GENDER AND HIV/AIDS:

AN ANALYSIS OF ZIMBABWE'S NATIONAL POLICIES AND PROGRAMS ON HIV/AIDS/STIS

The National HIV/AIDS Policy

National AIDS Council of Zimbabwe Act (Chapter 15:14)

The National AIDS Trust Fund

Zimbabwe Women's Resource Centre and Network
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About ZWRCN

Established in 1990, the ZWRCN is a non-governmental gender and development organization whose strategic interventions aim at empowering women through research, gathering data and information, repackaging and disseminating the results. ZWRCN uses the findings for lobbying and advocacy targeted directly and indirectly at policy-makers, researchers, academics and other interested parties in order to bring about short and long term policy change.

ZWRCN's focus is on Gender, HIV/AIDS and Economic Rights. The specific areas of work are the National AIDS Trust Fund (NATF), which examines the gendered differential impacts of the fund and the National Budget, exploring ways to shift budget making processes and practices in order to make them more gender sensitive.

ZWRCN's vision is: To see women enjoying the benefits of actualising their full potential in political, economic, social, public and private spheres.

ZWRCN's mission is: To enable women make informed decisions about selected aspects of their lives (political, economic, social, public and private spheres) and act accordingly.

ZWRCN's Objectives are:

- To raise women's awareness of their rights, their ability and their potential to influence decision making at all levels.
- To promote gender awareness through collecting, analyzing, translating, re-packaging and distributing information on gender and development (GAD) issues.
- To facilitate linkages between women constituencies and their legislators and hence give voice to both rural and urban women.
- To promote and nurture legislators and civil servants' sense of accountability to their constituents.
- To lobby and advocate for change in policies and practices that affect women negatively.
- To promote and strengthen inter-organizational networking activities for the exchange of knowledge, experience and information on gender and development issues.

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* This analysis report should be read in conjuction with the three policy documents to get a clear grasp of the issues discussed.

Executive Summary

Women and men, girls and boys have experienced the HIV/AIDS epidemic very differently. The epidemic has exposed the deeply ingrained gender inequalities and imbalances of our societies and for as long as they shape our existence, these gender inequalities will provide fertile turf for HIV/AIDS to fester. Yet the relationship between gender, HIV/AIDS and poverty has not always been understood in a way that informs policy and encourages the adoption and implementation of practical strategies that empower communities to actively and effectively respond to the very many and diverse impacts the epidemic has had on females and males within households, communities and societies.

Where our collective responses needed to be guided by a robust, large scale, multi-sector strategy that incorporated the diverse needs and concerns of the most marginalized and deprived groups of women and men; denial, stigma, blame, fear and selfishness have largely been the order of the day.

According to UNAIDS out of the 28 million people in Sub-Saharan Africa infected with HIV/AIDS, 58% are female and 42% are male. For different reasons and in different ways, young women and men in the15-24 age have been drawn into the vast number of those living with HIV and now account for up to half of all new infections worldwide. A UNICEF study estimates that of the 8.6 million young people in Africa infected with HIV/AIDS, two thirds are female.

Why, after 20 years of the epidemic, do infection rates continue to rise? Why are new infections in groups previously thought to be "AIDS free" such as the youth, or "AIDS safe" such as married women, emerging at a worrying rate? The number of women and girls infected with HIV has now surpassed the number of men and the oppression and subjugation of women remains real.

A number of factors make women more vulnerable to infection than men. Biological and physiological reasons are the least avoidable. Women are more likely to suffer lesions during sexual intercourse than men, creating a direct route for infection. The fact that seminal fluid is deposited in the female body also makes women more vulnerable to HIV/AIDS.

Women are also put at risk by a multitude of social factors that prevail in our patriarchal societies; these include the greater economic deprivation of women, customary norms that prevent women from being able to negotiate safe sex, the use of condoms and faithful behaviour. Women and girls continue to carry the disproportionate burden of nursing the sick through home-based care work. Research has also shown that there are certain behaviours, such as unprotected sex and multiple partners that expose women to a high risk of infection.

This is not new knowledge, yet our policies lag behind in responding to the realities of the gender inequalities we daily face.

Released on December 1, 2002, World AIDS Day, this report is particularly concerned with the extent to which the HIV/AIDS policies, namely the National HIV/AIDS Policy, the National AIDS Council of Zimbabwe Act [CHAPTER 15:14] and the National AIDS Trust Fund, that have been adopted by the Government of Zimbabwe, pay attention to gender equity and equality. It seeks to provide policy makers, researchers, academics, non-governmental organizations, United Nations agencies, the media, activists and other groups and individuals concerned with Gender and HIV/AIDS in Zimbabwe with an overview of the three key policy documents that provide the operational blueprint for the management of HIV/AIDS.

This analysis outlines the gender imbalances in the existing policies on HIV/AIDS. Where appropriate, each chapter offers recommendations for addressing the identified gender gaps. The recommendations are aimed at encouraging concerted, collective, fair, ethical and gender responsive action and commitment to the management of HIV/AIDS. Balancing the power relations between women and men is a crucial aspect of our overall response mechanism to HIV/AIDS, as is the need to address the other socio-economic, racial and political inequalities that have, in the face of HIV/AIDS, silenced the very necessary discussions about returning a sense of value, of worth to human life, be it female or male.

Introduction

The year 2003 is an anniversary of shame for Zimbabwe. It marks 20 years of living and dying with HIV/AIDS, since the first case of what has become the single biggest threat to national, regional and international development was identified in 1983. Had the HIV/AIDS epidemic been managed with the honesty, bravery, leadership and courage that was and remains needed, it may have remained just a matter of public health. Instead, it has not just uncovered but also reinforced those gross and painful gender inequalities that exist in our societies, denying female and male citizens their rights to healthy, peaceful lives, free of disease and its socio-economic burden.

