



THE NATIONAL EMERGENCY RESPONSE COUNCIL TO HIV AND AIDS (NERCHA)

**THE GENDER AND HUMAN RIGHTS ANALYSIS OF THE NATIONAL
MULTISECTORAL STRATEGIC HIV AND AIDS FRAMEWORK 2009-2014**

**INCREASING MALE PARTICIPATION IN HIV PROGRAMME IMPLEMENTATION FOR A BALANCED
EQUITABLE RESPONSE**

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Common Gender Terminology

Gender: describes the socially constructed differences between men and women. Gender identity determines how we are perceived and how we are expected to behave as men and women. Thus while the fact that women give birth to children is biologically determined and therefore a preserve of women only, the fact that they perform the majority of household chores, predominate in the informal survivalist sector and in the lower paid "care" work in the formal sector are all socially constructed and chores that can be performed by men. What is important is that gender relations are dynamic. They are shaped through the history of social relations and interactions. They vary over time and place and between different groups of people. They may also be impacted by others, such as race, class, ethnicity and disability.

Gender analysis: refers to an analysis of the relationships between women and men in society, as individuals, as groups and within institutions. It identifies and understands the different social, cultural and economic realities, needs and interests of women and men and the inequalities of their relationship. It is an important tool for identifying barriers and opportunities for the advancement of women and reduction of gender inequities. Gender analysis is best used in conjunction with other tools of social analysis such as the Poverty Reduction Strategy (PRS) to ensure that all forms of social relations that contribute towards inequity are considered and that gender relations are not seen in isolation.

Empowerment: Describes both the process and the outcome of people - women and men -taking control over their lives: setting their own agendas, gaining skills (or having their own skills and knowledge recognized), increasing self-confidence, solving problems, and developing self-reliance. Empowerment implies an expansion in women's ability to make strategic life choices in a context where this ability was previously denied to them. In most cases the empowerment of women requires transformation of the division of labour and of society.

Gender budgets: As Derbyshire (2002) explains: 'Gender budgets ... are analyses of government budgets to establish the differential impact of revenue raising or expenditure on women and men and on different groups of women or men. They are designed to inform public policy debate, and as such are a particularly important lobbying tool in the context of national policy frameworks'. Budgets are usually gender-unaware and, unless they are analysed using sex-disaggregated data and other gender sensitive information, it cannot be known how much of a particular budget is having an impact on women and how much on men.

Gender Equality: Refers to a revised term for 'Equal Opportunities'. It is based on the legal obligation to comply with anti-discrimination legislation. Equality protects people from minority groups from being discriminated against on the grounds of group membership, i.e. sex, race, disability, sexual orientation, religion or belief or age.

Gender-Blindness: Is the failure to recognise that gender is an essential determinant of social outcomes impacting on projects and policies. A gender blind approach assumes gender is not an influencing factor in projects, programs or policy.

Gender Mainstreaming: Gender Mainstreaming refers to a process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and social spheres, such that inequality between men and women is not perpetuated. The ultimate goal is to achieve gender equality.

Gender Needs: Leading on from the fact that women and men have differing roles based on their gender, they will also have differing needs. These needs can be classified as either strategic or practical needs.

Gender discrimination: means that individuals are treated differently on the basis of their sex. In many societies, this is maintained by structural discrimination against women in the distribution of income, access to resources and participation in decision-making.

Gender division of labour: describes a pattern in which society assigns women one set of roles and men another set, based on distribution of reward.

Gender equity: means fairness and justice in the distribution of benefits and responsibilities. A gender equity approach ensures that women have a fair share of the benefits and responsibilities in society, as well as equal treatment before the law, equal access to social services, including education, and equal pay for work of equal value.

Gender roles: means socially-defined roles for women and men. Definitions of gender roles change over time and differ between cultures.

Gender sensitivity: means the ability to acknowledge and recognize gender issues, especially the ability to recognize women's distinct perceptions and interests arising from their gender role. Gender sensitivity is the beginning of gender awareness, which is more analytical and more questioning of gender disparities. It means taking into account specific gender needs of both women and men at all levels of planning, implementation, monitoring and evaluation.

Gender Sensitive indicators: Gender-sensitive indicators demonstrate changes in gender relations in a given society over a period of time. They are used to assess

progress in achieving gender equality by measuring changes in the status of women and men over a period of time. Gender-sensitive indicators may be used as a tool to assess the progress of a particular development intervention towards achieving greater gender equality. The utilisation of gender-sensitive indicators allows for effective monitoring and evaluation of project or programmes activities they need to be linked to policy goals.

Gender-neutral: describes the idea that language and other social institutions should avoid distinguishing people by their gender, in order to avoid discrimination arising from the impression that there are social roles for which one gender is more suited than the other.

Gender stereotyping: occurs when men or women are persistently attributed certain characteristics or roles, thereby creating the belief that these are invariably linked to gender. For instance, the perceptions that all women are weak and caring and that all men are strong and able to make important decisions are gender stereotypes that are frequently encountered. Gender stereotyping reinforces gender inequality by portraying assumptions and conditions that maintain the inequality as biologically or culturally fixed.

Gender Links: these are the linkages between gender and a given issue such as HIV and AIDS. There are links between gender, HIV and AIDS and human rights.

INTRODUCTION

What this document is about

This document presents the blueprint of renewed and revitalised commitment to gender and human rights mainstreaming within the National Multisectoral Strategic HIV and AIDS framework of 2009 to 2014. It is about moving from the rhetoric on gender, human rights and HIV and AIDS to operationalising mainstreaming in all the sectors. As such this handbook should be read together with the National Multisectoral Strategic Framework for HIV. It addresses the interconnectedness of HIV and AIDS response and addressing gender inequalities. It thus deepening the response to an understanding of the underlying causes of gender inequalities to transform society

Realisation that a maturing HIV response has to mainstream gender and HR issues to achieve equity in service delivery

Realisation of ratified international instruments is achieved through mainstreaming these in programming. This hand book will contribute towards mainstreaming of the three.

What is its purpose

Therefore, the purpose of this document is to augment the gender and human rights mainstreaming within the national multisectoral strategic framework. The handbook sets out mainstreaming of gender and human rights and demonstrates how it will be carried out within the four thematic areas of the National Multisectoral HIV and AIDS framework being:

- I. Prevention,
- II. Treatment, care and support
- III. Impact mitigation
- IV. Response management

This document is for use in informing mainstreaming of gender and human rights at all levels of responding to HIV and AIDS in Swaziland.

Overarching Goal:

To mainstream gender and human rights strategies to the national HIV and AIDS response, to ensure transformation of social norms and thereby achieve gender equity.

Objectives

The objectives of the gender and human rights analysis were:

- To increase visibility of mainstreaming gender and addressing gender equality and empowerment in HIV response.
- To increase gender awareness and responsiveness among HIV stakeholders and strengthened gender responsive planning at all levels.
- To Increase gender transformative HIV interventions
- To improve gender links to development agenda within HIV response.

Why the gender and human rights mainstreaming document

The point of departure for crafting the document were the observations of the Joint mid-term review of the National Multisectoral HIV and AIDS Strategic Framework was conducted in 2011, which concluded that there were observed weaknesses in the mainstreaming of gender in the HIV and AIDS response. It is against this backdrop that concerned partners spearheaded a process of improving the mainstreaming of gender issues in national HIV and AIDS processes. This document provides a gender analysis that provides relevant sex and age-disaggregated data and gives insight into local gender issues that can be used to identify activities and advance gender-related outcomes needs to be carried out to support the planning process.

This document seeks to improve the mainstreaming of gender and human rights into the multisectoral strategic framework for HIV and AIDS is timely as it is on the eve of development of costed national plan of action by HIV stakeholders for a three year period. Considering that the national plan of action needs to be inclusive of all gender and human rights related matters so that these concerns can be mainstreamed into the response through- out the planning implementation, monitoring and evaluation cycle.

Gender inequality issues exist at all levels, in all sectors, and involve all members of society and therefore there is need for transformation of the mainstream to be responsive. Gender mainstreaming is cognizant of the fact that equality and the empowerment of women can only be achieved by taking account of and addressing the relationships between men and women. Gender issues will be mainstreamed in the NSF when all the components of the Multi-Sectoral Strategic framework and its program take into account the relevant gender issues. Gender issues may also be addressed through separate gender programmes being men's or 'women's programmes'. Gender mainstreaming came from the notion that everything relevant

to the livelihood of human beings is 'gendered', including economics, politics, academics, health and social welfare and so on, and women and men experiences and status, such as levels of poverty, is dependent on their place in the community. As such gender mainstreaming should neither be conflated to a focus on women nor dispelling women or men specific interventions. Such interventions are part of gender mainstreaming as they are put in place where one gender falls through the cracks of the system in place; In this case, where they are not being captured adequately in number and quality for purposes of prevention, care, treatment and support, impact mitigation or by the response management.

Therefore, where need be, based on a gender analysis there still can be programs that focus on women empowerment that are not based on their biological need, but emanate from a gender analysis which demonstrates that women have been left out of fully participating and benefiting from certain programs because of the roles that society has ascribed to them, that is their gender. Likewise, constructive involvement of men is at the centre of gender mainstreaming and is also in tandem with the human rights based approach in the HIV and AIDS response. Mention of male empowerment is here premised mainly on the deconstruction of patriarchy and reconstructing current masculine notions of masculinity, sexuality and decision making. Current masculine traits are a contrast to feminine ones. They are emphatic on physical strength, virility, aggressive behavior, bravery, extremely high interest in sex whilst femininity traits include modesty, shyness, and passivity.

The importance of mainstreaming of human rights based approach in HIV and AIDS programming can never be overstated as there are clear positive linkages in gender, human rights and HIV and AIDS. Therefore, the mainstreaming of both gender and human rights based approach in HIV and AIDS response concretises the response. Gender mainstreaming makes gender dimensions explicit in all policy sectors, gender equality becomes a concern. It is thus a strategy for making women and men's concerns and experiences an integral dimension of the design, implementation, M&E of policies and programs. It seeks to integrate gender issues within the policy and planning cycle discontinuing perpetuation of inequalities. It advances social justice and ensures equitable and sustainable human development by the most effective and efficient means. Thus it seeks to redress inequalities and gaps in policies and programs.

Key Players in gender mainstreaming

The mainstreaming of gender and human rights within the multisectoral strategic framework has clear niches of multiple players. It is not an exercise but a process that can only be achieved with the cooperation and coordinated efforts of:

Government which has commitments and obligations to ensure gender is mainstreamed in national HIV/AIDS-related policies and surveillance mechanisms to track progress of interventions is sustainability established.

Donor Agencies Partners Agencies, UN Agencies, Bilateral and Multilateral agencies: encouraged to allocate additional resources to HIV/AIDS stakeholders for intensification of gender and human rights mainstreaming efforts.

Civil Society in Gender, human rights and HIV/AIDS: Civil society organisations in gender, human rights and HIV and AIDS should use their comparative knowledge and expertise on gender, human rights and HIV and AIDS in programming, strengthening community response and influencing programming at national level.

Whilst the **Gender and Family Unit** within the Deputy Prime Minister's Office is charged with the overarching responsibility of mainstreaming gender in all spheres of national development to attain gender equality it too benefits from stepping stones by various departments and sectors. The gender unit has also prioritized the mainstreaming of gender and human rights in its implementation of National Gender Policy pages 25-36, where thematic areas; legal and human rights wherein the objective is: *to ensure that all legislation in relation to the recognition, promotion and protection of legal and human rights complies with the principles of the constitution and gender justice. And thematic area health , reproductive rights and HIV and AIDS to take measures that shall promote improve, and protect the sexual and reproductive health rights as well as health status of men, women, boys and girls throughout their life style.* The prioritized action plan for implementation of the gender policy is clearly in sync with this handbook which mainstreams gender and human rights within the NSF with an emphasis on strengthening of community health systems, greater and meaningful involvement of people living with HIV and youth;

Communities: Communities are the next level after family at which the impact of HIV is most felt and addressed. Therefore, their capacities need to be enhanced in responding to HIV and AIDS.

PLHIV: Progress in providing more and better services to people living with HIV/AIDS is hinged on the understanding of their needs and this can only be achieved if they are taken aboard all programming efforts. PLHIV also have an important role to play in prevention programmes e.g. if barriers to disclosure are removed.

Youth: Young people are often regarded as mere recipients of information of HIV/AIDS yet statistics have shown that new infections have been reduced amongst certain cadre of youth i.e. 15-19 age group. Considering that Swaziland has a young

population, the role of youth in the fight against HIV/AIDS needs to be given an emphatic recognition and thus they should be included in all prevention and treatment programmes at planning, implementation and monitoring stages.

Methodology

The crafting of this handbook used the human rights based approach to the gender and development one. It also borrowed from the participatory approach.

Gender and Development Approach (GAD)

This perspective is premised on that gender inequality can be addressed regardless of its level and construction. It thrives on that since gender is a social construct, it can likewise be deconstructed. This perspective will enable facilitate gender deconstruction of roles. It also makes linkages between production relations with reproduction. In all the sectors, issues around reproduction have a bearing to production manifesting itself through issues such as who is seen to be the vector of HIV and AIDS to new born babies, who has the economic and social power.

