

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AU	African Union
C9	Chapter Nine Institution
BPFA	Beijing Platform for Action
CBO	Community-based organisation
CD4	CD4 count is a laboratory test that measures the number of CD4 T lymphocytes (CD4 cells)
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CED	Conference on Environment and Development
CGE	Commission on Gender Equality
CHBC	Community home-cased care
DWCPD	Department of Women, Children and People with Disabilities
DNA	Deoxyribonucleic acid, a self-replicating material which is present in nearly all living organisms
GBV	Gender-based violence
GFP	Gender focal point
HIV	Human Immunodeficiency Virus
HDI	Human Development Index
HRC	Human Rights Commission
ICDP	International Conference on Population and Development
IDP	Integrated Development Plan
IWD	International Women's Development
IWHM	International Women and Health Meeting
MDG	Millennium Development Goals

MMR	Maternal Mortality Rate
MWCPD	Ministry of Women, Children and People with Disabilities
NACOSA	National Advisory Group
NGM	National gender machinery
NGPF	National Gender Policy Framework – the National Gender Machinery
NEPAD	New Partnership for Africa’s Development
NGO	Non-governmental organisation
OCS	Organs of Civil Society
OSW	Office of the Status of Women
PCWCPD	Parliamentary Committee for Women, Children and People with Disabilities
PEPUDA	Promotion of Equality and Prevention of Unfair Discrimination Act
PFMA	Public Finance Management Act 1 of 1999
RSA	Republic of South Africa
SADC	Southern African Development Community
SANAC	South African National Aids Council
SANGPF	South African National Gender Policy Framework
SAHRC	Southern African Human Rights Commission
SADHS	South African Department of Health Survey
SALRC	South African Law Reform Commission
SCA	Supreme Court of Appeal
SDGs	Sustainable Development Goals
TAC	Treatment Action Campaign
UN	United Nations
UNDP	United Nations Development Programme
UNISA	University of South Africa

WEDO	Women Environment and Development Organisation
WGD	Women Gender and Development
WHO	World Health Organization
WHM	Women Health Meeting
WHR	World Health Report
WWCHP	World Women's Congress for a Healthy Planet

Table of contents

ABSTRACT	i
ACKNOWLEDGEMENTS	iii
ABBREVIATIONS	iv
Table of contents	vii
List of figures	ix
List of tables	ix
CHAPTER 1.....	1
INTRODUCTION TO THE STUDY.....	1
1.1. INTRODUCTION.....	1
1.2. BACKGROUND.....	2
1.3. RESEARCH SETTING.....	3
1.4. STATEMENT OF THE PROBLEM.....	3
1.5. RESEARCH AIM/PURPOSE	4
1.6. RESEARCH QUESTIONS.....	5
1.7. RESEARCH OBJECTIVES	5
1.8. SIGNIFICANCE OF THE STUDY	6
1.9. THEORETICAL/META-THEORETICAL GROUNDING	6
1.10. KEY CONCEPTS	7
1.11. RESEARCH DESIGN.....	8
1.12. STUDY POPULATION	9
1.13. SAMPLING.....	9
1.14. DATA COLLECTION	10
1.15. DATA ANALYSIS	11
1.16. VALIDITY AND RELIABILITY OF THE STUDY.....	11
1.17. ETHICAL CONSIDERATIONS IN RELATION TO THE SAMPLE	12
1.18. SCOPE AND LIMITATIONS OF THE STUDY	14
1.19. CONCLUSION	14
CHAPTER 2.....	16
LITERATURE REVIEW	16
2.1. INTRODUCTION.....	16
2.2. EQUALITY FOR WOMEN	16
2.3. GENDER INEQUALITIES	17
2.4. HUMAN IMMUNODEFICIENCY VIRUS (HIV).....	30
2.5. THE MANDATE OR FOUR MAIN FUNCTIONS OF THE COMMISSION ON GENDER EQUALITY	46
2.5.1. Public Education and Information Function of the Commission on Gender Equality	48
2.5.2. Commission on Gender Equality Research and Monitoring Function.....	49
2.5.3. Legal Services Function of the Commission on Gender Equality.....	55
2.5.4. Financing of the Commission on Gender Equality.....	58
2.6. COMMISSION ON GENDER EQUALITY INDICATORS	60
2.6.1. Poverty	60
2.6.2. Gender-based Violence.....	61
2.6.3. Gender, Culture, Tradition and Religion	62
2.6.4. Good Governance.....	62
2.7. CONCLUSION	63
CHAPTER 3.....	64
METHODOLOGY.....	64
3.1. INTRODUCTION.....	64
3.2. RESEARCH DESIGN.....	65
3.3. THEORETICAL FRAMEWORK.....	67

3.4.	STUDY POPULATION.....	69
3.5.	SAMPLING:.....	69
3.6.	SELECTION OF SUBJECTS.....	70
3.7.	DATA COLLECTION.....	70
3.7.1.	Document research.....	70
3.7.2.	Pilot Survey.....	71
3.7.3.	In-depth Interview Schedule.....	71
3.7.4.	Structured Interviews.....	73
3.8.	FOCUS GROUP.....	74
3.9.	ETHICAL CONSIDERATIONS IN RELATION TO THE SAMPLE.....	75
3.10.	CONCLUSION.....	76
	CHAPTER 4.....	77
	DATA ANALYSIS AND FINDINGS.....	77
4.1.	INTRODUCTION.....	77
4.2.	CONCLUSION.....	104
	CHAPTER 5.....	106
	DISCUSSION OF FINDINGS AND RECOMMENDATIONS.....	106
5.1.	INTRODUCTION.....	106
5.2.	RECOMMENDATIONS.....	115
	CHAPTER 6.....	119
	CONCLUSION AND RECOMMENDED STRATEGY TO OPTIMISE THE INTEGRATION OF WOMEN AND HIV/AIDS ISSUES IN THE MANDATE OF THE COMMISSION ON GENDER EQUALITY.....	119
6.1.	INTRODUCTION.....	119
6.2.	MONITORING OF THE RECOMMENDED STRATEGY.....	124
6.3.	LIMITATIONS OF THE STUDY.....	125
	Annexure 1: Letter from the Commission for Gender Equality.....	135
	Annexure 2: Letter to prospective participants in the individual interviews.....	136
	Annexure 3: Informed consent.....	137
	Annexure 4: In-depth interview schedule for commissioners.....	138
	Annexure 5: In-depth interview schedule for senior managers.....	145
	Annexure 6: Interview schedule for personnel other than senior management.....	152
	Annexure 7: An example of a Commission on Gender Equality Report on Performance Target – extract from 2014/15 Annual Report.....	159
	Annexure 8: Commission on Gender Equality - Annual Report Card.....	165
	Annexure 9: Focus group interviews for the recipients of CGE strategy for the optimisation of the integration of women and Hiv/Aids issues into the mandate of the commission on gender equality in South Africa.....	169
	Annexure 10: Focus group facilitation questions for the recipients of CGE services.....	171
	Annexure 11: Letter to the focus group recipients of the CGE services.....	172
	Annexure 12: Ethical Clearance Certificate.....	173
	Annexure 13: Letter confirming editing of thesis.....	174

List of figures

Figure 1.1: Map of South Africa	4
Figure 2.2: Organogram of the Commission on Gender Equality	60
Figure 4.1: Male and female personnel distribution at the CGE (n = 32)	78
Figure 4.2: Male and female personnel distribution at managerial level n=100%	79
Figure 4.3: Percentage of personnel time spent at the CGE (n = 32).....	80
Figure 4.4: The CGE budget allocation per mandate area (N = R62 million)	81
Figure 4.5: Senior managers and other personnel perceptions on the adherence by commissioners to good governance principle of segregation of responsibilities (n=32)	86
Figure 4.6: Commissioners', senior management's and other personnel's understanding of the commissioners' role	88
Figure 4.7: Senior management's understanding of the commissioners' role	88
Figure 4.8: Personnel's understanding of the commissioners' role	89
Figure 4.9: Commissioners', senior management's and other personnel's opinions on CGE HIV/Aids policy development over the years under review	90
Figure 4.10: Commissioners' level of involvement with CGE-related policies	92
Figure 4.11: Senior management's level of involvement with CGE-related policies	93
Figure 4.12: Personnel level of involvement in implementing the mandate of the CGE with CGE-related policies	94
Figure 4.13: Perceived level of HIV/Aids integration into the CGE mandate areas: public education and information, research, legal services, and finance.....	97
Figure 6.1: Recommended organogram of the CGE.....	123

List of tables

Table 2.1: Chronological guide to women's organisations.	38
Table 2.2: HIV/Aids prevalence among women per province in terms of population and reported deaths	45
Table 4.1: Distribution of qualifications of CGE senior management and other personnel interviewed and involved in implementing the mandate of the CGE.....	83
Table 4.2: Extract from UNDP 2014 Human Development Index Report (HDI)	99
Table 4.3: UNDP 2014 South Africa's HDI trends based on consistent time series data and new goalposts	100
Table 4.4: Customised women and HIV/Aids development index.....	101
Table 6.1: Recommended CGE Strategic Objectives Framework including additional strategic objective 5 – integrating women and HIV/Aids issues in the mandate of the CGE – based on the 2013/14 Strategic Objectives Framework.....	121

CHAPTER 1

INTRODUCTION TO THE STUDY

1.1. INTRODUCTION

This chapter outlines the research setting and the tools to be applied in conducting a study in the Commission on Gender Equality (CGE) of South Africa, one of six state institutions which is mandated to support constitutional democracy in terms of Chapter 9 of the Constitution of the Republic of South Africa, 1996. These six institutions are independent and subject only to the Constitution and to law. In addition, they must be impartial and assist and protect democracy and the other values embedded in the Constitution.

The CGE has a mandate to promote respect for gender equality and also to ensure the protection, development and attainment of gender equality. As such, it has the legal authority to monitor, investigate, conduct research, educate, lobby, advise and report on issues concerning gender equality (South Africa, 1996a:95).

The establishment of the CGE was based on the principles articulated by the 1993 World Conference on Human Rights, which recognised that the human rights of women and girl children are an inalienable, integral and indivisible component of universal human rights (UN Women, 2015:10). In addition, the CGE embodies in its history all the hopes and optimism of the gender activists of the early 1990s who played a role in non-governmental organisations (NGOs), trade unions, academia, social movements, coalitions and political parties. These activists fought a long and hard battle to ensure that a future South Africa would entrench a commitment to substantive gender equality and the elimination of all forms of discrimination through the establishment of a set of structures to ensure that this commitment was on the

government's agenda during the process of negotiation and policy formulation and the implementation of fundamental, socioeconomic transformation and nation building.

The mandate and operations of the CGE include the principles of human rights and freedom for all people, including women. Freedom from poverty, violence and diseases such as HIV/Aids is not only a human right but also assists in enabling women to remain healthy and to live in an environment in which they are respected and possess the means to care for their families and develop themselves.

The focus of the study is therefore on exploring the extent to which the CGE is adhering to its mandate in terms of current indicators of poverty, gender-based violence, culture, tradition and religious practices in the context of integration of issues of women and HIV/Aids.

1.2. BACKGROUND

Women throughout the world, including Africa and South Africa, need a louder voice in human rights, recognition and equality at the social, economic, cultural and general decision-making levels (Prewitt, 2010:1). This is encapsulated in events such as the 1975 International Year for Women. After the democratisation of South Africa, organisations, both public and non-governmental, specifically promoting the wellbeing of women, mushroomed in South Africa and created a culture in which there was a focus on women's rights and on the protection of such rights (Ozeki, 2013:49).

A Ministry of Women was established with the vision of promoting a just, non-sexist and prosperous society in which the potential of every individual was equally realised. The attainment of this goal was envisaged by the acceleration of socioeconomic transformation and implementation of women's empowerment programmes (South Africa, 2014b:20). In addition, the Ministry for Women is also responsible for mainstreaming the issue of gender in

government departments (Proclamation of Parliament, 2009:7). Together with other relevant ministries, the Ministry for Women collaborates on addressing priorities linked to the Millennium Development Goals (MDGs) or the Sustainable Development Goals (SDGs), such as the maternal mortality ratio, HIV/Aids, and poverty and literacy rates (South Africa, 2012a:8).

The CGE is a valued partner in the realisation of these goals. It constitutes an integral component of the so-called National Gender Machinery, as stipulated in the South African Gender Policy Framework (SANGPF), with the latter evolving into the Women Empowerment and Gender Equality Bill (South Africa, 2014b:11).

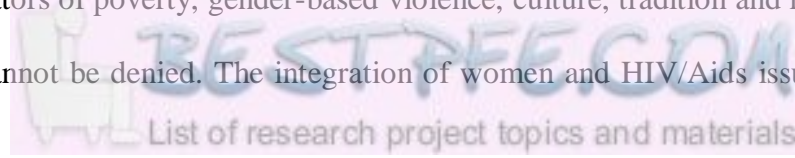
However, the question arises as to whether the indicators embedded in women rights, social justice, developmental needs and women's health, inclusive of issues of women and HIV/Aids, are sufficiently integrated in the operations of the CGE.

1.3. RESEARCH SETTING

The map of South Africa in Figure 1.1 illustrates the geographical setting of the study. The highlighted cities and towns indicate the locations where the CGE is operational and provide the framework for the geographical sampling in this study.

1.4. STATEMENT OF THE PROBLEM

In spite of the growing recognition of women's issues globally, there nevertheless appear to be limitations in the national institutional mechanisms set up to advance the development of women, including the integration of women and HIV/Aids issues into the mandate of the CGE in South Africa. The interrelationship between women and HIV/Aids issues and the already existing CGE indicators of poverty, gender-based violence, culture, tradition and religion and good governance cannot be denied. The integration of women and HIV/Aids issues into the



mandate of the CGE should therefore accelerate the advancement of the status of women in South Africa.



Figure 1.1: Map of South Africa

Source: <http://www.places.co.za/maps/southafricamap.gif> Nov 2013

1.5. RESEARCH AIM/PURPOSE

It is the aim of this study to explore a strategy aimed at integrating women and HIV/Aids issues into the mandate of the CGE and also to investigate the way that HIV/Aids issues relate to the CGE performance indicators of poverty, gender-based violence, culture, tradition and religion and good governance. Based on the study findings, guidelines to optimise the integration of women and HIV/Aids issues into the mandate of the CGE will be developed.

1.6. RESEARCH QUESTIONS

The research questions in the study were intended to highlight the specific intentions and critical focus areas of the study. Accordingly, the following research questions informed the nature of the study.

- What do commissioners and senior managers perceive as the mandate of the CGE in the context of the integration of women and HIV/Aids issues?
- What are the contributory factors to the integration of women and HIV/Aids issues into the CGE programmes and activities?
- What strategy should be utilised to optimise women and HIV/Aids interventions as an integral component of the mandate of the CGE?
- Will the study succeed in obtaining results that provide guidelines and recommendations for developing a strategy aimed at optimising the integration of women and HIV/Aids issues into the mandate of the CGE?

1.7. RESEARCH OBJECTIVES

The objectives of the study are as follows:

- to analyse the perceptions of senior managers of the mandate of the CGE with specific reference to the integration of women and HIV/Aids issues
- to explore factors contributing to the integration of women and HIV/Aids issues into the CGE programmes and activities
- to determine the extent to which women and HIV/Aids issues impact on the lives of women, and
- to provide a strategy aimed at optimising the integration of women and HIV/Aids issues into the mandate of the CGE.

1.8. SIGNIFICANCE OF THE STUDY

The significance of this research study is premised on the study's aim to develop a strategy for optimising the CGE's integration of HIV/Aids issues into its mandate. More significantly, it is hoped that the study will succeed in influencing the gender equality policy formulation and implementation processes. In addition, it is anticipated that the outcome of this research study will pave the way for women's institutions to advocate, in a more cohesive way, the integration of women and HIV/Aids issues into the gender equality debates.

1.9. THEORETICAL/META-THEORETICAL GROUNDING

The Human Development Index (HDI) is an index used by the United Nations Development Programme (UNDP) in its Human Development Report that addresses the quality of life of people and the impact that this has on development issues such as health, education and quality of life (United Nations, 2012b:20). Indicators currently used by the CGE to integrate women and HIV/Aids issues into the mandate of the CGE include poverty, gender-based violence, culture, tradition and religion, and good governance. Such indicators are embedded in the Human Development Index (Nwaiwu, 2012:10). The UNDP links good governance to sustainable development that is based on respect for the rule of law to eliminate poverty (United Nations, 1994:2). The HDI distinguishes between country-specific data and is useful for demonstrating the extent to which development impacts on the lives of women (Klasen & Pieters, 2015:10). For the purposes of this study, the United Nations (UN) HDI will be used both as a basis to develop a customised Women and HIV/Aids Development Index relevant to the CGE mandate and as a theoretical framework to focus on optimising the integration of HIV/Aids into the mandate of the CGE. The customised index to be developed will be a planning and reporting tool the CGE can use to guide and prioritise areas of intervention for inclusion in a strategy to integrate HIV/Aids in the Annual Strategic Plans of the CGE.

1.10. KEY CONCEPTS

Commissioner

In terms of section 3(3) of the Commission on Gender Equality (CGE) Act No 39 of 1996, the term “commissioner” refers to a CGE member who is appointed in this capacity by Parliament (South Africa, 1996b:2). The CGE Act of 1996 refers to commissioners as the custodians of the institution. In the language of corporate governance, the commissioners are the board of the CGE.

South African National Gender Policy Framework

The South African National Gender Policy Framework (SANGPF) refers to a generic policy document developed by the National Gender Machinery of South Africa to provide guiding principles on broad operational strategies and institutional arrangements for achieving gender equality (South African Women Empowerment and National Policy Framework, 2000:3).

The National Gender Machinery

The national gender machinery (NGM) is a system which is aimed at creating a strategic partnership between Parliament, the Ministry of Women, the CGE, the gender focal points in government departments and the organs of civil society in order to consolidate resources with the aim of achieving gender equality in South Africa (South Africa, 2014a:8). CGE strategies impact directly on the efficiency of the NGM.

UN Women

UN Women refers to the United Nations Entity for Gender Equality and the Empowerment of Women. Within the UN structures this organisation is dedicated to promoting gender equality and the empowerment of women. Thus, UN Women is a global champion for women and girls

issues and was established to accelerate the progress in meeting the needs of both women and girls worldwide (United Nations, 2013:2).

Women's Health

The Constitution of the World Health Organization (WHO) refers to health as “a state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity” (WHO, 2012:3). Women's health refers to the effect of gender on disease and health and encompasses a broad range of biological and psychological issues.

1.11. RESEARCH DESIGN

This study was exploratory and descriptive in nature and used both a quantitative approach and a qualitative approach interchangeably to

- determine the extent to which commissioners and senior managers of the CGE perceive the role and function of the CGE in terms of CGE performance indicators in respect of the ability of staff to develop and implement strategic plans, in particular those focused on women and HIV/Aids and its relationship to poverty, gender-based violence and cultural and religious practices. These responses were quantified and analysed using Qlik view software in order to gain an understanding of the contribution of both positive and negative factors to the development of a strategy to integrate HIV/Aids into the mandate of the CGE (Qlik View Software x 64, 2015).
- gauge the outcomes of the annual strategic plans of the CGE, as contained in the CGE annual reports for three consecutive years, 2010/11, 2011/12 and 2012/13, which were used to supplement the responses obtained in the focus interviews
- assess the current organisational structure in terms of the functioning of the CGE

- assess factors such as work environment and human and financial resources that influence the integration of issues of women and HIV/Aids in the mandate of the CGE, and
- validate study outcomes through community focus groups of women who previously received the services of the CGE.

1.12. STUDY POPULATION

The target group for the primary study included the full staff complement of the CGE, namely, commissioners, senior managers and other personnel involved in implementing the CGE mandate. At the time of the study the total staff complement of the CGE was 132 (N = 132), of which 11 were commissioners. Geographically, the study included all the CGE offices, namely, the CGE Head Office in Johannesburg and the provincial offices.

A secondary study population consisted of the members of the community who contributed to the validity of data by determining both the effectiveness and impact of the CGE on women. A focus group was also used to validate the information already gathered on the impact of CGE services on women.

1.13. SAMPLING

Sampling refers to the process of selecting participants for the purposes of a research project (Doone, 2011:106).

Site sampling

A total of five sites (one each in Gauteng, Limpopo, Mpumalanga and the Western Cape and the Head Office in Johannesburg) were selected as sample sites. The sampling used represented a combination of convenient sampling in terms of accessibility for the researcher, and

purposive sampling in terms of which the CGE Head Office, from where senior management and commissioners mainly operate.

Participant sampling

The purposively selected sample (n = 32) consisted of the CEO of the CGE, two commissioners, nine middle managers at head office, four senior managers (one per four mandate area). One member of staff from the four selected provinces was drawn from each of the four departments aligned with the organisational structure of the CGE, namely, public education and information; legal services; research; and finance. All of the staff members selected were either directly or indirectly involved in poverty, gender-based violence, culture, tradition and religion and good governance issues.

1.14. DATA COLLECTION

An extensive review of the relevant literature comprising academic journals, books and CGE annual plans and annual reports was conducted in order to acquire an understanding of the international and national trends in women's issues; to determine the prevalence of HIV/Aids among women and its impact on poverty, as well as the interrelationship between poverty, gender-based violence, and cultural, traditional and religious practices; to explore governance practices in the field of women's issues; and to determine contributing factors in the field of study.

In-depth interviews with commissioners and senior management were conducted to explore their perceptions about the CGE's ability to fully implement its mandate, with special reference to the availability of a strategy aimed at integrating women and HIV/Aids issues into the CGE's mandate.

Individual interviews with other personnel members were conducted in order to explore their understanding of the CGE mandate, their readiness to implement the mandate in terms of their qualifications and experience in the field of gender, including women and HIV/Aids issues. The individual interviews included questions on the human and financial resources available, understanding of the policy and administrative framework, the extent to which the work environment affected CGE operations and management support.

Focus group interviews with the recipients of the CGE services were conducted to determine their experiences with the CGE in relation to the level of integration of HIV/Aids issues into the mandate of the CGE.

1.15. DATA ANALYSIS

The quantitative data collected from the interviews conducted with the commissioners, senior managers and other personnel involved in implementing the mandate of the CGE was analysed and evaluated using Qlik View X 64 Personal Edition in order to develop the graphs and pie charts that were used to interpret the research results (Qlik View X 64, 2015).

A factor analysis of the qualitative data from the document analysis and focus group interviews was also conducted (Commission on Gender Equality of South Africa Annual Reports & Strategic Plans 2010/11, 2011/12 and 2012/13).

1.16. VALIDITY AND RELIABILITY OF THE STUDY

The validity of a research study depends entirely on the degree to which it measures what it is intended to measure. The researcher took into consideration the importance of the representivity of the sample size in relation to the total study population (N) of 132 personnel at the CGE. The document analysis also constituted a source of information to guide and

understand the legal framework of the study and the comparable or contradictory national and international trends in the field, as well as a form of validation of the data when the information in the annual reports was compared with the information obtained from the respondents (Murphy, Myers & Wolach, 2014:20).

The outcome of the focus group interviews held with the recipients of the CGE services to determine their experiences with the CGE in relation to the level of integration of women and HIV/Aids issues into the mandate of the CGE either validated or invalidated the perceptions obtained from the CGE commissioners, management and personnel.

The five interview schedules (one for commissioners, one for senior management and three for other personnel) were piloted to test the readiness of the tools which had been developed for the collection of the requisite data. The researcher, who had worked for the CGE prior to the study, took care to guard against any bias by the deliberate bracketing of personal perceptions and experiences as an accepted scientific approach (Hartas, 2010: 19).

1.17. ETHICAL CONSIDERATIONS IN RELATION TO THE SAMPLE

Confidentiality

In terms of the conventional ethical considerations for research, the researcher was bound to uphold the rights and dignity of all the participants by ensuring that the information shared with the researcher remained confidential and was not be linked to any specific persons.

Beneficence

The **principle** of beneficence, which refers to a normative statement of a moral obligation to act for the benefit of others, helping them to further their important and legitimate interests, often by preventing or removing possible harms, was also applied.

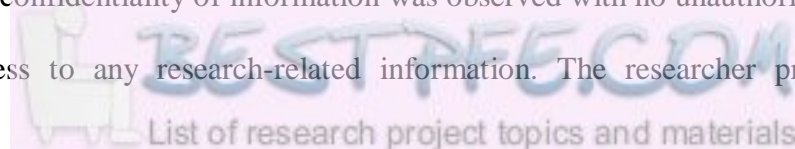
Ethical rigour

The researcher took particular note of the integrity of the institution under study and ensured a high degree of sensitivity to the possibility of harm to the individuals and the institution involved in the study.

The following include the most salient research norms the researcher observed:

- The Commission on Gender Equality had already granted permission for the study to be conducted (Annexure 1).
- A letter was sent to the participants who would be involved in the individual interviews (Annexure 2).
- Attached to this letter was as a document pertaining to their informed consent (Annexure 3).
- In-depth interview schedules for the commissioners (Annexure 4), the senior managers (Annexure 5) and the other personnel involved with the mandate of the CGE (Annexure 6) were compiled.
- Example of CGE Report on Performance Target (Annexure 7)
- Annual Report Card (Annexure 8)
- A focus group interview schedule was drawn up for the recipients of CGE services (Annexures 9 and 10).
- The University of South Africa also issued an ethical clearance certificate granting permission for the study to be conducted (Annexure 12).

The consent of all the participants, all of whom were above the age of 18, was obtained. The right to privacy and confidentiality of information was observed with no unauthorised persons being allowed access to any research-related information. The researcher provided the



participants with comprehensible information on the study as well as information on the findings of the research project. Participation in the study was voluntary and the respondents were informed of their right to withdraw from the study at any point should they so wish. In addition, their rights to confidentiality, privacy and fairness were protected. Names were not used to minimise the risk of any victimisation that may have resulted from the types of response elicited during the interviews. CGE documents are public documents and there was thus no risks involved in engaging with the information contained in these documents. The research methods used in the study (as already discussed) promoted objectivity (Creswell, 2013:15).

1.18. SCOPE AND LIMITATIONS OF THE STUDY

The limitations to the study included the fact that the researcher was not able to interview all the relevant role players. In addition, the years under review may have been affected by events in terms of institutional growth, although the researcher did integrate such changes into the interpretation of the data and the development of the strategy.

1.19. CONCLUSION

This chapter contained an overview of the research study in terms of the background to the study, the context of the research problem, the aims and objectives of the study and the research approach followed. The relationship between certain important indicators that were used as performance measurement, and HIV/Aids and its impact on women within the framework of the CGE mandate in South Africa were explained. The theoretical framework used in the study comprised both the legal and policy frameworks of gender equality as well as a customised HDI (Barton, 2011).

The strategies used to ensure the reliability and validity of the study were discussed and were integrated throughout the report of the study. Adherence to ethical principles remained an uncompromised priority.

CHAPTER 2

LITERATURE REVIEW

2.1. INTRODUCTION

The objective of the literature review was to outline and understand national and international trends in gender and related equality issues and also how these gender issues relate to HIV/Aids, poverty, violence, cultural, religion and traditional practices. The study focused on the role and context of the Commission for Gender Equality (CGE). The aim of the study was to explore this institution's role in addressing issues of gender and inequality within the context of the challenges posed by the scourge of HIV/Aids in South Africa. Accordingly, the study endeavours to explain the context, structure and mandate of the CGE in depth.

The literature review further explores the history of the struggle for the liberation of women, which sought to advance their status and give them a voice in respect of their rights. The literature review included both a library search and an internet search via Google Scholar for relevant books, academic and professional journals, the AMED complementary health database, EBSCOhost, OVID & DIALOG, CGE reports, and government and Department of Health reports on HIV/Aids. All the material utilised was referenced with scientific rigour and a bibliography was compiled.

2.2. EQUALITY FOR WOMEN

The Constitution of South Africa protects the rights of all people in the country, including women (South Africa, 1996a:181). The right to equality, as stated in the Bill of Rights (Chapter 2 of the Constitution), is incorporated in all legislation and, as such, aims to protect all persons against unfair discrimination, either direct or indirect, on the basis of race, gender, pregnancy,

marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth (South Africa, 1996a:181).

Women are therefore entitled to dignity, respect, freedom of expression, freedom of association, freedom to make their own decisions about religion, beliefs, movement, occupation and trade, ownership of property, health care, food, water, social security and education and should be protected against any form of violence.

Non-negotiable rights are summarised in the Constitution and include equality, human dignity, life, freedom and security, as well as the right not to be enslaved or forced into labour (South Africa, 1996a:181).

2.3. GENDER INEQUALITIES

Gender refers to the socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for men and women. This term is thus in contrast to the term “sex” which refers to the biological and physiological characteristics that define men and women (Lombardo, Meier & Verloo, 2009:5). In certain sectors the term “gender” is used to refer to anything that pertains to women, although the terms “sex” and “gender” are sometimes still used interchangeably (McBride & Parry, 2016:10). However, the terms “women” and “men” may be used to refer to people according to their sex or gender differences (McBride & Parry, 2016:8).

Quality of Life in the Context of Inequality for Women

It has been stated that income affects gender inequality or inequality for women and also that inequality for women affects growth and, hence, income or both growth and income. Societies that underinvest in women often pay a price for this in terms of slower growth and lower

income, thus resulting in the fact that inequality for women is often a characteristic of poor countries (Saddiqui, 2009:69).

Inequality, including gender imbalances, causes unhappiness and strife (Coulhard, Johnson & McGregor, 2011:437). Quality of life refers to either personal satisfaction or dissatisfaction with the cultural or intellectual conditions under which people live. In other words, it refers to the general wellbeing of individuals and societies that brings about happiness (Frey & Stutzer, 2010:12). Quality of life may be perceived as the quality of an individual's daily life or an assessment of their wellbeing or lack thereof (Frey & Stutzer, 2010:18). This includes all emotional, social, and physical aspects of the individual's life. In terms of health care, health-related quality of life refers to an assessment of how the individual's wellbeing may be affected over time by disability, disorder or disease such as HIV/Aids (Li, Huang, Wang, Fennie, He & Williams, 2011:667). It, thus, becomes imperative for the CGE to understand the effects of the indicators of poverty, gender-based violence, culture, tradition and religion and good governance on the quality of life for women in South Africa. Consequently, the customised index developed during this study will consider factors contributing to the effective implementation of the CGE mandate such as CGE budget, staff skills, understanding of the issues of the CGE mandate/related policies, as well as the CGE culture and environment.

National and International Gender Equality Strategies

South Africa is currently undergoing transformation and the country is struggling to overcome issues of race, class and gender-based inequality inherited from both colonialism and apartheid. The main goals of the transformation process include the facilitation of socioeconomic development and growth, the enhancement of the standard of living of the population and the empowerment of historically disadvantaged people, in particular women and the poor.

However, women's realities in South Africa are still determined by race, class and gender-based access to resources and opportunities (UN HDI: South Africa's Gender Inequality Index Compared 2013:28). The access of poor black women to resources, opportunities and education, as well as their access to the growth and wealth of the country, are severely limited (Ladrine & Klonoff, 2014: 207), especially in the face of their even greater lack of access to resources for prosperity. As a result, they usually live in immense poverty (Ladrine & Klonoff, 2014: 196)

There are few countries in the world that have institutional mechanisms in place geared to coordinating gender equality and the integration of HIV/Aids, tuberculosis and malaria their mandates (Li et al., 2011:607).

Commonwealth Action Plan for Gender Equality 2005–2015

The Commonwealth Action Plan for Gender Equality suggests that the following play a vital role in gender mainstreaming:

- Adequate human and financial resources
- Up-to-standard legislative and administrative frameworks
- The creation of an enabling environment characterised by political will
- Executive management support and commitment
- Women structures/desks as part of decision-making structures (Commonwealth Action Plan for Gender Equality, 2005–2015:19).