Improving the quality of women's lives requires seriousness of purpose and steadfast political will. It calls for the constant investigation and interrogation of those factors which, despite many years of research-based evidence, advocacy and lobbying continue to impinge on women's abilities to be full and equal partners in and for development. Only through a process that understands and determinedly works at removing those the very real roadblocks women face daily in the total package of their lives- at home, work, in schools, at hospitals or when requiring health care, in villages, through the law and judicial system, by tradition and culture, in politics, from the economy, on the personal front and in society can we begin to chart out those workable strategies and solutions that offer a different way of living for the women of this country.

Poverty and HIV/AIDS are without a doubt the two most urgent issues confronting the women of Zimbabwe. The adverse and multifaceted impacts of the two forces, combined with a social system of patriarchy that continues to deny women their rights under customary law, traditional practice and violence affect their ability to enjoy a healthy, safe, stress-free existence.

Despite being signatory to the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), Zimbabwe remains a place where the vast majority of decisions affecting the nation's well being are determined and passed by a male leadership. The voices, concerns and perspectives of women are not often heard or taken into consideration. Although much progress was made in the early post-independence years in advancing the status of women and removing the inequalities African women in particular experienced under colonial rule, the subordination of women remains very real in Zimbabwe today, with women occupying a very low status. Even more disheartening is the fact that women's inequality is seen largely as being acceptable.

While various policies on HIV/AIDS/STIs are in place, their responsiveness to gender, if there is any at all, has remained limited and little genuine transformation in the daily lives of women has occurred. Gender equality continues to be treated as a sideline issue, not worthy of national priority. If HIV/AIDS does not sound the bugle on the need to transform gender power relations and empower women, then it is difficult to imagine what kind of catastrophe will.

This report attempts to provide guidance on how the HIV/AIDS polices that have been adopted thus far and that form the basis of responding to HIV/AIDS can be made more gender responsive and responsible. Failure to improve gender relations has already proven to be detrimental to development. Gender equality is about justice and fairness. The time for transformation is long overdue.

1 The National HIV/AIDS Policy

1.1 Principles Guiding Policy (p.2 of the policy document)

The following principles were cited as guiding policy formulation:

- HIV/AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a major priority through appropriate individual and collective actions
- Information and behaviour change are cornerstones for the prevention and control of HIV/AIDS/STIs
- Human rights and dignity of all people irrespective of their HIV status should be respected, and avoidance of discrimination against people living with HIV/AIDS (PLWHA) should be promoted
- Providing care and counselling is essential in order to minimize the personal and social impact of HIV/AIDS
- Sensitivity to gender and commitment to promoting gender equality should be integrated into the different policies
- Research should be an integral part of the effort to combat HIV/AIDS
- A supportive environment at every level of society will enhance the response to HIV/AIDS by individuals, families and communities
- An appropriate national AIDS co-ordination and advocacy framework is essential to oversee further policy development, implementation and co-ordination.

The policy document discusses each of the above principles in greater detail. For each principle, a set of "strategies" is also defined as a guide to the translation of the principle into action on the ground.

While some might consider a gender specific guiding principle as welcome, others might argue that it should in fact be the principle that should guide the formulation of all the other principles. A gender specific principle on its own may result in gender considerations being added on as an after-thought rather than being the guide to formulation of policies, programs and implementation strategies.

1.2 Counseling Services (p.6)

The policy statement recognizes the need for counselling to help individuals cope with the knowledge of their HIV status and with how they can inform their spouses/partners and prospective care givers. Other groups in need of counselling are identified later on (pp 14-16), but are collectively referred to as "people affected by HIV/AIDS". This is not adequate for a gender sensitive approach to counseling. There is need to disaggregate the "people affected" into their relevant categories, e.g. female and male care givers, female and male AIDS orphans, female and male child heads of households, female and male members of the extended family etc. This disaggregation is important for a number of reasons that cannot be explored adequately here, save for these examples:

- Men often neglect their bed-ridden HIV positive spouses. Some women end up going back to their family of birth or close relatives where they may get better care. By comparison, most women make all sorts of sacrifices to care for HIV positive spouses, with little or no help from the spouses' relatives.
- Most care givers are women, usually the spouses of the sick men who probably are themselves infected and in need of care also, or the mothers of the sick persons. The psychological needs of the two women (spouse and mother) are different.
- Integration of orphans into the extended family may depend on perceived advantages and disadvantages to the foster family.

In this collage of photographs, a young man and woman perform a dance about the risks of sexual promiscuity, in the streets near a shopping area of the Domboramwari section area. Many HIV/AIDs community based organisations use street theathre as a strategy for disseminating information on sexuality and sexual health. Reproduced with permission from UNICEF Zimbabwe's Humanitarian Crisis, 2002

- Advantages are in the form of perceived future wealth through bride price for a female orphan and/or through access to the assets that children would have expected to inherit. The long-term personal needs of the orphans, e.g. education and vocational training, may be overlooked. Girl orphans are particularly at risk of early marriages.
- Disadvantages are perceived where the orphans are from a poor household, because they become a burden to the prospective foster family, with no prospect for compensation to that family from the deceased estate of their parents. Therefore, for those orphaned under conditions of poverty, finding a foster family might be difficult, hence the phenomenon of child-headed households, and a growing trend of girls dropping out of school to look after siblings. It is possible, especially in urban areas, that girl orphans have become reluctant sex workers to fend for siblings and any surviving parent, thereby exposing themselves to STIs and HIV infection.

