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MAINSTREAMING GENDER IN HIV AND AIDS RESPONSES IN THE EXTRACTIVE INDUSTRIES SECTOR



United Nations Entity for Gender Equality
and the Empowerment of Women





INTRODUCTION

UN WOMEN's Regional Office for Eastern and Southern Africa has a new and expanding program on gender and the extractive industries. Working collaboratively with industry, government and civil society partners, this program seeks to add new knowledge and practices to enable the oil, gas and mining industries to fulfill their potential to meaningfully contribute to positive and inclusive development outcomes for men and women in the region. As part of this program UN WOMEN have an ongoing initiative examining the gender dimensions of HIV and AIDS as they intersect with the extractive industries. This initiative has involved desk research and consultations with industry representatives, and has resulted in a two-part publication. The first part of the publication is a contextual background report, which examines the links between gender, HIV and AIDS and the extractive industries in more depth, including full citations and methodological information about the research process. The second part of the publication (this document) aims to provide a quick reference guide for health practitioners and decision makers within resource companies, covering the main issues and suggesting gender responsive actions. The recommendations made here are based on consultation with industry actors that were carried out as part of the research process. UN WOMEN would like to emphasize that a thorough process of community consultation should be carried out before implementing any programmatic responses to the recommendations presented here.

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PROVISION OF HEALTH CARE

The Issue: Provision of Health Care

All employees should have the right to equal access to health care services, creating a safe and productive working environment. Health care for employees may be provided through primary and tertiary services on site (usually run by third party providers) – or through making available subsidized health insurance packages. These may range in price and comprehension from basic emergency coverage for the employee only, to more extensive coverage for the employee and his or her family. While on-site facilities may be advantageous in remote locations where outside private provider systems are limited, this system tends to preclude family members of employees from sharing healthcare benefits. As a result, on-site healthcare provision may prevent family members from accessing comprehensive services such as preventative education, treatment and counseling options for HIV and AIDS which could potentially minimize the risk of the disease spreading. In addition, state-run medical facilities are often poorly resourced, provide lower quality of care and are difficult for families to access without referrals for HIV & AIDS related services.

Gender Responsive Actions:

- Ensure that staff health care services are designed and delivered by/with medical professionals with a comprehensive understanding of the specific social and gender dimensions of HIV and AIDS.
- Provide medical referral mechanisms for families of HIV positive employees to access local state services for counselling, testing and treatment (if not provided on-site).
- Inform and encourage employees – and their families - to take up health insurance packages that include family coverage.
- Cross-subsidize local HIV clinics, which help to provide services to the host community and in particular to vulnerable cohorts such as sex workers.



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AWARENESS & EDUCATION

The Issue: HIV Awareness and Education Programs

Access to workplace education programs are critical to helping employees understand the transmission, symptoms and prognosis of HIV, the benefits of voluntary counseling, testing and treatment as well as understand their rights under company policy. Awareness and Education approaches can range from active outreach efforts through specialist service providers, to more passive approaches e.g. running videos on HIV in health care clinics, to undertaking periodic drives to encourage voluntary counselling and testing. Although the number of female employees in the extractive workforce remains low, education materials must be comprehensive and cover the specific HIV vulnerabilities, risk behaviors and transmission pathways of men and women, respectively. In addition, employee education programs should be made open and accessible to family members and spouses of employees.

Gender Responsive Actions:

- Sensitize workers and management about the role of both men and women in mitigating the risk, spread and treatment of HIV.
- Incorporate male-targeted messaging to reinforce positive notions of masculinity as they relate to responsibility for self-care, condom use and the health of one's family.
- Educate female and male workers (equally) about mother-to-child transmission and how to access preventative treatment locally.
- Provide sex-segregated education interventions. These should be led by peers/experts of the same sex as participants to minimize stigma and encourage ease and openness.
- Use theatre, video and illustrations to engage in populations with low literacy.
- Consider timing, format and location of meetings with peer educators and workshops, taking into account work schedule, childcare and domestic duties of women in the home.



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WORKFORCE POLICIES

The Issue: HIV/AIDS Workforce Policies

Stand-alone policies on HIV, detailing the rights of HIV positive employees in the workplace, are a cornerstone of best practice response. However policies may be 'gender-blind', which means that the policies do not consider the different needs and circumstances of all employees, regardless of sex, ethnicity, age or any other status. Subsequently, such policies are less likely to make specific mention of the specific provisions needed to ensure that the policies apply equally and universally to all employees. Therefore, without specifically considering and responding to the different needs of men and women, policies will be less effective and less equitable in terms of addressing issues around HIV and AIDS in the workplace.