Human Rights based approach whose tenets are;

Universality: Human rights apply to everyone regardless of gender, HIV status, sex, race, sexual orientation marital status, or any other distinction and apply everywhere regardless of geographical location.

Equality: All human beings are born free and equal in dignity and rights. Everyone is equal before the law regardless of sex, religion, political or other opinion, national or social origin, property, language, birth or other status.

Accountability: those in decision making should be accountable to the rights bearers, thus they should be transparent.

Inalienability: The basic human rights flowing from the universal declaration on human rights cannot be renounced, lost or forfeited as each person is a holder as a birthright.

Empowerment: Capacity building, knowledge, awareness in rights, good governance and democracy.

Non-discrimination: Attention to vulnerable groups including women, minorities, indigenous people, prisoners, race, religion, ethnicity, language and sex.

The comparative advantage of the Human Rights approach in this gender and human rights mainstreaming with the NSF is its emphasis and uncompromising stance inalienability of rights, duties of rights holders, dignity, empowerment and non-discrimination. The rights-based approach is based on the conviction that each and every human being, by virtue of being human, is a holder of rights. A right entails an obligation on the part of the government to respect, promote, protect, and fulfil it. Therefore, a rights-based approach involves not charity or simple economic development, but a process of enabling and empowering those not enjoying their ESC [economic, social and cultural] rights to claim their rights, in this case in context of the NSF coverage. Therefore, the basis of a human rights based approach to HIV and AIDS ¹programming is based on the principles of:

- Dignity for every human being
- Universality of human rights, of equality and non-discrimination
- Interconnectedness of civil, political economic social and cultural rights
- Responsibility of the state and other 'duty bearers' to respect, protect and fulfil human rights
- Right of every human being to claim his or her right (participation and empowerment).

Similar to gender mainstreaming, human rights based approach is also transformative as it:

- ✓ Addresses root causes (a recognition of the symptoms of issues of concern i.e. prevention, mitigation and sexual reproductive health)
- ✓ Analyses power structure (Influences everyone life at all levels, community, region, nation, internationally)
- ✓ Lays a foundation for a people centered approach
- ✓ Ensures respect, protection and promotion of human rights (the marginalized at the centre such as those living with HIV and AIDS and the affect)
- ✓ Promote transparency.

¹ Theis J, (2004) Promoting Rights Based Approaches: Experiences and Ideas from Asia and the Pacific, Save the Children Sweden, Stockholm.

Participatory Approach

The participatory approach was selected because the nature of the handbook is one that seeks to mainstream human rights and gender and therefore, speaks to inclusiveness. Also the magnitude of the NSF is national wherein there are a multiplicity representing the different disciplines. This approach is very contextual to the handbook on strengthening mainstreaming of gender and human rights within the NSF. The multifaceted composition of the gender team being; the overarching coordinator of the HIV and AIDS response in Swaziland NERCHA, UN agencies UNAIDS, UNFPA, UNDP, international and regional non-governmental agencies whose mandates are HIV and AIDS response centred PSI, International Community Living of women with HIV.

Guiding principles

The NSF itself was guided by principles which include;

1. **Gender Equality and Equity:** Stakeholders will address gender inequalities that contribute towards fuelling the HIV epidemic, by incorporating gender dimensions in all aspects of HIV programming to reduce gender vulnerability and risks of HIV transmission, while at the same time improving equal access to HIV and AIDS services through decentralised delivery and involvement of local people in addressing their problems and identifying gender responsive solutions.
2. **Mainstreaming Human Rights Approaches:** Stakeholders will mainstream the use of human rights approaches in HIV programming to ensure respect and protection of basic human rights for people living with HIV and AIDS, vulnerable groups and those affected. In addition the human rights approach will work towards universal access to services for all people in need, and ensure good governance, transparency, and accountability by duty bearers and rights holders.
In developing the handbook the gender team further elucidated the guiding principles to gender and human rights mainstreaming putting emphasis on principles of;
3. **Women, girls' men and boys' personhood and autonomy:** at the centre of this principle is the autonomy and dignity of each individual which should be respected in responding to the HIV and AIDS pandemic by all sectors and implementers.
4. **Sexual rights and Reproductive Health rights:** human rights and gender will only be mainstreamed if the sexual and reproductive health rights of both women and men are respected and protected.
5. **Bodily integrity** there must be utmost respect of each person's body.

6. Informed choice programming should make room for choice that is made freely and based on information that has been made accessible and understandable.

The above guiding principles are in harmony with some of the principles guiding the National HIV and AIDS policy or the spirit thereof, which are emphatic on non discrimination and greater involvement of people living with HIV and AIDS and other vulnerable groups, respect for human rights, compliance with international treaties, conventions and declarations signed and ratified by the Government of Swaziland and the national constitution which embraces equality of people through a process of equity.

Human rights principles that are relevant to HIV/AIDS programmes include:

- The right to Life and the right to health
- The right to Education and to information
- The right to Freedom of speech
- The right to Freedom from torture, cruel and inhuman and degrading treatment
- The Principle of non-discrimination which affirms that none is denied their rights regardless of sex race, sexuality or age

Gender Pillars

Central to the HIV/AIDS fight lies the need to address the following key concerns:

- Gender Based Violence (GBV) which increases women and girls vulnerability to HIV/AIDS infections
- Economic Empowerment- research has shown that due to lack of economic empowerment, women and girls sometimes resort to risky sexual behaviour which expose them to HIV/AIDS infection
- Social Norms transformation- there are certain social norms whose effect has been to fuel inequality between women, men, girls and boys which in turn has made women and girls more vulnerable to HIV/AIDS infection.
- Equity- which would ensure that women have a fair share of the benefits and responsibility in society and this in turn will empower women in situations that would otherwise make them vulnerable to HIV/AIDS.

The above speak to the basis of gender mainstreaming- cross cutting issues of GBV, the desired goals of equality and equity, economic empowerment which helps in realising basic needs which often deny the exercise of choice by women and transformation of social norms.

The Gender mainstreaming process in NSF

Planning Stage; being explicit about the differing needs and experiences of men, boys, girls and women.

Design Stage; having clear and specific objectives, actions and indicators that will lead to reductions in gender disparities and ultimately result in equal outcomes for boys, men, girls and women. Similarly, resource allocations explicitly benefit men and women equally.

Implementation Stage; ensuring that girls, women, men and boys participate equally in the decision-making process and are treated with equal respect. To reach equality, there may be need for equity, that is, one gender being given room for greater participation to address past imbalances. Where programming has been able to attract women in the main, there might be merit in slanting it towards attraction of more men. This entails equal access to services and in taking responsibility for instance in the care aspect of HIV and AIDS.

Monitoring Stage; collecting sex-disaggregated data, and tracking indicators that measure the different impact of interventions on men and women

Evaluation Stage; ensuring that men and women take part in determining the evaluation criteria and the impact of the intervention on gender equality is explicitly assessed, evaluation team has a balance of men and women and the evaluation design is gender responsive

Gender mainstreaming in programming could following the sequence below:

- 1. Situational Analysis:** *this is* an analysis of the problem or state of affairs, highlighting the facts and figures that describe aspects of the situation which are unsatisfactory or unacceptable. The following could be used as a guide or checklist to gauge whether or not the situational analysis has been adequately carried out. In essence the check list are gender questions which should form a part of the analysis.

Gender Questions/Check list

- What is the problem/challenge to be addressed by the programme?
- How are women men boys and girls affected differently by the programme?
- Is there disaggregation of data by gender to better inform an analysis of the gender inequalities? ²

² Monitoring and Evaluation Unit at NERCHA can provide support in this regard.

- Is there identification of gender issues in terms of gender gaps, discriminatory practices, customs and beliefs?
- Does NSF/programme seek the opinion of local women, men on issues that need to be addressed?

Problems for programme consideration are identified through a situation analysis which compares facts on the ground against policy provisions.

2. Policy Statement. Here provision should be made for identification of the general national and regional policy principles, priorities and goals which guide the identification of problems which need to be addressed. Within this context these should include but not be limited to the Kingdom of Swaziland; National Gender Policy 2010, National Multisectoral HIV and AIDS Policy 2006 and the SADC Regional Gender Policy 2007.

Gender Questions/Check list

- Is there an identification of the gender policy principles and goals, both from the above stated policies and other international, regional and sub-regional conventions, which should guide the identification of gender issues which need to be addressed?

3. Problem Identification. The identification of problems to be addressed by the NSF thematic areas is a result of setting policy considerations against the situation analysis.

Gender questions/Check list

- Have the gender and HIV AIDS policies been used to identify those gender issues, described in the situation analysis, that need to be addressed by the NSF thematic area programme?

4. Overall Strategy. The overall NSF strategy and sector ones should be consistent with policy especially those policies touching on HIV and AIDS, gender and human rights. The strategy should be an inclusive one, giving room for community participation. Its methodology of addressing should be effective and feasible.

Gender questions/Checklist

- Are there explicit strategies for addressing the gender goals within the programme?
- Is participation inclusive of girls, women, boys and men?

- Are these strategies feasible, and has their effectiveness been proven?

5. Goals. Prioritising of problems leads to goals. Goals in essence are formal statements of the intention to address problems, including intended outcomes over time and intended target groups.

Gender questions? Check list

- Do the goals state the intention to address the gender issues identified in the problem identification?
- Is there gender differentiation of the target group in terms of numbers and intended benefits?

6. Objectives that give the details of the each intended goal in terms of intended outputs, outcomes and impact.

Gender questions/check list

- Do the *Objectives* include statements of the intended programme results for women, as against men?
- Are the objectives sufficiently linked to the earlier gender oriented *Goals*?
- Goal should address different needs between men and women
- Does the goal include broad commitment to improving gender equality?
- Is the goal transformative to structures and institutions to enable achievement of equality?

7. Activities. The sequence of activities that will be conducted should be selected with much caution make sure that they lead to the intended results.

Gender question/checklist

- What is the extent of women's and men's participation in these activities?
- How does the participation of men contribute to addressing the previously identified gender issues, how about that of women?

8. Coordination and Management

This is the system of organisation and administration for the effective implementation of all programme activities. At national level this would be in reference to NERCHA, at regional level coordination is a partnership between NERCHA and the Ministry of Local Government and Housing (MLRD) through the regional coordinating mechanisms. Other coordinating structures include the Regional Health Management Teams (RHMT) under the Ministry of Health, and the Municipality HIV and AIDS Teams that coordinate the urban response. The regional

coordination structures are in line with the National Decentralisation Policy of 2005.

Checklist

- Is there gender equity within the coordination and management system?
- What is the gender composition of management?
- Is attention to gender issues mainstreamed within all management functions?
- Is there a gender policy or guidelines?

9. Monitoring System. This is a system for constantly measuring and assessing progress on carrying out activities, and achieving outputs and outcomes, ensuring that there are in alignment and coherent with the planned activities based on the situation analysis.

Check list

- Is there gender disaggregation of data in the monitoring system?
- Is there a system for monitoring the programmes differential effect on women than on men?
- Is the system able to track lessening gender gaps and overcoming discriminatory practices?
- Is the system able to track extent of women's and men's participation?
- Is the system able to track women empowerment, where it was the intended?

10. Budget. The allocation of funds to each programme activity, should be gender aware, for cost-effectiveness in achieving programme outputs and outcomes and allocation made to address the gender gaps identified.

Checklist

- What is the gender disaggregation of the budget?
- Are women and men proportionately the beneficiaries/participants of budget expenditure?

International Human Rights Commitments on gender and HIV

Swaziland has ratified several international commitments to human rights that make the country responsible as duty bearers, to ensure that laws, policies, programmes, and institutional mechanisms are consistent with these frameworks and guarantee individuals (rights holders) access to their rights. Among the main human rights commitments that support HIV and AIDS are:

The Universal Declaration on Human Rights UDHR (1948) although developed pre the era of HIV/AIDS, still offers opportunities for advancing the rights of PLWHIV, relating to access care, treatment and support. The principle of interconnectedness and interdependence of all human rights comes to play when using the UDHR and other international instruments. For example Article 25 provides for an adequate standard of health and wellbeing, equal protection by the law is protected by Article 7 and the right to founding a family is protected by article 16(3) and article 2 protects non-discrimination. **The Convention on Elimination of All forms of Discrimination Against Women (CEDAW)**, a comprehensive bill of rights for women based on the principles of equality between men and women. It provides a framework for advancement of women and equality of opportunity. Swaziland assented to CEDAW without any reservations on the 26th March, 2004.

Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa³ is very comprehensive on women's rights. However, it does not give any attention to the rights of women living with HIV and AIDS other than the right to be notified of one's health status and that of one's partner, including STIs and HIV. Such a clause could rebound negatively on women if they are forced to disclose their health status to their partners.

