Using Rights-Based Processes towards Building Gender-Sensitive Responses for Women Living with HIV/AIDS

The UNIFEM South Asia Partnership with the Positive Women Network, India and Centre for Advocacy and Research in India

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7. Using Rights-Based Processes Towards Building Gender-Sensitive Responses for Women Living with HIV/AIDS: The UNIFEM South Asia Partnership with the Positive Women Network, India and Centre for Advocacy and Research in India

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LIST OF ABBREVIATIONS USED:

CBO: Community-Based Organization
CEDAW: Convention on the Elimination of All forms of Discrimination Against Women
CFAR: Center for Advocacy and Research
DOTSP: Directly Observed Treatment Support Program
DRDA: District Rural Development Agency
DWCD: Department of Women and Child Development
FGDs: Focus Group Discussions
GIPA: Greater Involvement of People Living with HIV/AIDS
IEC: Information and Education
ILO: International Labor Organization
INGOs: International Non-governmental Organizations
ISSST: Institute of Social Studies Trust
LCHAU: Lawyers Collective HIV/AIDS Unit
MoE: Ministry of Education
MoH: Ministry of Health
MSJE: Ministry of Social Justice and Empowerment
NACP: National AIDS Control Programme
NACO: National AIDS Control Organization
NCW: National Commission for Women
NGOs: Non-governmental Organizations
NEN: North-East Network
NSS: National Service Scheme
OHCHR: Office of the United Nations High Commissioner for Human Rights
PLWHA: People Living With HIV/AIDS
PPTCT: Prevention of Parent To Child Transmission
SAK: Stree Aadhar Kendra
STD: Sexually Transmitted Diseases
STEP: Support to Training–cum-Employment Programs for Women
SWB: Social Welfare Board
TNWDC: Tamil Nadu Women Development Corporation
UN: United Nations
UNDP: United Nations Development Programme
UNFPA: United Nations Population Fund
UNICEF: United Nations Children’s Fund
UNGASS: United Nations General Assembly Special Session on HIV/AIDS
UNIFEM: United Nations Development Fund for Women
UNODC: United Nations Office on Drugs and Crime
UTs: Union Territories
VCTCs: Voluntary Counseling and Testing Centers
WHO: World Health Organization
WLHAs: Women Living with HIV/AIDS
1. Background and Rationale:


“It has to be recognized that women are not just infected/affected by HIV; they are agents of change. Their voices must be heard and their leadership invested in.” Kathleen Cravero, Deputy Director, UNAIDS, 2004.

Historically, the turning point in the global war against HIV/AIDS began at the UN Millennium Summit in 2000 when world leaders “committed themselves to halting and beginning to reverse the spread of HIV/AIDS by 2015”\(^2\). While doing so, they also decided to convene a special session to review and address the problem. By then, the World Health Organization (WHO) had reported that, “by the end of 2000, about 36.1 million men, women and children worldwide would be living with HIV or AIDS. WHO’s forecast for the future was equally dismal - it predicted that 21.8 million would die of the virus by end of 2000 and that the spread of the virus was far more extensive with the numbers of infected people almost 50% higher than the figure projected in 1991.\(^3\)

When the Special Session of the UN General Assembly met in 2001, it stressed: “Gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS.” It also established a number of strategies and set down a number of measurable targets seeking to mitigate the growing impact of the virus on women and girls (because the epidemic’s burden on these groups were continuing to grow).

In India, the estimated number of HIV infections for the year 2004 is 5.134 million. In comparison to 2003 estimates, it has been observed that there are 28,000 added infections in 2004. The trends across the country show that there is no galloping HIV epidemic in India as a whole, as no evidence of upsurge in HIV prevalence has been observed in the country. However, there are sub-national epidemics in various parts of the country with the evidence of high prevalence of HIV among both sexually transmitted diseases (STD) clinic attendees and antenatal clinic attendees in 16 sites and among antenatal clinic attendees in 7 sites located in the States of Andhra Pradesh, Maharashtra, Tamil Nadu, Gujarat, Pondicherry, Assam, Bihar, Chattisgarh, Delhi, Haryana, Himachal Pradesh, Kerala, Orissa, Goa, and Manipur. Thus, while overall HIV prevalence is around 0.91% - i.e. less than 1% of the population is infected - the prevalence masks various sub epidemics in various foci in the country based on high prevalence observed in the above-mentioned sentinel sites.\(^4\)

Globally too, there is a steady increase in the overall numbers of positive women from 41% of all people living with HIV/AIDS in 1997 to almost 50% by 2002\(^5\).

\(^3\) Ibid. Refer to footnote above.
\(^4\) http://www.nacoonline.org/facts_hivestimates04.htm
Women and young girls are disproportionately vulnerable to HIV. Their physiological susceptibility – at least 2 to 4 times greater than men’s – are compounded by social, cultural, economic and legal forms of discrimination. Dr. Noeleen Heyzer, Executive Director, UNIFEM, observed that: “Gender Inequality is at the heart of the epidemic”, while adding “we must address power imbalances in every single policy, strategy and programme relating to prevention, treatment and care, if we seriously want to tackle this global challenge. It is not simply a matter of justice and fairness. In this case, gender inequality is fatal.”

Infection in women and girls is fuelled by:

- Poverty, low status, and unequal economic rights and educational opportunities that can place women and girls at greater risk of sexual exploitation, trafficking and abuse;
- Gender power relations which limit women’s ability to negotiate safe sex or refuse unwanted sex;
- Gender-based violence and sexual exploitation - such as rape and abuse of young women and girls - especially in emergency and conflict situations;
- Older men who often seek younger sexual partners - even in marriage; this age discrepancy can increase a girl’s risk of infection;
- Certain gender norms such as those that encourage men and boys to engage in risky, early or aggressive sexual behavior increase the vulnerability of both men and women;
- Cultural practices that deprive women of a means of protecting themselves from HIV infection, including early and forced marriages.

