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Incorporation of women and girls into the local response to HIV in Argentina, Brazil, Chile, Paraguay and Uruguay / Mabel Bianco; in collaboration with Jorgleina Schmidt; Andrea Mariño; Eleonora Sacco. 1st edition. Buenos Aires: Foundation for the Study and Investigation of Women, 2011.

90 p.; 23x16 cm. ISBN 978-987-9414-06-4

1. VIH. 2. Sida. I. Schmidt, Jorgelina, colab. II. Mariño, Andrea, colab. III. Sacco, Eleonora, colab.

#### **Catalogue Date:**

04/05/2011

Made the deposit required by Law No. 11.723

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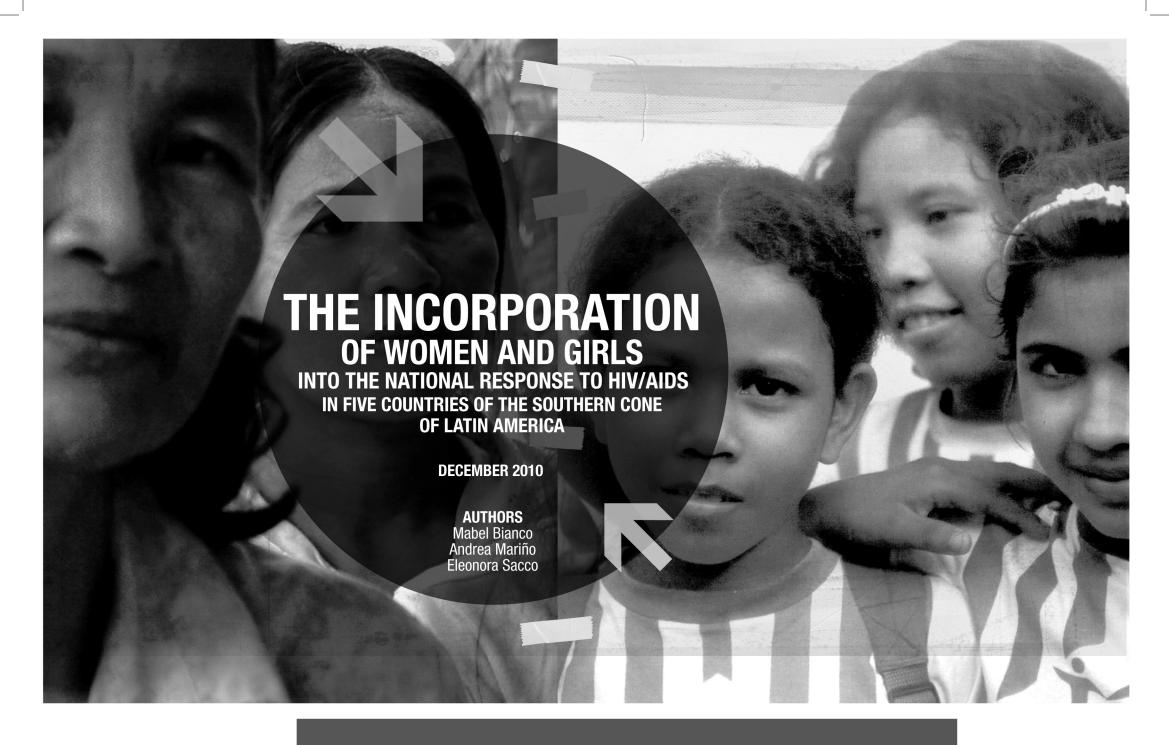
#### **Printing**

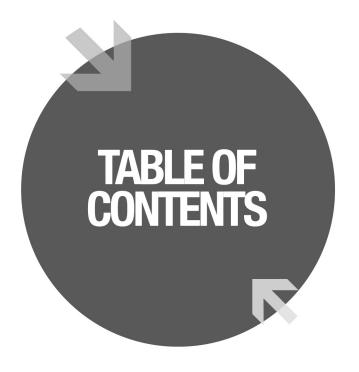
Altuna Printing www.altunaimpresores.com.ar Buenos Aires, Argentina

Printed in Argentina
Printed in June 2011-06-29

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Since its appearance almost 30 years ago, the HIV/AIDS epidemic has permanently demonstrated societal disparities and inequalities and affected most marginalized and excluded groups, effectively damaging quality of life. Women and girls affected by HIV/AIDS, especially in poor and excluded areas, are prime examples of the gender inequality that permeates society. The magnitude and impact of the inequality between women and men in the HIV/AIDS epidemic, seen through the systematic violation of human rights of women and girls, propelled the Program Coordinate Board (PCB) three years ago to formulate "the Agenda," which outlines accelerated action to address the problems of women, girls, and gender inequality in the response to HIV/AIDS.