- Some AIDS orphans have had to re-locate from urban homes to their extended families in rural areas. The loss of parents is one problem. The need to re-orient expectations within an unfamiliar rural environment is another. For many, the re-location means an end to what might have been a sound education career and a bright future.
- HIV-positive mothers have a difficult choice of whether or not to breastfeed their infants. A choice either way carries risks for the child.

Clearly, these (and other) groups need different counselling messages to help them cope with their situations. Disaggregating them by gender reveals the differences in practical and strategic needs that the counselling and other support services should address.

1.3 Public Health (p.7)

The policy statement promotes strategies for safeguarding the integrity of marital unions and family units. It cites factors of the spread of HIV/AIDS such as migrant labour, shortage of housing, cultural norms and practices. However, it does not identify the infected and affected in the disintegration of marriage and family, and in the spread of HIV/AIDS/STIs.

Consequently, the proposed strategies do not address the strategic needs of both the infected and affected. For example, there is no mention of the need to promote married women's rights to say no to unprotected intercourse. It is also not acknowledged that women and men need to accept responsibility for protecting spouses/partners from HIV/AIDS/STI infection.

1.4 Condoms (pp.9-10)

While the policy recognizes the need for all sexually active persons to have access to condoms, the cultural constraints on women's access to and use of condoms are not acknowledged. The proposed strategies therefore do not include the strategic need of women to be liberated from the cultural constraints, or the need to educate the communities so that they can adopt new social norms, like use of female condoms and women's initiation of safe sex.

1.5 Care for PLWHA (pp.12-14)

The policy recognizes a continuum of care for the PLWAs as encompassing care at health facilities under trained professional staff and home-based care by volunteers and/or relatives (some of them trained). Later (p.17), the policy provides for home-based care givers to receive counselling, emotional support, backup, sharing of work and exchange of experiences.

There is no acknowledgment that most care givers and most of those looking after AIDS orphans are women. The proposed strategies do not specifically target women for assistance with resources.

1.6 HIV Testing and Human Rights (p.16-19)

The policy recognizes the right of consent or objection to HIV testing. There is, however, no legal provision for women in relationships to protect themselves. If women have reasonable grounds to suspect that they are at risk of infection by their spouse, what should they do? How should women in such a situation deal with the possibility of marital rape? These issues are pertinent given that the policy (p.19) says that legalization of mandatory testing is not recommended, other than in the case of a person charged with a sexual offence that could result in HIV transmission. This post-facto approach exposes women in risky relationships or marital unions to infection, and thus amounts to denying women their right to protect themselves.

1.7 Children and Young People (p.22)

The policy recognizes the children's rights to education, care as inviolable, whatever their HIV status. In the old days, it took a whole village to raise a child. We need to re-discover the collective values. The strategies proposed for safeguarding the child's rights could include education of the community as a whole to assume responsibility for safeguarding children's rights, and to encourage the communities to adopt social mechanisms for detecting and dealing with those households who, out of dire poverty, will conveniently turn a blind

eye to a girl child's prostitution and live off the child's immoral earnings. In recent years, the boy child (especially in urban areas) has also fallen victim to homosexuals who lure them into prostitution.

1.8 Gender (p.29)

The policy statement acknowledges that:

- Unequal gender relations of power predispose women to HIV infection
- Gender roles expose women to a greater care workload and increases economic hardships.
- The traditional structural support systems do not favour women.

These factors imply a need for women specific interventions to provide direct financial and other support to women living with HIV/ AIDS and caregivers to enable them to meet immediate survival needs. However, the strategies suggested in the policy document refer only to the strategic needs of women to access education, to attain cultural liberation, access information and legal services. These are good strategies but should be viewed in the long term and more in respect of those who are not yet affected by HIV/AIDS. Those already affected and infected by HIV/AIDS need practical help now.

1.9 Conclusions and Recommendations

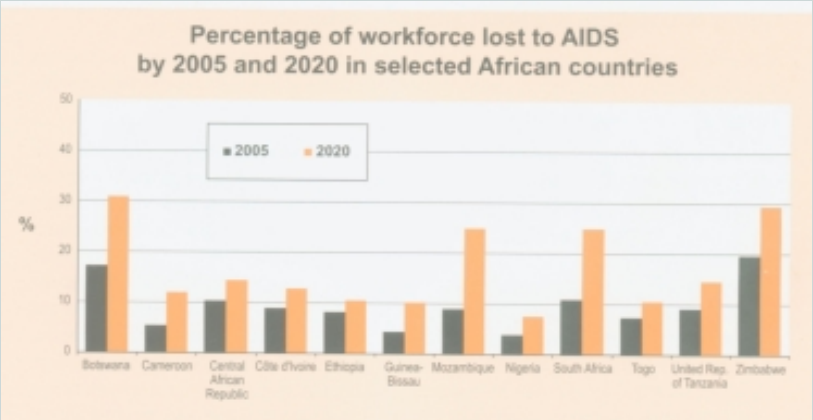
It is unusual to formulate a policy in the form of principles, without a prior and clear statement of the problem. While it is generally accepted that "HIV/AIDS is a serious public health, social and economic problem affecting the whole country and requiring to be addressed as a major priority", we still need to unravel the problem and reveal its major characteristics and where possible quantify it. We also need to know when a given phenomenon becomes a problem, and from whose viewpoint or perspective.

In the policy document, we have only the views of the technocrats. There is need for women and men's views to be incorporated as well as those of the care givers and PLWAs.

The introductory statement in the policy document should elaborate on the gender differences in the incidence and impacts of HIV/AIDS, to facilitate identification and definition of relevant stakeholder groups, their gender characteristics and their practical and strategic needs.

Policy objectives could then be formulated based on the practical and strategic needs of the various stakeholder groups. As the policy currently stands, it provides no background to or justification for the insertion of the gender sensitivity principle. This undermines the perception of the importance of the gender perspective by policy-makers and practitioners.

