JASS-SOUTHERN AFRICA

NEEDS ASSESSMENT

ZAMBIA

Written by: Shamillah Wilson

This needs assessment was conducted by Martha Tholanah, Patience Mandishona and Shamillah Wilson

August 2009

* * * * * * * *

Just Associates (JASS) is a network of justice activists, scholars and popular educators in 13 countries worldwide committed to increasing women's voice, visibility and collective organizational power to advance a more just, equitable and sustainable world. We are known for our pioneering advocacy and human rights training, strategies, action research and accessible how-to materials. JASS regional and global movement-building programs aim to expand grassroots empowerment and public engagement; strengthen activists' and organizations' political and strategic capacities; build bridges and alliances across boundaries of power and privilege shaped by class, gender, race, age, location, sexuality and other factors; and communicate fresh knowledge about the messy and inspiring realities of social change. Regionally based JASS teams in Southeast Asia, Mesoamerica, and Southern Africa draw upon 10–20 years of experience with social justice organizations and women's movements in dozens of countries. Our approach is forged from our network's tried-and-tested activism, web of local-to-global partnerships and the opportunities for connection created by evolving global communications technologies.

CONTENTS

ACKNOWLEDGEMENTS

We would like to acknowledge the support of Miriam Banda and members of the Steering Committee of COZWHA in setting up the initial interviews for this Needs Assessment. We also wish to thank Mercy Mwandunga and the team at CYM for coordinating and supporting our consultations in Kabwe. To Wala Nalungwe and the team at Youth Vision, thanks for the support and hospitality. Finally, we would like to thank all of the organisations that participated in this assessment. Your openness in reflection and questioning has been invaluable in giving us the insights we got from this process.

ABBREVIATIONS

HIV	Human Immune Deficiency Virus
COZWHA+	Coalition of Zambian Women Living with HIV and AIDS
WLHA	women living with HIV and AIDS
PLHA	people living with HIV and AIDS
ARV	antiretroviral
CYM	Community Youth Mobilisation
AIDS	Acquired Immune Deficiency Syndrome
JASS	Just Associates
MBI	Movement Building Initiative
SPW	Student Partnership Worldwide
LGBTI	lesbian gay bisexual transgender and intersex
NGOCC	Non-Governmental Organisation Coordinating Council
MMD	Movement for Multiparty Democracy
PF	Patriotic Front
SAP	Structural Adjustment Programme
MDRI	Multilateral Debt Relief Initiative
FNDP	Fifth National Develop Plan
ZPA	Zambian Privatization Agency
UNAIDS	United Nations Joint Programme on AIDS
WHO	World Health Organisation
UNICEF	United Nations Children's Fund
MP	Member of Parliament
IEC	Information Education and Communication
NAC	National AIDS Council
OVC	orphans and vulnerable children
GBV	gender-based violence
CSP	Country Strategy Paper
MAP	World Bank's MAP Programme
JASZ	Joint Assistance Strategy for Zambia
ODA	Overseas Development AID
STI	Sexually Transmitted Infection
TB	tuberculosis
UN	United Nations
ART	antiretroviral treatment
CSOs	civil society organisations
FBOs	faith-based rrganisations
CBOs	community-based organisations
NGOs	non-governmental organisations
ZNAN	Zambian National AIDS Network
PEPFAR	The President's Emergency Plan for AIDS Relief
GFATM	Global Fund to fight AIDS TB and Malaria

EXECUTIVE SUMMARY

Zambia remains one of Africa's poorest countries: it is ranked 165th out of 177 countries on the UN Human Development Index 2007. Over two-thirds of the population live below the national poverty line on less than a dollar a day, many of these in congested urban sites called compounds. Zambia has one of the highest prevalence rates of HIV in the world; currently about 17 percent of 15-49 year olds are infected. Life expectancy has dropped from 50.2 years in the early 1970's, to 40.5 years today. Whilst the Zambian government has set ambitious targets for rapidly scaling up antiretroviral treatment for HIV/AIDS and is making impressive progress in this regard, in general, women's unequal status in Zambian society gravely undermines these efforts. Whilst Zambia boasts a diverse set of actors responding to the pandemic, including the women's movement and women living with HIV, the reality is that these responses are in most cases uncoordinated and struggling to address both the strategic and practical realities of those most affected by the pandemic.

Whilst the Zambian constitution confirms the equality of women, in the same vein the priority given to customary law further ensures that women's rights are undermined in the context of HIV and AIDS.

