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## 1.0 ACRONYMS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<tr>
<td>FAO</td>
<td>Food Agricultural Organisation of the United Nations</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<tr>
<td>HIV</td>
<td>Human Immune Virus</td>
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<td>NAC</td>
<td>National AIDS Council</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
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<td>UNAIDS</td>
<td>United Nations Program on HIV/ AIDS</td>
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<td>PLWA</td>
<td>People Living With AIDS</td>
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<td>PPTCT</td>
<td>Parent to Child Transmission</td>
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<td>PMTCT</td>
<td>Parent to Mother Transmission</td>
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<tr>
<td>SADC</td>
<td>Southern African Development Community</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<td>UNIFEM</td>
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<td>UNFPA</td>
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<td>COBA</td>
<td>Children Orphaned by AIDS</td>
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<td>PAAC</td>
<td>Provincial AIDS Action Committee</td>
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<td>DAAC</td>
<td>District AIDS Action Committee</td>
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<td>WAAC</td>
<td>Ward AIDS Action Committee</td>
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<tr>
<td>VAAC</td>
<td>Village AIDS Action Committee</td>
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<td>PO</td>
<td>Program Officer</td>
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<td>CEO</td>
<td>Chief Executive Officer</td>
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<td>DAC</td>
<td>District AIDS Coordinator</td>
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<td>HBC</td>
<td>Home Based Care</td>
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<td>IGP</td>
<td>Income Generating Project</td>
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<td>ARV</td>
<td>Anti-Retroviral Drugs</td>
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<td>ZAN</td>
<td>Zimbabwe AIDS Network</td>
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<td>WASN</td>
<td>Women AIDS Support Network</td>
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<tr>
<td>TOT</td>
<td>Training of Trainers</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>PSC</td>
<td>Public Service Commission</td>
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<td>WILSA</td>
<td>Women</td>
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<td>NATF</td>
<td>National AIDS Trust Fund</td>
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<td>MOU</td>
<td>Memorandum of Understanding</td>
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<td>ZDF</td>
<td>Zimbabwe Defence Forces</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Disease</td>
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<tr>
<td>ZWRCN</td>
<td>Zimbabwe Women Resource and Communication Network</td>
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2.0 BACKGROUND TO THE CONSULTANTS’ VISIT
Ms Cyrilla Bwakira and Vicci Tallis visited Zimbabwe from 15-19 September 2003. This followed a recommendation by the UN Secretary General for an action on gender and HIV/AIDS, which culminated in the setting up of a taskforce on HIV/AIDS, women and girls that would carry out a rapid needs assessment in relation to the six issues put forward in the UN Secretary General’s discussion note. The six issues are:

1. Prevention of HIV infection among girls and young women
2. Girls education
3. Violence against women and girls
4. Property and inheritance rights of women and girls
5. Burden of care
6. Access to treatment

3.0 OBJECTIVES OF THE MISSION
While in Zimbabwe, the consultants’ program consisted of field visits to Buhera District and Chikwaka District. The evaluators also held meetings with government ministries, NAC officials, relevant civil society groups, various taskforces as well as the UN family.

The following objectives had been set for the visit:

- To map existing initiatives, networks, tools and resources and conduct a rapid needs assessment in relation to the six issues put forward in the UN Secretary General’s discussion note which are:
  a) Prevention of HIV infection among girls and young women
  b) Girls’ education
  c) Violence against women and girls
  d) Property and inheritance rights of women and girls
  e) Burden of care
  f) Access to treatment

- Ensure country level input to the taskforce report, regional action framework and consultation
- Make suggestions for country level action.
4.0 MEETING WITH NAC EXECUTIVE DIRECTOR

Ms Bwakira and Vicci Tallis were fortunate to attend a reception in honour of Ma’Africa 2003 where they met NAC Executive Director Dr D Chitate and Mr Maboreke. Ms Bwakira briefed the ED on the purpose of their visit and the Director in turn welcomed the two and gave them a brief outline of the existing initiatives focusing on the six issues in the context of NAC.

