GENDER EQUALITY ASSESSMENT
of Provincial HIV, STIs and TB
Strategic and Operational Plans in South Africa
FEBRUARY 2015

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ACKNOWLEDGEMENTS

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Disclaimer

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GENDER EQUALITY ASSESSMENT
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Strategic and Operational Plans in South Africa

social development
Department: Social Development
REPUBLIC OF SOUTH AFRICA
FOREWORD

It is with great pleasure that I submit my contribution to the Gender Equality Assessment of Provincial Strategic and Operational Plans on HIV, Sexually Transmitted Infections (STIs) and Tuberculosis (TB). This assessment comes at an opportune moment as the South African Government prepares to participate in the Fifty-Ninth Session of the Commission on the Status of Women, which will focus mainly on the Beijing Declaration and Platform for Action, including current challenges that affect its implementation and the achievement of gender equality and the empowerment of women.

The Session will also address opportunities for achieving gender equality and the empowerment of women, particularly as this year (2015) officially marks the expiry of the Millennium Development Goals (MDGs). It is for these reasons that an assessment of this nature is very important as it will contribute to the overall review of progress that our country has made and continue to make in advancing gender equality and in shaping the Post-2015 Development Agenda and to galvanise efforts for an AIDS-free generation in South Africa and across the globe.

This assessment embodies our Government’s commitment to deepen further our efforts to promote gender equality and women’s empowerment. It is designed to complement and reinforce the gender equality measures that our Government has implemented since 1994 such as improving access to economic empowerment and educational opportunities, including sexual and reproductive health for women and girls. The findings of this assessment are really encouraging as they demonstrate that at both strategic and operational plan levels, provinces provide for gender-transformative HIV responses and also address the vulnerability of women and girls in the context of HIV and AIDS.

Through Government’s pro-poor policies and programmes such as School Nutrition and social assistance, no-fee schools and other initiatives we have witnessed improvement in girls’ enrolment and attendance in school and also increased access to basic services at the household level, resulting in positive outcomes for women and girls. The increased participation of women in meaningful economic activities is part of our shared vision to advance gender-responsive policies and programmes. Addressing the scourge of violence against women and children is another key area of our focus especially in the context of HIV and AIDS as outlined in the Integrated National Plan of Action Addressing Violence Against Women and Children and the National Strategic Plan on HIV, STIs and TB (2012 – 2016).

The findings of the assessment provide a key platform for accelerating HIV response efforts at all levels. Increasing the protection of human rights, improving access to justice and prevention of HIV transmission are key ingredients in strengthening our national response. The Assessment also highlights the urgent need to pay special attention to build capacity on gender expertise across departments and sectors in order to mainstream HIV, human rights and gender equality.

The assessment has wide application and I urge all departments at both national and provincial levels alike to draw upon it. As we continue to consolidate our national efforts to promote gender equality and the empowerment of women and girls, this assessment is an important strategic tool to help us move South Africa forward in achieving our development goals.

Ms BO Dlamini, MP
Minister of Social Development
Republic of South Africa
BACKGROUND

South Africa has made considerable milestones towards the achievement of the Millennium Development Goals (MDGs) in relation to the agenda for women, girls and gender equality. The country has an impressive enabling legislative environment which ensures upholding of women’s rights including sexual and reproductive rights. However, gender inequalities still prevail and negatively impact on social and health outcomes for women and girls.

The National Strategic Plan for HIV, TB and STI’s (2012 – 2016) recognises the role that gender inequalities and associated socio-cultural factors play in perpetuating the HIV epidemic and its impact on women and girls. The Gender Review was implemented in response to a mandate from the SANAC Plenary, for the Department of Social Development to further investigate South Africa’s progress towards achieving the UN High Level Target 7: Eliminate gender inequalities; eliminate Gender Based Violence; and increase capacities of women and girls. The 2013 South African Global AIDS Report shows that South Africa is not making the expected progress on this important target.

The Gender Review comprised a number of components. Firstly, the 9 Provincial HIV, TB, STI Plans were assessed against the HEARD and ATHENA Framework for Women, Girls and Gender Equality and the UNAIDS Gender Assessment Tool for National HIV Responses. This element of the review provided us with insights into how Provincial implementing structures plan for and implement gender transformative HIV strategies. This report presents the findings of the assessment and makes recommendations for HIV programme planners.

The second component of the Gender Review examined the impact of coming-of-age cultural practices on the rights of girls and young women. In particular it explored whether these practices increase the risk of HIV infection, unwanted pregnancies and GBV. It was informed by community dialogues conducted with various stakeholders from the Bhacha nation in the Eastern Cape Province, including: traditional councils; government departments; young women and men; parents and guardians.

Lastly, the Review gathered information from consultative qualitative workshops in Mpumalanga, KwaZulu Natal, Limpopo and the Eastern Cape Provinces. These workshops further explored the role of culture and tradition in promoting gender inequalities, gender based violence and women’s vulnerability to HIV. In addition to the consultations the Review gained from provincial dialogues centred on the murders of 2 young women: Dikeledi Mahlape in Mankweng Limpopo and Ncebile Dolly Kubheka in Mnambithi KwaZulu Natal. Under the banner of the ‘Remember My Name’ campaign the Review process mobilised communities, women’s rights organisations and civil society to stand up against GBV and support families who have lost loved ones.

The Review will inform the review of the National HIV, TB, and STI Strategic plan (2012 – 2016) ensuring that future strategies are gender transformative and address the intersection of gender inequalities, GBV and HIV. Only then will South Africa surely turn the tide and move closer to achieving the UN HLM Target 7.

The Review was initiated under the auspice of the former Department of Women, Children and People with Disabilities and taken over by the Department of Social Development following the general elections in May 2014.

Hon Hendrietta Bogopane-Zulu, MP
Deputy Minister for Social Development
Republic of South Africa
OVERVIEW

The significant role played by gender in shaping South Africa’s HIV epidemic is hard to ignore. Both gender based violence and other manifestations of gender inequality have been cited as important drivers of the current high levels of HIV in South African women. UNAIDS has given due recognition to the role of gender based violence in HIV transmission by making it one of the top ten indicators used globally to track progress against the HIV epidemic. South Africa has always struggled to report progress on this very important factor driving HIV as evidenced by our equivocal approach in the last two Global AIDS Response Progress (GARP) Report. This was one of the reasons that SANAC partnered with the Deputy Minister of Women, Children and People with Disabilities (now Deputy Minister of Social Development) to find out more about what was happening on the ground in all nine provinces.

As we know there is an increasing feminisation of the HIV epidemic in South Africa and this is marked in the younger age group. According to the HSRC Survey published last year HIV prevalence in young women aged 15-19 is 8 times higher than in their male peers.

It has been shown that women with violent or controlling partners are at increased risk of HIV infection. Further, women with lower relationship power also have a lower likelihood of condom use. Women who have experienced child sexual abuse and intimate partner violence are also more likely to engage in sexual behaviour that increases their risk of HIV infection.

Policy makers and programme implementers are realising that more needs to be done to protect young women from HIV infection and the emphasis is moving towards framing their vulnerability as a collective concern of society. This is why we have made the reduction of new infections in young women between the ages of 15 and 24 our single biggest priority. It is encouraging to see that strong levels of political commitment and leadership are being directed at the more stubborn social and structural drivers of HIV, including gender inequality and sexual violence.

However, major challenges still exist at the community level where patriarchy is entrenched and gender hierarchy and dominant constructions of South African masculinities legitimise the control of women by men. Challenging social conditions further contribute to entrenched inequalities and vulnerability to HIV.

Actions to prevent and respond to violence against women and girls must be an essential component of the HIV response. The dual needs of women in preventing unintended pregnancies need to be addressed by supporting programmes that aim to address women’s equitable access to HIV programmes and services thereby reducing gender inequalities. Expanding and strengthening existing economic empowerment and social protection programmes is a critical factor for success. Programmes that provide women with skills and cash transfers to improve their economic status will improve women’s options for safe choices and reduces their vulnerability to HIV and gender based violence.

The National Strategic Plan 2012-2016 includes a commitment to addressing gender, emphasising the need to foster equitable gender norms and address gender-based violence. Building on this, we have highlighted young women aged 15 to 24 as the most important vulnerable population within the NSP and we have embarked on the process of developing a national HIV prevention strategy for young women to link to and complement the existing NSP and to move the Women’s agenda forward.

SANAC congratulates the Department for producing this very informative report.

Dr Fareed Abdullah
Chief Executive Officer
South African National AIDS Council
MESSAGE FROM SANAC CIVIL SOCIETY FORUM

Acknowledging the continuing need for critical discourse on gender equality and more so importantly on women’s rights and HIV, this report assesses Provincial Strategic Plan’s, implementation and challenges persistently “obstructs” the translation of commitments to effectively address and create an enabled environment for women, girls and gender equality.

Over the past 30 years the AIDS response has jointly moved the mountains and the world as a focus. No other health drive in history has made such progress in shifting the landscape. Same in South Africa the collective strength we find ourselves in through the National AIDS Council in which brings together Government, Civil Society, Private Sector, labour and development partners, does demonstrate the joint response. The collective strength and leadership of civil society addressing HIV has become a legacy we should advance still. Where would we be today without community activist-women and men, living with HIV and those who are affected, who have advocated for change in often political agendas around treatment access, research, human rights, social justice and most importantly gender equality? With everything have been able to achieve, unfortunately key affected women in all our diversity survive and thrive, but only despite the very structures that are there to protect and serve us.

This assessment does demonstrate that women are not homogenous, that we are diverse and our rights should be respected and upheld- emphases on women’s rights ARE human rights! The report further demonstrate that there has been much progress yet we are lagging far behind in achieving gender equality and human rights for all-especially people living with HIV and most importantly that we need to move from policy and rhetoric to action.

SANAC-Civil Society Forum and its Sectors welcome this report and confirms that gender transformative programming are urgently required for changing the status quo for women in their diversity at local levels. We must advocate for the full implementation of policy and guidance that respects and promotes rights of women; and where there are gaps; we must shine light on these, we must seize every opportunity to strategically ensure that every woman are central to any response to HIV, TB and STI’s.

Mmapaseka Steve Letsike
SANAC Deputy Chairperson
Civil Society Chairperson

MESSAGE FROM SANAC WOMEN’S SECTOR

South Africa has the best constitution in the world that stipulates how unacceptable gender inequality is to us and everybody should be treated the same. A lot of efforts are geared to achieve this and monitor its progress like having institutions like Commission on Gender Equality, the department of women, children and people living with disabilities and community organisations working hard to achieve. The work recorded in this report by the Office of the Deputy Minister with the partners that supported this work shows just how serious we are about addressing the issue. The South African AIDS Council Women’s Sector is pleased to have been part of this movement and still continues to work towards achieving gender equality until it is a reality for women in their own spaces.

We will continue to highlight where we are doing well and where we need to do more in order for women and men to live equally and share equal opportunities in South Africa and in the world.

Nomfundu Eland
Women Sector Chairperson
South African National AIDS Council
MESSAGE OF SUPPORT

South Africa's HIV, TB and STI response is exemplary within the Eastern and Southern Africa region. Over the past 20 years of democracy, the country has made remarkable progress in the HIV response. The country has the largest HIV treatment programme globally and mother-to-child transmission of HIV has dropped dramatically to 2.7% at six weeks. The Government of South Africa invests substantial domestic resources into the HIV response. Leadership for the response is visible – demonstrated by commitment from Cabinet, led by the President and Deputy President, who chairs the South African National AIDS Council (SANAC). Government leadership is matched by a strong civil society voice and social movements at all levels.

UNAIDS fully supports the multi-sectoral response to address new HIV infections among young women and girls. In 2014 SANAC started the process to develop a five-year National HIV Prevention Strategy for young women and girls aged 15–24 years. The strategy will help us develop and implement tailored HIV prevention programmes that young women and girls find acceptable and useful.

This review, led by the Department of Social Development, explores critical, yet overlooked, aspects of the HIV response. The work with the Bhaca Community provides valuable insight on how we can leverage culture and tradition to address the triple burden of HIV, unintended pregnancies and gender-based violence among young women and girls. It demonstrates that traditional leaders are a crucial element of success.

UNAIDS congratulates the Department of Social Development and SANAC in completing the review. We will continue to walk alongside our partners to ensure that we make progress in achieving the commitments of the UN General Assembly’s Political Declaration on HIV/AIDS.

Dr Erasmus U. Morah  
Country Director
# Abbreviations and Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>DSD</td>
<td>Department of Social Development</td>
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<tr>
<td>DWCPD</td>
<td>Department of Women, Children and People with Disabilities</td>
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<tr>
<td>GBV</td>
<td>Gender-Based Violence</td>
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<tr>
<td>HBC</td>
<td>Home-Based Care</td>
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<td>HCT</td>
<td>HIV Counselling and Testing</td>
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<tr>
<td>HEARD</td>
<td>Health Economics and HIV and AIDS Research Division</td>
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<tr>
<td>HIV</td>
<td>Human Immuno Deficiency Virus</td>
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<tr>
<td>IPV</td>
<td>Intimate Partner Violence</td>
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<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual and Transgender persons</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
</tr>
<tr>
<td>MIWA</td>
<td>Meaningful Involvement of Women and girls living with HIV</td>
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<tr>
<td>OVC</td>
<td>Orphaned and Vulnerable Children</td>
</tr>
<tr>
<td>PEP</td>
<td>Post-Exposure Prophylaxis</td>
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<tr>
<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission of HIV</td>
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<tr>
<td>POP</td>
<td>Provincial Operational Plan</td>
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<tr>
<td>PSP</td>
<td>Provincial Strategic Plan</td>
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<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TOP</td>
<td>Termination of Pregnancy</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV and AIDS</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<tr>
<td>VMMC</td>
<td>Voluntary Medical Male Circumcision</td>
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EXECUTIVE SUMMARY

This Gender Equality Assessment of Provincial Strategic Plans and Provincial Operational Plans on HIV, STIs and TB within South Africa assesses provincial HIV, STI and TB responses against the HEARD and ATHENA Framework for Women, Girls and Gender Equality and the UNAIDS Gender Assessment Tool for National HIV Responses. The Assessment identifies the extent to which provincial responses prioritise women, girls and gender equality by including a number of specific, evidence-informed interventions; it furthermore highlights policy and programmatic gaps and challenges within these plans. It concludes by identifying opportunities for strengthening HIV, STI and TB responses for women, girls and gender equality at provincial and local level.