It is recommended that stakeholders should negotiate with the responsible Ministry and relevant bodies for a re-definition of the HIV/AIDS problem, and for re-formulation of policy goals and the HIV/ AIDS program objectives, from a gender perspective. In light of the revised problem and objectives statements, the guiding principles can be revisited. The resultant document could be an addendum to the policy document for now, but should in the long term form the basis of future amendments to the policy document itself. Ideally, the policy document should be amended immediately as its shortcomings continue to weaken the gender component of the current HIV/ AIDS projects.



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2 National AIDS Council of Zimbabwe Act

2.1 Functions of Council

At Part II, Sub-section 4, the Act empowers the council to:

- Mobilize and manage resources in support of a national response to HIV/AIDS
- Enhance the capacity of "the various sections of the community to respond to the HIV/AIDS epidemic and to coordinate their responses"
- Do all things necessary or appropriate to combat HIV and AIDS and reduce the effects of these diseases.

The government that crafted the 'national response' is itself not national in terms of its gender composition. There has been a progressive decline in female representation in the legislature as the following figures demonstrate.

Male and female representation in Parliament 1995-2000

Male MPs	121	137
Female MPs	29	13
Total	**150**	**150**

At any rate, the female MPs' gender sensitivity is an unknown quantity. In effect, no constituency can expect parliament as a whole or female MPs in particular to spontaneously and constantly promote an adequate response to the gender issues around the HIV/AIDS epidemic.

The policy document's reference to "various sections of the community" provided an opportunity to identify and characterize these sections. The legislators failed to exploit this opportunity, and consequently we cannot even begin to discuss the gender characteristics of the 'various sections'.

However, we know that both women and men are among people living with HIV/AIDS, caregivers and those affected by the epidemic in other ways. There are specific gender needs pertaining to each of these categories, and the Act could have explicitly identified and addressed those needs, to make it gender sensitive. Ideally, it would have been an advantage to:

- Unpack the 'national response' to reveal the major components of the response
- Identify the major target group(s) for each component
- Identify within each target group the gender differences in the way HIV/AIDS affects the groups and indicate policy responses to the gender issues identified.

2.2 Language

- In some parts of the Act, there is a glaring gender bias in the language used. For example: Sub-section 5:4a refers to the Minister's opinion as "his opinion".
- Section 6, on "Disqualification for Appointment to the Board" refers to prospective board members as if all of them will be men, e.g.
  - "He is not a citizen …"
  - "He has been judged …"
  - "He has made …"
  - "Date of his appointment …"

Section 11 refers to the election of the "Chairman" and the "vice-chairman" of the board. In this day and age one would have expected a conscious effort to use gender-neutral language, e.g. Chairperson. One may conclude that those who drafted the Act, and those who passed it as law with its present language bias, probably envisaged the council to be, like other government institutions, a male dominated structure.

2.3 Organizational Structure of the Council

2.3.1 The Board

The board includes:

- The Secretary of the Ministry of Health

- The Executive Director - most appointees to this position are men
- A representative of the Traditional Medical Practitioners Council
- A representative of the Law Society of Zimbabwe
- At least 7 representatives healthcare providers, women, youth, religious groups, industry, commerce, media, trade unions and people living with HIV/AIDS,

Home-based caregivers, mostly women, are not specified as a group, yet they bear the brunt of the burden of nurturing and caring for the other family members who are living with HIV/ AIDS. All persons in the board are nominated or appointed by the President of Zimbabwe. The leadership structures in the stakeholder groups represented on the board are usually male. Thus, the board is likely to be a male-dominated institution. This makes it imperative that gender sensitive operational guidelines be put in place to guide the work of the board.

2.3.2 The Executive Committee

The committee is responsible for carrying out most of the functions of the Board and consists of:

- The Chairperson and vice-chairperson of the Board
- Executive Director of the Board
- Two or more other members of the Board

The Executive Committee, like the board will probably be a male-dominated structure.

2.3.3 Other Committees

These may be appointed, consisting of:

- One Board member, as chairperson of the committee
- Other members who are not members of the Board

A possibility is presented here to establish a committee specifically addressing gender issues in HIV/AIDS. However, the effectiveness of such a committee would ultimately depend on the gender sensitivity and responsiveness of the Board itself, which is male, dominated.

2.3.4 Decision-Making

It is indicated at Sub-section 12:7 that decision-making shall be "by a majority vote at any meeting of the board at which a quorum is present". The quorum is set at 50% of the board members (Sub-section 12:6). It is very likely that the majority vote and the quorum condition can be fulfilled whether or not women board members are present. Thus for women members to be effective they have to be:

- Dedicated and committed enough to attend ALL board meetings
- People who are forceful/persuasive enough to sway opinions of the male counterparts who outnumber them
- People with a strong grasp of gender issues in HIV/AIDS and the capacity to impart that grasp to other board members.

Thus, women members have a greater burden than male members in ensuring that the board is a gender sensitive governance structure. However, this needs not be the case if:

- It was clear that gender mainstreaming is the responsibility of all board members, female and male. This could be inserted into the board's terms of reference.
- Board membership is designed with a view to ensuring a fair representation of women and men
- Board responsibilities and functions (Part II of the Act) are defined in a gender responsive manner.

It is important to involve men in all preventative and care-giving initiatives. The Chitugwiza Men's support group is dramatizing an AIDS issue.