4.1 Challenges and gaps faced by NAC in women, girls and HIV/AIDS

- The girl child remains vulnerable because she is left with the burden of care at home while the boy child goes to school
- The socio-economic status has impact on the girl child
- Grandmothers replacing parents which is not sustainable
- No skilled human resources attracted to NAC since most skilled people join NGOs and join the Government only for experience sake
- NGOs are reluctant to fund national structures
- No capacity to scale up activities around the country
- Government’s internal mechanisms are hampering coordination of the NATF
- Men remain decision makers while women are the implementers of the decisions made by men
- NAC has not embarked on a scheme to provide access to drugs for positive people
- No approach to ARVs because of the shortage of foreign currency although the Government has allocated funds for such
- Women are not motivated to engage in HIV programs due to lack of money for bus fares to travel to the centres
- No skilled manpower in clinics who can be entrusted to use the ARV for PMTCT
- No measuring indicators in remote institutions
- No facilities to store the ARVs - shortage of gas in most districts

4.2 Recommendations

- NAC should adopt a holistic approach - multisectoral in dealing with HIV/AIDS
- There is need to strengthen national coordination mechanisms that bring social change
- UNAIDS initiatives should strengthen up initiatives among partners
- Discussions about women, girls and HIV/AIDS should be held at grassroots level
- Redirect focus areas to prevention

5.0 MEETING WITH PACS AND DACS

The consultants also met PACs and DACs who were also present at the reception ceremony for Ma’Africa. They discussed challenges faced in developing and or implementing programs focusing on gender and recommended a number of actions in dealings with the challenges.

5.1 Challenges
- Underrepresentation of women in decision making
- Women do not want to take the challenge especially at district, ward and village level, though policies are in place.
- Women are no empowered to want to lead because of tradition
- Women are constrained to participate because they are committed to household issues
- Girl child impregnated soon – society does not protect orphaned girl child, men comes into the family in the name of helping with household duties
- Girls are not involved in VCT, Youth Centres because the centres are no ‘girl friendly’ – no activities which respond to girl needs like sewing, cooking
- Girl child considered as one who can provide care for the sick with only a few males involved
- Speed at which interventions reach the grassroots level is slow
- No documentation on property and inheritance issues that do not provide security for the women and girl child.

5.2 Recommendations
- There is need to capacitate girls rather than women only on gender issues and violence issues
- Equip the girls with assertiveness which will encourage them to participate in HIV/AIDS programs
- Women should be represented at all levels or involved in decision making
- Youth centres should engage in activities that attract the girl child
6.0 MEETING WITH TASKFORCE AND GENDER WORKING GROUP
The discussion was centred on the six issues and the participants came up with challenges and gaps faced as well as the recommendations.

6.1 Challenges
- Virginity test becoming a violation of the girl child’s rights and is increasing their vulnerability.
- Female condom not accessible, affordable and acceptable – also not user friendly
- Traditional cultural practises – inheritance laws requiring girl child to appease medium spirits
- Burden of care for girl child only
- Homosexuality and gayism among men who then meet females afterwards
- No information dissemination on drugs donated
- Starvation among students at tertiary institutions
- Lack of proper audit on NAC funds
- No openness during discussions on sexual matters
- Education system failing to produce disciplined scholars
- Lack of resources caused by little government commitment to aces ARVs
- Doctors treating patients for symptoms only rather than facing reality
- Disabled women and girls more vulnerable – the blind in the streets
- There is no accountability on women programs
- Women and girls are not empowered on procedures to handle their cases

6.2 Recommendations
- Individual families should adopt family planning methods to avoid large families which they are not able to support
- Empower women on grievance handling procedures
- Ratified instruments should be incorporated in acquiring drugs by government
- Education system should incorporate discipline measures

The consultants were not able to meet MYDEC and MHCW as was proposed on the program for day one.

