

# Draft Working Group Report on Strategy for Women & HIV in NACP IV

Date: May 9 & 10, 2011

## **Members:**

Member Convener: Mr. Mayank Agrawal

1. Ms. Madhubala Nath (Chairperson)
2. Ms Kaushalya Perisamy (Co-Chair)
3. Ms. Alka Narang
4. Ms. Asa Andersson
5. Dr. Ravi Verma
6. Dr. Shalini Bharat
7. Ms. Smita Mitra
8. Ms. Shashi Sudhir
9. Mr. Sunil Nanda
10. Dr Keshab Chakrabarty
11. Ms. Pallavi Patel
12. Ms. Ifrat Hussein
13. Ms. Geeta Venugopal
14. Ms. Vandana Mahajan
15. Mr. Shantamay Chatterjee

## **A. Introduction:**

### **i. Achievements under NACP III**

India has an estimated population of 2.4 million people living with HIV<sup>i</sup>. Currently, around 0.9 million women are estimated to be living with HIV in the country. Over the years the prevalence of HIV among women has increased from 29% in 1990s to 39% in 2008-09. The National HIV/AIDS Policy 2001<sup>ii</sup> acknowledged the special issues and challenges in addressing the women's vulnerability to HIV and proposed directions to address the same.

Gender as an issue runs through different programme components under NACP-III. NACO developed an Operational Framework to address gender specific vulnerabilities to HIV during NACP-III. The guidelines state that women's vulnerabilities to HIV/AIDS are a result of unequal power relations between and among men and women in the society and therefore the guidelines on Mainstreaming Gender and HIV for Women's Empowerment<sup>iii</sup> laid a strong emphasis on addressing the vulnerabilities of women to HIV through a multi-sectoral approach and by building up partnerships. Some of the vulnerable women groups identified for interventions include female sex workers, spouses of migrants and truckers, women migrants, single women, adolescent girls and women living with HIV. At the same time, it has been recognized that men and adolescent boys also need to be included for a desired change in social attitudes and practices and empowerment of women.

## ii. On-going initiatives

During NACP-III, a number of new initiatives were taken up while existing interventions were strengthened to address women's vulnerabilities to HIV. These are summarized below:

### Prevention & IEC Services:

- Targeted Intervention (TI) projects focusing on Female Sex Workers (FSWs) have been successful in containing the HIV prevalence and bringing down the rate of new infections among FSWs by promoting safe sex and consistent condom usage, linking them with the services for treatment of sexually transmitted infections (STIs), HIV counseling and testing. At present, the TI interventions are reaching out to 6.78 lakh FSWs out of 8.68 lakh FSWs estimated in the country.
- The Link Workers Scheme (LWS) launched in 2008 targets high risk individuals in rural areas which include spouses of migrants. By 2010, about 12 lakh rural women were directly reached with prevention services through the scheme in 126 high vulnerable districts.
- Information, Education & Communication (IEC) has been the pillar of prevention strategy under NACP. Dissemination of culturally appropriate HIV prevention messages to women has been a priority during NACP-III. About 40% of the people reached through the Red Ribbon Express project were women. They were specially mobilized to see the train exhibition and were covered through the outreach activities. TV and Radio programmes by NACO and SACS expressly focused on women issues. The Radio programme 'Babli Boli' addressing rural women; the TV soap on Doordarshan- "Kyunki Jeena Isi Ka Naam Hain"; special episodes on HIV/ AIDS in the Kalyani Health magazine aired from 8 regional networks of Doordarshan are some of the examples. Generally two bursts of mass media campaigns are being implemented on PPTCT every year. Campaigns conducted on other themes such as condoms, STI, stigma and discrimination, blood safety etc. have also been gender sensitive. NACO sent a booklet titled "Gram Sandesh- HIV/ AIDS & the Role of Women Members of Panchayati Raj Institutions" to all gram panchayats in 2007 deliberating on issues of women vulnerability and stigma & discrimination. Information panels on women vulnerability were installed across the country at service centres. A number of women specific IEC materials were developed and distributed.
- With the help of the Department of Rural Development, Self Help Groups (SHGs) among rural women were trained on HIV/ AIDS prevention, modes of transmission, HIV related health & other services and stigma & discrimination issues. A module "Shaping our lives" was developed for the purpose. The trainings have also covered Anganwadi Workers, ASHA, ANMs and women members of PRIs.

