



Framework for **Women,
Girls, and Gender Equality**
in National Strategic Plans
on HIV and AIDS in Southern
and Eastern Africa



Context and Approach

Women and girls are disproportionately impacted by the HIV and AIDS epidemic in much of the world, and this is especially true of the generalised epidemics of southern and eastern Africa, where 60% of new infections are among women and girls,¹ and unpaid care giving is predominantly undertaken by women and girls in the community.² Throughout southern and eastern Africa, gender inequality is a key driver of gender-based violence and HIV-transmission.³ National Strategic Plans on HIV and AIDS (NSPs) are critical platforms for addressing this impact on women and girls, and for advancing gender equality as central to the success of the HIV and AIDS response.

The Women, Girls, and Gender Equality NSP Framework that follows identifies key priorities and sample interventions for addressing women, girls, and gender equality in the development of the next generation of NSPs, and is also intended to serve as an assessment tool for on-going reviews of NSPs. The Framework consolidates the evidence-base, including good practice, around women and girls in the context of HIV in southern and eastern Africa and has been collaboratively developed by experts from civil society, academic research centres, and the United Nations.

We present the Women, Girls, and Gender Equality NSP Framework as an opportunity to realise critical commitments and advance important policy frameworks for women and girls, such as the African Women's Decade; the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa; the Solemn Declaration on Gender Equality in Africa; the Maputo Plan of Action on Sexual and Reproductive Health and Rights; the United Nations General Assembly Declaration of Commitment on HIV/AIDS; and the Millennium Development Goals (MDGs).

In addition, the Women, Girls, and Gender Equality NSP Framework is a tool to be used to advance campaigns such as the Africa-UNiTE to End Violence Against Women as well as in conjunction with on-going national and regional initiatives to integrate gender into NPS, including the implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV.

1

Who is the Women, Girls, and Gender Equality NSP Framework for, and toward what purpose?

2

Enabling Environment: Advancing Human Rights and Access to Justice

3

Meaningful Involvement of and Leadership by Women Living With and Affected by HIV

Who will use the Women, Girls, and Gender Equality NSP Framework?

We expect the Framework to be used as a tool for NSP development or review by governmental entities such as National AIDS Councils and Ministries of Health and Gender as well as by gender consultants or advisors.

The Framework can also support civil society participation in, and mobilisation around, NSP development and review. The Framework provides a tool to hold governments accountable in relation to their commitments around women, girls, and gender equality in the context of HIV and AIDS.

How will the Women, Girls, and Gender Equality NSP Framework be used?

We have developed the language, content, and approach of the Framework to be in alignment with regional and international commitments on HIV, sexual and reproductive health and rights, women's rights, and gender equality as well as to model the structure and format of select existing NSPs. As such, we expect that the Framework can serve as a guidance document, a direct template, and an accountability tool.

We believe that the Framework should be directly adapted and adopted according to the particularities of each country context in southern and eastern Africa⁴ and taken up through a robust multi-sectoral approach towards the overarching goals of halting the HIV epidemic and advancing women's rights and gender equality.

NSPs must firstly recognise and then uphold and protect women's rights. Specific interventions and approaches should include:

- Institutionalising supportive legal and policy frameworks to ensure:
 - Elimination of all forms of violence and discrimination on the basis of HIV status, gender, and sexual orientation
 - Women's enjoyment of equal rights in marriage and co-habitation, and protection of rights with respect to separation, divorce, and child custody
 - Women's property and inheritance rights
 - Women's access to justice and equal protection and benefit of the law
 - Decriminalisation of HIV status and transmission, sexual orientation, gender identity, sex work, and abortion
 - Elimination of all forms of coercive and discriminatory practices in health care settings, such as coerced and forced sterilisation
- Strategies to reduce women's economic dependence on men including:
 - Access to resources, including skills training and credit facilities
 - Access to social security
 - Access to housing
 - Access to employment
 - Access to education
- Interventions to alleviate stigma and discrimination on the basis of HIV status, gender, and sexual orientation
- "Know your rights" initiatives and campaigns to empower and educate women and men, including boys and girls, on human rights in general and women's rights in particular

NSPs should acknowledge and advance women's leadership and meaningful participation, particularly by key stakeholders⁵ such as women living with HIV, young women, home-based caregivers, and women from marginalised communities.⁶ This specifically needs to include:

- Recognition of the GIPA principle and clear mechanisms for the particular involvement of women living with and affected by HIV in AIDS responses
- Clear processes and mechanisms outlined for meaningful involvement of women living with and affected by HIV in NSP development, implementation, review, and evaluation
- Capacity building and resource allocation to support meaningful involvement, consultation, and leadership development of women living with and affected by HIV