The Beijing Platform for Action (1995) enshrines the principle of equal relationships between women and men in matters of sexual relations and reproduction, including full respect for the person, mutual respect, consent and shared responsibility for sexual behaviour and its consequences. It acknowledges women's right to have control over and decide freely and responsibly on matters relating to their sexuality, free of coercion, discrimination and violence. The platform touches upon almost all aspects of women's rights and development. Strategic objective C.3 makes a commitment to "undertake gender sensitive initiatives that address sexually transmitted diseases, HIV/AIDS and sexual and reproductive health issues." Outcome documents from other conferences - Beijing +5 (2000) and Beijing

³Adopted by the 2nd Ordinary Session of the Assembly of the Union, Maputo, 11 July 2003

+10 (2005) re-state the need for more gender sensitive programmes and projects to reduce HIV/AIDS.

United Nations Special Session on HIV and AIDS (UNGASS) 2001 made commitments to enact and enforce appropriate legislation, and put in place measures to ensure the full enjoyment of human rights by people living with HIV and AIDS. The declaration's strength lies in its time bound targets linked with other instruments' provisions especially the millennium development goals on halting the spread of HIV and AIDS by 2015.

The Paris Declaration (Paris AIDS Summit) of 1st December, 1994 recognises the need for **greater involvement of people living with HIV and AIDS (GIPA)**. It compels governments to support a greater involvement of people living with HIV and AIDS "by ensuring their full involvement in our common response to the pandemic at national and global levels" to stimulate supportive political, legal and social environment.

The Abuja Declaration on HIV, Tuberculosis and Other Related Infectious Diseases (2001), is of value as a general instrument advocating for mobilisation of resources to address HIV, TB and other related infectious diseases.

The Windhoek Declaration on Reproductive Health in Southern Africa 2005 draws on and reinforces commitments that have been made under other declarations to promote the sexual and reproductive health of women and men and harmonise national policy with the conventions/declarations. It recognises the interconnectedness and importance of other declarations in achieving future looking development goals like the Millennium Development Goals and UNGASS.

United Nations Special Assembly (UNGASS) on HIV/AIDS Declaration of Commitment 2001. It has wide commitments that specifically address the gender dimensions of HIV and call for national strategies to promote women's empowerment and human rights, and end discrimination. Article 14 stresses that ... "gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS."

Millennium Declaration and Millennium Development Goals (MDGs) 2000

Goal #3 – call on nations to 'promote gender equality and the empowerment of women' and **Goal # 6**- Combat HIV/AIDS, malaria and other Diseases seeks to halt and begin to reverse the spread of HIV/AIDS. Other MDGs focus on reducing poverty, maternal and child mortality which also contribute to reducing HIV and AIDS.

The Convention of the Rights of the Child (CRC) 1989 The Convention recognises... “the right of the child to the enjoyment of the highest attainable standard of health and to facilities for treatment of illnesses and rehabilitation of health.”

The International Conference on Population and Development (ICPD) 1994 (Cairo Declaration and Programme of Action)

It recognises women’s particular vulnerability to HIV infection. Article C of Chapter 7 on Reproductive Rights and Health in the PoA, addresses sexually transmitted diseases and the prevention of HIV from the perspective of women’s vulnerability to the epidemic and identifies recommendations to address HIV through reproductive health services.

The World Education Forum (2000) and the Dakar Programme of Action

Article 8, Paragraph viii – includes a commitment to “implement as a matter of urgency education programmes and actions to combat the HIV/AIDS pandemic.”

Summary and linkage of all these instruments to HIV response and mainstreaming

Government responsibility for health in the context of HIV/AIDS is enunciated in the above documents. These instruments refer to the right to the highest attainable standard holistically, physical, mental health, right to information, freedom of association to the right to social security or to the benefits of scientific progress and its applications and meaningful involvement of PLWHIV. Human rights have major relevance for shaping appropriate responses to the HIV epidemic and other global health challenges, including offering system-wide public health responses and identifying deficiencies in public health research agendas⁴.

Women’s vulnerability to HIV/AIDS is now recognized to be integrally connected with discrimination and unequal rights involving property, marriage, divorce and inheritance. More broadly, the evolving HIV/AIDS pandemic has shown a consistent pattern through which discrimination, marginalization, stigmatization and more generally, lack of respect for the human rights of individuals and groups heighten the risk of exposure to HIV. In this regard, HIV/AIDS may be illustrative of a more general phenomenon in which individual and population vulnerability to disease, disability and premature death is linked to the status of respect for human rights and dignity⁵. Seldom before has a disease been marked by so much discrimination against those who are assumed to be at risk of becoming infected as a result of behaviour, race, ethnicity, sexual orientation, or gender. It becomes imperative

⁴ David Patterson & Leslie London - International Law, human rights and HIV/AIDS (2002)

⁵ L.O Gostin-Human rights and public health in the HIV/AIDS pandemic

therefore to mainstream human rights in all HIV/AIDS responses. The first global response to HIV /AIDS by the World Health Organization (WHO) incorporated a call for human rights and for compassion and solidarity of persons living with HIV and AIDS⁶. The fact that Swaziland is party to a number of the above cited instruments is positive entry for mainstreaming human rights based approach in HIV programming for the *respect, protection and fulfillment* of the rights embodied in the treaties. It is against this background that this document seeks to mainstream human rights in the NSF.

The National Policy and Constitutional Framework

Constitution of the Kingdom of Swaziland⁷

The constitution does not contain specific HIV/AIDS provisions however this does not take away from its usefulness in the fight against HIV/AIDS. The Bill of Rights for example provides for the right to life⁸. Inherent in the right to life for people living with HIV/AIDS is the ability to access treatment and health services. The same right to life, for care givers translates to the right to be protected from potential infection during execution of their care giving roles. In marriage situations and other sexual unions, it gives spouses and partners the right to demand protected sex so that they are promoted from infection. Key to gender mainstreaming is section 20(1) of the constitution, which provides for equality of all before the law⁹. It also makes provision for affirmative action through legislation to redress historic imbalances under section 20 (1). Section 28 is dedicated to the rights and freedoms of women subsection (1) of which reaffirms the equality of women to men, including equal opportunities in political, economic and social activities.

Policy Framework

Swaziland has adopted several policies relevant to the HIV/AIDS pandemic which can be used as guides to compliment the NSF in addressing the problems identified. These include the National Gender Policy¹⁰ in which Swaziland has committed itself to address issues of gender disparities on HIV and AIDS through the following strategies:

- a. Mount social mobilization campaigns to sensitize communities on gender and health issues highlighting practices that impact negatively on reproductive health, and HIV and AIDS prevention interventions.

⁶ World Health Organisation, World Health Assembly, *Global strategy for the prevention and control of AIDS*, Resolution WHA 40.26, 5 May 1987

⁷ July 2005

⁸ Section 15 of the Constitution

⁹ The Constitution of Swaziland provides that 'all persons are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law, and that , a person shall not be discriminated against on the grounds of gender, race, colour, ethnic origin, tribe, birth, creed or religion, or social or economic standing, political opinion, age or disability'

¹⁰ 2010

- b. Mount awareness raising and training programmes on Health, Reproductive Health and HIV and AIDS for youth, men and women, and the prevention of teenage pregnancy.
- c. Empower women and men through education to care and protect themselves against HIV and AIDS and STIs.
- d. Promote equitable access to treatment and care for HIV and AIDS by women, men, boys and girls.
- e. Empower women and extended family members with negotiation self-assertive and livelihood skills so they can take decisions on their sexual and reproductive health and rights, and confidently negotiate for safer sex with their partners.
- f. Employ social marketing strategies to encourage behaviour change by all including young people.
- g. Awareness mobilization campaigns through media, mobile clinics, Rural Health Motivators (RHMs) and community meetings to encourage men to participate in maternal and reproductive health issues.
- h. Formulate a gender responsive Policy on HIV/AIDS
- i. Promote and support education programmes on Reproductive Health, assertiveness and human sexuality and ensure that children are exposed to the programmes as early as pre-school age.
- j. Improve health facilities and render them fully functional and accessible to all¹¹.

As will be noted below, the key drivers of HIV/AIDS include gender and income inequalities (caused by poverty and lack of economic empowerment for women) which leave women more vulnerable to HIV/AIDS infection. The Gender policy addresses the issue of gender inequality and poverty and economic empowerment providing strategies through which this can be rectified¹². A related Policy which also seeks to empower women economically is the SMME policy which focuses on encouraging women and other disadvantaged groups' participation in SMME activities through the following strategies:

- Facilitate SMME service providers to design special programs for women, youth and people with disabilities;
- Identify factors inhibiting women and other disadvantaged groups from going into business and design programs which will address those factors¹³.

If fully implemented, this would go a long way in eradicating the economic dependency by women on men and the income inequalities which for a long time have been forcing women into commercial sex work and intergenerational sex.

Central to the fight against HIV/AIDS is the National Multisectoral HIV and AIDS Policy¹⁴ (HIV/AIDS policy), which applies to all governmental and other stakeholders and partners who are involved and support the country in response to HIV/AIDS. It

¹¹ Under 12.6.3 (strategies) of the Gender Policy.

¹² See Thematic programme areas 12.1 and 12.4 of the 2010 Gender Policy

¹³ Under core policy 13 of the SMME policy.

¹⁴ June 2006

obligates all government ministries and organs, stakeholders and partners to mainstream HIV and AIDS into their plans and programmes. Preventing transmission of HIV is one of its specific targets. The guiding principles of this policy define approaches for implementing the response to HIV and include the following crucial elements regarding the response:

- Gender equality and equity
- Promoting positive cultural practices
- Full meaningful involvement and participation of PLHIV and other vulnerable groups in all issues affecting them.
- Protection, non discrimination, non stigmatization of people living with HIV and AIDS and other vulnerable groups.
- Respect for human rights
- Compliance with international treaties, conventions and declarations signed and ratified by government and national laws¹⁵.

Gender and Human Rights Mainstreaming in NSF Priority areas/thematic areas

Prevention

The following programs were prioritised under the NSF prevention thematic area
Social and behavior change communication programmes for the general population

- i. Male Circumcision
- ii. Prevention of Mother to Child Transmission
- iii. Condom Use and Distribution and Management
- iv. HIV Prevention for Most-at-Risk Populations at Risk
- v. HIV Testing and Counseling
- vi. Blood safety
- vii. Post-Exposure Prophylaxis
- viii. Treatment of sexually Transmitted Infections

Situational Analysis

Although giving a comprehensive analysis, the information given is very general and this would not give the desired gendered and rights based impact on programs. At the heart of prevention, lies the need to investigate expose and understand the key drivers of HIV/AIDS.

Gender analysis

In its prevention situational analysis, the NSF gives a generalised picture of what the key drivers of HIV/AIDS are and this would make it difficult for programmers to come up with gender specific prevention strategies. This should be done from a

¹⁵ See HIV/AIDS Policy under 1.6 Guiding principles

gendered perspective i.e. questioning what drives women, girls, boys and men into engaging in risky sexual behaviour. It is necessary for project designers and implementers and the society at large to appreciate the gender dimensions of the key drivers of HIV/AIDS in order to come up with gender sensitive intervention.

- **Multiple concurrent partners**

Men in Swaziland are likely to have MCP because under customary law marriage, a husband can marry other women therefore making the marriage potentially polygenous. According to MICS, 6.5% of men have more than one wife while 13.1% of women are married to a husband with more than one wife. Because in some circles, masculinity is associated with multiple sexual partners i.e. a man proves his manhood by the number of sexual partners he has: the more he has the more "manly" he is this has led to many young men having MCP. MICS places at 93.1 %¹⁶ the number of young men who have sex with non regular partners. The reverse is true for women who are deemed cheap and loose if they have multiple sexual partners and not "marriage material" This risky behaviour exposes men and women to HIV infection but its more damaging for women.

- **Low age of sexual debut¹⁷**

There is evidence showing that more young women than young men have sex before the age of eighteen. 10.9% of young women enter into marriage before the age of 18 and that for young men is pegged at 1.7%. This predisposes girls to a low age of sexual debut therefore making them more vulnerable to HIV/AIDS compared to their male counterparts. The Marriage Act contributes to this problem by setting the minimum marriageable age for girls at 16 and that for boys at 18. There is no set age for marriage at customary law. Marriage can even take place in the infancy of a girl through *Kwendziswa* (arranged marriage). She is officially married at puberty "when she can appreciate" what marriage is. Marriageable age therefore, tends to be linked with puberty, than being exact age. The problem now lies in the ever decreasing age of puberty for young girls in particular. This means that the marriageable age is getting lesser and therefore, the girls can be married earlier losing childhood protection. Currently there is 0.0% of young men aged 15-19 that are married or in a union¹⁸.

¹⁶ For young women its 67.0% see page iv of MICS- Summary Table of Findings

¹⁷ The African Charter on the Rights and Welfare of the Child¹⁷ provides that:

"Child marriage and the betrothal of girls and boys shall be prohibited and effective action, including legislation, shall be taken to specify the minimum age of marriage to be 18 years and make registration of all marriages in an official registry compulsory."

¹⁸ Summary Table of Findings page iv MICS

- **Low and inconsistent use of condoms**

Swaziland is a patriarchal society; therefore, societal dictates are at the instance and to the protection of men. The risk of contracting HIV/AIDS has been found to be closely linked with power relations in relationships, wherein often women lack either the power or agency to negotiate for safer sex through condom use whether female or male condoms. A glaring example¹⁹ is 83.5% of young married women aged between 15-19 years are not using any contraceptives while only 8.7% said their husbands used male condoms. Only 0.1% of this group use the female condom. Many men are still not willing to use condoms during sex and because of the unequal power relations, their decisions often goes.

