr>
<tr>
<td>From infected persons</td>
<td>Caring for sick people</td>
<td>Female youth, adult and elder women</td>
<td>Successive phase of the outbreak</td>
</tr>
<tr>
<td>From infected persons</td>
<td>Caring for sick people</td>
<td>Health care staff usually mainly female</td>
<td>Successive phase of the outbreak</td>
</tr>
<tr>
<td>From infected persons</td>
<td>Caring for sick people</td>
<td>Traditional healers and midwives</td>
<td>Successive phase of the outbreak</td>
</tr>
<tr>
<td>From infected persons</td>
<td>No specific gender role</td>
<td>Sick patients in hospital</td>
<td>Successive phase of the outbreak</td>
</tr>
<tr>
<td>From infected persons</td>
<td>Preparing the body of the death</td>
<td>Usually women, influenced by gender and social norms</td>
<td>Successive phase of the outbreak</td>
</tr>
</tbody>
</table>


### DIRECTIONS

- Select a rural area of the country and identify all the different activities carried out by men/boys and women/girls. Specifically look at the activities connected to the disease you have been assigned. Complete the table on the following page by providing detailed comments on the activities performed by women and girls and men and boys. *Note: Typical activities have listed as examples.*

- Discuss the implication of the gender roles identified in the event of the disease assigned to your group:
  - Brucellosis
  - TB
  - Sleeping Sickness (Trypanosomiasis)
  - Bilharzia
## PRODUCTIVE AND REPRODUCTIVE ROLE

<table>
<thead>
<tr>
<th>Activities</th>
<th>Women/girls</th>
<th>Men/boys</th>
<th>Implications in the Event of Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Productive Activities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Seedling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Harvesting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Post-harvest care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Livestock:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Taking care of big animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Taking care of small animal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Milking goat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Milking cow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Income Generating:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Milking the cow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Hunting bat, ape, big animals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Hunting rats Fishing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Employment:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Nurse</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>▪ Midwife</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>▪ Traditional haler</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>▪ Extension worker</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Veterinarian</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Community activist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Reproductive Activities

**Water related:**
- Fetch water
- Wash clothes

**Fuel related:**
- Getting fire wood

**Food:**
- Killing the animal big animals
- Killing small animals
- Cutting the meat in piece
- Food preparation:

**Childcare:**
- Taking care of the children
- Cooking for the children
- Cleaning for the children
- Washing the children

**Health related:**
- Taking care of the sick
- Cooking for the sick
- Cleaning for the sick
- Washing the sick
- Washing dirty clothes of sick people

**Market related:**
- Washing:
- Cleaning:
- Other:
<table>
<thead>
<tr>
<th>Activities</th>
<th>Women/girls</th>
<th>Men/boys</th>
<th>Implications in the Event of Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community managing role</td>
<td>• Cleaning and repair</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cooking for ceremonies</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preparing the dead body</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Carrying the coffin</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community politics roles</td>
<td>• Decision making</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Contact with community outsiders, authorities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Notes:**

Exercise adapted from:

3) Activity Two: Access To and Control over Resources and Benefits

**DIRECTIONS**

Use the rural community you used in the previous activity to complete the table below identifying the access, control and benefit of men and women in relation to the different resources. Focus specifically on the resources that are relevant for the disease you are analyzing.

Use the table with data on Tanzania and Zambia as an example of some of the resources to consider.

<table>
<thead>
<tr>
<th></th>
<th>ACCESS TO</th>
<th>CONTROL OVER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>▪ Land</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Labor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Education/Training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Outside Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Asset Ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Basic Needs (e.g., food, clothing shelter)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Political Power/Prestige</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Other:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What are the implications on health issues including outbreak, surveillance, prevention, response and control?

**DEFINITIONS AND DATA**

Differential Access to and Control over Resources and benefit from resources: It is important to distinguish between access to resources and control over them as well as benefits from resources when examining how resources (land, labor, credit, income, etc.) are allocated between women and men.

- **Access:** gives a person the use of a resource e.g. land to grow crops.

1. What kind of resources do women and men have access to?
   - Financial
   - Services
» Information
» Social capital
» Knowledge

▪ **Control:** allows a person to make decisions about who uses the resource or to dispose of the resource e.g. sell land. Base-line data in a complete gender analysis establishes whether there is any differential in men’s and women’s access to three key categories of resources:
  - Economic/Productive/Resources (land, credit, cash income, employment)
  - Political Resources (education, political representation, leadership)
  - Time (a critical resource, which increasingly acquires a monetary value)

▪ **Benefit from:** ability to utilize and benefit from the resources, this is connected to agency. It is not enough to have access; does the society allow women/girls to benefit from those resources too?

<table>
<thead>
<tr>
<th>Percentage of persons who usually-take-decisions about purchases in the household*</th>
<th>Mainly wife</th>
<th>Wife and Husband jointly</th>
<th>Mainly Husband</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tanzania</td>
<td>Uganda</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Major household purchases</td>
<td>6.9</td>
<td>16.2</td>
<td>31.9</td>
</tr>
<tr>
<td>Person who decides how women’s cash earnings are used</td>
<td>35.9</td>
<td>52.7</td>
<td>47.2</td>
</tr>
</tbody>
</table>

Percentage of persons who usually-take-decisions about purchases in the household and percentage of currently married women, aged 15 to 49, with cash earnings in the past 12 months by person-who-decides how the women’s cash earnings are used. Tanzania DHS, 2010; Uganda DHS, 2011

<table>
<thead>
<tr>
<th>Decision Making Percentage distribution of currently married women by person who usually takes decisions about health care</th>
<th>Mainly wife</th>
<th>Wife and husband jointly</th>
<th>Mainly husband</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tanzania</td>
<td>Uganda</td>
<td>Tanzania</td>
</tr>
<tr>
<td>Own health care</td>
<td>15.8</td>
<td>23.3</td>
<td>45.0</td>
</tr>
</tbody>
</table>

Tanzania DHS, 2010; Uganda DHS, 2011
### Indicators related to gender differences in literacy and access to information

<table>
<thead>
<tr>
<th></th>
<th>Tanzania</th>
<th></th>
<th>Zambia</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women</td>
<td>Men</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>Women and men aged 15 to 49 who cannot read (%)</td>
<td>27.4</td>
<td>17.6</td>
<td>36.1</td>
<td>18.3</td>
</tr>
<tr>
<td>Women and men aged 15 to 49 who are not regularly exposed to any media (TV, radio, or written press) at least once a week (%)</td>
<td>36.0</td>
<td>18.8</td>
<td>33.1</td>
<td>19.1</td>
</tr>
</tbody>
</table>

Tanzania DHS, 2010; Zambia DHS, 2007

#### Case study: Installing water system in Teso District – Very tricky

A village in eastern Uganda consists of a farming community that keeps both livestock and grows crops. The children go to school during the mornings then help their parents with chores up to the evening. The men’s activities generally consist taking the cattle for grazing in the communal fields at around 9-10am. This would be after the women have milked the cows and fed the calves. The young boys take the goats and sheep that are tethered around the home to graze and browse in the nearby fields upon returning home from school. Cultivating in the crop garden during the rainy season starts in the cool of the morning, just before dawn ending by around 10:00am. Both men and women participate and oxen may be used to draw the ploughs. Sometimes children help especially in the planting up just before they go to school which starts at 8:30am. The women use the remainder of the day to do their household activates. Notably, the afternoons up to 4:00pm are set aside to collect water from the village stream. The market day is usually held twice a month on Saturdays and is an activity where the whole family participates. The men would be selling livestock, farm implements, farming pesticides and acaricides, crops like rice and maize. The women, on the other had sell vegetables, fruit, dried fish and oil seed crops like groundnuts and sim-sim. It is during this period that village bazaars are held or entertainment. It is interesting that due to strong religious cultural beliefs, the men do not intermingle