Improvements in these directions can be initiated under the provision at Section 20, which empowers the Minister to: "Give the board such directions of a general character relating to the policy which the Council is to observe in the exercise of its functions, as the President and the Minister consider to be requisite in the national interest". It is disturbing however that there are, already, in-built obstacles to using this provision to mainstream gender in the Council and its functions:

- The tail-end of the above provision implies that a series of bureaucratic procedures be taken in order to convince the President about the 'national' importance of mainstreaming gender in the Council's structures and functions
- Sub-section 20:2 also enables the board to present its views on the proposal by the Minister in respect of the possible effects of the proposal on the activities, functions and property of the council.

This could be an escape route for a male dominated council that wishes to stall or avoid gender mainstreaming, citing for example prohibitive costs or 'technical' problems.

2.3.5 Provincial Branches and Committees

The Act (Section 32) fails to make provisions for a gender fair representation of women and men in the provincial structures and staff establishments, and for gender responsiveness in the functioning of the structures and staff bodies.

2.4 Powers of Council

Sub-section 4:2 outlines the schedule of powers of the council. Among other things, the council may:

- Improve the skills, knowledge and usefulness of staff through education, training and research
- Engage in, establish or manage schemes for the training of persons engaged in activities related to HIV/AIDS or any other STIs
- Research into systems and procedures which relate to HIV/AIDS or any other STIs.

These are windows of opportunity to provide gender training for board members and staff, and

There are certain traditional practices which put women and girls at great risk of HIV infection. In this picture, the older woman is the auntie to the younger. The older woman could not conceive so she asked her niece to have babies on her behalf. Unfortunately, the aunt's husband was promiscuous and has infected them all i.e. aunt, niece and baby. At the time this photograph was taken, the husband had died of AIDS.

for commissioning relevant gender analysis of various aspects of the council and its work policies, structures, programs, identification of target groups, targeting strategies, outreach methodologies, monitoring and evaluation systems and procedures and budgeting. However, given the predominantly male composition of the board, there might be need for external pressure on the council to exploit these windows of opportunity.

2.5 Management Structure

Section 23 (Appointment of Executive Director) does not adhere to the equal opportunities principle. In fact Sub-section 23:3 is worded in a manner suggesting that the director would always be a man. On the appointment of other members of staff (Section 24), the Act again fails to make provisions for equal opportunities for women and men.

- Future amendments to the Act should incorporate the equal opportunities principle.

- Meanwhile, and with immediate effect, advertisement of vacancies should explicitly mention the equal opportunities principle.
- There should be a provision for ensuring a fair gender balance in the panel of interviewers.
- Specifications of required qualifications of candidates, for any post, should include knowledge of and experience in working on gender issues in development.

2.6 External and Internal Audits

The Act (Section 29) makes provisions for conventional accounting procedures. These do not reveal the gender aspects in the allocation and use of the council's resources. A gendered audit system is needed to enable analysis of gender equity in the way women and men have benefited from the council's budget, activities and outputs at all levels - Board members, Council staff and program beneficiaries. For example, what proportion of the annual budgets has benefited females living with HIV/ AIDS and caregivers, compared to the proportions allocated to their male counterparts.

2.7 Conclusions and recommendations on the NAC Act

The NAC of Zimbabwe Act is not gender sensitive or responsive:

- The governance structures – Board, Executive Committee, other committees, provincial branches – are male dominated or likely to be in most cases.
- Staff establishments at both national and provincial levels are likely to be male dominated in senior posts for lack of an explicit equal opportunities policy on staff recruitment and promotion.
- The Act does not explicitly identify the various stakeholder groups and their gender characteristics and needs.
- The specific activities and programs to be supported by the council should be spelt out in the Act. It is not clear how the various stakeholder groups will be affected and how gender responsive the programs need to be.
- Both the internal and external audit procedures are not geared to revealing how women and men benefit from the council and its programs.

The window of opportunity to improve on gender responsiveness through Section 20 of the Act should be exploited. The section empowers the Minister to give directions to the board on matters of policy. e.g. the Minister could issue a directive to mainstream gender into the governance and management structures of the council and into its programming activities.

This window of opportunity must be exploited. However, there is need for guarded optimism here, as the council may (under Sub-section 20:2) cite prohibitive costs and other alleged hindrances to thwart efforts to mainstream gender concerns.

For the stakeholders and like-minded organizations, there is need for an advocacy program to bring about these (and other) results:

- Issuance of gender related directives to the council.
- Increased visibility of gender responsiveness in the council's programming and budgeting procedures.
- Gender explicitness in identifying target groups for the council's programs and in its implementation strategies.

3 The National AIDS Trust Fund

3.1 Criteria for selection of projects

The NATF will fund projects around HIV/AIDS by various organizations that meet selection criteria of the NATF. Among the selection criteria are the following:

Focus

The proposed projects should be of these areas:

- Prevention
- Care
- Mitigation
- Research

A people-centered approach would have been more useful, to facilitate selection of lead organizations identified by type of their target group, e.g. the people living with HIV/AIDS (PLWA's), the caregivers, the AIDS orphans, the child headed households, women and men. Ongoing monitoring would facilitate identification of the target groups that have relatively been neglected. Appropriate funding biases could then be used to shift resources towards more support for the neglected groups.

Further screening could be applied to identify and prioritize those lead organizations that are gender sensitive in their project designs. For example, preference would be given to those organizations that recognize and explicitly respond to the gender differentiations of the target group. This would provide an incentive for the prospective lead organizations to embark on serious gender mainstreaming as opposed to lip service on gender issues.

Organisational Capacity

The NATF prioritizes lead organizations that have the necessary human resources and relevant knowledge and experience in HIV/AIDS, or are linked to organizations that have these capacities. There is need also to ensure that the selected lead organizations are gender sensitive. Therefore, to the above criterion should be added the following:

- Existence of gender explicit organizational policies and development goals
- Capacity and expertise in gender analysis and planning
- Willingness to work with organizations that have adequate gender capacity specifically to get assistance with gender mainstreaming activities.

