

## **REPORT OF THE NACP-IV WORKING GROUP ON GENDER**

### **1. Introduction:**

India has an estimated population of 2.4 million people living with HIV, of whom about 0.9 million are women. In spite of the declining trend in adult HIV prevalence, over the years the percentage of HIV infected women in total estimated number of PLHIV has increased from 29% in 1990s to 39% in 2008-09. Women, whether, married/single, divorced/widowed, sex workers or seasonal migrants or adolescent girls, are more vulnerable to HIV/AIDS. Socio-cultural dynamics such as gender disparities in decision making and negotiation skills, violence against women in family & community, social dislocation in disaster situations or due to migration for work, all this enhance women's vulnerability to HIV. The physiological factors also render women more vulnerable HIV than men. The gender aspect of HIV manifests in terms of increased burden of care and domestic responsibilities, economic hardships, dispossession in property and inheritance for the women in HIV affected households<sup>1</sup>.

### **2. Achievements under NACP III**

The National HIV/AIDS Policy 2001 acknowledged the special issues and challenges in addressing women's vulnerabilities to HIV and gave directions to address the same. NACP-III provided a strong gender framework. The guidelines were developed on women and HIV to guide gender based response to the epidemic. The achievements under NACP-III are briefly captured as follows:

#### **(i) Prevention:**

- HIV prevalence among FSWs has reduced from about 10% in 2003 to 4.9 % in 2009 with the increase in coverage of TIs reaching 6.78 lakh FSWs out of estimated 8.68 lakh FSWs.
- The Link Workers Scheme (LWS) launched in 2008 targets high risk individuals in rural areas including spouses of migrants. By 2010, about 12 lakh rural women were directly reached with prevention services through the scheme in 208 vulnerable districts.
- About 40% of the people reached through the Red Ribbon Express campaign were women.
- Mass media campaigns in TV and radio supported by mid-media, outdoor and IPC channels continued to focus on women issues. The thematic campaigns on ICTC/PPTCT, condoms, STI, stigma and discrimination, blood safety etc. addressed men and women alike.
- In 2007 NACO developed a booklet titled "Gram Sandesh- HIV/ AIDS & the Role of Women Members of Panchayati Raj Institutions" which was distributed at the gram panchayat level deliberating action from PRIs on issues of women's vulnerability and stigma & discrimination. Women PRIs were also reached through mainstreaming with M/o Panchayati Raj through training programmes which incorporated HIV as a component.
- A large number of women SHGs, ANMs, ASHA & AWWs have been trained on HIV/AIDS using a specially designed module- 'Shaping Our Lives' to reach out to rural women & adolescent girls with HIV prevention knowledge, information on care support treatment services and on stigma & discrimination issues.

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<sup>1</sup> NACO, UNDP- NCAER study on the Gender Impact of HIV on Women, 2005

## **(ii) Counselling & Testing, Care Support & Treatment**

- The number of women accessing ICTC/ PPTCT and ART services is steadily increasing.
- 201 Drop in Centers (DICs) are operational in the country providing psychosocial support and linkages to services for PLHIV, including women at the district level. There are 6 DICs in the country managed by networks of women living with HIV. About 350 Community Care Centers (CCCs) exist to provide access to necessary care & treatment support. WLHIV are referred from the CCCs to various services centers for further assistance.

## **(iii) Stigma, Discrimination & Social Protection:**

Stigma & discrimination has been both a cause and consequence of HIV. NACP III initiated efforts at mainstreaming response involving other government ministries/ departments in addressing stigma, discrimination and social protection issues for women living with & affected by HIV. Various social security measures for WLHIV have also been ensured. Some of the key achievements are:

- Free legal aid in some states for legal suits related to property, insurance claims, etc.
- Widow pension scheme in some states providing for financial support.
- Positive Women Networks at national/ state / district levels have been encouraged to advocate and promote access and utilization of HIV related services for women.
- Grievance redressal systems at the state levels advocate and initiate protective action against stigma & discrimination.
- Linkages of WLHIV and CLHIV to shelter homes and care homes under M/o Women and Child Development or the M/o Social Justice & Empowerment.