This project, "Resources for the incorporation of women and girls in the government response to HIV/AIDS in five countries of MERCOSUR," seeks to promote and expand the incorporation of gender in the response to HIV/AIDS, following the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, and to integrate HIV/AIDS into sexual and reproductive health policies and programs at the local level. The project also aimed to identify and address the existing difficulties and challenges for the incorporation of women and girls into the national HIV/AIDS strategy as well as for the implementation of the UNAIDS Agenda for Accelerated Action at the local level. It included 58 local organizations and networks across the five countries and incorporated a diverse group of women, including: positive women, youth, female sexual and reproductive health activists, transsexuals, gays, lesbians, sex workers and representatives of children's centers, among others.

La Fundación para el Estudio e Investigación de la Mujer (FEIM) in Argentina, as coordinator of the International AIDS Women Caucus (IAWC) and in

association with the AIDS Council for Latin America (LACASSO), and the Latin American and Caribbean Movement of Positive Women, spearheaded this novel project, supported by UNDP, and focusing on diagnosing the HIV/AIDS epidemic from a gender-based perspective in local areas across five Southern cone countries: Argentina, Brazil, Chile, Paraguay and Uruguay. This project is unique in its agenda and local scope, instead of national, in order to provide novel and useful information and perspectives for the groups involved. The purpose of working on a local level was to encourage more interaction between organizations, citizens and local governments, yielding more action as well as specific and local knowledge of the epidemic than would

be possible on a larger scale. Additionally, the project aimed to reinforce and strengthen interactions with policy makers and health providers in each area, opening a dialogue to discuss incorporation of women and girls in the HIV/AIDS decision making process and the development of new technical tools to respond to the epidemic. Thus, new perspectives and key findings for the diagnosis of the epidemic garnered from this project will aid in the development of steps to take to further address the gender disparities.

The project followed and focused on three areas for action from the UNAIDS Agenda for Accelerated Country Action for Women, Girl, Gender Equality and HIV:

- **1.** Reinforce the strategic orientation to gain support of national partners for "Know your epidemic and response" in order to effectively address the needs of women and airls.
- **2.** Help countries ensure that national HIV/AIDS strategies, development, operative plans, monitoring frameworks, evaluation and associated budgets take into account the needs and rights of women and girls with regards to HIV/AIDS.
- **3.** Publicly promote, empower and mobilize resources to provide a comprehensive package of measures addressing the needs and rights of women and girls with regards to HIV/AIDS.

# **OBJECTIVES**

#### **Overall Objective:**

This project aimed to expand and strengthen the integration of gender perspectives and actions into the national HIV/AIDS response as well as to promote the incorporation of the diversity of women and girls into the national and local diagnoses and response to the epidemic following the UNAIDS Agenda for Accelerated Country Action for Women, Girl, Gender Equality and HIV.

THE AGENDA FOR ACCELERATED COUNTRY ACTION FOR WOMEN. GIRL, GENDER EQUALITY AND HIV 2010-2014 (OPERATIONAL

**PLAN)** supports the implementation of the UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV. The Action Framework was created in response to the urgent need to address equalities that put women and girls at higher risk of HIV. It calls for the incorporation of gender into the diagnosis and response to the epidemic as well as the recognition of the specific needs of women and girls in the context of HIV/AIDS at national and local levels. The Agenda for Accelerated Action also promotes the need to include networks of women living with HIV and the diverse women's groups to scale up the HIV/AIDS responses at the regional, country and local level.

#### **Specific Objectives**

1. Ensure that a diversity of women, including those living with HIV/AIDS, members of HIV/AIDS organizations, women and young women working in HIV/AIDS and sexual and reproductive health, transsexuals, gays, lesbians, members of sex worker organizations, drug users, migrants and incarcerated women are trained on the approaches and strategies of interventions to be implemented according to the UNAIDS Agenda for Accelerated Action, with the end goal of universal access for all women and girls.

2. Better understand the epidemiologic characteristics of HIV/AIDS linked to women and gender, specifically on a local level so that governments can more effectively develop strategies centered on the obstacles specifically confronted

by women and girls in their local areas.