Compliance on the part of the CGE with the requirements outlined above would help to contribute to the realisation of the study's research objectives and provide answers to questions posed in the context of the development of a strategy aimed at optimising the integration of

HIV/Aids into the mandate of the CGE. The CGE mandate goes beyond monitoring gender mainstreaming to include all development issues that influence the advancement of the status of women, for example women and HIV/Aids issues. The CGE mandate also takes into consideration the gender transformation agenda of South Africa that is aimed at redressing the legacy of race, class and gender disparities.

The first suggestion proposed by the Commonwealth Action Plan for Gender Equality for successful mainstreaming refers to “Adequate human and financial resources” (Commonwealth Action Plan for Gender Equality, 2005–2015:24). This study explored the relationship between adequate human and financial resources in the CGE as a contributory factor to realising the research objective, “to explore factors contributing to integration of HIV/Aids in the CGE”, as outlined in chapter 1.

The second suggestion contained in the Commonwealth Action Plan for successful mainstreaming refers to “*Up-to-standard legislative and administrative framework*”. The CGE is a constitutional institution which is governed primarily in terms of the standard legislative and administrative framework of the Commission on Gender Equality Act of 1996 and the Public Finance Management Act of 1999 (PFMA). The level of understanding of these policies, including sub-regional, regional and international gender-related human rights treaties and conventions, in terms of the integration of HIV/Aids into the mandate of the CGE, is important.

The third suggestion of the Commonwealth Action Plan for successful mainstreaming refers to “*The creation of a conducive and enabling environment characterised by political will*”. This suggestion is explored under the research objective “to analyse the perceptions of senior managers of the mandate of the CGE with specific reference to the integration of women and HIV/Aids issues”. It is hoped that the study will be able to provide an answer to the following

research question, namely: “What do senior managers perceive as the mandate of the CGE in the context of the integration of women and HIV/Aids issues?” A conducive organisational environment is of paramount importance for the successful operations of any establishment. The same principle is applicable to the CGE, thus highlighting the importance of understanding CGE commissioners and the personnel roles that influence the development of a strategy aimed at optimising the integration of women and HIV/Aids in the mandate of the CGE.

The fourth suggestion contained in the Commonwealth Action Plan for successful mainstreaming is “*Executive management support and commitment*”. This is explored under the research objectives “to determine the impact made by current HIV/Aids interventions on the mandate of the CGE” and “to provide a strategy to optimise the integration of women and HIV/Aids issues into the mandate of the CGE”. The research questions relating to these research objectives included the following, namely: “Will the study manage to furnish results that provide guidelines and recommendations for the optimisation of the integration of HIV/Aids issues into the role and function of the CGE?” and “What strategy should be utilised to optimise women and HIV/Aids interventions as an integral component of the role and function of the CGE?” Successful executive management, support and commitment also depend on a viable organisational structure and thus this study also reflected on the viability of the CGE organisational structure.

The fifth suggestion referred to in the Commonwealth Action Plan for successful mainstreaming is “*Women structures/desks as part of the decision-making structures*”. Although important, this aspect was not included in the study since it is the responsibility of the Ministry for Women as part of the NGM that is responsible for gender mainstreaming in government departments.

Convention on the Elimination of All Forms of Discrimination against Women

Article 1 of the Convention on the Elimination of All Forms of Discrimination against Women defines discrimination against women as “any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field” (United Nations, 1995a).

In accepting the Convention, countries commit themselves to implementing a series of measures aimed at ending discrimination against women in all forms in accordance with provisions of the United Nations Convention on the Elimination of All Forms of Discrimination Against Women, 1979 (United Nations, 1995a), including:

- Incorporating the principle of equality of men and women in their legal systems, abolishing all discriminatory laws and adopting appropriate laws prohibiting discrimination against women; establishing tribunals and other public institutions to ensure the effective protection of women against discrimination and ensuring the elimination of all acts of discrimination against women by persons, organisations or enterprises (United Nations, 2014:6). This implies that every provision for services for citizens globally, including in South Africa, should take into account the situation of women.

Article 26 of the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) states that, once a state has ratified the convention, there is a special requirement to submit a report to the United Nations Women within four years as a way of

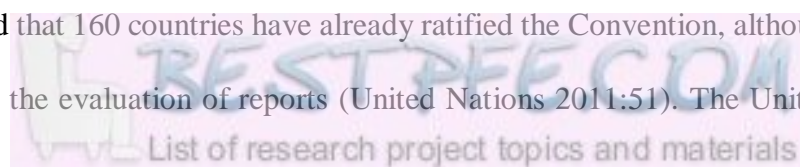
being held for accountable to the commitments made. The United Nations Commission on the Improvement of the Status of Women then assesses these reports (United Nations, 1995a).

However, this process enables the United Nations only to question and not to enforce the implementation of the Convention by a country. It is nevertheless felt that making the results of the report submitted available for scrutiny by the international community may call into question the credibility of the governance of a particular country and this has an adverse impact on the government in question.

NGOs play a watchdog role with regard to government policies in general and the implementation of such policies specifically. Where there is any doubt in respect of policies that relate to the rights of women, NGOs in countries that have ratified CEDAW may submit or present a shadow report that articulates discontent with the country report to the United Nations Commission on the Improvement of the Status of Women (United Nations, 2012a:2). In terms of developing the strategy to integrate women and HIV/Aids issues into the mandate of the CGE, it is important to understand the role of relevant NGOs and the CGE in enforcing South Africa's compliance with the United Nations treaties ratified that promote gender equality and the empowerment of women.

There is, on the other hand, no formal way in which the United Nations system may communicate with the NGOs should there be a problem with the submission of the reports by a government. This is a result of the fact that United Nations processes are government-to-government processes. In addition, there is also no straightforward mechanism for ensuring the effectiveness of a shadow report.

It has been estimated that 160 countries have already ratified the Convention, although there is always a backlog in the evaluation of reports (United Nations 2011:51). The United Nations



Commission on the Improvement of the Status of Women assesses approximately nine reports per annum. The United Nations agencies for women have always been faced with capacity challenges, hence the establishment of UN for Women in 2010 (UN Women, 2013:6).

Beijing Platform for Action (BPFA)

The BPFA refers to a document which was adopted by the Fourth World Conference held in Beijing, China, in September 1995, where the theme for discussion was “Action for Equality, Development and World Peace”. The Platform for Action is an agenda for the empowerment of women. It is regarded as an extension of the CEDAW, as adopted by UN General Assembly in 1979. CEDAW is often described as an international bill of rights for women. It consists of a preamble and 30 articles that define what constitutes discrimination against women and sets up an agenda for national action to end such discrimination.

The BPFA aims both at accelerating the implementation of the Nairobi Forward Looking Strategies for the Advancement of Women and at removing obstacles to the active participation of women in all spheres of public and private life through a full and equal share in economic, social, cultural and political decision-making. This implies that the principle of shared power and responsibility should be established between women and men at home, in the workplace and in the wider national and international communities. Equality between women and men is a matter of human rights, a precondition for social justice and also a necessary and fundamental prerequisite for equality, development and peace (United Nations, 2015:2).

Following the Fourth World Conference on Women held in 1995, the United Nations (UN) General Assembly mandated the Commission on the Status of Women (CSW), which had been established as a functional commission of the Economic and Social Council by Council resolution 11(II) of 21 June 1946, to integrate into its programme a follow-up process to the

1995 Conference on Women. Accordingly, the CSW regularly reviews the critical areas of concern in the BPFA in order to develop a catalytic role in the mainstreaming of a gender perspective in all activities of the UN. This UN Security Council mandate led to the following post Beijing UN sessions: namely, Beijing plus 5, Beijing plus 10, Beijing plus 15 and Beijing plus 20, which was hosted in 2015 (United Nations, 2015:21). These UN sessions focused on reviewing the BPFA in order to assess the progress made by UN member states in terms of their country-specific commitments. The majority of the African states, including South Africa, adopted the following BPFA 12 Critical Areas of Concern:

- Women and Poverty
- Education and Training for Women
- Women and Health
- Violence Against Women
- Women and Armed Conflict
- Women and the Economy
- Women in Power and Decision Making
- Institutional Mechanisms for the Advancement of Women
- Human Rights of Women
- Women and the Media
- Women and the Environment
- The Girl Child (United Nations, 1995:30)

These represent 12 key areas for urgent action which is needed to ensure greater equality and opportunities for women and men, girls and boys. The 12 critical areas of concern of the BPFA also detailed concrete ways in which countries could bring about change. UN Women works

with governments and partners to ensure that such change is realised for women and girls throughout the world.

This study effectively covers three critical areas of concern, namely, Women and Poverty, Women and Health, and Violence against Women. However, the study goes beyond the three critical areas of concern through the good governance indicator that is inclusive of all fundamental human rights as well as cultural and traditional practices. All these indicators were utilised to determine the impact that women and HIV/Aids has on the lives of women.

When women are poor and their rights are not protected, they face double discrimination on account of their gender and their economic situation. As a result women and their families, communities and economies suffer (United Nations, 2015:2).

Women have to be healthy if they are to realise their full potential. This involves proper nutrition, sexual and reproductive rights and mental health, as well as freedom from violence. UN Women advocates that states improve coordination in the provision of health services for women and girls – including the survivors of violence – and supports non-governmental partners in providing essential services. In addition, UN Women works to end practices that expose women and girls to danger (United Nations, 2015:5).

Violence hurts women and girls and hampers their ability to thrive in multiple ways. Since the Beijing Conference, a historic two-thirds of countries have put in place legislation designed to bring an end to domestic violence. Nevertheless, globally there are still gaps in such laws and also in the implementation of legal protection for women, while women continue to lack adequate access to essential services. Ending violence against women is one of the key priorities of UN Women. Women worldwide support expanding the access to quality multisectoral responses of survivors of violence, including safety, shelter, health, justice and

other essential services. In addition, women worldwide advocate that laws be put in place to help guide policies and action plans aimed at promoting investment in the prevention of violence against women. The most cost-effective, long-term means to stop violence against women is by addressing its root causes (United Nations, 2015:7).

This is the history behind the agenda drawn up by women internationally and also in Africa, in the Southern African Development Community and in South Africa in particular, and which applies to all spheres of life, including government. It is this same agenda that dictates the interrogation of issues affecting the lives of women in all sectors, including the impact of HIV/Aids on the lives of women.

Post-Beijing 1995, governments committed to the BPFA formulated the targets for the realisation of goals by the end of 2005. The 44th, 49th and 54th sessions of UN Commission on the Status of Women considered the realisation of these goals, evaluated their impact in terms of programmes implemented by governments and encouraged governments to learn from best practice models. The BPFA targets were also reviewed in the context of the MDGs. The gender perspective of the MDGs complements the BPFA. However, care must be taken to ensure that the MDGs, currently termed SDGs, do not supersede the BPFA. The MDGs were not specifically focused on the development of women as is the case of the BPFA, although elements of the BPFA are contained within the MDGs.

The BPFA targets are also viewed in the context of the MDGs. The MDGs were focused on commitments from the nations of the world which participate in UN activities to developing and improving the lives of people globally by 2015. These commitments were based on the eight MDGs (now SDGs) and are outlined below:

- Goal 1: Eradicate extreme poverty and hunger

- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV and AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development (South Africa, 2014c:5).

Five of the goals were deemed to be relevant to the study. The target of Goal 1 was to halve, between 1990 and 2015, the proportion of people, primarily women, whose income was less than US\$1 a day in order to reduce poverty and, in particular, feminised poverty that directly impacts on the lives of women and, in particular, the nutrition of women. The latter is linked to the issue of women and HIV/Aids. In Africa, poverty is the main cause of the spread of HIV/Aids (as later outlined under the discussion of the Human Immunodeficiency Virus), with women and young women being more severely affected than their male counterparts. Gender-related factors shape the extent to which men, women, boys and girls are vulnerable to HIV/Aids (Tadele & Kloos, 2013:55). Poverty, in turn, often breeds “the sugar daddy syndrome” in terms of which young girls become involved with older men for financial gain (South Africa, 2013:98). It has been concluded that the control of the spread of HIV/Aids is dependent on the recognition of women’s rights in all spheres of life, especially BPFAs critical areas of concern, thus rendering the empowerment of women an important tool in the fight against HIV/Aids (Pope, White & Malow, 2014:68). The target of Goal 3 is the development of women by providing them with skills that will change their perspective on issues connected with HIV/Aids. Women can participate effectively in development issues if they possess necessary skills to do so (South Africa, 2014c:4). The target of Goal 4 is the reduction by two-

thirds, between 1990 and 2015, of the under-five mortality rate by reducing the number of HIV/Aids-related child deaths. The target of Goal 5 is the reduction by three-quarters, between 1990 and 2015, of the maternal mortality rate by also reducing the HIV/Aids infection rates, while the target of Goal 6 is halting and beginning to reverse the spread of HIV/Aids by 2015.

The CEDAW Committee was established to address matters related to the United Nations CEDAW. In South Africa, the Ministry for Women is responsible for the submission of reports to the CEDAW Committee, while the responsibility of the CGE in this regard is that of monitoring and overseeing the progress made in advancing the status of women in South Africa (United Nations, 2014:5). These two offices form part of the NGM which, in turn, includes the Parliamentary Portfolio Committee and Civil Society and which is responsible for advancing the status of women.

By ratifying the CEDAW Optional Protocol, a state recognises the competence of the Committee on the Elimination of All Forms of Discrimination Against Women. This body monitors government compliance with the United Nations CEDAW by receiving and reviewing complaints from individuals or groups within its jurisdiction (United Nations, 2000:2).

Gender Equality from the Perspective of the Bill of Rights of South Africa

The Bill of Rights included in the Constitution of the Republic of South Africa, 1996 (South Africa, 1996a), addresses, inter alia, the issue of gender equality by articulating the right to equality as follows:

- Everyone, including women, is equal before the law and has the right to equal protection and the benefit of the law.

- Equality includes the full and equal enjoyment of all rights and freedoms to promote the achievement of equality. Legislative and other measures are designed to protect or advance persons, including women and categories of persons disadvantaged by unfair discrimination.
- The state may not unfairly discriminate, directly or indirectly, against anyone, including women on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
- No person may unfairly discriminate, directly or indirectly, against anyone, including women, on one or more grounds in terms of subsection (3). National legislation must be enacted to prevent or prohibit unfair discrimination.
- Discrimination on one or more of the grounds listed in subsection (3) is unfair unless it is established that such discrimination is fair (South Africa, 1996a:12).

Women Empowerment and the Gender Equality Bill

The Gender Equality Bill gives effect to section 9 of the Constitution of the Republic of South Africa, 1996, as regards the empowerment of women and gender equality, stipulating the following: to establish a legislative framework for the empowerment of women; to align all aspects of law and the implementation of laws relating to women empowerment and the appointment and representation of women in decision-making positions and structures and to provide for matters connected therewith (South Africa, 2014b:1).

2.4. HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The human immunodeficiency virus is a retrograde virus that is contracted through contact with HIV-infected bodily fluids. While the common way of contracting the virus is infection through sexual intercourse, occupational risks such as needle stick injuries to health care

professionals and blood transfusions may result in HIV infection. The human immunodeficiency virus belongs to the Retroviridae family of viruses under the genus Lentivirus. There are two types of virus which are determined by their structure, namely, the HIV type I (the most common type in sub-Saharan Africa) and HIV type II.

The risk of transmitting the virus from men to women is far higher than the risk of transmission from women to men. This is a result of the fact that the vaginal epithelium has a higher surface area than the surface areas of the penis (foreskin, urethra and small tears on the penis) where areas of transmission may occur. Exposure to semen if ejaculation takes place also exposes women to HIV. In addition to the anatomical structure of women there are other physiological factors that contribute to women being more susceptible to contracting HIV than men. The vaginal wall thins prior to both menstruation and menopause, resulting in an increased risk of contracting HIV at these times. Women below the age of 24 years are also more vulnerable to HIV compared to their older counterparts as their genital tracks are not yet mature and may be prone to vaginal tears and abrasions during sexual intercourse. The immature vaginal wall of a girl child below the age of 18, which is comprised predominantly of cervical epithelium, increases the likelihood of HIV infection (Sheth & Thorndycraft, 2009:86).

The UN Declaration of Commitment on HIV/AIDS was signed by the Heads of States attending the UN General Assembly on 8 July 2011. The signing of the declaration signified a commitment to redoubling efforts to achieve, by 2015, universal access to HIV prevention, treatment, care and support as a critical step towards ending the global HIV epidemic and with a view to achieving MDG 6, namely, to halt and to begin to reverse, by 2015, the spread of HIV (United Nations, 2011b:8). The realisation of Goal 6 on Health in conjunction with Goal 3 on Gender Equality signals a response to issues such as HIV/Aids, thus making it essential for personnel working for institutions such as the CGE to acquire a level of understanding of

these goals and to facilitate the formulation of a strategy aimed at to optimising HIV/Aids issues in the mandate of the CGE.

The Context and Complexities of Gender and HIV/Aids

When scrutinising the BPFA 12 Critical Areas of Concern, it immediately becomes apparent that there are a number of areas that impact directly on the way in which the issues of women and HIV/Aids may be addressed, as indicated above and via the three critical areas of concern. These three critical areas of concern, namely, Women and Poverty, Women and Health and Violence against Women are related to the CGE indicators of Poverty, Gender-based Violence, Culture, Tradition and Religion and Good Governance.

The study focuses primarily on Critical Area 3, namely, Women and Health, in terms of the intersection of women and HIV/Aids issues, but also goes further by including other critical areas of concern that are related to the CGE and HIV/Aids issues.

The Commonwealth Gender Equality Plan of Action, 2005–2015, recognised the fundamental importance of confronting the HIV/Aids pandemic if sub-Saharan countries with their high prevalence of HIV/Aids were to meet the MDGs. The UN Declaration of Commitment to HIV/Aids signified international recognition of the critical need to tackle the issue of gender inequality, which lies at the heart of the vulnerability to and impact of HIV/Aids. International, regional and national responses to HIV/Aids increasingly acknowledge that the impact of the pandemic is the most severe for women and girls and hence the need for active involvement on the part of organisations representing the protection of the rights of women, including the CGE. Compared to men, women and girls are more susceptible to contracting HIV not only for biological reasons but because of the power imbalances that make it difficult for them either to negotiate safe sex or to refuse unwanted sex. Gender-based violence, particularly rape, is both

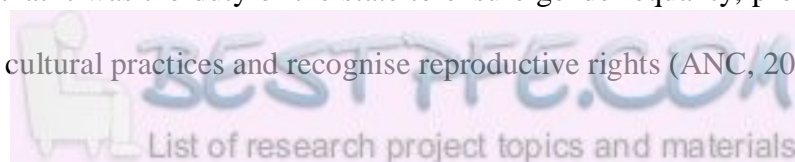
a cause and a consequence of HIV transmission (Commonwealth Gender Equality Plan of Action, 2005–2015:8).

Historical Implications for the Agenda of the Struggle for Liberation of Women

The struggle of women against gender, class and racial oppression has a long history in South Africa. However, in this study it is relevant to fast forward to the early 1990s and focus on the activities of women's organisations at the time of the democratic transition in the country. The interventions of these organisations played a role in ensuring the inclusion of notions of substantive equality and non-sexism in the South African Constitution and in the development of the NGM of which the CGE is part. The NGM facilitates the participation of women in policy-making processes and in the monitoring of government's progress towards the achievement of gender equality.

By the early 1990s, political movements and women's organisations began to discuss the relationship between the liberation of women and national liberation, arguing that it was not possible to separate the two. These topics were the subject of a number of conferences at the time, including the Malibongwe Conference which was held in Amsterdam in early 1990, organised by the ANC and attended by a number of activists and NGOs. This conference brought together various groups of women and key issues, ranging from the future democratic constitution, the mainstreaming of gender issues, and the political participation of women in political positions on health, violence and customary law through a feminist discourse were also discussed (ANC, 2004:20).

Senior ANC officials called for the future constitution of South Africa to include an equality clause, maintaining that it was the duty of the state to ensure gender equality, protect women from discriminatory cultural practices and recognise reproductive rights (ANC, 2004:21).



These constitutional and policy debates carried over to a number of organisations at the time that had either re-emerged, such as the ANC Women's League, or had been formed or re-oriented themselves to influence the shape of the new democratic system. A significant development in this regard was the formation of the Women's National Coalition (WNC) in 1992. The WNC was a broad umbrella body of hundreds of women's organisations, academics, activists and women's sections of political parties that had been formed in response to the marginalisation of women and gender during the transitional negotiations at the Convention for Democratic South Africa (CODESA). The main purpose of the WNC was to coordinate a Charter for the Women's Effective Equality Campaign in order to entrench equality for women in the new Constitution. It enabled women in various sectors of society and, in particular, women across the political parties involved in the Multi-Party Negotiations Process during 1993, to mobilise jointly to ensure that the Constitution was gender sensitive and that negotiations prioritised the political participation of women. The ability of different women to coalesce under the auspices of the WNC opened up spaces for women in the midst of a male-centred and gendered negotiation process and facilitated the strategic interjection of the notion of substantive gender equality. At the end of the negotiation process the Interim Constitution was hailed as "a positive framework for the advancement of gender equality whose contents represented significant gains for women in South Africa" (ANC, 2004:23).

At the time of South Africa's transitional negotiations, a series of major UN conferences for women began with the UN Conference on Environment and Development (UNCED) in Rio de Janeiro in June 1992. In 1993, the Human Rights Conference took place in Vienna. In September 1994, the International Conference on Population and Development (ICPD) took place in Cairo, while the World Summit for Social Development (WSSD) took place in Copenhagen in March 1995. The outcomes of all these human rights conferences paved the way for South Africa to adopt policies, ratify international human rights treaties and endorse

the full inclusion and participation of women in all spheres of life, thus recognising women's rights as human rights. These processes paved the way for what was to become total recognition of women without any form of discrimination. However, the challenge now is making this a reality. This means that all efforts towards the development of women in South Africa should be inclusive of women, including the efforts aimed at reducing and eradicating the prevalence of HIV/Aids among women at institutions such as the CGE.

Outcomes of Post Beijing UN Women Conferences

After the Beijing Conference in 1995, governments were asked to report on their actions aimed at implementing the Platform for Action in the 12 Critical Areas of Concern. This obligation for countries like South Africa that have signed the BPFA implied submission of country reports every five years prior to UN Women Conferences that consolidate global progress made to improve the situation of women, including their situation in respect of HIV/Aids issues. Assessing progress made in respect of HIV/Aids speaks directly to the objectives of this study with a view to developing a strategy to optimise the integration of women and HIV/Aids in the mandate of the CGE.

UN Women Five-year Review of the Implementation of the Beijing Declaration and Platform for Action (Beijing + 5) held in the General Assembly, 5–9 June 2000

As of 1 October 2000, 153 member states and two observers had responded to the questionnaire prepared by the CSW Secretariat. The general outcome of the assessment indicated that women had entered the labour force in unprecedented numbers, thus increasing the potential for their ability to participate in economic decision-making at various levels, starting with the household. In addition, women were also exerting pressure to ensure an increased awareness of the gender equality dimensions of all issues, including health, and demanding a role in national and global decision-making processes (United Nations, 2005:3). The increased

economic independence of women should also help reduce the scourge of HIV/Aids among young and vulnerable women who, as stated above, provide sexual favours for economic gain.

UN Women 10-year Review and Appraisal of the Implementation of the Beijing Declaration and Platform for Action (Beijing + 10) and the Outcome of the Twenty-Third Special Session of the General Assembly held during the Forty-Ninth Session of the CSW, from 28 February to 11 March 2005

In June 2000, member states agreed to regularly assess the further implementation of the BPFA with a view to bringing together all parties involved in 2005 in order to assess progress and consider new initiatives, as appropriate, ten years after the adoption of the BPFA. The review identified achievements, gaps and challenges and provided an indication of areas where actions and initiatives, within the framework of the Platform for Action and the outcome of the special session (Beijing+5), urgently required further implementation (United Nations, 2005:5).

UN Women Global 15-year Review Process and Appraisal of the Implementation of the Beijing Declaration and Platform for Action (Beijing + 10) Outcome of the Special Session of the General Assembly held during the Fifty-Fourth Session of the CSW February/March 2010

In 2005, member states again agreed to review the implementation of the Platform for Action and the outcomes of the 23rd special session of the General Assembly, with an emphasis on the sharing of experiences and good practices with a view to overcoming remaining obstacles and addressing new challenges. This session emphasised the review of the BPFA contribution to shaping a gender perspective as regards the full realisation of the Millennium Development Goals.

This UN Session also looked at the link between BPFA and MDGs (United Nations, 2010:4). It was at this conference that the announcement was made about the creation of UN Women that would replace CSW. However, it was argued that the creation of UN Women, in accordance with the guidelines of the UN Secretariat, prioritised institutional coherence without adequate attention being paid to the legal basis of women's struggles (Charlesworth & Chinkin 2010:8). It was believed that, without legal normative direction, UN Women would do little to change the global status quo, of which women's inequality was a significant feature. In addition, attempts to improve women's lives through general mechanisms could result in women's concerns being submerged in global issues. On the other hand, it was also argued that creating a separate mechanism for women could generate a ghetto with less power, resources and priority, as is in fact happening with the Women's Ministry and the CGE in South Africa, which are expected to fulfil a broad mandate with very limited resources.

UN Women 20-year Review in the 59th session of the Commission on the Status of Women which took place at United Nations Headquarters in New York from 9–20 March 2015

The focus of this session was on how MDG targets and achievements were impacting globally on the BPFA 12 Critical Areas of Concern, as well as on Goal 6 (United Nations, 2015:3).

The 1995 4th World Conference on Women in Beijing, China, brought together the results of UN International Conferences in the matrix below and inputs from women's efforts and perspectives with a view to forging realistic plans and achievements as regards gender and development issues. Issues of gender and development had been addressed as major themes at all of these meetings with women contributing substantively through their recommendations as outlined for each conference discussed below. Women have mobilised globally – economic growth, social development, eradication of violence against women, protection of the human

rights of women and promotion of their reproductive rights in the context of the challenges posed by HIV/Aids.

In a nutshell, all UN Women Review conferences managed to assess the situation of women with special focus on working women in the first five years, followed by identification of challenges experienced by women globally in the ten-year review process, assessing women-focused country progress with regard to MDGs and how this progress relates to the BPFA in the fifteen-year review and making an audit of achievement made in the twenty-year review process.

Below is a chronological guide to assist our understanding of women’s organisations and both their main and secondary contributions to the global advancement of the status of women.

Table 2.1: Chronological guide to women’s organisations.

<u>Year</u>	<u>Occurrence/Venue</u>
1975	UN First World Women’s Conference Mexico, <i>Equality, Development, Peace</i>
1976 – 1985	UN International Women’s Decade
1979	UN Convention on the Elimination of All Forms of Discrimination Women Established
1980	2nd World Women’s Conference, Copenhagen
1985	Women’s NGO Forum Kenya <i>End-of-Decade UNon Women</i>
1987	5th International Women and <i>Health Meeting</i> Costa Rica
1990	6th International Women and <i>Health Meeting</i> Philippines
1991	World Women’s Congress for a <i>Healthy Planet</i> USA
1993	UN Human Rights Conference Geneva
1993	7th International Women and <i>Health Meeting</i> in Uganda
1994	UN International Conference on Egypt Population and Development (ICDP)
1994	Shortly after the democratic elections South Africa established the Office of the Status of Women and Joint Parliamentary Committee on the Quality of Life and the Status of Women
1995	4th World Conference on Women in Beijing China
1995	South Africa ratified the UN Convention on the Elimination of All Forms of Discrimination Against Women
1996	Commission on Gender Equality South Africa is established
1997	8th International Women and Health Meeting Brazil
2000	UN Commission on the Status of Women Beijing +5



<u>Year (cont'd)</u>	<u>Occurrence/Venue</u>
2005	UN Commission on the Status of Women Beijing +10
2006	Ministry for Women, Children and People with Disabilities, South Africa is established
2010	UN Commission on the Status of Women W Beijing +15 and establishment of UN Women
2011	UN Political Declaration on HIV and AIDS 65/277
2015	UN Women Beijing ±20 Review

Source: **The Boston Women's Health Book Collective 1998; www.cge.org.za**

The History of HIV/Aids Policies in South Africa

At the beginning of the HIV/Aids pandemic, women and girls were on the periphery while today they are at the centre. The first case of HIV/Aids in South Africa was identified in a homosexual man in 1985. However, the virus then spread to heterosexuals (Karim & Karim, 2010:10). Policies for HIV/Aids were developed as far back as 1987 when regulations were issued that included Aids in South Africa's official list of communicable diseases. This was followed by awareness programmes which were facilitated by an advisory group established by the apartheid government. By 1990, it was estimated that 120 000 South Africans were already infected with the disease and that 0.8% of pregnant women were infected (South Africa, 1990:23). This issue was raised the same year at the Fourth International Conference on Health in South Africa, which culminated in a document known as the Maputo Statement on HIV/Aids. This document outlined important elements for combating the disease, including prevention and human rights protection for the infected. In 1991, a National Advisory Group (NACOSA) was established to develop more comprehensive government policies for HIV/Aids. NACOSA was later replaced by the National AIDS Programme (Grindle & Thomas, 1991:8). After the establishment of the Government of National Unity in 1994, HIV/Aids was cited as one of the 22 lead projects in the new government's Reconstruction and Development Programme. In 1995, South Africa hosted the 7th International Conference for People Living with HIV/Aids in Cape Town. In the same year, the Department of Health reviewed the NACOSA Plan and found that it lacked political leadership with limited participation of the

cabinet of the Republic of South Africa. The National Aids Control Programme was subsequently established. An Inter-Ministerial Committee was also formed in the same year with the aim of generating a cohesive response to HIV/Aids. The Treatment Action Campaign (TAC), which led the battle for the provision for antiretroviral drugs, was launched in 1998 and lasted for a decade up to 2008 (South African History Online, 2016:3). Activists called on government to distribute the ARV drug, azidovudine (AZT), to pregnant women in order to prevent mother-to-child transmission of the virus. However, this call was in vain as the government rejected the move based on the costs. By 1999 a debate had started as to whether there was a causal link between HIV and Aids. In 2000, the South African National Aids Council (SANAC) was established, replacing the Inter Ministerial Committee. The aim of SANAC was to deal with all the myths around the new challenge South Africa was facing in relation to people infected by the HIV/Aids virus (South African History Online, 2016:4).

In 2009, the South African Cabinet committed to testing all HIV-positive children and providing them with ARVs in line with the National Strategic Plan 2007–2011. Also included in the plan were 95% of women who required AZT. This resulted in mother-to-child transmission of HIV being reduced by 3,5% at the time (Department of Health, 2007:15). This initiative was followed by media and door-to-door campaigns and billboard messages informing the public about the availability of free treatment and the importance of testing for HIV/Aids. Finally, the HIV/Aids tide turned, resulting in a reduction in the HIV/Aids-related mortality rate as well as in the number of children born with the HIV virus (Motsoaledi, 2011).

There has been much emphasis on the integration of international HIV/Aids policy into the governance structures and policies of countries (Karim & Karim, 2010:14). A study by the Swedish International Democracy Cooperation (SIDA) and Institute for Democracy in South Africa (IDASA) on HIV/Aids financing in East and Southern Africa found that the absence of

a central database providing details of the state and non-state actors involved in the HIV/Aids response has resulted in gaps and overlaps. Lack of human capacity was also found to have compromised delivery (Sehovic, 2014:20).