## **3. Gaps, issues and challenges:**

Although the epidemic in India has long been concentrated in High Risk Groups, it has reached into low-risk populations through sexual partners of HRGs mostly migrants and truckers. Wives of migrants and truckers are at higher risk of HIV. Some programmatic issues which need urgent attention are:

- The impact of the epidemic is greater on women than on men because of the inherent intra household inequalities that women have to cope with. A survey<sup>2</sup> that covered 2668 HIV households and 6,224 non-HIV households found that more than one-third of the women living with HIV were widows, the percentage of widowers was much lower at 4%. The HIV positive widows were facing the double burden of being both a widow and a HIV positive person. Only 10% were living with their husband's family and 79% of the widows complained that they were denied their share in their husband's property. While the average annual income of other HIV households was INR 51,111, the same for the widow households was lesser at INR 39,711. Most of the widows were in the prime of their youth; 60% were less than 30 years of age.
- Though there are improvements in the uptake of ICTC, PPTCT, ART, etc services by women, there are still differences in accessing services and psycho-social support between men & women. .

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<sup>2</sup> Gender Impact of HIV/AIDS in India – UNDP/NACO/ NCAER

- Women's decision making on sexual matters is very low. It is estimated that for more than 90% of women being in monogamous relationships, marriage is the only factor that put them at risk of HIV.<sup>3</sup> A number of studies are now confirming empirically that spouses and partners of MSM, IDUs, migrant workers, clients of sex workers need to be included in the expanded definitions of targeted populations to prevent the spread of HIV/AIDS in India.
- Existing myths and rituals around sexuality increase women's vulnerability to HIV/AIDS and efforts need to be in place to help communities unlearn these myths along with acquiring new information on HIV prevention.
- There is not enough sex and age disaggregated data on vulnerabilities and services.

**MTR report - identified gaps (Social inclusion, Women's Rights and Gender equity, Dec 2009):**

- Number of women and girls lost to follow up in ART services is ever increasing
- Enrolment of girls in pediatric ART services is extremely skewed.
- 39.63% of all children alive and on ART are girl children, with only 2 States showing equal percentage access of >49%. Male children are 150 times more likely to receive treatment.
- There is no comprehensive or focused strategy to address gender and social exclusion based vulnerabilities of key populations as a 'core business' of the TIs.
- There is no specific strategy and budget for extending the basic prevention services to sexual partners and/or clients of key populations under the TIs.
- Reaching out to female IDUs and extending TI services to female partners of male IDUs are not prioritized.
- There is no specific strategy to reduce stigma arising out of social exclusion and gender inequity against key populations from general populations, from mainstream service providers, from other key population groups.
- Violence associated with testing and disclosure remains unaddressed under ICTC, PPTCT and ART programmes.
- Clients' right to and need for informed consent, confidentiality, counseling of male partners, counseling to address potential and real violence get routinely subsumed by priorities to test and prevent peri-natal transmission.
- Meaningful involvement of key populations and PLHIV in decision making and programme management at all levels of NACP III is still far from realized.

**4. Ideas for next phase:**

The operational framework to address gender specific vulnerabilities to HIV developed during NACP-III can be used as a foundation to develop strategies under NACP IV to respond effectively to the gender concerns of the programme. NACP IV need to invest in assessing the gender sensitivity of structures, institutions and human resources, conduct gender impact analyses, document successful and innovative initiatives that have positively impacted on the lives of women living with or affected by HIV/AIDS, and accordingly provide the needed capacity building inputs so that gender is mainstreamed into the national response.