7.0 UN RESIDENT COORDINATOR’S BRIEFING
The consultants had contact with the UN Resident Coordinator Mr JV Angelo who they asked to give them a sense of direction on the challenges faced on women, girls
and HIV/AIDS in Zimbabwe. The RC advised on the need to sensitise other ministries that are involved on their role in HIV/AIDS activities. On the legal dimension and violence, strategic partnerships should be adopted and their extent of involvement should be clarified. Mr Angelo also expressed concern over the girl orphan as the most vulnerable and underprivileged group in the society. He advised on the need to give attention to the girl child as a target group. He also pointed out that the UN had adopted a giant intervention in dealing with HIV/AIDS and outlined the dimensions that UN had taken. These were:

- Food assistance
- Health, Social services
- Gender dimension
- Poverty – recovery of GDP

8.0 MEETING WITH HIV/AIDS TECHNICAL THEME GROUP

In this meeting, the consultants had an opportunity to meet representatives from UNIFEM who highlighted their initiatives and gaps faced as well as recommendations for action.

8.1 Experiences of UNIFEM's involvement in HIV/AIDS

Core areas:

- Women’s economic and social rights
- Economic security rights
- Transformative leadership, peace and security
- Women’s thematic rights

Ms Manzini pointed out that the focus of UNIFEM was grounded in gender as the conceptual framework and considers HIV/AIDS as an integral component in their activities. Their participation in the Secretary General’s taskforce was on promotion and mainstreaming of gender in HIV/AIDS activities. Ms Manzini also recognised that UNIFEM has a role to play in gender and HIV/AIDS.

8.2 What is being done:

- Supporting 14 Southern African countries where there is humanitarian crisis
- Sensitise National AIDS Councils on gender and HIV/AIDS
- Supplement funding on gender empowerment to transform gender relations to curb HIV/AIDS – Gender Empowerment zone in Mutoko
- Train regional young women journalists on reporting methods

Sensitise women parliamentarians on human rights issues and the impact of HIV/AIDS on their lives.

Developing a proposal to fundraise initiatives on violence against women – working with Msasa project

Planning a field day for UN agencies on services they are offering in dealing with HIV/AIDS

Facilitates ways that can enhance access to treatment using what is available on the ground to use as treatment

Chairs the UN Theme Group on HIV/AIDS

Co-sponsor, but have a MOU with the UNAIDS

8.3 Challenges being faced

- Women are seen as mothers not as victims to HIV/AIDS
- Decisions made at national level are political
- Lack of adequate resources to run HIV/AIDS activities not worked with the youth because of the UN’s mandate to work with particular groups

8.4 Recommendations

- Traditional leaders should be encouraged to mobilise men to link them to the economic, security and rights program
- Community mobilisation for women on gender and HIV/AIDS
- Need to look at the plight of the girl child to head families and remaining out of school.
- Economic empowerment of women on the gender dimension
- Need to work with the youth rather than older women when focusing on prevention
- Agencies should inquire on what and how else they could do to involve the gender aspect into HIV/AIDS programs

9.0 MEETING WITH SECTOR MINISTRIES

The Ministry of Education responded to an invitation to meet with the consultants. At this meeting Ms Bwakira clarification on the plans and policies put in place to promote gender, comments for possible expansion and recommendations on improving lives of women and girls in Zimbabwe.
9.1 What is being done:
- Introduced HIV/AIDS life skills program in 1992 in primary and secondary schools as well as tertiary institutions
- Introduced the Cascade Model of training people at National, Provincial, District and Cluster level
- Institutionalisation of life skills development programs
- Life skills program restructured in the face of emerging issues like orphans with emphasis on workplace programs
- Peer education activities in schools being strengthened with special focus on orphans and vulnerable children ministry runs a separate program on gender funded by UNICEF which equips the girl child with life skills.
- African girls education initiative for 3 districts
- A department at tertiary level dealing with gender that has assisted administrators on gender issues.
- Increase in women involved in teacher training programs
- Works with the Msasa Project in dealing with issues relating to violence – conducts baseline surveys

9.2 Challenges
- Brain drain hence there is continuous training in the face of minimum resources
- Shortage of foreign currency, fuel, which facilitates the running of the program
- Lack of coordination of programs
- Deep rooted cultural practices related to a patriarchal system
- Socialisation process of the girl child
- Poverty
- Unchanging sexual behaviour despite education
- Government’s reliance on donors