3. Develop strategies and advocacy actions with local governments to promote the integration and coordination of policies and programs for women with HIV/AIDS, specifically sexual and reproductive health.

The project was carried out at three distinct levels: regional, national and local, which worked together to direct the program, train participants, gather information and synthesize results. The entire process took approximately ten months from initiation to completion.

#### STEP 1: GUIDELINE MATRIX DEVELOPMENT

FEIM designed a Guideline Matrix to define and standardize the status of the epidemic among women and girls from a human rights perspective. This first-ofits-kind guide was created specifically for this project to guide the search for qualitative and quantitative information to identify the main obstacles and challenges for the incorporation of women and girls issues in the analysis of the epidemic response. While it was created for this project, the guide's development had a farther reaching goal of becoming a useful tool for government organizations to use when defining and analyzing the epidemic in relation to women and girls' needs. Since those conducting the research were members of grassroots organizations with limited experience in epidemiological analyses, the Guideline Matrix was also accompanied by specific instructions. FEIM developed PowerPoint presentations to be used in national workshops to train participants. PowerPoints included: a project explanation, a summary of the explanation of the guidelines and a summary of the UNAIDS Agenda for Accelerated Action for Women and Girls.

#### **STEP 2: FIRST WORKSHOP**

Each participating country held a one-day workshop led by national leaders and attended by approximately 20 local leaders in participating municipalities and localities (See "Who Was Involved" for locations). The materials developed by FEIM were utilized during the project to guide the process and standardize the workshops across all five countries. The guide was presented as a tool to teach participants the metholodology and epidemiological characteristics of the HIV/AIDS epidemic, including all issues related to women's sexual and reproductive health, violence against women, and how to carry out effective research using these tools.

#### STEP 3: KNOWING THE EPIDEMIC

Each local group collected data from different sources such as health care providers, social workers, etc. (approximately 25 sources) over a monthlong period. Results and key findings were then sent to the national coordinator. They organized and synthesized the information and prepared a report that was used in the second workshop.

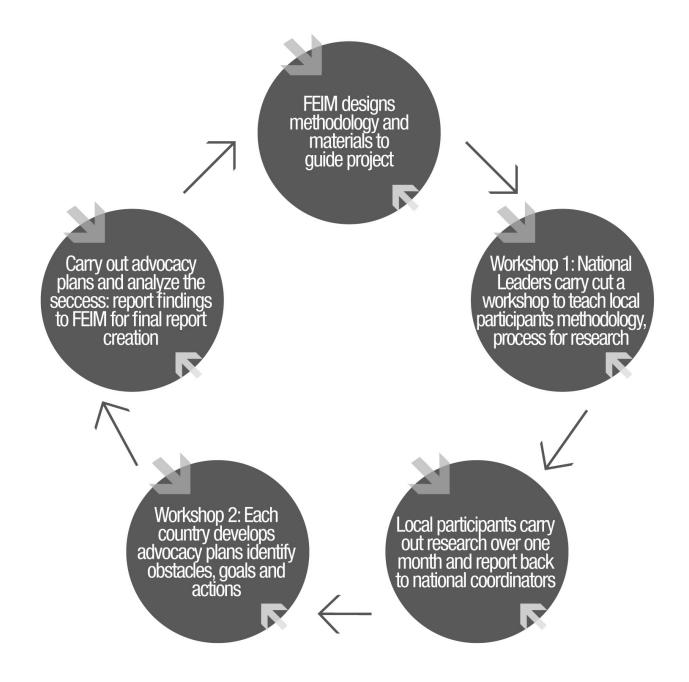
#### STEP 4: SECOND WORKSHOP

Groups reunited to discuss the local findings of the epidemic diagnosis and to develop a unified assessment and advocacy plan to be developed by the groups. Plans outlined current actions and viewpoints, obstacles, outstanding needs, potential results, ideas for requests to local governments and actions to increase advocacy. Post workshop, communities began to implement the new advocacy plans for two months.

#### **STEP 5: SYNTHEZATION OF FINDINGS**

THE PROCESS

Two months after the advocacy plans were elaborated, results were reexamined locally to determine the results, including successes and failures.. All five advocacy plans were then sent to FEIM by national coordinators, and an overall report was elaborated to synthesize overall results, trends, obstacles and recommendations to share with a broader audience.