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<sup>3</sup> Report of the Commission on AIDS in Asia 2008

**i. Vision**

**“The creation of an environment that promotes gender equality and rights; and reduces women and girls’ vulnerabilities to HIV and AIDS “**

**ii. Programme Objectives**

- To improve access to and use of HIV prevention, treatment, care and support services for women and girls in the NACP IV programme & policy framework
- To empower women and girls to negotiate and advocate for their rights and entitlements to protect themselves from HIV and AIDS
- To create an enabling environment addressing structural barriers to reduce stigma and discrimination and mitigate the impact of HIV on women and girls
- To reduce gender based violence by equalizing gender and power relation by engaging men and boys

**iii. Strategies:**

- Generate strategic information, knowledge and evidence for identifying gender structural drivers to inform programming
- Mainstream gender and HIV concerns in national programmes
- Develop capacity of right holders and duty bearers to address the gender related causes and consequences of the epidemic
- Strengthen delivery systems to improve women and girls’ access and utilization of products and services
- Enhance policy advocacy for effective convergence of programmes that accelerate the process of equalizing gender and power relations

**iv. Priorities (programme & geographical)**

**Programme:**

- Gender to be recognized and addressed as cross cutting issue through gender responsive programmes.
- Communication initiatives to be stepped up to reduce ‘feminization of the epidemic’ and address stigma & discrimination against women living with & affected by HIV
- Mainstreaming and convergence with other ministries & programmes to address negative gender norms, provide legal support for equality in property and inheritance rights to WLHIV, enhance economic and social empowerment
- Gender based monitoring & evaluation

**Geographical:**

- ‘A’ & ‘B’ category districts
- Selected districts and pockets with high out migration and other vulnerabilities (based on evidence from data)

## RECOMMENDATIONS

### 1. Changes suggested for institutional set up

- A Gender Working Group at the national level needs to be constituted by taking on board experts on gender and HIV, representatives from all programme divisions, concerned mainstreaming ministries and development partners working on gender issues. Similar Working Groups need to be constituted at state levels. The Groups may meet at least once every quarter to discuss activities, address issues and suggest remedies.
- A position of gender consultant at NACO may be created exclusively to deal with the programmatic issues on gender. An officer/ consultant in each division may be identified as gender focal point to mainstream gender within various interventions. Similarly officers/consultants on gender may be identified at SACS level. They will be tasked with facilitating convergence and integration of interventions with other ministries & programmes, civil society organizations such as women– and child rights organizations.
- Earmarking M&E persons at NACO and SACS to oversee and facilitate gender disaggregated data

### 2. Mainstreaming/ Convergence

NACP-III mainstreaming approach should continue by strengthening programme partnerships with key ministries/ departments such as Women & Child Development, Rural Development, Panchayati Raj, Social Justice and Empowerment, Law and Justice, women's rights commissions at national and state levels, NRHM, livelihood mission, etc to plan, share resources, scale up interventions and review programmes to address issues of women & HIV. This will involve analyses of programmes of sectoral departments to make them sensitive to gender and HIV/AIDS issues as well as developing guidelines for programme implementers to view women affected by the virus as citizens with a number of entitlements. Programmes on gender based violence, economic empowerment, adolescence education, anti human trafficking, programmes that work with most at risk populations, reach out with information on HIV prevention, provide sexual and reproductive health services, offer opportunities for psychosocial assistance, etc. will be important for mainstreaming. A few indicative mainstreaming programmes are specified below:

- Of special importance are schemes such as ICDS of M/o Women & Child Development for reaching out to women in reproductive age group in villages through AWWs, Sabla to reach out to adolescent girls (11-18 years) in rural areas being implemented in 200 ICDC districts through Anganwadi Centres, Integrated Child Protection Scheme having provision of shelter homes to reach out to street children including young girls and children of sex workers and schemes of M/o Labour for education of women labour.
- Training and sensitization programmes of frontline workers such as AWW, SHGs and women PRI members started in NACP-III may continue for effective mainstreaming and convergence.
- Partnering with NALSA/SLSA/DLSA to influence legal systems to respond to concerns faced by positive women. Public hearings and lok adalats, in partnership with the legal system and NGOs can be tried. Partnering with human rights commissions at national

and state levels would be important for redressal of grievances and denial of entitlements to WLHIV.

- Panchayati Raj Institutions and other forms of effective mediation at community level may be tried to address stigma and property related issues.
- Linkages may be provided to WLHIV with economic security programmes such as Livelihood Mission.
- Capacity building of NGOs working among women may be done on how to empower women and girls to negotiate safer sex. Approaches should include tools that increase self awareness of risk to HIV/AIDS and reduce denial.
- Adolescence Education Programme and Red Ribbon Clubs in colleges may provide platforms to address gender education related to HIV.