9.3 Recommendations
- Need for a strategic plan on resource mobilisation
- Government commitment in dealing with HIV/AIDS – NATF a half measure
- There is need to balance the life skills program to address children in the community as well
- Sectors should be sensitised on their roles in the program
- Community participation in terms of stigma and discrimination
- NGOs and UN agencies to promote the above recommendations and be in the forefront while the Government provides an enabling environment
- Grassroots participation
- The life skills program should be dealt with in the context of poverty and should adopt a comprehensive approach

10.0 VISIT TO THE CENTRE
The consultants visited The Centre that provides counselling for PLWA as well as ongoing support counselling. Ms Francis was available to share information on the existing initiatives and networks as well as highlight major areas that she felt needed focus.

10.1 Comments raised:
- Mainstreaming of gender into HIV/AIDS with focus on the girl child and the perpetrators as part of the solution in dealing with HIV/AIDS
- Working with various organisations in gender and violence
- Enlists men (who are the perpetrators) in whatever activities being carried out.
- Dominance of men hampering efforts of women in HIV/AIDS activities
- Adopt the cheaper principle as best practice in accessing drugs
- Girl child not open enough to come up and reveal her status
- Make PLWA service providers to avoid stigma – companies discriminating people with HIV
- Adopt a holistic approach in dealing with HIV/AIDS
- Empower women to generate income – nutritional gardening, traditional foods, TOTs, youth peer education
- Treatment literacy low among doctors – need to sensitise doctors on treatment levels
- Health should be availed to all citizens
- Policy makers should commit resources to the holistic treatment of women and their rights
- Need to come up with support systems for PLWA in dealing with the result of their tests
- Encourage positive mothers not to conceive since this could lead to an increase of more orphans
- Volunteers in HIV/AIDS activities should be given some monetary incentives to motivate them

11.0 MEETING WITH DEFENCE

The consultants also visited the defence force to meet the Director General of the defence and exchange ideas on women, girls and HIV/AIDS. Representing the Director General was Dr Bhasera who briefed the on the initiatives in place, the gaps and challenges and recommendations for action.

11.1 What is being done

- Secretariat for women (Women and Wives Association) established to champion the interests of women within ZDF with focus on education and economy
- Established a Social Service Department which runs welfare programs for the bereaved and disadvantaged families
- Pilot Youth Friendly Corner in Mutare which involves the girl counsellor
- Runs a program focusing on casual workers (mostly young women) who are lowly paid and working within the male environment to prevent them from being vulnerable
- Deployments for male only since the environments are risky for women
- Derived a policy from the National AIDS Policy with reference to ZDF
- Works together with other sectors to fight HIV/AIDS and assumes responsibilities that are involved
- Has a Statutory Instrument which provides military assistance to civil partners

11.2 Challenges and Gaps

- No gender sensitivity on high risk groups
- The femidom not popular
- Implementation of General’s orders – Statutory Instrument which forbids a soldier to have STIs
- Lack of resources to deal with emerging constraints
- Delays in the staff ministry to deal with HIV/AIDS
- Denial

11.3 Recommendations

- Adopt strategies for behaviour change
- Need for better articulation of the subject of HIV/AIDS for an effective response
- Need to focus attention to the girl child
- Need to increase programs on awareness
- Need to target younger girls who seem to be more vulnerable than girls

12.0 FIELD VISIT TO BUHERA IN MANICALAND PROVINCE

A delegation from NAC, UNAIDS and UNFPA accompanied the consultants to Buhera District for a field visit aimed at assessing the situation regarding women, girls and HIV/AIDS. Buhera DAAC had invited various women groups to meet the visitors. These included representatives from PMTCT, Msasa Project, Dananai Youth Project, Buhera VCT Centre as well as Network and Support for HIV/AIDS Trust. The visitor’s first official contact was with the CEO for Buhera District, Mr Matsinde who welcomed them and gave a brief background of Buhera as a district. Mr Matsinde recognised the visit by the evaluators as significant as they will judge the impact of HIV/AIDS interventions in the remote district of Buhera. The visitors in turn gave a brief background of their visit.