The five countries included in the project reported similar characteristics with relation to the HIV/AIDS epidemic and the key indicators. The following characteristics were observed:

- An increasing feminization of HIV/AIDS
- Impoverishment (pauperization) of the population
- Heterosexualization of HIV/AIDS
- Concentration of epidemic in urban areas
- Falling fertility rates, revealing an increase in the use of contraceptives, especially among women
- Good coverage in institutional care for women
- High basic literacy between the ages of 15 and 24 with virtually no significant gender differences observed in any country

Upon compiling results from the five countries, three outstanding aspects stood out above other characteristics in all locations related to the **national response** to HIV/AIDS for women and children:

## 1. THE DEVELOPMENT AND CREATION OF SERVICE CARE NETWORKS AND GUARANTEES OF FREE BASIC SERVICES:

- All five local assessments detail the existence of free public healthcare services at different levels of complexity and completeness in response to HIV/ AIDS, sexual and reproductive health and violence against women.
- Still, much financial deficiency exists at national, provincial and local healthcare services levels to implement programs and services, as are programmatic purposes.

### 2. THE ENACTMENT AND ENFORCEMENT OF LEGISLATION AND AFFIRMATIVE RIGHTS ADVOCACY:

 All countries except Paraguay reported enactment and enforcement of new policies with regards to women and children in the response to HIV/AIDS.

- All countries except Paraguay have developed legislation, giving citizens the tools to protect their rights; this is significant in the conservative social and political context that permeates the governments involved in the project.
  - Unfortunately, these legislative advances have not been effectively still implemented at local or national levels (see Obstacles section below)

# 3. INCORPORATION OF GENDER AND SEXUAL AND REPRODUCTIVE HEALTH THEMES IN GOVERNMENT AGENDAS

• Every national report revealed the existence of programs or government agencies dedicated to HIV/AIDS, sexual and reproductive health, gender violence and women's equality,

however more services were actually delivered on national levels compared to local where they don't exist.

• Additionally, there is fragmentation in the implementation of actions related to HIV/AIDS, sexual and reproductive health, gender-based violence in the five countries; the vertical design of programs results in lack of integration and formulation for healthcare services, impacting negatively in the health of women and girls.

Many lessons learned were taken away from the **actual process** of carrying out this multi-national, multi-level project, which can be used to better carry out projects of this nature in the future.

- 1. The Guideline Matrix served as a helpful tool in the measurement and standardization of the epidemic as it relates to women and girls across all five participating countries.
- 2. Involving diverse women and grassroots organizations helped make it possible to know the epidemic at the local level better and to enrich the official information with the perceptions of services users. This information allowed the project to understand how public policies are actually implemented and take action to impact the response to the epidemic.



- 3. The project helped the participants understand the relationship between personal and daily knowledge based on reality and the collective and political realm, enabling them to better express their demands to authorities and differentiate the responsibilities of the different levels of government as well as the disconnections between the different levels.
- 4. Since almost all of the participants who collected information from the health system users were grassroots community members and health system users themselves, this was an opportunity for them to systematize and value their own knowledge and daily practices.
- 5. The project made the *UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV* known, especially among CSO and government representatives at the local level who had no previous knowledge of it.

BRAZIL

The majority of the women who particiapted in the two workshops were from peripheral neighborhoods of the city of Santos, where there is a high level of poverty. The participants were able to discuss and identify failures in the public health system for those living with HIV/AIDS.

#### THE VOICES OF PARTICIPANTS:



The project gave us the possibility to synthesize our understanding and information that mas previously disorganized and scattered. Sometimes the logic of labor exceeds demand and we have no time to systemize our experiences, instead working day to day.

In the research process, our participants encountered many difficulties in accessing data that should have been readily available from healthcare providers, nothing the tendency to restrict what they shared. It is important to note that this official data is not always shared.



What made this initiative different from others adressing similar issues was, for the firt time, this one created a diagnostic with local participation with a specific geographic focus.



The user population reports situation of discrimitation in the health system are frequent and can occur due to age, gender, ethnicuty, HIV status, poverty, etc. This situation is identified as perhaps the most important element keeping people from receiving health services.

**OBSTACLES** 

Despite the unique and varied developments in each country, obstacles were identified in relation to the inclusion and respect of women and girls rights in the context of HIV/AIDS. The most common obstacles identified dealt with the design and delivery of services; training and performance of health providers and educators; and the availability of resources for services.

The following five points summarize the **obstacles** reported in all five distinct locations:

#### 1. PERSISTENCE OF STEREOTYPES AND A NARROW VIEWPOINT ABOUT THE DIVERSITY OF WOMEN, CHILDREN AND ADOLESCENTS INCLUDED IN THE DESIGN. IMPLEMENTATION AND PRACTICE OF HIV/AIDS AND SEXUAL AND REPRODUCTIVE HEALTH PROGRAMS.