Gender Responsive Actions:

- Include the promotion of gender equality as an explicit high level goal of workforce -and HIV and AIDS - policies
- In the background analysis and 'scene setting' sections of policies, highlight the gender considerations as relevant. This will help in identifying the different ways in which men and women experience the risks of HIV in the context of the workplace.
- Incorporate gender-specific contextual information that links directly to actionable gender commitments: for example, a directive to accommodate the needs of female employees who are also caregivers of those affected by HIV and AIDS (through flexible hours; childcare support etc.)
- Ensure workforce policies contain guidelines and explicit responses on how to deal with perpetrators and survivors of sexual abuse and violence.



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WORKPLACE HEALTH AND SAFETY

The Issue: Gender and Workplace Health & Safety

Many companies in the extractives sector face challenges in accommodating women safely and comfortably in the manual and unskilled labor sections of their operations. Indeed, the number of women in these sectors remains low – often due to the physical nature of the work and the male dominance of the sector. However, women are increasingly engaging and seeking employment in these roles and it is vital therefore that Health and Safety policies and procedures are updated to include the consideration of the specific circumstances and needs of women laborers. In relation to HIV, poor health conditions onsite as well as a culture of violence and sex for favors in underground work, can increase the vulnerability of female workers.

Gender Responsive Actions:

- Conduct a gender analysis and gender-sensitive planning of accommodation and bathroom facilities, ensuring adequate security, privacy and supervision of sites where females are working alongside men
- Supply personal protective equipment to fit women as well as men.
- Integrate a code of conduct on sexual harassment and gender equality into basic level training and induction programs for all new employees
- Provide appropriate working conditions and leave for women during and immediately after pregnancy and childbirth.
- Establish specific mechanisms whereby women (and men) can safely, confidentially and discretely report cases of harassment; and ensure appropriate responses are taken. For example, some mines have resorted to installing closed circuit television underground.
- Ensure all areas of the workplace have appropriate lighting and security.



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GENDER AWARENESS FOR MANAGEMENT AND PROGRAM STAFF

The Issue: Corporate Gender Expertise

Raising the level of understanding of the gendered dimensions of HIV and AIDS amongst responsible staff – i.e. the level of ‘gender competence’ – can help improve the relevance and effectiveness of HIV programs. This is especially relevant considering the fact that the industry continues to be heavily dominated by men. Indeed the success of efforts to create greater awareness and understanding of the need for gender equality, will only succeed in an environment that is inclusive of women’s concerns and perspectives. ‘Gender competence’ is defined as the capacity to identify where difference on the basis of gender is significant, and act in ways that produce more equitable outcomes for men and women. Gender competence therefore helps to promote balance in outcomes for men and women.

Gender Responsive Actions:

- Include mandatory management and staff sensitization on gender; specifically those responsible for community programs, health and HIV; to enable them to, among others, assist managers to reflect on unequal power relations, status, access to resources and vulnerabilities linked to HIV in the workforce and host communities.
- Ensure that managers are up to date with information on the laws, policies and company procedures regarding the equal rights and protection of men and women.
- Offer tools and training to HIV and AIDS program staff, on how to discuss sensitive subjects of sexuality, sexual orientation and behaviors, and extra-marital or same-sex relationships, skills which are essential for providing HIV services.
- Include responsibility for gender commitments in job descriptions with accountability linked through performance management.
- Develop indicators for monitoring performance on gender and HIV as part of ongoing evaluation of occupational health programs and social investment.



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GENDER BASED VIOLENCE PREVENTION

The Issue: Gender Based Violence (GBV)

Gender based violence (GBV), sexual violence - including rape, and domestic violence are significant factors in shaping women's risk to HIV and indeed their overall safety. Due to the social and contextual nature of extractive operations and the surrounding communities, there is a specific need to recognize these factors in the health systems and services provided by organizations. Women make up a small but growing number of the workforce in extractive operations and it has been shown that gender based and sexual violence, often peak in and around infrastructure linked to resource projects. There are strong suggestions that primary prevention of GBV is a more effective strategy for reducing both GBV as well as HIV prevalence (World Health Organization).

Gender Responsive Actions:

- Train staff of HIV and AIDS programs, including health care providers to identify women living with violence, and to respond with appropriate care and referrals, ensuring that women are not at an increased risk for violence.
- Include mandatory training for all new employees on GBV to challenge perceptions and think critically and self-reflectively about drivers of GBV.
- Develop and enforce a strict Code of Conduct within the company to prohibit and penalize GBV in all forms in the workplace.
- Include information and resources on locally available services and support for survivors of GBV and support health care providers to both disseminate and provide post-exposure prophylaxis (PEP) to all survivors emphasizing the need for them to receive PEP within 72 hours of exposure.
- Sponsor awareness creation events in partnership with civil society, such as White Ribbon Day and the 16 Days of Activism Against GBV.