The Assessment shows that provincial HIV, STIs and TB plans within South Africa generally provide comprehensive responses that prioritise women, girls and gender equality and include specific interventions to address their vulnerability in the context of HIV. All plans have areas of strength and weakness; however, they all include a substantive focus on women, girls and gender equality and include interventions within the priority areas identified as fundamental to a successful rights-based and gender equitable HIV response.

More detailed analysis reveals that areas for improvement include the need to ensure:

- Clear provision for the meaningful involvement of women, in all their diversity, in the design, development, implementation, monitoring and evaluation of the provincial response to HIV, STIs and TB through various strategies. In particular, plans should recognise the importance of specifically involving women and girls within those stakeholders that it prioritises. This would include women in sex work; women migrants / refugees / internally displaced persons; lesbian, bisexual and transgender women; women with disabilities, orphaned and vulnerable girl children, women in prisons and women who use drugs or alcohol. As is detailed in the Assessment, the meaningful involvement of women requires not only their participation in processes and on structures, but also requires technical and financial support, where necessary, to facilitate active participation.

- Strengthened emphasis on women, girls and gender equality within services to prevent new HIV acquisitions as well as services to increase access to treatment and treatment adherence, to reduce gender barriers to access.

- Strengthened responses to gender-based violence more broadly, including providing interventions to prevent gender-based violence in society as well as services to provide comprehensive care for, and to strengthen access to, justice for gender-based violence.

- Improved provision in provincial strategic plans (PSPs) for care and support in the context of HIV, women, girls and gender equality, including interventions to recognise, support and reduce the burden of care on women and girls.

- Improved accountability for women, girls and gender equality within provincial HIV response at all levels, including building and supporting increased gender expertise within the province.
The findings of the Gender Equality Assessment suggest some immediate steps that provinces may take:

- Strengthen the involvement, participation and prioritisation of women, in all their diversity, in the provincial response if this is not taking place. Meaningful involvement of women and girls living with HIV requires not only representation but also steps to improve meaningful participation such as mobilisation, capacity building and funding. Prioritisation of women in programmes also requires identifying and addressing the particular needs of key stakeholder populations such as girl children, women in sex work, lesbian, bisexual and transgender women, women and girls with disabilities and migrant women.

- Strengthen gender expertise within structures, departments and sectors in order to support the meaningful implementation of broad objectives and sub-objectives within the PSP. This will help to ensure that all sectors are able to mainstream HIV, human rights and gender equality into their work and to ensure that prevention, treatment, care and support interventions recognise and integrate gendered dimensions within their work – that is, it will help to translate the principles of the PSP into a reality at provincial level.

- Ensure that budgets includes ‘gender-budgeting’ and that monitoring and evaluation (M&E) plans include provision for collection and analysis of gender-disaggregated data, since this may be the only meaningful way to determine whether provinces are in fact fulfilling their commitments, as well as whether and why this is impacting on the lives of women and girls.

- Use the Assessment findings to strengthen their upcoming provincial operational plans (POPs) during the period 2014 to 2016. Future POPs should include all priority focus areas for HIV and gender equality over the course of the next three years. In particular, provinces should also ensure the focus on key stakeholders and gender equality issues is included and maintained in the implementation of programmes and that critical gaps described in the Assessment are addressed in POPs.

- Use the Assessment findings to review PSPs in the years ahead, to ensure that the future PSP integrates all key focus areas and responds to identified gaps and weaknesses in its current format.

The Gender Equality Assessment also identifies some areas which require further analysis, beyond that provided for in PSPs and POPs. Provinces may support further analysis by either conducting, or participating in national initiatives to:

- Conduct a review of the representation of women in provincial structures and processes to determine the extent to which women and girls living with and affected by HIV are included.

- Conduct a review of provincial budgets and M&E frameworks to determine the extent to which they provide for programmes and integrate gender-disaggregated data and analysis.

- Conduct a review of departmental and sectoral plans to determine the extent to which human rights and gender equality issues are effectively mainstreamed.
PRIORITY STRATEGIES FOR PROVINCIAL STRATEGIC PLANS ON HIV, STIS AND TB

Enabling Environment: Advancing Human Rights and Access to Justice:
Institutionalising supportive legal and policy frameworks to ensure protection of women’s rights with respect to equality and non-discrimination; separation, divorce and child custody; women’s property and inheritance rights and the decriminalisation of sex work and of HIV transmission.

Meaningful Involvement of and Leadership by Women Living with and Affected by HIV:
Clear processes and mechanisms outlined, including attention to the technical and financial support needs, for meaningful involvement of women living with and affected by HIV, in strategic plan development, implementation, review and evaluation.

Utilising a Sexual and Reproductive Health and Rights Approach:
Linkage of sexual and reproductive health (SRH) and HIV services, with particular attention to access for marginalised communities.

Preventing HIV Transmission Among Women and Girls:
Comprehensive sexuality education for all women, men, girls and boys (both in and out of school) which includes factual information on knowing one’s body and a focus on gender equality, human rights and transforming social norms in order to enable women and girls to decide whether, when, with whom and how to have sex.

Eliminating Gender-Based Violence and Discrimination:
Interventions to create supportive legal and policy frameworks to prevent and redress all forms of violence against women, including in intimate partner settings.

Increasing Access to and Uptake of Treatment for Women and Girls:
Interventions that increase access to the most appropriate HIV treatment for women outside the peri-natal setting.

Strengthening Care and Support for Women and Girls and Reducing Their Unpaid Burden of Care:
Strengthening of health systems to reduce women’s unpaid care burden which sustains gender inequality, while at the same time addressing the daily needs of women and girls living with and affected by HIV, such as attention to food security.

Accountability: Budgeting, Monitoring, Research and Gender Expertise:
Fully costed and budgeted gender specific actions and interventions that advance gender equality within the strategic plan.

Don’t Forget to Include … Key Stakeholders:
Meaningful involvement of and attention to the specific needs of women in all their diversity, with particular attention to women who are typically excluded or disenfranchised.
INTRODUCTION: BACKGROUND TO GENDER EQUALITY ASSESSMENT

Globally women and girls are disproportionately affected by the HIV epidemic. This is especially true of the generalised epidemics of southern and eastern Africa where 58% (8.6 million) of the adults living with HIV in the region are women, and HIV is the leading cause of death amongst women of reproductive age; where women and girls shoulder a disproportionate burden of care within the context of HIV and AIDS and where gender-based violence is clearly recognised as both a cause and a consequence of HIV transmission. Underlying all of these elements is gender inequality, which heightens the vulnerability of women and girls to HIV as well as fuels and is fuelled by the epidemic.

In South Africa, HIV prevalence remains unacceptably high, with prevalence rates among women in antenatal settings at 29.5% in 2011 while HIV prevalence among adults aged 15-49 years old peaked and is levelling off at around 17.9%. KwaZulu-Natal continues to have the highest prevalence in the country at 27.6% among 15-49 year olds in 2012.

The National Strategic Plan (NSP) for HIV, STIs and TB 2012 – 2016 recognises the role that gender inequalities and associated socio-cultural factors play in perpetuating the HIV epidemic and adversely impacting women and girls. The NSP acknowledges that the achievement of gender equality remains one of the critical issues for restructuring and transforming South Africa to achieve equality, human dignity, freedom and social justice. Strategic Objective One of the NSP, in particular, calls for effective implementing structures to implement programmes that address the social and structural drivers of the HIV and TB epidemics.

The country has made considerable progress towards attainment of the Millennium Development Goals (MDGs), with significant gains for women and girls. The number of households that live below the poverty line has reduced and access to basic services to underserved communities has increased. More girls are enrolled into primary, secondary schools and tertiary education institutions. South Africa is hailed for promoting gender equality in the political sphere with the proportion of seats held by women in parliament increasing from 25% in 1994 to 44% in 2009. Although not sufficient, these gains have had a positive impact on the lives of women and girls and on progress towards realising the MDG goals, including HIV and AIDS targets. Nonetheless, the 2011 Gender Statistics report shows disturbing gender discrepancies in the living conditions and life circumstances of women and men. It shows that on the ground discriminatory practices, social norms and persistent stereotypes often shape inequitable access to opportunities, resources and power for women and girls. Further, serious gender-related challenges persist, including unacceptable levels of gender-based violence. A 2011 study by the South African Medical Research Council suggested

1 UNAIDS (2013) Getting to Zero: HIV in Eastern and Southern Africa
that 27% of men had raped a woman in their life and 10 percent had perpetrated violence against a partner in the previous 12 months. It is clear that the AIDS response in South Africa must continue to strengthen its response to advance gender inequality and champion women and girls in the context of HIV and AIDS.

**Figure 1: HIV prevalence by age and sex, South Africa, 2015**

Source: Human Sciences Research Council, 2013, Available at http://www.hsrc.ac.za

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Why address women, girls and gender equality through provincial strategic and operational plans on HIV, STIs and TB?

Provincial Strategic Plans (PSPs) and Provincial Operational Plans (POPs) on HIV, STIs and TB define the parameters of a province’s response to HIV, STIs and TB within the overall framework and principles set out in the country’s National Strategic Plan on HIV, STIs and TB 2012 - 2016. They set out the principles to guide the response, allocate roles and responsibilities, establish targets and identify concrete strategies and interventions which are then costed, budgeted, implemented, monitored and evaluated. PSPs are therefore critical instruments for addressing the particular priorities, needs and vulnerabilities of women and girls and for advancing gender equality, both of which are central to the success of the HIV response. PSPs have the potential to serve as influential instruments for articulating and supporting a gender responsive HIV and AIDS agenda for women, girls and gender equality and yet to date this potential has not been fully met. In reality, plans often fall short of fully integrating gender responsive approaches and language throughout their recommendations for policy and programming (prevention, treatment, care and support) or of operationalizing language and commitments that do exist. This Assessment assesses the strength of current PSPs and POPs across South Africa to identify opportunities for ensuring a more robust and comprehensive HIV response that champions women, girls and gender equality.
The Department of Women, Children and People with Disabilities (DWCPD), supported by the Joint United Nations Programme on HIV and AIDS (UNAIDS), commissioned this Gender Equality Assessment of Provincial Strategic Plans and Provincial Operational Plans on HIV, STIs and TB. The Assessment was carried out against the Health Economics and HIV and AIDS Research Division (HEARD) and ATHENA’s Framework for Women, Girls and Gender Equality and the UNAIDS’ Gender Assessment Tool, to assess the extent to which PSPs and POPs integrate and operationalise responses to structural drivers of the HIV epidemic relating to gender, that increase the HIV risk and burden for women and girl children.

The results of the Assessment, coupled with the outcome of a series of consultations in selected provinces across South Africa, will provide valuable information to feed into the Mid-Term Review of South Africa’s NSP as well as to report to the High Level Meeting (HLM) in 2014 on the extent to which South Africa is meeting HIV-related targets and commitments.

Terms of Reference for the Assessment

- Review the HEARD and ATHENA Framework and UNAIDS Gender Assessment Tool for national HIV responses to seek commonalities in approach towards assessing the integration of gender into HIV plans.

- Develop a checklist, based on the Framework and the Gender Assessment Tool, for assessing provincial strategic and operational plans on HIV, STIs and TB.

- Apply the checklist to a desktop review of 9 provincial strategic and operational plans on HIV, STIs and TB in South Africa, with particular attention to the following key areas:
  - An Enabling Environment that Advances Human Rights and Access to Justice for Women, Girls and Gender Equality
  - The Meaningful Involvement of and Leadership by Women Living with and Affected by HIV
  - Utilising a Sexual and Reproductive Health and Rights Approach
  - Preventing HIV Transmission Among Women and Girls
  - Eliminating Gender-Based Violence and Discrimination
• Increasing Access to and Uptake of Treatment for Women and Girls
• Strengthening Care and Support by and for Women and Girls, and
• Accountability: Budgeting, Monitoring, Research and Gender Expertise.

Write a report identifying the extent to which provincial strategic and operational plans on HIV, STIs and TB in South Africa integrate women, girls and gender equality in the response, identifying gaps, challenges and recommendations for strengthened national responses.

Outputs

• Report of Provincial Plans assessments that includes:
  • Strengths, gaps and challenges in the Provincial Plans response to women, girls and gender equality, and
  • Recommendations for strengthening provincial responses to HIV and AIDS.
Limitations of the Assessment

- Provincial Strategic and Operational Plans need to be seen within the context of the NSP, which provides the overall framework for the country’s response and within which the provinces develop their own provincial responses. In many ways, their limits reflect the limits and gaps within the NSP itself regarding the extent to which it integrates gender equality.\(^7\)

- The evaluation of the PSPs and POPs is a desk review of these two planning documents at provincial level. As such, it has the capacity to highlight clear gaps and inconsistencies in these plans, since these gaps may well impact on subsequent provincial programming around gender equality, HIV, STIs and TB. It provides an important source of information on ways in which provinces can strengthen these plans and may also provide the impetus for deeper analysis at other levels and within other sectors. However, it has limits:
  
  - The Gender Equality Assessment does not include an evaluation of how these plans are being implemented or the impact that is felt by affected communities. Strong language in a policy or plan is one step towards tangible change for women, girls and gender equality; however implementation and impact on provincial priorities is critical. For this reason, the Assessment is one part of a broader analysis, which includes consultations within provinces on key concerns and the extent to which the PSPs are being implemented to address these concerns, to support the elimination of gender inequalities, gender-based violence and the empowerment of women and girls. It will be followed by a comprehensive desktop review of related programmes, policies and research, to provide a broader snapshot of provincial responses.

