

GENDER

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Background

- A gender responsive NACP include gender sensitive interventions for all
- Gender is cross-cutting and should be addressed by all working groups
- This group has focused on proposing actions mainly for women and girls.
- The group agreed that vulnerability rather than a risk framework need to be used when defining the target group/s.
- Monogamous women are most vulnerable, but even among this large number of women, some of them are more vulnerable such as partners of HRGs, female migrants (source/destination), widows, tribal women, young girls, working women...
- Women most at risk constitute female sex workers, female injecting drug users, female street children...

Stock-taking of the NACP-III

What went well?

- NACP-III framework has strong gender guidelines.
- Programme has achieved more as compared to intentions spell out in the main policy document.
- Significant increase of Social protection schemes such as widow pensions and travel concessions.
- Women have successfully accessed ART and counselling services
- There has been a reduction of new infections, significantly among FSW.
- The programme has been flexible and allowed for SACS to initiate state specific HIV programming women.
- TG has been acknowledged as a population group with specific needs meriting separate HIV programming.
- Gender training incl GRB module in place

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Scope for improvement:

- NACOs needs to ensure better implementation of the mainstreaming gender guidelines on ground.
- Partners of HRGs need to be addressed more effectively
- Need for capacity building of SACS and STRCs on gender issues
- Need for gender focal point at SACS.
- Need for orientation/Induction training at NACO/SACS on gender issues.
- Need for better facilitation for gender HIV mainstreaming with other dept. or with other partners
- SACS mainstreaming programmes need to report on interventions for women on defined indicators and to do regular monitoring.
- Gender budgeting should be introduced.
- Violence is not addressed as gender issue in HIV programme. It has to be looked into as an issue with right perspective .
- NACO is doing well in responding to but has to do more to prevent stigma. There is a need for a systematic approach to address stigma.
- Quality of gender sensitive services require improvement

Reduce the feminisation of the epidemic

- Positive prevention
- Age appropriate IEC material - adolescence education programme, school health education to include sexuality education and gender-based violence
- Reaching out to partners of HRG
- Address gender inequity through mainstreaming, family planning programmes – male participation, so not all responsibility of preventing HIV transmission falls on women –
- Interventions need to take into consideration the diversity of women as well as men
- Making IEC material gender sensitive
- Ensuring quality and introducing measures for specific gender needs
- Young girls need to be addressed in the youth group.
- Need to change from risk to vulnerability assessment.
- NACO should have a cross-cutting functional working group and a technical resource group with invited gender experts and SACS should have gender focal point and working group.
- Ensure HIV facts is included in existing women- and child helplines.
- Migration interventions at source

Reduce S&D effecting women

Look at mechanisms within NACO:

- Activate the grievance systems in NACO and at SACS and disseminate it widely in the community
- SACS grievance committees to be made gender responsive (capacity building).
- gender sensitive media campaign

Mechanisms outside NACO:

- Need for state level public health policy where S&D are stated
- Include discrimination in the discourse of GBV e.g thru NRHM, address it from the rights framework , part of mainstreaming dialogue with Ministry of Law.
- Use State legislative forums to address the issues.
- Working with gender sensitizing Health service providers attitudes e.g. Kerala, Rajasthan family counseling centres.

Gender friendly services

- Identification of 1-2 areas that need gender responsive approach:
- ART: reduce distance to centre, appropriate timing and escort services thru ORW at ART centres, travel concessions, gender specific data on LFU, nutritional supplement, side effects of ART for women, vaginal STI, more female docs, no pap.smear test facility
- STI/ICTC: inclusion of sexuality/relations in the counseling for children, gender sensitisation of counselors, partner notification, couple counseling, no referral, discordant couples, identification of violence
- DIC guidelines to be flexible to address issues of gender, the need for separate space for women to feel safe, indicators to address if requested by the communities.
- Sensitization of health care workers at District hospitals to ensure HIV friendly hospitals
- Review CCC guidelines and its implementation from gender perspective

Integration with large programmes

- NACP-III mainstreaming approach continues to be an important and relevant
- Identify why and what we need to engage with large programmes of other depts.
- Identify the relevant programmes through vulnerability mapping.
- The programmes and infrastructure of important ministries such as PRI, MRD, MWCD, Livelihood mission, SHG, ICDS, ICPS, workplace programmes in female dominated industries, can be used effectively to address issues of women and girls.
- Facilitate PWN+ to access other Ministries to assist in mainstreaming.

Monitoring and evaluation:

- SIMS to collect and analyse sex and age disaggregated data.
- The programme needs to invest in data collection, ensure quality of data collected and generate gender specific analysis.
- There is need for further vulnerability mapping based on a gender perspective to identify vulnerable women.
- Enhance capacities of understanding GRB of functionaries (all manager and Finance/Operation staff in SACS & NACO). Train staff of TSUs as an in-house resource on GRB.
- In addition to existing system of monitoring qualitative studies and KAP analysis should be undertaken to capture “what works”

Suggested Indicators

- % increase in women accessing ART
- % decrease in women and girls lost to follow up (increase in tracking and returned)
- Number of States that have put in place systems to facilitate travel concessions (incl. private transport), appropriate timing and escort services for women accessing ART
- Number of counselors trained in detecting violence against women
- Number of referrals instituted by counselors with organizations supporting survivors of violence
- Number of DIC that have responded to the needs of women and children by allocating separate space, timing and gender of service providers
- %increased uptake of female condom
- No. of partners of HRGs reached and counseled
- No. of linkages established by project managers of TIs with other departments running livelihood programmes

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- Change attitudes of community leaders on masculinity (inclusion in BSS?)
- % increase in Women living with HIV reporting successful outcome relating to access to justice for inheritance, stigma, discrimination.
- %increase of women living with HIV accessing socio-economic schemes
- 100 % NACO/SACS staff trained on gender
- No. of media campaigns that address gender
- No. of gender audits, etc.
- Increase in no. of users of helplines
- No. of gender trainings for service providers in STI clinics completed
- Inclusion of measurement of self-perception of risk in the BSS
- No. of Gender focal points in States
- No. of Gender Responsive Budgeting
- No. of recommendations by TRG accepted and implemented by NACO.
- No of complaints lodged by women registered at SACS/ART centres grievance cells and cases resolved.
- No. of schemes and policies run by MWCD , MRD & Soc Welfare, MSJE, PRI that address issues of women and children living with HIV.

Innovations

- Expand the scope of TIs through partner support groups, challenging gender stereotypes through BCC, improving access to Femidom, linking TIs to larger development programme
- Influence legal system to respond to gender issues: Partnerships with APEX body in charge of training judiciary (NALSA/SALSA/DALSA), mediation at community level (woman is the chair – PRI – legal services)
- Engage positive networks in collaboration with folk theatre to disseminate knowledge about services, legal literacy – focus on migration districts
- Training counselors how to detect violence against women – training module health and violence (CHETNA)

Best Practices:

- Institutionalize income generating activities and provide training in NACP IV – service support centres in the field (some experiences of DICs)
- PWN+ We canteen project to address stigma
- Engagement of men – train men to be change-makers in their community, assist in disclosure
- Leadership programmes for women and youth
- Review WB funded innovations project e.g. Ashoyadha rest., Mysore laundry (livelihood options for elderly sex workers)
- Review learning from SHG
- Review AIDS Competence process
- Strengthening helplines by making it more interactive

THANK YOU