It has also been stated that civil society organisations have helped to shape the National Aids Plans based on the country's policies (South African History Online, 2016). However, the responsibility to respond to the pandemic remains that of the state (Sehovic, 2014:16). The majority of countries have developed an educational sector response to HIV/Aids. This response helps to improve HIV/Aids awareness and develop education programmes that include HIV/Aids activists (Donald, 2010:49). In 2006, as an outcome of the Men's Summit on Gender-based Violence held in Durban 2005, the CGE recommended to Parliament that educators be trained in gender issues, human rights and HIV/Aids (Commission on Gender Equality of South Africa Annual Report 2005/6:14). The discussions at the 21st International Aids Conference held in Durban, South Africa, in 2016 indicated that the South African Department of Health has managed to put in place an effective HIV/Aids Plan that has reduced the number of deaths from HIV/Aids, although it has not managed to halt the numbers of people who are infected with the virus daily (South Africa, 2016:5). The theme of the conference was "Access Equity Right Now". The main purpose the conference was to mark major milestones in the HIV response by bringing together world experts to advance knowledge on HIV/Aids, present new research findings and promote scientific collaboration on a global basis (South Africa, 2016:3).

Gender Mainstreaming and Integration of HIV

Gender mainstreaming is a strategy for bringing gender issues into the mainstream of activities of a particular institution (International Labour Law. 2011:3).

Gender mainstreaming means the integration of gender equality considerations in all policy, law, plans, programmes, and administrative and financial activities, organisational procedures, processes and decision-making in order to effect profound organisational and ultimately societal transformation, towards the realisation of equality between women and men (Gauteng Provincial Government, 2011:10). This is in line with section 11(a) of the Commission on Gender Equality Act No 39 of 1996, which states that the CGE shall monitor and evaluate policies and practices of organs of state at any level. The CGE should also monitor the mainstreaming and integration of HIV and Aids in its own policies and practices.

Integration is the act of bringing together smaller components into a single system that functions as one, similar to gender mainstreaming. Integration of HIV/Aids in the mandate of the CGE therefore implies bringing together components of HIV/Aids into a single system or mandate.

There have been a number of historic and international interventions that attempted to establish indicators, benchmarks and evaluation mechanisms for gender mainstreaming; for example the (UN) Gender Inequality Index (UN Human Development Report, 2015) that measures the advancement of women in society against the quality of life a woman is exposed to; the Canadian Economic Gender Equality Indicators (Oxfam Canada Gender Barometer, 2010) that measure the advancement of women in society against the extent to which women's issues are catered for in budgetary provisions. Commitments, standards, the SA Civil Society Monitoring Tool for Government Commitments to the Beijing Platform of Action that followed development trends for women and girl children (SA Women's Coalition Beijing Follow up Report 1998), as well as benchmarks, monitoring and evaluation systems that measure progress made in advancing the status of women, therefore already exist.

In 2005, the CGE introduced the Annual Report Card (Annexure 8), which monitors gender mainstreaming in terms of policies, human resources, financials and societal participation in the three spheres of government. Debilitating factors in terms of annual implementation of the Report Card is the lack of response from selected government departments, including 283 municipalities, and lack of CGE organisational or human resource ability to deal with the load of returned Report Cards. A recommendation was made by the CGE in this regard for Parliament to evaluate and identify the CGE human resources structural problems (Commission on Gender Equality of South Africa Annual Report, 2005/6:18).

The South African Parliament, on the other hand, engaged on a more comprehensive process of evaluating Chapter Nine institutions, including the CGE and drew up a report known as the Kader Asmal Report of 2008. Although this report has been concluded it has not yet been officially adopted by Parliament. The CGE Annual Strategic Plans and Annual Reports 20010/11, 2011/12 and 2012/13 Vision and Mission 20010/11, 2011/12 and 2012/13 do not directly make reference to HIV/Aids.

Much remains to be done to entrench and integrate women and HIV/Aids issues in gender transformation in South Africa. Of importance in this regard is an understanding of CGE accountability measures, such as the impact of strategic plans and annual reports used by the CGE to provide information and demonstrate performance on the integration of women and HIV/Aids issues in its mandate.

Vulnerability of Women to Exposure to HIV

The vulnerability of women to the exposure to HIV is not only prevalent in women for biological reasons but also as a result of the submissive role that they play in society. The feminisation of the pandemic in sub-Saharan Africa is demonstrated in the statistics of HIV-



positive women: three women are infected for every HIV-positive man (15–24 years). (Department of Health, 2012–2016:8). Physical violence, imbalance of the economy, unequal opportunities in education, as well as disparities in age within a relationship are other factors that contribute to the exposure of women to HIV. It is shown that a woman who earns less is less educated and is far more at risk of developing HIV than one who is better educated (Department of Health, 2012–2016:9). These women are often not in the position to negotiate condom use thereby increasing their likelihood to developing HIV and other sexually transmitted diseases. The creation of the Chapter Nine institutions allows for policy shifting that is geared to reducing all forms of human rights abuses. Discussions on the vulnerability of women continue to put emphasis on addressing the poverty, gender-based violence, culture and tradition that have a negative impact on the lives of women (United Nations, 2011:7).

The ongoing spread of HIV in South Africa highlights the need to mitigate the social factors that perpetuate the exposure of women to the virus and to ensure treatment (Intramural Research Program, 2012:23).

The impact of HIV/Aids on women in the form of maternal deaths, poverty and exploitation has a devastating effect on children, family life, economic activities and social stability. It is not possible to overemphasise the importance of structures such as the CGE in addressing these issues and protecting women. Accordingly, the CGE is just one of a number of independent Chapter Nine institutions instituted in terms of the Constitution of the Republic of South Africa, 1996, with a mandate to entrench a constitutional democracy that is inclusive of health and HIV/Aids-related rights. The aim of the CGE is also to eliminate all forms of discrimination against women by establishing institutional mechanisms that ensure that issues relating to women across the board remain on the government's agenda.

As indicated in the table below, a significant number lives, primarily women's lives, have been lost as a result of HIV/Aids, which has a negative impact on their quality of life in South Africa, thus highlighting the necessity of continuing to interrogate the development of a strategy aimed at optimising the integration of HIV/Aids in the mandate of the CGE.

Table 2.2: HIV/Aids prevalence among women per province in terms of population and reported deaths

Province	<u>SA Population by province</u> <u>(x millions)</u>				<u>HIV prevalence in</u> <u>Antenatal Clinics per</u> <u>province (%)</u>				<u>Reduction in deaths related</u> <u>to HIV/Aids treatment</u> <u>interventions (%)</u>			
	2010	2011	2012	2013	2010	2011	2012	2013	2010	2011	2012	2013
Eastern Cape	6.743	6.829	6.620	6.916	27.6	28.1	29.9	29.3	9.3	9.0	6.8	6.6
Free State	2.824	2.759	2.753	2.817	32.9	30.1	30.6	32.5	15.0	14.9	12.6	12.6
Gauteng	11.191	11.328	12.728	13.200	29.9	29.8	30.4	28.7	14.9	14.7	10.8	10.3
KwaZulu-Natal	10.645	10.819	10.456	10.919	38.7	39.5	39.5	37.4	16.7	16.5	15.2	11.7
Limpopo	5.439	5.554	5.518	5.726	20.7	21.4	21.9	22.1	9.9	9.8	8.8	8.0
Mpumalanga	3.617	3.657	4.128	4.283	35.5	34.7	35.1	36.7	15.9	15.4	15.2	14.1
Northern Cape	1.103	1.096	1.162	1.185	16.2	17.2	18.4	17.0	8.9	8.4	5.4	5.9
North West	3.200	3.253	3.597	3.707	31.0	30.0	29.6	30.2	10.8	10.3	10.9	11.3
Western Cape	5.223	5.287	6.016	6.200	16.1	16.9	18.5	18.2	10.2	10.7	1.9	3.8
Total	49.991	50.586	52.982	54.956								

Sources

Statistics SA Mid-Year Population Estimates. 2010, Statistical Release PO302

Statistics SA Mid-Year Population Estimates. 2011, Statistical Release PO302

Statistics SA Mid-Year Population Estimates. 2012, Statistical Release PO302

Statistics SA Mid-Year Population Estimates. 2013, Statistical Release PO302

Heron, M. 2012. Deaths: Leading causes for 2010, National Vital Statistics Reports, National Centre for Health Statistics, Pretoria

The table above demonstrates the extent to which HIV/Aids impacts on and curtails the lives of women, especially young women (see, for example, the increased numbers of infected females in the age group 14 to 25 years by 2010/11). However, the reduction in deaths each year due to interventions by the Department of Health in treating, reducing infections and stabilising people living with HIV/Aids must also be noted. If South Africa is to fulfil the dream of an HIV/Aids-free society, all formations in the country, including the CGE, should play an active role in rolling out HIV/Aids-focused programmes.

2.5. THE MANDATE OR FOUR MAIN FUNCTIONS OF THE COMMISSION ON GENDER EQUALITY

Section 119 of the Interim Constitution made provision for the establishment of a Commission on Gender Equality. The main object of the CGE is to “promote gender equality and to advise and to make recommendations to Parliament or any other legislature with regard to any laws or proposed legislation which affects gender equality and the status of women” (South Africa, 1996b:s 11(d)).

Thus, the CGE is a statutory body that was created to strengthen and deepen constitutional democracy from a gender perspective (s 187 of the Constitution of the Republic of South Africa, 1996 [South Africa, 1996a:106]). The mandate of the Commission on Gender Equality is clearly outlined in section 11 of the CGE Act.

In addition to entrenching its independence and impartiality, section 187 of the Constitution outlines the mandate of the CGE. Section 187(1) indicates that the CGE must promote respect for gender equality as well as ensure the protection, development and attainment of gender equality. Section 187(2) identifies specific functions and powers, namely, to monitor, investigate, research, educate, inform, lobby, advise and report on issues concerning gender equality. These responsibilities are further regulated and amplified by the CGE Act that envisions that the CGE will engage in the following:

- Promote respect for and the protection, development and attainment of gender equality.
- The Commission for Gender Equality has the power, as regulated by national legislation, to perform its functions, including the power to:

- Investigate gender related complaints from members of the public or on its own initiative
- Monitor and evaluate the policies and practices of state organs, state agencies, public bodies and the private sector in order to promote gender equality and the rights of women. The CGE may make recommendations regarding the protection and promotion of gender equality
- Develop, conduct and manage education and information programmes to foster public understanding of matters pertaining to gender equality
- Evaluate and make recommendation to Bills of Parliament or any other system or law in force in accordance with Acts of Parliament, systems of personal and/or family law, custom and/or customary practices, systems of indigenous law, or any other law
- Establish and maintain close liaison with institutions, bodies and authorities with similar objectives (Commission on Gender Equality Act of 1996:s 11).

While the functions of the CGE are extensive owing to its broad, cross-cutting mandate, they may nevertheless be grouped into four broad categories. The first category is **public education and information** which raises awareness not only of issues related to gender equality but also the protection of the rights of women. The second category of **research** incorporates the evaluation of the policies and practices of both public and private bodies and also government compliance with international obligations. The third category is the **legal services** that have an investigative function of work done for the general public while the fourth category is the funding or **finance** category (Commission on Gender Equality of South Africa Annual Report, 2005/6:6).

2.5.1. Public Education and Information Function of the Commission on Gender Equality

Section 11(b) of the CGE Act requires the CGE to develop, manage and conduct public information and education programmes to foster the public understanding of matters linked to the promotion of gender equality, as well as the role and activities of the CGE (s 11(b) of the Commission on Gender Equality Act, 1996 [South Africa, 1996b]). This function has taken on a number of forms including annual education and information workshops, seminars, dialogues, conferences, campaigns and radio programmes at both national and provincial levels and aimed particularly at encouraging men to become gender activists and participate in gender advocacy programmes (Commission on Gender Equality of South Africa Annual Report, 2005/6:34). In addition, the CGE has engaged in dialogues with communities and traditional leaders on issues such as witchcraft and virginity testing. All of the above enable the CGE to reach out to the majority of South Africans through the spin-off strategy of partnering and training organs of civil society (Commission on Gender Equality of South Africa Annual Report, 2009/10:28).

The CGE has also developed resource materials in the form of manuals, booklets, pamphlets and posters, predominantly in English. The CGE's advocacy activities, which span a plethora of women's rights issues, have often served the dual purpose of promoting gender awareness and communicating to the public about the activities and services provided by the CGE (Commission on Gender Equality of South Africa Annual Report, 2007:30). Inclusion of women and HIV/Aids issues in this public education and information programme of the CGE is paramount to making it possible to develop a strategy to optimise the integration of HIV/Aids issues into the mandate of the CGE.

2.5.2. Commission on Gender Equality Research and Monitoring Function

In line with its broad monitoring powers, the CGE is also expected to discharge its responsibilities arising from its participation in the NGM as outlined in the National Policy Framework for Women's Empowerment and Gender Equality and now elevated to the Women Empowerment and Gender Equality Bill, which is aimed at mainstreaming gender into the departmental policies and programmes of government. This framework identifies the CGE as a key player in the monitoring and evaluation of gender equality and/or gender transformation (Commission on Gender Equality of South Africa Annual Report, 2011/12:12).

As stated in the Women Empowerment and Gender Equality Bill, 2014, the monitoring and evaluation conducted by the CGE is measured against a series of national and international indicators. In order to monitor and evaluate the development of women in South Africa, the Women Empowerment and Gender Equality Bill gives effect to the annual reporting processes to be organised by the CGE. These processes should involve all stakeholders. In order to enable this monitoring to take place, the Women Empowerment and Gender Equality Bill indicates that the Ministry of Women will assume responsibility for the development of mainstreaming guidelines to be used to assist government departments, private sector organisations and non-governmental organisations to respond to the gender equality standards and norms designed to advance the status of women. In addition, the CGE is responsible, in terms of its research mandate, to monitor whether this form of mainstreaming is taking place in accordance with international (UN), regional (AU) and sub-regional (SADC) standards and norms (South Africa, 2014b:20).

In the short term, the Women Empowerment and Gender Equality Bill stresses that key areas for monitoring will relate to the extent to which government incorporates a gender perspective into its internal transformation processes. More specifically, the focus is envisioned to be on

the institutionalisation of a gender perspective in the sectoral policies, programmes and practices of local, provincial and national departments (South Africa, 2014b:22).

The Women Empowerment and Gender Equality Bill is envisioned to focus on the measurement of actual transformation in society from the current state of gender inequality to the gender equality envisaged in both the framework and the Constitution. In particular, the long-term impact of the national policy is envisioned to be measured by the extent of the achievements of women. In general, the quality of life for women improves when there is equality of access to the means of developing basic human capabilities; equality of access to basic needs and services; equality of opportunity to participate in all aspects of economic, social and political decision-making; equality of rewards and benefits; as well as the extent to which women and men have changed the cultural and religious beliefs, values, norms and practices which subordinate, exclude and prevent women from upholding their basic rights and realising their full potential (South Africa, 2002:30). On the other hand, for women to acquire these gender-related elements of quality of life they must have full enjoyment of safety and health and freedom from the infections and complications caused by HIV/Aids.

While the Women Empowerment and National Policy Framework outlines a key role for the CGE in the monitoring and evaluation there has in fact been limited progress with regard to giving effect to the stated commitments. It is therefore important to understand through a study of this nature the perceptions of the commissioners and senior management of factors that contribute to the integration of women and HIV/Aids issues in the mandate of the CGE and their level of involvement in implementing CGE-related policies.

The monitoring function of the CGE is extended in the Promotion of Equality and Prevention of Unfair Discrimination Act (PEPUDA) 4 of 2000. Section 21(2)(m) of PEPUDA provides

for the CGE to receive regular progress reports on persons found guilty of unfair discrimination. This provision recognises the particular expertise of the CGE and also reduces the burden of supervisory jurisdiction on a court. Despite the fact that the CGE has no power to enforce a court order, it has the power to refer a matter back to the court. The CGE's monitoring role in terms of section 21(4) of PEPUDA also extends to powers to request any part of the state or any person to supply information on any measures relating to the achievement of equality, including, where appropriate, information on legislative and executive action and compliance with legislation, codes of practice and programmes. In addition, PEPUDA permits the CGE to monitor cases that are adjudicated under the same Act by authorising it to request from the Justice Department, inter alia, regular reports regarding all types of cases, their nature and outcomes for the CGE to monitor gender transformation in terms how such cases are handled (PEPUDA Act of 2000:s 21(4)).

In addition to being tasked with the monitoring of national policies and practices across all organs of society, including the components of the NGM, section 11(h) of the CGE Act requires the CGE to monitor compliance with relevant international instruments relating to the object of the Commission. These include the UN CEDAW, the UN BPFA of 1995, and the SADC Declaration on Gender and Development of 1997 (South Africa, 1996b:s 11(h)). The government of South Africa has ratified all of these instruments. The Women Empowerment and Gender Equality Bill of 2013 compels the CGE to submit annual reports to parliament on the extent of compliance with these instruments. This is an extension of section 11(i) of the CGE Act that stipulates that the CGE shall prepare and submit reports to parliament and pertaining to any such convention, covenant or charter relating to the object of the Commission (South Africa, 1996b:s 11(i)).

As part of its monitoring function, the CGE is accorded a significant role in reviewing existing or proposed legislation and recommending the adoption of new laws, where necessary, including laws relating to women and HIV/Aids issues. In particular, section 11(c) of the CGE Act of 1996 requires the CGE to evaluate any Act of Parliament, system of personal law, family law or custom, any system of indigenous law, customs or practices, or any other law either in force or proposed by Parliament or any other legislature which affects or is likely to affect the gender equality and/or the status of women (South Africa, 1996b:s 11(c)).

The CGE is further empowered through its monitoring function in accordance with section 11 of the CGE Act to recommend the adoption of new legislation which would promote gender equality and the status of women (South Africa, 1996b:s 11(d)).

Although the scope of the CGE's monitoring function extends across the entire spectrum of the state and civil society, as the next section will show some of its research has focused on the private sector, although much of its work has been aimed at the public sector. In this regard the CGE commissioned an internal audit by the legal service department to identify discriminatory legislation and gaps in existing laws in order to make regular submissions to both the South African Law Reform Commission (SALRC) and to Parliament on laws affecting gender equality, including customary laws (Commission on Gender Equality of South Africa Annual Report, 2009/10:26). Some of such submissions have been made were in respect of legislation such as the Domestic Violence Act, Sexual Offences and Related Matters Act, Customary Unions Act, Muslim Marriages Bill etc. (Commission on Gender Equality of South Africa Annual Report, 2014/15:31). Various milestones were achieved with the Sexual Offences and Related Matters Act, with the CGE making a submission to Parliament for the Bill to provide for the expansion of the definition of rape to include male penetration and incorporate excluded categories previously labelled as indecent assault. The CGE also recommended that the law be

extended to cover sexual harassment outside of the working environment (South Africa, 2007:s 1(k)).

The CGE has also been critical of the Communal Land Rights Act, 2004, which aimed to promote access to land by women in an effort to fight poverty. The CGE also made inputs into the Traditional Leadership and Governance Act, 2003. Both Acts were found by the CGE to be seriously undermining the rights of women in areas under traditional systems of governance, thereby entrenching the powers of traditional leadership in an already strongly male-dominated society (Commission on Gender Equality of South Africa Annual Report, 2011:30). It is in this context of its obligation to change societal attitudes and practices that the CGE developed an interest in the integration of women and HIV/Aids issues into its mandate.

The CGE Parliamentary Office based in Cape Town, has been effective in law making processes through submissions on bills before parliament, thereby making inputs into legislative development processes. However, no serious attempt has been made to focus on submissions to legislative processes involving issues of HIV/Aids. In terms of this task, the CGE has sought to network with civil society and advocacy groups in support of its position, although it has often been cautious about working too closely with other entities in order to safeguard its independence.

Section 11(1)(j) of the CGE Act, 1996, states that the CGE “may conduct or cause research to be conducted to further the object of the Commission”. Over the years, the CGE has conducted or, in most cases, commissioned research in a number of areas. The choice of topics and issues has been influenced by a number of factors including the CGE’s programmatic areas as well as priorities and needs identified in international agreements.



It is important to note that, in 1998, the CGE commissioned the first baseline gender opinion survey, which was then revised in 2007 to provide indicators against which to measure future progress in the achievement of gender equality. In 2000 and 2006, the CGE carried out a survey of the local government elections in order to assess perceptions of the role of women and men in local government. Other research initiatives at local government level include a gendered analysis of the Integrated Development Plans (IDP) in nine rural municipalities, one in each province, as well as the development of a tool for gender budgeting in the form of a checklist to be used by municipalities to assess how gender issues are taken into account in their municipal budgets. The gender budgeting checklist was then administered to nine municipalities, which the CGE then analysed in terms of the inclusion of women-focused activities and programmes in municipal IDPs. In addition, the CGE has previously developed an Annual Report Card as a tool for evaluating government's compliance and transformation in terms of overcoming gender discrimination (Commission on Gender Equality of South Africa Annual Report, 2010/11:40).

The CGE has also sought to monitor the level of gender mainstreaming and/or the inclusion of women as workers or constructors into Spatial Development Initiatives (SDIs) such as the Maputo Development Corridor, the Coega SDI, the Phalaborwa SDI and the Richards Bay SDI and into Integrated Development Plans (IDPs) in the local government structures (Commission on Gender Equality of South Africa Annual Report, 2005/6:41). The CGE has also undertaken studies in the following areas: gender budgeting in local government, gender opinion surveys in South Africa for 1998 and 2005, poverty and the lived experiences of elderly women (Commission on Gender Equality of South Africa Annual Report, 2005/6:46).

Poverty, gender-based violence, culture, tradition and religion and good governance as basic indicators have also been the subject of CGE research. Inclusion of women and HIV/Aids

issues in this research and monitoring programme of the CGE is paramount to enabling the development of a strategy to optimise the integration of HIV/Aids issues in the mandate of the CGE.

2.5.3. Legal Services Function of the Commission on Gender Equality

The CGE's investigative function is said to differentiate the CGE from most other formations that are also involved in the promotion of gender equality. In particular, the CGE Act accords the CGE an extremely broad investigative function.

Section 11(e) of the CGE Act gives the CGE powers to "investigate any gender-related issues of its own accord or on receipt of a complaint". In other words, the CGE has the power to investigate any issue, regardless of whether such issue arises out of its monitoring activities or is the product of a specific gender-related complaint by a member of the public. Section 11(e)(i) of the CGE Act further stipulates that the CGE should, as far as possible, resolve any dispute and/or rectify any act or omission by mediation, conciliation or negotiation (South Africa, 1996b:s 11(e)(i)). The Act also confers on the CGE the power to refer any matter, at any stage, to the South African Human Rights Commission, the Public Protector or any other authority, depending on which is appropriate to a particular case (South Africa, 1996b:s 11(e)(i)(aa) & (bb)). The same action may be taken in the event of the CGE identifying discriminatory practices relating to HIV/Aids. This may effectively happen in the event of a strategy designed to integrate HIV/Aids issues into the mandate of the CGE being developed.

It may be particularly beneficial for disadvantaged women, who often lack in-depth legal knowledge, to seek help and guidance from the CGE gender legal experts at no cost, as well as to have the CGE, with its statutory powers and authority, backing their complaints. For

example, a letter from the CGE to an employer who fails to address a sexual harassment complaint may motivate the employer to address the matter.

The majority of individual complaints received by the CGE relate to maintenance issues, domestic and other forms of gender-based violence, family issues (divorce and custody), and non-compliance with basic requirements such as gender representation in operations. In the process, the CGE has had to balance a tension between expending resources on addressing the needs of those who bring their problems to the CGE and ensuring that interventions are strategic and have the maximum transformative impact (Commission on Gender Equality of South Africa Annual Report, 2011/12:43). For the sake of expediency the CGE often works jointly with other specialised agencies, such as the Advertising Standards Authority of South Africa (ASASA) to address concerns over matters such as discriminatory forms of advertising towards women (Commission on Gender Equality of South Africa Annual Report, 2009/10:51).

The CGE is subject to appropriate applicable procedures while it also has the power not only to compel the provision of evidence by any public or private body but also to enforce the attendance of witnesses if deemed necessary for the purpose of the investigation in question (South Africa, 1996b:s 12).

The initial perception on the part of CGE commissioners is that the CGE Act does not confer on the CGE the express power to litigate, as conferred on the Southern African Human Rights Commission (SAHRC) and the Public Protector, has led to the CGE asserting its prerogative to do so with respect to the enforcement of women's rights (Commission on Gender Equality of South Africa Annual Report, 2005/6:24). With the CGE possessing the power to litigate it is expected that such interventions should be expressly exercised in cases that relate to the

systemic violation of the rights of disadvantaged women, including women living with HIV/Aids.

In some instances the CGE has been invited by the Constitutional Court to make submissions in particular cases and sought to be an *amicus curiae* or a friend of the court, for example in the Supreme Court of Appeal's (SCA) hearing of *Amod v MMF* which was referred to the Constitutional Court. The CGE intervened *amicus curiae* on behalf of Muslim women whose marriages were not legally recognised and who were therefore unable to claim damages from the Multilateral Vehicle Accidents Fund (MVAf) (South Africa, 1998:13). The CGE argued that the common law should be interpreted in such a way that the appellant's claim was deemed to be worthy of "public recognition and protection" (Commission on Gender Equality of South Africa Annual Report, 2005/6).

More recently, Parliament adopted the Maintenance Amendment Bill of 2015 that provides an interim maintenance order to prevent undue hardship for children and spouses, in particular women, while awaiting the finalisation of divorce cases. The non-maintenance of children by spouses primarily affects women as the primary caregivers in society who are responsible for providing for the basic needs of their children. The Maintenance Amendment Act of 2015 has rectified a situation in which women and children were often forced to endure a difficult situation before the final divorce court order pronouncement on issues of maintenance that compels one or both spouses to contribute financially to the upkeep of family life or children. The CGE endorsed the imposition of a fine or period of imprisonment not exceeding one year for defaulters as part of the enforcement mechanisms of the provisions in an effort to guarantee compliance on a matter that often plays a role in the low quality of life of women and children (South Africa, 2015a:s 13(a)).

The examples above of situations in which the CGE has intervened in legal proceedings either as an *amicus* or as a party show that despite the CGE's inability to litigate in its own name according to the CGE Act, its informed and expert opinions and interventions do carry a degree of weight and authority that may serve to influence a court's findings or, at least, be considered by South Africa's highest courts (Commission on Gender Equality of South Africa Annual Report, 2010:33). It may be argued that the CGE, by virtue of its constitutionally enshrined existence, is more likely to be listened to in court proceedings than any law firm.

PEPUDA identifies the CGE as an "alternative forum" for the resolution of complaints. Section 21(4) of PEPUDA further provides that the Equality Court may before, during, or after a hearing refer a complaint to the CGE for "mediation, conciliation, or negotiation". In other words, the Equality Courts may refer matters to the CGE to be dealt with in terms of the CGE's functions and powers instead of hearing such matters in an Equality Court. In such cases, the Equality Court retains overall jurisdiction should the parties to the dispute resist resolution by the CGE. In addition to its dispute resolution responsibilities, the CGE is also competent to conduct investigations into cases that are referred to it by an Equality Court and to make recommendations as directed by such a court regarding either these cases or the persistent contravention of the PEPUDA (PEPUDA 2000:s 21(4)).

The inclusion of women and HIV/Aids issues in the legal services programme of the CGE is paramount to enabling it to contribute towards the development of a strategy to optimise the integration of HIV/Aids issues in the mandate of the CGE.

2.5.4. Financing of the Commission on Gender Equality

At its 52nd session in 2008, the CSW issued agreed-upon conclusions on the financing of gender equality and women's empowerment. The CSW identified actions by various actors in

order to guarantee financing for gender equality. The UN Secretary-General's report for the session defined financing for the purposes of gender equality as the process of "ensuring adequate resource allocations to translate commitments on gender equality and women's empowerment into action, including financing of critical stakeholders within national women's mechanisms, and women's organisations" (United Nations, 2011:66).

In South Africa, the CGE is financed through the Ministry for Women. An operational budget of (R119 313 000) was allocated for the 2015/16 financial year. The money for this financial year was allocated as follows across four budget programmes:

- Administration – an allocation of R8 451 000
- Social, political and economic participation – an allocation of R80 230 000, which includes the transfer of R62 million to the CGE
- Research, policy and knowledge management – an allocation of R6 170 000
- Monitoring, evaluation and outreach – an allocation of R23 151 000 (South Africa, 2014a:13)

The R62 million budget of the CGE for 2015/16 is historically extremely low compared to the budgets of the other Chapter Nine institutions such as the Public Protector with a budget of R238 million for 2015/16 and the South African Human Rights Commission with a budget of R124 million for 2015/16 (National Treasury, 2015:30).

The funds allocated to the CGE are disbursed in terms of the Public Finance and Management Act No 29 of 1999 in terms of which financial management in the national government and provincial governments is regulated; all revenue, expenditure, assets and liabilities of those governments are managed efficiently and effectively, the responsibilities of persons entrusted

with financial management in those governments are provided for and provision is made for all matters connected therewith (Public Finance Management Act, 1999: 1).

The CGE organogram below has been created to ensure that all CGE line functions are fully staffed.

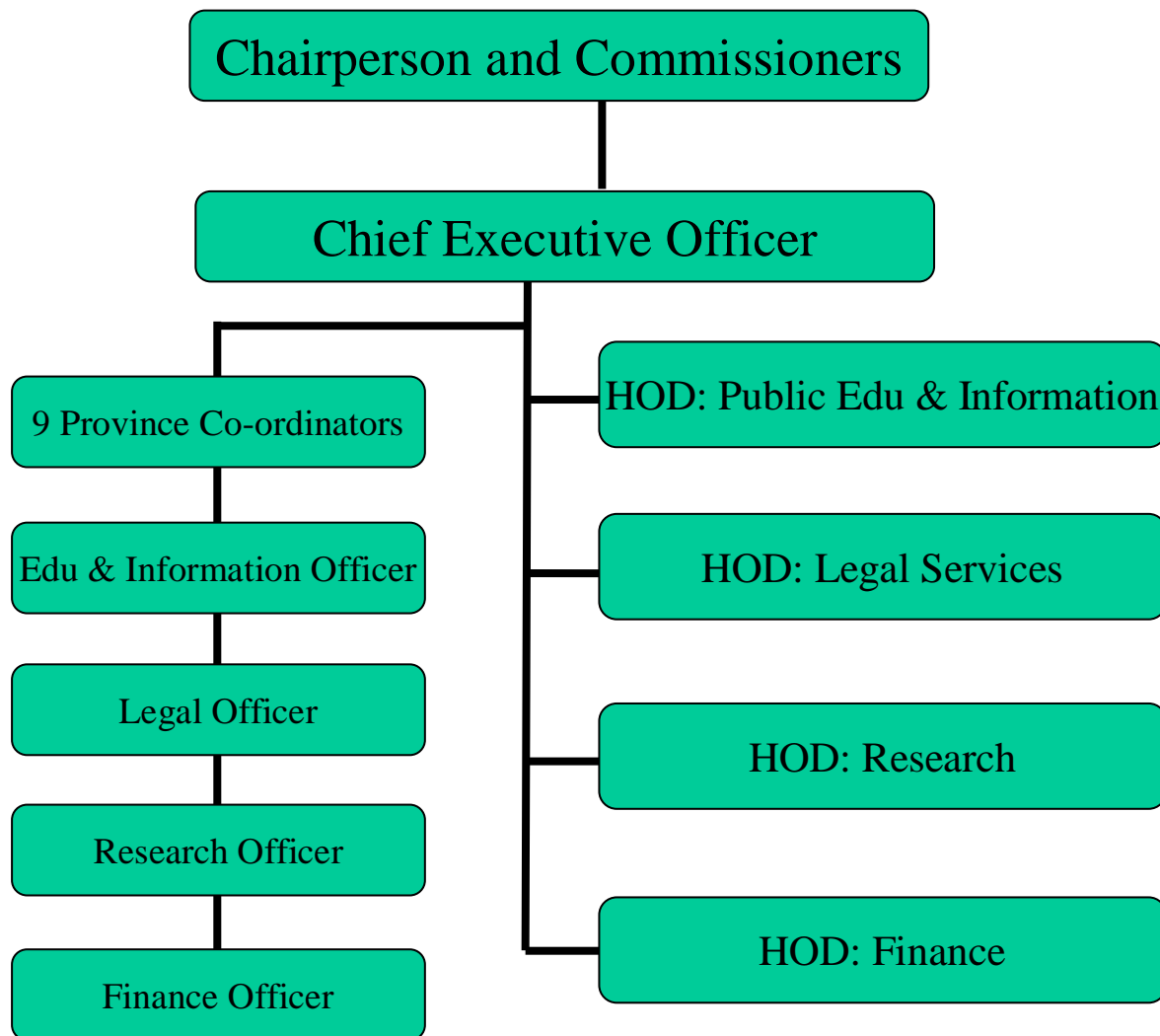


Figure 2.2: Organogram of the Commission on Gender Equality

2.6. COMMISSION ON GENDER EQUALITY INDICATORS

2.6.1. Poverty

The poverty indicator articulates the extent to which women are affected by poverty and its implications for the development of women. An absolute poverty line is explicitly linked to a

specific welfare level. Anchoring the poverty line in this way allows comparisons over time or across groups to determine recourse which is not based on the calculated poverty line. The majority of countries that have officially recognised poverty lines define such poverty lines in an absolute sense, interpreting them as a fixed standard of living, particularly in the developing countries (Duncan, 2011:91). However, the notion of some level of living below which one may be considered to be poor in an absolute sense would appear to be more appropriate. Ideally, according to Statistics SA, the periodic Income and Expenditure Survey is more relevant in determining a poverty line that also depends on a time comparison (Statistics SA. Measuring poverty in South Africa: Methodological report on the development of the poverty lines for statistical reporting – Technical report D0300). The data used to obtain the cost of the food basket and to adjust the poverty line for inflation is derived from the monthly price surveys conducted by Stats SA. The assumption is that household resources are equally shared among household members. The cost of the food component alone is usually referred to as the food basket. The food line is the cost of the food component alone and is usually referred to as the food poverty line. For statistical purposes, those falling below this line are regarded as extremely poor as they cannot afford the minimum food energy intake on which the food line is based.