## **2.1 Convergence with NRHM**

The existing initiative at convergence of NACP with NRHM needs to leverage on sharing of resources at the national and state level. The major activities that need to be addressed are as follows:

- Training and capacity building of community level health cadres such as ASHA and ANM on HIV/ AIDS and also of doctors for enhancing access to services for STI/ RTI, PPTCT, promoting condom usage and addressing stigma & discrimination at the community level may continue.
- Training of staff engaged with family welfare programmes may be undertaken to ensure increased male response in condom usage and HIV prevention.
- Village Health & Nutrition Days may be used for awareness and referral to STI Clinics/ ICTCs.
- Inclusion of PLHIV representatives as special invitee in Village Health & Sanitation Committee (VHSC) and capacity building of VHSCs on addressing HIV related issues.
- NRHM IEC campaigns on women reproductive health issues may also advertise services on PPTCT, STI/ RTI and promote condom usage.

## **3. Targeted Interventions & Link Worker Schemes**

- Scope of targeted interventions (TIs) may be expanded to have a separate component and strategy to deal with issues of partners of MSM, IDUs, migrant workers etc.
- TI interventions may specifically address issues of sexual violence within HRGs.
- Access to women controlled methods of prevention such as female condoms may be improved by linking TIs and LWS to larger development social marketing programme.
- Formation of partner support groups of clients of sex workers, spouses of migrants and IDUs may be promoted.
- TIs & LWS need to focus on engaging men & boys to be change-makers in their community.

## **4. ICTC, ART & other HIV related services**

- Escort services through ORWs at ART centres/ DICs with priority for women along with travel concessions may be considered for facilitating WLHIV LFU tracking and pediatric ART registration.

- Capacity building of ART/ PPTCT/ ICTCs may be done to track gender specific data on LFU and share with relevant stakeholders such as CCCs/DLNs/ DICs to arrest drop in LFU.
- Advocacy and partnership for provision of nutritional supplement for WLHIV & children on ART through mainstreaming & partnerships may be tried out.
- ART Centers may provide specific information and services like addressing side effect of ART on women, interventions on vaginal STI, etc.
- Helpline with provision of female counselors may be considered.
- Gender aspect of counseling needs to be improved on issues of partner notification, couple counseling, referral for medical & non-medical gender services, addressing discordant couples, identification & interception through referral for violence and male responsibility.

## **5. Communication:**

- Mass media campaigns supported by mid-media and IPC may continue. Time slots of TV and radio programmes popular among women should be used; advertising in vernacular women magazines may be considered.
- Folk media and multi-media campaigns should engage women artists and women positive speakers to disseminate knowledge about services, legal issues
- Communication materials may be vetted through gender perspective.
- Public debates and dialogue on violence against women need to be stirred so that gender stereotypes that drive the epidemic and increase women's vulnerabilities can be redefined and changed.
- There has been a very subdued dialogue on male responsibility issues. This dialogue is, however, critical to prevent the spread of HIV among young women as well as reduce the care burden in households. It is recommended that a programme be developed and implemented to reduce vulnerabilities of women by working with men and boys, bringing in global experiences in such initiatives.

## **6. Stigma and discrimination**

- There is need to institute the grievance redressal systems in NACO and at SACS and engendering them.
- State level public health policies also need to address the issue and S&D.
- AWW, ASHA, ANM, SHGs and PRIs may address gender stereotypes and S&D at community level.
- Gender sensitive Health service provisions may be ensured by training medical and para-medical staff.

## **7. GIPA**

- Drop In Centers (DICs) may have have provision of separate spaces for men and women.
- Sensitization and capacity building of DIC staff may be done to address gender issues and address vulnerabilities & discrimination against WLHIV.
- Leadership development of WLHIV through various platforms like PWN, DICs, DLNs, CBOs and TI for advocacy and as role model to fight vulnerability, stigma in the community may be considered.