This needs assessment is part of a regional movement building process initiated by JASS Southern Africa. During this needs assessment a range of role-players, including networks of people living with HIV and AIDS, advocacy groups, support groups, youth organisation, women's organisations, and donors were consulted to understand the terrain of responses to HIV and AIDS and in particular the effect of these responses on sustainable social transformation.

During the process, the story of women's vulnerability and the denial of their rights are not uncommon to those shared by other countries in the region. At the same time, the specificities and harsh effects of poverty, lack of infra-structure, and accountability mechanisms to ensure women's rights tell a uniquely Zambian story. While Zambia boasts a large number of organisations working with women at the grassroots level, there is not always coordination and connection between these initiatives. The effect of criminalisation of both sex workers and LGBTI groups also means that those engaged in risky sexual behaviour are often not properly accounted for in mainstream AIDS responses.

In terms of positive women's leadership, women have to date voiced their issues through the broader HIV organisations. However, the realisation that their rights are not consistently taken up by the women's movement or that there is no collective voice speaking and articulating the issues of positive women has led to the birth of the newly established COZWHA+. The assessment also consistently confirmed the need to build younger women's leadership to ensure the sustainability of efforts.

This needs assessment has found that the proliferation of efforts around AIDS without a roadmap does indeed provide fertile ground for a movement building process. However, this process needs to involve a variety of organizations that may not have worked together in the past. The entry point for JASS will be supporting individual women at the grassroots with the potential and passion for mobilizing leadership and bridging women located within women's rights organizations and women within positive people's organizations. Given the surprising prevalence of male leadership in women's organizations, we see this as a great opportunity to rebuild and strengthen women's leadership across different agendas.

1. BACKGROUND

This needs assessment is part of the JASS-Southern Africa Movement Building Initiative (MBI). The initiative is implemented in the African context where the combination of increasing poverty, failed states, corruption and in particular HIV and AIDS have had a particular impact on the lives of women. Southern Africa has often been described as the epicentre of the HIV epidemic given that it is home to more than 32% of the world's HIV population, and 34% of all AIDS-related deaths, while accounting for less than 5% of the world's population, (UNAIDS, 2008). In Africa women with HIV outnumber men, constituting between 59 and 61 percent of all adults with HIV above age 15. There is now significant evidence that illustrates how gender inequalities fuel the epidemic and hamper efforts to prevent new infections among women. The feminization of the pandemic has resulted in significant acknowledgement and rhetoric about the need to address the gendered nature of this global pandemic. Yet, this has not necessarily resulted in responses that take into account human rights and challenging power relations. In fact, dominant approaches to HIV and AIDS (such as ABC) both undermine women's rights as well as ignore women's rights as a pre-requisite for stopping the spread of the disease.

In terms of women's responses, the feminist movement on the one hand has been criticised for engaging unstrategically and erratically and on the other hand, women living with HIV & AIDS have picked up the slack in terms of organising around basic needs and issues. For this reason, the MBI has strategically chosen a focus on women's organising on HIV & AIDS as its entry-point for movement-building.

The objectives of the MBI are to:

- Strengthen the leadership, organization and strategies of women working on HIV and AIDS within women's and mixed organizations to make African women's voices and demands, particularly those who are HIV positive, visible and influential in policymaking at all levels;

- Rebuild and re-energize regional African women's rights alliances and agendas to ensure that they address critical issues facing the majority of African women, and integrate different types of rights, including economic, social, cultural, civil and political rights.

- Forge effective strategic connections between grassroots women leaders and organizations and women's rights NGOs toward more constituency-based advocacy approaches that build and draw upon the power of women's numbers to make a difference.

- Increase the communications capacity of women to influence public opinion, making feminism and women's rights relevant and appealing, and the transformative roles of women in all aspects of community-building more visible and valued.

The MBI started in November 2007 where JASS, Action Aid International and Open Society Initiatives for Southern Africa (OSISA) convened a 4-day workshop with a broad cross-section of 25 women living with and working on HIV/AIDS from 7 Southern African countries, including Zambia. This workshop involved reflection, contextual and historical analysis and planning, and gave shape to the JASS Southern Africa strategy. Through a combination of training, communication, networking and action, a core group of 12 women have emerged from this process,

five of whom are apprenticing as political facilitators to become part of the JASS regional team.

In addition to strengthening the leadership and movement-building skills of the regional team, JASS has also strategically included in its approach an emphasis on deepening country-level organising and action. Through its work, JASS brings together a diverse set of actors in the national contexts to explore opportunities for building bridges and alliances, and to initiate joint efforts to ensure more coordinated, strategic approaches that result in sustainable solutions for women's rights.