A study sponsored by UNIFEM in collaboration with select Indian women’s organizations in the year 2000 on the gendered impact of HIV/AIDS with 116 respondents substantiates the above. Of 79 respondents living with HIV, 58 were women – majority of these women in the study sites (the cities of Chennai, Delhi, and Pune) stated that they had no knowledge on sex (or related issues) prior to their marriages. Seeking information about sex was feared, as they would be branded “loose”. Many women gained pertinent information about HIV/AIDS only after they were infected. It was also noted that young men’s knowledge of female sexuality and reproductive health was very poor. Some women respondents shared that they had experienced physical, sexual, and mental violence, including suffering abuse and neglect at the hands of their husbands and their in-laws. Female subjects from Chennai city revealed that they had suffered through beatings, marital rape, forced sex, and mental torture. Almost all the women experienced “blame”, as they were held responsible for their husbands’ infection. Furthermore, most women suggested that they could not re-claim their dowries and jewelry, and lacked knowledge on how to access the legal system. Single-partner positive

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7 “Community-based Research: Gender Dimensions of HIV/AIDS in India”, UNIFEM in collaboration with North-East Network (NEN); Stree Aadhar Kendra (SAK); Initiatives: Women in Development; and, Institute of Social Studies Trust (ISST), 2000.
women within the household bore (and still bear) a greater burden of the epidemic and the economic costs incurred are many a time borne by the women’s natal family. In some cases, especially in the cities of Delhi and Pune, the natal family provided the much needed economic support to their daughters and son-in-laws, almost validating an extension of the dowry system.Ironically, it was the family of the infected person that discriminated the most compared to other sections of society.

The same study also threw light on the critical vulnerabilities of positive women in respect of their access to safety and care - a man living with HIV is cared for by his wife or other female members of the family, while a positive married woman may be deserted by her marital family and denied access to inheritance and property. There was a high degree of secrecy involved and in some cases, men did not inform their wives of their sero-status even when they had informed other male members of their families. There was a desire to protect the wife on the one hand and keep the so-called “honor” of the family intact on the other. This was particularly the case where female members of the family (sisters/daughters) were yet to be married. Women who were widowed thus had to face the brunt of dual stigmatization - of widowhood and of being positive. Thus, the study reaffirmed that there is a new site of violation of women’s rights and discrimination in the context of HIV/AIDS wherein women are differentially located in the process.

Another study undertaken by UNAIDS on stigma, discrimination and denial in India and Uganda also substantiate this strong gender bias. It showed that “being outside the structures of power and decision”, women are subject to hostility and injustice by families and communities, blamed for the husband’s status, rejected by both their marital and natal families, denied a place to stay and even their rightful share to property on the pretext that they will soon be dead.

Another study undertaken by the International Labor Organization (ILO) in India further highlights the adverse economic impact of HIV/AIDS on the family and the trauma arising from stigma, discrimination and ostracism. The study focused on four of the Indian States - Delhi, Maharashtra, Manipur and Tamil Nadu – with high-prevalence. Interviews in the study conducted amongst 292 people - of whom 42 per cent were women - revealed that 74 per cent of the HIV positive women faced huge discrimination, hardships and responsibilities.

However, it must be noted that women living with HIV/AIDS are not just victims; they have demonstrated much resilience and taken on newer roles and duties previously undertaken by their husbands. Some positive people - with the support of voluntary agencies – were (are) gainfully employed as counselors and were (are) networking with

8 “Living under a Shadow: Gender and HIV/AIDS in Delhi ”, Institute of Social Studies Trust, New Delhi.
10 Ibid. Refer to footnote No. 7.
12 The study focused on the socio-economic impacts of HIV/AIDS on infected people and their families, particularly on women and children.
other people living with HIV/AIDS (PLWHAs). In some cases, both women (and men) had (and still have) the courage to challenge discrimination, accept their positive status and provide support to others.

**Policy and Legal Framework:** Against such a backdrop, India’s commitment to tackling HIV/AIDS was effectively demonstrated by the setting up of a high-powered National AIDS Committee in 1986 and the launching of the National AIDS Control Programme (NACP) in 1987 under the auspices of the National AIDS Control Organization (NACO). Dr. S.Y. Quraishi, Special Secretary and NACO Director General, has also expressed concerns about the increasing feminization of the epidemic and encouraged men’s roles and increased participation of non-governmental organizations (NGOs) to address it. He mentions that there is a conspiracy of silence surrounding women’s health issues and gender needs to be addressed at all levels. Thus, State AIDS Cells have been created in all the 32 States and Union Territories (UTs) of the country for the effective implementation and management of the NACP. It should be noted that India is one of the few countries that initiated HIV-prevention activities in the very early stages of the epidemic and the country has maintained its commitment to prevention efforts.

As HIV/AIDS is a multi sector issue, NACO is also facilitating the involvement of various sectors and related Ministries - such as Education, Defense, Labor, Youth Affairs, Steel, Railways, Industry and transport, Rural Development, and Social Justice and Empowerment - to optimize the country’s response to AIDS. To ensure sustainability, NACO promotes HIV/AIDS prevention and care activities into the ongoing programmes of the Government.

The UN Theme Group on HIV/AIDS in India has been also very active on this front, working closely with NACO and a wide range of partners; this Group is supported by the Technical Resource Group from across UN agencies. The Theme Group currently has expanded and is co-chaired by the UN Resident Representative and the Government of India. It includes NACO, bilateral donor agencies, some international foundations and the Indian Network for People living with HIV/AIDS (INP+). It works closely with the Government, NGOs and community networks, PLWHAs, the private sector and other partners in generating a well-coordinated and enhanced response to HIV and AIDS.

**The context of Women’s Human Rights:** With the launch of the second phase of the NACP (NACP II), NACO noted that the epidemic was moving beyond risk groups to the general population and from urban to rural areas. And that one in every four new cases was a woman. There was also recognition of the fact that women affected and vulnerable to HIV/AIDS face barriers in accessing their legal and human rights. Experience from other parts of the world where the spread of HIV/AIDS has been slowed or halted has shown that paradoxically, protection and promotion of the rights of those infected and

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13 Ibid. Refer to footnote No. 7.
14 Excerpted from key remarks made by Dr S.Y. Quraishi at the “Orientation Program on Gender and HIV/AIDS” jointly organized by Department of Women and Child Development (DWCD) and UNIFEM on April 19, 2005.
15 UNAIDS web site at [http://www.unaids.org](http://www.unaids.org)
those most vulnerable to it is the most effective public health strategy. Such a strategy, *inter alia*, calls for the enactment of a law based on human rights, which reduces stigma and discrimination and enhances access to HIV prevention, testing and treatment services for all. The enactment of such laws was also espoused under the UN General Assembly Special Session on HIV/AIDS – Declaration of Commitment, 2001 - to which India is a signatory\(^\text{16}\).

In India, at an International Policy Makers Conference on HIV/AIDS organized by NACO in New Delhi on 11-12 May 2002, political leadership at the highest level called for the creation of such an enabling environment for HIV prevention and control. To this end, the need for instituting an appropriate rights-based law on HIV/AIDS for the country was also articulated\(^\text{17}\).