## 8. Capacity building

- Training/ sensitization programmes by NACO/ SACS/ DAPCU and partners may incorporate component on gender and HIV.
- The staff at service centres specially counselors at ICTC, ART, STI centres may be trained on addressing vulnerabilities of women to HIV in their interactions with both female and male clients.
- Capacity building of national, state and district networks representing positive women and involving them in programme implementation,
- Technical support to positive women may be provided for accessing welfare schemes of other Ministries/ departments. .
- Capacity building of DLNs, DICs & TIs may be done so that they can sensitise clients on positive prevention from a gender angle.
- Understanding of Gender Responsive Budgeting (GRB) of functionaries (all manager and Finance/Operation staff) may be built up.

## 9. Monitoring & Evaluation

Under NACP IV, SIMS need to collect and analyze sex and age disaggregated data on various services, outreach programmes and trainings. There is a need for vulnerability mapping based on a gender perspective to identify vulnerable women. In addition to existing system of monitoring qualitative studies and KAP analysis may be undertaken to capture “what works”. Only a constant review of national strategic and policy frameworks for inclusiveness and gender responsiveness will help to bridge the gender gap within programmes.

### Suggested Gender Monitoring Framework for NACP IV: Activities, outputs and outcomes indicators

<b>1.To improve access to and use of HIV prevention, treatment, care and support services for women and girls in the NACP IV programme &amp; policy framework</b>			
<b>Outcomes</b>	<b>Outputs</b>	<b>Indicators</b>	<b>Means of Verification/ M &amp; E Systems</b>
	1) Service providers in NACP IV programme are able to provide gender responsive and non-discriminatory HIV services, such as ensuring equal access to pediatric ART, reduction of women and girls loss to follow up, improved couple counseling/partner notification, provision of Treatment for	1. No. and % of HIV infected newborns/infants registered in ART by gender	CMIS
		2. % of persons put on ART who report (95%) adherence at the end of 12, 24, 36 months by age and gender	CMIS
		3.No. and % or registered discordant couples provided couple counseling and chose prevention for treatment option	CMIS
		4. No. of counselors trained in detecting violence against women	Training records NACO/SACS



Prevention option for sero-discordant couples and improved detection of violence, etc.	5. No. of referrals instituted by counselors/service providers with organisations supporting survivors of violence	SACS annual reports
	6. No. of regular/intimate partners of key population reached and counseled.	CMIS
	7. No. and proportion of staff (ICTC/STI/PPTCT/ART/TI/DIC/DIC/SIMU) have undertaken induction and refresher training on gender, rights, couple counseling, partner notification, male involvement, stigma and discrimination	Training records NACO/SACS
2) Gender analyses and audit of NACP IV policies, programmes & facilities undertaken	1. No. of DIC that have responded to the needs of women and children by allocating separate space, timing and gender of service provider	DIC annual reports
	2. No. of SACS generating a report every quarter that includes sex and age disaggregated data	SACS MIS
	3. Proportion of districts with gender sensitized M&E staff in position	SACS training records
	4. Amount of budget for HIV programmes allocated and expended for women	SS (Budget review/FPMIS)
	5. No. of gender audits undertaken	NACO/SACS annual reports
<b>2.To empower women and girls to negotiate and advocate for their rights and entitlements to protect themselves from HIV and AIDS</b>		
<b>Outputs</b>	<b>Indicators</b>	<b>Systems</b>
1) Women and girls have improved knowledge on HIV and their rights and entitlements	1.% of general population (15-49) who both correctly identify ways of preventing sexual transmission of HIV and reject misconceptions about HIV transmission by gender and age	BSS
	2. No. of complaints lodged by women registered at SACS/ART centres grievance cells and cases resolved	Grievance records at SACS/ART centres
	3. % of women living with HIV reporting successful outcome relating to access to justice for inheritance, stigma and discrimination	Special studies
2) Improved knowledge, access and use of women controlled preventive technologies, such as female condoms	1. No. of female condoms distributed	CMIS
	2. No of studies on women controlled technologies	Records on research
3) Strengthen capacities of women collectives and positive	1. No of people living with HIV enrolled in a district network by gender and age	Positive networks reports