Recently, an NGO visited the village and upon the suggestion from the men, built and installed a water tap in the center of the village. This was hoped to help the women by decreasing the amount of time spent collecting water from the stream. However, to their disappointment, the women neglected to use the tap and insisted on going in their groups to collect water from the stream. Only in cases when one had to attend to a sick patient at home, did they use the nearby tap

**Case study Questions:**

7. Draw a daily activity chart for the men and women in the village
8. What would be the best time to meet the women and where would the meeting be?
9. What would be the best time to meet the men and where would that meeting be located?
10. Is it possible to have a combined meeting for the men and women? Where would it be and when?
11. Plot a resource map indicating issues of accesses, ownership and control.
12. Why did the women shun the tap built by the NGO’s?
4. Activity Three: Gender Tools

Gender Analysis Toolkit for Health Systems


5. Activity Four: Communication matrix developed by ACDI/VOCA

![Communication Matrix](attachment:Communication_Matrix.png)
### Activity six: Monitoring and Evaluation of Interventions Using Gender Tools

Questions asked in the Engendered Log frame

<table>
<thead>
<tr>
<th>Engendered Log Frame</th>
<th>Narrative summary</th>
<th>Objectively verifiable indicators</th>
<th>Means of verification</th>
<th>Important assumption</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal</strong></td>
<td>Do gender dynamics in any way influence the project goal?</td>
<td>What measures can verify achievement of the gender conscious goal?</td>
<td>Is the data for verifying the goal sex-disaggregated and analyzed in terms of gender? What gender analysis tools will be used?</td>
<td>What are the important external factors necessary for sustaining the gender conscious goal?</td>
</tr>
<tr>
<td><strong>Purpose or objectives</strong></td>
<td>Does the project have gender responsive objective?</td>
<td>What measures can verify achievement of the gender responsive objective(s)?</td>
<td>Is the data for verifying the purpose sex-disaggregated and analyzed in terms of gender? What gender analysis tool will be used?</td>
<td>What are the important external factors necessary for sustaining the gender responsive objective(s)?</td>
</tr>
<tr>
<td><strong>Outputs</strong></td>
<td>Is the distribution of benefits taking gender roles and relations into account?</td>
<td>What measures can verify project benefits accrue to women as well as men, and different types of women?</td>
<td>Is the data for verifying the purpose sex-disaggregated and analyzed in terms of gender? What gender analysis tool will be used?</td>
<td>What are the important external factors necessary for achieving project benefits (specifically benefits for women)?</td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td>Are gender issues clarified in the implementation of the project?</td>
<td>Inputs: What resources do project beneficiaries contribute to the project? Is the contribution of women as well as men accounted for? Are external resources accounting for women’s access and control over resources?</td>
<td>Is the data for verifying the purpose sex-disaggregated and analyzed in terms of gender? What gender analysis tool will be used?</td>
<td>What are the important external factors necessary for achieving the activities and especially ensuring the continued involvement of men and women participants in the project?</td>
</tr>
</tbody>
</table>


**Monitoring for Gender Issues:** Gender-sensitive impact indicators can describe actual gender-related change arising from a project such as labour change, income change attributable to project activities, etc.; and Gender-sensitive output indicators can describe the actual project in a gender-sensitive way, such as the number of men versus women trained on a specific issue. ‘An indicator is a pointer. It can be a measurement, a number, a fact, an opinion or a perception that points at a specific condition or situation, and measures changes in that condition or situation over time’ (CIDA, 1996). An ‘indicator’ is something that can be measured. Indicators should be easily quantifiable and collected.
Indicators can measure short and long-term changes, such as:

- **Short-term changes in:**
  - Number of children in the households;
  - Number of households involved in vaccination campaigns;

- **Medium-term changes in:**
  - Number of animals sold or traded;
  - Number of animals consumed.

The table on the next page below contains some possible indicators for monitoring of gender and cultural issues for consideration at national (Nat.), provincial (Prov.), district (Dist.) and community (Com.) levels of RESPOND.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Nat</th>
<th>Prov</th>
<th>Dist</th>
<th>Com</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender-disaggregated indicators on benefits from resources and projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- % of the total budget of the programme directed to gender related activities</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- % of the budget benefiting women?</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- % of arrangements that accommodate women’s roles</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Gender-disaggregated indicators on access over resources and project activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Have men and women access to resource on an equal base? (transport, telephone, computer, other privileges, etc.)</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>- % of men and women staff in all positions</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- % of men and women involved in the project</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- % of men and women receiving inputs (define which) from the project</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>- % of men and women receiving a salary from the project</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Gender-disaggregated indicators on capacity building</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- % of training related to gender issues for men and for women</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- % of women and men participating in training</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- Compare gender awareness at the beginning and at the end of the training</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- % of women and men participating exchange program</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>- % of training for women only</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
</tbody>
</table>

Indicators (continued)
### Gender-disaggregated indicators on participation in decision making

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of women and men in senior management and executive positions in the</td>
<td>% of women and men in the Project Coordination Committee</td>
<td></td>
</tr>
<tr>
<td>project</td>
<td>% of women and men in Provincial relevant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of men and women in District Councils</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of men and women in Committees</td>
<td></td>
</tr>
</tbody>
</table>

### Gender-disaggregated indicators on control over resources and project activities

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of groups and committees with female chairpersons</td>
<td>% of men and women in all positions in the committees</td>
<td></td>
</tr>
</tbody>
</table>

### Indicators on strategic needs/empowerment

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of policies, documents or guidelines produced that address development</td>
<td>% of men and women Gender Focal Points/specialist</td>
<td></td>
</tr>
<tr>
<td>toward gender equality and equity within the programme</td>
<td>% of projects addressing gender strategic needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of NGOs with a gender focus involved in project activities</td>
<td></td>
</tr>
</tbody>
</table>

### Cultural indicators for training

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of hours addressing cultural issues</td>
<td>% of facilitators/professors dealing with cultural issues</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of traditional healers participating as trainers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of traditional healers participating as trainees</td>
<td></td>
</tr>
</tbody>
</table>

### Cultural indicators for participatory epidemiology and disease surveillance

<table>
<thead>
<tr>
<th>Category</th>
<th>Indicators</th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of indicators developed taking into consideration communities emic</td>
<td>% of traditional healers participating in surveillance team</td>
<td></td>
</tr>
<tr>
<td>understanding of disease</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DIRECTIONS

- Using the following gender tools, develop interventions related to your assigned activity (e.g., response, surveillance, prevention, control) to address an Ebola outbreak for the village community you have been working on since the morning.
  - Condition and position
  - Practical and strategic needs
  - Equity/equality
  - SWOT analysis
  - Sex disaggregated and gender sensitive indicators
- Complete the implementation table and give reason for your options of intervention.
Recommendations:

**DEFINITIONS**

**Condition and Position:** Development projects generally aim to improve the condition of people’s lives. From a gender and development perspective, a distinction is made between the day-to-day condition of women’s lives and their position in society. In addition to the specific conditions which women share with men, differential access means women’s position in relation to men must also be assessed when interventions are planned and implemented.

- **Condition:** This refers to the material state in which women and men live, and relates to their responsibilities and work. Improvements in women’s and men’s condition can be made by providing for example, safe water, credit, seeds. (Practical gender needs).