In 2008, JASS initiated a national level process in Malawi with a range of stakeholders and actors. Zambia is the second Southern African national level process in the MBI. Following this needs assessment, a process (in consultation with relevant roleplayers) will be developed that would ideally combine training, organizational strengthening, local level action and communications activities over several months.

2. CONTEXTUAL OVERVIEW - ZAMBIA

(i) Politics

Zambia is a republic of 11.9 million citizens governed by a president and a unicameral national assembly. Politically, Zambia has enjoyed multi-party elections since 1991. The Movement for Multi-party Democracy (MMD) is currently the ruling party with the Patriotic Front (PF) as the official opposition. There have also been occasional reports of political intolerance with critics or opposers of the MMD harassed or arrested.

While the government continues its collaboration with the international community to improve its capacity to investigate and prevent corruption, there remains a widespread public perception that corruption is pervasive in almost all government institutions. Controls over government funds and property are weak, with no clear policy for the disposal of confiscated assets and public officials are not subject to financial disclosure laws[1].

(ii) Human Rights

A number of laws that hinder the advancement of people's rights remain on the statute books and the judicial system is seen to be inefficient and politically compromised. Notwithstanding some improvements, the government's human rights record remains poor. Human rights problems have included unlawful killings, torture, beatings, poor and life threatening prison conditions, restrictions on freedom of speech, government corruption, violence and discrimination against women; child abuse, trafficking in persons, discrimination against persons with disabilities, restrictions on labor rights, and forced and child labor.

(iii) Economy

At independence in 1964, Zambia was among the continent's wealthiest nations. However, excessive dependence on copper together with a highly centralized state left the economy vulnerable. Although Zambia is well endowed with natural

[1] http://www.state.gov/g/drl/rls/hrrpt/2008/af/119031.htm

resources, the majority of the population lives in absolute poverty. Poverty levels averaged 68% in 2004, with a higher average of 80% in rural areas, Of Zambia's 11.9 million people, 65% are in rural areas. Notwithstanding the recent pronouncements that urban poverty reduced to 34 % in 2006 from 53 % in 2004, currently 97 % of Zambians in rural areas perceive themselves as poor while 92 % in urban areas perceive themselves as poor (World Bank, 2007).

At the heart of the country's loss of economic momentum is the loss of effectiveness of the state administration. This has led to weak policies and uneven implementation, an investment climate not supportive of private investment and growth, and poor performance in the delivery of social services and infrastructure essential for growth and poverty reduction. Several variants of the Structural Adjustment Programme (SAP)'s drastic reductions in public spending on social services has led to dwindling governance has also been a contributor to the country's high rise in poverty levels.

The effect of poverty has led to reduced access to a nutritionally adequate food basket, child and adult malnutrition, insufficient access to education and health facilities, and a resulting reduction in life expectancy[2].

In 2006, Zambia was a recipient of the Heavily Indebted Poor Countries and the Multilateral Debt Relief Initiative (MDRI) which significantly reduced Zambia's external debt from 7.1 billion at the end of 2004 to US$1.8 billion in 2006 (Jesuit Center for Theological Reflection, 2008). Zambia also launched its Fifth National Development Plan in 2006. At the heart of this plan are elements of wealth creation through sustained economic growth, redistributive policies, the need for linkages between growth and poverty reduction, and investment in infra-structure.

Zambia's macro-economic indicators reveal that there has been steady growth recorded at an average of over 4 percent in the last 5 years while inflation has also been below 10 percent in the last two years. While this favourable macro-economic outlook is important for the improvement of economic and human development; it has not necessarily guaranteed human development and poverty reduction. Hence the call by civil society that government seriously put in place mechanisms so that this growth trickles down to the majority of Zambians (especially those in dire need of services such as health care, agricultural inputs and social safety nets).

Economic governance continues to be a problem as evidenced by government inconsistency on privatisation of key parastatals amidst strong objections by civil society to the privatisations. As of February 28, 2005 the Zambian Privatisation Agency (ZPA) had privatised 262 companies and units and is currently working on several others.

(iv) HIV/AIDS

At the end of 2006, UNAIDS/WHO estimates that 17% of people aged 15-49 years old were living with HIV or AIDS. Of these million adults, 57% were women. Due to the society's strong kinship networks, many people bear the burden of caring for sick relatives and the nation's nearly 1 million orphans.

HIV rates vary considerably among and within Provinces ranging from 8% in Northern Province to 22% in Lusaka Province and higher prevalence in urban areas, with 23% of urban residents HIV infected as compared with 11% in rural areas. Also, nearly 80% of HIV transmission in Zambia is through heterosexual contact

[2] http://siteresources.worldbank.org/INTZAMBIA/Resources/zm_prsp_06.pdf

exacerbated by the high-risk sexual practices, gender inequity, high levels of poverty, stigma and discriminatory practices and high prevalence of sexually transmitted infections and tuberculosis. Young women in Zambia typically become sexually active earlier than men, on average at 17 years with a partner five years senior[3].