Afterwards the evaluators also met the PO for Manicaland, DAC and other DAAC members. The meeting started with Ms Ndlovu introducing the visitors to the groups present. Cyrilla gave a brief background and purpose of their visit. She outlined the objectives of their mission and that they expected the groups to brief them on what they were doing on Women, girls and HIV/AIDS, the challenges or gaps they were facing and to recommend some solutions to the challenges. The participants were asked to get into groups and discuss the task they had been given then give back report on the six areas provided.

Group report backs

12.1 Group 1 – Prevention of HIV infection among girls and young women

12.1.1 What is being done
- Voluntary counselling for girls and young women
- Procurement and distribution of condoms at health centres
- Peer education for youths
- Awareness campaigns on prevention
12.1.2 Challenges
- Women give in to sex without protection for the sake of acquiring resources
- Tradition, which requires wives to submit which leads to men forcing their wives into sex after they have met with other partners
- Male condoms breaking during sex
- Pupils ignore and do not accept peer education
- Pupils are reluctant to go for VCT
- No use of condoms – people lack knowledge on how to use them
- Women’s disapproval of the use of condoms such that husbands prefer using the condoms with other partners
- VCT Centres not enough

12.1.3 Recommendations
- Increase the number of VCT centres
- Encourage young people to go for VCT and abstain

12.2 Group 2 – Girls Education
12.2.1 What is being done
Training of girl child to head families and care activities on prevention
Encouraging literacy among the girl child so that they are easier to work with since a literate child is seen as one who can:
- Appreciate peer education
- Easy to train
- Face reality when rejected and abandoned
- Refuse inheritance

12.2.2 Challenges
i. Girl child have the burden of care which affects them psychologically in their schoolwork
ii. Orphaned girls usually have no money for school hence are more vulnerable

12.2.3 Recommendations
- Parents to teach their children how to dress and behave
- Parents should be open and have time with their children to discuss HIV issues so that the children do not seek advice elsewhere, which may be risky to them

12.3 Group 3 – Violence against women and girls
12.3.1 Challenges
- Lack of communication between husbands and wives
12.3.2 Recommendations

- Submission and faithfulness of wives to their husbands to avoid tension between the two
- Men should join HBC so that they will understand the burden which women face
- Women to engage in IGPs so that there is no dependence upon men which makes women more vulnerable
- Men should also visit the clinic with their wives so that they will get information about HIV/AIDS as their wives do

12.4 Group 4 – Property and inheritance rights of women and girls

12.4.1 Challenges

- People lack knowledge and legal procedures on how to tackle property and inheritance issues
- Poverty which leads to property grabbing depriving the children of resources
- Inheritance laws which makes women more vulnerable
- Fear of being rejected by husbands’ relatives forcing women into being inherited unwillingly
- Individuals given the responsibility to look after children who they end up abusing
- Fear of being responsible over the children after rejected by husbands’ relatives

12.4.2 Recommendations

- Women should take the responsibility of teaching their sons what they expect them to know based on their own experiences with other men (husbands, fathers)

12.5 Group 5 – Burden of Care

12.5.1 Challenges

- Burden of care only for women or girls which is the general belief
- No men involved in HBC, peer education
- Donors biased towards women since there are few programs focusing on men and HIV/AIDS
- Patients feels discriminated when the care giver uses gloves

12.5.2 Recommendations

- Men should be involved and have a role to play in HBC
- Openness about HIV/AIDS prevention strategies should be encouraged both at family and national level
12.6 Group 6 – Access to treatment

12.6.1 Challenges

- Stigma and discrimination in hospitals hence people are reluctant to reveal their HIV status
- Corruption hindering fair access to treatment
- Lack of financial inputs for IGPs because of inflation
- Lack of government commitment to access ARVs
- Attention only given to those seriously ill while those looking healthy are neglected

12.6.2 Recommendations

- Nutritional support should compliment drugs
- HBC to be increased and encourage IGPs for women and men
- Cleanliness in HBC should be encouraged
- IGPs should be linked to nutritional support like growing vegetables

The evaluators managed to meet the girl child who was also asked to give their comments on women, girls and HIV/AIDS. The girl child discouraged other fellow girls on the love of money and urged them to refuse inheritance by married men. Young boys were also discouraged on drunkenness and encouraged them to embark on IGPs so that they have something to occupy the rather than engaging in risky behaviour. General comments were passed for boys and girl children to refrain from pornographic activities. Parents also had a role to play in the socialisation of their children. Mrs Ndlovu concluded the session by encouraging the groups to take advantage of the NAC fund to deal with HIV/AIDS rather than entirely depending on donor funds for all AIDS interventions. The consultants then preceded top visit the project sites in the district.