Against this backdrop, the Lawyers Collective HIV/AIDS Unit (LCHAU) - a group of lawyers working on legal-ethical and human rights issues arising out of HIV/AIDS for several years - was approached by Kapil Sibal (a Member of Parliament) and NACO to draft a law on the subject. They have since had several consultations in 2004 around the country, including with positive networks and women’s groups. The involvement of such groups in the drafting of such a law presents an opportunity for ensuring that gender concerns are reflected into the understanding of the epidemic and in the methods, priorities and focus in combating it.

**2. The Study of the UNIFEM South Asia Partnership with the Positive Women Network and Centre for Advocacy and Research in Enabling the Building of a Rights-Based Gender Sensitive Response to HIV/AIDS**

*Case Study/Project Context:* As reiterated in the Section 1, global statistics, by 2000, were indicating that women were being disproportionately impacted and this would, in turn, result in reversals in women’s empowerment. HIV/AIDS was thus being seen as “a new site for women’s rights violations”\(^\text{18}\). In such a scenario, women's right to life, to information and to development needed to be center-staged. There was need for a gender-sensitive approach to combating HIV/AIDS factoring in women’s rights in the context of the Convention on the Elimination of All forms of Discrimination Against Women (CEDAW). As Ms. Chandni Joshi, Regional Programme Director, UNIFEM South Asia Regional Office noted in 2003: “Women need to play a central role in HIV/AIDS prevention, treatment and care” because “they have the experience, insights, skills and expertise and they need to be an integral part of policy and programme formulation.”\(^\text{19}\)

UNIFEM worldwide thus makes gender equality and human rights perspectives central to its work on women and HIV/AIDS. In this context, UNIFEM programmes support


\(\text{17}\) Ibid.

\(\text{18}\) Speech of Chandni Joshi, April 2000, UNIFEM.

\(\text{19}\) In the foreword to “Positive Speaking: Voices of Women living with HIV/AIDS”, published by UNIFEM in collaboration with PWN+ and CFAR, 2003.
women’s participation in policy-making on HIV/AIDS; and, builds partnerships with national HIV/AIDS councils; women’s groups; and, local, national and international organizations.

**Box 1: UNIFEM, HIV/AIDS and Human Rights**

UNIFEM spearheads holistic strategies on HIV/AIDS that make clear links to violence against women, feminized poverty, security and women’s limited voice in the decisions affecting their lives as follows:

**Supporting women’s participation:** With CEDAW as a reference point, UNIFEM helps develop the capacities of women to take part in policy-making on HIV/AIDS. It supports women seeking to reframe laws and programmes to promote gender equality and reduce stigma.

**Building partnerships:** To expand the reach of its work, UNIFEM strikes alliances with national HIV/AIDS councils, women’s groups, and local, national and international governmental bodies. It mobilizes activities on gender and HIV/AIDS with partner UN organizations, including UNAIDS and the UN Population Fund (UNFPA), and ensures that women remain high on the HIV/AIDS agenda of the UN system as a whole.

**Linking HIV/AIDS and violence:** Since violence against women is a major factor fueling the spread of HIV among women, UNIFEM works with women’s groups and UN partners to break vicious cycles of physical harm, ill health and disempowerment.

**Advocating for gender:** UNIFEM regularly produces cutting-edge advocacy materials exploring the gender dimensions of HIV/AIDS, and chronicling the latest data and research.

In June 2001, world leaders at the first General Assembly Special Session on HIV/AIDS had unconditionally acknowledged that: “Gender equality and empowerment of women are fundamental elements in the reduction of vulnerability of women and girls to HIV/AIDS”. Encouraged by this perspective, “determined” not to reduce gender equality to a “lofty ideal”, and instead to work towards the realization of the practical goal of advancing the women’s human rights, UNIFEM has been facilitating a highly process-oriented intervention rooted in rights-based principles to empower its partners and women’s self-help collectives such as the Positive Women Network (PWN+) and their partners and members in India.

PWN+ is a community-based organization (CBO) that advocates for the rights of women living with HIV/AIDS (WLHAs) in India. It implements its programmes by mobilizing WLHAs, leading them toward self-reliance and sustainability. Their overall goal is to

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20 UNIFEM website at [http://www.unifem.org](http://www.unifem.org)

21 Please note that the terms “Positive Women Network” and PWN+ has been used interchangeably throughout this case study.
improve the quality of life WLHAs by preventing the stigma and isolation that HIV often causes, and by advocating for the rights of such women. With support from NACO, UNIFEM, UNAIDS and other partners, PWN underwent a rights-based journey to “move on from being ‘traumatized individuals’ to an empowered collective”22 (see Box 2 below). Going down the memory lane, Kousalya, the President of the Network recalls: “In November 1998, when the four of us met and decided to form a self-help group, our first concern was to create much-needed space, where we could freely share experiences and discuss our concerns”. With gender equality being recognized as a guiding principle in addressing HIV/AIDS, it was imperative that positive women themselves lead the process and become ambassadors of change.

Meanwhile, advocacy groups working from gender and human rights perspective were calling for broader partnerships and solidarity among women’s organizations with a view to addressing the crippling issues of stigma, discrimination and denial being faced by positive women. Around the same period, NACO was also beginning to see HIV/AIDS as a strongly gendered health, development and social rights issue. Mr. Prasada Rao, former Special Secretary and Project Director of NACO, stressed that in India, no other issue of late had brought gender disparity “into greater focus than HIV/AIDS” and added that any attempt to “address such an enormous problem must follow a bottom-up approach aiming for women’s empowerment.” 23

Such a role demanded strengthening the collective dynamics of PWN+, through enhancing their legal rights, advocacy, and networking skills, as well as facilitating interactions and dialogue with multiple stakeholders at the national, regional and international levels.

With CEDAW as a reference point, UNIFEM facilitated processes to enhance capacities of women to advocate and empower them on policies and programmes on HIV/AIDS, thereby enabling them to effectively advocate for laws and programmes to promote gender equality and reduce stigma. They could thus “make appropriate decisions about the virus; learn skills in assertiveness to negotiate safety in their relationships and access information about economic resources to face the challenges that are pushing them into poverty and deprivation.”24

The processes involved in helping develop such capacities that are rooted in rights-based principles are documented in the following Section.