### Counselling & Testing, Care Support & Treatment

- Over 5200 Integrated Counseling & Testing Centers (ICTCs) are operational at the hospital and community level health institutions to provide free counseling & testing services. WLHIV are provided with referral care & support through these centers for PPTCT, STI/ RTI treatment, TB-HIV, ART, etc.; Out of 14.36 million tests per annum, 6.1 million are women

- Treatment, Care & Support to women living with HIV (WLHIV) is a major area under NACP III; 3,80,614 adult women were registered with 270 ART Centers & 450 Link Art Centers as on March 2010
- 27,696 female children were registered under Pediatric ART (Mar 2010)
- 201 Drop in Centers (DICs) are operational in the country to provide psychosocial-social and other support to PLHIV, including women at the district level. The DICs are managed by PLHIV networks.
- About 350 Community Care Centers (CCCs) exist in the country. WLHIV visit the CCCs to access necessary care & treatment support. As required WLHIV are referred to various services centers for further assistance from the CCCs.
- In India as part of various health & other schemes there are several layers of community level functionaries such as ANMs, ASHA, AWWs, etc who work with women and children. Under NACP III, convergence with National Rural Health Mission (NRHM) and mainstreaming of HIV within Integrated Child Development Scheme (ICDS) under the Ministry of Women & Child Development has resulted in outreach of NACP efforts on HIV prevention & care support referral services to millions of women. ANMs, ASHA & AWWs are trained to reach out to rural women & adolescent girls with HIV prevention knowledge, information on care support treatment services and on stigma & discrimination issues.

#### **Stigma, Discrimination & Social Protection:**

Stigma & discrimination has been both a cause and consequence of HIV. It is a vicious cycle. NACP III initiated efforts at mainstreaming response through various other ministries/ departments in addressing stigma, discrimination and social protection issues for women living with & affected by HIV. NACO/ SACS have been working under the mainstreaming initiative to ensure Social Security measures for WLHIV to ensure access to essential rights. Some of the key efforts have been:

- Significant increase in number of women registered with and receiving benefits under Social protection schemes such as widow pensions and travel concessions.
- For provision of free legal aid different states have piloted different initiatives. Tamil Nadu is running Free Legal Aid Clinics. The states of Chhattisgarh, Punjab, West Bengal, Rajasthan and Uttar Pradesh have provisions of legal aid through different models. In Gujarat, a MoU for free legal aid to PLHIV has been signed between GSNP+ and district legal aid authorities. The Bar Association of Durg, Korba (Chhattisgarh), Alwar (Rajasthan) Etawah, Mau, Deoria (Uttar Pradesh), Alipore (West Bengal) have committed to providing free legal aid for PLHIV including women.
- In Orissa, Madhu Babu Pension Yojana provides an amount of Rs 200 to all PLHIV, including women. In Rajasthan the State Government has done away with age consideration for WLHIV under Widow Pension scheme.
- NACO has significantly encouraged the involvement of Positive Women across the country. Positive Women Networks at national/ state / district levels have been encouraged to advocate and promote the utilization of HIV related services for women.

- Cases that come to light on discrimination are followed-up by respective State AIDS Control Societies along with State & District level positive people's networks. They facilitate the rehabilitation of such cases with the support of shelter homes and Care homes run by Women and Child Development or the Social Welfare Department.