12.7 VISIT TO PMTCT

The consultants had an opportunity to visit the PMTCT at Murambinda Growth Point. Ms Bwakira interviewed the staff at the PMTCT regarding what they were doing in relation to women, girls and HIV/AIDS. The consultants also met the counsellors who pointed out that most women visiting have opted for exclusive breast-feeding. They also informed that they only provided counselling services to anyone, be it positive, negative men or women.
12.8 VISIT TO MSASA PROJECT
The Msasa project was given as the gender focal point within DAAC, which deals with women’s participation in HIV/AIDS programs. The Msasa project was originally on violence but had shifted focus because of the impact of HIV/AIDS on women. The Msasa project is dealing with women and girls both individually and collectively.

12.9 VISIT TO VCT
The New Start Centre at Murambinda are providing voluntary counselling and testing services as well as condoms to both women and men. Testing is being done at the hospital laboratory. The VCT staffs have noted that more men are visiting the centre than women who first have to seek permission from their husbands. It was also noted that men usually ask for the female condom for their wives. The VCT advice their clients to visit Msasa project, as well as PMTCT.

12.10 VISIT TO DANANAI YOUTH CENTRE
The main activities at this site include subsistence farming and counselling. Dananai also has youth and peer education activities in 17 wards in Buhera.

In Buhera, the consultants also visited the Msasa Project site where they were shown some of the activities that were being done by the women. The women took this opportunity to advertise their work on tie and dye as well as sewing. The evaluators encouraged the members of the Msasa project to continue the good work and spread the projects throughout the country. The visitors were entertained by a group of 7 members of the Msasa project who danced to a song encouraging the woman to arise and shine despite problems that she might be facing. From the Msasa sight the consultants visited the Networking and Support for HIV/AIDS Trust that is being sponsored by ZAN and NAC and advised them to adopt some other different strategies in dealing with HIV/AIDS (issues of acquiring birth certificates and passports) rather than duplicating the activities of HBC that were being carried out by other programs.

13.0 FOCUS GROUP DISCUSSION ON HBC
A focus group discussion was held and Ms Bwakira gave an outline of their expectations from the focus groups that were present.

13.1 Comments raised:
- Lack of enough resources to run HBC programs
- Overlap of the HBC program with relief programs
- Women do not have a say in the reproductive rights hence are more prone to HIV/AIDS
- Women not supposed to discuss their marital problems outside marriage which have affected counselling services
- Program formulators are not brave enough and patient to address men in their programs and they go for women as the easy target
- Men in HBC not very active, take a supervisory role rather than performing the care activities
- Primary health care services low at country level

13.2 Recommendations
- Need to recognise the inequalities in the prevalence of HIV/AIDS among men and women
- Programs educating women should also be complemented by those which educate men
- Advocate for easy to grow foods as food relief to affected households
- Secretary General should set up a taskforce on men so that they can tell us what they are prepared to give
- Encourage women to come up for testing which affords them access to treatment

14.0 FIELD VISIT TO CHIKWAKA IN HARARE PROVINCE
The consultants and their team visited Chikwaka District in Goromonzi where they met with WASN members. After introductions Ms Bwakira gave the purpose of their visit and expressed their wish to pass information in a way that will effect behaviour change. Challenges and recommendations were given on prevention, property and inheritance rights and violence among women and girls.

14.1 Prevention of HIV infection among girls and women
14.1.1 Challenges:
- Married partners are not willing to use condoms
- Women have no power in making decisions about sexual relations.