2.6.2. Gender-based Violence

Gender-based violence is an indicator that articulates the physical, emotional, mental, psychological and economic abuse of women. Gender-based violence is a broad category and may be experienced in a number of different ways, for example:

- The psychological abuse of a woman such as coercion and abusive language
- Rape and sexual abuse of a woman and her children
- Traditional practices harmful to women

- Female genital mutilation
- Trafficking of women and girls for the purposes of domestic and sex slavery
- Forced marriage and forced pregnancy
- Sexual harassment
- Stereotyping women and setting barriers to their advancement.

South Africa does not currently have complete statistics in all of the above areas, as the South African Police Service (SAPS) statistics focus on sexual offences only and do not provide adequate figures. Statistics that relate to gender-based violence may, for example, come under murder statistics. It has been stated in the SAPS National Crime Statistics report that, with the exception of the Eastern Cape and Northern Cape, murder statistics have increased as compared to earlier years before 2014/15 (South Africa, 2015b:28).

2.6.3. Gender, Culture, Tradition and Religion

It is important to look at gender, culture, tradition and religion in the context of countries' constitutions in order to understand country-specific approaches to gender transformation and the development of women (Sheth & Thorndycraft, 2009:24). Relevant debates in South Africa are often mirrored in the democratic, progressive and inclusive Constitution of the Republic of South Africa with the argument that as long as something does not violate the constitution it is right. This is, in fact, the approach that has fast-tracked the attention to development issues for women, including health issues for women such as responses to HIV/Aids.

2.6.4. Good Governance

Good governance refers to a process of making and implementing decisions fairly (Schumpeter & Swedberg, 2013:57) Thus, good governance does not refer to making "correct" decisions but rather it is about the best possible process for making such decisions as a way of promoting,

protecting and respecting the rule of law. A good decision-making process shares several characteristics with good governance. Good governance involves equity and inclusivity. This means that all groups, particularly the most vulnerable such as women, are afforded equal opportunities to participate in the decision-making process. Good governance may be assessed through processes such as the level of inclusion and participation of women in politics (Commission on Gender Equality of South Africa Annual Report, 2011/12:30). Good governance in South Africa would therefore refer to compliance with the Constitution and the Bill of Rights imperatives that protect the rights of women. The state may not unfairly discriminate, directly or indirectly, against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth (South Africa, 1996a:s 9(3)).

2.7. CONCLUSION

In conclusion, HIV/Aids is a broad subject that requires various forms of interventions if it is to be reduced and eradicated when proper measures to do so become available. In 2009, South Africa adopted policies that turned the HIV/Aids tide by reducing the high prevalence of HIV/Aids deaths as well as mother-to-child transmission of HIV/Aids, creating a fertile ground for meeting the MDGs by 2015, as discussed in this chapter. It is hoped that the background and history provided in this chapter will help to provide a clear perspective of the measures adopted to address gender equality and women and HIV/Aids issues. This study aimed to optimise the integration of women and HIV/Aids issues into the mandate of the Commission on Gender Equality.



CHAPTER 3

METHODOLOGY

3.1. INTRODUCTION

The research design and research methodology refer to the action plan and the instruments that are often used in the execution of a study (Yin, 2014:23).

The aim of this study was to formulate a strategy to integrate women and HIV/Aids issues into the mandate of the CGE and also to explore the way in which women and HIV/Aids issues relate to the CGE performance indicators of poverty, gender-based violence, culture, tradition and religion and good governance. In response to the research questions the study aimed to develop guidelines for the improved integration of women HIV/Aids issues into the mandate of the CGE.

This research study followed a logical sequence within the legislative and policy frameworks relevant to the CGE in order to outline the implementation of the mandate and its impact on the inequalities experienced by women in South Africa. The study investigated the level of integration of women and HIV/Aids issues in the context of already existing CGE development indicators, as reported in the strategic plans and annual reports of the CGE. The study focused on exploring the perceptions of the mandate of the CGE of the commissioners, senior managers and personnel involved in implementing this mandate. The level of integration of women and HIV/Aids issues was further verified by means of focus group interviews which were conducted with women who had been the recipients of the services of the CGE and, thus, who had practical experience of the CGE.

3.2. RESEARCH DESIGN

Ontology refers to the philosophical study of the nature of beings within a specific reality and their relationships with life and living (Petasis, Karkaletsis, Paliouras, Krithara & Zavitsanos, 2011:134). The ontological assumption underpinning this study was that all human beings, including women, have the right to live a quality and free life within their own contexts of being.

Epistemology is the theory of knowing (Bernard & Graylee, 2014:6). The epistemological assumption made in this study was the firm belief that the rights of people are realised through their relationships with other people, as well as through contributory factors, including environmental, physical, social, economic and emotional factors.

Methodology refers to an action plan aimed at determining causative and contributing factors relating to the truth of a phenomenon (Cetina & Cicourel, 1994:12). Research methodology is founded within a rigorous scientific context and includes all the methods and processes used to come to evidence-based conclusions.

The research design used in this study included both quantitative and qualitative research approaches. Following an extensive literature study, questionnaires were developed to explore the perceptions of all levels and categories of CGE personnel of the integration of development issues, including women and HIV/Aids, into the mandate of the CGE and the factors that influence the implementation of this mandate. Individual structured interviews were conducted to collect the requisite data.

Focus group interviews on the practical experiences of women, who had previously been the recipients of the services of the CGE, were conducted to validate the findings from the structured interviews.

The decision to use both a quantitative and a qualitative approach is based on the nature of the required data. According to Keyton (2013), a quantitative approach is a systematic, empirical investigation of observable phenomena through statistical, mathematical or computational techniques (Keyton, 2013:35). In this study, empirical evidence was gathered in order to statistically determine commissioners' and personnel's perceptions on the integration of development issues into the mandate of the CGE and to investigate the factors contributing to the integration of women and HIV/Aids issues into this mandate. Development issues in the main are linked to the already in use CGE performance indicators of poverty, gender-based violence, culture, tradition and religion, and good governance. The factors contributing to the integration of women and HIV/Aids issues into the mandate of the CGE investigated included level of male and female personnel representation, work environment versus time spent at the CGE, budgetary allocation, personnel qualifications, commissioners and senior management role clarification, commissioners, senior management and other personnel level of involvement with CGE-related policies, and level of integration of women and HIV/Aids issues in the CGE programmes.

The researcher also selected a qualitative approach to determining the perceptions of commissioners, senior management, personnel and women who previously received the services of the CGE. The approach is exploratory in nature. This view is confirmed by Strauss & Corbin (2008) who maintain that qualitative research is used to gain an understanding of underlying reasons, opinions and motivations in order to provide insights into the problem in question (Strauss & Corbin, 2008:14). The researcher qualitatively measured the perceptions of commissioners, senior management, personnel and women who previously received services of the CGE through the analysis of factors that contribute towards the development of a strategy to optimise the integration of women and HIV/Aids issues in the mandate of the CGE.

By means of the focus group interviews conducted, the perceptions of women who had previously received the services of the CGE were also qualitatively measured in terms of their experiences and their level of satisfaction with the services they had received.

A descriptive study establishes associations between variables (Doone, 2011:54). For the purposes of this study, by studying the segregation of duties between commissioners and senior management as outlined in both the PFMA and the Commission on Gender Equality Act of 1996, the researcher determined the extent to which the decisions of the commissioners and senior management influence the programmes of the CGE, including a strategy to integrate women and HIV/Aids issues in the mandate of the CGE.

Triangulation involved measuring the outcomes of the annual strategic plans of the CGE by comparing the interview responses with the strategic plans and annual reports of the CGE for three consecutive years, 2010/11, 2011/12 and 2012/13, in order to determine their effectiveness.

3.3. THEORETICAL FRAMEWORK

The theoretical framework of the study was guided by the Human Development Index (HDI), which is an index used by the United Nations Development Programme (UNDP) in its Human Development Report (HDR). This Report examines the quality of life of people and how such quality of life impacts on development issues such as health, education and standard of living (United Nations, 2012b:20). South Africa's 2015 UN HDR examined the intrinsic relationship between work and human development. Work, which is a broader concept than either jobs or employment, may be a means of contributing to the public good, reducing inequality, securing livelihoods, empowering individuals and liberating women from various forms of abuse and violence. Work negates poverty and provides people and women, in particular, with a sense of

dignity and worth. In addition, work that involves caring for others or voluntarism builds social cohesion and strengthens bonds within families and communities (UNWomen. 2015:60).

The study observed that the CGE, in its attempt to integrate women and HIV/Aids issues into its mandate, uses indicators such as poverty, gender-based violence, culture, tradition and religion, and good governance. These indicators also impact on the quality of life of women and are pivotal in the advancement of the status of women. Generally speaking, there is a strong association between poverty and ill health which includes HIV/Aids (Nwaiwu, 2012:10).

In the elimination of poverty, the UNDP also links good governance with sustainable development that is based on respect for the rule of law (United Nations, 1994:2). The UNDP HDI gathers and desegregates country-specific data to demonstrate the extent to which development impacts on the lives of men, women and children (Klasen & Pieters, 2015:234). The next chapter outlines a customised, South African focused, CGE Women and HIV/Aids Development Index developed from different information sources as referenced and used as the theoretical framework for providing a perspective on the development of a strategy to optimise the integration of women and HIV/Aids issues into the mandate of the CGE. The construction of the South African focused Women and HIV/Aids Development Index will not follow the usual United Nations indices based on the statistical measure of change that provides inferences, but will utilise country statistics related to CGE indicators, namely, poverty; gender-based violence, culture, tradition and religion, and good governance. However, the development of a strategy to integrate women and HIV/Aids issues into the mandate of the CGE called for an additional CGE performance indicator in the form of HIV/AIDS. The customised index to be developed could be used as a planning and reporting tool by the CGE and continue to be updated over the years to guide and prioritise areas of intervention. Ultimately this could form part of a strategy to optimise the integration of HIV/Aids in the

Annual Strategic Plans of the CGE. Accordingly, an analysis of CGE documents (Annual Strategic Plans, Annual Reports and Plenary/Board Meeting Minutes), providing information on the indicators listed above for the period 20010/11, 2011/12 and 2012/13, will be conducted to understand the CGE's current state of delivery on women and HIV/Aids issues.

3.4. STUDY POPULATION

The target population for the study consisted, in the first instance, of all the commissioners, senior management and other personnel involved in implementing the mandate of the CGE, while the target group for the focus group comprised women who had previously received services from the CGE.

The study population was used as a vehicle to explore a strategy aimed at optimising the integration of women and HIV/Aids issues into the mandate of the CGE. However, cognisance was taken of perceptions on factors that influenced the CGE integration of women and HIV/Aids issues into the delivery of its mandate. The study population used to realise the four research objectives comprised 132 personnel (commissioners, senior managers and other personnel involved in implementing the CGE mandate in terms of the CGE Act). The CGE provides services to the general population of 54 million South Africans both through formal formations and directly to individuals.

3.5. SAMPLING:

A total of five sites in four provinces, namely, Gauteng, Limpopo, Mpumalanga and Western Cape, and the CGE Head Office, were used as sample sites. From the above sites, a sample of two commissioners (active and expired terms of office respectively), five senior managers (one per mandate area and the CEO of the CGE) and 25 other personnel involved in implementing the mandate of the CGE (one per mandate area in the provinces and one from the head office)

was drawn from the four provinces and the head office respectively. One member of staff in the four provinces selected was drawn from each of the four departments aligned with the mandates of public education and information, legal services, research, and finance. All four departments are headed by senior managers except for the office of the CEO. Commissioners and senior managers are directly responsible for the four CGE indicators of poverty, gender-based violence, culture, tradition and religion, and good governance.

3.6. SELECTION OF SUBJECTS

Two commissioners and five senior managers were interviewed. Other personnel involved were randomly selected from the four sample provinces of the CGE as well as head office in accordance with the CGE mandate areas of public education and information, research, legal services, and finance. The researcher administered the questionnaires in order to explore the existing perceptions of the commissioners, senior management and other personnel involved in the integration of women and HIV/Aids issues into the mandate of the CGE through the four indicators of poverty, gender-based violence, culture, tradition and religion, and good governance in accordance with the legislative framework, strategic plans and annual reports.

3.7. DATA COLLECTION

3.7.1. Document research

Documents relevant to the functioning, monitoring and evaluation of the CGE were studied and perused in depth. These documents included strategic plans and annual reports for the three consecutive years under study 2010/11, 2011/12 and 2012/13.

Permission to access these documents was obtained from the CGE (Annexure 1). The documents were not copied but studied in the CGE offices in order to ensure the confidentiality and protection of the CGE data.

The data collected from the interviews was electronically classified using Qlik View software log sheets to create graphs and charts (Qlik View Software X 64, 2015). The data interpretation required working out statistical distributions, constructing diagrams and calculating simple measures such as averages, measures of dispersion, percentages, correlation coefficients and so forth. Statistical procedures were used to examine the numerical data gathered during the study (Cameron & Trevili, 2013:22).

3.7.2. Pilot Survey

Six interview schedules, one for commissioners, one for senior management, three for other personnel involved in implementing the mandate of the CGE in three of the four provinces and one for the focus group, were piloted before all the interview schedules were administered. The information from the piloted study assisted the researcher to refine the interview schedules where necessary. The example was the inclusion of a section that focused on direct questions on policies related to CGE work rather than attempt to elicit such responses from questions that were related to CGE roles and functions. No significant gaps in ability to gather relevant information were identified.

3.7.3. In-depth Interview Schedule

The purpose of the in-depth interview schedule was to collect high-level information on the CGE from commissioners and senior managers with a view to obtaining information from personnel on the extent to which women and HIV/Aids issues were integrated into the mandate of the CGE. The researcher also used a general interview schedule for the other personnel aimed at determining the factors that contribute to the integration of women and HIV/Aids issues in the mandate of the CGE.

The interviews lasted for approximately 35 to 40 minutes. The interview schedules comprised open-ended questions designed to explore the narratives of the respondents. Nonverbal cues were observed and then followed up with probing questions in order to elicit more informative responses. The strategic plans and annual reports of the CGE over a period of three financial years – 2010/11, 2011/12 and 2012/13 – were studied. The interview schedule questions were divided into questions on the perceptions of roles, contributing factors and assessment of impact of CGE mandate with regard to the integration of women and HIV/Aids issues.

Additional data was obtained from the interviews which were conducted. Interview schedule 1 was for senior management and comprised 14 sections divided into 49 questions that were, in turn, divided into six sections (A, B, C, D, E and F). Section A comprised two questions on demographic information, section B included three questions on the respondent's level of involvement in implementing CGE-related policies, section C comprised five questions on the level of integration of HIV/Aids into the mandate of the CGE, section D consisted of one question which addressed the role of commissioners in integrating HIV/Aids into the mandate of the CGE, section E also comprised one question which focused on factors contributing to the integration of HIV/Aids into the mandate of the CGE, while section F comprised two questions on the outcome and impact assessment of the CGE effort to integrate HIV/Aids into its mandate. The senior management in finance expressed a lack of involvement on their part in implementing CGE-related policies.

Schedule 2 involved personnel other than senior management and comprised 18 sections with 38 questions which were divided into five sections (A, B, C, D and E). Section A comprised seven questions on demographic details, including educational qualifications, the province in which the respondent was based, the length of time in the employment of the CGE, the position

occupied at the CGE, the respondent's understanding of the mandate of the CGE and their level of involvement in CGE-related policies.

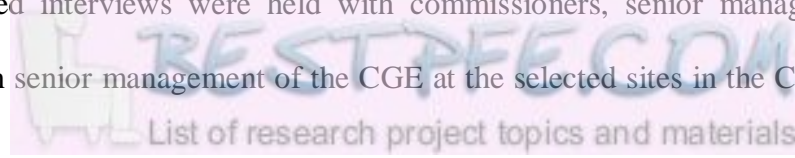
Section B comprised one question which focused on the respondent's involvement with CGE-related policies such as the Constitution of the Republic of South Africa, the Commission on Gender Equality Act No 39 of 1996, Women Empowerment and Gender Empowerment and Equality Bill and the CEDAW. This question was designed to assess whether a global understanding of the CGE mandate had a bearing on the integration of HIV/Aids into the mandate of the CGE.

Section C consisted of two questions which dealt with the level of inclusion of women and HIV/Aids issues in the mandate of the CGE. It was deemed important to understand the extent to which women and HIV/Aids issues were included in the planning, monitoring and implementation processes of the CGE that involved the indicators of poverty, gender-based violence, culture, tradition and religion, and good governance. There was also a question in this section that assessed the extent to which factors such as staff skills, budget allocation, CGE culture and environment, understanding of the CGE mandate and the impact of the CGE influenced the integration of HIV/Aids issues in this mandate.

Section D comprised one question which focused on the CGE personnel's understanding of the role of commissioners and how this understanding could either negatively or positively influence the operations of the CGE. Section E included four questions; these assessed the level of integration of women and HIV/Aids issues per indicator into the CGE strategic plans.

3.7.4. Structured Interviews

Individual, structured interviews were held with commissioners, senior management and personnel other than senior management of the CGE at the selected sites in the CGE offices.



All the interviews were conducted in private offices with the door closed. Records such as reports, and management and plenary minutes, were used to promote the validity of the information provided.

3.8. FOCUS GROUP

The focus group comprised two women from Limpopo, two from Mpumalanga and four from Gauteng (two from head office and two from the Gauteng office). The participants represented a broad spectrum of CGE recipients of services, as they included academics, traditional leaders, activists and ordinary women, and were between the ages of 35 and 55. All the participants had previous experience with the CGE. Two of the participants from the Western Cape cancelled at the eleventh hour, thus resulting in the use of a teleconferencing facility. Accordingly, teleconferencing is a nominal group technique (Varga-Atkins, McIsaac, Bunyan & Fewtrell, 2011:86). The focus group discussion was followed by separate one-to-one engagements where further clarity on issues was sought. The purpose of the focus group was to weigh up the study outcomes against the practical experiences of women who had received the CGE services over a period of three years, namely, 2010/11, 2011/12 and 2012/13.

A focus group discussion was held with women who had previously received the services of the CGE in order to enrich the data collected and to contribute to the validity of the study findings. The focus group discussion with ten women who had previously received the services of the CGE was preceded by the telephonic piloting of questions with one of the participants. The outcome of this piloting assisted in improving the focus group individual interview schedule to maintain privacy relating to the specific content of the participants' complaints. The focus group discussion was held at the CGE head office boardroom as this was deemed to be a more accessible, relaxed and familiar venue for the women compared to the other venues considered. An added advantage to the reliability and validity of the information provided by

the focus group was the availability of individual files at the selected venue, the CGE. The CGE had categorically indicated that it is against their policy to allow files to be carried out of their building.

The focus group questions (Annexure 7) elicited responses about how the women felt about the service provided, for example whether the service had successfully addressed what they had presented; whether they were happy with the service provided; whether the service had integrated the issues of women and HIV/Aids; whether they would come back for more services should they be given an opportunity to do so; would they refer someone with similar complaints to the CGE and if they have any suggestions to make with regard to the services provided.

The researcher facilitated the group. The focus group discussion did not go into the details of the complaints reported to the CGE in order to maintain the confidentiality of the personal information provided to the CGE. In addition, the focus group discussion was not recorded as the women had indicated, upon being asked at the beginning of the session whether they would be comfortable with the proceedings being recorded, that they felt this could infringe upon their privacy regardless of the reassurance that the discussions were not about the content of their complaints. The focus group discussion lasted for three hours.

3.9. ETHICAL CONSIDERATIONS IN RELATION TO THE SAMPLE

In terms of the conventional ethical considerations for research, the researcher was bound to uphold the rights and dignity of all the participants by ensuring that the information shared with the researcher remained confidential and was not be linked to any specific persons, The researcher took into account the importance of the representivity of the sample size in relation to the total population size as she was aware that insufficient statistical representivity may have

led to inadequacies in the sample design and that such inadequacies may have created uncertainties that could impact on the reliability of the sample. The sample size was initially 27 – a fifth of the total number of CGE personnel – but ended up being 32 – almost a quarter of the total number. This increase in the sample size resulted from the researcher interviewing more personnel involved in implementing the mandate of the CGE at head office than had initially been anticipated. This was due to the existence of diverse positions on the part of these personnel members.

The respondents who took part in the interviews and the focus group were informed of the intended use of the findings of the research project. In addition, they were informed that their participation was voluntary and that they could withdraw from the study at any time should they deem it necessary to do so (see Annexure 3).

3.10. CONCLUSION

This chapter outlined the research tools which were used to gather information on the micro and macro factors that influenced the integration of women and HIV/Aids issues into the mandate of the CGE. The focus of the chapter was on the research design, action plan, and the piloting to test viability of the tool to be applied in the execution of the study that contributes to validation of the data. This involved a focus group to uncover the practical experiences of women who had previously received CGE services. The accuracy of the methodology used was clearly articulated, while the ethical considerations guaranteed the privacy and confidentiality of information provided.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1. INTRODUCTION

The requisite data was collected through a document analysis, individual, in-depth interviews and a focus group discussion. An extensive literature review was conducted of academic journals, books and the CGE annual plans and annual reports in order to gain an insight into the international and national trends in women's issues; to determine the prevalence of HIV/Aids in women and the interrelationship between HIV/Aids and poverty, gender-based violence and cultural, traditional and religious practices; and to explore governance practices and strategies aimed at integrating women and HIV/Aids issues into the mandate of the CGE. Data were collected from a representative sample of commissioners, senior managers and other personnel involved in implementing the mandate of the CGE using interview schedules 1, 2 and 3.

A data analysis was then conducted to enable the researcher to respond to the research questions. The data from the interviews were captured on log sheets developed using Qlikview software. The data were analysed and conclusions were based on the information provided by the commissioners, senior management and other personnel involved in implementing the mandate of the CGE (Qlik View Software x 64, 2015). The initial data analysis was conducted on the demographics of the participants to obtain a clear understanding of the characteristics of the research population in the context of the study.

Demographic Characteristics of Participants

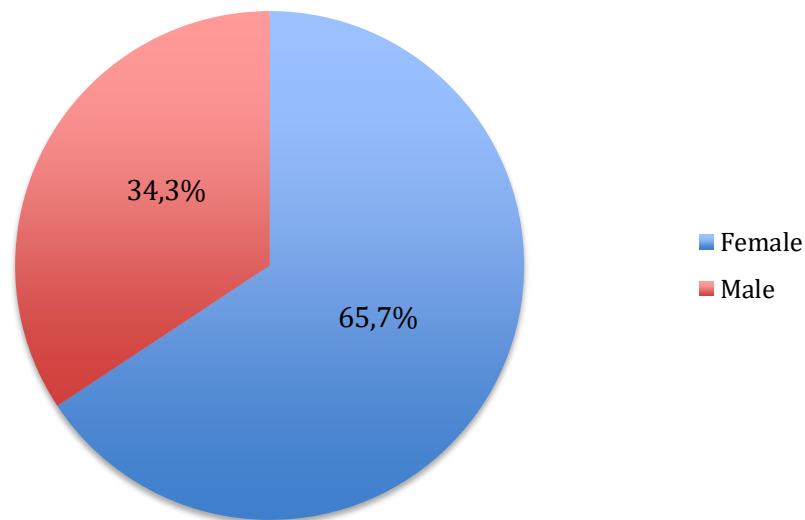


Figure 4.1: Male and female personnel distribution at the CGE (n = 32)

Figure 4.1 highlights that the CGE, as a Chapter 9 institution of the Constitution of South African, 1996, that promotes gender equality and the rights of women, clearly attracts more women as employees than men, with 34.3% only of the total sample of personnel per province and head office interviewed being male and 65.7% female. On the other hand, the majority of the males in the sample (57.14%) were in managerial positions compared to 42.86% only of the women (see Figure 4.2). It was therefore evident from the little number of men who work for the CGE that men were interested in working for the CGE only when there is an opportunity of a senior appointment. The reverse of the same argument may be said to be, in the event the CGE is actively recruiting women, there are fewer skilled women than men available to occupy managerial positions and push the agenda for the advancement of the status of women and the integration of HIV/Aids in women issues.

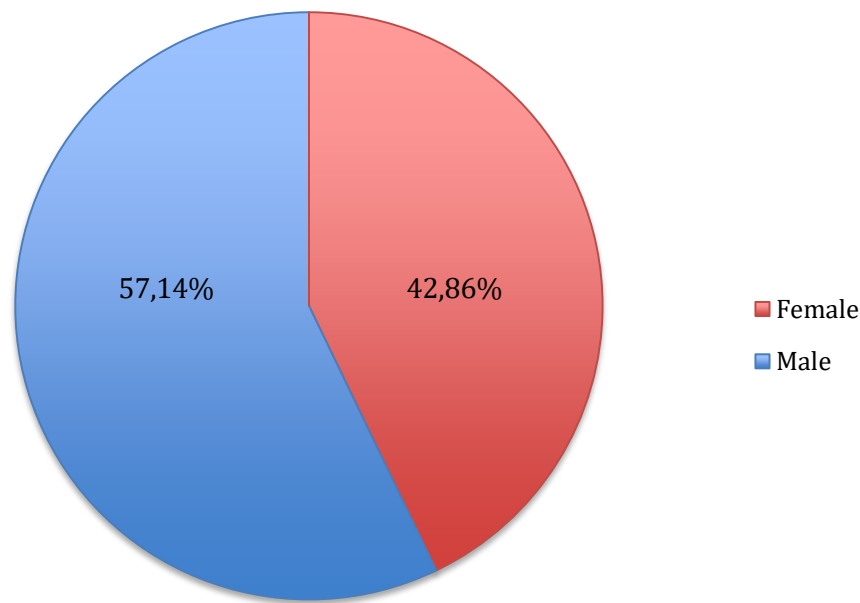


Figure 4.2: Male and female personnel distribution at managerial level n=100%

CGE Personnel Retention

Figure 4.3 reveals that 60% of both senior management and the other personnel involved in implementing the mandate of the CGE had worked for the CGE either for less than a year or for one to five years. High staff turnover negates personnel retention.

In addition, high staff turnover may also have had a negative impact on the availability of the experienced personnel required by the CGE to integrate women and HIV/Aids issues into its mandate and the continuity of its service delivery strategic plans. These findings are in line with the information on personnel resignations contained in the CGE Annual Reports for 2010/11, 2011/12 and 2012/13. According to Sehovic (2014:15), the lack of human capacity compromises delivery. It is essential that, as recommended in the 2012 Commonwealth Gender Mainstreaming Report, the CGE create a service delivery environment that promotes both staff retention and skills development (Commonwealth Gender Mainstreaming Report, 2012:37).

Given that the CGE has been in existence for more than 20 years, it is a matter of concern that the main staff retention pattern is for one to five years only.

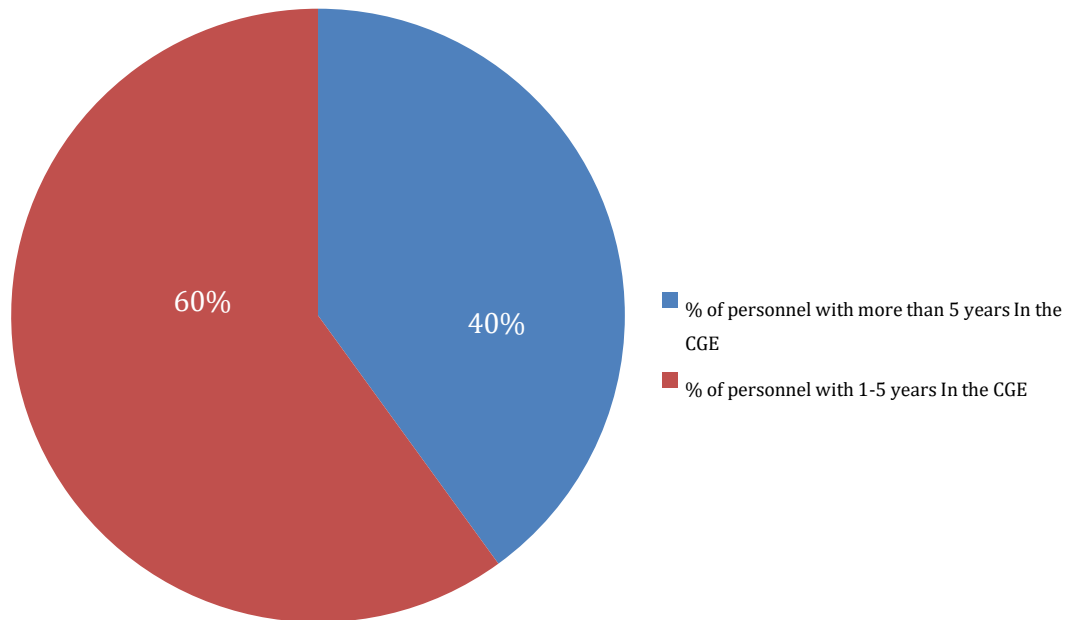


Figure 4.3: Percentage of personnel time spent at the CGE (n = 32)

Budget as a Contributory Factor to the Effective Integration of Women and HIV/Aids Issues into the Mandate of the CGE

The CGE budget, which has been an average of R62 million per annum over a number of years and is not CPI linked, is insufficient for its broad cross-cutting constitutional mandate and constitutes an extremely small portion of South Africa's R1.1 trillion 2015/16 fiscus; especially in view of the fact that the country has committed itself as a signatory of treaties and conventions that promote gender transformation. The CGE budget is derived from Parliamentary Vote No 13 of the Women's Ministry with a budget of R138.2 million for 2011/12; R150.7 million for 2012/13 and R161.6 for 2013/14 (National Treasury, 2015:219). Prior to 2011/12, strain on the budget of the Women's Ministry was exacerbated by including

budgeting for issues of children and people living with disabilities (National Treasury, 2011:208)

The budget allocation for the CGE functions of public education and information, research, legal services, and finance differs in accordance with the prioritisation of such functions, with the biggest allocation of 37% going to public education and information, 37% to research, 14% to legal services and 12% (lowest) to finance (see pie chart in Figure 4.4). The justification for this difference is based on the fact that compared to the legal services and finance departments, the public education and information and research departments do most of the outreach work which requires more travel, accommodation, catering, development of resource material, editing and printing and, thus, requires more funding (Commission on Gender Equality of South Africa Annual Reports, 2010/11, 2011/12 & 2012/13).