- **Position:** Position refers to women’s social and economic standing in society relative to men, for example, male/female disparities in wages and employment opportunities, unequal representation in the political process, unequal ownership of land and property, vulnerability to violence (strategic gender need/interests).

**Practical and Strategic Needs:** Women’s needs differ from men’s needs. A distinction is made between practical gender needs and strategic gender interests/needs.

- **Practical gender needs:** Women and men can easily identify these needs as they often relate to living conditions. Women may identify safe water, food, health care, cash income, as immediate interests/needs that they must meet. Meeting women’s practical gender needs is essential in order to improve living conditions, but in itself it will not change the prevailing disadvantaged (subordinate) position of women. It may in fact reinforce the gender division of labor.

- **Strategic gender interests/needs:** Strategic gender interests/needs are those that women themselves identify as due to their subordinate position to men in their society. They relate to issues of power and control, and to exploitation under the sexual division of labor.

**SWOT Analysis**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Opportunities</td>
<td>Threats</td>
</tr>
</tbody>
</table>
Sex- Disaggregated Data and Indicators: All activities developed and implemented should include gender and cultural awareness and gender and cultural relevant issues. Monitoring and evaluation of these activities needs to take into consideration the development of quantitative and qualitative indicators to monitor the impact and progress of the project in relation to the inclusion of gender and cultural aspects. (See table on next page)

1. Gender and health are inextricably linked and should be addressed in tandem.

2. It is important to note that although many of the same relationships between gender norms and inequalities and health exist in different areas of the world, how men and women live, interact, and are treated is tied to broader cultural norms that can and do differ across communities and by social identities, including but not limited to social class, ethnicity, caste, etc. Those involved in program design and implementation must ensure that their work is culturally sensitive and not built on assumptions about gender equality.

3. Use a gender transformative approach. In light of the trends identified in this training, activities should seek to bring about changes in one or more of the following areas, as well as seek to bring about changes in health behaviors and health outcomes:
   - Household decision making
   - Spousal communication
   - Power relations between men and women (both in relationships and in the community)
   - Unequal access to opportunities, such as employment, education and healthcare
   - Cultural norms like gender preference
   - Feminine norms that often relegate women physically taxing work, household responsibilities and/or reproduction
   - Masculine norms that encourage dominance, aggression and power
   - Violence

4. Balance the priority health needs of men and women, as well as adults and children. This holistic approach will improve health and development outcomes. A focus on women’s reproductive and maternal health are common, but more SBCC programs should assess effects on both men’s and women’s reproductive health outcomes and child health outcomes (Richards et al., 2013). Further, much of the research summarized in this section focuses on the roles of women and health outcomes. Although researchers and international organizations use the term “gender” to describe their work, most of these efforts fail to explore the important role of men in health. A recent focus on the importance of men’s
involvement in family planning decisions and prenatal care may mark a change in these trends, but future work should address how men and women interact as well as the health needs of men independent of women, instead of focusing exclusively on the experiences and needs of women.

5. Improve couple communication. Communication between partners plays an important role in women’s access to and use of healthcare services. Facilitating this conversation so women and men are involved in health-related decisions is an essential contribution of SBCC programs. To improve couple communication, effective programs should determine whether the target audience should be just women, just men, or both men and women.

- Sometimes programs should work with just women to build efficacy, skills and confidence to communicate and work with
- It is also important to target men directly to build their efficacy, skills and confidence to communicate and work with women.
- Programs should highlight the benefits to both men and women of working towards gender equity, which does not represent a zero-sum game but capitalizes on the strengths of interdependence.

6. Consider socio-cultural contexts when defining male involvement. Although research has demonstrated the importance of greater male involvement for improved health outcomes, few studies have defined how and to what extent such involvement should occur. Programs must acknowledge that socio-cultural contexts, and individual preferences, play an important role in defining “ideal” male involvement. For example, some women may not want their partners to go to the clinic with them, but may desire their support in other ways. Therefore, programs should identify the gender norms and practices that are culturally and individually relevant barriers to health services. Then, programs should develop specific strategies to work with both men and women to improve health outcomes without prescribing what male involvement must entail.

7. Gather data from both men and women. Often, our knowledge about gender norms and practices are drawn from responses from women. In formative research and M&E, programs must also collect information from men on their attitudes, concerns and aspirations instead of relying solely on women’s perceptions.
Gender-Sensitive Emergency Response Planning and Communication

Session Overview

The morning of Day Four focuses on gender sensitive emergency response planning. The session takes the approach of student-based-learning, facilitating participants to reflect on the relevancy and gaps of what they do daily in their work of managing disease pandemics. Participants will be able to develop a gender lens so as to see gender gaps in the emergency planning as it impacts men, women, boys and girls, young and old. The rest of the day will engage participants and a simulation exercise in which participants will be expected to construct a visual of their plan engaging either the community or stakeholders. This will require participants to be innovative and come up with exciting and new ideas on how to present their plan to the community.

Session Learning Objectives and Activities

Learning Objective: Participants will be able to:
- Create and implement gender-sensitive disease outbreak emergency response plans across all phases (e.g., preparation and planning, detection and risk assessment, response, and evaluation) of a response.
- Advocate for One Health change
- Prepare and deliver gender-sensitive risk communication

<table>
<thead>
<tr>
<th>Schedule</th>
<th>Topic/Activity</th>
<th>Learning Activity</th>
<th>Materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 - 9:00</td>
<td>Registration</td>
<td>Learning Activity</td>
<td>Sign in sheet</td>
</tr>
<tr>
<td>9:00 - 9:15</td>
<td>Introduction to Day Four</td>
<td>Learning Activity</td>
<td></td>
</tr>
<tr>
<td>9:15 - 10:15</td>
<td>Fundamental Principles of Gender-Sensitive Emergency Response Planning in Disease Outbreaks</td>
<td>Plenary Session</td>
<td>PowerPoint</td>
</tr>
<tr>
<td>10:15 - 10:30</td>
<td>Tea Break</td>
<td>Learning Activity</td>
<td></td>
</tr>
<tr>
<td>10:30 - 11:30</td>
<td>Advocacy and risk communication</td>
<td>Group Activity</td>
<td>Power point presentation and Group Activity</td>
</tr>
<tr>
<td>11:30 - 1:00</td>
<td>Simulation exercise and first presentation</td>
<td>Group activity</td>
<td>Activity</td>
</tr>
<tr>
<td>1:00 - 2:00</td>
<td>Lunch</td>
<td>Learning Activity</td>
<td></td>
</tr>
<tr>
<td>2:00 - 3:00</td>
<td>Simulation exercise</td>
<td>Group activity</td>
<td>Internet Access</td>
</tr>
<tr>
<td>3:00 - 3:15</td>
<td>Tea Break</td>
<td>Learning Activity</td>
<td></td>
</tr>
<tr>
<td>3:15 - 4:30</td>
<td>Simulation exercise</td>
<td>Group Activity</td>
<td></td>
</tr>
<tr>
<td>4:30 - 4:45</td>
<td>Summary of simulation</td>
<td>Learning Activity</td>
<td>Plenary Session</td>
</tr>
</tbody>
</table>
### Detailed Facilitator Notes

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance</td>
<td>Have participants sign the OHCEA attendance register</td>
<td></td>
</tr>
<tr>
<td>15 min</td>
<td>Introduction to Day Four</td>
<td>This morning focuses on gender sensitive emergency response planning that is both efficient and effective in planning properly for men and women, boys and girls young and old. Participants will be able to develop a gender lens to see gender gaps in their response planning for:</td>
</tr>
</tbody>
</table>
|            |                                                     | ▪ Preparation and planning  
▪ Detection and risk assessment  
▪ Response  
▪ Evaluation  
Review agenda for Day Four.                                                                 |
| 60 min     | Fundamental Principles of Gender-Sensitive Emergency Response Planning in Disease Outbreaks | Give a Power Point Presentation on Emergency response planning  
Interactive lecture covering:  
▪ What is emergency response planning?  
▪ The fundamentals of emergency response planning in disease outbreaks  
▪ Brief overview of CARE’s tool on conducting rapid gender analysis in emergency situations. Explain to group that the questions are suggestions and should be tailored contextually (and that not all questions should or need to be asked). |
Divide the participants into 4 groups. Give a brief overview of CARE’s tool on conducting rapid gender analysis in emergency situations. Ask groups to read the guidelines and discuss and answer the question. Explain to group that the questions are suggestions and should be tailored contextually (and that not all questions should or need to be asked). There is no presentation of discussion to be presented in plenary it is a group reading and group discussion. See reading at the end of the document.