14.1.2 Recommendations:
- Empower children in life skills education
Church has a role to play in awareness activities
- Encourage ‘delay sexual activity’ rather than ‘use of condoms’ for young children
- Encourage VCT before marriage
- Guidance and counselling in schools for the girl child
- There must be a shared responsibility among the family members in caring for the sick

14.2 Property and inheritance rights of women and girls

14.2.1 Challenges:
- Relatives taking girl orphan as maid rather than helping her to go to school
- Relatives more interested in property than the welfare of the bereaved children

14.2.2 Recommendations:
- Avoid stigma and discrimination for PLWA

14.3 Violence against women and girls

14.3.1 Challenges:
- Violence resulting from blame on who got the virus into the family and mostly women harassed.
- Forced sex which discourages testing of women
- Poverty

14.3.2 Recommendations:
- Stiffer penalties for the rich who use their money to distribute HIV/AIDS among young girls
- Consider men in HIV/AIDS projects as well
- Policy makers should also encompass boy child in life skills programs
- Workshops for couples should be held

Cyrilla thanked the WASN group for their openness and commitment to the discussion and challenged them to contribute meaningfully in the fight against AIDS by shaming those engaged in risky behaviour. She also encouraged community to remain open and authoritative in the projects that they implement. Vicci also encouraged the few men that were present to spearhead HIV/AIDS prevention activities and not just sit back and leave the work to women.
15.0 FOCUS GROUP DISCUSSION ON WOMEN, GIRLS & HUMAN RIGHT

The focus groups that responded for the invitation were FAO, WILSA, ZWRCN and World Vision. They outlined the gaps being faced in dealing with women, girls and HIV/AIDS issues and recommended a number of actions to be taken.

15.1 Prevention of HIV infection among women and girls

15.1.1 Challenges

- Lack of comprehensive laws on HIV/AIDS
- Use of law to deal with HIV/AIDS rather than sanctions
- National AIDS Policy not backed by practise
- Lack of empowerment for women
- No coordination between organisations dealing with AIDS which results in overlap and duplication of functions and programs
- No female condoms in commercial farms
- Couples dislike the use of condoms and believe they are only for extra marital affairs
- Lack of security of tenure in land distribution making women more vulnerable

15.1.2 Recommendations

- Modules and curricula for schools should be provided from various organisations
- Messages on HIV/AIDS should be specific depending on power relations between women and men
- Capacitate the program implementers on gender issues
- Gender issues should be discussed in the context of power
- Youth friendly centres should be girl friendly
- There is need to find strategies to afford the girl child access to services without making them more vulnerable
- Empower women not to feel threatened to use the legal systems to spearhead their rights
- Mainstream gender in all programs – agriculture, education etc
- Socialisation process should be gender sensitive
- Need to change cultural practises in a non offensive manner

15.2 Violence against women and girls

15.2.1 Challenges

- No domestic violence Act in Zimbabwe to protect the women
- Girl child exchanged with money for marriage without her consent
- Traditional safety nets being broken by poverty

15.2.2 Recommendations
- Encourage rape women and girls to go for counselling and testing
- Women should be encouraged to use the female condom
- Value should be put to the girl child even in the family so that she will feel special as the boy child
- Value should be put to the girls who abstain

15.3 Girls Education

15.3.1 Challenges
- Girls are expected to do most of the house chores even when they are in school
- Policies not consistent with reality because implementation is being affected by poverty

15.3.2 Recommendations
- Hot sitting should be encouraged in schools, with girls preferably going in the afternoon after they have finished their chores at home
- There is need for strategies for the sharing of responsibilities between boy and girl children
- Treatment literacy should be given to communities and medical practitioners even using the internet

16.0 WAY FORWARD
The consultants met with a number of focus groups and gave a report back of their findings and the way forward which highlighted the following:
- Prevention as a priority
- Condom distribution should be equal
- Focus on ABC and D as well as early treatment of STIs
- Address the issue of stigma and discrimination
- Empowerment of women and the community in gender and HIV/AIDS issues
- Holistic approach to treatment issues
- Analyse the impact of ARVs
- There is need to strengthen community support services
- Empower women on mechanisms that help them to cope well