Box 2: A Gender and Rights-Based Journey of the Positive Women Network (PWN+)

In 1998, 18 positive women came together to form the Positive Women Network (PWN+) in the southern Indian State of Tamil Nadu to fight the circumstances that had led to their status.

The impetus that led to the formation of this organization came from P. Kousalya - the present President of PWN+ - who decided to defy social disapproval and go public about the fact that her husband knew about his positive status prior to marriage. Feeling angry and cheated, she filed a case with the local police and sent a petition to the district collector’s office. However, there was no support forthcoming for her cause; it was thus that she took the unprecedented step of going to the media with her story - a successful step that made her realize that there were others like her struggling to cope with their newly acquired status of a woman living with HIV/AIDS in the country and who could use the tools of advocacy, campaign and lobbying to bring their issues to public policy domain.

Other members of the network have had traumatic experiences - Rani (not her real name), a trained nurse, was demoted to a low skilled job as “punishment” for her status; Heena, a 27-year old mother of three, was sent back to her natal home after her status became known. Sara was deprived of her property rights by her in-laws.

Today, PWN+ has over 5000 members in 15 Indian States that are part of a National Network of Women Living with HIV/AIDS that was launched in 2004. They have successfully forged several public-private partnerships, collaborated with diverse stakeholders with support from NACO, INP+, UN agencies, select Government departments and agencies at State and district levels, faith-based organizations, civil society groups and corporate bodies to bring their cause to the forefront and to launch a strong movement to influence public policies and programmes that reflect the cause of positive women in the country.

The objectives of PWN are to address ignorance and harmful attitudes as their greatest enemies and not HIV/AIDS. In this respect, they are creating an enabling environment for WLHAs by de-stigmatizing HIV/AIDS; educating such women and their families in order to increase their awareness of issues that affect them; and, establishing a system of support and referral services and overall empowerment of WLHAs.
3. Process: Various processes that catalyzed the stronger collective formation and empowerment building of positive women in various parts of the country that enabled them to impact upon pro-positive women’s polices include:

![Diagram of the Rights-Based Approaches Cycle](image)

- Duty-bearers implementing gender-responsive obligations on claims made
- Impact on gender-responsive HIV/AIDS policy and legislation
- Demands made by claim-holders - PWN+, with technical skills provided by CFAR
- Capacity development facilitated by UNIFEM/UNAIDS via trainings, workshops, technical support & building alliances

**Figure: The Rights-Based Approaches Cycle used by UNIFEM South Asia in partnership with PWN+ and CFAR in eliciting responses on claims made**

Holding the National Consultation to bring together positive women and other stakeholders on a common platform: In 2001, following the UN General Assembly Special Session on HIV/AIDS (UNGASS) event, leading women activists, representing PWN+ and INP+ and other NGOs working on HIV/AIDS from different States came together to plan a National Consultation in close partnership with NACO, UNIFEM and UNAIDS. A series of meaningful processes were facilitated, including broader partnerships and solidarity with women’s organizations. A Steering Committee was established to design and plan the first ever National Consultation of positive women with the objective of bringing together multiple stakeholders; identifying critical issues and actions; and, developing enabling processes and partnerships. An e-net process was

25 By Upala Devi Banerjee.
set into place so that decision-making related to this event was participatory and transparent and supportive of each other.

Titled “Voices and Faces of Positive Women”, the Consultation was based on inclusive principles and sought to break down barriers across those affected by HIV and build wider solidarity. Held in March 2002, in Chennai, the event was “a turning point in integrating many positive women into the process.”26 It provided, for the first time ever, a platform for a hundred or so positive women so that they could, without fear, share their experiences, dialogue as well as learn from others. For many women, this was also the first time that they learnt about International Women’s Day and celebrated it too.

During this process, key gender, legal and human rights issues were prioritized, advocacy skills learnt, and interaction with media determined. The women saw themselves as an effective constituency articulating the need for rights-based programming and skills; demanded actions from their partners; and, found new solidarity as women. This Consultation also helped bring the experiences and situations of positive women into the public arena and helped establish a consensus among the community of positive women and men; it also enabled a move towards collaborative responses, the need to create mechanisms of accountability and galvanized support from policy-making bodies.

The Consultation was significant in that it demonstrated the fact that women’s empowerment could go beyond just facilitating “women’s participation in agendas set by others” to a more rights-based approach that would enable them to recognize and realize the vital principle that to foster women’s own agency, they need to set the agenda, identify supportive processes and actions and implement them by forging strategic and substantive partnerships (see Box 3 below).

**Box 3: Commitments to a Rights-Based Response to HIV/AIDS**27

The key outcomes of the Consultation were the setting up of several critical commitments and action points rooted in rights-based principles:

- Right to information on the availability of treatment and affordable drugs that are easily available in urban and rural areas;
- Promotion of women-friendly reproductive health services in the public and private sector and building of skills among health care providers, especially among gynecologists on the prevention of Mother to Child Transmission;
- Counseling services that are sensitive to the needs of women;
- Increase awareness and skills in legal literacy;
- Facilitate networking and advocacy with different stakeholders such as the judiciary, law enforcement agencies, and women’s and human rights groups;
- Address stigma and discrimination;
- Increase access to micro-credit programs and welfare schemes for WLHAs;

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26 Suneeta Dhar, Regional Programme Coordinator, UNIFEM South Asia Regional Office.
Document success stories and life experiences of positive women and establish role models for WLHAs; and,

Solicit Greater Involvement of People Living with HIV/AIDS (GIPA) – including involving and seeking recommendations from WLHAs in various committees.

The National Consultation also recommended that documentation be undertaken of the rights violations of positive women within the familial and community context and how they were negotiating their strategic interests in the context of heightened vulnerability and risks.

**Building partnerships with the Center for Advocacy and Research:** Recognizing the need for more of these critical interventions and supportive processes, UNIFEM decided to broker cross-cutting partnerships to enable PWN+ in enhancing their perspectives and competencies. It was also logical that in order to successfully bring issues of positive women to the forefront and campaign for policy changes, PWN+ would need to partner with another women’s organization, preferably one that was well versed in areas relating to knowledge development, advocacy, media content and representation. A strategic alliance between PWN+ and another UNIFEM partner - the Center for Advocacy and Research (CFAR) – was thus forged (see Box 4 below).

**Box 4: The Center for Advocacy and Research – Supporting a Gendered Response to HIV/AIDS through Research, Advocacy and Lobbying**

Since its inception, the CFAR has been committed to mainstreaming the voices of the less privileged through public interest research, and developing and strengthening of public and policy advocacy in areas ranging from reproductive health and women’s empowerment to human rights and preventive strategies on HIV/AIDS.