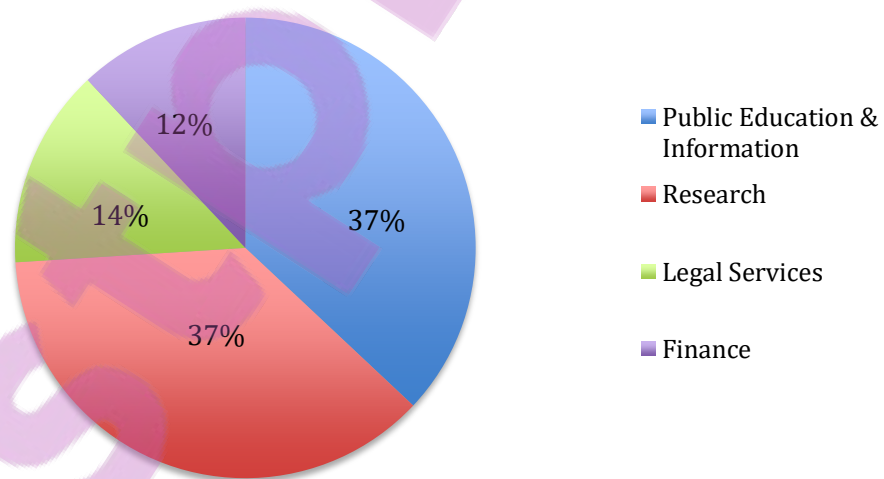


Figure 4.4: The CGE budget allocation per mandate area (N = R62 million)

The perception of the commissioners, senior managers and other personnel involved in implementing the mandate of the CGE was that a strategy aimed at optimising the integration of HIV/Aids issues into the CGE mandate should consider an integrated approach to service

delivery and should have a more flexible budget that could cut across the various mandate areas. For example, the legal services department that is responsible for the legal implications of development indicators set by the CGE, through indicator-related complaints, and for making submissions during the law-making processes to Parliament, could make use of the services and budget of the research department when consulting on the law-making processes with the public.

Senior Management and Other Personnel Skills and Qualifications

Senior management and other personnel involved in implementing the mandate of the CGE were generally skilled with the lowest qualified member possessing a matriculation certificate and the highest qualified a master's degree (see Table 4.1 below). All senior management appointed at the CGE were at the postgraduate level, thus providing highly skilled personnel for the CGE to implement the mandate as guided by the selected indicators of poverty, gender-based violence, culture, tradition and religion, and good governance.

This high level of skills available provides a sufficient base for the development of a strategy to optimise the integration of women and HIV/Aids issues into the CGE mandate. However, the CGE should include an HIV/Aids qualification or background as part of the criteria for appointment, especially for the appointment of the head of public education and information and the head of research. This criterion for appointment could also promote and facilitate the CGE's ability to develop programmes on public awareness and monitoring to bring women and HIV/Aids issues into the mainstream. Awareness and monitoring generally stimulates activism around issues including women and HIV/Aids issues.

Senior Management's Perceptions on the Skills Available to Fulfil the Mandate of the CGE

Senior management is of the opinion that the CGE skills base coupled with necessary experience in gender issues, which is recruitment entry requirement, is broad enough to effectively respond to the CGE mandate. As Table 4.1 below indicates, the majority of the personnel interviewed were experienced and informed middle managers responsible for subdivisions in the CGE at head office and in the selected provinces. The subdivisions represented were communications and media liaison; public relations; human resources; parliamentary liaison; information technology; senior officers in the four main departments (public education and information; research; legal and finance); and provincial coordinators.

Table 4.1: Distribution of qualifications of CGE senior management and other personnel interviewed and involved in implementing the mandate of the CGE

Positions	Gauteng	Limpopo	Mpumalanga	Western Cape	Head Office
Commissioners					From post matriculation diploma to Master's Degree
CEO					Postgraduate qualification
Head: Public education and information					Postgraduate qualification
Head: Research					Postgraduate qualification
Head: Legal services					Postgraduate qualification
Head: Finances					Postgraduate qualification
Provincial coordinator	Degree	Degree	Degree	Degree	
Public education and information	National diploma	Degree	National diploma	National diploma	
Legal	Degree	Degree	Degree	Postgraduate	
Research	Degree	Degree	Degree	Degree	
Finance	National diploma	National diploma	National diploma	National diploma	
Communications					Degree
Education specialist					Degree



Positions (cont'd)	Gauteng	Limpopo	Mpumalanga	Western Cape	Head Office
Administrator in the office of the CEO					National diploma
Finance officer					National diploma
Legal officer					National diploma

In the main, the skills that were available included skills in the social sciences, education, research, law and finance, in accordance with the CGE mandate requirements, and were sufficient to enable a response to local and international gender, women and HIV/Aids related instruments.

The analysis of the CGE policy documents indicated that the criterion for appointing commissioners with regard to educational qualifications is not clearly catered for. Sections 3(a) and (b) of the CGE Act state as the appointment requirements only that prospective commissioners should

- have a record of commitment to the promotion of gender equality, and
- be persons with applicable knowledge or experience with regard to matters connected with the objects of the Commission.

Furthermore, subsection (2)(c) of the CGE Act indicates that the appointment of the commissioners will be approved by a joint resolution of the Parliamentary National Assembly and the Senate of the National Council of Provinces. Applications for the position of commissioners in the form of nominations are invited from the general South African public (South Africa, 1996b:s 3).

Senior Management and other Personnel Perceptions on Segregation of Responsibilities

Ninety per cent of senior management and the other personnel involved in implementing the mandate of the CGE, with the exception of three of the other personnel involved in implementing the mandate who voiced no opinions (10% of the sample), are of the opinion that the segregation of responsibilities was not observed by commissioners (see pie chart in Figure 4.5 below). They also expressed the view that this interference in the segregation of responsibilities resulted in tensions that led to a confusion of roles. The tension in the work environment of the CGE could be the cause of the high staff turnover discussed earlier under CGE personnel retention.

Perceptions on Role Confusion by Senior Management and other Personnel

The expression by 90% of senior management and personnel that there is interference in and noncompliance by commissioners with the good governance principle of segregation of responsibilities (as indicated in Figure 4.5 below) was followed by an opinion by senior management and other personnel that the source of role confusion could be provisions made in two pieces of legislation (CGE Act of 1996 and the PFMA of 1999) that govern the participation of commissioners and senior management in the CGE. It emerged that these two statutes are not harmonised in respect of the execution of responsibilities by the commissioners and senior management on a day-to-day basis. The CGE Act regards commissioners as the custodians of the CGE, with the CEO, who is appointed by the commissioners, heading operations. Once the CEO has been appointed as head of operations and the CGE has been allocated a budget by Treasury, the accountability mechanisms for the disbursement of public funds is governed by the PFMA and Treasury Regulations. The PFMA recognises the CEO, through his or her delegated responsibilities, as the sole proprietor of CGE funds and as an accounting officer, with the commissioners as the executive in terms of the same Act

overseeing the spending. All the senior managers are of the opinion that the head of operations, that is, the CEO of the CGE and also the accounting officer in terms of the PFMA, found it challenging to exercise full control over spending that was often confused by the demands of the commissioners who interpreted their responsibility in terms of section (8) of the CGE Act as the custodians of the CGE. In other words, their understanding was that they had full or overall control of the CGE, including the spending, instead of merely overseeing the spending. This endorses the opinion expressed by senior management and the other personnel involved that there is noncompliance by commissioners to the good governance principle of segregation of responsibilities.

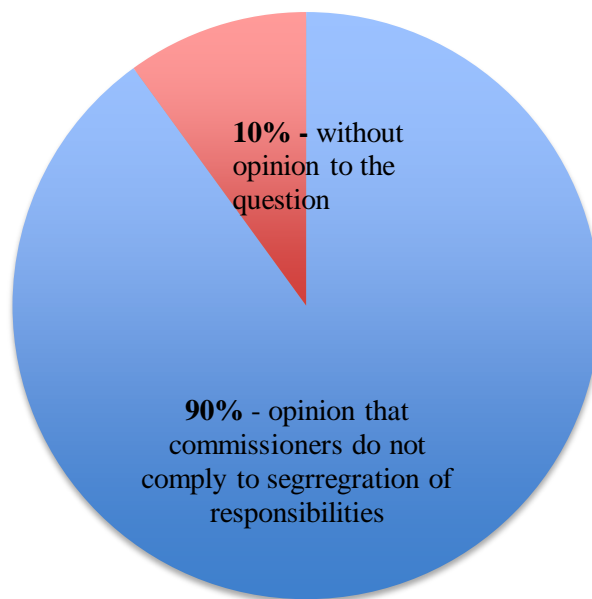


Figure 4.5: Senior managers and other personnel perceptions on the adherence by commissioners to good governance principle of segregation of responsibilities (n=32)

Perceptions of Commissioners, Senior Management and Personnel on the role of Commissioners

The responses to the question posed to commissioners, senior management and personnel on the role of the commissioners indicated that all the parties (100%) interviewed had a clear

understanding of the role of the commissioners in accordance with the mandate as outlined in the CGE Act, as follows:

- Monitor all organs of society to ensure that gender equality is safeguarded and promoted.
- Assess all legislation from a gender perspective.
- Commission research and make recommendations to Parliament and other authorities.
- Educate and inform the public on issues of gender.
- Investigate complaints on gender-related issues.
- Monitor South Africa's progress towards gender equality in relation to international norms.

This response by all commissioners, senior management and personnel involved indicates that there is a full understanding (100%) of the role of commissioners regardless of the perception by senior management and other personnel that there is interference in the segregation of responsibilities resulting in tensions that, in turn, led to a confusion of roles. In other words, the commissioners who clearly understand their roles overstep their mandate to the effect that tension develops, which negatively affects the work environment at the CGE. In order for the CGE to realise the objectives of this study, issues of women and HIV/Aids should be infused by commissioners in their roles as custodians of the CGE in accordance with the CGE Act of 1996.

100% Understanding of the role of commissioners by commissioners

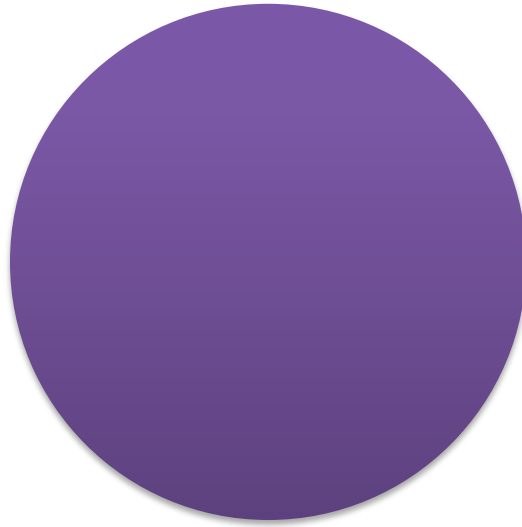


Figure 4.6: Commissioners', senior management's and other personnel's understanding of the commissioners' role

100% Understanding of the role of commissioners by senior management

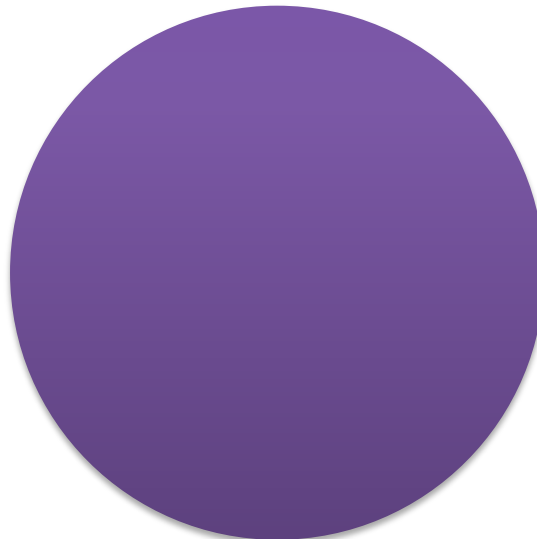


Figure 4.7: Senior management's understanding of the commissioners' role

100% Understanding of the role of commissioners by personnel involved in implementing the mandate of the CGE

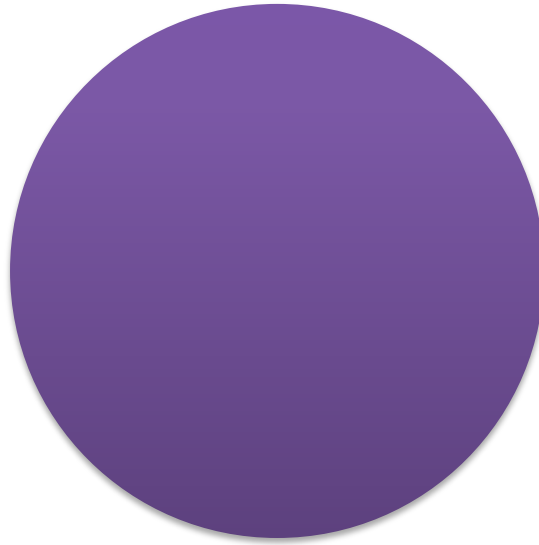


Figure 4.8: Personnel's understanding of the commissioners' role

Other factors contributing to Commissioners', Senior Management's and Other Personnel's Perceptions of the Development of a Strategy to Optimise Integration of HIV/Aids in the Mandate of the CGE

All senior management interviewed made reference to diverse information in the CGE annual reports that mention factors that may negatively impact on the ability of the CGE to develop a strategy to optimise the integration of HIV/Aids issues in the mandate. The diverse perceptions of commissioners, senior management and other personnel included their views about the lack of a policy to guide the integration process, the only policy available at the time of the study being the CGE human resources' HIV/Aids policy (Commission on Gender Equality Strategic Plan, 2010/11, 2011/12 & 2012/13). Commissioners, senior management and other personnel agreed that the CGE had failed to look into the development of women and HIV/Aids policy but provided different views about where they thought the process that failed is currently per Figure 4.9.

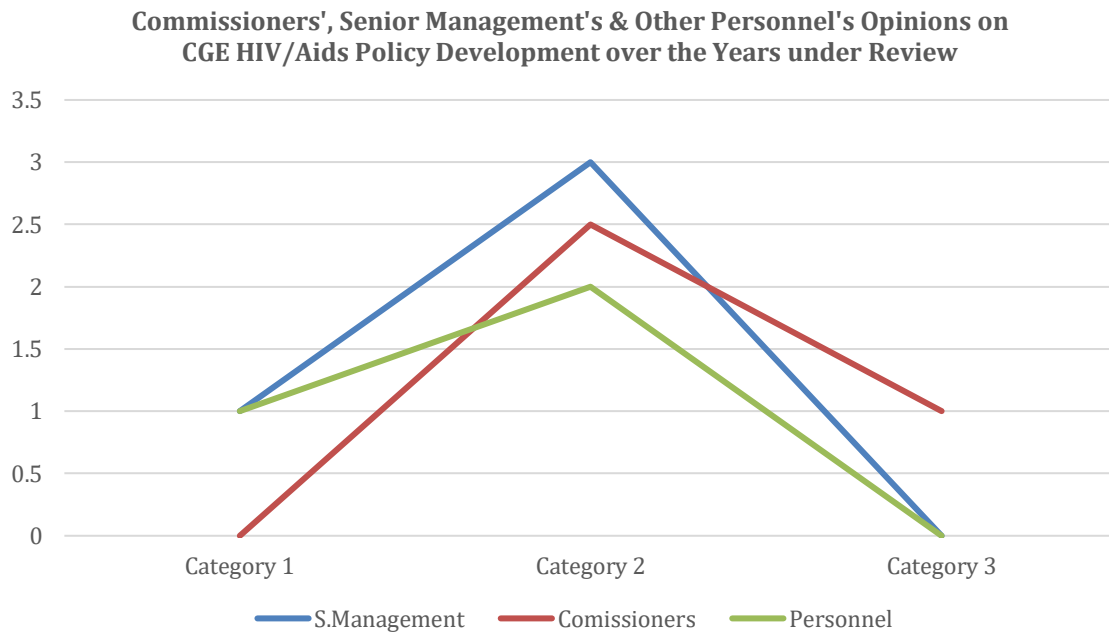


Figure 4.9: Commissioners', senior management's and other personnel's opinions on CGE HIV/Aids policy development over the years under review

The response from commissioners gave the impression that there was a time when a HIV/Aids policy development process was seriously considered but all participants (commissioners, senior management and other personnel) conceded to the fact that the process was at its lowest ebb in the years under review (see Figure 4.9).

Problems highlighted in this regard were the lack of consultation with senior management when commissioners make decisions in what is labelled 'closed plenary', which in essence should only be used as commissioners' caucus meetings (Commission on Gender Equality Minutes of Plenary Meetings, 2010/11, 2011/12 & 2012/13); lack of capacity to monitor gender mainstreaming in all sectors, including the health sector due to the broad national mandate; low budget as qualitatively assessed under the heading "Budget as a Contributory Factor to the Effective Integration" (see Figure 4.4) (Commission on Gender Equality Strategic Plan, 2010/11, 2011/12 & 2012/13); overburdened skilled personnel in accordance with Figure 4.5

as a result of staff shortages; ongoing vacant positions created by the high staff turnover as illustrated in Figure 4.3 and a working environment characterised by tension outlined under the heading “The Perceptions of Senior Managers on the Segregation of Responsibilities” between the CEO, as the accounting officer in terms of the Public Finance and Management Act, and the commissioners in terms of CGE Act, which often resulted in CEOs leaving the CGE not because their term of office had ended but because of a breakdown in relationships with the commissioners (Commission on Gender Equality Annual Reports, 2010/11, 2011/12 & 2012/13).

Involvement with CGE-related Policies

In order for the CGE to effectively develop a strategy to optimise the integration of women and HIV/Aids issues in the mandate, the CGE should comply with obligations related to local and international policies, such as the Constitution of the Republic of South Africa, the CGE Act, CEDAW and BPFA and the MDGs and SDGs, as discussed in the literature review.

The responses to the question on the level of involvement with CGE-related policies (see Figures 4.6, 4.7 and 4.8) differed significantly between the commissioners whose involvement with such policies is at 82.2%, senior management involvement at 82.25% and the other personnel involvement at 72.5%. The involvement of the commissioners and senior management in these policies was found to be high, while the involvement of other personnel involved in implementing the mandate of the CGE was found to be lower than that of commissioners and senior managers.

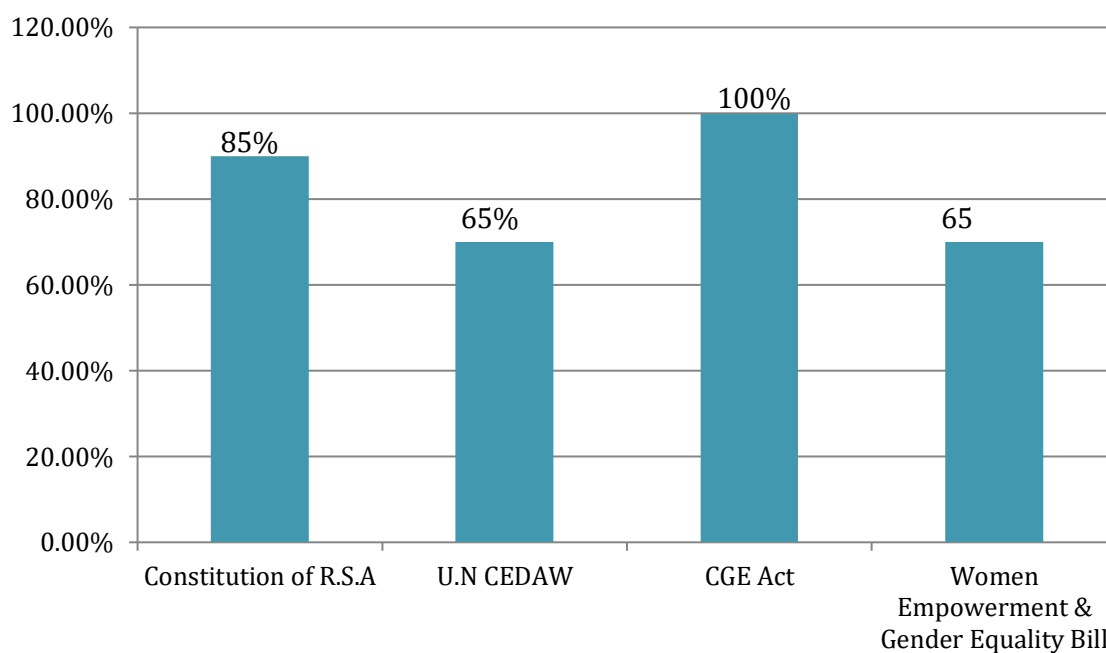


Figure 4.10: Commissioners' level of involvement with CGE-related policies

Note:(0% = lowest or no involvement; 100% = highest or total involvement)

The commissioners' high level of involvement in the CGE-related policies signified the CGE's ability to develop relevant, policy-related, responsive programmes. In a nutshell, this observation demonstrated the ability of the CGE to excel in terms of all performance indicators of poverty, gender-based violence, culture, tradition and religion, and good governance, as outlined in the Commission on Gender Equality Report on Performance Target – extract from 2014/15 Annual Report (Annexure 7).

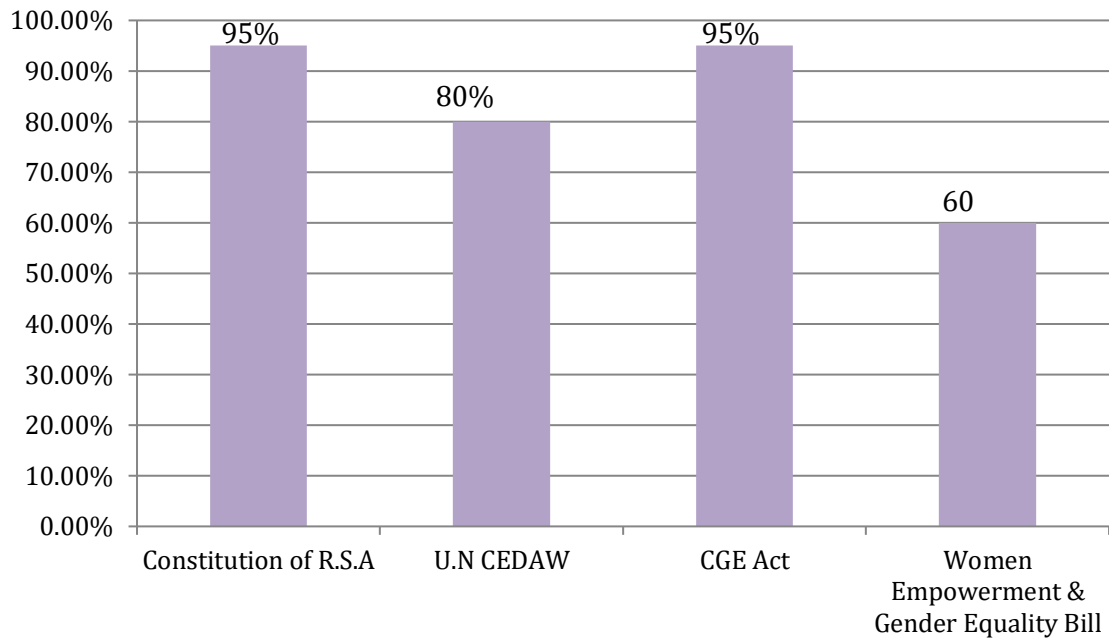


Figure 4.11: Senior management's level of involvement with CGE-related policies

Note: 0% = lowest or no involvement; 100% = highest or total involvement

Senior management's high level of involvement with CGE- related policies also signified the CGE's ability to implement relevant, policy-related, responsive programmes. In addition, this high level of involvement with CGE-related policies impacted positively on the other personnel's ability to implement programmes. The same policies could be used by senior management to strengthen the women and HIV/Aids programme.

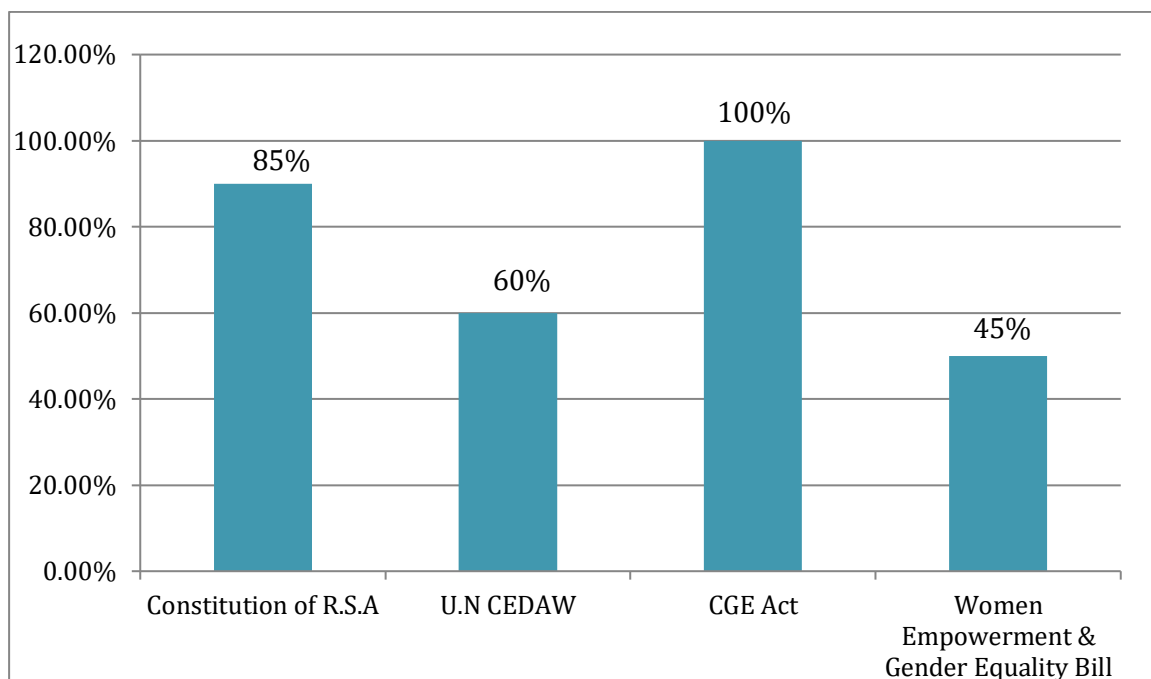


Figure 4.12: Personnel level of involvement in implementing the mandate of the CGE with CGE-related policies
Note: 0% = lowest or no involvement; 100% = highest or total involvement

The responses of the commissioners and senior management indicated that the CGE complied with related policies. The study found that the commissioners and senior management possess a sound understanding of CGE-related policies such as the constitutional imperatives, including the CGE Act, CEDAW, BPFA, MDGs and SDGs and, yet, there continued to be a glaring gap relating to women and HIV/Aids issues (Figures 4.9, 4.10 & 4.11). This gap relating to women and HIV/Aids issues implies that the CGE’s monitoring capacity in terms of section 11 of the CGE Act is limited. The level of involvement of other personnel with CGE-related policies signified the CGE personnel’s ability to implement relevant, policy-related, responsive programmes. This involvement with CGE-related policies was lower than that of the commissioners and senior management but may not adversely affect the operations of the CGE, as the performance of other personnel is dependent on programmes that are led and guided by senior managers who demonstrated a high level of involvement with CGE-related policies.

Personnel Perceptions on CGE Strategic Plans

Of the 25 other personnel involved in implementing the mandate of the CGE who were interviewed in the four provinces, 92% (23) were of the opinion that CGE Strategic Plans and Annual Reports for the 2010/11, 2011/12 and 2013 financial years, as well as the Vision, Mission and Strategic Intent documents, did not make direct reference to HIV/Aids. This response was confirmed by the CGE records, as the document analysis found that neither the 2010/11, 2011/12 and 2013 Strategic Plans nor the 2010/11, 2011/12 and 2013 CGE Annual Reports made direct reference to HIV/Aids (Commission on Gender Equality of South Africa Strategic Plan, 2010/11:4). In addition, the same percentage of 92% (23) of the other personnel involved in implementing the mandate of the CGE were of the opinion that the delivery gap regarding the integration of women and HIV/Aids issues into the mandate of the CGE was the result of the commissioners' limited focus on women and HIV/Aids policy development in the fulfilment of the CGE mandate.

The study found that 8% (2) only of other personnel involved in implementing the mandate of the CGE who were interviewed expressed different views on this issue, although this was probably the result of the limited information due to the limited time they have spent at the CGE as newly appointed personnel (less than a year with the CGE). At the time of the study, the CGE did not have in place a strategy to optimise the integration of women and HIV/Aids issues into its main functions of education and information, research, legal services, and finance. As already stated, these functions were measured in terms of the four main indicators of poverty – gender-based violence, culture, tradition, and religion.

The outcomes of the Annual Strategic Plans of the CGE were analysed using the annual reports for three consecutive years, namely, 2010/11, 2011/12 and 2013, and comparing them with the

interview responses for the purposes of verification, as well as to assess CGE reporting on the level of integration of HIV/Aids in its mandate.

The CGE Annual Report Card gender mainstreaming assessment and monitoring tool does not monitor the integration of HIV/Aids issues in government departments and targeted institutions (see CGE Report on Performance Targets [Annexure 7]).

Perceptions of Commissioners, Senior Management and Other Personnel on Indicators used in the CGE Mandate Areas

All the commissioners, senior management and other personnel involved in implementing the mandate of the CGE were of the opinion that the types of indicator used by the CGE, namely, poverty, gender-based violence, culture, tradition and religion, were relevant and appropriate and, to a large extent, covered the women's sector areas of concern except in terms of HIV/Aids issues. All the commissioners, senior management and other personnel involved in implementing the mandate in all mandate areas, such as education and information, research, legal services, and finance, reported a low level of integration of HIV/Aids into programmes (see the graph in Figure 4.13).

The responses regarding the perceived level of integration of women and HIV/Aids issues into the mandate of the CGE revealed that the commissioners, senior management and other personnel involved in implementing the mandate of the CGE were of the opinion that women and HIV/Aids issues were not being integrated fully into this mandate. The majority of the responses indicated that there was rarely, if any, dedicated focus on issues relating to HIV/Aids during CGE strategic planning sessions. In addition, the responses from senior management and the personnel involved indicated that there was no CGE policy that initiated or guided the integration of women and HIV/Aids issues into CGE operations. The responses from senior

management also indicated that they could only act on a policy that had been translated into strategic plans that had, in turn, been approved by their commissioners as their principals.