### iii. Programme Gaps & Challenges

The national HIV response and commitment to achieving the universal access to HIV prevention, treatment, care and support requires having better understanding of the dynamics of diverse and evolving epidemics. Country response to HIV/AIDS needs to be formulated on the basis of an understanding of women's and girls' specific vulnerabilities, and actions should counter such inequities by helping women gain control of their lives and set the conditions for safe and empowered decision making in their sexual relationships. Over the years, as HIV has progressed and its impact on lives of people evolved, many specific issues, concerns and nuances that require particular attention with regard to women and HIV have also come to light through programmes and interventions design and delivery, impact and reporting<sup>iv,v</sup>. Various studies have indicated that gender gaps in accessing HIV related services and efforts to provide protection to PLHIV need attention. Some programmatic issues which need urgent attention are:

- There are gender related differences in accessing services and psycho-social support.
- Women experience stigma in multiple and highly debilitating ways.
- Women affected by HIV lack economic and legal support.
- Youth including young women are highly vulnerable to HIV transmission.
- Some cultural practices increase women's vulnerability to HIV/AIDS.
- Women's decision making on sexual matters is very low.
- Condom negotiations with regular partners pose difficulties not only for women but also for men in certain circumstances.
- Trans-gender and MSM population face multiple layers of stigma and powerlessness.

It is critical that national strategic framework and policies for intervention to reverse and halt the spread of HIV be constantly reviewed for inclusiveness and gender responsiveness. Also it is important that the issues of prevention, care, support, treatment and protection for the various social groups be addressed from the rights based and empowerment approach for reaching out to the vulnerable and most at risk population groups.

The Gender Mainstreaming approach reflects the degree to which the country has mainstreamed the gender dimension in their HIV strategies. In the rights based programming, the HIV interventions are designed and implemented in a comprehensive manner aimed at improving gender equity and for reducing the vulnerability of men and women to HIV and its consequences. These two have been articulated in several programme designs and implemented through diverse approaches.

## B. Next Phase:

### i. Vision

As NACP IV looks at strengthening access to services as a general principal, improved access to services for women who are vulnerable and at risk to HIV, has to be a priority. The vision

for NACP IV is- “integration of gender sensitive approach within all programme interventions, to promote gender equity and empowerment and thereby ensuring a stigma free & non-discriminatory access to information, services & protection to women vulnerable to HIV and living with or affected by HIV”.

## ii. **Priorities (programme & geographical)**

### **Programme:**

- Ensuring Gender friendly services
- Reduction in increasing Feminization of the Epidemic
- Decrease in stigma & discrimination against women living with HIV
- Mainstreaming & convergence with other ministries & programmes
- Promoting gender based monitoring & evaluation

### **Geographical:**

- Rural areas in A & B category districts
- Select districts with high migration and other vulnerable population based on evidence from data triangulation
- Special areas based on evidence gathered by SACS/ donor partners
- An assessment of factors that make women vulnerable to HIV will be undertaken and geographical pockets with high vulnerability will be identified to focus appropriate interventions to prevent the spread of the epidemic among women.

## iii. **Emerging Issues- institutional & service delivery**

- NACO’s ownership needs to be strengthened e.g. the mainstreaming gender guidelines need to be strongly translated into practice or outcome at the ground. To begin with a strong focus of enhancing understanding of programme implementers will be undertaken.
- Partners of HRGs need to be effectively addressed in the NACP-4
- SoPs for gender interventions at SACS need to be ensured
- Need for capacity building of SACS and STRCs on Gender.
- Gender focal point at SACS to be ensured.
- There is currently no orientation/induction training at NACO/SACS which includes gender.
- Attempt at gender HIV mainstreaming in other dept. or for other partners need to be focused
- SACS mainstreaming programmes need to focus on women, there has to be a system of reporting on interventions for women which should also be closely monitored- the present monitoring formats may accordingly be modified

- The programme does not have gender budgeting – certain parameters need to be developed for the same.
- Violence which increases vulnerability to HIV has not been addressed as part of NACP. SACS need to forward the reports on violence/PWN+/other non-funded projects.
- NACO is doing well in responding to but not preventing stigma. Need a systematic approach to address stigma.
- Quality of gender sensitive services need to be improved

#### **iv. Key Challenges**

- A gender responsive NACP include gender sensitive interventions for all
- Gender is cross-cutting and should be addressed by all working groups
- The Working Group on Gender for NACP IV 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.