The remaining 20% is predominantly due to mother-to-child transmission during pregnancy, at birth or while breastfeeding.

AIDS has also placed immense strain on the nation's health system and has crippled public services by claiming the lives of professional public servants. The Zambian government has identified a number of barriers to improving the healthcare system. These include a "human resource crisis," the poor state of health facilities, inadequate drugs and medical supplies, long distances to and between health facilities, poor transportation infrastructure, and high-levels of poverty. Barriers such as stigma and food insecurity, compound the effects of staff shortages that ultimately hinder the government's efforts to expand access to ART and ensure that access is equitable via addressing the specific needs of women who experience gender-based abuses.

Many of the most tragic stories connected with HIV transmission involve the sexual abuse of children. Men are targeting increasingly younger sexual partners whom they assume to be HIV-negative, and the "virgin cure" myth (which wrongly claims that sex with a virgin can cure AIDS) fuels much of the abuse. An increased proportion of the abusers are HIV-positive and many transmit their infection to their victims.

(v) The Status of Women in Zambia

Women continue to occupy a low socio-economic status, which is further exacerbated by discriminatory laws. Statistics on literacy show that only 59.7 percent of women are literate compared to 76.1 percent of men. Poverty affects women disproportionately. Many women are in low-paid and low-skilled jobs with little job security, (Human Rights Watch, 2007).

Domestic violence against women is a serious problem, and wife beating and rape is widespread. There is no specific law against domestic violence, and cases of domestic violence were prosecuted under the general assault statutes. Due to traditional and cultural inhibitions, most cases of violence against women and children go unreported. In a 2007 Human Rights Watch study, women reported that fear of retribution from their husbands often prevented them from seeking free access to HIV counseling and testing, as well as to treatment.

Prostitution is illegal, and police routinely arrest street prostitutes for loitering. There is no reliable statistics on the number of prostitutes.

Discrimination also continues in the form of conditions of service, lack of independent access to credit facilities; resulting in few women owning their own homes.

Zambia's constitution prohibits the enactment of any law that is discriminatory on the basis of sex or has such discriminatory effect. But it also recognizes a "dual legal system," which allows local courts to administer customary laws, some of which discriminate against women. Customary law and practice also place women in a

[3] http://www.avert.org/aids-zambia.htm

subordinate status with respect to property, inheritance, and marriage, despite constitutional and legal protections. Polygamy is permitted if the first wife agrees to it at the time of her wedding. Under the traditional customs prevalent in most ethnic groups, all rights to inherit property rest with the deceased man's family. Property grabbing by relatives is a reality, although increased training of local court officials have resulted in a slight decrease in the practice. Many widows are however, ignorant of the law and as a result received little or nothing from the estate. The fines that the law mandates for property grabbing were extremely low. The traditional practice of "sexual cleansing," in which a widow has sex with her late husband's relatives as part of a cleansing ritual, continues, although some traditional leaders have banned the practice. The penal code also outlaws sexual cleansing.

Government policy provides for free basic education through grade seven; however, education was not compulsory, and although number of girls and boys in primary school were approximately equal; fewer girls attend secondary school. According to the UN Children's Fund, the sexual abuse of female students by their teachers discouraged many girls from attending classes.

Child abuse and violence against children were problems, particularly defilement, which the law defines as the "unlawful and carnal knowledge of a child under the age of 16." In addition, the practice of early marriage is another problem. Although a person must be at least 16 years old to marry under statutory law, there is no minimum age under customary law. A few traditional leaders spoke against early marriage and took steps to discourage it, but the majority of traditional leaders condoned the practice. Courts intervened in cases of gross abuse.

There are laws that criminalize child prostitution; however, the law has not been enforced effectively, and child prostitution is widespread. It is also believed that trafficking, particularly in the form of child prostitution, is significant. Female citizens were trafficked within the country and to other parts of Africa and to Europe, and the country was used as a transit point for regional trafficking of women for prostitution. Children are often trafficked as a source of cheap labor and girls are at more risk of being trafficked than boys.

In Zambia women's representation in government falls below the 30 percent target set by the Southern African Development Community and the 50 percent target set by the African Union. In 2006 only 100 women stood for election to the National Assembly, compared to 605 men. Of these 100 female candidates, only 21 were elected to the National Assembly, representing 14.19 percent of the Assembly. There are currently only 22 women MPs out of a total of 150 elected and nominated members of the National Assembly. Only six out of 23 cabinet members are women, although after the 2006 elections the President of Zambia appointed a Minister of Gender and Development.