At the end of the session, every group member should write on an index card, four points they consider key for emergency response planning (reading found in the facilitator notes)

Almost all development initiatives focused on transformed gender relations involve some level of advocacy involving women and men, boys and girls who are affected. In order to effectively operationalize gender issues in One Health and emerging pandemics, there is need for

- Continuous awareness creation campaigns and establishment of formal coordination mechanism for gender and OH approach
- Ensuring political will and availability of favourable gender policies within OHCEA and at national and regional levels
- Building capacity of health care professionals in gender and One Health sectors for operationalization of an engendered One Health approach

In this section, we will briefly discuss advocacy issues related to increasing awareness of pertinent gender issues as they relate to One Health and emerging pandemics

Select one of the videos from the list below.

- Her Royal Highness Princess Haya with OIE Against Rabies at [http://www.youtube.com/watch?v=XjbBeie2G7I](http://www.youtube.com/watch?v=XjbBeie2G7I)
- No More Deaths from Rabies at [https://www.youtube.com/watch?v=qoBumMaDr3g](https://www.youtube.com/watch?v=qoBumMaDr3g)
Debrief the video:

15 min

Gender Advocacy

10 min

Show the power point presentation of “do you know?” - a gender advocacy presentation

Discuss the video and get views on how people have advocated for multiple issues and why

Tea Break

15 min

Introduction to Risk Communication

30 min

Give a power point presentation on risk communication and Message mapping

Risk communication is an open, two-way exchange of information and opinion about risk that leads to better understanding and better risk management decisions by all involved. It is critical to have a plan in place to deal with a crisis before it happens. Communicating information about possible life-threatening issues can be difficult, but if it is not done well, the communicator can put the public at greater risk by creating misunderstanding or possibly inciting panic. Professional communicators owe it to the people and agencies they represent, as well as to the public, to be prepared to deal with a crisis – natural or manmade.

Establishing trust and credibility are two of the cornerstones of effective risk communication. When an issue is of high concern, such as the 2001 anthrax incidents or the threat of a smallpox outbreak, trust and
credibility on the part of communicators is essential. Without them your message will not be heard, people will not make informed decisions, and problems can escalate.

Risk communication is important because:

▪ Every action or inaction involves risk
▪ Health professionals communicate across a wide range of risks and audiences
▪ Health professionals often are trusted sources of information in the community.”

The PowerPoint presentation covers the following topics:

▪ Brief overview of communication theory and practice: The differences between myths and truth and how beliefs in some common myths interfere with risk communication
▪ Basic gender sensitive risk communication rules: Who defines the issues, are they involving the public as partners: men obtain information differently from women and have different specific concerns, who has access to the media?
▪ Factors that influence risk perception: An individual's perceptions of the magnitude of risk are influenced by more than numerical data. Gender roles and access to and control over resources influences risk perception and response.
▪ Avoiding pitfalls in communication and making your communication gender sensitive: presentations and interviews and presentation aids
▪ Managing hostile situations: Issues of health and environment can arouse strong anger and hostility. How does culture play into emergency situations? Consider some things you can do to diffuse anger and re-direct hostile energy.

Present the following scenarios to participants and have them find solutions through think pair and share technique. They should think of an answer, pair with a neighbor, share with each other and then have one of them share with the rest of the group the solutions they came up with.

Scenario 1

▪ You are spokesperson for the National Emergency Taskforce leading government response to an outbreak of anthrax in wildlife in a national park, that has spilled over to domestic animals and humans. Over 500 hippos have so far died
• Following the initial press release about the outbreak you are miss-quoted in the international media - miss-information which may cause undue concern or alarm and massively affect the tourism industry (outrage!).

• As a spokesperson how should you address inconsistent messages about the outbreak?

Scenario 2

• You receive information that there seems to be a “strange disease” / hemorrhagic fever outbreak in remote town

• As a One Health leader how can you communicate appropriate risk messages and ensure that you are communicating to the right audience (take gender roles into consideration; who has access to what communication channels?)

• Identify one audience, one to two communication vehicles and develop 3 key points (messages)

Ask the participant to read through the following brief case studies

As they read through this case studies, they should pay specific attention to gender based risks - at exposure level, release level. They should also clearly underscore the role of gender among the different stakeholders and the most vulnerable populations and the significance of that. How does this affect management strategies and risk communication?

Spend some time discussing these three case studies and the role that gender plays in risk analysis and communication

**Intestinal parasitic infections in rural Communities Northeast Thailand**

This study presents a survey of the prevalence of intestinal parasitic infections among the people in rural Thailand. The community-based cross-sectional study was conducted in villages in Khon Kaen Province, northeastern Thailand, from March to August 2013. A total of 253 stool samples from 102 males and 140 females, aged 2-80 years, were prepared using formalin-ethyl acetate concentration methods and examined using light microscopy. Ninety-four individuals (37.2%) were infected with 1 or more parasite species. Presence of parasitic infection was significantly correlated with gender ($P=0.001$); nearly half of males in this survey (49.0%) were infected. Male individuals, those aged 61-80 years, those who had completed only the primary school, and those in the laborer subcategory exhibited the highest prevalences of *O. viverrini* (Fig. 2). Fig. 3 shows a rather similar picture for *S. stercoralis* infection. Again, males and those of lower educational attainment exhibited the highest prevalence in their categories. Merchants and persons aged 41-60 years had the highest prevalence of parasitic infections in the occupation and age categories, respectively. The present study showed a significant correlation between gender and
parasitic infections ($P=0.001$), with males having a higher prevalence for all parasite species. This result was similar to the previous findings [5]. The gender difference may be due to male-specific behavioral factors [17] such as the eating raw meat, alcohol drinking with colleagues, and taking risks with their work in the farm.

Full article found here
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3916464/

Case study 2
Case scenario: Burden of Brucellosis in human, livestock and wild animals in East and Central Africa

Wildlife infected with brucellosis can transmit the disease to domestic livestock or humans while domestic animals commonly transmit the disease to humans. *Brucella* organisms, which are small aerobic intracellular coccobacilli, localize in the reproductive organs of host animals, causing abortions and sterility. Brucella organisms are shed in large numbers in the animal’s urine, milk, placental fluid, and other body fluids. The main route of entry for *Brucella* organisms into a host is oral, by the ingestion of food or water contaminated with secretions or aborted fetal remains from infected cows, or by licking the vaginal secretions, genitals, aborted fetuses or newborn calves of infected cows. While the venereal route is not generally considered to be epidemiologically important in transmitting brucellosis in cattle, infected semen used in artificial insemination could be important. Infected cows shed *Brucella* organisms in their milk and this is key in its transmission to calves and humans. In dairy herds, milking is another mode of transmission that must be considered because the bacteria are highly likely to be transmitted from cow to cow if the same teat-cups are used for milking. Vertical transmission accounts for 60% -70% of the fetuses born to infected mothers. Female calves can also be infected during birth when passing through the birth canal, or by suckling colostrum or milk from infected cows.