Members of CFAR have been involved in training and building the communications and advocacy skills of positive networks and organizations; in developing a media tool on gender sensitive reporting on HIV/AIDS in partnership with PWN+ and UNIFEM; and, in providing technical support to this Network in organizing public hearings in collaboration with the National Commission for Women (NCW) - a quasi-Government agency that works on women’s issues in India - in three southern States to advocate on issues of gender and HIV/AIDS and elicit concrete commitments from policy makers and implementers. From a rights-based lens, the work of CFAR and its collaboration with PWN+ through such processes has proved vital in building capacities of positive women to demand and claim rights.

Over the last three years, CFAR has been involved in the strategic documentation of various HIV/AIDS related issues, including school AIDS prevention programs for young people; harm reduction interventions in the north-eastern Indian States; and, the experiences of positive women using a life cycle and rights-based approach. One of the most important documentation, especially from a rights perspective and which has been conducted in collaboration with PWN+ and UNIFEM, has been the study – “Positive
Speaking: Voices of women living with HIV/AIDS \(^{28}\) - that provides a whole new body of knowledge on not just the experiences, needs and perspectives of 21 positive Indian women but also the experiences, appraisals and assessments of stakeholders who have integral links with people living with HIV/AIDS and the responses to demands made by such women (like the right to live in dignity, without stigma and discrimination or the right to work and a livelihood).

**Ensuring the principle of Greater Involvement of People Living with HIV/AIDS:** UNIFEM ensured that the positive women’s representatives would be integral to all the work that the agency is undertaking on HIV/AIDS. To advance collective empowerment and leadership of GIPA - especially of positive women as agents of social transformation - UNIFEM also started leveraging platforms and partnerships with Government and NGOs for policy dialogue and capacity development. Thus, partnerships with a wide range of women’s organizations around the country with groups such as MARG, Institute of Social Sciences (ISS), the North East Network (NEN), SAHRWARU, Lawyers Collective, women’s rights advocates and CEDAW experts were established. Their issues were further resonated by the NCW and select State AIDS Organizations, particularly in the States of Tamil Nadu and Karnataka. It goes to the credit of agency of the positive women that ensured their representation at several regional and international levels where they negotiated their spaces amidst a range of competing issues. Women began to access their rights and started demanding for gender sensitive services in the community as well as sharpened their citizenship identities. They also attempted to influence policies through positive advocacy and constructive partnerships. For instance, PWN+ is a member of the Advisory Committee on HIV/AIDS at UNIFEM; such a membership has provided the space for them to provided valuable inputs into several projects, including the joint project on Gender and HIV/AIDS being undertaken by South Central Railways (Vijayawada Division) and UNIFEM in India.

**Documenting the voices of Positive Women:** From the onset, UNIFEM identified the documentation of positive women's lives within the women’s human rights framework as a pre-requisite for the process. For PWN+, this was an opportunity to not only undertake evidence based advocacy largely based on their lives, but also to learn new skills in research methodology and analysis. The National Advisory Committee for undertaking the study mandated CFAR and PWN to nest the study in the every day realities of WLHAs; engage with different stakeholders; document both the subtle and overt forms of discrimination; and, to include testimonies of WLHAs as well as experiences from other women as well.

CFAR thus undertook an exercise that combined different pedagogic processes of learning, study and research. Workshops were held to enable the women to engage on issues like international human rights instruments (like CEDAW), the rights guaranteed by the Indian Constitution and how the various case laws interpreted these human rights. MARG, a legal advocacy organization undertook legal literacy process with them to so as

\(^{28}\) Ibid. Refer to footnote No. 19.
to enable them to understand their rights and entitlements\textsuperscript{29}. Such capacity development was necessary as having experienced the incongruity between de facto and de jure rights, there was considerable diffidence amongst the women in leveraging such instruments. For instance, take the experience of Kousalya who wanted to file a complaint against her husband who was trying to get married again. “I went to the police station and filed a complaint but to no avail. Then I went to the district collector’s office and submitted a petition, but that was also of no use.”\textsuperscript{30} Or that of Lakshmi who is separated from her husband but not divorced. “I have approached the courts many times seeking some kind of maintenance and divorce from my husband. The Court has granted judgments in my favor many times, but to no avail. To escape from paying maintenance, my husband wanted to get back to me.”\textsuperscript{31}

This collective soul searching enabled the women to hone their skills in conducting self-assessments from a legal and human rights perspective and helped to deepen their convictions about the use of a rights-based framework to collate evidence on violations experienced by them. CFAR also helped them to develop the skills requisite for conducting situational and participatory assessments, which included primary testimonies as well as collective sharing. They had to deal with the issues of ethics and confidentiality and engage with the ever-growing concerns and experiences of WLHAs.

Consequently, CFAR and PWN+ members from the States of Karnataka, Kerala and Tamil Nadu had intensive interactions with positive women in both rural and urban settings, conducted focus group discussions (FGDs) with affected people and those involved with this issue as well as informant interviews with decision-makers and community leaders.

The result was “Positive Speaking: Voices of Women living with HIV/AIDS”, a seminal study that was jointly produced by CFAR, PWN+ and UNIFEM with support from the NCW. Based on their experiences, positive women identified the precise intersection in their lives where vulnerability to HIV/AIDS began and grew - such as inability to continue with schooling, forced to work to augment economic resources of the family, or into early marriages. The stakeholders recognized the complexity of these challenges given the life-cycle continuum of deprivation, discrimination and stigma experienced by the women. Consequently, the compelling learning that has emerged is that unless all stakeholders address the reality of the girls and women’s lives, they cannot reduce women’s vulnerability to HIV/AIDS.

In many ways, the documentation was a rich iterative experience in which some learning got expanded and others got consolidated with the researchers from PWN+ benefiting most from the documentation. The two important learning and insights they gained was that firstly, vulnerability began much before the onset of the virus and consequently, gender discrimination precedes and aggravates their vulnerability to HIV/AIDS. Thus, if

\textsuperscript{29} For more details – refer to Reports of Legal Literacy Trainings supported by UNIFEM in 2003-04. A draft manual on “Rights of Positive Women in the context of HIV/AIDS” is under preparation.

\textsuperscript{30} Ibid. Refer to footnote No. 27.