3. THE RESPONSE TO HIV & AIDS

(i) The Zambian Government's Response

The Zambian government is responsible for devising health policies, delivering healthcare services, regulating private providers of healthcare services, and regulating healthcare workers, including HIV and ART adherence counselors. In 2005 the Zambian government launched the National HIV/AIDS/STI/TB Policy. In May 2006 the government launched the National HIV and AIDS Strategic Framework, which stated that AIDS was inter-linked with poverty, social and economic inequality between women and men, and dominant cultural beliefs, and acknowledged the disproportionate effect of AIDS on women.

As part of this Framework, government has put in place a number of national support structures:

- a high level Cabinet Committee of Ministers on HIV and AIDS, the National AIDS Council and Secretariat (NAC), was established in 2002 as a broad-based corporate body with government, private sector and civil society representation. The National AIDS Council has a mobilisation, coordination and oversight role in relation to AIDS financing, helping to identify gaps where assistance is needed.
- the National HIV/AIDS/STI/TB Policy of 2005 provides the directive and mandate for the national response.
- At decentralised levels, Provincial and District HIV and AIDS Task Forces (PATF and DATF) have been established to operate as sub-committees of the decentralised development coordinating structures.

This framework, however, does not have clear suggestions on ways to deal with gender inequality, in particular gender-based abuses. The Fifth National Development Plan (2006-2010) (FNDP) further articulates the national policy response to HIV/AIDS. It has a specific chapter on gender and recognizes the role of gender-based violence in the spread of HIV/AIDS. The FNDP recommends strengthening the penal code with respect to gender-based violence and facilitating the enactment of a gender-based violence bill as strategies for the gender sector during the period (2006-2010).

Government policies in general do identify women's poor socioeconomic status and unequal distribution of household resources as determinants of the disproportionate effects of AIDS on women. Despite this, key policies are silent as to the gender-based violence and its effects on HIV & AIDS related services. Government has also enacted laws to protect women's property rights, and has established specialized police units to address gender-based abuses.

Zambia has also ratified major regional and international treaties that require the government to eliminate violence and discrimination against women and to guarantee their rights to health, physical security, non-discrimination, and life. It has also committed to fulfill the United Nations (UN) Millennium Development Goals, which include promoting gender equality, empowering women, and combating HIV/AIDS. Zambia's challenge is making its commitment to safeguard women's rights and dignity real, and to ensure the success of HIV treatment programs.

In the past decade an international consensus has gathered around the importance of recognizing gender-based violence as a critical public health issue, and as a barrier to women's use of health services. In Zambia though, it has been found that healthcare facilities providing ART have not adequately responded to gender-based abuses, including violence against women, in a way that would enhance women's

access and adherence to ART. Although relevant policies generally highlight the importance of gender in addressing health needs in Zambia, they seldom address gender-based violence. Healthcare workers responsible for monitoring adherence to ART are not required to probe for gender-based violence or other abuses as potential hindrances to successful treatment, nor are they adequately trained to do so. In addition, existing health protocols do not cover gender-based violence (Human Rights Watch, 2007).

(ii) Civil Society Responses

Zambia is believed to have a strong and vibrant civil society. Like many of its Southern African counterparts, 64% of Zambia's CSOs are concentrated in Lusaka province. Although relations between civil society and the state are not always smooth, the work of CSOs on development and humanitarian (as opposed to political) issues is generally valued by the government which recognises the need for partners to realise its development strategies, (Birdsall, K and Kelly K, 2005).

Civil society responses in a multiplicity of forms have included those of community-based organisations (CBOs) such as support groups and income-generating activities, to large scale, professional non-governmental organisations (NGOs) that work nationally and internationally. Not surprisingly, the advent of AIDS and a subsequent promise of increases in funding has resulted in an increase of CSOs globally. Zambia is no different, and although many of these very CSOs have been acknowledged as pioneers of local level responses to AIDS, bringing innovative approaches to prevention, care and support in affected communities and mobilising around the rights of people living with HIV, another result has been a shift away from the interdependence of civil society towards greater co-option into the role of service provider. The interviews conducted as part of this needs assessment confirm that policy, advocacy and research are the areas of least activity, given that most CSOs seem to be more engaged in providing mainstream AIDS services than in shaping responses to the epidemic through other means. Hence the main image of CSOs is that they are most active in service delivery and least active in activities involved in directly shaping agendas (Birdsall, K and Kelly, K: 2007).

