LEAVING NO ONE BEHIND

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HIV/AIDS: Women and Girls in Zimbabwe

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Photo: Fortunate Machingura

Gender inequality is powerful and insidious. It is an expression of the unequal distribution of resources and power within societies based on gender differences and of the low value placed on women's work, education, health, skills and their overall contributions to public life. A host of evidence shows women are viewed as less competent and less valuable than men – from access to information, to entrepreneurial skills to leadership – and these biases are exhibited by both males and females (Raymond, 2015). This bias can translate into a heightened predisposition of women and girls to poverty and HIV/AIDS.

In Zimbabwe, like many other countries, women struggle more than their male counterparts for equal access to decision-making, power and decent jobs. In the work of the Ministry of Health and Child Care (MoHCC), women and girl's rights, responsibilities and opportunities in accessing health care including HIV/AIDS treatment, support and care should be equal to that of boys and men. This equality in health care means that women's and men's responsibilities, opportunities and rights, would not be determined by whether they are born female or male. Instead, what this implies is that both women and men's interests, priorities and needs would be considered, recognising the diversity of different social groups of both women and men. In the context of HIV/AIDS prevention, treatment, support and care, the focus on gender equality is not a women's issue but concerns and should fully engage men as well as women.

In the 2030 Agenda for Sustainable Development, SDG 5 – the stand-alone goal to advance gender equality and gender-related targets – is mainstreamed across all of the Sustainable Development Goals (SDGs). At the centre of the gender goal and gender-related targets, is the principle of leaving no-one behind.

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Why we must focus on women and girls, and leave no one behind

- **Leaving no women or girls behind** means prioritising dignity and placing the progress of the most marginalised worst-off communities first – women and girls being all too often at the top of the list of these communities. HIV/AIDS is the leading cause of death of women of reproductive age in Zimbabwe.

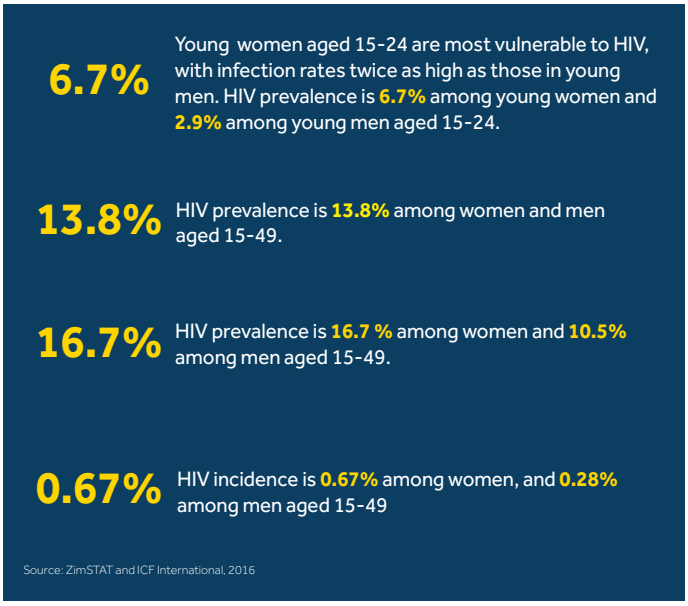
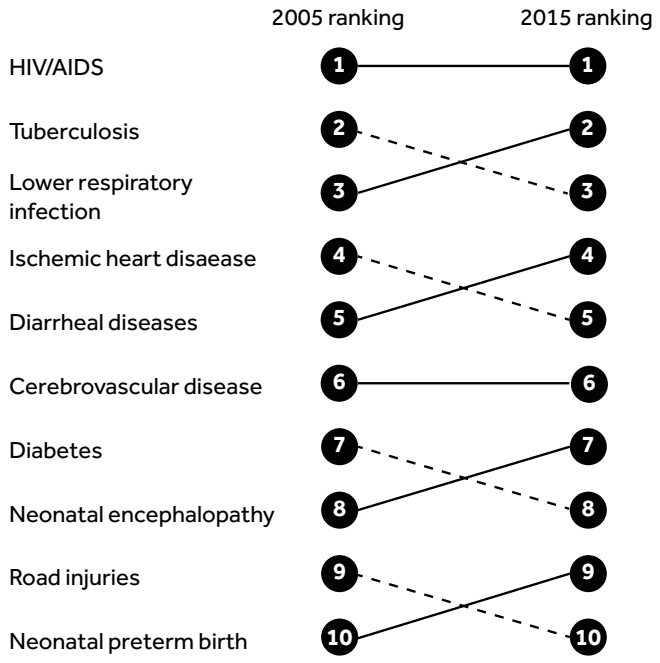


Figure 1: Leading causes of death in Zimbabwe, ranking change 2005-2015



- **Leaving no women or girls behind** means implementing effective gender centred responses that are critical in addressing issues of HIV and AIDS where gender inequality is a key driver of sexual and gender-based violence. These factors increase a woman's vulnerability to HIV and can result in additional physical, mental, sexual, reproductive and other health problems. Through the National AIDS Council (NAC) structures such as the District AIDS Action committees, Village AIDS Action Committee and via other partners, the NAC aims among other priorities to address the structural causes of inequality and marginalisation that affect women and predispose women and girls to gender violence.