\textsuperscript{31} Ibid. Refer to footnote No. 19.
any rights had to be made non-negotiable, it was via addressing and preventing practices such as early or forced marriage, discontinuation of education and ensuring access to health care and life skill education. Secondly, it was clear that the battle against stigma and discrimination had to be waged at many levels ranging from the “other” to the self. Hence, the environment as a whole had to be addressed.

Engaging with the media on gender and HIV: Developing norms and perspectives: In any rights-based process, a relationship with mass media becomes inevitable. In many instances, PWN+ found the mass media overreacting and further stigmatizing the problem. They not only exposed the injustice and atrocities inflicted against people living with HIV/AIDS but in the process, were highly intrusive (at times, even melodramatic, judgmental and uninformed). Insensitive language and inability to link this concern with other circumstantial deprivations and stress made whatever little representation they got on the media highly problematic and undermined all their efforts to “normalize” the epidemic.

CFAR thus initiated a consultative, participatory process to evolve guidelines and norms to strengthen gender-sensitive reportage on the media. Representatives of PWN+ and the mass media came together to assess and analyze media content and set common standards on what constitutes a sensitive, balanced, unbiased, non-stereotypical, empowering and informed framing of the issue.

Thereafter, CFAR, PWN+ and UNIFEM jointly developed a gender sensitive media tool for print and electronic journalists. Since the objective in creating the tool was to make media practitioners conscious of the links between HIV/AIDS and human rights and gender and to alert them to some of the key sensitivities they must consider while reporting on this sensitive issue, one of the norms that the positive women emphasized on was that: “HIV/AIDS should not be projected as a terminal, incurable disease; nor should women living with HIV be portrayed as passive victims.32"

The other norm was to caution the media not to create negative associations by constantly linking HIV with behaviors like incest and pedophilia. CFAR also identified norms on confidentiality and consent and clarified how, for instance, a story/article on WLHAs should be framed, using affirmative elements to center-stage the issue and their concerns. Such development of norms and guidelines are in line with a rights-based approach wherein the women could pro-actively engage the media as a public good and use the space to explicitly “change attitudes of discrimination and stigmatization associated with HIV/AIDS to understanding and acceptance”.33

Creating mechanisms for accountability through policy advocacy and public hearings: Given the strong evidence presented in “Positive Speaking: Voices of Women living with HIV/AIDS”, NCW, at a meeting in August 2004 held a nationwide consultation to find ways by which such stigma and discrimination could be addressed. They also called for

public hearings in order to generate concrete commitments for WLHAs. Public Hearings - attended by decision-makers, Government representatives from the Departments of Health, Education and Social Welfare; Government and private medical professionals; and, NGOs - were subsequently held in the States of Tamil Nadu, Karnataka and Kerala. It must be noted here that, for the first time ever, in the context of HIV/AIDS, public hearings were held to bring together stakeholders in a constructive manner. Under the leadership of NCW, WLHAs deposed at these hearings and spoke of the stigma and discrimination in health and educational settings, denial of property, and discrimination by various members of society.

The official stakeholders responded pro-actively; the hearings thus proved to be an opportunity to mandate decisive action, initiate innovative practices and create an expanded response from other stakeholders. These hearings also helped make a big difference to the work of PWN+ and were now recognized as one of the vital mechanisms for building a gender sensitive response. In Tamil Nadu, it was decided that positive women would be represented on all district hospital committees to ensure that discrimination in health care settings are addressed. The public hearings also discussed how women could be supported in terms of livelihood opportunities. In Namakkal District, trained animators from 288 Self Help Groups or women’s collectives are now being used to spread awareness among rural women on their vulnerability to HIV/AIDS. This has encouraged positive women to speak out, deal with social ostracism and community boycott.

In Karnataka, it was decided that the PWN+ would develop the leadership and capacity of positive women in six districts to enable them act as public speakers, health educators and counselors to personalize prevention, care and support messages. This, in turn, sent a positive message to the many WLHAs. Commenting on the training, one woman observed that: “It gave us an opportunity to reflect on our lives and also learn about how others like us cope. We also got to know about Government schemes and programmes for people like us and how we can avail of them”.

**Strengthening policy commitments and affirmative leadership:** With some of these gender-sensitive practices being developed, it became necessary to capture the process and some of the emerging outcomes. UNIFEM further supported CFAR and PWN+ in 2004 to document gender sensitive interventions on the ground for advocacy purposes so as to further consolidate inter-sectoral partnerships and the leadership of positive women at all levels. The responses from the ground showed that a three-pronged approach has been used to address gender discrimination that includes:

- Facilitating the agency of women;
- Mainstreaming and expanding upon women-centered interventions; and
- Scaling up the response by integrating prevention, care and support and provide treatment in public health settings.

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34 Report of the *National Consultation on Scaling up Advocacy on Gender and HIV/AIDS*, organized by CFAR with support from UNIFEM, November 24-25, 2005, New Delhi.
Having collated the evidence, CFAR and PWN facilitated a consultation in November 2004 with representatives of women’s organizations, the Planning Commission, Department of Women and Child Development (DCWD), Ministry of Social Justice and Empowerment (MSJE), and representatives of some international agencies. Dr Sayeeda Hameed, Member of the Planning Commission stated that such multi-sectoral dialogues were required where stakeholders could learn from each other’s practices.35

**Scaling up: Policy dialogue to catalyze a multi-sectored response in end-2004:** Despite many breakthroughs and the emergence of a strong collective in the form of PWN+, it became clear that given the magnitude of the problem, it was essential to scale up this initiative. A need was also envisaged to go beyond just collaborating with institutions responsible for controlling and managing HIV/AIDS and to mobilize a multi-sector response, building a nation-wide presence of the Network. This would lead to infusing the positive women with a shared and enhanced vision and renew their resolve and confidence to lead the community in their battle against HIV/AIDS.

To achieve this twofold objective, PWN+, in collaboration with NACO, INP+, CFAR, UNIFEM, UNAIDS, United Nations Children’s Fund (UNICEF) and support from United Nations Development Programme (UNDP) and United Nations Office on Drugs and Crime (UNODC) organized a second National Consultation in December 2004. This was an opportune moment for the Network to use the high-profile event to formalize such a Network with a leadership representing as many States as possible. To strengthen the organizational cohesion of the Network, the Consultation was preceded by a “Visioning Exercise” where 120 members representing 15 States re-visited and re-formulated their core objectives, arrived at strategic goals and agreed on practical objectives and activities for the future in partnership with UNIFEM, UNAIDS and UNICEF. The process culminated in a Vision Document -“Shaping a New Reality”.