- **Intergenerational sex and Commercial sex.**

Income inequality between women and men plays a significant role in fuelling intergenerational sex, commercial sex work and creating a dependency syndrome in women. Although poverty in itself does not cause HIV/AIDS, poor people are at a higher risk of HIV infection and of developing disease more quickly. Examples of poverty is not having enough to feed one's family, not having resources to go to school, not having a job to earn one's living, not having access to land on which to grow one's food, not having access to credit. Women's lack of ownership and control over productive resources is one of the major reasons that drive inequality between women and men. Many poverty reduction strategies assume an idealised world in which everyone is equal and free to make empowered choices which therefore leaves women to their own devices. In such cases some women and girls resort to transactional sexual relationships as a way to get an income.

- **Traditional and Customary practices, beliefs and attitudes²⁰**

There are customary practices whose current prevalence have not been established by research, such as *kwendziswa* - arranged marriage; *kuhlanta* - the marrying of a girl to her sister's or aunt's husband, *kulamuta* - a man having sexual relations with a younger sister or paternal niece of his wife, virginity testing whose effect has deepened further, the vulnerability of young girls and women to HIV infection. A lot of young girls are resorting to anal sex to circumvent loss of virginity because of

¹⁹ MICS page 17

²⁰ CEDAW which Swaziland signed and ratified provides under article 5 that:

“States Parties shall take all appropriate measures:

To modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women”

certain traditional beliefs that a young woman has to be a virgin when she marries but contracting HIV and AIDS in the process.

Policy Statement: Policy statement within the prevention thematic area should be guided by the constitutional spirit of equality of persons before the law, rights and freedoms of women enshrined in the constitution, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, food security policy, CEDAW, African Charter on the Rights of the Child, CRC the and the SADC Gender Protocol.

Overall Strategy: The NSF strategic goal is to implement interventions that will reduce HIV incidence rates to a level (2.9% to 2.3%) where the epidemic cannot sustain itself. This strategy does not take a gender slant yet it is trying to address a problem that is gendered.

Priority strategies

The strategies are general and they do not take into account the different lived realities of men, women, boys and girls neither do they take into account their socio-economic standing. Effective strategies should seek to empower women and girls economically so that they do not engage into risky sexual behavior. Focus should be put on structural interventions which go beyond health issues i.e. those which reduce gender inequalities by fundamentally changing the economic and social dynamics of gender roles and relationships²¹

Recommendations

Strategy: To implement strategies that will address the root causes of the key drivers of HIV/AIDS in order to reduce and eventually halt new infections.

²¹ See for example article 13 of CEDAW which provides that:

States Parties shall take all appropriate measures to eliminate discrimination against women in other areas of economic and social life in order to ensure, on a basis of equality of men and women, the same rights, in particular:

(a) The right to family benefits;

(b) The right to bank loans, mortgages and other forms of financial credit;

Priority Strategies

- ✓ Implement economic empowerment programs for women to reduce the likelihood of them engaging in risky sexual behavior behaviour for financial gain.
- ✓ Implement legal interventions that will; guarantee women's rights to property and protect women, girls and boys from sexual violence
- ✓ Research on the gendered dimensions of the key drivers of the HIV/AIDS pandemic providing gender disaggregated data.

Checklist

- ✓ Are your programs addressing the needs of men, women, boys and girls including vulnerable groups?
- ✓ Who has the power and responsibilities to address the identified problems at relevant strategic levels (family/local/national/international) i.e. duty bearers
- ✓ If there are risks involved, has a strategy for dealing with these risks has been developed?

- ✓ Are there programs aimed at addressing gender inequalities between men and women and between girls and boys?
- ✓ Are there programs addressing GBV as it is highly linked to HIV/AIDS
- ✓ Are your programs equally protecting sexual reproductive health and other rights of women and men?
- ✓ Do all service providers have an understanding and respect for human rights?
- ✓ Are there programs aimed at addressing the stigma and discrimination associated with HIV/AIDS?
- ✓ Are there programs aimed at addressing social norms that expose women, men, girls and boys to HIV infections?

Social and behaviour change communication programmes

Situational Analysis

The NSF correctly points out that there is need to shift focus of programmes from the individual to the community. Undeniably, in order for prevention strategies to work there is need for programmes that will encourage social and behaviour change within communities. The NSF acknowledges that people often knowingly engage in sexual behaviour that places their health at risk this therefore means that there are profound reasons that push women and men into sexual activities that may expose them to HIV/AIDS which need to be unearthed. The analysis identifies the priority

populations for the BCC efforts which make it easier to come up with targeted interventions for such identified populations.

Gender Analysis

The NSF identifies the priority populations for the BCC programs, without necessarily differentiating between males and females within such groups. It should not be assumed that the BCC programmes that work for women necessarily work for men or vice versa. The BCC programme targets youth as if they were a homogeneous group, it lacks the targeted approach to boys and girls with their social disparities and socialization Programmes should be alive to cultural practices that separate male and female domains of interaction, and ensure women's participation by locating activities within those settings and constraints, rather than targeting only those setting where men are more likely to participate²². Most of the drivers of HIV/AIDS are interlinked with unequal gender relations between women and men hence the need for social and behaviour change communication programmes involving women, men, girls and boys. It may therefore be necessary to develop different strategies targeting women, men, girls and boys accordingly whose underlying principle should be equal participation by all. Power relations within societies and families should be re-evaluated, lack of women's economic empowerment as it is linked to HIV/AIDS should be challenged, harmful cultural practices should be discouraged and GBV should be taken seriously at community and policy levels.

Policy Statement: Policy statement within the BCC sub-sector of prevention programmes should be guided by the constitutional spirit of equality of persons before the law, access to resources, rights and freedoms of women, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, CEDAW, SADC Gender Protocol the SADC Gender Policy.

Overall Strategy: To influence the change in social norms and values that influence the spread oh HIV at community level and support adoption of key prevention behaviours at individual levels.

Recommendations

Strategy: In addition, the strategy will expose the gender implications of the social norms and values for women, men, girls and boys that need to be changed.

Priority Strategies

- ✓ Use social media to disseminate information regarding linkages between gender and HIV/AIDS targeting young men and women.

²²Gender Mainstreaming in HIV/AIDS Seminar Proceedings (from the satellite session held during the 7th AIDS impact conference, Cape Town 2005) Sharon Kleintjes, Bridgette Prince, AllaniseCloete& Alicia Davids

- ✓ Develop programs to deepen understanding of male roles and masculinities in specific cultural settings and strengthen male participation and involvement in caring for families.
- ✓ Implement legal literacy programs and launch government run legal aid services to promote and enforce women’s rights under customary and statutory law.
- ✓ Create focused interventions to target groups of men and women involved in long-distance employment.
- ✓ Enhance educational, livelihood, and labour force opportunities for men, women and young adult males and females. Focus such programs especially on poor communities where people tend to migrate for work and spend long periods away from their families.

Specific Checklist for BCC programmes

- ✓ Are there programs aimed at addressing statutory rape at community level?
- ✓ Are there programmes addressing the issue of MCP with emphasis on the involvement of women, men, girls and boys?
- ✓ Are there programmes that will promote positive cultural practices and discourage negative ones?
- ✓ Are there advocacy efforts to address legislation that expose girls and young women to early sexual debut?
- ✓ Are there programmes seeking to empower women economically²³?
- ✓ What interventions will be put in place to challenge unequal power relations amongst women, men, boys and girls within communities?

Male Circumcision

Situational Analysis

The NSF focuses on the medical aspects of male circumcision and does not take into account what the implications of male circumcision are for women and girls from a gender perspective. Male circumcision should **never** replace other known methods of HIV prevention and should always be considered as part of a comprehensive HIV prevention package. Prevention and treatment efforts that work (e.g. male and female condoms, post exposure prophylaxis, diagnosis and treatment of sexually transmitted infections) must continue to be scaled up.

²³ See Guideline 22 (f) of International Guideline on HIV/AIDS and Human Rights which states “Anti-discrimination and protective laws should be enacted to reduce human rights violations against women in the context of HIV, so as to reduce vulnerability of women to infection by HIV and to the impact of HIV and AIDS. More particularly, laws should be reviewed and reformed to ensure equality of women regarding property and marital relations and access to employment and economic opportunity, so that discriminatory limitations are removed on rights to own and inherit property, enter into contracts and marriage, obtain credit and finance, initiate separation or divorce, equitably share assets upon divorce or separation, and retain custody of children. “

Gender analysis

Although MC is performed on men, it has implications on their sexual partners who are likely to be female hence the need to include women as well. A gendered analysis of male circumcision as an intervention would take into consideration the implications of the programme for both women and men instead of focusing on men only. As women continue to be at the epicentre of the HIV/AIDS epidemic, it is imperative that male circumcision be seen as complementary to other ways of reducing risk of HIV infection, and not as a 'magic bullet' for HIV prevention²⁴. Women should be equipped with information which has a bearing on their sexual rights. If women do not have the correct information on male circumcision, they may be hoodwinked into engaging in sexual activity which may expose them to HIV/AIDS. In rolling out male circumcision, it will be important to monitor rates of gender-based violence, as well as coercive sex that may occur after men are circumcised.

Policy Statement: Policy statement within the male circumcision sub-sector of prevention should be guided by the constitutional right to life, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, the SADC Gender Policy.

Overall Strategy: To reduce the probability of male infection and hence to reduce exposure among women partners.

Priority Strategies

The strategies do not seek to include women and girls who are the most likely sexual partners for the circumcised men and boys.

Recommendations

Strategy: Additionally, the strategy will embrace the human rights based approach to uphold the best interest of women and girls, taking into account their gendered positioning.

Priority Strategies

- ✓ To ensure that women, men boys and girls have balanced and correct information on MC
- ✓ To encourage partner counselling on MC
- ✓ To strengthen messages on continued condom use after circumcision
- ✓ To monitor and address the harmful effects of MC for example domestic violence that may likely arise due to women insisting on condom use

Specific checklist for Male Circumcision

²⁴WWW Male Circumcision Fact Sheet- www.malecircumcision.org visited on 6 March 2012

- ✓ Education programmes addressing women, men, boys and girls on advantages of MC?
- ✓ Are there programs aimed at ensuring continued condom use after circumcision?
- ✓ What interventions will be put in place to ensure that men, women, girls and boys receive balanced and correct information on MC?
- ✓ Are there mechanisms in place to monitor and address any harmful effects of MC for example domestic violence that may likely arise due to women insisting on condom use?
- ✓ Is there any advocacy work on male circumcision and its gender dimensions among political, religious and community leaders and in civil society?

Prevention of Mother to Child Transmission

Situational Analysis

The NSF focuses on the medical aspects of PMTCT for women. This is despite the fact that calls are being made for male participation in prevention of vertical HIV transmission programmes in order to improve outcomes for women and children.

Promoting male involvement in PMTCT is in line with a 'family centred approach' to HIV. The Joint Learning Initiative on Children and HIV/AIDS (2008) defines this as a 'comprehensive, coordinated care approach that addresses the needs of both adults and children in a family and attempts to meet their health and social care needs, either directly or indirectly through strategic partnerships and/or linkages and referrals with other service providers.'²⁵

Gender analysis

Women in most cases have to face the issue of disclosure in case of an HIV positive result. This is because the gender implications of PMTCT have not been fully explored. Women experience difficulty adhering to treatment due to concerns about disclosure to a partner for fear of being blamed for infecting their partner. Cases of domestic violence are likely to arise from such disclosure. PMTCT strategies reinforce gender roles, in that they hold women accountable for child health, excluding and marginalizing men while stigmatising women²⁶.

Policy Statement: Policy statement within the PMTCT sub-sector of prevention programmes should be guided by the constitutional right to life especially section 15 (5), the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, CEDAW, SADC Gender Protocol the SADC Gender Policy.

Overall Strategy: To enable HIV + women to avoid unwanted pregnancies, to reduce transmission to children born of HIV positive mothers, and increase longevity of children born HIV positive.

²⁵<http://blog.aidsalliance.org/2010/09/male-involvement-in-pmtct/> - Julia Ross

²⁶Gender Mainstreaming in HIV/AIDS Seminar Proceedings (from the satellite session held during the 7th AIDS impact conference, Cape Town 2005) Sharon Kleintjes, Bridgette Prince, Allanise Cloete & Alicia Davids

Priority Strategies

Although the situational analysis does not bring out the gender dimensions of PMTCT, the priority strategies do include interventions targeting men which is a positive step

Recommendations

Strategy: Additionally, the overall strategy should include men in the PMTCT strategic direction.

Priority strategies

- ✓ Advocate for progressive interpretation of abortion rights as per the constitution to extend to women living with HIV/AIDS who may not wish to have the baby on medical grounds
- ✓ Strengthen awareness and education on contraception
- ✓ To research and monitor on levels of domestic violence arising from disclosure of status by pregnant women to their partners

Specific checklist for PMTCT

- ✓ What programmes will be put in place to promote the involvement of men in PMTCT programmes
- ✓ Are there mechanisms in place to effectively monitor and deal with gender based violence, stigma and discrimination arising from women's disclosure of their HIV positive status.
- ✓ Are there programmes promoting access to all types of family planning methods by women and men living with HIV/AIDS?