  - The Gender Equality Assessment of PSPs and POPs does not include an assessment of other policies, plans, strategies and related efforts in the health sector, or across other government departments and sectors. Gaps within the PSPs and POPs, such as those relating to care and support for families affected by HIV or to broader socio-economic strategies to improve gender inequality and advance women’s economic independence, may well be reflected in the strategies, plans, policies and initiatives of broader government policy or other specific sectors. That is, their limited reflection in PSPs may not necessarily mean they’re not addressed elsewhere. However, it is critical for the PSPs to create stronger links with and ensure a co-ordinated response with this work of other departments and sectors, where it impacts on women, girls and gender equality in the context of HIV, STIs and TB. These linkages are not always easy to determine from an assessment of the PSPs themselves. Some signs may include commitments, in principle, to supporting multi-sectoral responses and mainstreaming of gender equality, providing direct technical support to other sectors to plan for HIV, human rights and gender equality, strengthening HIV and gender expertise in all sectors and creating multi-sectoral planning and co-ordination bodies.

- The Gender Equality Assessment assessed POPs at the specific request of provincial partners during consultations held prior to the Assessment. However, as will be seen, the findings from POP assessments were less useful. In some cases, POPs include more detail relating to specific objectives of the PSP, highlighting a range of activities to take place – a level of detail perhaps not reflected at provincial strategic level. In other cases, Operational Plans follow PSPs in including a wide range of broad objectives without specifying activities, or choose to prioritise certain initiatives for the period of the year they cover, holding other activities off for a subsequent year. This made it difficult to draw any definitive conclusions or reflect changes in ‘scores’ for provinces, based on Operational Plans. Instead some general discussion of POPs, in relation to PSPs, is included.

\(^7\) See AIDS Legal Network (2012) Are Women at the Centre? A Critical Review of the new NSP Response to Women’s Sexual and Reproductive Rights for an examination of the National Strategic Plan on HIV, STIs and TB 2012-2016 from a perspective of women’s sexual and reproductive rights.
AIDS LEGAL NETWORK (2012) ARE WOMEN AT THE CENTRE?
A CRITICAL REVIEW OF THE NEW NSP RESPONSE TO WOMEN’S SEXUAL AND REPRODUCTIVE RIGHTS

The AIDS Legal Network (ALN) identifies a number of strengths, as well as a number of shortcomings and challenges within the new NSP in relation to women’s sexual and reproductive rights. Challenges and shortfalls include, amongst others:

- The failure to identify women, more broadly, as well as all the diverse populations of women, as key populations in need of targeted interventions; it focusses on young women.
- The failure to explicitly call for the decriminalisation of sex work, which will impact on the ability of service providers to access sex workers and their clients with programmes.
- The limited recognition of the gendered nature of HIV-related stigma and discrimination and its link with violence and HIV as well as the limited inclusion of specific interventions to deal with this.
- The focus on sexual and reproductive health rather than the broader sexual and reproductive rights of women.
- The focus on sexual violence rather than broader gender violence issues.
- The focus on comprehensive education in schools, while education outside of schools is equally important.
- The strategies for prevention of vertical transmission of HIV do not include all aspects of the ‘four prong strategy’ and fail to address potential barriers to access services.
- The limited guidance on how interventions will be assessed to ensure that rights are not violated in their design, development and implementation; it is imperative to ensure that women’s experiences form part of these processes.

“The new NSP has to undoubtedly be commended for recognising the need to pay closer attention to the specific realities and needs of people; to the barriers that may impact on peoples’ risks of HIV transmission and related abuses, as well as the extent to which rights are realisable and services are accessible; and to instances of stigma and discrimination. In reality, however, the commitment to rights protection in the response to HIV, as expressed in the NSP, can only be truly measured against the timely, adequate and effective implementation of the proposed objectives and interventions in a manner that is indeed protecting and advancing human rights.

There are a number of concerns with regard to the response to women and HIV, including the conceptualisation of women’s realities, risks and needs in the NSP. While some of these concerns could arguably be addressed in the implementation plans at a provincial, district and community level, this nonetheless places an enormous responsibility on provinces, districts and communities, especially since the NSP is meant to strategically guide the development of the implementation plans.”
HOW SHOULD STRATEGIC AND OPERATIONAL PLANS ON HIV, STIs AND TB ADDRESS WOMEN, GIRLS AND GENDER EQUALITY?

Provincial Strategic and Operational Plans on HIV, STIs and TB can ensure an AIDS response that works for women, girls and gender equality by including the following key elements:

1. An enabling environment: Advancing human rights and access to justice
   Strategic Plans must recognise, uphold and protect women’s rights. Plans should:
   - Institutionalise supportive legal and policy frameworks to ensure protection of women’s rights with respect to separation, divorce, child custody, women’s property and inheritance rights
   - Develop strategies to increase women’s economic independence; introduce interventions to alleviate stigma and discrimination on the basis of HIV status, gender and sexual orientation, and
   - Develop “Know Your Rights” initiatives and campaigns to empower and education women and men, including boys and girls, on human rights and gender equality.

2. Meaningful involvement of and leadership by women living with and affected by HIV
   Strategic Plans should acknowledge and advance women’s leadership and meaningful participation, particularly by key stakeholders such as women living with HIV, young women, home-based caregivers and women from marginalised communities. Plans should:
   - Recognise the principle of meaningful involvement of women living with and affected by HIV
   - Outline clear processes and mechanisms for the meaningful involvement of women living with and affected by HIV, and
   - Build capacity and allocate resources to support meaningful involvement, consultation and leadership development of women living with and affected by HIV
3. Utilising a SRHR approach
Strategic Plans should advance a SRH and rights-based response to HIV. Plans should:

- Recognise the SRHR of women and girls living with HIV,
- Recognise and address HIV, maternal health and infant health as interlinked concerns,
- Create linkages between SRH and HIV services, with particular attention to access for marginalised communities, and
- Include interventions to promote men and boys’ access to sexual and reproductive health services

4. Preventing HIV transmission among women and girls
Strategic Plans must reduce vulnerability to HIV and address the structural determinants of HIV transmission for women and girls as well as prevent HIV transmission through women, girl and gender-specific interventions. Plans should:

- Include strategies to address the structural determinants of HIV transmission for women and girls, including “Know Your Rights” initiatives; promoting education and economic development for women and girls; addressing harmful gender norms and supporting community mobilisation and women’s leadership on tackling gender inequalities, and
- Reduce HIV acquisition through specific interventions that include access to HIV prevention information specifically for women and girls; access to HIV prevention methods such as female and male condoms, post-exposure prophylaxis (PEP) and vertical transmission programmes; comprehensive sexuality education for all women, men, girls and boys; management of drug and alcohol substance use for individuals, including women who use drugs, or who are partners of people who use drugs, and strategies to reduce any potential adverse impact on women within voluntary medical male circumcision (VMMC) services.

5. Eliminating gender-based violence and discrimination
Strategic Plans must recognise gender inequality as a fundamental driver of gender-based violence with attention to addressing gender-based violence as both a cause and a consequence of HIV transmission. Plans should:

- Develop interventions to address gender-based violence in all its forms, such as intimate partner violence, sexual violence and psychological violence as well as systemic structural violence in peace, conflict and post-conflict settings; interventions may include access to comprehensive post-rape care as well as interventions to institutionalise the protection of rights and promotion of access to justice for gender-based violence, and
• Include primary prevention strategies for gender-based violence such as comprehensive sexuality education with a focus on gender equality, human rights and transforming social norms; interventions to halt intimate partner violence and violence against marginalised populations as well as interventions to work with men and boys.

6. Increasing access to and uptake of treatment for women and girls
Strategic plans must increase access to and the uptake of treatment for women and girls through various strategies. Plans should:

• Place an emphasis on voluntary HIV counselling and testing as an entry point to services, guaranteeing informed consent and confidentiality in line with national and international standards, and

• Strengthening adherence and access to antiretroviral treatment services for women and girls by amongst others, expanding linkages between HIV treatment and SRH services, vertical transmission programmes, treatment of TB and general health services.

7. Strengthening care and support by and for women and girls
Strategic Plans must recognise the daily needs of women and girls living with and affected by HIV and furthermore recognise that the majority of caregiving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care. Plans should:

• Recognise and provide support to women and girls undertaking care responsibilities, through interventions such as financial compensation, training, increased access to home-based care kits and psycho-social support, and

• Develop interventions to support the daily needs of women and girls living with and affected by HIV including psycho-social support, interventions to support food security, clinical support and access to legal and social services.

8. Accountability: Budgeting, monitoring, research and gender expertise
Strategic Plans must recognise and address the central importance of accountability around responding to women, girls and gender equality and the need to strengthen organisational abilities to monitor and report on interventions for women and girls. Plans should:

• Develop fully costed and budgeted gender interventions and include gender audits of plans

• Collect gender- and sex-disaggregated data, as well as data on the impact of programmes and policies on women and girls and ensure civil society involvement, specifically by women’s groups, networks of women living with HIV, caregiver’s networks and other key stakeholders, in reporting,
• Doing research by and for women, involving women in the design, delivery and analysis of HIV research, and
• Promote expertise in health, human rights and gender, including through gender analysis training to increase expertise on how to analyse data trends and utilise information for decision-making and resource allocation.

9. Recognising and involving women and girls in all their diversity
Strategic Plans must recognise, involve and pay attention to the specific needs of women in all their diversity, with particular attention to women who are typically excluded or disenfranchised. For the purposes of successfully addressing women, girls and gender equality in the context of HIV, this may include women living with HIV, young women, grassroots women, caregivers (both primary and secondary), lesbian, bisexual and transgender women, women in sex work, women migrants / refugees / internally displaced persons, widows, women who use drugs, grandmothers, women in prisons, women with disabilities, girl children and rural women and girls.
An assessment of the South African PSPs and POPs based on the HEARD and ATHENA Framework for Women, Girls and Gender Equality and the UNAIDS Gender Assessment Tool, shows that all provincial plans on HIV, STIs and TB have a comprehensive response to the epidemic in terms of women, girls and gender equality. While all PSPs include areas of strength and weakness, they all include a substantive focus on women, girls and gender equality and programmatic interventions within areas identified as fundamental to a successful rights-based HIV response for women, girls and gender equality.

**SCORING STRATEGIC PLANS**

Provincial strategic and operational plans were ‘scored’ using a checklist, based on the Framework for Women, Girls and Gender Equality and the Gender Assessment Tool. In terms of the Framework, plans score either 0, 1 or 2 for each of the 9 component areas described in the Framework for a comprehensive response for women, girls, gender equality and HIV, with a maximum score of 18.

**Comprehensive: 12 to 18**

Strategic Plans on HIV, STIs and TB are described as comprehensive if they include a substantive focus on women, girls and gender equality. In general, these plans received a 1 or 2 for the majority of areas identified as fundamental to a successful HIV response for women, girls and gender equality. However, more detailed analysis reveals there are still specific areas for improvement amongst all of the plans identified as comprehensive in order to strengthen responses for women and girls and to meaningfully champion gender equality.

**Room for Improvement: 6 to 11**

Strategic Plans that fall into this band have some of the basic responses to women, girls and gender equality in place. There remains, however, a significant need to strengthen their response to ensure that meaningful attention to women, girls and gender equality is integrated throughout the Plans.

**Weak: 0 to 5**

Plans on HIV, STIs and TB in this category fail to adequately address women and girls or advance gender equality.
More detailed analysis reveals that areas for improvement include the following:

- More meaningful involvement of women, **in all their diversity**, in the design, development, monitoring and evaluation of the provincial response to HIV, STIs and TB and strengthened prioritisation of the needs of diverse populations of women and girls. In particular, plans should recognise the importance of specifically involving and prioritising **women and girls** from their identified list of key populations. This would include women in sex work; women migrants / refugees / internally displaced persons; lesbian, bisexual and transgender women; women with disabilities, orphaned and vulnerable girl children, women in prisons and women who use drugs or alcohol. Plans tend to highlight women, women living with HIV and young women as priorities; however they refer more broadly to other key populations (e.g. migrants and people with disabilities) without necessarily recognising the particular issues that may face women and girls within these populations. As is detailed in the Assessment, the meaningful involvement of women requires not only their participation in processes and on structures, but also requires technical and financial support, where necessary, to facilitate active participation.

- Strengthened emphasis on gender aspects within prevention of new HIV acquisitions as well as access to treatment and treatment adherence, to reduce gender barriers to access.

- Strengthened responses to gender-based violence; including providing services to prevent, provide comprehensive care for, as well as strengthen access to, justice for gender-based violence.

- Improved provision for care and support within government, including the role of the national HIV response in supporting other sectors to take on care and support roles in the context of HIV, women, girls and gender equality.

- Improved accountability for women, girls and gender equality within the provincial HIV response, including building and supporting increased gender expertise within the province.

It appears then that many of the fundamentals are in place, at the level of strategic planning, to address gender equality. However, there remains work to be done to ensure that women are engaged and that the particular needs of all women are addressed in the implementation, and M&E of plans.
### Table 1: Comparative strengths and weaknesses of Provincial Strategic and Operational Plans on HIV, STIs and TB

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<td>12</td>
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<tr>
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<td>0</td>
<td>1</td>
<td>12</td>
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<td>KwaZulu-Natal</td>
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<td>12</td>
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<tr>
<td>Northern Cape</td>
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<td>North West Province</td>
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<td>14</td>
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</table>

Mpumalanga, Northern Cape, the North West Province and the Western Cape score best with consistent performance across all aspects of the Assessment and higher scores on provision for SRHR. Issues relating to care and support, accountability and the involvement of women and girls living with HIV are less strong across all provinces, but this may partly be explained by the fact that provision for these elements is not detailed in, nor is provided for by departments and sectors outside of the Provincial Strategic and Operational Plans. Of most concern, perhaps, are the lower scores relating to the prioritisation of women and girl stakeholders within the response and within specific interventions, which requires addressing in future.
Enabling Environment: Advancing Human Rights and Access to Justice

An enabling environment which advances human rights and access to justice is the foundation of a successful HIV response and necessitates:

- A supportive legal and policy framework for women and girls,
- Ensuring women’s economic independence,
- Overcoming stigma and discrimination, and
- Human rights training and education.