**Box 5: “Shaping a New Reality”: A Vision Document grounded in Rights-Based Principles**

The 2004 December National Consultation was momentous in more ways than one. The Vision Statement was clearly articulated and grounded in rights-based principles: “Our Vision is that women living with HIV/AIDS and their children should have the absolute right to live a life of dignity, in an environment free of stigma and discrimination and that we succeed in mainstreaming our concerns to enable women to access their fundamental constitutional rights, especially the rights to equality, health, education, livelihood, to form associations, enhance participation and to be free from violations and neglect”.

The document is a testimony of the collective struggles and determination of such women to overcome rights violations and to forge a more inclusive future for them.36

35 Ibid. Refer to footnote above.
36 Ibid. Refer to footnote No. 22.
120 representatives of PWN+ and INP+ found themselves in empowering roles, discussing and negotiating with decision-makers and senior officials from the key social Departments/Ministries as well as with the President of the Parliamentary Forum on HIV/AIDS – a very crucial body in India cutting across all party lines. The positive women seized the opportunity to advocate with them a re-examination of their programmes and schemes targeting vulnerable sections of women, from their standpoint and need. They forwarded concrete amendments and changes in norms, criteria and scope of programmes and argued convincingly for the inclusion of positive women to address the whole issue of women’s vulnerability to HIV/AIDS.

The December 2004 Consultation was extremely significant in demonstrating the power of an intervention founded on principles of women’s empowerment, gender equality and human rights. It not only helped sensitized the official stakeholders to the concerns of positive women but also made it possible for many of them to respond decisively and supportively and also to initiate the process of mainstreaming the issues of WLHAs (see Box 6 below). Ms. Mohini Giri, former Chairperson of the NCW and Director – Guild of Service, New Delhi, urged the Government to “take the partnership with PWN+ seriously and build a meaningful response for women living with HIV/AIDS”. She stressed on “the strength and confidence of the women who had successfully traversed limitations of language, hierarchy and stigma and discrimination to come and present their concerns”. The event witnessed an unprecedented assertion of women’s agency, the emergence of a rights-based dialogue and negotiation and an equally principled response from the policy makers. The Consultation thus revealed the huge potential of a multi-sectoral, development response to HIV/AIDS founded on principles such as gender and social equity.

Box 6: Using the National Consultations to Successfully Advocate for Pro-Positive Women’s Policies

A national Government-led initiative entitled “Support to Training–cum-Employment Programs for Women” (STEP) is, for instance, attempting to improve the lives of women and young girls by arranging marketing linkages and providing training in non-traditional sectors like computer programming and electronics. But eligibility is restricted to marginalized and asset-less rural women and the urban poor. PWN+ lobbied, at the December 2004 National Consultation, to specifically include a provision for WLHAs in the marginalized category and a modification of the norm of beneficiary selection so that such programmes can reach out to positive women. Many such small but highly significant gains were similarly made with other programs and schemes managed by a range of Ministries, targeting women in different circumstances and locations. The positive women, through these consultations, not only succeeded in center-staging their concerns but also opened up opportunities for future negotiations and collaborations.

Capacity/Role of Duty-bearers in responding to the demands from the Positive Women Network: An effective way in which duty-bearers have sensitively responded to the demands of the claim-holders has been through partnerships, consultations, field visits
and public hearings. They facilitated the participation of WLHAs, ensured their access to programmes and schemes as well as integrated gender responses within the ambit of their programmes. NACO, under the leadership of the present Director General, has also instituted a gender rights and child rights desk to address key concerns.

**Monitoring to Ascertain Rights-Based Outcomes:** Through the process, regular reflections among the PWN+ have been held and extensive networking and facilitating learning opportunities have been undertaken. This has led to a spiral learning process wherein decision-making is ratified by the group and the collective monitoring process strengthened. Every presentation made by the members of PWN+ enables them to go through this collective monitoring process and seek consensus amongst themselves. Further, as they attend various other events and workshops and partner with other international and national agencies, they pick up new skills and enhance their competencies, which in turn feeds into their own monitoring process.

Close collaboration of all stakeholders in the various events and processes has also enabled the monitoring of the rights-based outcomes. In a way, the learning processes have involved not only PWN+ members but also the UNIFEM team and other UN partners and agencies at various stages.

**4. Outcome (Results): Changes that have occurred as the Result of Application of using the Rights-Based Approach:**

- **The quantum leap of the Network:** One of the most important factors that helped PWN+ emerge as a cohesive force and enabled it to influence policy outcomes, were its collective strength in numbers and the strategic linkages that it forged. From a small group of 18 positive women in 1998 who formed the network, PWN+ has strengthened and grown to launch the National Network of Women Living with HIV/AIDS. This National Network consists of over 5000 members in 15 States. With such an extensive system in place with a large geographical spread, the Network has became a nationally recognized organization that is bringing the issues of positive women to the forefront in the national policy and public arenas.

- **Identity and politics of change - From the personal to the political:** Positive women have grown to be more visible in the public eye and their situations are also more openly discussed. Efforts to train and develop the capacities of these women to gain confidence have led them to participate in national and international workshops and meetings related to HIV/AIDS. These women are also pro-actively involved in policy development and program design. Positive women are now on the executive boards of the Maharashtra and Tamil Nadu State AIDS Control Societies, on hospital committees and information and education (IEC) forums.

And it was the PWN+ President who represented all the positive people in the country at the National Parliamentary Forum that was launched in 2003 (this event was attended by over a 1000 parliamentarians and led by the Indian Prime Minister). UNAIDS /UNIFEM also advocated and supported for the PWN+ President to be included in the Global Coalition of Women on HIV/AIDS; she is currently also a McArthur Fellow recipient.
and these milestones have enabled her to carry the issues of positive women to the forefront in a more concerted manner. Such participation in public and policy spaces has also enhanced the quality of the leadership of the members of the Network and has led to an increase in their numbers and democratic spaces.

- **Learning and enhancing capacities**: The most important and visible factor impacting the lives of positive women is their empowerment through the development of their capacities. This has been reflected through the successes experiences by the Network in influencing gender-sensitive policy changes and laws as well as in accessing basic entitlements and services. On a national level, such outcomes have been achieved through effective collaborations with NACO, UN agencies, international and bilateral agencies and international NGOs (INGOs) and have demonstrated that gendered responses to this virus should not be limited to only health service providers but must also be extended to cover multi-sectoral stakeholders (like work places, schools, colleges etc.).