The most rational approach for preventing human brucellosis is the control and elimination of the infection in animals. Eradication by testing and culling is the most effective way of eliminating the disease in regions with low prevalence. However, adequate information on the burden of brucellosis in human, domestic and wild animals is lacking. In addition, in man clinical misdiagnosis of brucellosis for another condition say malaria, often occurs in conditions with febrile clinical manifestation thereby prompting unnecessary treatments. Treatment for the disease is protracted for over three weeks and this has psychological and economic implications to such patients.
Case study 3  Gender based vulnerabilities, risks and opportunities in Laos

(Taken from European Union Commission report: study on the gender aspects of the avian Influenza crisis in South East Asia, June 2008


Women through their roles as backyard poultry producers and (market) sellers and as caretakers (slaughter of poultry and preparation of food, raising of children, care for the sick) for their family and as health care workers in hospitals and health facilities are at risk of contracting AI. The risk factor is even increased as women have less education than men and are often ignored for poultry production and management training courses or specific courses for AI prevention and control.

Women are exposed to AI infections due to their roles in poultry production, marketing and food preparation. Women are usually responsible for slaughter of poultry and preparation and cooking of poultry and poultry products. Raw duck blood is a preferred dish. Women are also caretakers of the family. In many ethnic communities, men are often exclusively attending trainings and meetings. Men often do not allow women to participate and they hardly share what they learn from the meetings/trainings with their wives and children. Moreover, most village veterinarians and volunteer health workers are men. As most women particularly in rural and remote areas are not comfortable dealing with men, it significantly deprives them of support and services for their livelihoods and health care needs.

Language barriers can also increase the AI risks for women in ethnic communities. Many women, because of their less schooling and isolation, do not speak the national Lao language and this limits their ability to understand the AI campaign messages, which are usually in Lao language and not adapted to the local situation, and to interact and communicate with AI campaign agents who would mostly only speak in Lao.

Debrief: after discussion of these case studies review gender based risks and ways in which risk communication can be balanced to ensure everyone at risk receives correct information and is included from the planning stage.

Divide class into five groups.
Each group will develop an interim plan for risk communication and information dissemination to educate the public regarding exposure risks and effective public response on an emergency of your choice. Their plan has to be gender sensitive e.g. consider education levels of males and females in the community, is it the same- what media do you
use for the different groups. Who has access to TV and radios, who has more time to obtain information?

Note: When evaluating the group presentations, the following key issues need to be addressed in the plans:

- Identify key One Health spokes persons who can effectively communicate with the public and media to prepare for and respond to. Explain the person was selected.
- Establish an emergency public information system, including call-down lists of One Health contacts, backup personnel who can be activated to address communications, and information dissemination issues during the emergency
- Establish mechanisms for tracking and monitoring message dissemination and exposure, media coverage, audience reaction and feedback, and changing communication issues and priorities.

Best practices in risk communication include:

- Remember communication is two-way street
- Be aware of cultural and language differences
- Listen to your audience and seek understanding
- Communicate with empathy and concern
- Don’t assume
- Use appropriate terminology
- Accept uncertainty
- Use key points
- Provide resources
- Foster partnerships
- Remain accessible

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<th>Activity/Topic</th>
<th>Facilitator Instructions</th>
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| 200 min | Simulation exercise | The rest of the day will be spent developing a simulation exercise. The participants will form 4 groups:  
- Preparation team  
- Detection- (surveillance)  
- Response  
- Post Emergency response and evaluation |
Using a Simulation to Integrate Course Concepts, Skills and Knowledge

A simulation is a tool used for the reproduction of an event and analysis of its results in order to improve readiness for an eventual occurrence of the situation or similar situations. From the point of view of “One Health,” a simulation is defined as a multi-sector and coordinated approach integrating fauna, animal health, human health, the environment and communication and aims at responding in a more effective way an emerging pandemic threat. This approach recognises the need to strengthen collaboration, communication and the coordination amongst specialists of different sectors. This implies the need to create bridges between disciplines in order to complete planning, intervention in terms of surveillance or response, reporting, data analysis and evaluation of activities in an integrated manner in order to better fight pandemic threats.

Give a brief presentation on steps in containing a disease outbreak (Power Point presentation on steps in Outbreak Investigation)
In the Gender and EPT Short Course, we are using a simulation to integrate skills and knowledge across the domains of:

- Epidemiology
- Emerging Pandemic Threat Response
- Gender Analysis
- One Health

This simulation will evaluate the participants’ ability to:

- Develop a gender sensitive emergency response plan while considering the following
- Integrate knowledge across multiple domains
- Identify the necessary actions within the framework of a national plan of preparation to a pandemic
- Follow procedures when planning and responding to epidemics and epizooties
- Work on multi-disciplinary teams
- Coordinate actions across sectors
- Communicate clear and consistent messages to multiple audiences

In this section, participants will be able to prepare and respond to an emergency taking into consideration all the gender tools given during this training, identify, and manage challenges that occur in any emergency. Provide participants with notes on the team roles provided at the end of this section to assist them. Begin by presenting the following scenario to the participants:

You have just been informed that there is a suspected Ebola outbreak in Luwero village, in western Uganda bordering, Rwanda. A total of 14 people have died and 26 others in the village are reportedly sick. There is only one health center in the area manned by one local doctor and two nurses. The
Government is putting you in charge of the emergency response. You have been given a budget of 10,000 dollars to mobilize a team to prepare and respond to this emergency.

Break the participants into four groups: Preparation team, Detection team, Response Team, Evaluation team. The different groups are first expected to get together, brainstorm and draw up a plan of action for each different group: preparation team, detection and response team and post emergency and evaluation team (provide notes on team’s roles). The following are the key points to consider when brainstorming. Target the following questions:

- **Coordination structures**: how do you bring gender into coordination structures you are creating
  How do you proactively support gender and protection services (gender continuum could be useful here)?

- **Gender analysis to inform preparedness**, during and after
  What gender analysis tools are you going to use to support your activity
  What gender lessons would you anticipate, what are the lessons to learn and recommended actions

- **Vulnerability assessments**
  What tools and approaches can you use to map the gender differentiated risks?
  What technical support will you provide to gain gender differentiated insight into the capacities and the vulnerabilities of the affected communities
  What kind of gender technical support can you provide to monitor threats to vulnerable groups?

- **Information gathering and management**
  How do you ensure an appropriate mix in an assessment team and how do you ensure that you are consulting with all the required parties?
  How do you ensure post assessments capture relevant data by sex, age? disability and vulnerability

- **Information sharing and communication**
  Provide technical support to ensure that information and communication flows to all groups in the community

- **Planning**: how do you ensure that outbreak response prioritization is based on gender analysis?

- how do you ensure that gender and diversity are included in capacity assessment, that any contingency plans are gender sensitive, that gender gaps are identified in any section of preparedness, response and evaluation, gender is mainstreamed in emergency preparedness training?

- **Capacity building**: what existing knowledge among your community members can you build on or enhance
▪ What copying strategies can you identify among the different groups and how do you use this to be more effective. How do you facilitate the community to become self-sustaining /create and implement a disaster management plan? How do you help train and build the capacity of key stakeholders and implementing partners? How do you ensure the capacity building efforts are gender balanced and sustainable?