Understanding the Dynamics of HIV/AIDS

Proposed projects should reflect a good understanding of the dynamics and impacts of HIV/AIDS on individuals, family, community and the health sector.

It is also imperative to recognize that the dynamics of the epidemic impact women and men differently because of gender differences in roles and in access to and control over resources. Proposed projects should therefore also reflect a sound understanding of the gender dynamics in the incidence of and responses to the epidemic at individual, household and community levels.

Community Participation

The NATF prioritizes proposed projects that are relevant to the vulnerability, susceptibility and risk-behavior of the target groups, and are planned with the participation of the target groups. Emphasis is placed on promoting community participation and ownership of the program, where "community" refers to "project beneficiaries".

The opportunity must be taken to characterize the target groups by age, sex, socio-economic status, rural-urban residence etc. Organizations that are not gender sensitive might not attempt such segmentation of the target groups, and in particular may overlook the gender differentiations.

There is also a need for attention to the way these sub-groups are supposed to "buy in" into the proposed projects. That is, what are the targeting strategies and what enabling measures are in place to enhance the participation of particularly vulnerable sub-groups?

Some clarification is needed on the NATF's understanding of the concept of "community". One would have thought that project beneficiaries are only a part of the community and not the community. The view here is that the entire community must accept responsibility for the HIV/AIDS program in their area as the basis of program sustainability. Projects must therefore be designed to ensure that the HIV/AIDS epidemic is a burden shared by the whole community and not the burden of the infected and affected alone.

3.2 Project Proposal Guidelines

The guidelines promote use of the log-framme (LFA) approach, to facilitate result-oriented planning and management of projects. However, the guidelines are gender blind:

- They do not stress the need for a gender sensitive definition of the problem to be addressed by the project.
- They do not guide planners on the mainstreaming of gender in the project design. Consequently, these flaws are likely to be manifested in the project designs:

(i) Lack of gender explicit project objectives.

(ii) Little or no attention to gender issues in the identification, allocation, provisioning and time framing of project activities.

In Zimbabwe, homebaesd cared is done by women and girl children. The man in this picture (now late) was nursed by his mother. Women in Zimbabwe as in other countries, carry the burden of care-giving to people with HIV/AIDS. This has had an impact on girls, who, when someone in the family falls ill, drop-out of school to provide care. See photograph on page 17 of this report.

(iii) Little or no gender sensitivity in the distribution of project benefits.

(iv) Little or no gender sensitivity in the monitoring and evaluation system and procedures.

3.3 Conclusion on the NATF

The NATF is gender blind, even more so than the National HIV/AIDS Policy. The policy at least has a gender specific guiding principle. However, lack of gender sensitivity in the NATF can be traced partly to the National HIV/AIDS Policy itself, which is not gender sensitive save for the guiding principle cited here. If policy does not make an explicit demand for gender sensitivity, the organizational structures and programs spawned by the policy will not be gender sensitive.

The lack of gender sensitivity in the NATF can also be traced to the National Aids Council of Zimbabwe Act. The Act provides for the creation of the body that would spearhead the national response to the HIV/AIDS epidemic. However, as noted in Section 1 of this report, the Act does not elucidate on the practical and strategic gender needs of the various sections of the community affected by the epidemic, and therefore loses the opportunity to clarify how implementing agencies may address those needs.

A way forward for the mainstreaming of gender perspectives in the NATF is to:

- Define the problems it addresses and clearly spell out the gender aspects of the HIV/AIDS/STI problems
- Identify the practical and strategic needs arising from the gender differentiations within target groups in the incidence and impacts of the HIV/AIDS epidemic
- Formulate program objectives that address both the practical and strategic gender needs of the target groups, and ensure that these are consistently addressed at all stages of the program cycle – i.e. project choice, design, appraisal, implementation, monitoring and evaluation.

4 Lobbying and Advocacy

4.1 The Challenges

The National HIV/AIDS Policy, the National AIDS Council of Zimbabwe Act and the National AIDS Trust Fund are in place and have been operational for some time. It will be very difficult to convince the responsible bureaucracies to dismantle the structures and procedures that are in place and re-constitute them in a gender sensitive manner. The following factors would hinder such a reform process:

- Gender awareness among the policy-makers is still very much under-developed. This may detract from political commitment to change towards a more gender sensitive stance on the HIV/AIDS epidemic.
- The erosion of female representation in Parliament means that women have no voice in the legislature, relatively speaking.
- The National Gender Policy, although now operational, is little known even within Government ministries and departments. It will be some time yet before it impacts meaningfully on policy making and program planning in the various government ministries, departments and parastatals.
- There will be excuses about the costs involved in such an exercise, especially given the deepening economic malaise afflicting Zimbabwe at the moment.
- There will be resistance from bureaucrats who fear the unknown as they cannot predict consequences for themselves in terms of the demand for technical expertise on their part.
- There will also be resistance for ideological reasons, as male technocrats are naturally pro-patriarchy.

For these reasons, it cannot be expected that government would spontaneously initiate and consistently implement gender sensitive reform in policies and programs on HIV/AIDS. A strong lobbying and advocacy program is needed as part of the struggle for a gender sensitive national response to the HIV/AIDS scourge.