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CAREGIVERS AND FAMILIES

The Issue: Caregivers & Families

Up to 80 percent of AIDS-related deaths occur in the home, and 90 percent of care is provided in the home. The majority of caregivers continue to be women and young girls; men are rarely involved in unpaid domestic work and do not typically acquire the skills required to care for sick relatives. Indeed men tend to be associated with earning income for their families. This role of women as caregivers in the home (unpaid labour) affects their ability and availability to participate in the workforce. This subsequently leads to reduces financial income, economic freedom and hence deepens the feminization of poverty in host communities.

Gender Responsive Actions:

- In the local communities, engage male leaders to sensitize and advocate for men's role in home-based chores
- In the local communities, provide training in basic nursing skills and psychosocial support, targeted at men.
- Provide access to basic equipment such as gloves, first aid supplies, and medical cleaning products to support care-givers
- Train company health workers to understand how the expression of pain and the symptoms experienced by men and women with HIV and AIDS may differ
- Support employees to access basic legal services to prepare wills and resolve child custody issues, including services for children orphaned by AIDS
- Extend company counseling services to families, partners and care-givers.



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Best Practice: Supporting orphans of AIDS to pursue careers in Science, Technology, Engineering and Mathematics (STEM)

Sasol (South Africa)

National AIDS statistics from South Africa show that the highest new infection and prevalence rates occur in the coal belt, where the regional conglomerate SASOL mines coal. Girls aged 12-18 are the cohort with the highest new infection rates. With very little parental support and high mortality among adult carers due to HIV, these girls are very vulnerable, and many of them become orphans of AIDS at a young age. In order to protect themselves and their siblings, trading sex for money and protection is very common. In response, SASOL has focused on facilitating networks of care for young orphans of AIDS and other vulnerable children. The long-term goal is to help to create opportunities for this cohort to pursue careers in science, technology, engineering and maths (STEM).

SASOL's theory of change is to help to identify vulnerable children early on and work with the state and other service providers to create home based networks of care whereby these children are monitored and supported to continue their education from early in childhood into early adulthood and their first job. SASOL's role is not as a direct service provider but more as a 'connector of dots' matching needs and resources for the children and committing to fill any resource gaps. The company is particularly keen to promote the recruitment of entry-level female employees from this cohort. SASOL therefore invests in holiday camps, life skills, nutrition, and after school care grants. The program aims to make a deep impact with a relatively small number; around 80-90 percent of students in each class are successfully completing schooling and they are working hard to ensure entry into higher education and employment. This model, which is based on a highly sustainable network of partnerships, could provide a blueprint for replication and scale up in other resource areas.



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SEX WORKERS

The Issue: Sex Workers

Sex work often flourishes around areas of extractives related infrastructure, and female sex workers remain one of the highest risk groups in terms of contracting HIV. Sponsoring clinical and educational/outreach and support for sex workers can help to minimize risks to them and the workforce and help to prevent further transmission in host communities. However sex workers report resistance and they often suffer GBV from clients when they insist on condom use. In practice it can be very difficult for sex workers to exert power in a position of extreme social and economic vulnerability.

Gender Responsive Actions:

- Extend peer education to sex workers and provide free condoms
- Directly provide or support third party referrals for provision of antiretroviral treatment to sex workers
- Establish economic empowerment initiatives specifically targeted to vulnerable women in the community, which are designed based on thorough analysis and understanding of the needs and contexts of the women and the community, in order to ensure efficacy and sustainability.
- Support access to alcohol and drug related harm reduction programs including sterile syringes and public health messaging.
- Advocate for and support efforts to build capacity of the local authorities to provide law and order, including the capacity to prosecute sex offenders and support survivors of GBV.



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LIVING ENVIRONMENT

The Issue: Living Environment

Unsanitary, crowded, single-sex, hostel living conditions on remote extraction sites have been shown to fuel the spread of diseases, especially Tuberculosis (TB) and HIV. Upgrading accommodation structures can help to encourage a healthier living environment for employees and foster positive community relations. For example, in South Africa, the 2004 Mining Charter stipulates that mining companies must achieve 100 percent conversion to a minimum accommodation standard of one person per room by 2015. Currently, around 90 percent of hostels have been converted to either family units or single rooms.

Gender Responsive Actions:

- Replace or convert single sex hostels and rented shacks into family friendly, sanitary accommodation that respects the rights and privacy of workers (taking in to consideration the ability of families to meet costs of rent, water and electricity as relevant).
- Provide employees with assistance and help broker access to affordable capital to facilitate home ownership.