- Many groups of women have remained invisible, especially with respect to homosexuals, lesbians, sex workers, transsexuals and drug users who received less monetary and program assistance than other groups.
- The majority of programs incorporate women and girls only when they are pregnant, reinforcing the identity and stereotype of women as mothers: conversely programs fail to provide adolescent comprehensive sexual education and health services (family planning), only beginning to help them once it is too late.
- The difficulties faced by school systems to incorporate sexual education due to religious, moral and institutional rules and opposition.

#### 2. FRAGMENTATION AND LACK OF CARE TO HIV/AIDS IN A Argentina or Paraguay; some health centers in Uruguay and Brazil only, COMPREHENSIVE MANNER.

• Emphasis on the bio-medical model is detrimental to prevention and health promotion.

> • "The lack of actual priority in public politics for the prevention of HIV is obvious at the local level, where there is a lack of informative material, diffusion of information and education for people with HIV." (Team Chile)

- HIV/AIDS care lacks specific services and benefits, especially sexual and reproductive health services. There is no coordination among the HIV/AIDS services and sexual and reproductive health services and discrimination against women is common.
  - Lack of protocols to care for women and girls and no specific training for healthcare workers except for vertical transmission.

#### 3.PERSISTENCE OF STIGMA AND DISCRIMINATION AGAINSTGENDER.IDENTITY.SEXUALORIENTATION AND HIV/AIDS STATUS.

 The lack of recognition or the denial of sexual and reproductive rights to women living with HIV/AIDS continues.

- Discriminatory practices in providing health services and benefits, specifically reported in Paraguay, Argentina and Brazil where discrimination reached both men and women with HIV/AIDS, poor populations and indigenous communities.
- Many schools and workplaces do not protect the confidentiality of HIV positive status
- Also sexual identities as gays, lesbians, transsexuals and sex workers in contradiction to legal norms are not protect for confidentiality.

#### 4. ARBITRARY DISTRIBUTION OF SERVICES. INSUFFICIENT RESOURCES AND SLOW ACTION OF STATE PROGRAMS

- Specialized hospitals in big cities house most treatment centers, forcing people with HIV/AIDS to travel long distances to receive treatment and care.
- All five countries reported free provisions for male condoms by national governments, however, at the local level; governments were not providing funds to buy condoms.
- Female condoms are not supplied or included in any programs in Chile. provide female condoms but still not sufficiently.

- It is difficult for adolescents and young people to access male condoms.
- It is difficult for mothers with HIV/AIDS to access modified milk to feed their children.
- Some countries lack of protocols for rape victims, but in all there are still problems with distribution of the emergency contraceptive morning-after pill due to controversy, moral questions and conflict; its availability is arbitrary and usually discretionary.

# 5. LACK OF KNOWLEDGE OF SEXUAL AND REPRODUCTIVE RIGHTS AMONGWOMEN AND ADOLESCENTS AND LACK OF DISSEMINATION AND EDUCATION OF THESE RIGHTS BY GOVERNMENTAL ORGANIZATIONS

The lack of comprehensive sexual education in schools means adolescent boys and girls lack knowledge of their basic sexual rights; this lack functions as a barrier for dissemination of sexual rights discussions between adolescents.

Upon completion of the project, several tangible products have been developed in the efforts to incorporate women and girls into policies and programs addressing HIV/AIDS as well as in the response to epidemic on local levels. The availability of these tools to local organizations serves as an important improvement in their abilities to communicate with key local groups and to address identified obstacles.

#### **METHODOLOGY GUIDELINES**

The Guideline Matrix developed by FEIM as part of the project provided each group with standard definitions and explanations of the epidemiology of HIV/AIDS, with a focus on incorporating women and girls-related issues in the diagnosis of the epidemic. The gender-based human rights perspective along with the specific focus on local governments makes these guidelines a unique tool for work toward women's equal rights in addressing HIV/AIDS. It was created to include all sexual identities and to encourage the incorporation of gender in national HIV/AIDS policies and programs. The tool was very useful in this project to standardize, measure and analyze the epidemic in each country.