4.2 Recommendation

As the great revolutionary Mao Tse Tung observed, the journey of a thousand miles begins with the first step. Despite the above challenges, the struggle must begin. A strategy for strengthening the voice of change is needed. Such a strategy might incorporate the following actions:

a) Awareness raising and mobilization

- Identifying other women's organizations and other relevant NGOs and forging alliances and coalitions in a movement for gender sensitive HIV/AIDS policies.
- Negotiating the support of the Parliamentary Women's Caucus Group, as allies within the national legislature.
- Identifying and lobbying the support of relevant and sympathetic donor agencies as sources of pressure for change, financial and technical support.
- Raising gender awareness among, and mobilizing the beneficiary groups of existing HIV/AIDS programs to participate in the demand for gender sensitive HIV/AIDS policies and programs.

b) Planning and implementation

- Organizing multi-sectoral policy and planning meetings involving relevant Government Ministries, Women's Organizations, NGOs, donor agencies, and selected beneficiary groups of HIV/AIDS programs to hammer out a multi-pronged program of action to achieve the desired reforms to the national policy and program on HIV/AIDS/STIs.
- Set up a coordinating mechanism to ensure that the collective efforts are rationally organized and implemented to enhance synergy.
- Establish a calendar of progress review meetings to assess progress and formulate ways to maintain momentum.

The choice of actions to take, allocation of responsibilities and the level of involvement of participating organizations should be cognizant of the organizational and institutional capacities of the institutions concerned and beneficiary groups.

5 The way forward: proposed strategy

5.1 Completing the analysis

The foregoing analysis focuses on the government policy and program on HIV/AIDS, as spelt out in the official documents, namely: The National HIV/AIDS Policy, National AIDS Council of Zimbabwe Act [CHAPTER 15:14], and The National AIDS Trust Fund. These have been operational for some time now. The above analysis is therefore not complete without a critical examination of what is taking place on the ground. For example, to what extent have the gender concerns raised in Chapters 1-3 affected progress in the fight against HIV/AIDS/STIs? There is need for a critical analysis of:

- How the NAC has administered the National AIDS Trust Fund, with special attention to how the NAC has responded to the gender concerns raised in Chapters 1-3.
- How beneficiary organizations, institutions and communities have utilized the money disbursed to them by the NAC, with special attention to methodologies used in identifying and targeting the primary beneficiaries of the funded programs / projects.
- Who (and how), among the infected and affected, has benefited from the Fund, paying attention to how their strategic and practical gender needs are being addressed.

5.2 Dissemination and action planning

Once the gender analyses mentioned above is complete, the findings should be disseminated to relevant stakeholders.

Sick patient sitting on the bed. Husband has died. Eldest daughter is giving care to the mother. Most homes are now headed by children who have to give up school to take up this role.

It is recommended that gender and HIV/AIDS rights and advocacy organizations should:

- Pre-circulate the findings to relevant women's organizations, other NGOs, the NAC, the Ministry of Health and Child Welfare and the Rural District Councils.
- Convene a dissemination and planning workshop for selected women's organizations and other relevant NGOs, to pursue these objectives:
  - Discuss research findings and prioritize the gender concerns raised in the analyses.
  - Map out a lobbying and advocacy program on the priority gender concerns
  - Identify actors, responsibilities and timeframes in the agreed program of action.
  - Establish a coordinating structure to oversee program implementation.
- Sign a memorandum of understanding between the prospective partners to:
  - Confirm and formalize an agreed plan of action and sharing of responsibilities
  - Clarify obligations, expectations, and accountability of each party to the agreement
  - Clarify funding arrangements and accounting system
  - Spell out the coordination mechanism and procedures
  - Clarify the information and communication policy and procedure for the program.

Areas of focus for the lobbying/advocacy work could be identified at these levels:

- Policy, planning and budgeting issues at national level.
- Program methodologies of the implementing agencies – Ministry of Health and Child Welfare, National AIDS Council, Rural District Councils and Non Governmental Organizations.
- Mobilization strategies in community based initiatives.

In respect of action planning at community level, one would anticipate cultural constraints to address gender issues. A frontal attack on gender issues might lead to resistance. It is strongly recommended that the communities be given an opportunity to come up with their own perceived solutions to the gender concerns raised. Advantages of this approach are:

- The communities will identify issues and solutions where there is consensus and on which collective action can be taken immediately, resources permitting.
- The experience will promote a greater understanding of HIV/AIDS-related gender issues, and thus prepare the communities to tackle those gender issues that would initially have been more controversial and detrimental to community cohesiveness.
- Homegrown solutions are probably more sustainable than imposed ones. That is, the communities are more likely to commit their own resources on an agenda to combat the HIV/AIDS scourge that has been defined by them.
- The pace and direction of the HIV/AIDS-related initiatives would be compatible with local capacity in terms of the information, knowledge, experience and resources that the communities can mobilize locally, or can access from service providers operating at community level.

Women's rights, HIV/AIDS advocacy and gender and development organizations have to decide who would be responsible for gender awareness promotion at community level as an on-going activity. For example, action-oriented gender awareness, analysis and planning workshops may be held frequently with the communities, to enhance their knowledge of HIV/AIDS-related gender issues and to ensure that the gender perspective does not 'fade away' or evaporate from community based prevention and care initiatives.

Resources on Gender and HIV/AIDS Available from the ZWRCN Documentation Centre

Papers

- Adu, Beryl O. ***A Background Discussion Paper on Women, Poverty and HIV/AIDS in Zimbabwe.*** Harare: UNFPA, 2001. 23p.

  This is a study to establish whether rural women have participated and benefited in HIV/AIDS programmes. Most organisations were found not to be focusing on rural women. The study recommends that that development assistance should target these disadvantaged people.

- ***AIDS Control and Prevention. One Strong Voice: Writings on Women and AIDS*** Arlington: AIDSCAP, 1996. 48p.

  Articles by the ten finalists of the Writings on Women and AIDS meant to break the silence of women concerning HIV/AIDS. The stories portray the experiences of HIV-positive women and the socio- economic factors that fuel the spread of the epidemic among women. The articles alert thousands of women and men of the risk of HIV/AIDS and encourage policy makers to confront the need for fundamental social change to reduce women's vulnerability.