4. KEY ISSUES EMERGING FROM CONSULTATIONS

(i) Funding Environment

HIV and the economic situation of Zambia have really led to an influx of donor support. One of Zambia's biggest challenges has been coping with the promise of funding and limited human resource capacity to utilise the funding. The other big challenge is how to coordinate and optimise the many overlapping AIDS related initiatives already underway in the country.

Changing aid modalities has lead to increasing pressures by donors on governments to increasingly coordinate their investments to minimise duplication. The Government of Zambia has set out its National Development Plan and development partners (including Ireland) have signed up to the "Joint Assistance Strategy for Zambia" (JASZ) which emphasises the importance of harmonisation, better coordination, cooperation, and ownership. Under the JASZ, there is a division of labour between donors, in order for resources, knowledge and capacity to be more evenly distributed across sectors. To this end, Ireland has reduced its direct engagement in the Health

sector, as other donors take a more central role, and has increased engagement in the Education Sector, currently acting as a joint lead donor with the Netherlands.

The JASZ has anticipated implications for civil society once it is fully operational: that all ODA and funding for AIDS will flow through the Ministry of Finance and Planning. This in turn has particular implications for organisations. On the one hand, increased influx of money has led to an increase of CSOs focusing on AIDS, on the other hand, it has not necessarily resulted in sustained responses or interrogation of how to maximize investment.

As noted, for the women's movement, funding shifts have already had implications in terms of pushing them to concentrate activities on HIV related activities. This has led to much of the women's rights activities falling off the agenda. While mainstreaming gender equality seems to be the rhetoric, it seems to have stayed at that.

Grebe (2009) notes that donors have a potential role to play in brokering effective coalitions, particularly where civil society is not well-developed or if the political institutions and constitutional arrangements inhibit openness and broad participation in policy formulation and implementation.

(ii) Key issues impacting on women's rights in the context of HIV and AIDS

- ***Poverty***. At the primary level, most Zambians, especially those affected by AIDS, are responding to the reality of poverty, having to eat, and sending their children to school. This basic need is fundamental to be met if WLHA are to be engaged in any sustainable initiatives to advance their situation. In addition, although treatment is provided, long distances to clinics, the cost of treatment and the time taken to access it, all have implications for PLWHA to protect and take care of themselves. Finally, poverty has also led to practices where children are sold to traffickers for money. Transactional sex and intergenerational relationships are also part of the continuum resulting from poverty in the era of HIV and AIDS.
- ***Gender inequality***. The impact of gender equality is felt particularly in women's ability to make informed decisions about their health and lives, including their ability to obtain information on HIV/AIDS, counseling, and testing, and their ability to negotiate safer sex, is seriously impaired by the perceived and real control of men (particularly intimate partners) over their lives. The majority of husbands have the final say in making decisions on wives' healthcare. In research conducted by Human Rights Watch, women shared that as married women in many Zambian communities they are taught to submit to demands for sex from their husbands and have little power to negotiate safer sex. Cultural beliefs about the roles of women and men also inform how women themselves think about, and respond to, gender-based violence.
- ***Stigma and Discrimination***. References to HIV positive mothers as 'hot mothers' and the painting of houses where treatment and testing are done in particular colours are all measures that further stigmatise PLWHA. The fact that women generally discover their status first leads to women being blamed and thus many women end up not taking drugs because of stigma. Numerous women also report that their husbands described them as "prostitutes," suggesting that the women had extramarital affairs and as a result they suspected that they had sexually transmitted infections (Human Rights Watch, 2007).

- ***Prevalence of cultural practices*** such as early marriage, girls as young as 10/11 forced into early marriages. In addition, quasi-sexual initiation practices of girls into womanhood also increases vulnerability to HIV transmission.

- ***Property Grabbing.*** Widows living with HIV/AIDS often reported that the unlawful appropriation of property by relatives of the deceased (usually a man).

- ***Criminalisation of transmission.*** Because most women find out their status through PMTCT, women have faced the brunt of HIV and have not been able to go underground with their status as men have. This has the potential of being exacerbated with potential legislation around wilful transmission of HIV and AIDS. If women do not know their rights, they are likely to face much more than stigma and discrimination.

- ***Access to gender friendly SRH services.*** Women reported that even though it is well-known that men in many instances do not want to use condoms, male condoms are still more available than female condoms.

- ***Gender-based violence.*** To access treatment women need to receive an HIV test, and if the test results are positive, they usually take further tests before they can start ART. Married women have reported that that their husbands and other intimate partners beat, kicked, or emotionally abused them when discussing HIV testing and treatment, and when they disclosed their positive HIV status. (Human Rights Watch, 2007). In child-headed households, for example, the abuse of girls leads to spread of HIV among girls an in some cases re-infection.