ASSESSING LAW REVIEW WITHIN PROVINCIAL STRATEGIC PLANS:
NATIONAL AND PROVINCIAL LEGISLATIVE COMPETENCE IN SOUTH AFRICA

The South African Constitution (1996) provides the national and provincial spheres of government with concurrent and exclusive legislative competence. This means that:

- There are some areas in which both the National Assembly and the provincial legislature have the power to make laws. These concurrent areas of legislative competence are listed in Schedule 4 of the Constitution. The joint areas include issues such as housing, health care, education and policing. When the National Assembly makes laws in these areas, the law must also pass through the National Council of Provinces to make sure that provincial legislatures are also consulted. The provincial legislatures can also pass laws on these issues that will bind only their provinces. But since their main task involves participating in enacting the national laws on Schedule 4 issues (like health) and implementing these laws, in co-operation with national government, provincial legislatures would tend not to enact their own, conflicting health laws.

- Provincial legislatures are given exclusive legislative competence in some areas. This means they can pass any law relating to that area. These areas are listed in Schedule 5 of the Constitution and include issues like provincial planning, liquor licenses, traffic and parking.

These limitations were taken into account in analysing provincial (as opposed to national) strategic plans. In terms of a supportive legal and policy framework, strategic plans were scored on the basis of the extent to which they refer to, commit to and institutionalise rights-based laws and policies in their plans and programmes, rather than efforts to review and reform laws that may be unsupported at national level or beyond their legislative competence.

Provincial plans score a 2 for a comprehensive approach that covers the three broad areas outlined in the Framework, namely (1) protecting women’s rights in law and policy (2) strategies that increase women’s economic independence, and (3) efforts to create a stigma-free environment where individuals are knowledgeable about HIV, women’s rights and gender equality issues. A score of 1 is given to PSPs that cover at least two of these three areas. A score of 0 reflects PSPs that do not articulate or provide for an enabling environment for gender equality, where no more than two out of the 15 areas identified as ‘core
Strategic and Operational Plans in South Africa

Key findings include:

- All of the country’s PSPs commit to promoting human rights and gender equality within provincial responses to HIV, STIs and TB. While plans note the limited provincial mandate for national law review and reform, they nevertheless include strategies to institutionalise current, protective laws and policies. This commitment is reflected primarily in two areas – increasing access to justice, specifically in the context of access to justice for sexual violence and eliminating coercive and discriminatory practices in access to services such as health care services.

- All of the PSPs note the vulnerabilities women face (either within the broader situational analysis or explicitly, within their proposed strategies) and prioritise their health needs as well as sensitise service providers to their rights. Young women, in particular, are prioritised.

- The PSPs recognise the importance of attaining broader development goals and linking with national and provincial development strategies to mainstream HIV and gender equality across government and to increase access to social security, housing, employment and education for all people, as a means of reducing vulnerability in the context of HIV, STIs and TB. However, these commitments do not always specifically include reference to the particular development needs of women and girls, but rather to underserved communities in general. A significant gap is the limited reference to specific activities such as skills training and access to credit to improve women’s access to income and employment, save for in the Eastern Cape. Additionally, specific references to ensuring access to social security, education and housing in many PSPs relate primarily to orphaned and vulnerable children (OVC), rather than women and girls. As a result, although this Gender Equality Assessment has scored PSPs positively for development goals that will promote women’s economic independence, it will be critical to ensure that provincial departments have the HIV, health, human rights and gender equality skills and capacity at planning, implementation, monitoring and evaluation level to make this a reality for women, girls and gender equality, within what are often broader gender equality and mainstreaming goals.

- Similarly, all PSPs contain strategies for addressing HIV-related stigma, discrimination and human rights violations in the context of HIV such as “Know Your Rights” campaigns and HIV-related stigma and discrimination reduction programmes. However, there is a strong focus, as with the NSP, on prioritising the workplace for human rights awareness and education, on monitoring and documenting human rights violations (as opposed to increasing access to justice more broadly) and on conducting audits of programmes to ensure rights are not violated. Although some plans explicitly include gender equality issues within these broader HIV-related human rights interventions, it will be critical to ensure, across all provinces, that broader HIV and human rights strategies include and respond to the particular issues for women, girls and gender equality.
### Table 2: Enabling Environment: Advancing Human Rights and Access to Justice

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<thead>
<tr>
<th>ENABLING ENVIRONMENT AND ADVANCING HUMAN RIGHTS AND ACCESS TO JUSTICE</th>
<th>EASTERN CAPE</th>
<th>FREE STATE</th>
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<td>Promotes gender equality</td>
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<td>Institutionalises women's access to justice and equal protection and benefit of the law</td>
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<td>Access to resources, including skills training, access to credit, micro-financing</td>
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<td>X</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Know Your Rights initiatives to empower and educate women, girls, men and boys on human rights and gender equality</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring rights are not violated in implementation of programmes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensuring access to justice for rights violations</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Meaningful Involvement of and Leadership by Women Living with and Affected by HIV

Meaningful participation by women living with and affected by HIV is vital for empowering and engaging affected communities in the HIV response and ensuring the relevance and efficacy of policies and programmes. More recently, there is an increased focus on calling for not only entrenchment of the GIPA principle (the Greater Involvement of People Living with HIV) in the design, development, implementation and M&E of HIV responses, but also MIWA (the Meaningful Involvement of Women living with HIV). MIWA requires that efforts are taken to involve women and girls living with HIV, in all their diversity, throughout strategic plans from design through to evaluation. This should be reflected not only in principle but within structures and programmes. Additionally it should include efforts to support the meaningful involvement of women and girls (e.g. through capacity building and the provision of resources), where necessary.8

PSPs that make sound efforts to recognise MIWA and improve the involvement of women living with and affected by HIV in high-level or leadership positions through clear interventions, such as capacity building and resource allocation, meet the standard with a score of 2. A score of 1 for this component is given to the PSPs that recognise the GIPA principle – that is, the involvement of all people living with HIV - and make some allocations towards the involvement of women in HIV and AIDS planning. A score of zero reflects an absence of attention to any of the four components that the Framework specifies in this area.

Key findings include:

■ None of the PSPs meet the standard in all respects.

■ Most of the PSPs record being developed through a consultative process that involved a range of stakeholders, including women’s organisations. The plans furthermore recognise and commit to a multi-sectoral approach to the HIV response which includes involvement of the women’s sector.

■ PSPs commit to the greater involvement of people living with HIV in their responses, however there is limited recognition of the need to specifically involve women, in all their diversity, within this principle. This is a significant gap, given the recognised importance of specifically recognising MIWA, alongside GIPA, in HIV planning.

■ Selected provincial plans refer to the importance of supporting, building the capacity of and providing mechanisms to ensure the involvement of civil society organisations (CSO) in the provincial response. These PSPs refer broadly to community mobilisation or, in some cases, more specifically to CSOs providing services to orphaned and vulnerable children as well as those providing home-based care (HBC) rather than specifically recognising participation to promote gender equality. Notably, both KwaZulu-Natal and the Northern Cape refer also to the importance of ensuring the involvement of and building the capacity of lesbian, gay, bisexual and transgender (LGBT) organisations to participate in the HIV response. However, generally PSPs refer to existing structures and mechanisms to promote multi-sectoral responses to HIV within provincial and local level and, in some cases, initiatives to strengthen these structures, without necessarily recognising or prioritising the involvement of women and girls living with HIV and how their participation may be strengthened.

8 ATHENA NETWORK (2013) Integrating strategies to address gender-based violence and engage men and boys to advance gender equality through National Strategic Plans on HIV and AIDS: Regional Eastern and Southern Africa consultation to strengthen attention to gender-based violence in National HIV and AIDS Plans and other critical policies, Johannesburg, South Africa December 2012.
Table 3: Meaningful Involvement of and Leadership by Women Living with and Affected by HIV

<table>
<thead>
<tr>
<th>MEANINGFUL PARTICIPATION AND LEADERSHIP OF WOMEN</th>
<th>EASTERN CAPE</th>
<th>FREE STATE</th>
<th>GAUTENG</th>
<th>KWAZULU-NATAL</th>
<th>LIMPOPO</th>
<th>MPUMALANGA</th>
<th>NORTHERN CAPE</th>
<th>NORTH WEST PROVINCE</th>
<th>WESTERN CAPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSPs should acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Involvement and consultation in PSP development process</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Recognition of the MIWA principle</td>
<td>GIPA principle</td>
<td>GIPA</td>
<td>GIPA</td>
<td>GIPA</td>
<td>GIPA</td>
<td>GIPA</td>
<td>GIPA</td>
<td>GIPA</td>
<td>GIPA</td>
</tr>
<tr>
<td>Clear mechanisms to advance participation of women, including women from marginalised communities in all aspects of provincial response</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Capacity building and resources to support MIWA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Score</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Utilising a Sexual and Reproductive Health and Rights Approach

A SRHR approach to HIV and AIDS expands the reach and impact of the HIV response, directly supports comprehensive HIV prevention and treatment and brings the health and welfare of women and girls and men and boys together within the AIDS response. Provincial Strategic and Operational Plans need to recognise the SRHR of women and girls of all ages and in all of their diversity, as well as to advance the linkage of SRH and HIV services.

A full score of 2 is given to those PSPs which take a clear rights-based approach to the linkages between sexual and reproductive health and rights and HIV and address the rights of women living with HIV to have children if they desire, provide safe termination of pregnancy services and address stigma and discrimination in service delivery. A score of 1 is given on this component if PSPs demonstrate some integration of sexual and reproductive health concerns with HIV prevention, treatment and care; for examples linkages between anti-retroviral therapy (ART) and safe breastfeeding practices or cervical cancer screening. A score of 0 reflects an absence of a rights-based approach and of substantive sexual and reproductive health and HIV linkages.

Key findings include:

- Almost all of the PSPs meet the standard of the Framework, utilising a SRHR approach to HIV in the provincial response.
- There are, however, noticeable gaps in the response. In particular:
  - A number of PSPs do not explicitly recognise the broader sexual and reproductive health and rights of women living with HIV in principle. At the very least, however, the recognition of the right to SRH can be said to be implicit in the provision of a range of services for women and girls living with HIV and PSPs have been scored positively to reflect this. However, given recent findings of discriminatory treatment in access to SRH services, as well as the limited specific recognition in some PSPs (such as the Eastern Cape, KwaZulu-Natal and Limpopo) of broader SRH issues such as the right to emergency contraception and termination of pregnancy (ToP), an explicit recognition of SRHR of women living with HIV as well as sensitisation of health care workers to this effect, is critically important.
  - PSPs do not necessarily include specific prioritisation of women in all their diversity in access to SRH services. Some of the PSPs (e.g. Gauteng, Limpopo, Mpumalanga and the North West Province, for instance) did include prioritisation for specific populations such as women in sex work. It will be critical to see that this is operationalised in the implementation of plans.
  - Worryingly, particularly since access to PEP has already been identified as an area of concern, almost all PSPs fail to specifically refer to the provision of emergency contraception (save for Free State and the Western Cape). Additionally, many PSPs fail to refer to termination of pregnancy services or the use of PEP as an emergency service.

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9 NAPWA, GNP+ (2012) The People Living with HIV Stigma Index
10 The AIDS Legal Network is currently undertaking an analysis of the limited uptake of PEP services across all provinces as part of this broader review of progress towards achieving gender equality in the response to HIV, STIs and TB in South Africa.
• In terms of men’s access to SRH services, PSPs tend to refer more broadly to increasing access to SRH services, rather than differentiating and addressing barriers to access by gender. When referring to men and boys, many PSPs focus on selected interventions including voluntary medical male circumcision (VMMC) and treatment of sexually transmitted infections (STIs). Notably, the North West Province refers specifically to efforts to draw men into vertical transmission programmes.

Table 4: Utilising a Sexual and Reproductive Health and Rights Approach

<table>
<thead>
<tr>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Recognition of SRHR</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Affirmation of SRHR of women living with HIV</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Recognition of HIV, maternal health and infant health as interlinked concerns</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Capacity building of health care workers to offer non-discriminatory SRHR services</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>X</td>
<td>x</td>
<td>X With prioritisation of key populations</td>
<td>X</td>
<td>X With prioritisation of key populations</td>
<td>X With prioritisation of key populations</td>
<td>X</td>
<td>X With prioritisation of key populations</td>
<td>X</td>
</tr>
<tr>
<td>Youth friendly services</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>
### Utilising a Sexual and Reproductive Health and Rights Approach

<table>
<thead>
<tr>
<th>Service</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical cancer prevention, screening, treatment and palliative care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Full range of contraceptive options and dual protection</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Services to support safe conception, pregnancy, child-birth and breastfeeding</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Emergency contraception and PEP</td>
<td>PEP only</td>
<td>X</td>
<td>PEP only</td>
<td>PEP only</td>
<td>PEP only</td>
<td>PEP only</td>
<td>PEP only</td>
<td>PEP only</td>
<td>X</td>
</tr>
<tr>
<td>Safe abortion and post-abortion care</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Services to promote men and boys’ access to SRHR</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

**Score**

| Score | 1 | 2 | 2 | 1 | 1 | 2 | 2 | 2 | 2 | 2 |

Gender Equality Assessment of Provincial HIV, STI’s and TB
Preventing HIV Transmission among Women and Girls

Interventions to prevent HIV transmission need to include those that address deeply rooted gender inequalities which heighten the vulnerability of women and girls to HIV, and fuel the epidemic.

Preventing HIV transmission among women and girls necessitates strategies to address the structural drivers of HIV, such as interventions to promote the enrolment and retention of girls in school, interventions to promote women’s employment and livelihoods and interventions to support community mobilisation and women’s leadership on tackling gender inequalities, especially gender-based violence. These strategies highlight and underscore the importance of coordination between gender action plans, national development planning processes and HIV plans as these strategies may exist more broadly in national level gender plans or development plans but, as this analysis suggests, are less visible in HIV planning processes.