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Utilising a Sexual and Reproductive Health and Rights Approach

NSPs should advance a sexual and reproductive health and rights based response to HIV. Specific interventions and approaches should include:

- Recognition of the sexual and reproductive health and rights of women and girls of all ages in all their diversity
- Affirmation of the sexual and reproductive health and rights of women living with HIV, such as the right to decide whether to have children, the number of children, and the spacing of children
- Implementation of all national, regional, and international legislation and commitments that promote women's and girl's sexual and reproductive rights
- Recognition of and attention to addressing HIV, maternal health, and infant health as interlinked concerns
- Linkage of sexual and reproductive health and HIV services, with particular attention to access for marginalised communities, such as:
 - Access to youth-friendly services
 - Access to services that are responsive to the sexual and reproductive healthcare needs of women and girls in all their diversities, free of coercion, discrimination, and violence
 - Access to cervical cancer prevention, screening, treatment, and palliative care
 - Access to a full range of contraceptive options and attention to dual protection, free of coercion, discrimination, and violence
 - Access to services to support safe conception, pregnancy, childbirth, and breastfeeding
 - Access to emergency contraception and post-exposure prophylaxis
 - Access to voluntary, safe, and comprehensive termination of pregnancy care and services
- Interventions to promote men and boys' access to sexual and reproductive health services in order to ensure shared responsibility with women and girls

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Preventing HIV Transmission among Women and Girls

NSPs must reduce vulnerability to HIV, and address the structural determinants of HIV transmission for women and girls. Specific interventions and approaches should include:

- Interventions to support women and girls' empowerment, such as "know your rights" initiatives
- Interventions to promote girls' enrolment and retention in primary and secondary education
- Interventions to promote women's literacy, including legal and economic literacy
- Interventions to promote women's employment, income, and livelihood opportunities
- Interventions to address cultural and traditional practices that are harmful to the health and rights of women and girls, such as early marriage and widow inheritance
- Interventions to support community mobilisation and women's leadership on tackling gender inequalities

NSPs must reduce HIV transmission to women and girls through specific interventions. Interventions and approaches should include:

- Access to evidence-informed HIV prevention information specifically for women and girls
- Equitable access to female and male condoms, and interventions to build skills and confidence to negotiate condom use
- Access to, and programmes to support, the use of women controlled HIV prevention methods, including new prevention technologies as they become available, such as microbicides, pre-exposure prophylaxis, and vaccines
- Access to post-exposure prophylaxis, particularly for women and girls who have experienced sexual violence including rape
- Prevention of vertical transmission including attention to breastfeeding and infant feeding practices, nutritional support, post-natal care for women, women's ongoing access to anti-retroviral therapy as needed, and involvement of male partners
- Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms in order to enable women and girls to decide whether, when, with whom, and how to have sex

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Eliminating Gender-Based Violence and Discrimination

- Positive health, dignity, and prevention (HIV prevention for people living with HIV)⁷
- Management of drug and alcohol substance use for individuals, including harm reduction for women who use drugs and specific interventions for women who are partners of injecting drug users
- Voluntary medical male circumcision (MMC) for HIV prevention needs to include strategies to ensure there are no adverse impacts on women and girls. Specific components include:
 - Specific targeted and factually correct information on MMC and HIV for women and men, including information on partial protection for men and the continued need for condom use to prevent HIV transmission
 - Comprehensive counselling, including gender equality education for men, as part of MMC services
 - Comprehensive reproductive and sexual health programmes for men linked into the delivery of MMC

NSPs must recognise gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and a consequence of HIV transmission.

Attention must also be paid to addressing gender-based violence in all its forms, such as intimate partner violence, sexual violence, and psychological violence as well as systemic, structural violence in peace, conflict, and post-conflict settings. Specific interventions and approaches should include:

- Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings
- Legal reform to criminalise marital rape
- Interventions that build the capacity of the police, healthcare workers, social workers and the judiciary to respond more effectively and sensitively to gender-based violence
- Interventions to alleviate stigma and discrimination on the basis of HIV status, gender, and sexual orientation in the police, healthcare sector, social services, and judiciary
- Interventions to support survivors of violence access to justice and remedies
- Legal and other responses to end cultural and traditional practices that are harmful to the health and rights of women and girls
- The decriminalisation of sex work
- The decriminalisation of consensual adult same-sex sexual conduct
- Comprehensive post-rape care protocols for HIV prevention, including:
 - Post-exposure prophylaxis available within 72 hours
 - Psycho-social support
 - Emergency contraception
 - Access to voluntary, safe, and comprehensive termination of pregnancy care and services