- Bassett, Mary T.; Mhloyi, Marvellous ***Women and AIDS in Zimbabwe: the making of an epidemic*** IN: International Journal of Health Services; vol. 21, no. 1. 1991. p. 143 - 156.

Periodical Articles

- ***Building Capacity for Reducing HIV Spread and Consequences on Development: The Development Challenge of AIDS in Sub-Saharan Africa*** UNDP, 25p

  The publication documents the project carried out by UNDP which serves to address the need for a collective and holistic approach by government, paying particular attention to the devastating effects of the pandemic on development. It increases the understanding of the interrelationship between HIV and development policies and strategies in Sub-Saharan Africa.

Books

- Akina Mama wa Afrika. ***Now that we are Positive***. London: Akina Mama wa Afrika, 1999 24p.

  This booklet provides some useful, basic information and advice to African women infected with HIV. It covers areas of common concern such as pregnancy, sex after an HIV positive diagnosis and support. It also provides strategies on how to manage living with HIV.

- Allen, John L.; Schaeffer, Pamela ***AIDS Deepens Nuns' Sexual Exploitation*** 2001. p.12-13.

  Alleges that some Catholic Clergy exploit their financial and spiritual authorities to gain sexual favours from religious women, many of whom are culturally conditioned to sub-service to men.

- Campbell, Carole A***. Male Gender Roles and Sexuality: Implications for Women's AIDS Risk and Prevention*** Great Britain: Pergamon, 197-211p.

  This article describes a profile of male sex partners and emphasizes gender roles and sexuality. Prevention efforts that focus singly on women have been misguided and have actually served to undermine women by making them responsible for HIV risk reduction. The prevention of HIV will require an examination of traditional gender roles against safer sex practices. Control of HIV will require a focus on men as individuals responsible for their own health and that of women.

- Feldman, Rayah; Manchester, Jo and Maposhere, Caroline ***Positive women: voices and choices Zimbabwe Report*** Harare: ICW, 2002. 76p. 3

  This project documents the reproductive and sexual health experiences of HIV positive women. This information would be of great use to HIV positive women and AIDS service organisations could use it in advocacy for changes in policies and practices that would

improve the reproductive and sexual choices available to them.

- ***Children's Rights in the Era of HIV/AIDS*** Harare: UNICEF, 2001. 30p Incl. Illustrations.

  A summary of the proceedings of the 2nd UNICEF and Parliament of Zimbabwe Children's Forum held in Bulawayo in October 2001 to discuss the situation of children in the era of HIV/AIDS

Reports

- ***National meeting report Community Treatment for an Ailing Health System*** 2001. 37p.

  This report summarises the proceedings of the meeting held to discuss areas of concern to civic members, including food security, health budget, AIDS Levy, issues affecting special groups like the farmers, disabled etc

- ***Women and AIDS*** International pre conference workshop: women living with HIV/AIDS (1992: Amsterdam) 44 p. International Conference on AIDS (5th: 1989: Montreal)

  34 Abstracts of papers presented in roundtable on Epidemiology and public health in alphabetical order and presented at the 5th International Conference on AIDS in Montreal, 1989

- ***Conference on women and AIDS support network*** (23 - 24 Nov. 1989: Harare)

  AIDS: an issue for every woman: an edited report of the proceedings of a women and AIDS support network conference held in Harare, Zimbabwe on the 23rd and 24th November 1989

- ***Women and AIDS Support Network,*** 1990. 42 p. Incl. Illustrations. The report was compiled by Brigid Willmore, Sunanda Ray and others.

- Cordero, Margarita ***Fear of HIV/AIDS and Childbirth*** IN: Maternal Mortality and Morbidity: a call to women for action; May, special issue. 1990. p. 18. Originally published in Mujer Fempress Oct. 1989 p. 4.

  This article describes how medical professionals fear and dislike attending to HIV positive women when they are in surgery to deliver their babies. The professionals say they have to put ethics aside and do things which safeguard their lives, yet the HIV positive mothers need to be saved as well.

- Delport, Elize ***The new partnership for Africa's Development (NEPAD): Raising issues of gender equality and HIV/AIDS*** Africa: Internet download, 2002. 12p.

  This document looks at how the issues of gender equality and HIV/AIDS are being tackled in NEPAD.

Videos

- Chumbler, C. ***USAID Forgotten Children: The Legacy of Poverty and AIDS in Africa*** Washington, DC: Africa Bureau Information Center, USAID, 2001. 13min.

  This is a documentary about the impact of AIDS and poverty on Children in Africa

- ***The Faces of AIDS*** Arlington, United States: AIDSTECH/AIDSCAP 20 min.

  The video shows people living with HIV/AIDS in Cameroon and Zimbabwe. These people and their families, husbands, wives, doctors and health workers share experiences about how AIDS has affected their lives. These are people who have come out in the open about their status and experiences. The video comes with discussion guidelines.

- Farthing, Charles F. (Ed); Brown, Simon E. and Staughton, Richard C.D. (Ed) ***A colour atlas of AIDS and HIV disease***

- Wolfe Medical Publications Ltd, 12 selected pages Incl. illustrations. Full book available at Medical Library.

- Civic, Diane; Wilson, David ***Dry Sex in Zimbabwe and Implications for Condom Use*** IN: Soc. Sci. Med.; vol. 42, no. 1. 1996. p. 91 - 98.

  Women in Zimbabwe and elsewhere have been found to use a variety of drying agents to have a dry, tight vagina for "dry sex". This study focuses on the impact of "dry sex" on condom use and effectiveness. The study was carried on female peer educators in Zimbabwe who had a history of commercial sex work.