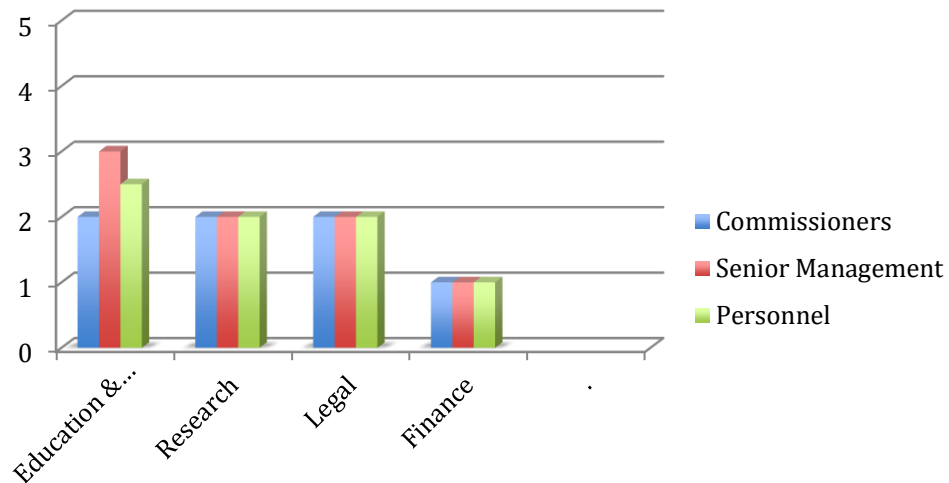


Figure 4.13: Perceived level of HIV/Aids integration into the CGE mandate areas: public education and information, research, legal services, and finance

Customised Women and HIV/Aids Development Index

As indicated in the theoretical framework or grounding, as articulated in Chapter 3, the study analysed already existing information gathered from various sources to develop an aerial view of the situation of women and HIV/Aids in South Africa. The intention was to provide a base for the development of a strategy to optimise the integration of women and HIV/Aids issues in the CGE mandate using a customised index.

The UN Human Development Index (HDI) which is used by the United Nations Development Programme (UNDP) in its human development report assesses the quality of life of people globally and the effect it has on development issues such as health, education and standard of living. The UNDP index also ranks countries in order to provide an indication of those

countries that may be regarded as developed, medium developed, less developed or underdeveloped. The HDI is a composite statistic of life expectancy, education and per capita income indicators, which are used to rank countries into four tiers of human development. With regard to the HDI value, a country scores higher on the HDI when the lifespan, which is affected by the quality of life of the population, is higher, the education level is higher, the GDP per capita is higher, the fertility rate is lower, and the inflation rate is lower (United Nations, 2012b:20).

In this study, the factors influencing the development of a strategy to optimise the integration of HIV/Aids into the mandate of the CGE, such as the level of personnel qualifications, budgetary allocation and the CGE's level of involvement with related policies, were studied in relation to indicators such as poverty, gender-based violence, culture, tradition and religion, and good governance in order to assess the level of integration of women and HIV/Aids issues in the CGE mandate. The UNDP, for example, links good governance with sustainable development that is based on respect for the rule of law and the elimination of poverty through a better quality of life (United Nations, 1994:2). The HDI distinguishes between country-specific data, which is used to demonstrate the development ranking of countries, and the extent to which development impacts on the lives of women, men and children (Klasen & Pieters. 2015:234). Examples of countries standings on the HDI, including the HDI for South Africa, as used in the UNDP Human Development Reports, are presented below in Tables 4.2 and 4.3. Every calculation is a per capita calculation, meaning that population demographics are paramount in analysing development issues.

Table 4.2: Extract from UNDP 2014 Human Development Index Report (HDI)

Country	HDI	Life expectancy at birth	Expected years of schooling	Mean years of schooling	Gross national income (GNI) per capita	GNI per capita rank minus HDI rank
	Value	(years)	(years)	(years)	(2011 PPP \$)	
	2014	2014	2014	2014	2014	2014
VERY HIGH HUMAN DEVELOPMENT						
Norway	0.944	81.6	17.5	12.6	64,992	5
Australia	0.935	82.4	20.2	13.0	42,261	17
Switzerland	0.930	83.0	15.8	12.8	56,431	6
Denmark	0.923	80.2	18.7	12.7	44,025	11
Netherlands	0.922	81.6	17.9	11.9	45,435	9
Germany	0.916	80.9	16.5	13.1	43,919	11
Ireland	0.916	80.9	18.6	12.2	39,568	16
United States	0.915	79.1	16.5	12.9	52,947	3
Canada	0.913	82.0	15.9	13.0	42,155	11
New Zealand	0.913	81.8	19.2	12.5	32,689	23
Singapore	0.912	83.0	15.4	10.6	76,628	-7
MEDIUM HUMAN DEVELOPMENT						
Botswana	0.698	64.5	12.5	8.9e	16,646	9
Moldova (Republic of)	0.693	71.6	11.9	11.2	5,223	12
Egypt	0.690	71.1	13.5	6.6e	10,512	13
Turkmenistan	0.688	65.6	10.8	9.9r	13,066	16
Gabon	0.684	64.4	12.51	7.8y	16,367	-11
Indonesia	0.684	68.9	13.0	7.6z	9,788	7
Paraguay	0.679	72.9	11.9	7.7b	7,643	0
Palestine, State of	0.677	72.9	13.0	8.9	4,699x	4
Uzbekistan	0.675	68.4	11.5	10.9aa	5,567	-5
Philippines	0.668	68.2	11.3	8.9d	7,915	0
El Salvador	0.666	73.0	12.3	6.5	7,349	12
South Africa	0.666	57.4	13.6	9.9	12,122	7

Source: Extract from UNDP 2014 Human Development Report

Table 4.3: UNDP 2014 South Africa’s HDI trends based on consistent time series data and new goalposts

Year	Life expectancy at birth	Expected years of schooling	Mean years of schooling	GNI per capita (2011 PPP\$)	HDI value
1980	56.9		4.9	10,843	
1985	59.9		4.9	10,188	
1990	62.1	11.4	6.5	9,987	0.621
1995	61.4	13.1	8.2	9,566	0.654
2000	55.9	13.2	8.8	9,719	0.632
2005	51.6	13.4	8.9	10,935	0.613
2010	54.5	13.5	9.6	11,833	0.643
2011	55.5	13.5	9.7	11,977	0.651
2012	56.3	13.6	9.9	12,041	0.659
2013	56.9	13.6	9.9	12,134	0.663
2014	57.4	13.6	9.9	12,122	0.666

Source: Extract from UNDP 2014 Human Development Report

The discussion on theoretical grounding in Chapter 1 identified women and HIV/Aids as a development issue related to quality of life, as measured globally by the UNDP using the HDI (see Figure 4.13 and Table 4.2). Quality of life, as already discussed in the literature review, is an assessment of an individual’s wellbeing and development or the lack thereof (Frey & Stutzer. 2010:18). In calculating HDI values, a country scores higher when the lifespan of the population is higher, the education level is higher, the GDP per capita is higher, the fertility rate is lower, and the inflation rate is lower (United Nations, 2012:20). Similarly, the CGE, which deals with women and development issues, utilises indicators such as poverty, gender-based violence, culture, tradition and religion, and good governance, to measure performance in terms of development and advancement of the status of women. Accordingly, the study looked at the development of strategy to optimise the integration of HIV/Aids in the CGE mandate, owing to the fact that it has a negative impact on women’s quality of life. The customised women and HIV/Aids development index below could be used to justify, using known factors that impact negatively or positively on the lives of women, the thinking that prompts studies of this nature and subsequent actions.

Table 4.4: Customised women and HIV/Aids development index

Dominant Legal System(Governance)	Traditional	Mixed	Roman Dutch	Traditional	Mixed	Mixed	Mixed	Mixed	Roman Dutch	
Dominant life style or culture tradition	Urban /Rural	Urban /Rural	Metropolitan	Urban /Rural	Urban /Rural	Urban /Rural	Urban /Rural	Urban /Rural	Metropolitan	
GBV Crime Statistics	9224	4092	9902	9079	4312	3494	1578	4585	7369	
Level of poverty in % per welfare grants received	51	55	54	62	61	59	54	58	50	
Reduction in deaths related to HIV?AIDS treatment	2013	6.6	12.6	10.3	11.7	8.0	14.1	5.9	11.3	3.8
	2012	6.8	12.6	10.8	15.2	8.8	15.2	5.4	10.9	1.9
	2011	9.0	14.9	14.7	16.5	9.8	15.4	8.4	10.3	10.7
	2010	9.3	15.0	14.9	16.7	9.9	15.9	8.9	10.8	10.2
HIV Prevalence by % in Antenatal Clinics per Province	2013	29.3	32.5	28.7	37.4	22.1	36.7	17.0	30.2	18.2
	2012	29.9	30.6	30.4	39.5	21.	35.1	18.4	29.6	18.5
	2011	28.1	30.1	29.8	39.5	21.4	34.7	17.2	30.0	16.9
	2010	27.6	32.9	29.9	38.7	20.7	35.5	16.2	31.0	16.1
South African Porpulation per Province	2013	6 916 200	2 817 900	13 200 300	10 919 100	5 726 800	4 283 900	1 185 600	3 707 000	6 200 100
	2012	6 620 100	2 753 200	12 728 400	10 456 900	5 518 000	4 128 000	1 162 900	3 597 600	6 016 900
	2011	6 829 958	2 759 644	11 328 203	10 819 130	5 554 657	3 657 181	1 096 731	3 253 390	5 287 863
	2010	6 743 800	2 824 500	11 191 700	10 645 400	5 439 600	3 617 600	1 103 900	3 200 900	5 223 900
Province	Eastern Cape	Free State	Gauteng	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	

Combined source of Information

Population Estimates. 2010, Statistical Release PO302

Statistics SA Mid-Year Population Estimates. 2011, Statistical Release PO302

Statistics SA Mid-Year Population Estimates. 2012, Statistical Release PO302

Statistics SA Mid-Year Population Estimates. 2013, Statistical Release PO302

Heron (2012)

SAPS National Crime Statistics 2014/15

The index in Table 4.4 shows South Africa's performance in relation to women and HIV/Aids development issues in the context of the already existing CGE indicators of poverty, gender-based violence, cultural, tradition and religion, and good governance.

The customised women and HIV/Aids development index above provides an aerial view of the situation of women and HIV/Aids in South Africa per province by using statistics from Stats SA and SAPS that inform CGE indicators. The statistics from Stats SA utilised provided for the years under review per province, information on population numbers per province, HIV/Aids prevalence among women, HIV/Aids deaths per province, poverty levels, legal system utilised (traditional or Roman Dutch law), dominant culture and tradition, urban or rural (Stats SA, 2010/11, 2011/12 and 2012/13). Other statistics utilised for the customised index were crime statistics inclusive of gender based violence per province from SAPS statistics (South Africa, 2015:41). Both poverty and crime levels had to be looked at in the context of the provincial population statistics to determine the extent to which a province is affected. KwaZulu-Natal has the highest number of recipients of welfare grants (an indication of poverty). It should be noted that KwaZulu-Natal is followed in numbers of recipients of welfare grants by Limpopo and Mpumalanga. Again, KwaZulu-Natal has the highest population. This points to KwaZulu-Natal as the province with the largest number of poor South Africans. In addition, there appears to be a relationship between this number and the high levels of HIV/Aids among young women between the ages of 14 and 25 as per statistics on the prevalence of HIV/Aids among women in the development index above (Table 4.3). The customised women and HIV/Aids development index above demonstrates that the prevalence of HIV/Aids among young women between the ages of 14 and 25 is extremely high in both KwaZulu-Natal (37% of the provincial population statistics for the years under review) and Mpumalanga (36% of the provincial population statistics for the years under review), while the prevalence of HIV/Aids among young women between the ages of 14 and 25 in Limpopo for the same period was low (22%). The demonstrated association between the customised women and HIV/Aids development index of poverty and women and HIV/Aids confirms that HIV/Aids affects women's quality of life and should be dealt with as a development issue.

Studies have identified gender-based violence as a debilitating factor that slows down women's development (Nwaiwu, 2012:23).

According to SAPS National Crime Statistics 2014/15 (South Africa, 2015) Gauteng has the highest gender-based violence statistics of 9 902 but when the numbers are compared with the population of the province of 13 200 300, it emerges that the Western Cape has the highest gender-based violence statistics of 7 369 for the population of 6 200 100 (South Africa, 2015).

Governance in South Africa takes place via diverse practices such as Roman Dutch law based on statutes which is invoked by the judiciary and traditional law as practised by traditional courts (traditional courts will, in future, be governed in accordance with the Traditional Courts Bill that is soon to be introduced in Parliament), as well as a mixed system that applies both practices in order to promote respect for the rule of law and the preservation of democracy and good governance. Good governance in all provinces has as its foundation in the democratic Constitution of the Republic South Africa (South Africa, 1996a).

However, in all the provinces the customised index indicates a significant decline in the number of HIV/Aids-related deaths among women. This may be attributed to the rigorous HIV/Aids treatment interventions introduced by the South African government which were discussed in the literature review and have positively impacted on the quality of life of women. The National Strategic Plan for HIV, TB and STIs of the National Aids Council (South Africa, 2012b) calls for more interventions in the area of HIV/Aids towards an HIV/Aids-free South Africa; hence the need to develop a strategy to optimise the integration of HIV/Aids in the CGE mandate. The customised index is a planning and reporting tool the CGE can utilise and continue to update over the years to guide and prioritise areas of intervention for inclusion in a strategy to optimise the integration of HIV/Aids in the Annual Strategic Plans of the CGE.



Focus Group Discussion Outcome

It was found that, in the main, the focus group participants were satisfied with the service they had received from the CGE, from the empathic reception they received up to the introduction to the officer who had diligently handled their complaint. The focus group participants reported that their complaints had been resolved satisfactorily with the exception of one complaint that had not yet been resolved. However, they indicated that no women and HIV/Aids issues had formed part of the strategy that had been used to deal with their problems. They also indicated that the resource material displayed in the CGE did not cater for HIV/Aids.

All the participants indicated that, given an opportunity, they would advise any other person to seek and utilise the services of the CGE in the event of their encountering problems similar to the complaints registered with the CGE. In addition, all focus group participants conceded that the CGE services were rendered more attractive in view of the free services offered by highly skilled and qualified personnel (Table 4.1 above).

The general perception of the focus group participants was that provision was made for issues of poverty, gender-based violence, culture, tradition and religion, depending on the nature of the complaint registered with the CGE.

4.2. CONCLUSION

The analysis of the data provided a clear indication that the commissioners, senior management and other personnel perceived that women are represented in large numbers in the CGE in the lower echelons, while the few men are found largely in managerial positions, compromising the chances of women occupying these positions. Analysis of data provided found that the women who are already in the employment of the CGE are skilled and experienced. The CGE work environment was found to be characterised by tension due to role confusion between

commissioners and senior management caused by misinterpretation of legislative framework governing the CGE. This role confusion also led to financial risk as commissioners were found not to be complying with the audit principle of segregation of duties. The study found the budget allocated to the CGE as being not congruent with the broad mandate of the CGE, which includes all sectors in the country including the women and HIV/Aids sector. The CGE is operated in line with global trends and policies but was found wanting in terms of integrating women and HIV/Aids in the mandate.

The customised women and HIV/Aids development index provided an aerial view of the situation of women and HIV/Aids in South Africa that could be a base from which the CGE can begin planning for the development of a strategy to optimise the integration of HIV/Aids in the mandate. In other words, the customised index is a planning and reporting tool the CGE can utilise and continue to update over the years to guide and prioritise areas of intervention for inclusion in a strategy to optimise integration of HIV/Aids in the CGE Annual Strategic Plans. The findings from the focus group indicated that the services provided by the CGE to the public were generally deemed to be satisfactory, although there was a glaring gap in terms of the inclusion of women and HIV/Aids issues in the CGE strategic plans. Both the data analysed and the findings prepared the way for the development of a strategy to integrate women and HIV/Aids issues into the CGE mandate. This is discussed in detail in the next chapter which also examines the systems and mechanisms to be used to develop a strategy to optimise the integration of HIV/Aids in the mandate of the CGE.

CHAPTER 5

DISCUSSION OF FINDINGS AND RECOMMENDATIONS

5.1. INTRODUCTION

This study represents countless efforts by the women's sector internationally to bring about gender transformation globally in order to create a peaceful and liveable world for women, who, historically, have been exposed to patriarchy and whose needs have not been fully recognised. The change in attitudes and perceptions on the part of the international community, as clearly articulated in the treaties and protocols discussed in the literature review, also acknowledges the need for the development of women as a prerequisite to the advancement of their status in society.

As discussed in the literature review, UN Women advocates that states improve the health services provided for women and girls, in particular those affected by HIV/Aids (United Nations, 2015:6). However, the development of women is possible only in a favourable environment which is free from all forms of barriers and discrimination, including the limited HIV/Aids interventions that impact negatively on the quality of the life of women.

The customised women and HIV development index that was used as an analytical tool in Chapter 4 speaks directly to the CGE indicators of poverty, gender-based violence, culture, tradition and religion, and good governance. However, these indicators do not include an indicator which refers to women and HIV/Aids. The findings of this study must not be seen as detracting from the importance of either issues relating to men and children or the extent to which HIV/Aids impacts adversely on their lives; the study is based on existing information on the scourge of HIV/Aids and its impact on the lives of women in South Africa.

The research questions discussed in Chapter 1 interrogated in detail through the operations of the Commission on Gender Equality (CGE) whether or not issues of women and HIV/Aids are integrated in the mandate of the CGE, as well as of the reasons behind the inclusion or exclusion of issues pertaining to women and HIV/Aids in the CGE mandate. The study aimed to provide answers to the following research questions:

- How do commissioners and senior managers perceive the mandate of the CGE in the context of the integration of women and HIV/Aids issues in the mandate of the CGE?
- What are the factors contributing to the integration of women and HIV/Aids in the CGE programmes and activities?
- What strategy should be utilised in the order to optimise women and HIV/Aids interventions as an integral part of the mandate of the CGE?
- Will the study manage to produce results that will provide guidelines and recommendations in respect of the development of a strategy to optimise the integration of HIV/Aids issues into the mandate of the CGE?

The study succeeded in providing answers to these research questions taking into consideration the study outcomes on the main functions and performance indicators of the CGE:

- Public education and information
- Research
- Legal services
- Finance

Performance Indicators

- Poverty

- Gender-based violence,
- Culture, tradition and religion
- Good governance

The findings which emerged from the study in respect of the first research question, namely, “How do commissioners and senior managers perceive the mandate of the CGE in the context of integration of women and HIV/Aids issues into the mandate of the CGE?” are discussed below.

The study found that the perception of the commissioners and senior managers on the mandate of the CGE as a vehicle to transform gender relations and develop women to eradicate all societal inequalities was in line with the provisions of both the Constitution of the Republic of South Africa, 1996, and the Commission on Gender Equality Act No 39 of 1996 (CGE Act). In addition, the CGE Act ensures that the CGE complies with international treaties such as CEDAW and the CEDAW Protocol, which are intended to encourage governments of the world to commit to the development of women and the removal of all barriers to development, including the high prevalence of HIV/Aids and the lack of treatment for HIV/Aids. These international treaties and protocols were discussed at length in the literature review.

In addition, South Africa complies with sub-regional and regional treaties such as the SADC Protocol on Gender and Development and the AU Protocol on the Rights of Women. The study did not elaborate at length on either of these two because of their limited compliance monitoring mechanisms. In view of the fact that the data analysis highlighted the limited integration of women and HIV/Aids issues in the mandate of the CGE, with this view being endorsed by the study focus group, it would appear that the CGE has failed to monitor the implementation of its mandate in accordance with obligations of CGE-related policies and also

the monitoring provision as stipulated in section 11 of the CGE Act. This has implications for successful performance against the CGE indicators of poverty, gender-based violence, culture, tradition and religion, and good governance that are used to measure the impact of the CGE operations on the development and advancement of the status of women of South Africa.

The cornerstone of the Constitution of the Republic of South Africa, 1996, is the Bill of Rights which emphasises the protection of the fundamental human rights of the people of South Africa, including the rights of women. If these rights are to be realised it is recommended that a multidimensional or holistic approach to the issue of women's rights be adopted by the CGE. There are implications for women's rights implicit in every human right and this means that the mandate of the CGE should be both broad and cross cutting. This view speaks directly to the type of resources which should be available in South Africa to ensure the advancement of the status of women and the protection of their rights. However, qualitative data from the CGE Annual Strategic Plans, Budgets and Reports for the period 2010/11, 2011/12 and 2012/13 indicated that the resources made available by the government of South Africa to the CGE for the implementation of its mandate in accordance with the Commission on Gender Equality Act, 1996, are limited. On the other hand, the CGE policy does not include any provisions for guidelines on how women and HIV/Aids issues should be addressed.

Of significance in the implementation of the CGE's mandate are the experiences of South African women and the impact of their experiences on their lives. Worldwide and in South Africa, in particular, the advent of HIV/Aids has negatively affected the lives of countless women through death and poor quality of life. This was clearly illustrated in the analysis which was conducted using the customised women and development index. In the three years of this study, the Department of Health had started to report successful results for the HIV/Aids treatment programme rolled out by government. The Department of Health Annual Report of

2012/2013 attributes this success to the change in the treatment regime for people and, in particular, women living with HIV/Aids, which has taken place in the past few years. It is one of the aims of South Africa's National Development Plan to create, one day, an HIV/Aids-free South Africa, thus helping to create an HIV/Aids-free world. The perceptions of the CGE commissioners and senior managers on the mandate of the CGE in terms of its main functions, which are rolled out through its performance indicators, should help to respond to this call and encourage the inclusion of women and HIV/Aids issues as one of its performance indicators in the war against HIV/Aids.

The data analysis indicated that the commissioner, senior managers and other personnel involved in implementing the mandate of the CGE were aware of the limited work being done on women and HIV/Aids. In addition, the data analysed indicated that the CGE strategic plans and budgets did not include any provisions for women and HIV/Aids issues and, thus, the annual reports made no mention of women and HIV/Aids performance outcomes. This was attributed to the absence of a CGE policy on women and HIV/Aids.

The interviews conducted with the commissioners and senior management indicated that the reasons for the lack of action were twofold. Firstly, both the commissioners and senior management are not permanent appointees of the CGE. This may hamper the finalisation of plans should there be no clear end of the term reports from commissioners and senior managers. Senior managers provide exit reports when they leave the CGE, although this does not apply to commissioners. Secondly, as reported by the focus group conducted with women who had benefited from the services of the CGE, senior managers who are highly skilled and effective are overburdened as a result of the broad CGE mandate.

The study findings in respect of the second research question, namely, “What are the factors contributing to the integration of women and HIV/Aids issues into the CGE programmes and activities?” are discussed next. The data analysis indicated that there were diverse responses to the questions on the factors contributing to a possible strategy to optimise the integration of HIV/Aids in the mandate of the CGE. The responses from the commissioners and senior management cited a lack of policy in relation to guiding the integration process; a lack of consultation with senior management when the commissioners made closed plenary/board meeting decisions; low capacity to monitor gender mainstreaming in all sectors, including the health sector, as a result of the broad mandate; low budget; overburdened skilled personnel and a working environment characterised by tension (Plenary Minutes of the CGE for the years under review, 2010/11, 2011/12 & 2012/13, Canada funded CGE Organisational Scan Report, 2005).

Consultation with Senior Management when Commissioners make Decisions

The data analysis further indicated that the working environment of the Commission on Gender Equality was generally tense as a result of the confusion of the roles between commissioners and senior management who are, in the main, governed by two different statutes, namely, the CGE Act of 1996 and the PFMA. These statutes are not harmonised in terms of the commissioners’ and the senior managers’ execution of their responsibilities. According to the PFMA, the segregation of responsibilities is a financial control measure that should be observed at all times to ensure that the CGE receives clean, unqualified financial audits.

The lack of consultation with senior management by the commissioners when they make closed plenary decisions was also identified as a source of the tension in the CGE. It is thus recommended that the CGE take into account the extent to which this influences the high staff turnover which was one of the findings of the data analysis. It is possible that this evident high

staff turnover may impact negatively on the availability of the skills and experience required by the CGE if it is to integrate women and HIV/Aids issues into its mandate.

Furthermore, both senior management and the other personnel involved in implementing the mandate of the CGE were of the opinion that the CGE should utilise closed plenary meetings by the commissioners as caucus meetings only in order to avoid any violation of the principles of corporate governance. The making of decisions in the absence of management is not in line with corporate governance principles and may breed suspicion and contempt.

Capacity to Monitor Gender Mainstreaming

The national gender machinery (NGM) of South Africa's gender transformation agenda is extremely broad and it is intended to touch the lives of women in all spheres of life. Other arms of the NGM such as the Ministry for Women are responsible for building institutional mechanisms in government departments, for example gender focal points, in order to promote gender mainstreaming. The CGE is responsible for monitoring whether gender mainstreaming is actually taking place in both the public and the private sector. The study outcome indicated that this broad mandate was posing a challenge to a CGE, which is understaffed and underfunded. However, the CGE has attempted to address this challenge by focusing on the selected indicators of poverty, gender-based violence, culture, tradition and religion, and good governance.

Low Budget

The study outcome indicated that the CGE budget of an average of R62 million per annum over a number of years and without the budget being CPI linked and benchmarked with other institutions of this nature, both regionally and internationally, was insufficient to enable the CGE to fulfil its broad, cross-cutting, constitutional mandate. The limited budget in respect of

what has been articulated as a broad mandate that is intended to touch the lives of women in all spheres of life was clearly a contributory factor to the limitations that were hindering the development of a strategy to integrate women and HIV/Aids issues in the mandate of the CGE.

It is thus clear that the CGE should be provided with more financial resources that are commensurate with its mandate so as to enable the institution to develop a strategy to optimise the integration of HIV/Aids issues in its mandate.

Skills Required by CGE Personnel to Fulfil the Mandate

All senior management appointments at the CGE were at the postgraduate level, thus ensuring highly skilled personnel to implement the mandate as guided by the selected indicators of poverty, gender-based violence, culture, tradition and religion, and good governance. The majority of the personnel interviewed (75%) had experience working in institutions that addressed gender issues, while 15% only of the CGE personnel interviewed had some form of HIV/Aids-related qualification. The availability of this high level of skills in the CGE coupled with the level of knowledge and understanding of CGE-related policies, as indicated in the study outcome, should ensure a sound foundation for the development of a strategy to optimise the integration of HIV/Aids in the CGE mandate. In addition, it is recommended that CGE personnel be provided with on-the-job, women and HIV/Aids-related training.

There is a need to review the criteria for the appointment of senior management and other personnel involved in implementing the mandate of the CGE to include skills or background on women and HIV/Aids issues, especially for the head and the personnel of the public education and information section, as well as the head and the personnel of research, for more capacity in public awareness and research. These additional criteria should be based on CGE



research outcomes for the development of women and HIV/Aids issues sub-regionally, regionally and internationally.

The research findings in respect of the third research question, namely, “What strategy should be utilised in order to optimise HIV/Aids interventions as an integral aspect of the mandate of the CGE?” are discussed below.

The strategic objectives of the CGE at the time of the study did not include any provision for or activities planned to ensure the necessary interventions that would respond to South Africa’s war against HIV/Aids. Annexure 7, which is an extract from the CGE 2014/15 Annual Report in the form of a CGE Report on Performance Targets, clearly indicates, in accordance with the CGE main functions or strategic objectives and performance indicators, the absence of a women and HIV/Aids strategy.

For women and HIV/Aids issues to be successfully incorporated into the CGE operations, it is essential that an additional strategic objective that speaks to the CGE indicators of poverty, gender-based violence, culture, tradition and religion, and good governance be developed. The recommended strategy to optimise the integration of women and HIV/Aids issues in the CGE mandate is fully outlined in the next chapter, which makes conclusions and recommends a strategy to optimise the integration of women and HIV/Aids issues in the mandate. The strategy also considers recommendations outlined below based on the study findings.

The fourth research question was “Will the study manage to produce results that will provide guidelines and recommendations in respect of the development of a strategy to optimise the integration of HIV/Aids issues into the mandate of the CGE?”

The recommendations presented below are a guideline for developing a strategy to optimise the integration of HIV/Aids into the mandate of the CGE and are discussed in detail in the next chapter.

5.2. RECOMMENDATIONS

The recommendations put forward are based on the evidence from the study and culminate in a proposed strategy that is presented in the next chapter.

It is imperative that the experiences of women are taken into account in the development of women and the advancement of their status in line with the CGE mandate. In spite of the national and international emergent culture of incorporating women and HIV/AIDS issues into gender equality programmes, the CGE, despite its highly skilled personnel, was found to be lacking in this regard, with the study outcome indicating a limited capacity to deal with a broad mandate. When commissioners leave the CGE their leaving often results in a lack of continuity in terms of the services and plans delivered. This study sought to develop a strategy to optimise the integration of women and HIV/Aids issues into the mandate of the CGE. A number of factors were identified as influencing the integration of issues of women and HIV/Aids into this mandate. These factors include a lack of policy to guide the integration process; lack of consultation with senior management when commissioners hold closed plenary/board meetings; limited capacity to monitor gender mainstreaming in all sectors, including the health sector, due to a broad mandate; low budget; overburdened skilled personnel; high number of men in managerial positions in an organisation with a value base of representing the rights of women; and a working environment characterised by tension. In addition, the indecisiveness of commissioners on critical issues, such as the formulation of a women and HIV/Aids policy and the putting into practice of decisions made, impacted negatively on the delivery of the CGE

mandate, including the development of a strategy to optimise the integration of women and HIV/Aids issues into this mandate.

The study outcomes indicate that the working environment of the Commission on Gender Equality was generally tense. It appears that this tension arose from a confusion of the roles between the commissioners and senior management, who are governed by two different statutes, namely, the CGE Act and the PFMA. This often results in situations in which the audit principle of the segregation of responsibilities in terms of PFMA is not observed.

The study makes the following recommendations with regard to the development of a strategy to optimise HIV/Aids in the mandate of the CGE:

- The skewed representation of women in managerial positions in the CGE calls for the intensifying of skills development plans and resources to increase the number of women qualified to occupy managerial positions in organisations such as the CGE.
- The CGE should strengthen its internal regulations to address the apparent tension between management and commissioners, which clearly stems from the lack of segregation of duties and the overstepping of reporting lines by commissioners who often interfere in the operations and management which is the sphere of senior management. The main focus in this regard should be harmonising the CGE Act and the PFMA because, as discussed in the qualitative data analysis, the lack of accord between these two statutes was found to be the root cause of the role confusion. Addressing this would directly address the high staff turnover which the study has identified and which is attributed to the unbearable working conditions.
- There is a dire need for political will to provide an institutional mechanism for the advancement and empowerment of women. For example, the CGE should be provided

with more financial resources that are commensurate with its broad mandate to make possible the development of a feasible strategy to optimise the integration of women and HIV/Aids issues into its mandate. The current budget of the CGE is a breeding ground for failure to effectively implement the mandate.

- Oversight work of the CGE by Parliament as a Chapter Nine institution in terms of the Constitution of the Republic of South Africa needs to be strengthened through the use of Monitoring and Evaluation Department Annual Reports that clearly articulate the success or failure rate of state institutions in terms of their targets and deliverables. In addition, this oversight work should involve the development of a tracking system in relation to the recommendations contained in the annual reports to ensure that they are never overlooked or forgotten.
- The CGE should also develop an HIV/Aids policy that the study found to be absent. Such a move would allow the CGE to incorporate women and HIV/Aids issues into the CGE strategic plans. This, in turn, would help to optimise the integration of women and HIV/Aids issues into the mandate of the CGE.
- The CGE performance indicators of poverty, gender-based violence, culture, tradition and religion, and good governance should be reviewed to include women and HIV/Aids instead of continuing to assume that the women and HIV/Aids indicator will be taken care of by other strategic objectives, plans and performance indicators.
- The closed plenary meetings of the commissioners, which the study had found excluded senior management, should be used at caucus meetings only to avoid any violation of the corporate governance principles as a result of unilateral decisions on operations by the commissioners.
- The CGE should review the criteria for the appointment of senior management and other personnel involved in implementing the mandate of the CGE to include women

and HIV/Aids qualifications or background, especially in respect of appointments to the Public Awareness and Information Department and the Research Department. This move would promote public awareness and the availability of more empirical research on women and HIV/Aids issues as a result of research conducted by the CGE.