- ***Lack of information on rights.*** It is not enough that rights exist, but that women are aware of these rights in order to realise those rights.

(iii) Positive Women's Leadership

Leadership by positive women is critical if they are to advocate for issues currently left out of most mainstream agendas such as laws to legislate against gender based violence, the need to address this and other cultural issues in services and information, and to take up the challenge of poverty reduction. Whilst some groups seem to be renowned among all of the relevant actors for providing support to victims of domestic violence, the reality is that it does not move beyond the service-oriented approach to look a more holistic approach that encompasses advocacy, research, service delivery and capacity building.

Some groups note that the majority of their membership are women, the type of involvement by women is often prescribed by their socio-cultural setting. For example, a situation where a support group had 15 members of which 2 are men, is most likely to result in the men interchanging the role of chairperson. However, women have been seen as critical to the implementation, drivers of key initiatives at the community level and their role as social mobilisers and organisers are recognised widely. Men on the other hand are seen to get bogged down in politics and livelihood issues.

However, in building and promoting positive women's leadership, there is a need to caution against quick-fix approaches. *"We need to guard against the assumptions that u can take PLWHA and just dump something (money) on them. Sustained capacity development is needed that involves provision of tools and then supporting them during the process of achieving whatever objectives they decide on."* This in particular was mentioned in the context of tokenistic approaches that strive to ensure

the number of PLWHA are high in initiatives, but does not look at the quality of participation.

(iv) Men's leadership in women's organisations

We found striking a situation where men were heading women's organisations. Although we concur with the statement that 'if the man is capable and is furthering the aims of the organisation it should not be a problem unless there is an equally qualified women for the position', we also feel that this phenomenon does need to receive some attention. The reality is that the absence of capable women to lead the agenda of women's rights is also a failure of the women's movement to continuously mentor and build capacity to ensure that women themselves understand the concept of women's empowerment and supporting the empowerment of women. In the context of the proliferation of AIDS CSOs, and particularly those focusing on women's rights, it is critical that a cadre of women are trained to take up leadership roles. At the same time, it is also critical that men are engaged in the struggle for gender equality in finding ways of working with other men to shift power dynamics and to reconstruct alternative social relations of power that embrace power sharing.

(v) Marginalized groups

As mentioned before, the response by civil society is heterogeneous. Of the groups we consulted, we were keen to look at how issues of LGBTI communities were addressed as well as those of sex workers.

> *"Those who endure discrimination for engaging in homosexual activity may find they are presumed as well to be both victims of AIDS and its "carriers." Men who have sex with men, and women who have sex with women, often fear the social and legal consequences of seeking testing or treatment. On a larger scale, the burgeoning epidemic has arguably hardened opposition to repealing sodomy laws, though this is difficult to document when both HIV/AIDS and same-sex conduct are so shrouded in silence and stigma". (Human Rights Watch, 2003)*

Whilst the Zambian government for all intents and purposes publicly acknowledge the need to address the needs of a community that is vulnerable due to their sexual conduct and orientation, it fails to protect the human rights of this group as this group is unable to openly and safely seek and gain access to HIV/AIDS prevention services and information. The only allowance the government has made is a focus on men having sex with men in prison. However, it was noted that once these prison inmates are integrated into society, they take young boys and girls as mistresses. These young boys or girls have no open sexual identity and continue concurrent heterosexual relationships which results in bi-sexual concurrency which is not currently part of official responses.

Calls by government officials for people to report anyone they knew who participated in homosexual acts also results in increased homophobia and reports indicate cases where young teenage boys have been beaten up and young lesbian women raped to teach them a lesson. These incidences further stigmatize this group and make them more vulnerable in the context of HIV.

Another group that has been marginalized and voiceless is commercial sex workers. There seems to be widespread acknowledgement that women would be forced into prostitution due to poverty and that sex workers are vulnerable in the context of HIV and AIDS for a range of different reasons. However, most initiatives seems to target

behaviour change in the belief that sex workers are responsible for the spread of HIV. The behavioural change teaches these female sex workers skills to generate alternative sources of income as well as skills to protect themselves. The rights of sex workers have not even entered the discourse as sex work is also criminalised. Whilst there are rumours of support groups for sex work, there is no definite indication of such.