Primary prevention strategies around gender-based violence need to include:

- Comprehensive sexuality education for all women, men, girls, and boys (both in and out of school) which includes factual information on knowing one's body and a focus on gender equality, human rights, and transforming social norms
- Women's economic empowerment and gender equality interventions to reduce gender-based violence
- Interventions to halt intimate partner violence, including marital rape
- Interventions to halt and address violence and discrimination against sex workers
- Interventions to halt and address violence and discrimination against lesbian, bisexual, and transgender women and men
- Interventions working with men and boys to challenge notions of violence, transform gender norms, and address harmful masculinities

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Increasing Access to and Uptake of Treatment for Women and Girls

NSPs must place emphasis on voluntary HIV counselling and testing as an entry point to services, including an emphasis on consent and confidentiality, and amend, if necessary, HIV testing policy frameworks to guarantee these rights.

NSPs must strengthen adherence and access to anti-retroviral treatment services for women and girls. Specific interventions and approaches should include:

- Expanding linkages between HIV treatment and sexual and reproductive health services, including peri-natal services
- Interventions that link the prevention of vertical transmission to HIV treatment programmes
- Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting
- Interventions that link anti-retroviral treatment to the treatment of key opportunistic infections such as tuberculosis
- Interventions that expand HIV treatment literacy for women and girls
- Interventions to increase access to anti-retroviral treatment for children
- Integrating HIV and AIDS services into general health services so as to avoid stigma and discrimination

8

Strengthening Care and Support by and for Women and Girls

NSPs must recognise that the majority of care giving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care. Given the diversity of female care givers, from young women to older grandmothers, interventions need to be responsive to specific groups. Interventions and approaches should include:

- Financial compensation for primary and secondary care givers
- Recognition of, and clearly defined roles and responsibilities for, care givers in the broader health system and HIV and AIDS response
- Comprehensive and accredited training for all care givers
- Interventions that promote and support the equal sharing of responsibility between women and men in families and community care giving organisations
- Comprehensive “care for the care givers” interventions
- Interventions to increase access to home-based care kits and ensure reliable supplies
- Interventions to support care givers to provide palliative care, including increasing access to palliative care kits and ensuring reliable supplies

NSPs must address the daily needs of women and girls living with and affected by HIV. Specific interventions and approaches should include:

- Psycho-social support
- Interventions to support food security
- Access to clinical support, including palliative care
- Access to legal services, including legal aid
- Access to social services

Key Definitions

Gender Inequality - refers to the socially constructed power relationship between men and women, which proscribes certain behaviours, linked to achieving or sustaining forms of masculinity or femininity, and which also structure access to resources in inequitable ways. These factors typically create situations in which men have greater power and resources than women.

Comprehensive sexuality education – refers to approaches that have clear and complete information on male, female, and other sexuality, human rights, HIV and AIDS, sexual and reproductive health and rights, and related issues. In addition, these work to introduce mutual respect and tolerance, as well as encourage critical reflection on norms of masculinity and femininity and work to adjust harmful components.

Gender-based violence – any act that results in, or is likely to cause, physical, sexual or mental harm or suffering based on a person’s actual or perceived gender. This includes sexual, physical, emotional, or economic abuse in public and private, formal and informal, settings.

9

Accountability: Budgeting, Monitoring, Research, and Gender Expertise

NSPs must recognise the central importance of accountability around responding to women, girls, and gender equality and the need to strengthen organisational abilities to monitor and report on interventions for women and girls. Specific interventions and approaches should include:

NSPs must ensure the following with regard to budgeting:

- Fully costed and budgeted gender interventions within the NSP
- Audits of spending in relation to the NSP which include gender audits

NSPs must ensure the following with regard to monitoring:

- Gender indicators, including a broader set of indicators around gender, health, human rights, and social change
- Indicators on the impact of programmes and policies on women and girls
- Meaningful civil society involvement in reporting, specifically by women’s groups, networks of women living with HIV, caregiver’s networks, and other key stakeholders
- Sex disaggregated data, including targets which are sex disaggregated
- Age disaggregated data by five year cohorts, and up to 64 years of age

NSPs must ensure the following with regard to research:

- The involvement of women in the design, delivery, and analysis of HIV research, including clinical trials
- Doing research with women, with communities - “by and for” – and finding out what data means to the communities themselves

NSPs must ensure the following with regard to gender expertise:

- Gender training and sensitisation, including promoting expertise in health, human rights, and gender
- Gender analysis training, such as how to analyse data trends and utilise information for decision-making and resource allocation

Process considerations through the setting of targets and monitoring include:

- Demonstrating efficiency and effectiveness of a gendered response from a public health and human rights perspective
- Research that seeks to measure long term, transformative processes in terms of gender and social norms