▪ Resource mobilization
▪ How do you ensure that gender needs are reflected in each part of the process and that resources being mobilized are utilized to address all groups?
▪ How do you evaluate to see if you handled everything in the right manner?
▪ Develop/ put in place a gender sensitive risk assessment plan and a preparedness plan to ensure you are prepared for another outbreak
▪ What are the key challenges facing this community and the country after the outbreak has been contained?

▪ Step 1
Using flip charts and sticky notes map out a plan of action including the personnel and resources you will need in your group. Put resources and personnel and action items on the left side of one flip chart and on the right, indicate how you will make the process gender sensitive by responding to above questions. Present this to the plenary. Each group has 10 minutes to make a presentation

▪ Step 2
Based on the above, identify/select 5 key activities that your group feels are important to achieve your objective of an efficient gender sensitive preparedness, response or post emergency evaluation program.

▪ Step 3
Using the material provided create/build a visual of your plan focusing on the five activities mentioned above and ensuring that gender issues are reflected in that visual.

▪ Step 4
Each group will be allowed 10 minutes to present your visual/construction plan to the rest of the group. All participants will then grade the groups
depending on how good their visual is, how easy it is to understand, how it encompassed gender issues discussed in the training and how efficient it seems to be to achieve its objective. The participants will then select what is considered as the best visual.

As you debrief the participants, keep them focused on the following:

- **Why?** – Why are we doing this activity?
- **What?** – What is the work that needs to be performed to successfully complete the activity? What are the major products/deliverables?
- **Who?** – Who will be involved and what will be their responsibilities? How will they be organized?
- **When?** – What is the timeline and when will milestones be completed?
- **Where?** – Where is the engendered One Health initiative taking place (e.g., the location)?
- These questions are critical in defining the limiting constraints on an initiative, or the scope, resources and schedules available in an emergency.
- **Visual of final product**

As each group’s response and actions needs to build on the work of the following group, it is important that during the debrief, the facilitator reviews the presenting team’s performance and gives feedback ensuring that students know what the complete and accurate actions should be.
Session 4: Facilitator Notes

Provide the following notes on roles of the different teams.

**Preparation Team**

- Form a gender balanced Outbreak Technical Committee (OTC). The team should have at least one member of opposite sex.
- All sectors directly affected must be represented on the team (Veterinary, Health, Wild life, Security, Media, Community Development/Gender expert, Community leader/Politician, Development Partners.
- Hold outbreak coordination meetings chaired and Co-chaired by Commissioner for Health and Commissioner of Veterinary Services respectively.
- Put in place a surveillance system: weekly reports to Ministry of Health, Ministry of Animal Industry, WHO, OIE and FAO.
- Develop and outbreak response plan: resources, skills and activities required.
- Conduct a full or rapid gender analysis and resulting gender strategy
- Stockpiles: sampling kits, chemicals, drugs and vaccines.
- Develop contingency plans for isolation wards in hospitals, and quarantine of poultry.
- Put in place laboratory support.

**Detection Team**

- From the preliminary laboratory sample reports and circumstantial evidence, the outbreak technical team has been convinced that there is an outbreak in the country, and thus they recommend the concerned sectors to constitute a field detection team immediately. The field detection team will be directly reporting to the OTC.
- The team applies information from the gender strategy in their plans
- The Field detection team is formed consisting of the relevant experts of Veterinarian, Medical doctor, Nurse, Wild life expert, disease anthropologist/socio-economist, laboratory technologist, and communication expert.
- The team sets out to the field to collect interview responses and laboratory samples from poultry and human beings with suspected clinical signs
- The team must be gender balance and must deliberately include female respondents
- The samples are submitted to the laboratory
- Tests carried out and report written and submitted to the OTC

**Response Team**

- The outbreak Technical Team recommends formation of a response team
The response team consists of expert members from the relevant sectors (Veterinary, Medical, Nurse, Wild life, Gender/Community Development Expert, Communication expert, Community leader, and international organizations (e.g., FAO and WHO)

The response team must consist of at least a member of opposite sex to avoid gender insensitive conclusions and decisions

The response team studies the reports (both laboratory and field reports and gender strategy and analysis) to confirm outbreak

Clinical specimens are dispatched to CDC laboratories for confirmation

The response team counts number of cases and determine size of population to calculate attack rate

Analyze descriptive data to date e.g. time/date of onset, place/location of cases and individual characteristics such as age and sex

Determine the at-risk population (This must be age and gender disaggregated

Formulate hypothesis for pathogen/source transmission

Follow up cases and contacts

Produce a report (Results and recommendations for action

Discuss the report with the OTC

Implement control and prevention measures specific for the disease (press releases, public education messages radio and TV talk shows, memos from the Ministry headquarters to District Directors of health, Commissioner of Veterinary Sciences to DVOs

Institute quarantine if necessary

After the disease is seemingly under control, e.g., no reports of new cases, the OTC recommendation for the formation of an evaluation team

**Evaluation Team**

- It consists of at least one of the following experts: Veterinarian, Medical Doctor, Nurse, Wild life expert, Community Development Expert, Media expert.
- The team assess the appropriateness of containment measures
- Assess timeliness of outbreak detection and response
- Assesses the preparedness of the country as far as the disease is concerned
- Assesses the effectiveness of the various teams in terms of gender composition and OH compliance
- Assesses the integration of gender considerations in response
- Writes and disseminates the outbreak report, declaring the status of the disease and recommendations where necessary for future implementation.

**CARE International emergency response planning tool**

- **Objective**: To inform teams on who is affected and how by emergencies. This tool seeks to understand protection needs, access to resources/services, coping strategies, capacities and gendered aspects of decision-making.
• **Materials/Preparation**: In addition to reviewing the emergency assessment planning checklist, teams should consider the time required and key informants needed for each set of questions. Meetings should be divided by themes and perhaps multiple meetings to fit participant schedules.

• **Participants**: Men and women in single-sex groups.
CARE International Emergency Response Planning Tool

**Objective:** To inform teams on who is affected and how by emergencies. This tool seeks to understand protection needs, access to resources/services, coping strategies, capacities and gendered aspects of decision-making.

**Materials/Preparation:** In addition to reviewing the emergency assessment planning checklist, teams should consider the time required and key informants needed for each set of questions. Meetings should be divided by themes and perhaps multiple meetings to fit participant schedules.

**Participants:** Men and women in single-sex groups.

**Guidelines**

Through focus-group discussions, researchers facilitate questions on the following topics. These questions have been drafted by CARE’s Emergency team, drawing from the IASC Gender Handbook for Humanitarian Action:

**Sex and Age**

- What is the breakdown by sex and age of?
  - the disaster-affected population
  - households headed by a single person or a child?
- What is the number of pregnant and breastfeeding women?
- What is the average family size and structure?

**Impact of Emergency**

- How has the emergency affected the community? Are women, men, girls and boys affected differently?
- What were social, political, cultural and security conditions like before the emergency? What has changed since?
- What specific risks has the emergency caused?

**Vulnerabilities**

- Who is vulnerable? What are they vulnerable to, and why? What are the different vulnerabilities of women, men, boys and girls? (Don’t assume only women and girls are vulnerable.)

**Capacities and Coping Mechanisms**

- How capable of coping and responding are women and men?
• What different coping mechanisms are women, men, boys and girls using? What resources or support are they relying on? How can your programme support the best coping mechanisms?

Gender Roles and Responsibilities

• What were the usual gender roles and responsibilities before the emergency? Have they changed since? (Be aware that men and women may give very different answers.)
• Who does what work? For example, household chores, care-giving, farming, earning cash income.
• Who controls resources and family assets?
  o Who makes decisions (formally and informally)?