(vi) Need for initiatives targeted at men

One of the key issues that consistently came up during our consultations, especially those with women, were inhibitions imposed by socio-cultural norms. The fact that men have a say whether their wives access reproductive health services, or can coerce women into breastfeeding their babies even though they are asked to wean the child after 6 months, insist on unprotected sex, and refuse to go for VCT are all issues that hinder the advancement of the women's rights in the context of HIV and AIDS. Whilst it is important to advocate for rights, and ensure women understand these, women still live with and love men. Hence, as a women's movement we have learnt that targeting only women have not necessarily pushed out agendas to where we would want it to be.

The existence of groups that work across Africa to strengthen government, civil society and citizen capacity to support men and boys to take action to: promote gender equality, prevent domestic and sexual violence, and reduce the spread and impact of HIV and AIDS should be exploited in advancing the broader movement building agenda. This will ultimately lead to the development of societies in which men, women, youth and children can enjoy equitable, healthy and happy relationships that contribute to the development of just and democratic societies.

(vii) Young women

The commitment to ensure youth participation was impressive. However, these organisations still operated in many ways on their own, which is important. There is a need though to ensure that young women's issues and leadership are taken up by all the other groups in a more targeted approach. Whilst young women seem to bear the brunt of both poverty and HIV and AIDS, it is critical that this is taken up strategically. The movement building process is an opportunity to see how to ensure multi-generational movements in spirit as well as in form. It was noted that the movement has failed to emphasise passing the torch to younger women through mentorship opportunities.

(viii) Political leadership

Political leadership is another strategy that should not be dismissed in shifting the situation of women in Zambia. Currently, in terms of the legal framework, the constitution states that women are equal to men. In this vein, it notes that nothing will contradict customary law. The constitution is the highest law in the country. Therefore, in terms of decision-making, there a strategic need to develop women to run for political leadership. Donors are clearly supportive of this type of agenda as women are currently under-represented. In fact, although a Ministry of Gender has been appointed, it has neither an office nor resources to make a real impact on women's lives. Political leadership in this instance is critical to ensure that government lives up to its rhetoric.

5. MOVING FORWARD

From this assessment, it is clear that Zambia is one of those countries in which CSO responses to HIV and AIDS has been diverse. However, as cautioned by Birdsall and Kelly (2007), much of the growth in civil society responses has happened without a roadmap that assesses the sustainability, accountability and impact of this work in meeting the challenges presented by the pandemic. The opportunity presented by a movement building approach is a possible strategic move to ensure that there is a political link of social transformation efforts connecting the range of players working from the highest to grassroots levels.

This means that the necessary constituencies are built to ensure that people see themselves as part of the process of realising the goals that will ensure their development and rights are a reality. This ownership is critical before it is possible to talk about strategy on how to achieve these goals and supporting this process. Whilst a range of roleplayers are engaged and working with women at the different levels of society, the reality is that there is a need to build the capacity of women themselves to articulate their issues and to start advocating for the change needed. The realities of poverty in this process cannot and should not be ignored, especially given the realities shared by many of women consulted in this process. It is imperative that all role-players are cognizant of the challenges inherent in building strategic approaches that address practical needs of women.

As noted by Grebe (2009), effective leadership is crucial for effecting and sustaining policies that are appropriate for addressing developmental challenges such as HIV/AIDS in Africa. Effective leadership in this instance refers to the mobilisation of coalitions around a common purposes and agenda.

For Zambia, it is critical that this process take cognisance of the political context and opportunity structures (including constitutional and institutional arrangements, political culture, state actions and donor actions) as well as be integral to the experience of the different actors in the Zambian context.

REFERENCES

Birdsall, K and Kelly, K (2007). Pioneers, Partners and Providers: The Dynamics of Civil Society and AIDS Funding in Southern Africa. CADRE/OSISA, Johannesburg.

Government of Zambia (2006). Zambia Poverty Reduction Strategy Paper (PRSP) - Fifth National Development Plan, 2006 – 2010.

Grebe, E (2009). Leaders, networks and coalitions in the AID response: A comparison of Uganda and South Africa. Centre for Social Science Rsearch, CSSR Working Paper No 241.

Human Rights Watch (2003). More than a Name. State-Sponsored Homophobia and Its Consequences in Southern Africa.

Human Rights Watch (2007). Hidden in the Mealie Meal, Gender-Based Abuses and Women's HIV Treatment in Zambia.

Jesuit Center for Theological Reflection (2009). Analytical Paper on the 2008 National Budget.

National AIDS Council, Zambia (2006) National HIV and AIDS Strategic Framework 2006-2010

Network of Zambian People (2006) Network of Zambian People with HIV/AIDS, Strategic Plan 2006-2010

WHO, UNAIDS and UNICEF, "Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections," p .5.

World Bank (2007) Zambia Poverty and Vulnerability Assessment.