### **C. NACP IV Focus Areas (2 pages):**

#### **i. Quality**

#### **ii. Innovations**

- Institutionalize income generating activities and provide livelihood trainings to WLHIV 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 restaurant, Mysore laundry (livelihood options for elderly sex workers)
- Review learnings from SHG and involve trained SHGs in providing linkages to the programme in villages
- Review AIDS Competence process
- Strengthen help lines by making them more interactive with provisions for female counselors compulsory
- Expand the scope of TIs through partner support groups, challenging gender stereotypes through BCC, improving access to female condoms, 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 levels for cases involving stigma and discrimination issues, property disputes involving PLHIV etc. may be done through woman in chair – such as through woman head of PRIs
- Engage positive networks in collaboration with folk theatre to disseminate knowledge about services, legal literacy
- Training of counselors on how to detect violence against women needs to be done– training module on health and violence by CHETNA may be considered

### **iii. Integration/ Convergence**

- NACP-III mainstreaming approach to continue
- Identify why and what we need to engage through other dept. /large programmes- department- wise analysis of programmes and policies may be done and relevant programmes may be identified through vulnerability mapping.
- The programmes and infrastructure of important ministries such as PRI, MORD, MOWCD, Livelihood mission, SHG, ICDS, ICPS, workplace programmes in female dominated industries, can be used effectively to address issues of women and girls.
- NACO to support PWN+ to access other Ministries to assist in mainstreaming.

### **iv. Sustainability**

Sustainability of the programme can be ensured only by integrating HIV component in possible programmes and policies of other ministries/ departments relating to women.

## **D. Cross Cutting Areas:**

### **i. Capacity building**

- Induction training for NACO/ SACS/ DAPCU staff to include gender component
- The staff at service centres such specially counselors at ICTC, ART, STI centres to be trained on HIV vulnerabilities of women and how to address them in their interactions with both female and male clients
- Capacity building of PWN+, INP +, State and District Networks of positive Women and involving them in programme implementation
- 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

### **ii. Monitoring & Evaluation**

- SIMS to collect and analyze sex and age disaggregated data, ensure quality of data collected and generate gender specific analysis.

- There is a need for further vulnerability mapping based on a gender perspective to identify vulnerable women.
- In addition to existing system of monitoring qualitative studies and KAP analysis should be undertaken to capture “what works”

## **E. Recommendations on Plan for NACP IV:**

### **i. Priorities- groups, regions, activities**

- Monogamous women are vulnerable, but even among them some are more vulnerable such as partners of HRGs, female migrants (source/destination), widows, tribal women, young girls, working women, etc
- Women most at risk constitute female sex workers, female injecting drug users, female street children, etc
- Addressing Stigma & Discrimination

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 campaigns to be conducted

Look at mechanisms outside NACO:

- Need for state level public health policy to address the issue and S&D cases
- Include discrimination in the discourse of GBV e.g. thru NRHM, address it from the rights framework
- S&D should be part of mainstreaming dialogue with Ministry of Law.
- Use State legislative forum to address the issues.
- Gender sensitive Health service provisions e.g. Kerala, Rajasthan type family counseling centres.

### **ii. Core Activities**

Under NACP IV mainstreaming to continue as an important and relevant strategy to address women & HIV issues. Priority for all programmes would be to Identify why and what we need to engage through other dept. /large programmes. It is important to identify the relevant programmes through vulnerability mapping. The programmes and infrastructure of important ministries such as PRI, MoRD, MoWCD, livelihood mission, SHG, ICDS, ICPS, workplace programmes in female dominated industries, can be used effectively to address issues of women and girls. The key programme areas under NACP IV are:



- NACO to support positive networks of women to access other Ministries to assist in mainstreaming.
- Positive prevention to be gender sensitive
- Making IEC material gender sensitive, developing age appropriate IEC materials - adolescence education programme, school health education to include sexuality education and gender-based violence as preventive tools for young and adolescent girls
- Interventions to address partners of HRGs
- Address gender inequity through mainstreaming, family welfare 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
- Ensuring quality and introducing measures for specific gender needs
- Young girls need to be specifically 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; SACS should have gender focal point and working group.
- Ensure HIV facts are included in existing women- and child help lines.
- Migration interventions at source to address spouses of migrants, build up their prevention skills, empower them on condom use – negotiation skills
- Institutionalize income generation activities and provide livelihood training to WLHIV in NACP IV – linking them with service support centres in the field, facilitate market for the products (learning from some DICs to be extended as part of programme intervention)
- PWN+ We canteen project to address stigma may be extended
- Engagement of men – train men to be change-makers in their community, assist in disclosure
- Leadership programmes for women and youth
- Review of WB funded innovations project e.g. Ashoyadha restaurant, Mysore laundry (livelihood options for elderly sex workers) and their extension in other places
- Review learning from SHGs
- Review AIDS Competence process
- Strengthening help lines by making them more interactive- provision of female counselors at help lines to be mandatory
- Expand the scope of TIs through partner support groups, challenging gender stereotypes through BCC, improving access to female condoms, 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 to address stigma and property related issues concerning PLHIV with woman in PRI members in the chair – as part of community legal services
- Engage positive networks in collaboration with folk theatre to disseminate knowledge about services, legal literacy – focus on A, B category and high outmigration districts

- Training counselors how to detect violence against women – training module on health and violence by CHETNA may be adapted and adopted
- ART: reduce distance to centre, appropriate timing and escort services through ORWs at ART centres- with priority for women, travel concessions, gender specific data on LFU, nutritional supplement, side effect of ART on women, interventions on vaginal STI, more female staff & medical officers at STI centers, pap smear test facility
- STI/ICTC: inclusion of sexuality/relations in the counseling for children, gender sensitization of counselors, partner notification, couple counseling, referral for medical & non-medical gender services, addressing discordant couples, identification & interception through referral for violence
- DIC guidelines to be flexible to address issues of gender, the need for separate space for women to feel safe, women DICs in districts with large women PLHIVs
- Sensitization of health care workers at hospitals to ensure HIV & gender friendly hospitals
- Review CCC guidelines and its implementation from gender perspective

### iii. **Linkages**

- Linkages among ICTC/ PPTCT centres, Ante-natal clinics, STI/ RTI clinics, ART centres, DICs, CCCs through women outreach workers (preferably WLHIV)
- Linking trained SHGs, AWW, ANM, ASHA, PRIs, Link Workers with the service centers in the area
- Linkages for livelihood programmes, legal services, etc.

### iv. **MIS**

#### **Targeted Interventions**

- %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 programme

#### **ART**

- % increase in women accessing ART
- % change in women and girls lost to follow up (increase in tracking and those returned)
- No of complaints lodged by women registered at SACS/ART centres grievance cells and cases resolved.
- 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

#### **ICTC**

- Number of counselors trained in detecting violence against women

- No. of women counseled (through ICTCs, link workers, school programmes) in improving their self perception of risk to HIV/AIDS - (THIS INDICATOR CAN ALSO BE PUT UNDER MAINSTREAMING)
- Number of referrals instituted by counselors with organizations supporting survivors of violence

### **Mainstreaming**

- 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
- Increase in no. of users of help lines- no. of women accessing these services
- No. of schemes and policies run by MoWCD, MoRD, MoSJE, PRI that address issues of women and children living with HIV.
- No. of media campaigns that address gender
- No. of gender audits, etc.
- Inclusion of measurement of self-perception of risk in the BSS
- No. of Gender focal points in States
- No. of Gender Responsive Budgeting

### **GIPA**

- Number of DIC that have responded to the needs of women and children by allocating separate space, timing and gender of service providers
- No. of gender and HIV trainings for service providers in STI clinics completed
- 100 % NACO/SACS staff trained on gender & HIV
- No. of recommendations by TRG accepted and implemented by NACO

### **v. Budget**

- Specific budget allocations required for gender sensitive trainings and capacity building at different levels
- DIC Operational Guidelines to suitably incorporate budgetary provisions to ensure safe space (additional space requirement) for women in existing DICs

### **vi. Time Frames**

To be worked out after regional consultations

---

<sup>i</sup> HIV Estimations 2010, NACO' Govt. of India

<sup>ii</sup> National HIV AIDS Policy, 2001, MOHFW, Govt. of India

<sup>iii</sup> Mainstreaming Gender and HIV, NACO, 2008

<sup>iv</sup> USAID evaluation of its programmes done by ICRW, 2006

<sup>v</sup> Mid-term evaluation of NACP-III, 2010