Prevention also requires the provision of direct interventions that recognise and target the diverse needs of women, girls, men and boys in their focus and implementation. For instance, this could be reflected in the provision of both male and female condoms or the involvement of men in vertical transmission programmes. It can also be reflected through the inclusion of strategies (such as gender equality education and targeted information on the need for continued condom use) in VMMC programmes, to protect women at increased risk of HIV exposure in the event that circumcision leads to incorrect assumptions of full protection from HIV.

PSPs that have a score of 2 include several of the suggested interventions or approaches to the extent that one can be confident that satisfactory attention has been paid to preventing HIV specifically among women and girls. A score of 1 in this area means that PSPs recognise and actively include interventions that tackle the structural determinants of HIV transmission. A score of 0 reflects a lack of substantive attention to preventing HIV among women and girls.

Key findings include:

- All of the PSPs met the standard in that they include a number of biomedical, behavioural, social and structural interventions to reduce HIV transmission to women and girls. In the case of structural interventions, many PSPs refer to the broader work of other government departments in addressing vulnerabilities, as well as the need to mainstream human rights and gender equality across government and in all sectors.

- Nevertheless, while PSPs scored well, there were selected and important areas that need strengthening across a number of provinces:
  - Empowerment interventions broadly and economic empowerment specifically focussing on women, including interventions to increase access to skills building, credit, micro-finance and to increase economic literacy and access to employment: this is an area where there may be programmes within other sectors; however it is critical to ensure that HIV, human rights and gender equality issues are factored into these programmes to address structural drivers that increase vulnerability.
  - Interventions to specifically support access to education for women and girls – currently save for a few exceptions (e.g Mpumalanga, Northern Cape and Western Cape), PSPs tend to prioritise OVC without specifically recognising the gender dimensions of access to education, especially for this marginalised/vulnerable population.
• Interventions to prioritise the needs of women who use drugs, including harm reduction – currently PSPs tend to focus on alcohol abuse; some PSPs do note the gender norms affecting men in the context of alcohol abuse which need addressing

• Strategies within VMMC services to minimise the potential adverse impacts of male circumcision on women; these are notably absent across all PSPs and the NSP itself with the focus, in VMMC service provision, on providing services to men and young boys within SRH care services.

Table 5: Preventing HIV Transmission Amongst Women and Girls

<table>
<thead>
<tr>
<th>Preventing HIV Transmission Amongst Women and Girls</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Initiatives to support empowerment of women and girls</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interventions to promote girls’ enrolment and retention in primary and secondary education</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interventions to address adolescent pregnancy</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interventions to promote women’s literacy, including legal and economic literacy</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventions to promote women’s employment, income and livelihood opportunities</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Interventions to address harmful gender norms</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Interventions to support community mobilisation and women’s leadership</td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduce HIV transmission through specific interventions</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
## Preventing HIV Transmission Among Women and Girls

<table>
<thead>
<tr>
<th>Preventing HIV Transmission Among Women and Girls</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to evidence-informed HIV prevention information for women and girls</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access to comprehensive sexuality education for women, girls, men and boys</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Access to female and male condoms</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Promotion of positive health, dignity and prevention for PLHIV</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Access to PEP</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Prevention of vertical transmission of HIV</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Management of drug and alcohol substance use including harm reduction for women who use drugs / are partners of drug users</td>
<td>X</td>
<td>No specific gender focus</td>
<td>X</td>
<td>No gender focus</td>
<td>X</td>
<td>No gender focus</td>
<td>X</td>
<td>No gender focus</td>
<td>X</td>
</tr>
<tr>
<td>Promotion of voluntary medical male circumcision (VMMC) strategies to minimise adverse impact on women and girls</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
<td>Focus on men</td>
</tr>
</tbody>
</table>

**Score**

2 2 2 2 2 2 2 2 2
Eliminating Gender-Based Violence and Discrimination

Gender inequality is a fundamental driver of gender-based violence (GBV); gender-based violence is also both a cause and a consequence of HIV. Addressing GBV, particularly the epidemic of violence against women and girls, is an urgent priority in South Africa and the broad range of harmful effects of gender-based violence on health is being increasingly understood.

Despite the urgency of addressing GBV as a cause and a consequence of HIV transmission, in the past national HIV strategic plans have failed to prioritise GBV as a priority or recognise the importance of linking across sectors (such as education, social development and security sectors) to address GBV.

This component was scored according to the two main focus areas in the Framework and Gender Assessment Tool - (1) strategies to deal with GBV (both in terms of care and support as well as access to justice) and (2) the prevention of GBV through specific interventions. A score of 2 was given to PSPs that covered both of these areas and a score of 1 to those that covered only one area and not the other. A score of 0 on this component reflects an absence of specific strategies or interventions to mitigate or prevent gender-based violence in the context of HIV.

Key findings include:

- PSPs seldom explicitly recognise gender inequality as a driver of gender-based violence, although they commit to addressing both. Notably, the majority of PSPs have committed to taking comprehensive steps to address gender-based violence and discrimination in various forms although there is a far stronger focus on dealing with sexual violence within PSPs.
- PSPs have developed comprehensive post-rape care interventions that include access to PEP, psycho-social care and medical care. However, access to emergency contraception and termination of pregnancy is not often specified within sexual violence objectives, despite the clear guidance on this at national level.
- All the PSPs include interventions to target communities, including men and boys, to address harmful gender norms and gender inequality.
- Only two provinces, Eastern Cape and Mpumalanga, specifically note the particular vulnerability of marginalised women, such as sex workers, lesbian and transgender women, to GBV. The Eastern Cape commits to including interventions to address this.
- Areas that may be strengthened include:
  - Increased recognition of and commitment to addressing GBV against women in all their diversity, including members of the LGBTI community, sex workers, migrant women and women and girls with disabilities, and
  - Interventions to reduce stigma and discrimination, promote respect for rights, and increase access to, justice amongst service providers and law enforcers in the case of GBV.

### Table 6: Eliminating Gender-Based Violence and Discrimination

<table>
<thead>
<tr>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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</tr>
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<td>Commits to addressing GBV in all its forms</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
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<td>Interventions to build capacity of service providers, law enforcers to respond to GBV</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Stigma and discrimination reduction programmes with service providers, law enforcers</td>
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<td>X</td>
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<td>X</td>
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</tr>
<tr>
<td>Programmes to increase access to justice for survivors of violence</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Programmes to address intimate partner violence (IPV)</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>Programmes to end harmful gender norms</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>Psycho-social support</td>
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<td>X</td>
<td>X</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>ELIMINATING GENDER-BASED VIOLENCE AND DISCRIMINATION</td>
<td>EASTERN CAPE</td>
<td>FREE STATE</td>
<td>GAUTENG</td>
<td>KWAZULU-NATAL</td>
<td>LIMPOPO</td>
<td>MPUMALANGA</td>
<td>NORTHERN CAPE</td>
<td>NORTH WEST PROVINCE</td>
<td>WESTERN CAPE</td>
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<tr>
<td>-------------------------------------------------------</td>
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</tr>
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<td>Emergency contraception</td>
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<td></td>
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<td></td>
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<td>Access to TOP</td>
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<td></td>
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<td>X</td>
<td></td>
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<td><strong>Primary prevention strategies</strong></td>
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<td>X</td>
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<tr>
<td>Comprehensive sexuality education for women, girls, men and boys</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Women's economic empowerment and gender equality interventions</td>
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<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
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<td>Interventions to halt IPV</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Interventions to halt violence against sex workers</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventions to halt violence against lesbian, bisexual and transgender women</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interventions to target men and boys to challenge harmful gender norms</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
Increasing Access to and Uptake of Treatment for Women and Girls

Increasing access to and uptake of treatment is a clear priority for women and girls in South Africa. Strengthening treatment access and adherence for women and girls is a critical component of an effective AIDS response as it transforms HIV into a chronic, manageable disease. Effective efforts to increase treatment access require strategies that link treatment access with various existing health services and interventions, not only in the peri-natal setting and vertical transmission programmes, in order to reach all affected women and girls.

The analysis of this component gives a score of 2 to PSPs on HIV and AIDS that expand services directed at women outside of peri-natal settings to either general population services or specific groups (such as sex workers). A score of 1 is given to PSPs that increase the roll-out or scale-up of access to treatment (including through peri-natal settings) or for strategies around reducing the barriers and risks that may exist for women in counselling and testing (related to consent and confidentiality). A score of 0 reflects an absence of attention to treatment access and availability for women and girls.

Key findings include:

- All of the PSPs meet the standard of the Framework to expanding access to a range of treatment services for women and girls.

- The PSPs do include a strong focus on expanding access to treatment outside of the peri-natal setting (e.g. through the educational setting or through mobile clinics). However, the PSPs do not always specifically refer to increasing access for women and girls, but to the broader population (although, in the case of Mpumalanga, specific reference is made to increasing access to treatment for sex workers). It will be important for PSPs to take particular note of how to increase access to women and girls outside of the peri-natal setting, including dealing with barriers to access to treatment and to treatment adherence, such as stigma and discrimination.

- There is a strong focus, in the PSPs, on increasing appropriate access to treatment for infants and children.
<table>
<thead>
<tr>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>VCT as entry point for services</strong></td>
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<td>X</td>
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<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Strengthened adherence and access to ART</strong></td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Link between treatment and SRHR services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>x</td>
</tr>
<tr>
<td>HIV treatment literacy for women and girls</td>
<td></td>
<td></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Link between vertical transmission to HIV treatment programmes</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Programmes to increase access to treatment for women not using peri-natal health care services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
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<td>Addressing barriers to enhance access to treatment for women and girls</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
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<tr>
<td>Link between treatment and treatment of opportunistic infections like TB</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
<td>x</td>
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<tr>
<td>Access to treatment for children</td>
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<td>x</td>
<td>x</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Integrating HIV into general health services</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>x</td>
<td>x</td>
<td>X</td>
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</tr>
</tbody>
</table>

**Score** 

2 2 2 2 2 2 2 2 2 2
Strengthening Care and Support by and for Women and Girls and Reducing Their Unpaid Burden of Care

Women and girls living with HIV need ongoing care and support to manage the psycho-social impact of HIV, manage stigma and discrimination, strengthen treatment adherence and to improve health outcomes. Women and girls also bear a disproportionate burden of care and the vital role that caregiving plays in communities frequently goes unrecognised, unsupported and unremunerated. Strengthening care and support for women and girls and reducing their unpaid burden of care is a core strategy to advance women’s rights and gender equality in the context of HIV, STIs and TB.

The analysis for this component gives a score of 2 to PSPs that support women and girls as caregivers, recognise the burden of care on women and girls and attempt to address the daily care and support needs of women and girls living with HIV. A score of 1 is given to those PSPs on HIV, STIs and TB that recognise the role of, support, train and/or provide resources to community caregivers and to families caring for OVC or members living with HIV, even though the PSP may not overtly recognise the burden on women and girls. A score of zero is given to PSPs that do not provide for the care and support needs of women and girls affected by HIV in any way.

Key findings include:

- None of the PSPs meet the standard of providing care and support for women and girls, to recognise, support and/or reduce their burden of care in the context of HIV and AIDS. It may well be that the government’s role for providing broader care and support to women and girls at household level is reflected in other departmental plans, such as the Department of Social Development (DSD)’s broader National and Provincial Social Development Plans. However, it is critical that the specific care and support needs of women and girls that arise in the context of HIV are recognised and addressed within provincial strategic planning documents and policies.

- A number of the PSPs do recognise and make reference to community carers and home based carers, commit to providing stipends to these carers as well as recognise the need to support their role in the HIV response (e.g. through training). Table 8 reflects these commitments, although they do not necessarily reflect support for individual women and girl caregivers within households but to community workers more broadly.

- Similarly, a number of PSPs recognise the need to provide care and support to households with OVC including through psycho-social support, social services, social grants and food security, amongst other things. This has been reflected in the scoring. Support to households with OVC may well result in support for women and girls, who are generally the caregivers in these households. In this way, PSPs indirectly provide care and support for women and girls as caregivers.
Table 8: Strengthening Care and Support by and for Women and Girls and Reducing their Unpaid Burden of Care

<table>
<thead>
<tr>
<th>Strengthening Care and Support by and for Women and Girls</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North-West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise and reduce burden of care on women and girls</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Financial compensation for caregivers</td>
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<tr>
<td>Recognition of roles of caregivers in broader HIV response</td>
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<td></td>
<td></td>
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<td>Training for caregivers</td>
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<tr>
<td>Interventions to support equal sharing of responsibility for care between women and men in families / communities</td>
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<td></td>
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<td>Care for the caregiver interventions</td>
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<td>Increased access to home-based care kits</td>
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<tr>
<td>Support caregivers to give palliative care</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Support for daily needs of women and girls living with / affected by HIV</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>Psycho-social support</td>
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<td>X</td>
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<td><strong>1</strong></td>
<td><strong>1</strong></td>
</tr>
</tbody>
</table>


**Accountability: Budgeting, Monitoring, Research and Gender Expertise**

PSPs need to ensure that all interventions are also in fact costed, budgeted and monitored so that policies become a reality through programmes and services and are monitored by citizens and CSOs. Simple measures such as the collection of sex and age disaggregated data, the use of gender indicators, ‘gender-budgeting’ or the analysis of implications for women of clinical research have not been a routine part of the HIV research or M&E agendas in the past. Only when interventions or new approaches become ‘real’ through budgets, monitoring, evaluation and research will sustained change take place. Similarly, it is critical to expand gender expertise within decision-making spaces, including planning processes on HIV and AIDS, to support accountability for gender, HIV and AIDS.

The Gender Equality Assessment of accountability is limited by the fact that most PSPs include provision for the development of a separate M&E and costing plan. Therefore weaknesses in this area may point to broader weaknesses, but may not necessarily be a fair reflection of all final PSPs relating to the provincial HIV response.

Similarly, many PSPs score poorly on this component of the *Framework* because of difficulties in assessing accountability through a gender lens in the written document itself. For example, PSPs may have a significant prioritisation of gender inequality but may not include specific statements around training provisions, budget analysis or research on women and girls, men and boys. Sex disaggregated data may well be collected; however gender-disaggregated data and analysis, taking into account gender differences and measuring the impact of programmes and policies on women, girls and gender equality, is seldom included in the PSP (although may well carry through to a more detailed M&E plan.) It is imperative that M&E frameworks are explicit in this respect and provide for centralised data collection of gender-disaggregated data, particularly given the concerning disconnect between PSPs and their related POPs in some provinces.