Condom Use and Distribution and Management

Situation analysis

The NSF does not analyse the underlying gender issues inherent in this programme.

Gender analysis

Power relations between men and women, including the relative social and economic status of partners; influence the extent to which condom use can be successfully negotiated. Accepted notions of masculinity and femininity also come into play. For instance, in many cultural settings, young women are supposed to be sexually innocent and may therefore be reluctant to carry or suggest using condoms. Many young men dislike condoms for their interference in the carefree enjoyment of sex, an attitude strengthened by a stereotypical association of sex with risk-taking as a marker of masculinity. Since condoms are also associated in many contexts with illicit or extra-marital sex, married women are often powerless to request their

partner to wear a condom despite suspecting that he may be infected with HIV, for fear of reprisal at the implied accusation of being unfaithful. Compared to the male condom, the female condom's availability and information is very limited. This emphasises the notion that condom usage is totally a men's domain.

Policy Statement: Policy statement within the condom use and distribution sub-sector of prevention programmes should be guided by the constitutional right to life, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, the national condom policy, CEDAW, SADC Gender Protocol the SADC Gender Policy.

Overall strategy: To increase and expand the availability and distribution of condoms, and focus on promoting increased, consistent and correct use of male and female condoms.

Recommendations

Strategy: Additionally, the overall strategy should scale up taking into cognisance the gender roles and implications on condom use.

Priority strategies

- ✓ Empower commercial sex workers (CSWs) to demand 100 percent condom use from all clients and assist them to transition into other income-generating activities.
- ✓ Educate and encourage men and boys, from an early age, to respect women's rights to request condom use and say "no" to unwanted sex.
- ✓ Educate adult males and females, adolescent boys and girls, and children about gender relationships, negotiating safe sex, and the rights of both men and women to request condom use, or to say "no" to unwanted or unsafe sex.
- ✓ Involve men in all HIV/AIDS prevention strategies, given that the existing means for prevention (male and female condoms) require the full participation of the male partner.
- ✓ Establish training programs that educate adolescent and adult males about gender roles and encourage men to respect women's rights.
- ✓ Provide sex education to both girls and boys, starting at an early age, before they become sexually active.
- ✓ Raise awareness to address gender inequities and stereotypes affecting access to and use of female and male condoms

Specific checklist for Condom Use

- ✓ Do your condom messages portray condom use as a shared responsibility between women, men, girls and boys?

- ✓ Is there a gendered policy regulating condom use, distribution and management?
- ✓ Are resources being channeled equally towards male and female condom acquisition and distribution?
- ✓ Are there programmes aimed at monitoring and reducing violence arising from women trying to negotiate for condom use?
- ✓ Is there a constant availability of condoms that are affordable by women, men, boys and girls and vulnerable groups?
- ✓ Is there advocacy work on condoms and their gender dimensions among political, religious, and community leaders and in civil society?

HIV Prevention for Most at Risk Populations

Situation Analysis

The analysis is general and is lacking in gender disaggregated data

Gender analysis

Commercial sex work and homosexuality have not received legal recognition in Swaziland thereby leaving people involved in these practices marginalised and vulnerable to things like HIV/AIDS infections. Migrants, refugees, injecting drug users (IDUs), and prisoners also fall under this category of people however there is no sex disaggregated data on these most at risk populations. This situation falls short of being human rights compliant. Programmes should be aware of the underlying factors that lead women and men into these risk populations. Efforts must be made to collect and interpret sex disaggregated data of the most at risk populations so that specific interventions may be designed. There should be an understanding of the gender issues and dimensions in the contributory factors as well as the intended interventions. Questions should be asked therefore why girls and young women engage in commercial sex work or why men and women migrate to other towns or countries leaving their families behind in pursuit of work.

Policy Statement: Policy statement within the HIV Prevention for Most at Risk populations sub-sector of prevention programmes should be guided by the constitutional right to life, SMME policy, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, the national condom policy, CEDAW, SADC Gender Protocol the SADC Gender Policy.

Overall Strategy: to address population groups that have higher HIV prevalence and display risky behaviour from a human rights perspective.

Recommendations

Strategy: Additionally, the overall strategy should embrace the gender perspective

Priority strategies

- ✓ To protect the rights of the most at risk groups by putting HIV/AIDS prevention strategies specific to their needs
- ✓ To collect, interpret and understand the contributory factors that create and maintain most at risk populations from a gender perspective
- ✓ To come up with interventions that will deal with the underlying factors putting these men, women boys and girls at risk be they cultural, environmental, economic, individual or political.
- ✓ To research on men having sex with men and women having sex with women
- ✓ To challenge biases and discrimination which further marginalizes most at risk populations such as men who have sex with other men.
- ✓ To identify alternative income generating projects for female and male sex workers.
- ✓ Help commercial sex workers (CSWs) to demand 100 percent condom use from all clients and assist them to transition into other income-generating activities.
- ✓ Offer financial, social support and training and education opportunities to female and male AIDS orphans to prevent a recurring cycle of poverty and infection.
- ✓ Create focused interventions to target groups of men and women involved in long-distance employment.
- ✓ Enhance educational, livelihood, and labour force opportunities for men, women and young adult males and females. Focus such programs especially on poor communities where people tend to migrate for work and spend long periods away from their families.

Specific Checklist for Most at Risk Populations interventions

- ✓ Is there research aimed at identifying all the most at risk populations?
- ✓ Is there enough gender disaggregated data to interpret the contributory factors creating and maintaining the most at risk populations?
- ✓ Do most at risk men, women boys and girls freely have access to health services and information relating to their sexual and reproductive health?
- ✓ Are there interventions to eradicate discrimination and negative attitudes against some of the at risk groups like male and female sex workers and men who have sex with other men?
- ✓ Do all at risk populations have adequate information to understand the many dimensions of HIV/AIDS?
- ✓ Are there any programmes dealing with or targeting the health needs of male and female IDUs?

Are there programmes aimed at preventing new HIV infections in female and male prisons?

HIV Testing and Counselling (HCT)

Situation Analysis

The NSF points out that there is no evidence to support HCT as a prevention strategy but its importance in the fight against HIV/AIDS cannot be overstated. However the analysis is too general and lacks in providing the gender implications of HCT.

Gender analysis

Because HCT are not available at all public health facilities, some women and men especially in the rural areas may not avail themselves for HCT due to financial constraints as it would mean travelling distances to access such services. Inherent also in the HTC efforts is the need to disclose one's HIV status to sexual partner(s) and often, the implications of disclosure are overlooked. For women the following may be the potential risks that they may face if they test HIV positive²⁷:

- Loss of economic support
- Blame
- Abandonment
- Physical and emotional abuse
- Discrimination and stigmatisation by society
- Disruption of family relationships

For men, the following are the potential risk they may face:

- Rejection by family
- Blame
- Discrimination and stigmatisation by society

Policy Statement: Policy statement within the HCT sub-sector of prevention programmes should be guided by the constitutional right to privacy, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, CEDAW, SADC Gender Protocol the SADC Gender Policy.

Overall Strategy: to promote the concept of people knowing their HIV status and hence facilitate making informed decisions and choices on the sexual and social practices that influence infections.

Recommendations

Strategy: The strategy should not assume that people knowing their status will translate to them making informed decisions. It should address the issue of disclosure that many people living with HIV especially women grapple with.

Priority strategies

²⁷ <http://www.who.int/gender/documents/en/genderdimensions.pdf>

- ✓ Enact and enforce laws that protect women from violence.
- ✓ To address the stigma and discrimination attached to HIV/AIDS
- ✓ To encourage partner HTC to avoid blame shifting

Specific checklist for HCT

- ✓ Are HCT services available and accessible to men women girls and boys?
- ✓ Do counsellors have respect for human rights especially the right to privacy and non discrimination?
- ✓ Do the in school youth have access to HTC services?
- ✓ What messages will be sent across to encourage men, women, boys and girls to voluntarily avail themselves for HCT?
- ✓ Are there mechanisms in place to protect women from violence that may arise from disclosure?
- ✓ Are there mechanisms in place to facilitate disclosure of HIV status to children by parents/guardians?
- ✓ Are there programs to eradicate the economic dependency syndrome that some women have that forces them not to disclose their status?
- ✓ Is there sufficient data to inform programmers why some women, men, girls and boys do not attend HCT?
- ✓ Are there laws in place to deal with duty to disclose and the right to privacy versus the right to life and are there guidelines regulating disclosure by healthcare workers?
- ✓ Are there efforts targeted at getting more people to voluntarily get tested and counselled for HIV
- ✓ Are there programs aimed at addressing the needs of young men and women so that they begin accessing HCT services.
- ✓ Are there interventions to address stigma associated with HIV so that men and women are not afraid to get tested for HIV/AIDS

Blood Safety

Situational analysis

The NSF states that there is a shortage in safe blood supply and states that it will target school going youth for safe blood yet the statistics indicate that young people are the highest infected population. The gender dimensions discussed above under prevention situational analysis should be considered if safe blood will be collected.

Gender concerns arising from the situation analysis

There are no gender disaggregated statistics on who is donating blood. There is need to know if women, men boys and girls are donating blood alike and if one group is more active than the others research should be done to understand the reasons behind that and if not, the reasons behind.

Since the overall strategy is to maintain 100 percent blood safety this programme can be linked to prevention and HCT programmes as discussed above

Post Exposure Prophylaxis (PEP)

Situation Analysis

The analysis is generalised there is no gendered analysis of the intervention

Gender analysis

Given that not all health centers have PEP facilities, some survivors of rape who are mostly women may not be able to access these services in time due to transportation constraints thereby leaving them vulnerable to HIV infection. There are several customary barriers which prevent women and girls men and boys from reporting rape cases especially where the perpetrator is a male member of the family. There are societal attitudes which have a tendency of making women feel they were to blame for the sexual assault that happened to them and in the end survivors may choose not to report the rape case for fear of being judged again leaving them vulnerable.

Policy Statement: Policy statement within the PEP sub-sector of prevention programmes should be guided by the constitutional spirit of rights and freedoms of women, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, SADC Gender Protocol and CEDAW

Overall Strategy

The NSF strategy for PEP is to ensure that PEP services are rolled out throughout all health facilities and are accessible to those who qualify based on the criteria set in the national guidelines especially for victims of rape

Recommendations

Strategy: Additionally, the overall strategy should scale up taking into cognisance the different barriers that women may face hindering them from accessing PEP services

Priority strategies

- ✓ To challenge barriers that stop male and female survivors of rape from making police reports.
- ✓ To strengthen laws criminalizing sexual assault
- ✓ To encourage male survivors of sexual assault to report such cases

Specific checklist for PEP

- ✓ Are there programs aimed at reducing sexual assault and rape cases amongst men, women, girls and boys?
- ✓ Are there interventions aimed at removing barriers preventing both female and male survivors from reporting rape cases?
- ✓ Are there messages encouraging guardians, parents and other care givers to support disclosure of sexual assault in time so that survivors may access PEP within the stipulated time?
- ✓ Are there programmes in place to address stigma related to rape that survivors may face?
- ✓ Are there programmes aimed at providing psychosocial support to women, men, girls and boys who are survivors of sexual assault?
- ✓ Do you have advocacy strategies to strengthen legislation dealing with sexual assault?
- ✓ Are there programs to ensure that all survivors of sexual assault (men, women, boys and girls) will have access to PEP
- ✓ Is there access to PEP by men, women, girls and boys following condom breakage?
- ✓ Is there access to PEP by men, women, girls and boys following occupational exposure to HIV infection?
- ✓ Are there programs aimed at ensuring that counsellors and police officers dealing with survivors of rape have an improved understanding of the rights of survivors.

Sexually Transmitted Infections

Situation Analysis

The analysis is gender blind as it does not raise gender related issues in STIs. Focus is given to the medical aspects of this sub-sector.

Gender analysis

More women than men report for STI's in health care centres as they are more active in seeking medical interventions however their efforts are countered as their partners - men are not so keen to visit health care centres. The presence of conditions associated with sexually transmissible diseases such as genital ulcers in males or females, increases the chances of HIV infection²⁸. There is need for a gendered analysis of STI's i.e. the underlying factors that makes one group more vulnerable than the other.

Policy Statement: Policy statement within the STI sub-sector of prevention should be guided by the by the constitutional right to life, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, the national condom policy, right to the highest attainable health as guaranteed in CEDAW and other regional

²⁸ SALRC Fifth Interim Report on Aspects of the Law Relating to AIDS: The Need for a Statutory Offence Aimed at Harmful HIV-Related Behaviour (2001)

and international conventions discussed in first part of this document, SADC Gender Protocol the SADC Gender Policy.

Overall Strategy.