#### NATIONAL REPORTS

Each country involved in the project produced a report of results, lessons learned and obstacles from local experience. These reports included

information about three distinct components: 1) organization of local political framework in each country, including relationships between local levels of government with the national level,

2) basic education, social and health indicators related to HIV/AIDS, which allowed characterization of the unequal access faced by women and girls, and 3) legislation and information on national HIV/AIDS and sexual and reproductive health policies and programs. The national coordination group in each country synthesized and organized the local reports to summarize the most important and frequently reported information. These reports were important to each group, as they provided a systematic, allencompassing summary document, which had never before been created due to lack of time, resources or infrastructure.

#### **REGIONAL REPORT**

Using all five national reports, a regional summary was created to provide a larger picture of the trends and obstacles facing South Cone countries in the fight against gender inequality in the HIV/AIDS epidemic and with respect to sexual and reproductive health. While the national reports provided specific, focused results, this report drew conclusions and took snapshots from each participant country to address issues and obstacles on a larger scale.

#### **FACT SHEET**

**PRODUCTS** 

A fact sheet was developed based on the regional report in order to highlight the goals, key findings and lessons learned from the project.

and emotion-fueled practices is a long one which will require time and dedication to achieve change.

The obstacles on a local level dealt primarily with generating, analyzing and disseminating socio-health information, thus the recommendations outlined below attempt to address the most pressing needs reported during the project. The recommendations can be examined in two separate dimensions to better understand their functionality:

1. Strengthening the capacities of involved.

RECOMMENDATIONS

- 1. Strengthening the capacities of involved women's organizations in applying the Guideline Matrix to continue to improve the knowledge of the epidemic.
- 2. Achieving the inclusion of local information about the HIV/AIDS epidemic and the health status of women and girls, including key aspects such as education and access to services for HIV/AIDS, gender violence, and sexual and reproductive health.

The following specific recommendations aim to address the above identified obstacles related to stereotypes and stigmas. It must be noted that the process of changing these ingrained social norms, government legislations

 Deepen the understanding of the epidemic at a local level through application of the Guideline Matrix to incorporate women and girls´ needs into the formal response to HIV/ AIDS.

- Increase participation of all groups of women in the discussion and interaction with local authorities to increase knowledge of the epidemic and response.
  - Improve local work spaces at the community public health services level in order to promote rights of women and adolescents and to facilitate the diffusion of information.
  - Carry out systematic responses to violations of human rights of women and girls related to HIV/AIDS and increase public visibility of these actions and responses.
- Implement advocacy in order to develop and increase support for women and girls facing rights violations in local areas and facilitate access to justice for them.

The participants included national networks, which coordinated with regional teams to carry out the research, using the Guideline Matrix to collect information, and paying particular attention to capturing voices, knowledge and experiences of different groups of women and trans-genders involved in the local organizations and in relation to the services and benefits available.



**Locations** (Recommend creating a map visual to show where each location is)

- Argentina: Municipio de 3 de Febrero, integrated with the municipalities of Conurbano Bonaerense
- Brazil: city of Santos, integrated with the Municipality of San Pablo
- Chile: El Bosque de Santiago, integrated with the Metropolitan region
- Paraguay: Asunción
- Uruguay: Department of Artigas, on the border of Brazil

SUMMARY

In the effort to address and confront disparities among women and girls in HIV/AIDS, local governments and their respective citizens are key constituencies to enacting change. This novel research project focused solely on local areas and their governments to increase communication and gain insight into plans, perceptions and actions with regards to the incorporation of women and girls into the diagnosis of the HIV/AIDS epidemic and its responses. The project created a better understanding of the epidemic at local levels through the Guideline Matrix, as well as understanding how to better respond to the needs of women and girls in the context of the HIV/AIDS epidemic. The results identified progress toward creating free services, programs and networks in all five countries, however funding

as well as the fragmentation continue to be issues for addressing the real and diverse needs of women and children. Governments are theoretically incorporating gender and sexual and reproductive health themes

better prepare programs in the future. A key element of this project was the participation of different women's groups, including women living with HIV/AIDS, sex workers, drug users and trans-genders, who were trained to identify obstacles and advocate toward the incorporation of gender into the HIV/AIDS national programs and services at the local level. By arming women with needed materials and facilitating discussion in municipalities between women, health care providers and local government officials, this project helped women move a step closer to universal coverage of health care.

into agendas but action of carrying out proposals is still slow to occur. These identified obstacles should be used to

#### **Regional Coordination:**

IAWC – International AIDS Women's Caucus LACCASO – Latin American and Caribbean Council of Non-governmental Agencies in HIV/AIDS Latin American Movement for Positive Women

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