**GENDER-DISAGGREGATED DATA AND ANALYSIS: UNITED NATIONS (2002) GENDER MAINSTREAMING: AN OVERVIEW**

"Mainstreaming gender perspectives in statistics implies that all statistics are produced taking in consideration gender roles and gender differences and inequalities in society. All data – both those on individuals as well as those not directly related to individuals – should be collected, compiled and analyzed taking in account the gender-based factors that influence women’s and men’s roles, access to resources, and the way women and men benefit from access to resources, facilities and services.

Disaggregation of all statistics by sex is one of the means of ensuring attention to gender perspectives in statistics. However, disaggregation by itself is inadequate. Sex-disaggregated data are simply data collected and tabulated separately for women and men. Having data by sex does not guarantee that concepts, definitions and methods used in data production are conceived to reflect gender roles and relations in society."

PSPs were given a score of 2 for outstanding performance in incorporating a gendered response in the areas of budgeting, monitoring, research, gender expertise and the setting of targets and indicators. PSPs scored 1 if they generally met the criteria of being accountable to women and girls and have included a goal or initiative to incorporate a gendered approach to budgeting, monitoring and/or research. However, simply collecting sex-disaggregated data is not enough to score on this component and resulted in a score of 0.

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**Strategic and Operational Plans in South Africa**

39
Key findings include:

■ All PSPs appear to collect data disaggregated by sex for core and additional indicators, allowing for monitoring and evaluation of the provincial response with respect to men and women. A number of PSPs also collect data for key populations.

■ However, it is less clear whether PSPs aim to collect and analyse gender-disaggregated data including data on who is not being reached by services as well as on the specific impact of services on women and girls.

■ PSPs give little indication of what research will be done and who will be prioritised although three PSPs (Mpumalanga, Northern Cape and the North West) specifically note the need to conduct research on sex work, the needs of LGBTI communities, the vertical transmission programme and VMMC services.

■ Very few PSPs provide for strengthening HIV-related gender expertise; gender expertise is critical to ensuring effective integration of women, girls and gender equality in mainstreaming goals, gender-sensitive implementation of programmes and effective M&E.

Table 9: Accountability: Budgeting, Monitoring, Research and Gender Expertise

<table>
<thead>
<tr>
<th>Accountability, Budgeting, Monitoring, Research and Gender Expertise</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Costing and Budgeting of all gender interventions</td>
<td></td>
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<td>Monitoring</td>
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<td>Collection of gender-disaggregated data</td>
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<td>Core and additional indicators disaggregated by sex</td>
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<td>Collection of data disaggregated by key stakeholders re: rate of coverage for prevention, treatment, care and support</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Accountability, Budgeting, Monitoring, Research and Gender Expertise</td>
<td>Eastern Cape</td>
<td>Free State</td>
<td>Gauteng</td>
<td>KwaZulu-Natal</td>
<td>Limpopo</td>
<td>Mpumalanga</td>
<td>Northern Cape</td>
<td>North West Province</td>
<td>Western Cape</td>
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<tr>
<td>Gender-disaggregated data on who is not being reached</td>
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<tr>
<td>Indicators to measure impact of programme on women and girls</td>
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<tr>
<td>Meaningful civil society involvement in reporting</td>
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<td></td>
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<td>X</td>
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<tr>
<td><strong>Research</strong></td>
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<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Involvement of women in design, delivery and analysis of HIV and AIDS research</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing research with women, with communities (by and for)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>X</td>
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<tr>
<td><strong>Gender expertise</strong></td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Gender training and sensitisation</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td>Gender analysis training</td>
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</tr>
</tbody>
</table>

Strategic and Operational Plans in South Africa
Inclusion of Key Stakeholders

Underscoring all elements of the *Framework* and an effective and successful response to HIV, STIs and TB is the full and meaningful involvement of all key stakeholders; in the context of this analysis, of women and girls in all their diversity. Meaningful inclusion necessitates specific attention and ‘naming names’ of communities of women and girls who are particularly vulnerable to HIV for a range of social, biological, cultural and religious factors. Women already living with HIV have specific prevention, treatment, care and support needs that are different from the general public. Widows, as another example, may experience stigma and discrimination in a way that is different from women who have sex with women and identify as lesbian. Underpinning all of this is the recognition and principle of women and girls as agents of change, and not simply recipients of services. Planning processes around HIV, STIs and TB have the opportunity to empower women and girls who are most affected by and vulnerable to HIV by meaningfully engaging and involving women and girls in all of their diversity as well as by prioritising their specific needs in programmes.

This component of the *Framework for Women, Girls and Gender Equality* is also difficult to score and as such, the reach of this analysis is limited. The fairest assessment is to evaluate PSPs that made efforts to include those stakeholders who are relevant in their context or of which stakeholder groups are mentioned in the PSPs.

A score of 2 is given to PSPs on HIV and AIDS that are exceptional in that they fully acknowledge the needs of women stakeholders that are relevant in their context, or have recognised the importance of gendered considerations in specific stakeholder groups, such as recognising women prisoners, rather than simply recognising ‘prisoners’ as a key stakeholder. A score of 1 is given to PSPs that recognise women as a group with specific interests and at least one other group that may have differential needs for men and women. A score of 0 is given to PSPs that fail to recognise the different needs of populations, in terms of gender, at all.

Key findings include:

- None of the PSPs meet the standard of the *Framework*.
- Many PSPs recognise women and in particular young women, as an important stakeholder.
- Almost all of the PSPs recognise the need to address services for LGBTI or transgender people. However there is a far stronger focus on men who have sex with men (MSM) at activity level within PSPs as well as POPs.
- Although PSPs recognise women as an important focus for the provincial response, they fail to recognise the gendered dimensions within other stakeholder populations (such as prisoners, people with disabilities or migrant/mobile populations). Even in relation to children, there is a far greater focus on orphaned and vulnerable children than on girl children.
- None of the PSPs recognise specific stakeholders of women – that is women as caregivers, grandmothers or widows, as key stakeholders.
There are a few notable exceptions where PSPs recognise gender issues amongst some key stakeholders. For instance, in relation to alcohol abuse, there is some recognition of the norms that impact on men. In the North West and the Western Cape, the particular vulnerabilities of women migrants / mobile populations are noted.

Table 10: Inclusion of Key Stakeholders

<table>
<thead>
<tr>
<th>Ensure Inclusion in all Processes and Consideration of the Specific Needs of:</th>
<th>Eastern Cape</th>
<th>Free State</th>
<th>Gauteng</th>
<th>KwaZulu-Natal</th>
<th>Limpopo</th>
<th>Mpumalanga</th>
<th>Northern Cape</th>
<th>North West Province</th>
<th>Western Cape</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Women living with HIV</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Young women</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Grassroots women</td>
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<td></td>
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<td></td>
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<tr>
<td>Caregivers, both primary and secondary</td>
<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Lesbian, bisexual and transgender women</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>Transgender</td>
<td>X</td>
<td>X</td>
<td>Transgender</td>
</tr>
<tr>
<td>Women in sex work</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Women migrants / refugees / internally displaced</td>
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<tr>
<td>Widows</td>
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<td></td>
<td></td>
<td>X</td>
<td>X</td>
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<tr>
<td>Women who use drugs</td>
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<td></td>
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<tr>
<td>Grandmothers</td>
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<td></td>
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<tr>
<td>Women in prison</td>
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</tr>
<tr>
<td>Ensure Inclusion in all Processes and Consideration of the Specific Needs of:</td>
<td>Eastern Cape</td>
<td>Free State</td>
<td>Gauteng</td>
<td>KwaZulu-Natal</td>
<td>Limpopo</td>
<td>Mpumalanga</td>
<td>Northern Cape</td>
<td>North West Province</td>
<td>Western Cape</td>
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<tr>
<td>Women with disabilities</td>
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<td></td>
<td></td>
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<tr>
<td>Girl child</td>
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<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rural women and girls</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
</tbody>
</table>
Provincial Strategic Plans vs Operational Plans

The Gender Equality Assessment also reviewed Provincial Operational Plans, at the specific request of stakeholders during pre-Assessment stakeholder consultations, to determine whether and to what extent the Operational Plans implemented commitments made in the Provincial Strategic Plans. The Assessment found it difficult to draw out lessons for various reasons:

■ Firstly, Operational Plans are made for a period of one to two years and may not necessarily reflect the totality of interventions to be implemented during the course of the Provincial Strategic Plan. A limited Operational Plan may reflect a weakness within a province in its failure to adequately implement the wide range of objectives set out at strategic planning level. However, by the same token a large-scale Operational Plan may reflect an over-ambitious and unrealistic approach to achieving all elements of a PSP within a short period of time.

■ Secondly, Operational Plans follow varying formats and approaches, unlike PSPs which are fairly consistent and uniform in approach across provinces. This makes comparison across provinces difficult.

However, the Gender Equality Assessment did note the following:

■ In many provinces, the Provincial Operational Plans followed the format of the Provincial Strategic Plans closely, including a large number of the objectives and sub-objectives set out in the PSPs, with varying levels of detail at activity level. In some instances, the POPs maintain broad overall objectives (e.g. “mainstreaming human rights and gender equality into the work of other sectors”) without breaking these down into detailed activities. In other instances, however, POPs contain far more detailed provision for the listed objectives and sub-objectives of the PSP, allowing for a clearer picture of the elements of each objective and the extent to which they align with the focus areas within the Framework and Gender Assessment Tool. This is useful for monitoring progress towards the effective implementation of gender equality goals within provincial HIV responses.

■ Even within those POPs that are closely aligned with their respective PSPs, there are focus areas that are not carried through to operational level. For instance, in KwaZulu-Natal, issues of GBV and sexual violence are not as well reflected in the POP although they are well integrated at the strategic planning level. Of particular concern is the fact that in a number of POPs, key stakeholders highlighted in the PSPs are not specifically mentioned in the Operational Plans for inclusion or prioritisation.

■ There are some instances of large disparities between the province’s Strategic and Operational Plan (e.g. the Free State), which may make implementation, costing and M&E extremely difficult for stakeholders.
### Table 11: Eastern Cape

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Strengthening Care and Support By and For Women and Girls</th>
<th>Accountability, Budgeting, Monitoring, Research and Gender Expertise</th>
<th>Ensure inclusion and consideration of the specific needs of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive legal and policy framework</td>
<td>Acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
<td>VCT as entry point for services</td>
<td>Recognise and reduce burden of care on women and girls</td>
<td>Costing and budgeting of all gender interventions</td>
<td>Women in all their diversity</td>
</tr>
<tr>
<td>Ensuring women’s economic independence</td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
<td>Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overcoming stigma and discrimination</td>
<td>Services to promote men and boys’ access to SRHR</td>
<td>Primary prevention strategies</td>
<td></td>
<td></td>
<td></td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human rights and access to justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gender expertise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
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<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**Legend:**
- **Strong**
- **Average**
- **Weak**
Areas of Strength in the Eastern Cape plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and strengthening access to justice - the plan is the most comprehensive of all in this respect. It includes various measures to create a supportive legal and policy framework in the province; overcome stigma and discrimination, strengthen understanding of HIV, human rights and gender equality and to promote access to justice, particularly for sexual violence. It furthermore recognises the need for a range of measures to ensure women’s economic independence.
- Preventing HIV transmission amongst women and girls.
- Eliminating GBV and discrimination.
- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Eastern Cape plan include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations.
- A comprehensive, integrated SRHR approach to HIV: The plan requires stronger prioritisation for marginalised populations in SRH services and specific provision for emergency contraception, safe abortion and post-abortion care.
- Strengthening care and support by and for women and girls: there is some provision for the daily care and support needs of women and girls living with HIV, but limited recognition of the need to provide support for women and girls as caregivers.
- Accountability, budgeting, monitoring, research and building gender expertise.
- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the Eastern Cape response include to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.
- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations.
- Provide services to support and reduce the burden of care on women and girls.
- Specifically provide for emergency contraception and safe abortion in SRH services for women and girls affected by HIV.
- Provide for gender training and sensitisation within structures, departments and sectors to support the mainstreaming of HIV, human rights and gender equality.
Table 12: Free State

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Strengthening Care and Support By and For Women and Girls</th>
<th>Accountability, Budgeting, Monitoring, Research and Gender Expertise</th>
<th>Ensure inclusion and consideration of the specific needs of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive legal and policy framework</td>
<td>Acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
<td>VCT as entry point for services</td>
<td>Recognise and reduce burden of care on women and girls</td>
<td>Costing and budgeting of all gender interventions</td>
<td>Women in all their diversity</td>
</tr>
<tr>
<td>Ensuring women’s economic independence</td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
<td>Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overcoming stigma and discrimination</td>
<td>Services to promote men and boys’ access to SRHR</td>
<td>Primary prevention strategies</td>
<td></td>
<td></td>
<td>Research</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Human rights and access to justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gender expertise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Gender Equality Assessment of Provincial HIV, STI’s and TB
Areas of Strength in the Free State plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV.
- A comprehensive, integrated SRHR approach to HIV - the response includes comprehensive provision for SRH services that are free of discrimination and coercion and provides for various linkages between SRH and HIV services.
- Preventing HIV transmission amongst women and girls including through specific interventions as well as through addressing the structural determinants of HIV transmission.
- Eliminating GBV and discrimination. The plan commits to addressing GBV in all its forms through programmes with communities and service providers and through primary prevention strategies.
- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Free State plan include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations: the plan recognises the GIPA but not specifically the MIWA principle and doesn’t include strategies to enhance MIWA.
- Strengthening care and support by and for women and girls: There is provision for the daily care and support needs of women and girls living with HIV, but limited recognition of the need to provide support for women and girls as caregivers.
- Accountability, budgeting, monitoring, research and building gender expertise.
- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the Free State response include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.
- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations.
- Include provision for research that involves and addresses the needs of women and girls living with HIV and other stakeholder populations.
- Provide for gender training and sensitisation within structures, departments and sectors to support the mainstreaming of HIV, human rights and gender equality.
- Provide services to support and reduce the burden of care on women and girls.
## Table 13: Gauteng