- The CGE Annual Report Card as a gender mainstreaming monitoring tool for government departments should be reviewed to ensure that it makes provision for the monitoring of the integration of women and HIV/Aids issues in government departments.
- The CGE should develop an exit strategy for commissioners with a clear process that would ensure availability of exit reports in the interests of continuity. The appointment of commissioners is already being staggered by the Parliament of the Republic of South Africa to ensure that their terms of office do not end at the same time, leaving the CGE without commissioners at some point.
- The CGE should review its personnel retention strategy in accordance with its human resources plan to address the high staff turnover which was identified in the data analysis.

CHAPTER 6

CONCLUSION AND RECOMMENDED STRATEGY TO OPTIMISE THE INTEGRATION OF WOMEN AND HIV/AIDS ISSUES IN THE MANDATE OF THE COMMISSION ON GENDER EQUALITY

6.1. INTRODUCTION

In this study an examination of the plenary minutes of the earlier years of the CGE indicate that the possibility of drafting a policy for developing a strategy to optimise the integration of women and HIV/Aids issues in the mandate of the CGE, had been discussed by the commissioners for more than one term (CGE Plenary Minutes of March 2005 to 2010). There is thus an indication that the matter had been interrogated over more than one term of tenure by the commissioners. All the commissioners and senior managers of the CGE who were interviewed agreed that the CGE had resolved years before to integrate women and HIV/Aids issues into the CGE mandate. However, all the senior managers interviewed expressed the opinion that the commissioners had done little or nothing to give effect to this resolution.

This implies that for the CGE to develop a strategy to optimise the integration of women and HIV/Aids issues in its mandate, the commissioners should formulate a policy for this purpose that should be linked to all the main strategic objectives and performance indicators of the CGE. This policy would then result in the CGE developing such a strategy. However, for such a strategy to be effective it would have to be linked to the CGE performance indicators – see for example the extract from the CGE performance targets of 2014/15 (Annexure 7). This would help to do away with the current assumption on the part of the commissioners that women and HIV/Aids issues are cross cutting issues and could be addressed through the existing strategic objectives and performance indicators as outlined in the literature review.

It is essential that oversight work by Parliament is strengthened through the use of the Annual Reports of the Monitoring and Evaluation Department which clearly indicate either the success or failure rate of institutions of this nature in terms of their targets and deliverables.

To this effect it has become imperative for the current strategic objectives framework approach of the CGE to be modified and to include a strategy to optimise the integration of women and HIV/Aids, as outlined below. This could be done in terms of the CGE 2013/14 strategic objectives framework by including an additional strategic objective 5. All strategic objectives frameworks for the CGE for the years under review did not include HIV/Aids. This additional CGE strategic objective should optimise the integration of women and HIV/Aids issues into the mandate of the CGE. This integration could also be executed through the four main functions of the CGE. In addition, this strategic objective should be developed on the basis of the outcomes of this research study, taking into consideration factors that contribute to the integration of women and HIV/Aids issues into the mandate of the CGE, such as personnel capacity building, creating a favourable work environment free from relationship tensions, the availability of funds, and personnel skills and experience.

The strategic framework is drafted annually for the forthcoming year during a strategic development workshop hosted by the CGE for commissioners, senior management and other personnel involved with the mandate of the CGE.

Table 6.1: Recommended CGE Strategic Objectives Framework including additional strategic objective 5 – integrating women and HIV/Aids issues in the mandate of the CGE – based on the 2013/14 Strategic Objectives Framework

Strategic Objective	Performance Indicator	Annual Target	Main Function	Expected Outcome
<p>Strategic Objective 1: To ensure the creation and implementation of an enabling legislative framework that promotes the attainment of gender equality.</p>	<p>All indicators: Poverty; gender-based violence; culture, tradition and religion.</p>	<p>Target: Participation in law-making processes to ensure that women’s issues are built into South Africa’s legislative framework. Twelve parliamentary bills per Annum.</p>	<p>Legal services and finance.</p>	<p>A legislative framework that is gender sensitive and ensures the elevation of women’s issues.</p>
<p>Strategic Objective 2: To protect and promote gender equality by engaging with relevant stakeholders to educate and raise awareness of issues of gender equality, challenge patriarchal perceptions and stereotypes and take action against infringements of gender rights through the implementation of appropriate redress.</p>	<p>All indicators: Poverty; gender-based violence; culture, tradition and religion and good governance.</p>	<p>Target: A society educated in constitutional rights, women’s rights and gender equality in order to promote social justice that deals with gender violations.</p>	<p>Public education and information, legal services and finance.</p>	<p>A society that is gender sensitive and understands women’s issues and the development of women while also improving the existing knowledge levels of women and girls about HIV/Aids matters</p>
<p>Strategic Objective 3: To monitor state compliance with sub-regional, regional and international conventions, covenants and charters which have been acceded to or ratified by the country and relating to the objectives of the Commission on Gender Equality.</p>	<p>All indicators: Poverty; gender-based violence; culture, tradition and religion and good governance.</p>	<p>Target: State compliance with sub-regional, regional and international commitments that promote gender equality and adherence to recommendations tabled in Parliament.</p>	<p>Finance, research and legal services.</p>	<p>Building a South Africa that is free from all forms of oppression and discrimination against women and measured by the extent to which women have achieved or developed by percentage in terms of the development index.</p>



Strategic Objective (cont'd)	Performance Indicator	Annual Target	Main Function	Expected Outcome
<p>Strategic Objective 4: To build an effective, efficient and sustainable institution that fulfils its constitutional mandate to gender transform South Africa.</p>	Good governance	Target: Develop and implement policies, procedures and systems for effective, efficient and sustainable institution	Office of the CEO	Building a well-run institution with high staff morale that will be brought about by personnel capacity building, establishing a favourable work environment free from relationships tensions, availability of funds and a high level of personnel skills and experience.
<p>Strategic Objective 5: Optimising the integration of HIV/Aids into the mandate of the CGE.</p>	All indicators: Poverty; gender-based violence; culture, tradition and religion, good governance and HIV/Aids	Target: Women living with and without HIV/Aids. More focus on the poorer provinces (KwaZulu-Natal, Limpopo and Mpumalanga) with the highest number of recipients of welfare grants – an indication of poverty that also correlates to high incidences of HIV/Aids	Public education and information, research, legal services and finance	Building a CGE that manages to participate meaningfully in South Africa's war against HIV/Aids in the interests of an HIV/Aids free society. Success of such an intervention may be measured through the improved quality of life associated with full enjoyment of safety, health and freedom from infections and the complications caused of HIV.

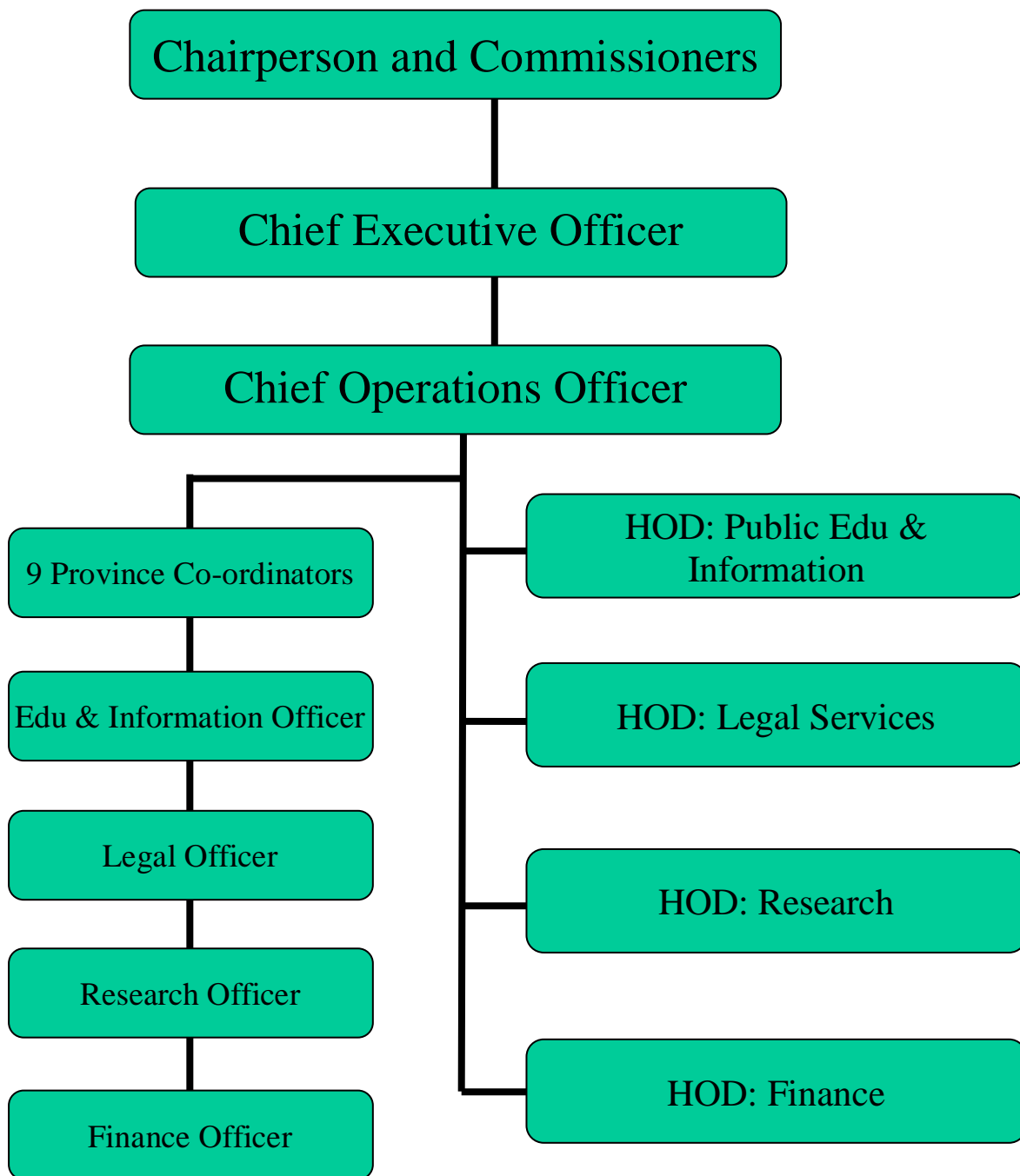


Figure 6.1: Recommended organogram of the CGE

Includes additional position of the chief operations officer for effective rollout of the strategy to optimise integration of HIV/Aids in the mandate of the CGE

The study has found that all heads of departments (HODs) and other personnel involved in the mandate of the CGE should have knowledge and understanding of women and HIV/Aids issues if these issues are to be infused into the work they are responsible for at the CGE.



The recommended additional position of chief operations officer for the CGE will add capacity, assist in coordinating operations and address any voids that may result when personnel leave the CGE. The position should, inter alia, be subject to the following requirements:

- business management degree or equivalent
- in-depth understanding of and application of management principles to issues of women and gender, including issues relating to women and HIV/Aids
- advanced understanding and application of CGE operations
- advanced understanding of CGE main functions and performance indicators
- advanced understanding of business performance management
- advanced understanding of the relevant and related policies governing the CGE.

6.2. MONITORING OF THE RECOMMENDED STRATEGY

Once the strategy is adopted by the CGE and women and HIV/Aids issues becomes one of the performance indicators, the CGE should include performance targets for women and HIV/Aids in its strategic planning documents. Future strategic management plans should also look at the feasibility of redrafting the vision and mission of the CGE in a way that promotes the optimisation of integration of women and HIV/Aids issues in the CGE mandate.

The CGE should also conduct a skills, qualifications and experience audit to determine the readiness of senior management and personnel other than senior management to implement the additional strategic objective of women and HIV/Aids. Most importantly, the CGE should create a favourable work environment by dealing with the factors that have created a breeding ground for tension. For example, the pieces of legislation that govern the CGE should be correctly interpreted, cooperate governance principles should be observed in terms of decisions

taken and responsibilities to promote the accounting principle of segregation of responsibilities should be delegated.

6.3. LIMITATIONS OF THE STUDY

The years under review may have been overtaken by events in terms of the institutional growth that happens on a daily basis. In some instances, the information has become outdated, thus leaving the researcher with limited information with which to engage. In addition, some of the interviewees were fairly new and not well informed about the CGE, for example some of the interviewees from Mpumalanga.

LIST OF REFERENCES

- African National Congress (ANC). 2004. *UMrabulo* Issue 11: ANC. Johannesburg.
- Asmal, K. et al. 2007. *Report of the Parliamentary Ad Hoc Committee on the Review of Chapter 9 and Associated Institutions*. Cape Town: Government Printers.
- Australian Government National Health & Medical Research Council. 2015. *Ethical considerations specific to research*. Melbourne: NHMRC.
- Barton, K. 2011. Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Paediatric Nursing*. University of Dakota.
- Bernard, H.R. & Graylee, C.C. (Eds). 2014. *Handbook of methods in cultural anthropology*, 2nd Edition. London: Rowan & Littlefield.
- Brown, C. 2011. *TB & HIV service integration within a South African primary health care setting reduces time to ART initiation without negatively affecting TB outcomes*. Johannesburg, South Africa.
- Cameron, A.C. & Trivedi, P.K. 2013. *Regression analysis of count data*. New York: Cambridge University Press.
- Cetina, K.K. & Cicourel, A.V. 1994. *Advances in social theory and methodology*. London: Routledge.
- Charlesworth H. & Chinkin C. 2010. Journal: Third World Vol 27 – Issue 5. Building Women into Peace. Published online 2010. Tandfonline.com
- Commission on Gender Equality of South Africa Annual Report. 2005/6. Braamfontein, Johannesburg.
- Commission on Gender Equality of South Africa Annual Report. 2009/10. Braamfontein, Johannesburg.
- Commission on Gender Equality of South Africa Annual Reports. 2010/11, 2011/12 & 2012/13, Braamfontein, Johannesburg.

- Commission on Gender Equality of South Africa Canada funded CGE Organisational Scan Report. 2005. Braamfontein, Johannesburg.
- Commission on Gender Equality of South Africa Minutes of Plenary Meetings: 2004/5. Braamfontein, Johannesburg.
- Commission on Gender Equality of South Africa Minutes of Plenary Meetings: 2010/11, 2011/12 & 2012/13. Braamfontein, Johannesburg.
- Commission on Gender Equality of South Africa Strategic Plan. 2010/11, 2011/12 & 2012/13. Braamfontein, Johannesburg.
- Commonwealth Action Plan for Gender Equality. 2005–2015. Commonwealth Secretariat Marlborough House, Pall Mall, London.
- Commonwealth Gender Mainstreaming Report, 2012. Commonwealth Secretariat Marlborough House, Pall Mall, London.
- Coulhard, S., Johnson, D. & McGregor, J.A. 2011. Poverty, sustainability and human wellbeing: A social wellbeing approach to the global fisheries crisis. *Global Environment Change*, 21(2) May.
- Creswell J.W. 2013. *Research design: Qualitative, quantitative and mixed methods approaches*. 4th edition. London: Sage.
- Department of Health. 2007. *HIV/Aids National Strategic Plan*. Pretoria: Government Printers.
- Department of Health. 2012/13. *Annual Report*. Pretoria: Government Printers.
- Department of Health. 2012–2016. *National Strategic Plan for HIV, TB and STIs*. Pretoria: Government Printers.
- De Waal, M. & Majake, C. 2009. *South African Gender Barometer: The State of Women Empowerment and Gender Equality 2009*. Agenda. Johannesburg, South Africa.
- Donald, B. 2010. *Accelerating the education sector response to HIV: Five years' experience from sub-Saharan Africa*. Washington DC: World Bank.

- Doone, F.C. 2011. *Evaluating research: Methodology for people who need to read research*. London: Sage.
- Duncan, R. 2011. *The dollar crisis: Causes, consequences, cures*. Available at books.google.com (accessed April 2014).
- Duncan, G.J. & Murnane, R. (Eds). 2011. *Whither opportunity: Rising inequality, schools and children's life chances*. New York: Russell Sage Foundation.
- Frey B.S. & Stutzer A. 2010. *Happiness and Economics*. New Jersey: Princeton & Oxford University Press.
- Gauteng Provincial Government. 2011. *Strategic Policy Framework on Gender Equality and Women Empowerment*. Johannesburg, South Africa. Available at: <http://www.gautengonline.gov.za/Government/Policies/Gender%20Equality%20and%20Women%20Empowerment.pdf> (accessed March 2014).
- Grindle, M. & Thomas, J. 1990. After the decision: Implementing policy reforms in developing countries. *Journal of World Development*, 18(8).
- Hartas, D. 2010. *Educational research and inquiry: Qualitative and quantitative approaches*. Great Britain: Anthony Rowe.
- Head, J. 2010. *Sex disease and poverty: HIV/Aids in South Africa*. Cape Town: UCT Press.
- Heron, M. 2012. *Deaths: Leading causes for 2008, National Vital Statistics Reports*. Pretoria: National Centre for Health Statistics.
- Intramural Research Program. 2012. National Institute of Allergy and Infectious Diseases. <http://www.niaid.nih.gov.us> (accessed September 2016)
- Karim, S.S.A. & Karim, Q.A. 2010. *HIV/Aids in South Africa*. 2nd edition. South Africa: Cambridge University Press.
- Keyton J. 2013. *Communication research: Asking questions, findings, answers*. London: Sage.

- Klasen, S. & Pieters, J. 2015. *The World Economic Review*, Article lhw003, World Bank, Geneva.
- Ladrine, H. & Klonoff, E.A. 2014. *Women's health: Research on gender behaviour and policy*. London: Lawrence Erlbaum.
- Li, X., Huang, L., Wang, H., Fennie, K.P., He, G. & Williams, A.B. 2011. Stigma mediates the relationship between self-efficacy, medication adherence and quality of life among people living with HIV/Aids in China. *Journal of Aids Patient Care and STDs*, 25(11). ISSN:10872914
- Lombardo, E., Meier P. & Verloo M. 2009. *The disruptive politics of gender equality: Stretching, bending and policymaking*. London: Routledge.
- McBride, D.E. & Parry, J.A. 2016. *Women's rights in the USA: Policy debates and gender roles*. London: Routledge.
- Motsoaledi, A., 2011. Speech by Minister of Health, Dr. A. Motsoaledi, on the Health Budget Policy, from National Assembly, 31 May [online], Available at www.doh.gov.za [Accessed 15 December 2016].
- Murphy, K.R., Myors, B. & Wolach, A. 2014. *Statistical power analysis: A simple and general model for traditional and modern hypothesis test*. 4th edition. New York: Routledge.
- National Development Agency. 2014. *State of poverty and its manifestation in the nine provinces of South Africa*. Johannesburg, South Africa.
- National Treasury. 2007. Treasury Regulations related to Strategic Plan. *Government Gazette* No 29644.
- National Treasury. 2011. *Estimates of National Expenditure*. Cape Town: Formeset.
- National Treasury. 2015. *Estimates of National Expenditure*. Cape Town: Formeset.
- Nwaiwu, B.C. 2012. *Possible relationship between poverty and ill health*. Nigeria: Cede Trust.

- Ozeki, T. 2013. *International Journal of Japanese Sociology*, 22(1). Online ISSN:1475.6781, Wiley on Line (accessed June 2014).
- Petasis, G., Karkaletsis, V., Paliouras, G., Krithara, A. & Zavitsanos, E. 2011. *Knowledge-driven multimedia information extraction and ontology evolution*. Berlin: Springer-Verlag.
- Polit, D.F. & Beck, C.T. 2008. *Nursing research: Generating and assessing evidence for nursing practice*. New Jersey: Wolters Kluwer.
- Pope, C., White, R.T. & Malow, R. 2014. *HIV/Aids global frontiers in prevention/intervention*. New York: Routledge.
- Prewitt, K. 2010. When social inequity maps to demographic diversity, what then for liberal democracy? *Social Research*, 77(1).
- Proclamation 3, 2009. Parliament of the Republic of South Africa.
- Qlik View Computer Software X 64, 2015.
- Saddiqi, R. 2009. Modeling gender effect of Pakistan's trade liberalization. *Journal of Feminist Economics*, 15(3). Available at <http://dx.doi.org/10.101080/13545700902964295> (accessed August 2013).
- Schumpeter, J.A. & Swedberg, R. 2013. *Capitalism, socialism and democracy*. New York: Routledge.
- Seckinelgin, H. & Klot, J.F. 2014. From global policy to local knowledge: What is the link between women's formal political participation and gender equality in conflict-affected contexts? *Global Policy*, 5(1):36–46.
- Sehovic, A.B. 2014. *HIV/Aids and the South African State: Sovereignty and the responsibility to respond*. London: Routledge.
- Sheth, P. & Thorndycraft, B. 2009. *Trans activism in Canada*. Toronto: Canadian Scholars Press.

- Servais J. 2011. *International Labour Law Third Revised Edition*. Netherlands: Wolter Kluwer.
- Shipman, M. 1997. *The limitations of social research*. 4th edition. New York: Longman.
- Shivdas, D.M. & Heyzer, N. 2014. *Revised manual for the Asian and Pacific Development Centre*. Kuala Lumpur.
- South Africa. 1990. *Department of Health Report 1989/90*. Pretoria: Government Printers.
- South Africa. 1996a. *Constitution of the Republic of South Africa, 1996*. Pretoria: Government Printers.
- South Africa. 1996b. *Commission on Gender Equality Act 39 of 1996*. Pretoria: Government Printers.
- South Africa. 1998. Constitutional Court of the Republic of South Africa. 1998. Case CCT. Johannesburg.
- South Africa. 2000. *Women Empowerment and National Policy Framework, 2000*. Pretoria: Government Printers.
- South Africa. 1999. *Public Finance & Management Act .1999*. Pretoria. Government Printers.
- South Africa. 2000. *Promotion of Equality and Prevention of Unfair Discrimination Act 2000*. Pretoria. Government Printers.
- South Africa. 2007. *HIV & Aids and STI Strategic Plan for South Africa 2007–2011*. Pretoria: Government Printers.
- South Africa. 2007. *Sexual Offences and Related Matters Act No. 32 of 2007*. Pretoria: Government Printers.
- South Africa. 2012. *SA Millennium Development Goals Progress Report 2012*. Pretoria: Government Printers.
- South Africa, 2012. *South African National Aids Council- National Strategic Plan for HIV, TB and STIs. 2012–2016*. Pretoria: Government Printers.

South Africa. 2013. *The Department of Health Annual Report 2012/2013*. Pretoria: Government Printers.

South Africa. 2014a. *Presidency Annual Report, 2013/14*. Pretoria: Government Printers.

South Africa. 2014b. *Women Empowerment and Gender Equality Bill B50, 2014*. Cape Town: Parliament of the Republic of South Africa.

South Africa. 2014c. *Millennium Development Goals Report*. Pretoria: Government Printers.

South Africa. 2015a. *Maintenance Amendment Act No. 9 of 2015*. Pretoria: Government Printers.

South Africa. 2015b. *Annual Report: 2015 National Crime Statistics*. South African Police Service.

South Africa. 2016. 21st International Aids Conference Report, Durban. South Africa. Pretoria: Government Printers.

South African History Online. 2016. *History of Official Government HIV/Aids Policy*. <http://www.sahistory.org.za/topic/history-official-government>. [Accessed 15 December 2016].

Statistics: An analysis. Pretoria: Government Printers.

Statistics South Africa (Stats SA). 2010. *Measuring poverty in South Africa: Methodological report on the development of the poverty lines for statistical reporting* (Technical report D0300). Pretoria: Stats SA.

Statistics South Africa (Stats SA). 2010. *Mid-year population estimates*. (Statistical Release PO302). Pretoria: Stats SA.

Statistics South Africa (Stats SA). 2011. *Mid-year population estimates*. (Statistical Release PO302). Pretoria: Stats SA.

Statistics South Africa (Stats SA). 2012. *Mid-year population estimates* (Statistical Release PO302). Pretoria: Stats SA.

- Statistics South Africa (Stats SA). 2013. *Mid-year population estimates*. (Statistical Release PO302). Pretoria: Stats SA.
- Statistics South Africa (Stats SA). 2014. *Mortality and causes of death in South Africa, 2011: Findings from death notification form*. Pretoria: Stats SA.
- Strauss, A. & Corbin, J. 2008. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Sage publications. US
- Tadele, G. & Kloos, H. (eds). 2013. *Vulnerability impact and responses to HIV/Aids in sub-Saharan Africa*. California: Palgrave Macmillan.
- The Boston Women's Health Book Collective 1998; www.cge.org.za, accessed June 2013
- United Nations. 1994. *Development Programme Report: Initiatives for change. 1994*. New York: United Nations.
- United Nations. 1995a. *Convention on the Elimination of All Forms of Discrimination Against Women, 1979*. New York: United Nations.
- United Nations. 1995. *Development Programme Report. 1995. World Bank and ILO to institutionalize*. New York: United Nations.
- United Nations 1995. *Beijing Platform of Action, 1995*.
- United Nations. 1995. *Report on the Fourth World Conference on Women*. Beijing, China. United Nations. New York: United Nations.
- United Nations. 2000. *Convention on the Elimination of All Forms of Discrimination Against Women, Optional Protocol*. New York: United Nations.
- United Nations. 2010. *Commission on the Status of Women Review Reports 2005–2010*, New York: United Nations.
- United Nations. 2011a. *UN General Assembly Resolution on Women in Development, 2011*. New York: United Nations.



- United Nations. 2011b. United Nations General Assembly Political Declaration on HIV and AIDS 65/277. 2011. New York: United Nations.
- United Nations. 2011c. Department of Economic and Social Affairs. New York: United Nations.
- United Nations. 2012a. *Division for the Advancement of Women, NGO Information Note*. New York: United Nations.
- United Nations. 2012b. *Development Programme Report, 2012*. New York: United Nations.
- United Nations. 2013. UN HDI: South Africa's Gender Inequality Index Compared. 2013. New York: United Nations.
- United Nations. 2013. UN Women. Entity for Gender Equality and Empowerment of Women. New York: United Nations.
- United Nations. 2014. *Committee on the Elimination of Discrimination against Women Report*. New York: United Nations.
- United Nations. 2014. UNDP 2014. Human Development Report.. New York: United Nations.
- United Nations. 2015. UN Women. United Nations Entity for Gender Equality and Empowerment of Women. New York: United Nations.
- Varga-Atkins, T; McIsaac, J; Bunyan, N. & Fewtrell, R. 2011. *Using the nominal group technique with clickers to research student experiences of e-learning: A project report*. Liverpool: University of Liverpool.
- World Health Organization (WHO). 2011. *World Health Report*. Geneva: WHO.
- World Health Organization (WHO). 2012. *The Constitution of the World Health Organization: 1946*. 45th edition. Geneva: WHO.
- World Health Organization (WHO). 2014. *Analysing mortality levels and causes-of-death*. Geneva, Switzerland: Department of Health Statistics and Information Systems, WHO.
- Yin, R.K. 2014. *Research design and methods*. Los Angeles, CA: Sage.

Annexure 1: Letter from the Commission for Gender Equality



Commission for Gender Equality
A society free from gender oppression and inequality

22 June 2011

To Whom It May Concern

This serves to motivate acceptance of Ms Chana Pilane-Majake to pursue her Doctoral Studies with University of South Africa to evaluate the Implementation of the Mandate of the Commission for Gender Equality. Her experience and skills makes her a suitable candidate for such a study.

Thank you

Mfanozelwe Shoji
Acting Chairperson
Commission for Gender Equality
Equality

Kekeiso Maema
Chief Executive Officer
Commission for Gender

Annexure 2: Letter to prospective participants in the individual interviews

PO Box 13545, Hatfield, 0028

chana.majake@gmail.com, Mobile: 0735547090

Dear Ms/Mr

RE: STRATEGY FOR THE OPTIMISATION OF THE INTEGRATION OF HIV/AIDS INTO THE MANDATE OF THE COMMISSION ON GENDER EQUALITY IN SOUTH AFRICA

My name is Chana Pilane-Majake, a registered student for the Doctor of Literature and Philosophy at the University of South Africa. I wish to request an interview with you as an employee of the Commission on Gender Equality for the purpose of gathering information that will help me to understand the extent to which HIV/Aids issues are integrated into the CGE indicators. The CGE has already granted me permission to conduct the study.

Your interview with me will be confidential and no information shared with me will be discussed with the CGE. The interview will be conducted on the day and time preferred by you and will take only 35 minutes.

You are free to withdraw from the study at any time

Your participation will be highly appreciated and will assist in compiling guidelines to enhance the integration of HIV/Aids into the mandate of the Commission on Gender Equality.

If you agree to participate on a voluntary basis, please sign the informed consent below

Chana Pilane-Majake

Annexure 3: Informed consent

I.....hereby confirm that I was fully informed of the nature and purpose of this research. I have been informed of my right to voluntary participation, and that I am free to withdraw whenever I feel uncomfortable with any aspect of the research process. I have also been informed that my privacy will be protected, and that no unauthorised persons will have access to any documents relating to this research. I have also been made aware of the use to which the results and findings of the research will be put.

I therefore fully consent to my participation in the research by providing relevant and accurate information.

Respondent..... Researcher.....

Signature..... Signature.....

Date..... Date.....

Annexure 4: In-depth interview schedule for commissioners

Strategy for the optimisation of the integration of women and HIV/Aids issues into the mandate of the Commission on Gender Equality in South Africa

Schedule no.	1
---------------------	----------

Interview Date	D	D	M	M	Y	Y	Y	Y
-----------------------	----------	----------	----------	----------	----------	----------	----------	----------

SECTION A. INDIVIDUAL INFORMATION

Q1. Gender? (Tick only one answer in the block provided)

Male	1	
Female	2	

Q2. How long have you been in the employment of the CGE?

(Tick only one response in the block provided)

Less than a year	1	
1 to 5 years	2	
6 to 10 years	3	
More than 10 years.	4	

SECTION B: LEVEL OF CGE INVOLVEMENT IN IMPLEMENTING CGE-RELATED POLICIES

Q3. What is the CGE’s level of involvement with related policies?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no involvement

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

Q4. To what extent are these policies above utilised in the integration of women and HIV/Aids issues into the CGE mandate?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no utilisation

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

Q5. Indicate the extent to which the area of your responsibility integrates women and HIV/Aids issues with regards to the CGE mandate areas listed below.

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no inclusion

Areas of responsibility in terms of the mandate requirements	Very high	High	Average	Low	Very Low
Coordination of implementation and enhancement of CGE Legal Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of CGE Education and Information Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of CGE Research Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of CGE Finance Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of all CGE operations	1	2	3	4	5
Monitoring mandate implementation by the Commission	1	2	3	4	5

SECTION C: LEVEL OF INTEGRATION OF HIV/AIDS ISSUES

Q6. To what extent does the CGE integrate women and HIV/Aids issues in the themes outlined below?

Circle the most appropriate response on a scale of 1–5 from very high (1) or highly integrated to very low (5) or no integration

Themes	Very high	High	Average	Low	Very Low
Poverty	1	2	3	4	5
Gender-based violence	1	2	3	4	5
Good governance	1	2	3	4	5
Culture, tradition and religion	1	2	3	4	5
HIV/AIDS	1	2	3	4	5

Q7. What is the CGE level of involvement in the integration of women and HIV/Aids issues in the indicators below?

Circle the most appropriate response on a scale of 1–5 from very high (1) or highly involved to very low (5) or no involvement

Themes	Very high	High	Average	Low	Very Low
Poverty	1	2	3	4	5
Gender-based violence	1	2	3	4	5
Good governance	1	2	3	4	5
Culture, tradition and religion	1	2	3	4	5
HIV/AIDS	1	2	3	4	5

Q8. Indicate below the extent to which the following CGE mandate areas integrate women and HIV/Aids issues?