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Best Practice: Family friendly housing policies for workers Royal Bafokeng Platinum (South Africa)

Overcrowded living conditions at mine sites (single sex all male hostels) have long been linked to the spread of HIV and TB. Recently several operators have embarked on initiatives to reduce or phase out this type of accommodation and replace it with more family friendly options. Platinum mining major Royal Bafokeng Platinum (RBPlat) has a flagship program, the Waterkloof Estate Employee Home Ownership Scheme in Rustenburg, South Africa, through which all RBPlat employees are entitled to exercise the option of becoming homeowners for the first time.

Over 400 units have already been constructed during the first phase and handed over to employees. An additional 3000 are planned by 2019 in the second phase of the scheme. The development will include social amenities such as interim transport, which employees can use at their own cost until the municipality rolls out public transport services. RBPlat has established a separate entity, Royal Bafokeng Resources Properties (RBRP), to manage the employee estate by sourcing funding, developing housing, and administering affordable loans. Over 1,200 jobs were created during the first phase of the housing scheme and a total of R560-million will be invested into the Rustenburg local municipality bulk services structure, while additional funding is being raised for the educational, health, recreational and commercial infrastructure that will be developed during the second phase.



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GENDER SPECIFIC IMPLICATIONS OF HIV

The Issue: Gender Specific Complications

Several gender specific health issues intersect with HIV and should be central to program design and implementation, whether in the workforce or the broader community. One example is mother to child transmission of HIV. The risk of HIV transmission from a mother to her baby during pregnancy, delivery or breast feeding ranges between 25 and 45 percent, depending on the women's health and her nutritional status. However, these transmission rates can be almost eliminated through a combination of interventions including voluntary counselling and testing (VCT), antiretroviral treatment, PEP, pre-exposure prophylaxis (PrEP), and prevention of mother-to-child transmission. Raising awareness and educating women and communities about these options, as well as facilitating access to such services is an effective method of reducing the spread of HIV.

Gender Responsive Actions:

- Provide family based counseling for positive employees, and referrals for expectant mothers if the appropriate support and services are not available directly
- Work with women and community groups to educate, support and encourage HIV positive mothers in accessing appropriate services.
- Offer a referral system in coordination with state service providers for HIV positive female employees and partners of employees to access pre-natal services including cervical cancer screening
- Sponsor male circumcision programs, which have been shown to reduce the risk of heterosexually acquired HIV infection in men by approximately 60 percent.



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SOCIAL INVESTMENT

The Issue: Social Investment

The HIV facilities and services provided for employees in extractive operations are often separate from the broader investments in host communities. Furthermore, in the East and Southern Africa region, public sector health services tend to be overstretched and under-resourced. This is particularly true in the large informal settlements that typically develop around resource area sites (typically housing migrant workers). The unsanitary conditions of these informal settlements, in combination with an influx of alcohol, drugs and sex work, have been shown to heighten public health risks including the spread and prevalence of HIV.

Gender Responsive Actions:

- Take proactive steps to improve the working relationship between public and private facilities providing HIV health services, and increase referrals.
- Sponsor investment in upgrades of local hospitals and clinics in the host community, in partnership with the state as long term owners and service providers.
- Work with the state health sector, non-governmental organisations (NGOs) and/or community HIV programs by sharing resources, training and experiences of best practices and lessons learned from programs.
- Establish a coordinated approach for extractives companies, NGOs, donors and the government for planning HIV prevention and care strategies in extractive communities.
- Link education, training, micro-finance and business development support programs that aim to enhance economic opportunities for women with programs that provide services and treatment for HIV positive women and girls.
- In all interactions with the community - provide information regarding HIV prevention, testing and treatment; including details on where and how to access local testing and treatment services.



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Best Practice: Community Peer Educators Exxaro (South Africa)

Exxaro exemplifies a coordinated approach to HIV, health and community outreach. The company works with communities to map existing service providers (NGOs, care workers, the state) and subsequently carries out trainings for volunteers – both male and female – as community educators. This approach is similar to the popular ‘peer educator’ model whereby community members use the materials which have already been developed, tried and tested for HIV and AIDS education and outreach. Community educators work with specific demographics and are offered a monthly debrief with professional company HIV counselors, and help the company’s health department to keep tabs on what is happening in the communities with regard to the virus.

Exxaro’s philosophy behind engaging in the communities is to align ‘in company’ efforts of sensitization, disclosure and destigmatization, with those at the community level. This approach is designed to reduce the risk of employees disclosing their status at work, only to return to their communities and face discrimination and an elevated risk profile. The CEO make regular and explicit statements supporting HIV+ve persons in the workforce.





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