  - **Physical violence:** 35% of women aged 15- 49 have experienced physical violence since age 15
  - **Sexual violence**: 14% of women aged 15-49 are likely to experience sexual violence at least once in their lifetime,
  - **Emotional violence**: 32% of women who are married or have been in the past have experienced spousal emotional violence
  - **Violence during pregnancy**: 6% of women who are married or have been in the past experienced pregnant violence during one or more of their pregnancies.
  - **Spousal violence**: 35% of women who are married or have been in the past age 15-49 experience physical or sexual violence from a spouse, and of these women:
  - **Seeking to stop violence**: Only 39% of women who have experienced physical or sexual violence have sought help.

- **Leaving no women or girls behind** means integrating gender into policies and programmes across sectors. The NAC operates through the Zimbabwe Domestic Violence Act 14/2006 [Chapter 5:16] and various gender policies. These legal and policy frameworks mainstream gender and women's empowerment within the NAC and at all levels of the country's response to HIV/AIDS. They aim to guide strategies for sustaining the gains made to date as well as changing the emerging dynamics of the epidemic positively.

Table1: Legal and policy frameworks to mainstream gender and women's empowerment within the National AIDS Council

Despite all of these efforts, much remains to be done to protect women and girls. In particular, reliable, high-quality data disaggregated by gender, place of residence, income etc is needed. This would require the utilisation of different tools and systems for gender mainstreaming in all aspects of the NAC development agenda including data, statistics, follow-up and review. As

2008	NAC Gender Policy of 2008 (NAC, 2008)
to 2015	National Gender Based Violence Strategy (2012 - 2015) (GoZ, 2015)
to 2017	National Gender Policy (2013-2017) (GoZ, 2013)
to 2020	Zimbabwe National AIDS Strategic Plan III 2015-2020 (ZNASP III) (MoHCC, 2015)

part of this, the NAC is working with the MoHCC to support the effectiveness, efficiency and expansion of strategic information systems including electronic health records (working with RTI international, the MoHCC and CDC) that will be used to help patient information systems across the country including for people living with HIV/AIDS.

Means of implementation

Since its inception in 2000, the Zimbabwe AIDS levy, (3% of taxable income from Pay As You Earn (PAYE) and corporate tax) has prioritised reaching vulnerable groups of women. The AIDS levy is one of the world's most innovative mechanisms for domestic financing of the national response to HIV/AIDS and best practice in the field. But, the resources needed to deal with the challenges of HIV and AIDS far outweigh the capacity of the AIDS Levy and thus the continued heavy reliance on donor funding for HIV/AIDS programming. Zimbabwe will continue to need more HIV/AIDS funding to support the required activities of its programming in this area. More information on the AIDS levy is accessible on the NAC website (http://nac.org.zw/funding/)

Bringing women and girls to the forefront

The NAC is customising the SDGs for the HIV/AIDS context in Zimbabwe. The aim is to promote integrated synergies between the economic and social dimensions of HIV/AIDS planning and programming. The objective is to strengthen the direct and representative participation of women and girls to create cohesive, gender sensitive HIV/AIDS programming by ensuring policy coherence and coordination between government ministries, as opposed to separate, isolated programs that are cost-inefficient and often neglect to consider policy trade-offs (Machingura, 2017).

Zimbabwe's MoHCC and the NAC are welcoming of innovative ideas on how to implement effective strategies for operationalising the commitment to leave no women or girls behind. Below are some channels that the people of Zimbabwe, local government, community groups, academia, partners, the private sector, civil society and funders could use to engage with the NAC and MoHCC on HIV/AIDS, women and girls:

- **Influence the policy space:** Use research and practice experiences to send critical messages, and open channels for women and girls to position themselves as relevant actors to strengthen grassroots advocacy for more inclusive policies. Work with the MoHCC and the NAC structures to help connect decision-makers with women and girls for more informed HIV/AIDS policies and gender programming.
- **Health Rights Approach:** Engage women and girls as rights holders who know their rights and claim these rights by targeting the right offices at the NAC and the MoHCC. The NAC has signalled it would like more groups of women and girls identifying their priorities and channelling these to their discussion spaces for inclusive planning and development.
- **Uncover the dynamics of inequality:** Conduct good quality and rigorous research, generating data as a basis for public awareness raising and active engagement with decision makers about existing gender vulnerabilities

Spotlight on domestic violence against women and girls in Zimbabwe.

Domestic violence includes violence against women and girls by an intimate partner, including a cohabiting partner, and by other family members, whether this violence occurs within or beyond the confines of the home

1 in 7 — **1 in 7** women and girls aged 15-49 reported experiencing physical violence by an intimate partner within a 12-month period

45% — **45%** of ever-married women reported ever experiencing physical, sexual, or emotional violence by their current or most recent partner.

50% — **50%** of women in Zimbabwe who are married or have been in the past report that their husband/partner insists on knowing where she is at all times. **23%** report that their husbands frequently accuse them of being unfaithful

39% — **39%** of women who have experienced physical or sexual violence have sought help to stop the violence

Data are latest available for women and girls aged 15-49 in Zimbabwe based on the 2015 Demographic and Health Survey
Sources: ZimSTAT and ICF international, 2016
Icon by b farias/Noun Project

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This is one of a series of the Briefing Papers at gdi.manchester.ac.uk/ . This is part of the Global Development Institute's and the Overseas Development Institute's work which aims to engage with policy actors to fast track action to 'leave no one behind' and facilitate the achievement of Sustainable Development Goals. This publication is based on work funded by the UK's Economic and Research Council (ESRC) grant number ES/P010245/1 under the Global Challenges Research Fund and the Bill and Melinda Gates Foundation through the Overseas Development Institute. The content contained within are those of the authors and do not necessarily reflect positions or policies of the ESRC or the Bill and Melinda Gates Foundation. Global Development Institute is the largest dedicated development research and teaching institute in Europe.

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