Access and Participation

• Do women, men, boys and girls have enough access to humanitarian assistance?
• Who has been consulted about the humanitarian response and how? Are women and men both participating in assessment and programmes?

Social Organization and Cultural Context

• What social/cultural structures does the community use to make decisions? How do women and men participate in these?
• What is the role of religious and cultural practices, beliefs and institutions in the community? How do they affect gender roles?

Sector-specific Questions

• Water and Sanitation
  o What are the community’s water, sanitation and hygiene practices? How do they vary for women, men, boys and girls?
  o How do women, men, girls and boys use water, and what are they responsible for (e.g. collection, cooking, sanitation, gardens, livestock). How do family members share water with each other (quantity and quality)?
  o Who has access to and control of water and sanitation resources? Who is responsible for decisions and management?
  o Are water points and sanitation facilities safe? Can people (especially women and children) use them safely? Are water points, toilets and bathing facilities located and designed for privacy and security?
• Health
  o How has the health of the population changed since the crisis? Are women and men affected differently by diseases or other health problems?
  o What is the breakdown by sex and age of the crude mortality rate? Is there a disproportionate number of deaths among women, men, girls or boys? If so, why?
  o Who provides health care to whom? For example, do local beliefs and practices let male health workers care for women?
• What are the local beliefs and practices on pregnancy and birth, disposal of dead bodies, washing, water use, cooking and animal care? Are any of these bad for women, men, girls or boys?
• Do women and men talk about and/or get information about health differently? What cultural and religious practices affect health care?

• Non-food items
  • What are the different NFI needs of women and men, by age and ethnic background? (Look at what they had before the emergency.)
  • Do women and men have cash for NFIs?
    ▪ What cultural practices affect women’s hygiene and sanitary needs, especially during menstruation?
  • How does the community collect firewood? What types of cooking stoves do they use?
  • What are the sleeping and bedding arrangements (including use of mattresses and blankets)?
  • What clothes do women and men normally wear? What are their daily clothing needs? Do pregnant and breastfeeding women have specific clothing needs?
  • How did destitute women and households headed by women get NFIs before the emergency?

• Food Distribution
  • Can all members of the community/household get and prepare food? Does food insecurity differ by gender?
  • Who gets food aid on behalf of the household? Who decides how to use it?
  • How is food shared within households? Who eats first?
  • Are single-headed and child-headed households getting enough food?
  • Are there any food taboos or restrictions for women, men, children under five and pregnant and breastfeeding women?
  • What are the eating habits of the population?
    ▪ What are the cultural or religious food preferences of women and men in the community?

• Nutrition
  • How does nutritional status (<-2 z-score weight for height) break down by sex and age? Is any group (e.g. girls or boys) disproportionately affected? Why?
  • What is the nutritional status of women of childbearing age? What are the levels of anemia?
  • How are gender and social position connected to malnutrition?
    ▪ What are the special nutritional needs of pregnant and breastfeeding women, people with HIV/AIDS and other vulnerable groups?
  • Are there any beliefs or practices that may affect the nutritional status of women, men, girls and boys differently?
  • Are a lot of women having trouble breastfeeding? Are girl and boy babies breastfed differently?
  • Do boys and men have the skills to prepare food for themselves?
  • How are children fed when they are at school?
  • Can households get sources of micronutrients?

• Food security
• What community and household power structures affect the use of food, land and other productive resources? Who (in the community and the household) controls these resources?
• How do women and men get food locally? Do they have equal access to the local market?
• Can both women and men get cash and food-for-work opportunities, credit and agricultural materials and services?
• How self-sufficient are households’ crops?
• Do women, men, girls and boys have trouble getting food aid or reaching the local market or farmland because of weapons, land mines or other dangers?

• Livelihoods
  • What main livelihood assets (land, seed, livestock, equipment, access to markets) does the community need? How has the emergency affected these?
  • What livelihood assets do women and men control? Has the emergency affected who controls what?
  • What types of agriculture, farming, fishing, trade and food supply existed before the emergency? What role did women and men play in these sectors?
  • What local practices affect ownership and distribution of agricultural land? What are women’s property and inheritance rights?
  • What skills do women have? What skills do men have? What training does each group need?
  • What tasks do local customs forbid women or men to do?
  • How much time do women, men, girls and boys spend on unpaid work (fetching water, cooking, collecting firewood, caring for children, washing clothes etc.)?

• Shelter
  • Who builds shelters? How are women, men, girls and boys involved? Which groups (gender and age) may not be able to build their own shelters?
  • How are shelter materials shared? How does this affect women and girls?
  • What are the community’s cooking, washing and house cleaning practices?
  • Do the toilet, washing, bathing and sleeping areas have latches and locks?
  • Do households have materials for partitions to allow privacy?
  • What are the shelters for girls and boys without parents like? Are they safe/culturally appropriate?
  • Do single women have separate and safe shelters? Is this culturally correct, or should they be with a male relative?
  • Who owns land and property? What protection (laws, customs etc.) do women, men, girls and boys have for their land and property rights?

• Education
  • How has the emergency affected girls’ and boys’ access to education?
  • How many adolescent girls and boys are out of school?
  • What safety and access problems do schools have?
  • Do girls and boys have equal access to school locations? Do they have equal access to all levels of schooling?
  • Are some girls and boys stigmatized by their war experiences (e.g. being raped or a child soldier)? Does this stop them going to school?
  • What are the direct and indirect costs for girls and boys to attend school?
- Do parents think the school is close enough for girls to get to? For boys? Is the way safe for girls and boys?
  - Are the school’s toilets accessible and safe? Are there enough? Do girls and boys have separate toilets? Is water available?
  - Does the school have male and female teachers? At all grade levels? What are their qualifications and experience?
  - Do school staff know how to report and follow up harassment and SGBV? Do they have suitable materials and services to help boys and girls recover from SGBV?

- **Protection**
  - What are the specific protection needs of women, men, boys, and girls? What are the continued risks for each group (e.g. vulnerability to conscription)?
  - What factors increase tensions and civilian casualty numbers, and how do they affect women, men, boys and girls? How does the spread of weapons affect women, men, boys and girls?
  - How do human rights and humanitarian law violations affect women, men, boys, and girls differently?
  - How does military presence affect the risks of SGBV for women, men, boys and girls?
  - Can people safely report and seek redress for violations of humanitarian law? (This includes SEA by peacekeepers and humanitarian workers.)
  - What are the community’s laws and customs on abductions, trafficking in humans, sex work, slave-like practices, SGBV, early/forced marriages and property rights? How do these affect women, men, boys and girls differently?
Day 5: Putting It All Together: Engendered One Health Case Study Development and Evaluation

Session Overview

The morning session on the simulation evaluation followed by a session on developing brief gender sensitive case studies that can be used as part of this training. Based on examples already used in the training participants will be required to develop 4 case studies in total.

Session Learning Objectives

Learning Objective: To develop gender sensitive case studies and to carry out evaluations evaluate the participants’ ability to use gender analysis to respond to an emerging pandemic threat as members of a One Health Team.