The NSF strategy for STI is to prevent and reduce the prevalence of sexually transmitted infections among people aged 15-49 with key focus on ulcerative STIs

Recommendations

Strategy: Additionally, the overall strategy should embrace the gender and human rights perspectives in order for effective interventions to be drawn

Priority strategies

- ✓ To encourage the correct and consistent use of female and male condoms.
- ✓ To provide information on the correct and consistent use of female and male condoms.
- ✓ To empower women with the ability to negotiate for condom use within sexual relationships
- ✓ To educate and encourage men and boys, from an early age, to respect women's rights to request condom use

Specific checklist for STI

- ✓ Is there readily accessible user friendly information on STIs available to men, women boys and girls?
- ✓ What will be done to reduce violence arising from women trying to negotiate for condom use
- ✓ Is there a process in place for partner notification of patients suffering from STI's?
- ✓ Are there programmes addressing stigma and discrimination faced by male and female STI patients?

Prevention Programmes Gaps

- No research on alcohol, drug abuse and linkages with HIV, gender and human rights
- No gendered critique of the drivers of HIV/AIDS especially violence against women and girls
- No research on the effects of disclosure by women to their husbands and sexual partners
- No data on men who have sex with other men
- The NSF does not embrace regional and international human rights conventions as a basis for its strategies
- Some programmes exclude women, men, girls or boys where they should all be included e.g. male circumcision where they all need to be included in receiving balanced information

Treatment Care and Support²⁹

The following programmes were prioritised under this sector

- i. HIV Testing and Counselling
- ii. Pre-Art and Opportunistic Infections
- iii. Antiretroviral Therapy (ART)
- iv. Management of Tuberculosis and HIV co-infection
- v. Community-based Care and Support, Palliative and Rehabilitative Services
- vi. Care and Support for Healthcare workers
- vii. Care and Support by Traditional Health Practitioners

HIV Testing and Counselling

See HTC under prevention

Pre Art and Opportunistic Infection

Situation Analysis

The NSF acknowledges that this programme has been undermined by inadequate availability of drugs at clinic level. This has negative impacts on the health rights of people living with HIV/AIDS particularly women who make up the majority of people living with HIV/AIDS.

Gender analysis

Most people living with HIV/AIDS majority of who are women cannot afford to pay for medical insurance, private clinics or the expensive drugs that are necessary to keep them healthy. This means they are dependant on government hospitals and clinics for health care³⁰. If central medical stores for public health institutions do not have a budget line for some drugs needed for HIV-related opportunistic conditions³¹ this means people living with HIV/AIDS would have to resort to private institutions for these expensive drugs. Most women living with HIV/AIDS are at a disadvantage as they are not in an economic position to afford these drugs exposing them to premature loss of life.

²⁹ There are various international and regional instruments that also provide for the right to health including the International Covenant on Economic, Social and Cultural Rights and Convention on the Elimination of All Forms of Discrimination Against Women²⁹ African Charter on Human and Peoples Rights. Either through legislation or litigation, many countries have recognized that their people have the right to HIV treatment as a part of their human rights, confirming that economic, social and cultural rights are justiciable. Guideline 3 of the International Guideline on HIV/AIDS and Human Rights provides that States should review and reform public health laws to ensure that they adequately address public health issues raised by HIV, that their provisions applicable to casually transmitted diseases are not inappropriately applied to HIV and that they are consistent with international human rights obligations.

³⁰ HIV/AIDS and The Law A Resource Manual (3rd Edition) page 79) AIDS LAW PROJECT and AIDS LEGAL NETWORK

³¹ See page 42 of NSF

Policy Statement: Policy statement within the Pre Art and opportunistic infections sub-sector of prevention should be guided by the constitutional spirit of equality of persons before the law, right to life social welfare policy, the adopted national gender policy , National Multisectoral HIV and AIDS Policy 2006 and SADC Gender Protocol and CEDAW

Overall Strategy

The NSF strategy for pre-art and opportunistic infections programmes is to introduce a comprehensive package of care that defines pre-ART services to be made available to PLHIV that would delay the development of symptomatic disease, ensure retention and appropriate progression to ART.

Recommendations

Strategy: Additionally, the overall strategy should scale up taking into cognisance the different needs of women, men, girls and boys to ensure that they get help that is targeted and effective..

Priority strategies

- ✓ To make the Pre-Art programme available to men, women girls and boys
- ✓ To mobilise for resources to support this programme.
- ✓ To raise awareness amongst men, women, boys and girls living with HIV/AIDS about the existence of this programme

Checklist for the Pre-Art Programme

- ✓ Are men, women, girls and boys aware of the existence of this programme
- ✓ Are there resource mobilisation efforts to support this programme
- ✓ What interventions are in place to scale up and strengthen the programme?
- ✓ Is there motivating messaging to encourage men, boys, women and girls to enrol into Pre-ART services?

Antiretroviral Therapy (ART)

Situation analysis

The analysis is comprehensive and provides a gendered analysis affecting men, women and the youth from accessing ART services.

Due to varying fears, as discussed above under HCT, women and men sometimes fail voluntarily go for HCT and to properly follow the ART regime which is prejudicial to their healthy living. Statistics show that men remain the lowest in people who go for testing translating to a low number in men who get enrolled for ART

programmes. Women's percentage is higher because testing is offered to pregnant women during ante-natal visits. This however means that non pregnant women may not be going for voluntary HCT thereby limiting their chances of being enrolled early for ART programmes. Young people fail to go for testing and counselling because the testing and counselling services are not youth friendly.

Policy Statement: Policy statement within the ART sub-sector of prevention should be guided by the constitutional spirit of equality of persons before the law, right to life social welfare policy, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006 and SADC Gender Protocol and CEDAW.

Overall Strategy

The NSF strategy for ART programmes is to increase access to ART by all people in need and improve adherence, retention on treatment and treatment outcomes.

Recommendations

Strategy: Additionally, the overall strategy should embrace the human rights based perspective.

Priority strategies

- ✓ To mobilise for resources to support this programme.
- ✓ To raise awareness amongst men, women, boys and girls living with HIV/AIDS about the importance of ART programmes

Specific checklist for the ART Programme

- ✓ Are all eligible men, women, girls and boys living with readily accessing ART
- ✓ Are there resource mobilisation efforts to support this programme
- ✓ What interventions are in place to scale up and strengthen the programme?
- ✓ Are there mechanisms to support adherence to treatment by men, women, boys and girls receiving ART?
- ✓ Are there messages targeting women, boys, men and girls to enrol into ART?

Management of Tuberculosis and HIV co-infection

Situation Analysis

Only the medical aspects of TB are discussed and this makes it tasking for programmers to then come up with gender specific or sensitive interventions. There is no sex disaggregated data to show the number of men, women, girls and boys that are infected with TB.

Gender analysis

Since people living with HIV have a higher likelihood of developing TB if exposed to it than HIV negative people, this means women who make up the higher percentage of people living with HIV/AIDS are likely to make up the higher percentage of people living with HIV and TB. The NSF acknowledges the lack of literacy programmes to address TB and TB reporting at all levels. It is submitted that without the necessary information women, men boys and girls cannot seek medical intervention in due time hence the need to roll out such literacy programs.

Policy Statement: Policy statement within the TB sub-sector of treatment care and support, should be guided by the constitutional spirit of equality of persons before the law, right to life social welfare policy, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006 and SADC Gender Protocol and CEDAW

Overall Strategy

The NSF strategy for TB programmes is to improve the diagnosis and management of TB/HIV co-infection among patients

Recommendations

Strategy: Additionally, the overall strategy should embrace the human rights and gender based perspective.

Priority strategies

- To roll out literacy programmes on TB and HIV co-infection
- To avail treatment to women, men, girls and boys for TB

Specific checklist for the TB Programme

- ✓ Are there programmes in place to educate women, men, girls and boys on TB and HIV co infection?
- ✓ Are there programs to ensure access to health services by women, men, girls and boys with TB and HIV/AIDS?
- ✓ Are there messages targeting men, boys, women and girls to enroll into TB treatment?

Community based care and support, palliative and rehabilitative services

Situation Analysis

The NSF provides that Community-based Care Services (CBCS) will be strengthened and expanded to cater for the increasing number of people in need. The capacity of

CBCS service providers will be strengthened to improve on the provision of medical, psychosocial and material support, and also to scale up palliative care. However, the information makes no mention on the gender roles involved in these programs.

Gender analysis

The burden for caring for the sick still rest with women and young girls, it becomes even worse where they are also sick and also young girls other than boys will leave school in order to look after sick parents or siblings, since it is a gender role associated with women. Significant evidence shows that care-givers have relieved overburdened healthcare systems and provided valuable psychosocial and medical support to People Living with HIV and AIDS (PLWHA). The burden of care typically falls on women, including the elderly and young girls. Reasons for this include cultural beliefs that care work is “women’s work”, as well as the fact that many men are “family breadwinners” and cannot afford to volunteer. Gender inequality is a key determinant to the continued blindsiding of the needs of women in the field of care work. If policies are updated and the abuse of traditional laws and religious beliefs are abolished, this would give way to less burden of care for women and sharing of responsibilities with men.³²

Policy Statement: Policy statement within the Community based care and support; palliative and rehabilitative services sub-sector of treatment, care and support should be guided by the constitutional spirit of equality of persons before the law, right to life, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006 and SADC Gender Protocol and CEDAW

Overall Strategy

The NSF strategy for community based care and support; palliative and rehabilitative services programmes is the provision of a continuum of quality care and rehabilitation services for people in need of such services

Recommendations

Strategy: Additionally, the overall strategy should embrace the human rights and gender based perspective.

Priority strategies

- ✓ To encourage men to take part in care work
- ✓ Advocate for formulation of a policy on Care-Work in Swaziland.
- ✓ To train men, women, girls and boys on community based care and support.

³²SADC Protocol on Gender and Development Barometer 2010

Specific checklist for the Community based care and support programmes

- ✓ Are there interventions aimed at scaling up palliative and rehabilitation and community based care and support programmes?
- ✓ Are there resource mobilisation efforts to support these programmes?
- ✓ Are there programs to ensure that men and boys also take part in community based care and support programmes

Care and support by traditional health practitioners

Situation Analysis

It is estimated that over 80% of Swazis use services of traditional health services. However there is no sex disaggregated data on the men and women who seek services offered by traditional health practitioners.

Gender analysis

It is not clear whether the traditional health practitioners appreciate the gender dimensions of HIV/AIDS, and the medical aspects of HIV/AIDS. If they are not they may reinforce the traditional customs and beliefs that actually perpetuate the HIV/AIDS pandemic in which women suffer the most brunt.

Policy Statement: Policy statement within the traditional health practitioners sub-sector of treatment, care and support should be guided by the constitutional spirit of right to life, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006

Overall Strategy

The NSF strategy on traditional health practitioners is the strengthening collaboration between traditional health practitioners and health sector in the provision of care and support services.

Recommendations

Strategy: the overall strategy should embrace the human rights and gender based perspectives.

Priority strategies

- ✓ To train traditional health practitioners on the gender dimensions of HIV AIDS
- ✓ To train traditional health practitioners on the medical aspects of HIV/AIDS

Specific checklist for the traditional health practitioners programmes

- ✓ Are there programs to educate male and female traditional health practitioners on the medical aspects of HIV/AIDS?

- ✓ Are there programs to educate male and female health practitioners on the linkages between gender and HIV/AIDS?
- ✓ Are there programmes to monitor provision of HIV/AIDS services by traditional health practitioners?
- ✓ Are there programs to educate traditional health practitioners on referrals to formal health facilities?

Gaps in treatment and support programmes

- No research on the extent of couple HIV status non- disclosure
- Effects of disclosure by women to their husbands or sexual partners
- No research on non disclosure by men
- Insufficient data on failure by women, men, girls and boys to adhere to ART regime

Impact Mitigation

The NSF has prioritised the following programmes for the impact mitigation thematic area:

- i. Food and Nutrition Support
- ii. Education Support for OVC
- iii. Protection and Socialisation of OVC
- iv. Psychosocial Support
- v. Community Systems Strengthening

Food and Nutrition Support

Situational Analysis : The NSF gives a comprehensive situational analysis on this aspect of impact nutrition, however, it falls short of giving in some instances the gender facts for instance having identified female and child headed household as being in the increase, it does not go further to explain what the impact of this to the households and the different genders therein is. It leaves it at the level of being problematized in a general manner yet, it may be specific in the manner boy OVC are affected versus their girl counterparts. Inadequate nutrition accelerates PLWHIV into AIDS, the gendered slant as women and children headed households tend to have lesser income and food is not emphasised yet it is key for programming purposes.

Gender analysis

Whilst the focus on the elderly as an identified vulnerable group is mentioned, there is no particular mention of the gender roles of elderly women which makes them even more vulnerable as they are responsible for the nutrition of families without steady income of food supplies. Of note also is how the vulnerability of widows is

made in passing yet there are no specific strategies aimed at widows. There is need for a gender analysis which seeks to affirm and ascertain the extent of widow vulnerability and the underlying causes thereto. It is common cause that widows often have to face the brunt of laws and customary practices regulating inheritance which often than not leaves them in an economically wanting position.

Gaps in inadequate nutrition advice are also portrayed in a general manner yet such perpetuates malnourishment of women and children as men and older boys continue to get preferential food allocation. There is thus no admission to food allocation being gendered. One of the strengths of the current situation analysis in the NSF is identifying the lack of policy in the nutrition arena which should guide and improve the situation for children, PLWHIV and the elderly. However, an emphasis needs to be put in place that such a policy should be gender aware as access, control of food is gendered similar with other resources.