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Strengthening Care and Support By and For Women and Girls</th>
<th>Accountability, Budgeting, Monitoring, Research and Gender Expertise</th>
<th>Ensure inclusion and consideration of the specific needs of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive legal and policy framework</td>
<td>Acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
<td>VCT as entry point for services</td>
<td>Recognise and reduce burden of care on women and girls</td>
<td>Costing and budgeting of all gender interventions</td>
<td>Women in all their diversity</td>
</tr>
<tr>
<td>Ensuring women’s economic independence</td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
<td>Monitoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overcoming stigma and discrimination</td>
<td>Services to promote men and boys’ access to SRHR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Research</td>
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<td></td>
</tr>
<tr>
<td>Human rights and access to justice</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gender expertise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

- **Strong**
- **Average**
- **Weak**
Areas of Strength in the Gauteng plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV with a particularly strong focus on efforts to promote the socio-economic development of communities in need, including OVC, as well as promoting access to justice for GBV.
- A comprehensive, integrated SRHR approach to HIV: This includes provision for SRH services free of discrimination and linkages between SRH and HIV services, although fails to specifically provide for emergency contraception.
- Preventing HIV transmission amongst women and girls including through specific interventions for women, girls, men and boys (including key populations) as well as through addressing the structural determinants of HIV transmission.
- Eliminating GBV and discrimination: The plan includes strong commitment to addressing GBV in all its forms.
- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Gauteng plan include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations: The plan recognises the GIPA but not specifically the MIWA principle and doesn’t include strategies to enhance MIWA.
- Strengthening care and support by and for women and girls: there is good provision for the daily care and support needs of women and girls living with HIV and OVC, but limited recognition of the need to provide support for women and girls as caregivers.
- Accountability, budgeting, monitoring, research and building gender expertise.
- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the Gauteng response include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.
- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations
- Include provision for research that involves and addresses the needs of women and girls living with HIV and other stakeholder populations.
- Provide for gender training and sensitisation within structures, departments and sectors to support mainstreaming objectives.
- Provide services to support and reduce the burden of care on women and girls.
Table 14: KwaZulu-Natal

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Strengthening Care and Support By and For Women and Girls</th>
<th>Accountability, Budgeting, Monitoring, Research and Gender Expertise</th>
<th>Ensure inclusion and consideration of the specific needs of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supportive legal and policy framework</td>
<td>Acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
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<td>VCT as entry point for services</td>
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<td>Costing and budgeting of all gender interventions</td>
<td>Women in all their diversity</td>
</tr>
<tr>
<td>Ensuring women’s economic independence</td>
<td></td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
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<td></td>
</tr>
<tr>
<td>Overcoming stigma and discrimination</td>
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<td>Services to promote men and boys’ access to SRHR</td>
<td>Primary prevention strategies</td>
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</tr>
</tbody>
</table>

Gender Equality Assessment of Provincial HIV, STI’s and TB
Areas of Strength in the KwaZulu-Natal plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV - the plan includes various measures to create a supportive legal and policy framework in the province; overcome stigma and discrimination; strengthen understanding of HIV, human rights and gender equality and to promote access to justice. It furthermore recognises the need for a range of socio-economic development objectives to strengthen women’s economic independence.

- Preventing HIV transmission amongst women and girls including through specific interventions as well as through addressing the structural determinants of HIV transmission.

- Eliminating GBV and discrimination.

- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the KwaZulu-Natal plan include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations

- A comprehensive, integrated SRHR approach to HIV - the plan requires stronger prioritisation for marginalised populations in SRH services and specific provision for emergency contraception, safe abortion and post-abortion care.

- Strengthening care and support by and for women and girls: Although the plan is one of the strongest in terms of provision for the daily care and support needs of women and girls living with HIV and as caregivers, further support for caregivers is required.

- Accountability, budgeting, monitoring, research and building gender expertise.

- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the KwaZulu-Natal response include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.

- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations

- Specifically provide for emergency contraception and safe abortion in SRH services for women and girls affected by HIV.

- Include provision for research that involves and addresses the needs of women and girls living with HIV and other stakeholder populations.

- Provide for gender training and sensitisation within structures, departments and sectors to support mainstreaming objectives.
Table 15: Limpopo

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
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<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Strengthening Care and Support By and For Women and Girls</th>
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<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
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<td></td>
<td></td>
<td></td>
<td>Gender expertise</td>
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</tr>
</tbody>
</table>

Score: 2 1 1 2 2 2 1 0 1

Legend: Strong, Average, Weak
Areas of Strength in the Limpopo plan include comprehensive provision for:

■ Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV - the plan includes various measures to create a supportive legal and policy framework in the province; overcome stigma and discrimination; strengthen understanding of HIV, human rights and gender equality and to promote access to justice, particularly for sexual violence.
■ Preventing HIV transmission amongst women and girls.
■ Eliminating GBV and discrimination with a strong focus on increasing support and access to justice for sexual violence.
■ Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Limpopo plan include the need for strengthening provision for:

■ The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations - the plan recognises the GIPA but not specifically the MIWA principle and doesn’t include strategies to enhance MIWA.
■ A comprehensive, integrated SRHR approach to HIV - the plan requires specific provision for emergency contraception, safe abortion and post-abortion care.
■ Strengthening care and support by and for women and girls: The plan makes some provision for the daily care and support needs of women and girls living with HIV but requires increased support for women and girls as caregivers.
■ Accountability, budgeting, monitoring, research and building gender expertise.
■ Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the Limpopo response include the need to:

■ Conduct a review of the involvement of women stakeholders in provincial structures and committees.
■ Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations.
■ Specifically provide for emergency contraception and safe abortion in SRH services for women and girls affected by HIV.
■ Strengthen provision for gender-disaggregated data collection, research by and for women and girls and the development of gender expertise within the province to support mainstreaming objectives.
■ Provide services to support and reduce the burden of care on women and girls.
### Table 16: Mpumalanga

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
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<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
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<td>Ensuring women’s economic independence</td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

| Strong | Average | Weak |
Areas of Strength in the Mpumalanga plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV.
- A comprehensive, integrated SRHR approach to HIV - this includes provision for SRH services free of discrimination and linkages between SRH and HIV services, although fails to specifically provide for emergency contraception.
- Preventing HIV transmission amongst women and girls including through specific prioritisation of young girls and boys.
- Eliminating GBV and discrimination - the plan includes strong commitment to addressing GBV in all its forms and furthermore recognises violence against key populations such as sex workers and LGBT populations.
- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Mpumalanga plan include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations: The plan recognises the GIPA but not specifically the MIWA principle and doesn’t include strategies to enhance MIWA.
- Strengthening support for women and girls as caregivers: The plan makes some provision for the daily care and support needs of orphaned and vulnerable children; it requires increased support for women and girls, including women living with HIV and women as caregivers.
- Accountability, budgeting, monitoring, research and building gender expertise.
- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the Mpumalanga response include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.
- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations.
- Specifically provide for emergency contraception in SRH and PEP services for women and girls affected by HIV.
- Strengthen provision for gender-disaggregated data collection and the development of gender expertise within the province to support mainstreaming objectives.
- Provide for daily care needs of women and girls living with HIV and services to support and reduce the burden of care on women and girls.
Table 17: Northern Cape

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
<th>Eliminating Gender-Based Violence and Discrimination</th>
<th>Increasing Access to and Uptake of Treatment for Women and Girls</th>
<th>Strengthening Care and Support By and For Women and Girls</th>
<th>Accountability, Budgeting, Monitoring, Research and Gender Expertise</th>
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<tbody>
<tr>
<td>Supportive legal and policy framework</td>
<td>Acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
<td>VCT as entry point for services</td>
<td>Recognise and reduce burden of care on women and girls</td>
<td>Costing and budgeting of all gender interventions</td>
<td>Women in all their diversity</td>
</tr>
<tr>
<td>Ensuring women’s economic independence</td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
<td>Reduce HIV transmission through specific interventions</td>
<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
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<td>Score</td>
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<td>2</td>
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<td>1</td>
</tr>
</tbody>
</table>

Gender Equality Assessment of Provincial HIV, STI’s and TB
Areas of Strength in the Northern Cape plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV.
- A comprehensive, integrated SRHR approach to HIV - this includes provision for SRH services free of discrimination and linkages between SRH and HIV services, although fails to specifically provide for emergency contraception.
- Preventing HIV transmission amongst women and girls including through specific interventions as well as through addressing the structural determinants of HIV transmission, including efforts to improve the socio-economic development of women and girls.
- Eliminating GBV and discrimination: The plan provides strong commitment to preventing and addressing GBV in all its forms; however it provides limited recognition of the need to increase access to justice in the event of sexual violence.
- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Northern Cape plans include the need for strengthening provision for:

- The meaningful participation and leadership of women, including those from key stakeholder populations: The plan is strong on recognition of and support for the GIPA principle but fails to specifically recognise the involvement of affected women and girls.
- Strengthening care and support by and for women and girls: The plan provides for the care and support needs of orphaned and vulnerable children; it requires increased support for women and girls, including women living with HIV and women as caregivers.
- Accountability, budgeting, monitoring, research and building gender expertise.
- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the Northern Cape response include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.
- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations.
- Specifically provide for emergency contraception in SRH and PEP services for women and girls affected by HIV.
- Strengthen provision for gender-disaggregated data collection and the development of gender expertise within the province to support mainstreaming objectives.
- Provide for daily care needs of women and girls living with HIV and services to support and reduce the burden of care on women and girls.
Table 18: North West

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
<th>Preventing HIV Transmission among women and girls</th>
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<tbody>
<tr>
<td>Supportive legal and policy framework</td>
<td>Acknowledge and advance women’s leadership and meaningful participation, particularly key stakeholders</td>
<td>PSPs should advance a SRHR response to HIV free of coercion, discrimination and violence</td>
<td>Reduce vulnerability to HIV and address structural determinants of HIV transmission</td>
<td>Recognises gender inequality as a driver of GBV, cause and consequence of HIV transmission</td>
<td>VCT as entry point for services</td>
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<td>Ensuring women’s economic independence</td>
<td>Linkage of SRH and HIV services with particular attention to access for marginalised communities</td>
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<td>Commits to addressing GBV in all its forms</td>
<td>Strengthened adherence and access to ART</td>
<td>Support for daily needs of women and girls living with and affected by HIV</td>
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<td>Overcoming stigma and discrimination</td>
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<tr>
<td>Score</td>
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<td>2</td>
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<td>1</td>
<td>1</td>
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</tr>
</tbody>
</table>
Areas of Strength in the North West plan include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV with a strong focus on the human rights of children, including girl children.
- A comprehensive, integrated SRHR approach to HIV - this includes provision for SRH services free of discrimination and linkages between SRH and HIV services, although fails to specifically provide for emergency contraception.
- Preventing HIV transmission amongst women and girls including through specific interventions as well as through addressing the structural determinants of HIV transmission.
- Eliminating GBV and discrimination: The plan includes prevention of and addressing GBV in all its forms in terms of HIV.
- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the North West plan include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations: The plan is relatively strong on support for the GIPA principle but fails to specifically recognise the involvement of affected women and girls.
- Strengthening care and support by and for women and girls: The plan provides for the care and support needs of orphaned and vulnerable children in particular; it requires increased support for women and girls, including women living with HIV and women as caregivers.
- Accountability, budgeting, monitoring, research and building gender expertise: The plan is relatively strong in terms of provision for gender-disaggregated data collection, research by and for women and strengthening gender expertise, although can still be improved.
- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the North West response include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.
- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations.
- Specifically provide for emergency contraception in SRH and PEP services for women and girls affected by HIV.
- Strengthen provision for gender-disaggregated data collection and analysis, including of the impact of programmes on women and girls.
- Provide for daily care needs of women and girls living with HIV and services to support and reduce the burden of care on women and girls.
Table 19: Western Cape

<table>
<thead>
<tr>
<th>Enabling Environment and Advancing Human Rights and Access to Justice</th>
<th>Meaningful Participation and Leadership of Women</th>
<th>Utilising a Sexual and Reproductive Health and Rights Approach</th>
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<td></td>
<td>Gender expertise</td>
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</tr>
</tbody>
</table>

Score | 2 | 1 | 2 | 2 | 2 | 2 | 1 | 1 | 1 |

- **Strong**
- **Average**
- **Weak**
Areas of strength in the Western Cape plans include comprehensive provision for:

- Creating an enabling environment, advancing human rights and access to justice to promote gender equality in the context of HIV - the plan includes various measures to create a supportive legal and policy framework; overcome stigma and discrimination; strengthen understanding of HIV, human rights and gender equality and to promote access to justice.

- A comprehensive, integrated SRHR approach to HIV - the response includes comprehensive provision for SRH services that are free of discrimination and coercion and provides for various linkages between SRH and HIV services.

- Preventing HIV transmission amongst women and girls, including through addressing structural determinants of HIV transmission.

- Eliminating GBV and discrimination - the plan is particularly strong on GBV and includes a range of measures to prevent and address GBV in the context of HIV; it is also one of the few that specifically provides for both emergency contraception and abortion.

- Increasing access to and uptake of treatment for women and girls.

Areas for Improvement in the Western Cape plans include the need for strengthening provision for:

- The meaningful participation and leadership of women, including participation of women and girls from key stakeholder populations

- Strengthening care and support by and for women and girls: The plan provides for the care and support needs of orphaned and vulnerable children in particular; it requires increased support for women and girls, including women living with HIV and women as caregivers.

- Accountability, budgeting, monitoring, research and building gender expertise: The plan is one of the stronger in terms of provision for gender-disaggregated data collection and analysis as well as strengthening gender expertise, although can still be improved.

- Including and considering the specific needs of women and girls, in all their diversity, throughout the plan.

Key Recommendations for the response in the Western Cape include the need to:

- Conduct a review of the involvement of women stakeholders in provincial structures and committees.