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<tr>
<td>8:00-9:00</td>
<td>Registration</td>
<td></td>
<td>Sign in sheet</td>
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<tr>
<td>9:00-9:15</td>
<td>Simulation self-evaluation</td>
<td>Plenary Session</td>
<td></td>
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<tr>
<td>9:15-9:45</td>
<td>Team evaluation</td>
<td>Small Group Work</td>
<td></td>
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<tr>
<td>9:45-10:15</td>
<td>Introduction to Case study development</td>
<td>Plenary session</td>
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<tr>
<td>10:15-11:15</td>
<td>Case study development</td>
<td>Plenary Session</td>
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<tr>
<td>11:15-11:30</td>
<td>Tea break</td>
<td>Self-reflection</td>
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<tr>
<td>11:30-12:00</td>
<td>Presentation of case studies</td>
<td>Plenary Session</td>
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<tr>
<td>12:00-12:30</td>
<td>Summary of next steps</td>
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<tr>
<td>12:30-1:00</td>
<td>Closing ceremony and OHCEA evaluation</td>
<td>Group Presentation</td>
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<tr>
<td>1:00-2:00</td>
<td>Lunch and Departure</td>
<td>Plenary Session</td>
<td>OHCEA Course Evaluation</td>
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</tbody>
</table>

Facilitators Instructions

- Refer students to the Self-Evaluation in their guidebook.
- Ask them to rate how effective they were in:
  - Communicating to their team
  - Using gender analysis
  - Being a One Health team member
Team Evaluation

- Have students get back into their simulation groups and complete the team evaluation in their guidebook.
- Tell students that as a team, they need to come to consensus on how effective there were:
  - As a team
  - Using gender analysis
  - Using a One Health perspective
- Each team should be prepared to share their responses to the open-ended questions at the end of the team evaluation
  - What the team did well in the response and areas were challenging.
  - Anything as a team you would do differently the next time responding to an emerging pandemic threat?
  - How you might use the learnings from the simulation in your work.

Sharing the Learning

In plenary have the teams take three minutes to share:

- What the team did well and what the team found challenging.
- Anything the team would do differently the next time responding to an emerging pandemic threat.
- How team members see using learnings form the simulation in their work.

Case study Development

Give a brief Power Point Presentation on Case Study Development

Give a brief introduction on case studies, what they are and key elements of developing case studies. The purpose of a case study is to provide a more thorough gender sensitive analysis of a situation or "case" which might reveal interesting information about that classification of things. Split the participants into four groups and have them select a topic. Based on the whole week, they should begin to develop a case study that will include at least two gender analysis tools. A case study should have a problem that the readers need to solve. The case study needs to have enough information in it that readers can understand what is in it, think
about it, analyze and can come up with proposed solutions. A good case is more than just a description

Have participants present their case studies to the rest of the group- spent a few minutes refining the case studies.

**Tea Break**

**15 min**

**Post Test**

- Handout Post-Test.
- Tell students they have 30 minutes to complete the post test.
- If they finish early, ask students to remain quiet until everyone is done.

**30 min**

**Closing Session and Course Evaluation**

- Have students form a circle and ask each student to say in one or two words
- Pass out certificates.
- Pass out OHCEA Event Evaluation.
- Tell participants to place their completed evaluations in an envelope.
- Seal the envelope and give the evaluations to the OHCEA course coordinator.
<table>
<thead>
<tr>
<th></th>
<th>Not Effective</th>
<th>Partially Effective</th>
<th>Effective</th>
<th>Quite Effective</th>
<th>Very Effective</th>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>Communication Skills</td>
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<td>Listened</td>
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<tr>
<td>Shared my point of view</td>
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<tr>
<td>Challenge appropriately</td>
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<tr>
<td>Ensured everyone contributed</td>
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<tr>
<td>Valued equally the opinion of men and women in my group</td>
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<tr>
<td>Gender Analysis Skills</td>
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<tr>
<td>Advocated for use of gender analysis/use of gender tools</td>
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<tr>
<td>Used gender-sensitive language</td>
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<tr>
<td>Ensure that women will be present and participate in the discussions/activities</td>
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<tr>
<td>One Health Team Member Skills</td>
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<tr>
<td>Considered the interrelationships among men, women, domestic animals, wildlife and the environment</td>
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<tr>
<td>Brought to the discussion my disciplinary skills and knowledge.</td>
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<tr>
<td>Solicited inter-disciplinary knowledge.</td>
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<tr>
<td>SIMULATION TEAM EVALUATION</td>
<td>Not Effective</td>
<td>Partially Effective</td>
<td>Effective</td>
<td>Quite Effective</td>
<td>Very Effective</td>
<td>Specific example of what they did well?</td>
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<td>Team Effectiveness</td>
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<td>Ensured everyone listen, contributed and opinions were valued</td>
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<td>Managed time so that we could create a response plan</td>
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<td>Utilized team member skills and strengths</td>
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<tr>
<td>Gender Analysis Skills</td>
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<tr>
<td>Advocated gender tools</td>
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<tr>
<td>Used gender-sensitive language</td>
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<tr>
<td>Ensured that women will be present and participate in the discussions/activities</td>
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<td>One Health Perspective</td>
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<tr>
<td>Considered the interrelationships among men, women, domestic animals, wildlife and the environment</td>
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<tr>
<td>Solicited inter-disciplinary knowledge</td>
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<tr>
<td>Participatory including all stakeholders</td>
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<tr>
<td>Included all relevant categories of staff</td>
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<td>Considered budget implications</td>
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</table>

As a team, summarize what your team did well in the response and areas were challenging.
Is there anything you, as a team, would do differently the next time responding to an emerging pandemic threat?

How can you use a simulation in your work?
Handouts

- Simulation Scenarios for Each Team
  - Prepare Team
  - Detection Team
  - Respond Team
  - Evaluation Team

- Post-Test

- OHCEA Event Evaluation
OHCEA EVENT EVALUATION - GENDER AND EPT SHORT COURSE

Facilitators: ___________________________________________________________________________

Dates: ______________________________________________________________________________

OHCEA supported you to attend the **Gender and Infectious disease training** event. Please take a few minutes to fill out the following confidential questionnaire. Your responses will help us better understand the value of this event and improve future programs. Thank you!

*Please circle your response to each of the following*

1. This event met my expectations.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

2. This event was relevant to my personal interests.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

3. This event was relevant to my professional interests.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

4. The information presented was new to me.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

5. The amount of information provided was:
   - a) Not enough
   - b) About right
   - c) Too much

6. This event helped clarify my understanding of “One Health.”
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

7. The pre-event logistics were well organized.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

8. The event itself was well organized.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

9. Overall, I found this event to be worthwhile.
   - a) Strongly disagree
   - b) Disagree
   - c) Agree
   - d) Strongly agree
   - e) Don’t know

10. I intend to take actions in my work because of what I learned at this event.
    - a) Strongly disagree
    - b) Disagree
    - c) Agree
    - d) Strongly agree
    - e) Don’t know
11. Describe what, if any, actions you will take in your work because of this event.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

12. What were the strengths of this event?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

13. What can be done to improve this event?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

14. What single most important lesson did you learn from this event?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

15. Please write any additional comments you may have about this event.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
16. Did you present at this event?
   a) Yes
   b) No

16a. If yes, what was the topic of your presentation?
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

17. What is your primary area of work?
   a) Nursing
   b) Human Medicine
   c) Veterinary medicine
   d) Wildlife Medicine
   e) Public Human Health
   f) Public Veterinary Health
   g) Other (please specify): __________________________

18. Which sector do you represent?
   a) Government
   b) Private sector
   c) Education
   d) Non-governmental organization (NGO)
   e) Research
   f) Other (please specify): __________________________

   Gender Identity:

19. Nationality: __________________________
References


IGWG “Defining Gender-Related Terms”
http://www.igwg.org/igwg_media/Training/DefinGenderRelatedTerms.pdf and
http://www.igwg.org/igwg_media/Training/HandoutGenderTerms.pdf


The One Health initiative from http://www.onehealthinitiative.com/news.php