- **Partnerships and collaborations**: Such emerging new partnerships and collaborations that have been forged have had positive outcomes. For instance, in the State of Tamil Nadu, the Network has collaborated with the Tamil Nadu State AIDS Control Society, the National Service Scheme (NSS), the District Rural Development Agency (DRDA), the Tamil Nadu Women Development Corporation (TNWDC), the Social Welfare Board (SWB), Ministry of Education (MoE), Ministry of Health (MoH), District Collectorates, etc. This multi- organizational alliance has resulted in the Tamil Nadu State Government declaring that positive women need to be represented on all district hospital committees to ensure that discrimination in health care settings is abated (and thus eventually eliminated). Trained animators from 288 self-help groups or women’s collectives were used to spread awareness among rural women on their vulnerability to HIV/AIDS. Positive women, who have been actively spearheading women-friendly services in Voluntary Counseling and Testing Centers (VCTC) and STD departments in Government hospitals, have succeeded in changing the mindsets of numerous healthcare professionals and in motivating and sensitizing counselors to adopt advisory techniques which are more customized for positive women.

In Karnataka State, Network members acted as resource people in schools, colleges and hospitals and formed partnerships with the Karnataka State AIDS Control Society, Department of Health and Family Welfare, sex workers collectives and with factories, hospitals, schools and colleges. Such partnerships allowed positive women to leverage various programmes and schemes for skill building and the establishment of accessible micro-credit programmes.

The Network, in Kerala, collaborated with VCTCs, Prevention of Parent To Child Transmission (PPTCT) counselors, the State AIDS Control Society, human rights groups, hospitals, colleges and schools and have succeeded in providing anti-retro-viral drugs free of cost to positive people in the State (through the State AIDS Control Society). This is a critical outcome as many people in the State are unable to afford these drugs on a regular basis due to their high prices.
In State of Maharashtra, the Network - through its lobbying and advocacy efforts - has succeeded in initiating several Government-NGO collaborations. The Municipal Corporation in Maharashtra has now given free space to the Network members to provide free services in 6 districts. Collaboration with the National AIDS Research Institute resulted in providing free Clonal Designation (CD4) testing for people living with the virus. Lastly, the lobbying efforts led to the Municipal Corporation’s establishment of a center for the Directly Observed Treatment Support Program (DOTSP).

In the State of Gujarat, positive women have exercised some of their most important personal rights – one of which is their right to marry. This was made possible by the Network’s consistent effort to create a culture in which even positive people can lead normal lives.

In the north-eastern State of Manipur, Network members have been working with the Government as well as NGOs to provide services to WLHAs. Advocacy and awareness efforts relating to HIV/AIDS have been carried forth through the use of popular media - such as songs and plays - and have received support from several stakeholders in gathering a combined response to combating the virus.

5. The Value Added of Using Rights-Based Programming Strategies:

**Positive Lessons Learned:**

- **Tapping strong civil society networks in India to provide technical skills:** Using the rights-based strategies in the process of claiming and securing rights for positive women was buttressed by the existence of a highly-developed civil society – and more importantly, a strong women’s movement - in India. This enabled PWN+ to tap into the technical skills of NGOs like CFAR, Lawyers Collective, MARG, other women activists and of women associated with the rights movement in the country – the result was the emergence of a highly successful collaboration that developed multi-pronged strategies that had rights-based elements entwined in them and that saw these stakeholders working with the positive women to be enablers of change, rather than as mere recipients of service delivery efforts. The Network has also forged partnerships with the women’s movement on the draft domestic violence bill, gender training, CEDAW reporting and so on.

- **Using the agency of the claim-holders to claim rights:** The rights-based strategies used were successful, in part, due to the efforts of the agency of the claim-holders - the positive women themselves. They demonstrated their leadership and took the initial steps to build a cohesive identity. They also realized that if, they, as the claim-holders, make their own demands (rather than depend on others), they would be in a more advantageous position to claim their rights. This strategy proved to be highly effective and is now considered a model that can be replicated on scale in other countries in the region.

- **Using strategic tools such as research, documentation and media advocacy:** Some of the tools used in the process – like documenting the lives of positive women and using such documentation to undertake lobby and advocacy as well as tapping the media
to take the messages of the women forward – proved to be highly effective. Though documentation and use of the media as an effective programming strategy has been often used, such tools assumed even more strategic importance in this context as it helped focus on the gender and humane aspects of the virus in the country. These tools also helped in eliciting a gendered response from the policy-makers to combating the virus, as well as in initiating policies, programmes and mechanisms that has impacted positive women in diverse ways (as has been documented in Section 4).

**Challenges in Implementing Rights-Based Programming Strategies: Lessons Learned**

Numerous challenges have been encountered along the journey towards empowering positive women and engendering the national response to HIV/AIDS. One of the most important challenge (which is ongoing) includes the need to ensure that HIV/AIDS responses are steeped in the context of larger developmental and women’s empowerment agendas. The second important challenge was in enabling the community of positive women - who were invisible to the public eye - as agents of transformation to be able to envision a future for themselves and their sisters around the world and stimulate concrete, effective action with an ever-increasing range of partners. UNIFEM, in partnership with Government and NGO partners and with its wide range of experiences in working with groups of marginalized and vulnerable women worldwide (like survivors of violence and trafficking; home-based workers; tribal and mountain women; and, women in the informal economy) have been able to effectively guide the process and ensure that empowerment is not a meaningless tool but a powerful process of change.

*Other challenges include:*

- **The need to move into systemic gender mainstreaming processes and focus on the supportive role of men:** It is well known that tackling such gender equality issues cannot be dealt with in isolation or in a projectised manner. They have to inform policy, programmes, structures and processes in a cohesive and coordinated manner. Men need to be involved and seen as partners. Towards this end, UNIFEM has facilitated the training of positive women and men as gender advocates. Reflection sessions on how gender intersects with other issues are being undertaken and a new body of knowledge is being created in partnership with NACO and UN partners.

- **Institutionalizing gender and rights:** Dr Quaraishi, the present Director General of NACO, has advocated for engendering of the new NACP Phase (the entire NACP III) as well as for instituting a gender rights and child rights desk in NACO to provide ongoing technical assistance. As he has stated: “The positive networks are integral to our work. We have been engendering GIPA as part of our every day lives”. However, this will require multi-pronged strategies and the political will of all stakeholders. The movement requires determined implementation and greater accountability, innovative strategies and transformation of mainstream institutions to make gender concerns integral parts of their policies, programmes and practices.
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