- Strengthen meaningful involvement and prioritisation of women living with HIV and women members of other key stakeholder populations

- Specifically provide for emergency contraception in SRH and PEP services for women and girls affected by HIV.

- Provide for daily care needs of women and girls living with HIV and services to support and reduce the burden of care on women and girls.

- Strengthen provision for research and for collection of gender-disaggregated data collection on who is not being reached.
CONCLUSIONS AND RECOMMENDATIONS

The Gender Equality Assessment shows that generally PSPs as well as POPs provide comprehensive responses to gender equality within their HIV responses for the province.

However, there are areas that require strengthening in order to achieve gender equality and promote access to HIV prevention, treatment, care and support for women in all their diversity.

In particular, it is critical that provinces improve efforts to promote the meaningful involvement of women and girls living with HIV and to recognise and prioritise the specific needs of key stakeholders of women and girls in all their diversity.

Additionally, there are some specific and important interventions and services that are not explicitly provided for in a number of PSPs, which require addressing – these include making explicit provision for, amongst others, skills training, access to credit and micro-finance in efforts to advance women’s economic independence; for emergency contraception and access to abortion and post-abortion care; for access to justice for GBV over and above sexual violence and for providing care and support to women and girls affected by HIV.

There are also areas where caution needs to be exercised to ensure that broad commitments – such as the commitments to addressing stigma, discrimination and gender inequality, addressing the structural drivers of HIV in prevention efforts, increasing access and adherence to treatment and mainstreaming human rights and gender equality into the work of other sectors, are able to be operationalised and implemented in a way that recognises and addresses the particular problems and barriers facing women, girls, men and boys. In order to be effective, this will require the inclusion and participation of key stakeholders in the design, development, implementation, monitoring and evaluation of programmes as well as increased gender expertise within provinces.

The findings of the Gender Equality Assessment suggest some immediate steps that provinces may take:

- Strengthen the involvement, participation and prioritisation of women, in all their diversity, in the provincial response if this is not taking place. Meaningful involvement of women and girls living with HIV requires not only representation but also steps to improve meaningful participation such as mobilisation, capacity building and funding. Prioritisation of women in programmes also requires identifying and addressing the particular needs of key stakeholder populations such as girl children, women in sex work, lesbian, bisexual and transgender women, women and girls with disabilities and migrant women.

- Strengthen gender expertise within structures, departments and sectors in order to support the meaningful implementation of broad objectives and sub-objectives within the PSP. This will help to ensure that all sectors are able to mainstream HIV, human rights and gender equality into their work and to ensure that prevention, treatment, care and support interventions recognise and integrate gendered dimensions within their work – that is, it will help to translate the principles of the PSP into a reality at provincial level.
Ensure that provincial budgets include ‘gender-budgeting’ and that M&E plans include provision for collection and analysis of gender-disaggregated data, since this may be the only meaningful way to determine whether provinces are in fact fulfilling their commitments, as well as whether and why this is impacting on the lives of women and girls.

Strengthen upcoming POPs during the period 2014 to 2016. Future POPs should include all priority focus areas for HIV and gender equality over the course of the next three years. In particular, provinces should also ensure the focus on key stakeholders and gender equality issues is included and maintained in the implementation of programmes and that critical gaps described in the Assessment are addressed in Operational Plans.

Finally, provinces may use the Assessment to review their PSPs in the years ahead, to ensure that the future PSP integrates all priority focus areas and responds to identified gaps and weaknesses in its current format.

The Gender Equality Assessment also identifies some areas which require further analysis, beyond that provided for in PSPs and POPs. Provinces may support further analysis by either conducting, or participating in national initiatives to:

- Conduct a review of the representation of women in provincial structures and processes to determine the extent to which women and girls living with and affected by HIV are included.

- Conduct a review of provincial budgets and M&E frameworks to determine the extent to which they provide for programmes and integrate gender-disaggregated data and analysis.

- Conduct a review of departmental and sectoral plans to determine the extent to which human rights and gender equality issues are effectively mainstreamed.
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NAPWA, GNP+ (2012) The People Living with HIV Stigma Index


UNAIDS Gender Assessment Tool for National HIV Responses

PLANS

Eastern Cape Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012 – 2016
Free State Province HIV/AIDS, TB and STI Strategic Plan 2012 - 2016
Gauteng Strategic Plan for HIV, TB and STIs 2012 – 2016
Limpopo Provincial Strategic Plan on HIV, STIs and TB 2012 – 2016
Mpumalanga Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012 – 2016
Multi-Sectoral Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012 – 2016 for KwaZulu-Natal
National Strategic Plan on HIV, STIs and TB 2012 – 2016
Northern Cape Provincial Strategic Plan for HIV, TB and STIs 2012 – 2016
North West Strategic Plan for HIV and AIDS, STIs and TB 2012 – 2016
Western Cape Provincial Strategic Plan for HIV and AIDS, STIs and TB 2012 - 2016
APPENDIX 1: CHECKLIST FOR GENDER EQUALITY ASSESSMENT

1. Enabling Environment – human rights and access to justice:

The PSP and POP should recognise women’s rights, be familiar with national legal and policy frameworks, and include interventions to broadly advance women’s equality:

• Do the PSP and POP promote a rights-based approach to programmes and interventions?

• Does the PSP contain programmes and interventions that address key stakeholders?

• Does the PSP contain interventions and programmes that promote gender equality?

• Is there evidence that the PSP seeks to institutionalise existing rights based legal and policy frameworks to ensure:
  - The elimination of violence and discrimination on the basis of HIV status; sex, gender and sexual orientation;
  - Women’s equal rights to marriage and co-habitation and the protection of rights with regard to separation, divorce and child custody;
  - Women’s property and inheritance rights;
  - Women’s access to justice and equal benefit and protection of the law;
  - Decriminalisation of HIV status and transmission, sexual orientation, gender identity, and abortion;
  - Elimination of all coercion and discriminatory practices in health care settings.

• Does the PSP contain programmes and intervention to promote equal access to resources for women, particularly women from marginalised communities eg. skills training, capacity building, access to credit, micro-finance?

• Does the PSP promote women’s equal access to socio-economic rights including access to housing, employment, education, social security?

• Does the PSP include interventions and programmes to alleviate stigma and discrimination on the basis of HIV status, gender, sex and sexual orientation?

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12 The Checklist, a list of questions used to assess PSPs and POPs for this Gender Equality Assessment, was a list of questions developed by the authors, based on the key programmatic interventions outlined in the HEARD and ATHENA Framework and relevant questions relating to planning for gender equality and HIV from the UNAIDS Gender Assessment Tool.
• Does the PSP contain “Know your rights” initiatives and campaigns to empower and educate women and men, boys and girls, on human rights in general and women’s rights in particular?

• Does the PSP contain programmes and interventions that ensure that women and girls’ rights are not violated in the implementation of the PSP and that promote accountability and access to justice when rights are violated?

2. Meaningful involvement of and leadership by women living with or affected by HIV

The PSP and POP should acknowledge and advance women’s leadership and meaningful participation at all levels, and should pay particular attention to the inclusion of key stakeholders:

• Do the PSP and POP recognise the MIWA principle?

• Does the PSP contain clear mechanisms to advance the participation of women, including women from marginalised communities, in the national HIV and AIDS response?

• Were women, including women from marginalised communities, consulted and involved in the development of the PSP and POP?

• Do the PSP and POP contain clear mechanisms for the involvement of women in the development, implementation, review and evaluation of interventions and programmes in the PSP and POP?

• Do the PSP and POP provide for capacity building and resources to support the meaningful involvement of women in programmes and interventions?

• Are networks and organisations of women living with HIV, women’s rights, sexual and reproductive health, gender equality, youth, and other key populations’ organizations e.g., sex workers, injecting drug users and transgender people engaged in decision-making at different stages, levels, and sectors, including design and implementation, of the provincial response?

3. Utilising a sexual and reproductive health and rights approach

The PSP should advance a SRHR-based response to HIV and promote access to a comprehensive package of SRH care for all women and girls that is free of coercion, discrimination and violence:

• Does the PSP recognize and promote HIV, maternal health and infant health as inter-linked concerns?
• Does the PSP promote the linkage of SRH services, with a particular focus on marginalized communities, to:
  - Youth-friendly services
  - Cervical cancer prevention, screening, treatment and palliative care
  - A full range of contraceptive options and attention to dual protection
  - Services to support safe conception, pregnancy, child-birth and breastfeeding
  - Emergency contraception and PEP
  - Access to safe abortion and comprehensive post-abortion care.

• Does the PSP contain interventions and programmes that promote men and boys’ access to sexual and reproductive health services in order to ensure shared responsibility with women and girls?

• Does the PSP contain interventions and programmes to build the capacity of health care workers to offer non-judgmental and non-prescriptive sexual and reproductive health care to key stakeholders?

4. Preventing HIV transmission amongst women and girls

The PSP should reduce women and girls’ vulnerability to HIV, address the structural determinants of HIV transmission and reduce HIV transmission to women and girls:

• Does the PSP include programmes and interventions to address adolescent pregnancy, including access to sexuality information and access to a full range of SRH services?

• Does the PSP promote the retention of adolescents, including pregnant girls and young mothers, in secondary education?

• Does the PSP include programmes to promote women’s legal and economic literacy?

• Does the PSP include programmes and interventions to promote women’s employment, income and livelihood opportunities?

• Does the PSP promote programmes and interventions that address traditional, cultural and religious practices that are harmful to the health and rights of women and girls?

• Does the PSP promote programmes and interventions to provide access to evidence-informed HIV prevention information for women and girls?

• Does the PSP promote comprehensive sexuality education for women and girls, men and boys?
• Does the PSP promote equitable access to female and male condoms and interventions to build skills and capacity to negotiate condom use?
• Does the PSP promote positive health, dignity and prevention for people living with HIV?
• Does the PSP promote programmes and interventions to reduce vertical transmission including attention to breastfeeding and infant feeding practices, nutritional support, post-natal care for women, women's ongoing access to ART as needed, and involvement of male partners?
• Does the PSP promote the management of drug and alcohol substance use for individuals, including harm reduction for women who use drugs and specific interventions for women who are partners of injecting drug users?
• Does the PSP promote VMMC for HIV prevention needs to include strategies to ensure there are no adverse impacts on women and girls?

5. Elimination gender-based violence and discrimination

The PSP should recognise gender inequality as a fundamental driver of GBV and should address GBV as both a cause and a consequence of HIV transmission. The PSP should address GBV in all its forms, including domestic violence, sexual violence and structural violence.

• Does the PSP include programmes and interventions to better equip the criminal justice (police, prosecutors and judges) and health sectors (nurses and doctors) to respond appropriately to GBV?
• Does the PSP promote access to legal services, including legal aid, advice and representation to advance the rights of survivors of GBV to access to justice?
• Does the PSP include interventions and programmes to prevent and address domestic violence, including marital rape?
• Does the PSP contain programmes and interventions to address violence against sex workers, including perpetrated by police and other officials?
• Does the PSP contain programmes and interventions to address violence against key stakeholders, including lesbian, bisexual and transgender women, refugee and migrant women, older women, adolescents?
• Does the PSP promote access to a comprehensive package of post-rape services, including PEP, emergency contraception, termination of pregnancy services and psycho-social support?
• Does the PSP contain programmes and interventions that target men and boys to change notions of violence, transform gender relations and address harmful masculinities?

6. Increasing access to and uptake of treatment for women and girls

The PSP must emphasis voluntary HIV counselling and testing (VCT) as an entry point to services, including an emphasis on consent and confidentiality. PSPs must strengthen adherence and access to ART services for women and girls.

• Does the PSP expand the linkages between HIV treatment programmes and SRH services?
• Does the PSP contain programme and interventions that expand HIV treatment literacy for women and girls?
• Does the PSP link vertical transmission programmes to HIV treatment programmes?
• Does the PSP contain interventions and programmes to increase access to treatment for women who are not utilising peri-natal health services?
• Does the PSP contain programmes and interventions that address stigma and discrimination to enhance access to treatment for women and girls?
• Does the PSP link HIV treatment programmes to the treatment of key opportunistic infections (such as TB)?
• Does the PSP contain programmes and interventions that expand access to HIV treatment for children?

7. Strengthening care and support by and for women and girls

The PSP must recognise that the majority of care-giving is undertaken by women and girls, particularly by older women, and work to reduce this burden of care. Given the diversity of female care givers, from young women to older grandmothers, interventions need to be responsive to specific groups.

• Does the PSP promote financial compensation for primary and secondary care-givers?
• Does the PSP promote clearly defined roles and responsibilities for care-givers?
• Does the PSP contain programmes and interventions to provide accredited training for home-based caregivers?
• Does the PSP contain programmes and interventions to ensure that home based caregivers have reliable and regular access to supplies?
• Does the PSP contain programmes and interventions that promote equal responsibility for caregiving between women and men?
• Does the PSP contain programmes and interventions that provide comprehensive care for caregivers?
• Does the PSP promote access to palliative care and contain programmes and interventions that support caregivers to provide palliative care?

8. Accountability

The PSP and POP must recognise the importance of accountability in responding to women, girls and gender equality.

• Do the PSP and POP provide for the collection of gender disaggregated data for all programmes and interventions?
• Do the POP ensure that all core and additional indicators are disaggregated by sex?
• Do the PSP and POP provide for the collection of data disaggregated by key stakeholders about the rate of coverage for prevention, treatment, care and support services?
• Do the PSP and POP collect gender disaggregated data on who is not being reached by the provincial HIV response?
• Do the PSP and POP include indicators about the impact of the programmes on women and girls?
• Are all gender interventions in the PSP costed and budgeted for?
PHYSICAL ADDRESS:
134 Pretorius Street
Pretoria
Gauteng
South Africa
0002

Tel: +27 12 312 7653
Fax: +27 12 312 7988
Toll Free Number: 0800 60 1011

POSTAL ADDRESS:
Department of Social Development
Private Bag X901
Pretoria
0001
Republic of South Africa

Email: info@dsd.gov.za
Website: www.dsd.gov.za