Policy Statement: Policy statement within the Food and Nutrition sub-sector of impact mitigation should be guided by the constitutional spirit of equality of persons before the law, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, food security policy, CEDAW, CRC the SADC Gender Policy and be forward looking to making input to a nutrition policy.

Overall strategy The NSF strategic direction for nutrition of; improving food security and nutrition of key target groups children, PLHIV and the elderly and its strategies lack both a gender and human rights flair. To mainstream gender and human rights in food security of the identified there is need to link the stated strategic direction and strategies with rights of the children, girls, women, elderly and widows based on various instruments ranging from the Universal declaration to conventions on right to food and socio-economic rights including CEDAW.

Therefore, the current strategies fall short by not addressing the gender goals within the programme. The inclusivity of women, girls in the strategies is not well spelt out. So far the strategies are cast in a gender neutral fashion. In the main the strategies are feasible and their effectiveness has been proven, thus they are good but for their neutrality. As such these strategies fall short of addressing gender oriented goals that ought to be in place and contributing towards gender equality.

Recommended additional strategies

- ✓ Mainstream gender in designing food distribution programs and criteria in NCP.
- ✓ Track food distribution and neighbourhood care points food to ensure equitable access to nutritious food by female and males OVCs and PLWHIV.
- ✓ Create awareness amongst OVCs of laws and policies that seek to protect them i.e. C.R.C focusing on rights relating to food and nutrition.
- ✓ Strengthen laws regulating inheritance.
- ✓ Address customary practices that impose barriers to inheritance by widows.

Check list

- ✓ Have the relevant policies been used to identify those gender issues, described in the situation analysis, that need to be addressed by the Food and Nutrition Support for Vulnerable Households programme?
- ✓ How will the programs ensure that men, women, boys and girls will all benefit from the program?
- ✓ What will be done to address legal and customary barriers to inheritance by widows and OVCs especially in relation to land?
- ✓ What will be done to address the root cause of food insecurity³³ amongst OVC, elderly men and women, women and men living with HIV/AIDS
- ✓ How will these programs be funded and sustainability of same guaranteed?

Educational Support for OVC

Situational Analysis: The NSF gives a comprehensive situational analysis on educational support for OVCs. It goes to lengths of gender disaggregation of school attendance. It makes an effort of getting to the bottom of the cause of the situation by stating the cause of low enrolment in secondary schools; economic hardship, high costs of secondary and girls' pregnancy. However, it falls short of stating what the effect of each of these problems is on each gender. The one on pregnancy is a sex, biological one which can only affect girls if the issue is carrying an unborn child in a school setting.

Gender analysis:

The situation analysis should amongst other things be stating that the 50/50 enrolment in education by girls and boys is undermined by the disproportionate care role played by girls in the advent of HIV and AIDS. It should also be problematizing the drop out of school by girls due to pregnancies with policy not adequately protecting them to remain and return to the same school. Whilst the retention of boys At Primary school level is indeed a cause for concern, at Secondary challenge is around retention of girls in school and their performance. There are much fewer secondary and high schools to primary making access more difficult as pupils go up

³³ A distinct and most commonly used definition of food security is the one that come from the United Nation (UN)'s Food Agricultural Organization (FAO) and the United States' s department of Agriculture (USDA) .The FAO (1996) defines food security "to exist when all people, at all times have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life". On the other hand, USDA stipulates that "food security for a household means access by all members at all times to enough food for active, healthy life". These two definitions touch on critical areas of life which include availability, accessibility, choice, nutrition, and sustainability. Additionally, these take cognizance of gender, social imbalances and societal structures which have an effect on food security.
<http://www.fao.org/FOCUS/E/Women/Sustin-e.htm#income>.

the rank. This has gendered implications as boys may find it easier to travel longer distances to secondary and high schools as compared to girls. On the other hand girls have proven more pliable to being taken in by relatives and other people than boys. Whilst this may sound as an advantage for girls, there is need to analyse its impact in their performance at school and on the overall wellbeing.

Retention should not be viewed as all encompassing as one gender may be retained but have difficulty in coping with the studies. The situation analysis should also be reflecting problems related to inadequate socialisation of children who present to the school system. This again has gender connotations as there are different expectations by society of boys and girls. Problems around inadequate socialisation may have different impacts on boys versus girls education. The school system is forced to take up a socialisation role which is not quite prepared for.

Policy Statement: Policy statement within the education sub-sector of impact mitigation should be guided by the constitutional spirit of equality of persons before the law, access to resources, the adopted national gender policy ,education policy and others incidental thereto such as the forthcoming scholarship policy, National Multisectoral HIV and AIDS Policy 2006, food security policy, CEDAW, CRC the SADC Gender Policy.

Overall Strategy.

The NSF strategy for education; is to expand and sustain enrolment and retention of all children (including OVC) in ECCD, primary and high school. This is an encompassing strategy. However, reaching it will be very difficult because it is not gendered as such strategies will lack the ability to reach equality.

Priority strategies

The priority strategies are in the main very general except for the specific mention of *retention of children especially girls, in school*. For instance, the *Expand the opportunities for out of school learning including vocational training for out of school youth aged 19-24 years*; whilst it is a good inclusive strategy it does not mainstream gender in that subsumes the out of school youth as though it is homogenous yet there are different gender implications being in that category. For the young women for instance, if they have children, they also tend to be their primary carers, whilst that is not the case for their male counterparts. Also the reasons for being out of school also have a gender bearing. For an eighteen year old female she could have long been married as marriageable age under custom is associated with puberty, and sixteen under civil rites. Whilst for the male counterpart it is eighteen under civil rites and associated with resource independence and maturity at custom. The gender roles ascribed to girls and women increase their likelihood of early marriage

as confirmed by research that 10.9% girls marry before their eighteenth birthday versus 1.7% boys.³⁴

Recommendations

Strategy: To retain OVC in school; starting with focusing retention of male OVC in Primary School , female in Secondary and High School and enhance their performance.

Priority Strategies

- ✓ Advocate for the increase in number of Secondary and High Schools, this will enable easier access for pupils both male and female into high school. For girls the close proximity of high schools may also enhance their access and meaningful schooling.
- ✓ Prepare teachers and schools for the role of imparting social skills to students in context to ascribed gender roles and their expected role in transforming society towards gender equality.
- ✓ Address social barriers that may affect OVC performance in school

- ✓ Empower OVCs especially the girls for transformation

Check list

- ✓ How are you contributing to enhancing schools as centres for imparting social skills?
- ✓ Are your programs empowering to OVCs and do they have a focus on the needs of girls?
- ✓ How are you contributing towards the increase in number of Secondary and High School within reach to communities?
- ✓ How is your programme addressing social barriers in order to enhance and support performance of OVCs in schools and tertiary institutions?

Socialisation and Protection of OVCs

Situational Analysis: The NSF gives a comprehensive but general situational analysis on socialisation and protection of OVCs. Yet, in real life the vulnerability of

³⁴ Multiple Indicator Cluster Survey of Swaziland, 2010 8 on Protection at 8.7

OVC boys or girls to abuse whether sexual, emotional, physical is impacted on by both gender and biological make up, sex as stated also by the quoted studies within the NSF.

Gender analysis:

The situational analysis does not point out the following important issues:

- Where orphans are left in poor structures girls are most susceptible to GBV and sexual violence.
- Orphaned girls and boys may be forced to engage in transactional sex for livelihood.
- Inheritance issues that may impede OVC access to their inheritance including property grabbing by older relatives which may leave orphans vulnerable.
- Communities have reported the emergence of pseudo caregivers who pose as carers so as to have access to the young children for sexual abuse. Once more, the compounded effect on girls should be made visible.
- The effect of lack of parents and or guardians to adequately socialise children is compounded on girls due to their higher sexual vulnerability and gender roles and expectations of docility.

Policy Statement. Policy statement within the socialisation and protection sub-sector of impact mitigation should be guided by the constitutional spirit of equality of persons before the law, access to resources, social welfare policy, the adopted national gender policy, National Multisectoral HIV and AIDS Policy 2006, CRC the SADC Gender Policy.

Overall Strategy.

The NSF strategy for socialisation and protection ; will promote and adopt a family- and community-centred focus in social protection of orphans and vulnerable children, in strengthening existing socialization and protection systems for OVC and designing new innovative programmes to expand such services. Pre-requisite capacities and systems will be strengthened to ensure that families and communities are able to effectively play their role in OVC protection.

Recommendations

Strategy: Additionally, the strategy will embrace the human rights based approach to uphold the best interest of girls and boys, taking into account their gendered positioning.

Priority Strategies

- ✓ Create awareness amongst OVCs of their vulnerabilities, mitigation strategies and laws and policies that seek to protect them such as statutory rape, Administration of Estates Act, Wills Act, role of Inkhosana as a person holding property in trust not an owner, and that Master of the High Court, as the upper guardian of all minor children in Swaziland, and other organisations that may help in advancing and protecting their rights.
- ✓ Advocate for state funded legal aid clinic to operationalise protection of rights of OVCs.
- ✓ Strengthen laws regulating inheritance by children.
- ✓ Abolishing cultural practices that have harmful effects on OVC.

Check list

- ✓ Are programs creating awareness amongst OVC of laws that seek to protect them including those that are women specific i.e. statutory rape?
- ✓ Are programs empowering OVC in asserting their rights i.e. inheritance
- ✓ How are your programs advocating for government funded and decentralized legal aid services?
- ✓ Is there an advocacy strategy for strengthening laws regarding inheritance by OVC?

Psychosocial Support

Situational Analysis : The NSF gives a comprehensive but general situational analysis on psychosocial support with no gender and human rights elements. Yet, the trauma experienced is different because of the difference in roles that girls and women play to those of boys and men. The NSF quotes a study that gives the number of children living in households where an adult has recently died or has been very sick and rightly links it with external factors that compound the trauma. However, it lacks in dissecting the gender differentials this has. Child labour for instance is in contravention of every child's rights but has more compounded effects on girls sexual violation in the work place.

Gender Concerns arising from the situational analysis:

The situational analysis should have taken into consideration the following:

- Support groups of PLWHIV no longer focus on HIV and AIDS related issues for women and men. They have mutated to being income generating groups .
- There is minimal participation by men and boys in care work adding to the already existing burden of care for women and girls.
- The majority of care givers are women who are already burden with socio-economic problems.

- The NSF states that “some” caregivers were trained and fails to sex disaggregate this data i.e. how many of these were men and how many were women. If one group dominates this may lead to stereotyping of care work by society.
- Proposed means of increasing the number of male carers are mainly around offering incentives which tend to formalise the care-work and throw women who have been doing it to the margins.

Policy Statement: Policy statement within the psychosocial support and protection sub-sector of impact mitigation should be guided by the constitutional spirit of equality of persons before the law, social welfare policy, the adopted national gender policy , National Multisectoral HIV and AIDS Policy 2006 and CRC.

Overall Strategy.

The NSF strategy for socialisation and protection ; scaling up quality psychosocial services in schools and expanding coverage in the communities to ensure adequate reach to other people in need including the elderly, caregivers, and PLHIV themselves.

Recommendations

Strategy: Additionally, the overall strategy should scale up taking into cognisance the different needs of each group and the effect of their gender roles on such needs. Carers for instance are in the main women, this needs to be acknowledged in crafting a strategy and programmes that will address their needs. Even amongst PLWHIV, the elderly their psychological needs are impacted by gender.

Priority strategies

- ✓ Incentivise care-work making sure that women who have always done it are not pushed out.
- ✓ Target men in creating awareness on human rights including women’s rights zeroing in on statutory rape. This strategy seeks to increase male voices that say No to GBV.
- ✓ Increase the proportion of activities that engage men in support groups of PLWHIV.
- ✓ Psychosocial support should also be rolled out to care-workers especially women who are the main volunteers against a backdrop of grappling with their challenging socio-economic circumstances and grief in some instances.

Check List

- ✓ Are there programs aimed at addressing gender disparity in care workers?
- ✓ What interventions are in place to protect women care workers when their work becomes remunerated?
- ✓ Are there interventions to increase the participation of male PLWHIV in support groups?
- ✓ Do your programs have a human rights awareness component?
- ✓ Do your programs encourage men to understand and protect women's and children's human rights?
- ✓ Do your programs have a psychosocial support component that covers the women care workers?

Community Systems Strengthening for Impact Mitigation

Situational Analysis: The NSF gives a comprehensive situational analysis on community systems strengthening for Impact Mitigation. It touches on the extent to which vulnerable groups such as OVCs, PLWHIV and women are affected. Whilst acknowledging the overburdening of women with care work at community centres Kagogo and NCPs, it does not come out clearly in that part of strengthening of community systems through sustainable livelihoods is addressing them through a gender lenses wherein impact of the situation is viewed taking into account gender and human rights of each person.

Gender analysis:

- The NSF shies away from paying special attention in supporting livelihoods of women who form the backbone of community systems for impact mitigation.
- There is need to acknowledge that poverty reduction strategies should address gender inequality as it is also a key driver of poverty.
- There is no focus to bring those in the lead of the community system to decision making corridors, again these should be identified and in the main those currently in the margins are women and OVC.