women network to articulate their rights and entitlements within the NACP IV and through established linkages to other gender responsive development programmes.	2. No of decision-making bodies at national, state and district levels and NGOs working in the field of HIV that include representatives of people living with HIV by gender and age	NACO/SACS/DAPCU reports - Special studies
	3. No of leadership programmes carried out among positive women	Training records
<b>3. To create an enabling environment addressing structural barriers to reduce stigma and discrimination and mitigate the impact of HIV on women and girls</b>		
<b>Outputs</b>	<b>Indicators</b>	<b>Systems</b>
1) Women and girls living and affected by HIV have knowledge of and access to information and services on domestic violence	1. % of women and girls living and affected by HIV have the knowledge of and know where to access services on domestic violence	Special studies
2) Advocacy for reform of laws that impede effective HIV response – such as ITPA, NDPS have reduced reported stigma and discrimination by FSW and FIDUs	2. No. of laws have been reformed to include changes that create an enabling environment for an effective HIV response	Special studies
3) Women and girls infected and affected by HIV have access and use socio-economic safety nets	1. % of women living with HIV accessing socio-economic security schemes	CMIS, Special studies
	2. No of schemes and policies run by MoWCD, MoRD and PRI that address issues of women and children living with HIV	MoWCD, MRD, PRI records
	3. No of States that have put in place systems to facilitate travel concessions (incl. Private transport), appropriate timing and escort services for women accessing ART	SACS reports
<b>4. To increase the engagement of men and boys in the national HIV response to address gender inequalities and unequal power relations that increase women's vulnerabilities</b>		
<b>Outputs</b>	<b>Indicators</b>	<b>Systems</b>
1. Enhanced understanding of gender and power relations amongst young boys through the Adolescent education programme, RRCs, and partnership with NYK	1. % of boys covered under the adolescent Education programme, RRCs and partnerships with NYK	AEP, RRC, MYK attendance records

	2) Counsellors in ICTC/ART centres are able to address issues of male responsibility with regards to sero-discordancy and positive prevention	1. % of staff trained in male responsibility	NACO/SACS training records
	3.) At least one Gender equality champion is identified and engaged in gender related activities in the gender vulnerable districts	1. No. of gender champions trained and delivered a gender responsive public lecture/statement	Special study
		2. No. of interventions where men and boys are addressing achievement of gender equality	Special study

### Annexure I: List of participants

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. Shalini Bharat
6. Dr. Ravi Verma
7. Dr Keshab Chakrabarty
8. Ms. Vandana Mahajan
9. Ms. Pallavi Patel
10. Ms. Ifrat Hussein
11. Ms. Shashi Sudhir
12. Mr. Sunil Nanda
13. Mr. Shantamay Chatterjee

## **Annexure II: Terms of Reference**

- Support the review and stocktaking of the HIV/AIDS situation and communication needs among Indian youth, adolescents and women, and put together existing interventions (best practices) at national and state levels.
- Identify the risk behaviours and their consequences on these segments of the population.
- Find out ways to reduce spread of HIV/AIDS among adolescents, youth & women particularly in vulnerable settings
- Review quality of present programmes focusing on adolescents and youth in general population, particularly Adolescence Education Programme, Red Ribbon Clubs and suggest measures to improve
- Suggest ways to reach out-of-school youth
- Suggest ways to provide youth and gender friendly HIV/ AIDS/ STI services
- Suggest ways to strengthen capacity and involve youth as social mobilisers and providers of HIV/AIDS related communications
- Suggest measures for reducing feminisation of the epidemic and programmes for protecting women from infection, stigma and discrimination
- Suggest measures/ ideas for reducing vulnerability of sexually active young groups including young women
- Identify scope for better integration of HIV/ AIDS issues in the existing programmes of the Ministries working with youth and women
- Suggest ways to integrate trained youth and women in scaling up of the services and strengthening the National AIDS Control Programme
- Suggest monitoring and evaluation mechanism
- Make suggestions on gender-budgeting
- Develop a strategic approach on the subject under NACP – IV.
- Suggest innovations in implementation
- Explore the possibilities of integration activities with NRHM

**Deliverables: Draft Report with Annexure**

**Time frame: 6-8 Weeks**