NSPs must ensure the inclusion in all processes and consideration of the specific needs of the following groups:

- Women
- Women living with HIV
- Young women
- Grassroots women
- Care givers, both primary and secondary
- Lesbian, bisexual, and transgender women and men⁸
- Women in sex work
- Women migrants/refugees/internally displaced persons
- Widows
- Women who use drugs
- Grandmothers
- Women in prison
- Women with disabilities
- Girl child
- Rural women and girls

10

Don’t forget to include... key stakeholders

¹ UNAIDS (2008) *Report on the global AIDS epidemic*. Geneva: WHO and UNAIDS

² Akintola, O. (2009) Unpaid HIV/AIDS Care in Southern Africa: Forms, Context, and Implications. *Feminist Economics*, 14(4), 117-147.

³ Jewkes, R., Dunkle, K., Nduna, M. and Shai, N. (2010) Intimate partner violence, relationship power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *Lancet*, 376, 41-48.

⁴ We believe that the Framework also holds global relevance and can be applied beyond the region in which it was developed.

⁵ Point 10 of the Framework identifies key stakeholders whose meaningful involvement we view as central to the success of HIV and AIDS policies and programmes.

⁶ We use the term women from marginalised communities to signify women who are typically excluded or disenfranchised. For the purposes of successfully addressing women, girls, and gender equality in the context HIV, we note that specific attention needs to be paid to marginalised communities such as: women living with HIV; women engaged in sex work or drug use; lesbian, bisexual, and transgender women and men; migrant, refugee, or internally displaced women; women in prison; older women caregivers; and women with disabilities.

⁷ GNP+ and UNAIDS (2009) *Positive Health, Dignity and Prevention. Technical Consultation Report*. Amsterdam: GNP+.

⁸ We have chosen to separate out specific political identities, as the specific political identity rather than the direct sexual act is what most frequently puts women at risk of violence.

Select Resources

UNAIDS (2009) *Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010-2014)*. Geneva:

UNAIDS www.unaids.org/en/KnowledgeCentre/Resources/FeatureStories/archive/2010/20100302_Women_HIV.asp

UNIFEM/ UN Women, Gender and HIV/AIDS Web Portal, www.genderandaids.org

Gay, J. et al. (2010) *What Works for Women and Girls: Evidence for HIV/AIDS Interventions*. New York: Open Society Institute. www.whatworksforwomen.org

Welbourn, A. (1995) *Stepping Stones: A Training Package in HIV/AIDS, Communication and Relationship Skills*, & Welbourn, A. et al. (2008) *Stepping Stones Plus*. London. Strategies for Hope. www.steppingstonesfeedback.org

WHO/UNAIDS (2010) *Addressing Violence Against Women and HIV/AIDS: What works?* Geneva: WHO. www.who.int/reproductivehealth/publications/violence/9789241599863/en/index.html

Gerntholtz, L. And Grant, C. (2010) *International, African and Country Legal Obligations on Women's Equality in Relation to Sexual and Reproductive Health Including HIV and AIDS*. Durban: HEARD & ARASA www.heard.org.za/african-leadership/gender/ilo

UNIFEM/ATHENA (2010) *Transforming the National AIDS Response: Advancing Women's Leadership and Participation*. New York: UNIFEM. www.unifem.org/attachments/products/Transforming_the_National_AIDS_Response_Advancing_Women_Leadership_Participation.pdf

AIDS Legal Network/ATHENA (2009) *10 Reasons Why the Criminalization of HIV Exposure or Transmission Harms Women*. Cape Town: ALN/ATHENA www.aln.org.za/downloads/10%20Reasons%20Why%20Criminalisation%20Harms%20Women.pdf

Partner Websites

HEARD,
<http://www.heard.org.za>

ATHENA Network,
<http://www.athenanetwork.org>

AIDS Legal Network,
<http://www.aln.org.za>

ARASA,
<http://www.arasa.info>

Caregivers Action Network,
<http://www.caregiversactionnetwork.org>

Children's Rights Centre,
<http://www.crc-sa.co.za>

GEMSA,
<http://www.gemsa.org.za>

Help Age International,
<http://www.helpage.org>

OSISA,
<http://www.osisa.org>

POWA,
<http://www.powa.co.za>

Raising Voices,
<http://www.raisingvoices.org>

Salamander Trust,
<http://www.salamandertrust.net>

Sonke Gender Justice Network,
<http://www.genderjustice.org.za>

SWEAT,
<http://www.sweat.org.za>

VSO,
<http://www.vso.org.uk>

World AIDS Campaign,
<http://www.worldaidscampaign.org>

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