Policy Statement: Policy statement within the psychosocial support and protection sub-sector of impact mitigation should be guided by the constitutional spirit of equality of persons before the law, social welfare policy, the adopted national gender policy , National Multisectoral HIV and AIDS Policy 2006, CEDAW and CRC.

Overall Strategy.

The NSF strategy for community systems strengthening; is to strengthen community systems to enable communities to take ownership and responsibility for planning and

implementation of community-based interventions. Strengthening community systems will focus in three critical areas; i.e. community-based institutions, community leadership, and strengthening skills and competencies of community members in respect of their functions.

Recommendations

Strategy: Additionally, the overall strategy should take into account that the community based institutions, leadership are largely patriarchal yet heavily reliant on women's labour based on gendered roles of care work being assigned to them. As such human rights nuanced programming in these institutions and consideration of gender issues around the institutions and competencies of the community members is key.

Additional Priority strategies

- ✓ Involve and engage the media to play a positive role in mitigating impact of HIV and AIDS.
- ✓ Mainstream gender in poverty reduction strategies
- ✓ Strengthen and mainstreaming gender and human rights in community systems to be better able to mitigate impact of HIV and AIDS.
- ✓ Target all levels of leadership at family, community, faith based institutions and national level

Check list

- ✓ Do your programs strengthen gender and human rights mainstreaming within community systems?
- ✓ Do you have programs that target the media?
- ✓ Do your interventions target leadership?

Gaps in impact mitigation strategies

- There is no analysis of how property belonging to young orphans on SNL is protected
- Rates of disinheritance of orphans not documented
- Related taxes also not documented.
- The impact on girls education of being taken in by relatives and others is not documented nor is that of boys living on their own.

Response Management

The thematic area will focus on the following:

- i. Strategic and Action Planning
- ii. Mainstreaming, Policy Development and Advocacy
- iii. Resource Mobilisation and Management

- iv. Capacity development
- v. Monitoring and Evaluation

Strategic and Action Planning

Situational Analysis : The NSF gives a comprehensive situational analysis on this aspect of response management, and correctly identifies failure in the past of NSF to adequately mainstream gender and the human rights based approach in planning.

Policy Statement: Policy statement within strategic action planning should be guided by the National decentralisation policy, the Constitution and the various human rights treaties impacting on HIV/AIDS.

Overall Strategy

The NSF hopes to promote meaningful evidence-based joint planning that uses a result based management approach, and mainstreams gender and human rights at all levels of HIV and AIDS planning. NSF will inform and guide the development of regional, sector and community action plans. The strategy is explicit on gender mainstreaming and human rights based approach.

However, its priority strategies could be strengthened. The priority strategy to : Use joint planning to mainstream gender and human rights into HIV and AIDS interventions, with check lists for implementers and capacity enhancement.

Recommended additional strategies

- ✓ Enhance Gender and human rights mainstreaming capacity of all implementers, including various Technical Working Groups.
- ✓ Mainstreaming gender across government through the National Planning Unit in collaboration with the gender unit.
- ✓ Embrace as part of human rights and gender mainstreaming within the NSF activities provided for under the thematic areas 6&7 of the prioritized action of the Gender and Family Unit under the Deputy Prime Minister's Office.
- ✓ Equitable delivery of services regardless of gender and geographic location.

Check List

- ✓ How are you influencing the mainstreaming of gender and human rights in the government planning unit and the gender and family unit ?
- ✓ What collaborative strategies are in place to monitor and evaluate activities provided for under the thematic areas 6&7 in the Implementation Plan for the National Gender Policy 2012-2014 of the prioritized action of the Gender and Family Unit under the Deputy Prime Minister's Office?
- ✓ Are there programs advocating for decentralized for implementing equitable service structures such as Legal aid service which receives subvention from government?
- ✓ Are all implementers mainstreaming gender and human rights as part of their planning?

Mainstreaming, Policy Development and Advocacy

Situation Analysis: the situation analysis is gender neutral and focuses mainly on institutions state and capacity. However, it recognises as a gap the lack of a common advocacy agenda in HIV and AIDS resulting in fragmented advocacy efforts. It does not problematize policy and legislative formulation processes and space it provides for influence by advocacy voices. It also captures challenges around adequacy of skills and technical guidance in gender and human rights mainstreaming within HIV and AIDS programming.

Policy Statement Policy statement within strategic action planning should be guided by the National decentralisation policy, national gender and HIV and AIDS policies and the constitution.

Overall Strategy

The strategic orientation of the NSF is to ensure adequate mainstreaming of HIV and AIDS in sector programmes to ensure that all sectors are actively involved in the national response and that they are able to address both internal and external needs.

Whilst the strategy is embracive and capitalises on each sector's comparative advantage, it does not take into account that gender and human rights are cross cutting and can therefore, not be confined for mainstreaming by only those institutions within sectors whose core mandate is about them.

Priority strategies:

The priority strategies are very comprehensive and to an extent mainstream human rights and gender. The strength of the strategies lies in their making room for reviewing of sector plans to mainstream human rights and gender. It also speaks to issues of policy review and advocacy with policy makers. The capacity enhancement of sectors is also taken into consideration with room for outsourcing. A shortfall in this regard is the question of implementation of policy and domestication of ratified international and regional instruments. Without implementation structures policies just like ratified treaties remain paper tigers.

Recommendations

Strategy: Additionally, the overall strategy should embrace the gender perspective as cross cutting in all the sector response.

Priority strategies

- ✓ To advocate implementation with a gender slant of policies that impact on the response to HIV and AIDS
- ✓ To advocate for domestication of international and regional instruments which have a bearing on HIV and AIDS.
- ✓ To advocate for gender and human rights mainstreaming in alignment of the national constitution with national legislation.

Checklist

- ✓ Are your programs focusing on implementation of relevant policies and laws?
- ✓ Are your programs promoting mainstreaming of human rights and gender in all sectors and at all levels?

Resource Mobilisation and Management

Situation Analysis: analysis is gender neutral and descriptive in terms of sources of funding. It does not encompass the gender and human rights element of budgeting which should take place at the conception level of budgets. It identifies lack of resources and in adequate capacity for resource mobilisation by civil society organisations. However, it does not holistically problematize the situation of civil society organisations which renders them incapacitated. It fails to visibilise the different position of civil society organisations and how gender and women's rights organisations have not been fully embraced and how this impacts on mainstreaming of gender in HIV and AIDS. The context of the global economic crisis and its gendered impact is missing in the analysis.

Gender analysis

Gender is at the core of resource allocation. If resources are not allocated in a gender aware manner then programs will continue to fail to address the heart of problems. Gender budgeting and human rights based approach is also missing in the mobilisation and management. The NSF fundraising efforts should be implemented in a manner that is human rights based and mainstreams gender.

Policy Statement: Policy statement within the resource mobilisation and management by the constitutional spirit of equality of persons before the law, social welfare policy, the adopted national gender policy , National Multisectoral HIV and AIDS Policy 2006 and CRC , CEDAW and various human rights instruments that have an HIV and AIDS focus.

Overall Strategy: It is anticipated that by using the NSF as the core tool for resource mobilisation at all levels, Swaziland will be able to mobilise 100% of all resource requirements for implementing planned programmes. This falls short of: incorporating gender budgeting from conception of programmes to budget development.

Recommendations

Strategy: The strategy should be forward looking for 100% based on gender aware programs. From the onset the funds should be sought for specific interventions which address the core of issues including addressing gender questions.

Priority strategies

- ✓ To create awareness on gender budgeting in all sectors
- ✓ To require that all sector budgets be gender sensitive and influence the same at national level in collaboration with the gender unit.
- ✓ To have gender disaggregated budgets

Checklist

- ✓ Is your resource mobilisation strategy gendered?
- ✓ Is your resource mobilisation strategy gender, human rights and evidence based?
- ✓ Do your programs impart knowledge on gender budgeting to all key players in the response to HIV and AIDS?
- ✓ Do your programs make provision for continued training of implementers on gender budgeting?
- ✓ Do financial inputs benefit women and men girls and boys proportionately?

Capacity Development

Situation Analysis: The situation analysis on capacity development is quite comprehensive including institutional and human resource for all key players whether government or non-governmental. In as much as the general tone in which it is cast can pass because it addresses *adequacy of skills and competencies*, the inclusion of cross cutting perspectives and therefore, skills in gender and human rights mainstreaming becomes a necessity.

Pre and in service training for key staff in government and other

Gender Analysis:

In as much as capacity development is required by all institutions that lack in any aspect, it is key to look at it from a gender perspective at two levels; first the institutions themselves are they gender aware? How far do they go in institutionalizing gender in their policies. Do they have the infrastructure to deliver programs that are gender sensitive? Do they take into consideration gender questions from conception to monitoring and evaluation of their programs? At another level, the gender question is directed at staff both in decision making and other ranks. Further, as staff capacity is developed are the interests of those whom they will be serving taken into account?

Policy Statement: Policy statement within strategic action planning should be guided by the national gender and HIV and AIDS policies, human development and skills , education and training and the constitution.

Overall Strategy : The NSF hopes to initiate a process where capacity development will be strengthened across sectors, regions and programmes, and at community level. The focus will be on strengthening health and community systems. This strategy falls short of incorporating a gender and human rights perspective in this.

Recommendations

Strategy: To implement initiate a process where mainstreaming of human rights and gender are an integral part of capacity development across sectors, regions and programmes and at community level. As health and community systems are strengthened it will be on a background of gender and human rights.

Priority Strategies

- ✓ Training of all implementers on gender and human rights mainstreaming

- ✓ Encourage conducting of gender audits and human rights by various implementers
- ✓ Capacitate all gender focal and teams regardless of their level of implementation
- ✓ Engage a core group of trainers in gender and human rights mainstreaming

Checklist

- ✓ Are your capacity development programs gender and human rights focused?
- ✓ Do they target all female and male implementers?
- ✓ Do you have adequate gender and human rights experts to roll out the training at community, regional and national level?

Monitoring and Evaluation

Situation analysis: The situation analysis is makes mention of *trends, magnitude, and impact of HIV; knowledge* without considerations for gender and human rights.

Gender analysis:

A holistic HIV M&E for Swaziland is one that will embrace gender and human rights not just as add ons but as part of the cornerstone of monitoring and evaluating the programs. Without adequate mainstreaming of these in HIV monitoring tools then impact will not be meaningfully measured and future programing will be robbed of vital information qualitative and quantitative information for consideration in future, which addresses root causes of various problems, explaining success of certain interventions and failure of others.

Policy statement: Policy statement within strategic action planning should be guided by the national HIV M& framework(improved gendered version)national gender and HIV and AIDS policies, human development and skills , education and training and the constitution.

Overall Strategy

An enabling environment to make the national M&E system functional consists of organisational structures for M&E, adequate human capacity for M&E, defined M&E partnerships, sound M&E plans and work plans, and targeted advocacy, communications efforts to create a positive M&E culture.

Recommendations:

Strategy: Additionally, the overall strategy should scale up consultations of gender and human rights practitioners by M&E.

Priority strategies

- ✓ To increase and strengthen M&E indicators on gender and human rights.
- ✓ To promote the cross fertilisation of skills by gender/HUMAN RIGHTS and M&E practitioners.
- ✓ To promote gender and human rights evidence based analysis
- ✓ To improve the collection of gender disaggregated data at all levels both in programs and finance.

CHECK LIST

- ✓ The gender and human rights analysis has analysed the different needs (strategic, practical) and interests of women, girls, boys and men within all programs areas?
- ✓ The analysis has identified the causes of the rights violations and the barriers to rights fulfilment including service provision for girls, women, boys and men.
- ✓ Do M&E practitioners have skills in gender and human rights mainstreaming?

Conclusion

In conclusion, it is key that the mainstreaming of gender and human rights within the NSF be addressed in context to realities of the current general gender and human rights situation in Swaziland. Considering that though the country has made considerable strides in creating a policy, constitutional framework, couple with signing and ratification of various relevant instruments it is still grappling with implementation. The major issues around the legislative and international human rights framework being the slow pace in aligning the constitution with legislation and domestication of the said instruments into national law. Therefore, as part of the response management some of the recommendations will need to be fast tracked and may even call for additional resources as by their nature they are very costly, yet with positive effects that go beyond the NSF. These include;

State funded legal aid service: establishing such an entity is very key to making rights of vulnerable groups real. Without such an institution the said rights will continue to be on paper and not be translated into action. Initiatives by civil society organisations have assisted in this regard and will continue to, be fall short of having the capacity to decentralise and reach all deserving people. Needless to state, access to such a service would be based on a means test.

Research Desk with a gender focus to continuously inform the response to HIV and AIDS for a better understanding of the underlying causes and drivers of gender inequalities.

Expediting the alignment of relevant protective articles in the constitution will together with domesticating regional and international instruments will lend much impetus in the response to HIV and AIDS under the NSF in all the sectors. As such

advocacy around this should be seen as a priority as it will impact on all the sectors and be catalyst in mainstreaming human rights and gender. It will address amongst others issues of stigma and discrimination which are at the centre of the response to HIV and AIDS, a gender and human rights issue that cuts across the response.