Circle the most appropriate response on a scale of 1–5 from very high (1) or highly involved to very low (5) or no inclusion

Role of the CGE	Very high	High	Average	Low	Very Low
Public information and education services	1	2	3	4	5
Legal services	1	2	3	4	5
Research services	1	2	3	4	5
Finance	1	2	3	4	5

Q9. To what extent are the policies below utilised in the integration of women and HIV/Aids issue into the CGE mandate?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no utilisation

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

Q10. Indicate the extent to which the area of your responsibility integrates women and HIV/Aids issues with regards to the CGE mandate areas listed below

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no inclusion

Areas of responsibility in terms of the mandate requirements	Very high	High	Average	Low	Very Low
Coordination of implementation and enhancement of the CGE Legal Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Education and Information Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Research Department Strategic Plan	1	2	3	4	5

SECTION D: ROLE OF COMMISSIONERS IN INTEGRATION OF HIV/AIDS ISSUES

Q11. What is your understanding of the role of CGE commissioners in integrating women and HIV issues?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly participating to very low (5) or no participation

	Very high	High	Average	Low	Very Low
Participating in integration of HIV/Aids in day to day activities of the CGE	1	2	3	4	5

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly likely to develop to very low (5) or not unlikely

	Very high	High	Average	Low	Very Low
Development and monitoring of CGE HIV/Aids policy in line with the mandate	1	2	3	4	5

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or not at all involved.

	Very high	High	Average	Low	Very Low
Involved in addressing HIV/Aids related complaints reported to the CGE	1	2	3	4	5

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or not involved

	Very high	High	Average	Low	Very Low
Involved in monitoring integration of HIV/Aids issues into the mandate of the CGE	1	2	3	4	5

SECTION E: FACTORS CONTRIBUTING TO INTEGRATION OF HIV/AIDS

Q12. Indicate the extent to which the factors outlined below influence the integration of women and HIV/Aids issues into the role and functions of the CGE

Circle the most appropriate response on a scale of 1–5 from essential for integration (1) or highly influential to severely inhibit integration (5) or not influential

Factors	Essential for integration	Contribute positively	No influence	Negative effect	Severely inhibit integration
Budget allocated by Parliament	1	2	3	4	5
Staff skills and understanding of issues of gender and HIV/AIDS	1	2	3	4	5
Understanding the mandate	1	2	3	4	5
CGE culture and work environment	1	2	3	4	5
Programmatic work outcome assessment	1	2	3	4	5

SECTION F: OUTCOME & IMPACT ASSESSMENT OF CGE EFFORT TO INTEGRATE WOMEN AND HIV/AIDS ISSUES INTO ITS MANDATE

Q13. Kindly assess CGE outcome and impact in relation to the following indicators:

Circle the most appropriate response on a scale of 1–5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on poverty	1	2	3	4	5

Please substantiate your response.....

Circle the most appropriate response on a scale of 1-5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on gender-based violence	1	2	3	4	5

Please substantiate your response.....



Circle the most appropriate response on a scale of 1–5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on good governance	1	2	3	4	5

Please substantiate your response.....

Circle the most appropriate response on a scale of 1–5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on culture, tradition and religion	1	2	3	4	5

Please substantiate your response.....

Q14. Kindly indicate the Annual Performance Outcome of the strategic objectives in relation to women and HIV/Aids issues.

Circle the most appropriate response on a scale of 1–5 from very high (1) or high performance to very low (5) or non-performance

Strategic Objectives	Very high	High	Average	Low	Very Low
To influence legislation and policies to ensure gender sensitivity and investigate related complaints	1	2	3	4	5
Develop, conduct and manage education and information programmes	1	2	3	4	5
Monitoring gender mainstreaming in the public and private sector	1	2	3	4	5
To make effective, efficient and strategic use of CGE budget allocation.	1	2	3	4	5

Annexure 5: In-depth interview schedule for senior managers

Strategy for the optimisation of the integration of women and HIV/Aids issues into the mandate of the commission on gender equality in South Africa

Schedule Number	2
------------------------	----------

Interview Date

D	D	M	M	Y	Y	Y	Y
----------	----------	----------	----------	----------	----------	----------	----------

SECTION A. INDIVIDUAL INFORMATION

Q1. Gender? (Tick only one answer in the block provided)

Male	1	
Female	2	

Q2. How long have you been in the employment of the CGE?

(Tick only one response in the block provided)

Less than a year	1	
1 to 5 years	2	
6 to 10 years	3	
More than 10 years.	4	

SECTION B: LEVEL OF CGE INVOLVEMENT IN IMPLEMENTING CGE-RELATED POLICIES

Q3. What is the CGE's level of involvement with related policies?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no involvement

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

Q4. To what extent are these policies above utilised in the integration of women and HIV/Aids issues into the CGE mandate?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no utilisation

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

Q5. Indicate the extent to which the area of your responsibility integrates women and HIV/Aids issues with regards to the CGE mandate areas listed below.

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no inclusion

Areas of responsibility in terms of the mandate requirements	Very high	High	Average	Low	Very Low
Coordination of implementation and enhancement of CGE Legal Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of CGE Education and Information Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of CGE Research Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of CGE Finance Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of all CGE operations	1	2	3	4	5
Monitoring mandate implementation by the Commission	1	2	3	4	5

SECTION C: LEVEL OF INTEGRATION OF HIV/AIDS ISSUES

Q6. To what extent does the CGE integrate women and HIV/Aids issues in the themes outlined below?

Circle the most appropriate response on a scale of 1–5 from very high (1) or highly integrated to very low (5) or no integration

Themes	Very high	High	Average	Low	Very Low
Poverty	1	2	3	4	5
Gender-based violence	1	2	3	4	5
Good governance	1	2	3	4	5
Culture, tradition and religion	1	2	3	4	5
HIV/AIDS	1	2	3	4	5

Q7. What is the CGE level of involvement in the integration of women and HIV/Aids issues in the indicators below?

Circle the most appropriate response on a scale of 1–5 from very high (1) or highly involved to very low (5) or no involvement

Themes	Very high	High	Average	Low	Very Low
Poverty	1	2	3	4	5
Gender-based violence	1	2	3	4	5
Good governance	1	2	3	4	5
Culture, tradition and religion	1	2	3	4	5
HIV/AIDS	1	2	3	4	5

Q8. Indicate below the extent to which the following CGE mandate areas integrate women and HIV/Aids issues?

Circle the most appropriate response on a scale of 1–5 from very high (1) or highly involved to very low (5) or no inclusion

Role of the CGE	Very high	High	Average	Low	Very Low
Public information and education services	1	2	3	4	5
Legal services	1	2	3	4	5
Research services	1	2	3	4	5
Finance	1	2	3	4	5

Q9. To what extent are the policies below utilised in the integration of women and HIV/Aids issue into the CGE mandate?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no utilisation

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

Q10. Indicate the extent to which the area of your responsibility integrates women and HIV/Aids issues with regards to the CGE mandate areas listed below

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no inclusion

Areas of responsibility in terms of the mandate requirements	Very high	High	Average	Low	Very Low
Coordination of implementation and enhancement of the CGE Legal Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Education and Information Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Research Department Strategic Plan	1	2	3	4	5

SECTION D: ROLE OF COMMISSIONERS IN INTEGRATION OF HIV/AIDS ISSUES

Q11. What is your understanding of the role of CGE commissioners in integrating women and HIV issues?

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly participating to very low (5) or no participation

	Very high	High	Average	Low	Very Low
Participating in integration of HIV/Aids in day to day activities of the CGE	1	2	3	4	5

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly likely to develop to very low (5) or not unlikely

	Very high	High	Average	Low	Very Low
Development and monitoring of CGE HIV/Aids policy in line with the mandate	1	2	3	4	5

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or not at all involved.

	Very high	High	Average	Low	Very Low
Involved in addressing HIV/Aids related complaints reported to the CGE	1	2	3	4	5

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or not involved

	Very high	High	Average	Low	Very Low
Involved in monitoring integration of HIV/Aids issues into the mandate of the CGE	1	2	3	4	5

SECTION E: FACTORS CONTRIBUTING TO INTEGRATION OF HIV/AIDS

Q12. Indicate the extent to which the factors outlined below influence the integration of women and HIV/Aids issues into the role and functions of the CGE

Circle the most appropriate response on a scale of 1–5 from essential for integration (1) or highly influential to severely inhibit integration (5) or not influential

Factors	Essential for integration	Contribute positively	No influence	Negative effect	Severely inhibit integration
Budget allocated by Parliament	1	2	3	4	5
Staff skills and understanding of issues of gender and HIV/AIDS	1	2	3	4	5
Understanding the mandate	1	2	3	4	5
CGE culture and work environment	1	2	3	4	5
Programmatic work outcome assessment	1	2	3	4	5

SECTION F: OUTCOME & IMPACT ASSESSMENT OF CGE EFFORT TO INTEGRATE WOMEN AND HIV/AIDS ISSUES INTO ITS MANDATE

Q13. Kindly assess CGE outcome and impact in relation to the following indicators:

Circle the most appropriate response on a scale of 1–5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on poverty	1	2	3	4	5

Please substantiate your response.....

Circle the most appropriate response on a scale of 1-5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on gender-based violence	1	2	3	4	5

Please substantiate your response.....

Circle the most appropriate response on a scale of 1–5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on good governance	1	2	3	4	5

Please substantiate your response.....

Circle the most appropriate response on a scale of 1–5 from very high (1) or high impact to very low (5) or no impact

	Very high	High	Average	Low	Very Low
Outcome and impact on culture, tradition and religion	1	2	3	4	5

Please substantiate your response.....

Q14. Kindly indicate the Annual Performance Outcome of the strategic objectives in relation to women and HIV/Aids issues.

Circle the most appropriate response on a scale of 1–5 from very high (1) or high performance to very low (5) or non-performance

Strategic Objectives	Very high	High	Average	Low	Very Low
To influence legislation and policies to ensure gender sensitivity and investigate related complaints	1	2	3	4	5
Develop, conduct and manage education and information programmes	1	2	3	4	5
Monitoring gender mainstreaming in the public and private sector	1	2	3	4	5
To make effective, efficient and strategic use of CGE budget allocation.	1	2	3	4	5

Annexure 6: Interview schedule for personnel other than senior management

Strategy for the optimisation of the integration of women and HIV/Aids issues into the mandate of the commission on gender equality in South Africa

Schedule Number	3
------------------------	----------

Interview Date

D	D	M	M	Y	Y	Y	Y
----------	----------	----------	----------	----------	----------	----------	----------

SECTION A: DEMOGRAPHIC DETAILS

Q1. Gender? (Tick only one answer in the blocks provided)

Male	1	
Female	2	

Q2. Educational qualifications

(Tick only one answer in the blocks provided)

Standard 8/Grade 10 and below	1	
Standard 9/ Grade 11	2	
Standard 10/Grade 12	3	
Certificate	4	
Diploma	5	
Degree	6	
Postgraduate	7	

Q3. In which of the CGE offices listed below do you work?

(Tick only one answer in the blocks provided)

Eastern Cape	1	
Free State	2	
Gauteng	3	
KwaZulu-Natal	4	
Limpopo	5	
Mpumalanga	6	
Northern Cape	7	
North West	8	
Western Cape	9	
Head Office in Johannesburg	10	

Q4. How long have you been in the employment of the CGE?

(Tick only one answer in the blocks provided)

Less than a year	1	
1 to 5 years	2	
6 to 10 years	3	
More than 10 years	4	

Q5. What position do you occupy in the organisation?

(Tick appropriate blocks provided)

Deputy director	1	
Assistant director	2	
Parliamentary officer	3	
Complaints officer	4	
Communications officer	5	
Education officer	6	
Researcher	7	
Personal assistant	8	
Receptionist	9	
Administrative officer	10	
Driver	11	
Office assistant	12	

Q6. For which area of the CGE mandate are you responsible?

(Tick only the appropriate blocks provided)

Coordination of the implementation and enhancement of the CGE Legal Department Strategic Plan	1	
Coordination, implementation and enhancement of the CGE Education and Information Department Strategic Plan	2	
Coordination, implementation and enhancement of the CGE Research Department Strategic Plan	3	
Coordination, implementation and enhancement of the CGE Finance Department Strategic Plan	4	
Coordination, implementation and enhancement of all CGE work	5	
Monitoring delivery of services by the CGE	6	
Other	7	

Q7. Indicate your level of involvement in CGE related policies.

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly involved to very low (5) or no involvement

Policies	Very high	High	Average	Low	Very Low
Adhering to constitutional requirements of promoting gender transformation in South Africa	1	2	3	4	5
Implementing the mandate in terms of the CGE Act	1	2	3	4	5
Implementation of the Women Empowerment and Gender Empowerment and Equality Act	1	2	3	4	5
Adherence to United Nations Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)	1	2	3	4	5

SECTION B: INVOLVEMENT WITH CGE POLICIES

Q8. Kindly indicate the extent to which women and HIV/Aids issues are included in the CGE mandate areas below.

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly included to very low (5) or no inclusion.

Rating	Very high	High	Average	Low	Very Low
Coordination of implementation and enhancement of the CGE Legal Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Education and Information Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Research Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of the CGE Finance Department Strategic Plan	1	2	3	4	5
Coordination, implementation and enhancement of all CGE work	1	2	3	4	5
Monitoring delivery of services by the CGE	1	2	3	4	5

SECTION C: LEVEL OF INCLUSION OF WOMEN AND HIV/AIDS ISSUES INTO THE MANDATE OF THE CGE

Q9. Indicate the level of inclusion of women and HIV/Aids issues in the promoting and monitoring of gender equality in addressing the following CGE indicators.

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly included to very low (5) or no inclusion

Themes	Very high	High	Average	Low	Very Low
Poverty	1	2	3	4	5
Gender-based violence	1	2	3	4	5
Good governance	1	2	3	4	5
Culture, tradition and religion	1	2	3	4	5
HIV/AIDS	1	2	3	4	5

Q10. Indicate the extent to which the factors outlined below influence the integration of women and HIV/Aids issues into the mandate of the CGE.

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly influential to very low (5) or no influence at all.

Factors	Very high	High	Average	Low	Very Low
Relevance of staff skill to the task	1	2	3	4	5
Budget allocation	1	2	3	4	5
CGE culture and environment	1	2	3	4	5
Understanding the CGE mandate/related policies	1	2	3	4	5
Programmatic work outcome assessment	1	2	3	4	5
Do not know	1	2	3	4	5

SECTION D: UNDERSTANDING THE MANDATE OF THE CGE

Q11. What is the role of the CGE commissioners?

(Tick only one answer in the blocks provided)

Monitor all organs of society to ensure that gender equality is safeguarded and promoted.	1	
Assess all legislation from a gender perspective.	2	
Commission research and make recommendations to Parliament and other authorities.	3	
Educate and inform the public on issues of gender.	4	
Investigate complaints on gender-related issues.	5	
Monitor South Africa’s progress towards gender equality in relation to international norms.	6	

SECTION E: OUTCOME AND IMPACT ASSESSMENT

Q12. Indicate the level of integration of women and HIV/Aids issues per indicator into the CGE Strategic Plans

Circle the most appropriate response on a scale of 1–5 ranging from very high (1) or highly integrated to very low (5) or no integration

Indicators	Very high	High	Average	Low	Very Low
Poverty	1	2	3	4	5
Gender-based violence	1	2	3	4	5
Good governance	1	2	3	4	5
Culture, tradition and religion	1	2	3	4	5
Do not know	1	2	3	4	5

Q13. Explain your response to Q12

.....

.....

.....

.....

Q14. Explain the response to above indicator by indicator

Poverty.....
.....
Gender-based violence.....
.....
Good governance.....
.....
Culture, tradition and religion.....
.....

Q15. Does the CGE have an HIV/Aids policy in place?

YES	NO

Q16. If yes, do you understand the provisions of the HIV/Aids policy document?

.....
.....

Q17. Any other comments

.....
.....
.....
.....
.....
.....

Annexure 7: An example of a Commission on Gender Equality Report on Performance

Target – extract from 2014/15 Annual Report



Commission for Gender Equality Commission for Gender Equality ANNUAL REPORT **2014-2015**
A society free from gender oppression and inequality

Strategic Objective 1					
To ensure the creation and implementation of an enabling legislative framework that promotes the attainment of gender equality					
Planned Outcome: Continuous improvements in the legislation policies and practices to advance gender equality (50/50)					
Sub-strategies	Performance indicator	Annual target	Actual performance for the year		
			Achieved/ Not achieved	Variance	Corrective action
1. To monitor equality and evaluate the promotion of gender equality the and relevant policies and practices of the public and private sector and report to Parliament	One amendment setting as redefined gender equality target and time frames in 2014/2015 financial year	Nine consultations conducted	Achieved	No variance	No corrective action
	Number of gender transformation hearings at/on tertiary institutions	One investigation report on gender transformation in tertiary institutions	Achieved	No variance	No corrective action
	Number of gender transformation hearings with targeted government departments on women's empowerment and gender equality	One investigation report on gender transformation on women's empowerment and gender equality	Achieved	No variance	No corrective action
	Number of National Gender Barometer Reports on the status of gender policies and practices in the public and private sectors	1 Gender Barometer Report	Achieved	No variance	No corrective action
2. To initiate and/or participate in the review of the legislative framework in all spheres of government that impact on gender equality and gender mainstreaming	Number of submissions made for legislative and policy enhancement of the gender equality framework	Twelve submissions per year	Achieved	No variance	No corrective action



Strategic Objective 1 continued

To ensure the creation and implementation of an enabling legislative framework that promotes the attainment of gender equality

Planned Outcome: Continuous improvements in the legislation policies and practices to advance gender equality (50/50)

3. To conduct good governance performance assessments of political parties and the public and private sectors on the effective implementation of gender equality and good governance	Number of assessment reports on women's representation in political parties	One assessment report on women's representation in political parties	Achieved	No variance	No corrective action
	An assessment report prepared and tabled to Parliament on the effective functioning of the GBV Council	One assessment report on the effective functioning of GBV Council	Achieved	No variance	No corrective action
4. To evaluate the implementation and effectiveness of national justice facilities in addressing gender discrimination.	Number of evaluation reports on courts (equality, domestic violence, sexual offences and maintenance)	One court monitoring report	Achieved	No variance	No corrective action
5. To convene policy dialogues with relevant policy makers at national and provincial level on recommendations to promote gender equality contained in research reports and research activities	Number of dialogues with policy makers convened (based on research studies conducted in previous financial year)	Eighteen policy dialogues conducted	Achieved	No variance	No corrective action



Strategic Objective 2

To protect and promote gender equality by engaging with relevant stakeholders to educate and raise awareness on issues of gender equality, challenge patriarchal perceptions and stereotypes and take action against infringements of gender rights through the implementation of appropriate redress.

Planned Outcome: A society educated in constitutional rights in respect of gender equality and that demonstrates the transformative behaviour inherent in the obligation to respect and uphold gender equality. To further ensure the effective and efficient application of social justice for victims of gender violations.

Sub-strategies	Performance indicator	Annual target	Actual performance for the year		
			Achieved/ Not achieved	Variance	Corrective action
1. To timeously investigate complaints of violations of gender rights and identify appropriate redress	720 complaints received attention in terms of the CGE Complaints Manual (as prescribed by the complaints manual)	720 complaints attended to in terms of CGE Complaints Manual	Achieved	No variance	No corrective
	No of legal clinics conducted in provinces	One hundred and eight legal clinics	Achieved	No variance	No corrective
2. Initiate an investigation into gender-based violence and identify remedial action	A systemic investigation	Two systemic investigations conducted	Achieved	No variance	No corrective action
3. To develop co-ordinated programmes to eradicate poverty and promote gender equality	Number of co-ordination programmes developed with targeted stakeholders on gender discrimination that hinders the development of women and promotes poverty	Nine reports on co-ordinated programmes conducted in provinces	Achieved	No variance	No corrective action
	Number of campaigns initiated with the aim of promoting gender equality	One national summit report and 3 campaign reports per province	Achieved	No variance	No corrective action
	To use public media platforms to disseminate gender equality education and information	54 radio slots	Achieved	No variance	No corrective action
4. To initiate interventions for the sustainable development and promotion of gender equality by addressing violations in social, cultural, traditional and religious rights.	Number of intervention programmes on gender violations initiated with traditional leadership and religious sector	Nine provincial reports	Achieved	No variance	No corrective action



Strategic Objective 2 continued

To protect and promote gender equality by engaging with relevant stakeholders to educate and raise awareness on issues of gender equality, challenge patriarchal perceptions and stereotypes and take action against infringements of gender rights through the implementation of appropriate redress.

Planned Outcome: A society educated in constitutional rights in respect of gender equality and that demonstrates the transformative behaviour inherent in the obligation to respect and uphold gender equality. To further ensure the effective and efficient application of social justice for victims of gender violations.

5. To collaborate with organs of state, civil society and other institutions as regards gender equality and anti-discrimination campaign in the interests of good governance	No joint programmes targeting the interests of LGBTI with Chapter 9 institutions	Two joint coordinated programmes per province	Achieved	No variance	No corrective action
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------	-----------------------------------------------	----------	-------------	----------------------



Strategic Objective 3					
To monitor state compliance with regional and international conventions, covenants and charters which have been acceded to or ratified by the Republic of South Africa and relating to the object of the Commission for Gender Equality.					
Planned Outcome: Assessment of state compliance with regional and international commitments that promote gender equality and recommendations tabled in Parliament.					
Sub-strategies	Performance indicator	Annual target	Actual performance for the year		
			Achieved/ Not achieved	Variance	Corrective action
1. To conduct annual reviews and audits of state compliant with obligations under the conventions, covenants and charters and to report on a regular basis to Parliament and to the Office of the Speaker of Parliament	Number of review reports presented (CEDAW Beijing MDG's African Charter)	Three reports	Partially achieved	The country report on CEDAW has not been released and, therefore, a critique assessment report could not be drafted	A critique report will be drafted in the new financial year once the country report has been finalised by the Ministry for Women.
	Number of reports on Africa Gender Development Index	One AGDI report drafted	Achieved	No variance	No corrective action
2. To interact with and present reports to national, regional and international bodies on state compliance with conventions, covenants and charters acceded to or ratified, make recommendations for improvements and monitor implementation	Number of presentations made to relevant national, regional and international stakeholders	One presentation conducted	Achieved	No variance	No corrective action
	CEDAW Training Manual	One training manual developed	Achieved	No variance	No corrective action
	Simplification of international and regional conventions and charters	Three booklets developed	Achieved	No variance	No corrective action
	Engagements with stakeholders on CGE attendance at international and regional events	Four engagements with stakeholders	Partially achieved	Engagement on the CEDAW report has not taken place because the South Africa has not submitted its country report	Engagement will take place once the country report has been submitted and the CEDAW committee communicates a date for the CEDAW sitting



Strategic Objective 4					
To build an effective, efficient and sustainable institution that will fulfil its constitutional mandate on gender equality.					
Planned Outcomes: Develop and implement policies, procedures and systems for an effective, efficient and sustainable institution.					
Sub-strategies	Performance indicator	Annual target	Actual performance for the year		
			Achieved/ Not achieved	Variance	Corrective action
1. To maintain optimal governance and oversight structures and policies between the commissioners and the secretariat.	Develop and review a delegation of authority between the Office of the Chair and the CEO as directed by the CGE Act.	One delegation of authority	Achieved	No variance	No corrective action
2. To develop a financial management strategy that promotes the effective, efficient and economic utilisation of resources as well as accountability.	Clean audit report from the AGSA	Clean audit report	An unqualified opinion by the AGSA, partially achieving the performance indicator	Compliance with legislative matters identified by the AGSA	Development of action plans to improve controls.
	Approved financial management strategy based on delegation of authority and revised and approved policies and procedures.	Approved management strategy and its implementation based on delegation of authority and revised polices	Achieved	No variance	No corrective action
	Process alignment and internal controls improvements	Regular, effective key controls assessment by the AGSA	Achieved	No variance	No corrective action
	Efficient management of resources in the interests of an effective service delivery	Spending within budget: Funded APP cost controls and sound financial position	Achieved	No variance	No corrective action

Annexure 8: Commission on Gender Equality - Annual Report Card

The Annual Report Card is intended to provide an evaluation of gender transformation and to pinpoint problems in integrating gender equity and gender equality both inside departments/institutions and in terms of major areas of responsibility. Information from the Annual Report Card will also enable the CGE to make recommendations on how these matters might be addressed.

REQUIRED INFORMATION

In order to realise the objectives of the ARC, and evaluate the performance of departments/institutions/companies, information is required on the vision and mission statement, structures, organisational culture, operations and beneficiary outreach.

VISION AND MISSION OF THE DEPARTMENT/INSTITUTION/COMPANY

An organisation's vision is a statement of a desired future state resulting from its intervention in a given environment. The mission is the statement of its purpose, intentions and values. An organisation's vision and mission are a reflection of its commitment to a particular cause, including the promotion of gender equality and gender equity.

Information required

Indication of core functions

Indication of relevant policy and legislation

Statement of vision

Statement of mission

Target population

Relevant documents/references

STRUCTURAL INFORMATION

Management structure

Although women can and are able to make decisions that impact on the general development of communities, their access to political and economic power is not commensurate with their numbers, needs and contributions. In line with the gender equality principle, departments, institutions and companies need to allocate resources that will enable disadvantaged groups, including women, to participate effectively in decision-making. Initiatives would include programmes such as affirmative action and management training.

Information required

Organisational structure (organogram)

Total number of men and women

Number of men and women in management (indicate rank/grade)

Indication of management portfolios for men and women

Relevant documents/references

Structure(s) put in place for the protection and promotion of gender equality

Information required:

Structure(s) established to promote and protect gender equality and equity

Human and financial resources accessible/allocated to the structure(s)

Location of the structure(s) in the organogram

Indication of policies developed/influenced by the structure(s) that address the needs of women and men internally

Indication of policies developed/influenced by the structure that address the needs of women and men externally

Nature of support from political leadership/executive management

Perceived barriers to the mainstreaming of gender

Relevant documents/references

2.2 ORGANISATIONAL CULTURE

An organisation's culture includes assumptions, routines and practices held in common and often taken for granted by its members. A focus on organisational culture could highlight practices and assumptions that contribute to, or are contrary to, the promotion and protection of gender equality and gender equity. Organisational culture often takes long to change, and is less likely to be talked about. This assumption

suggests an awareness on the part of a department/institution/company of its culture, and the introduction of measures to address negative aspects.

Information required

Prevalent attitudes that may be obstacles to the achievement of gender equality

Structural changes initiated in order to transform the department/institution/company

Perceived change in attitudes and practices as a result of structural change

Action and practices aimed at challenging stereotypes and the promotion of gender equality

Indication of structures/officials (internal) perceived as supportive

Indication of structures/officials perceived as well placed to facilitate gender mainstreaming initiatives.

Relevant documents/references

OPERATIONAL INFORMATION

Gender equality is a principle embodied in the Constitution of the Republic of South Africa. In its operations a department/institution/company should take responsibility for ensuring that adequate resources are in place to ensure gender mainstreaming. Among the functions of structures tasked with gender mainstreaming are the:

- formulation and implementation of effective action plans to institutionalise gender equality and gender equity;
- review of existing policies and institutionalisation of gender equality;
- development and monitoring of policies to address gender discrimination (e.g. sexual harassment), and promote gender quality (e.g. gender policy, training programmes for women)
- sensitisation of members of the organisation and target beneficiaries on gender equality and gender equity.

Information required

Indication of policy, programmes and legislation found to be discriminating against men or women

A list of initiatives taken to address gender discrimination

Programmes being implemented to address gender inequities (e.g. management training, affirmative action)

Resources allocated to these programmes to ensure success

Number of women and men (internal) benefiting from training and development programmes (please specify nature of training and development)

Number of women and men (external) benefiting from training and development programmes (please specify nature of training and development)

Number of women and men trained to carry out gender analysis of policies and programmes

Measures used to determine progress in respect of gender mainstreaming

Initiatives to involve beneficiary community/target




Mechanisms used to disseminate the department/institution/company's policy, legislation and programmes

Relevant documents/references

RATING INSTRUMENT

The instrument used for rating role players is attached for your information.

RATING

Initiative type	Symbol	Description
Leading initiative		<ul style="list-style-type: none"> ➤ Initiatives indicate that management is proactive and perceives gender equality to be a strategic part of its mission and vision ➤ Unique and relevant to the organisation's needs and challenges stereotypes ➤ Proactive initiatives are highlighted (integration of gender considerations in planning processes) ➤ Different needs of men and women are acknowledged ➤ Initiatives that address gender gaps as identified in the organisation after audits and gender analyses
Learning initiative		<ul style="list-style-type: none"> ➤ Initiatives that demonstrate commitment to the principle of gender equality ➤ Initiatives that are being refined or implemented with the intention of creating gender equality ➤ Initiatives that indicate that the department/institution/company's leadership has recognised that gender equality is an important issue and has begun to develop and implement relevant practices
Lagging initiative		<ul style="list-style-type: none"> ➤ Initiatives representative of conservative management and leadership styles ➤ Different needs of men and women are not acknowledged ➤ Gender discrimination is not recognised as an obstacle to development ➤ Practices are based on gender stereotypes ➤ The organisation is apathetic and indifferent to the importance of gender equality

Annexure 9: Focus group interviews for the recipients of CGE strategy for the optimisation of the integration of women and Hiv/Aids issues into the mandate of the commission on gender equality in South Africa

Background

A focus group was used as an additional strategy to validate the outcome of this doctoral research study on a strategy aimed at integrating HIV/Aids issues into the mandate of the CGE. The research study took place at the CGE head office and in four of the nine provincial CGE offices.

Purpose

The purpose of the focus group was to weigh up the doctoral study research outcome against the practical experience of women who had received CGE services at any given point in time. It was anticipated that the focus group questions would manage to elicit responses about how the women felt about the service provided; whether the service had addressed presented to it; whether the women were satisfied with the service provided; whether the service had taken into account the HIV/Aids dimension; whether they would return to make further use of the services if given an opportunity to do so and whether they had any suggestions to make with regard to the services provided

Action

The focus group comprised eight to ten women who had previously made use of the services offered by the CGE. The women had to have made use of the services provided by the CGE head office and/or in the four provinces (Gauteng, Limpopo, Mpumalanga and Western Cape) that were included in the research study sample. All the women travelled from their respective provinces – two per province except for the Western Cape which was represented by one woman only as a result of the prohibitive flight costs.

Study Group Format

The study group format was in the form of a discussion group that took place in the Commission on Gender Equality seminar room as this was deemed to be the best option although a teleconference facility was available as a contingency measure. One or two women were drawn from the sample sites to make up the eight to ten women required for the purposes

of a focus group. The group discussion lasted for three hours. All the discussions were tape recorded to allow the easy and free analysis of the discussion outcomes.

Study Group Facilitation

The researcher facilitated the study group discussions by means of questions which had been prepared in advance and which focused on the CGE services which the women had made use of (see below). Had the need arisen during the discussion, additional facilitation capacity would be sought from among the women.

Annexure 10: Focus group facilitation questions for the recipients of CGE services

Strategy for the optimisation of the integration of women and Hiv/Aids issues into the mandate of the commission on gender equality in South Africa

Schedule Number	4
------------------------	----------

Date:

D	D	M	M	Y	Y	Y	Y
----------	----------	----------	----------	----------	----------	----------	----------

Venue:

Facilitator:

Number of Participants:

Participants' Background (ice breaking)

Questions to the Focus Group

1. Kindly indicate if there is anyone in this room who has never received services from the CGE
2. Was the matter you referred to the CGE related to women and HIV/Aids issues?
3. Did you feel that the CGE considered the poverty; gender-based violence; culture, tradition and religion and women and HIV/Aids perspective in respect of the matter you reported?
4. If the answer is yes, why?
5. If the answer is no, why not?
6. Do you all regard strategising for the integration of women and HIV/Aids issues into the mandate of the CGE to be important and beneficial?
7. Is there any institution of which you are aware in South Africa that provides similar services to those provided by the CGE?
8. Would you go back to the CGE for similar services to those you used?
9. Do you think that the CGE is delivering on its indicators of poverty; gender-based violence; culture, tradition and religion and HIV/Aids

Annexure 11: Letter to the focus group recipients of the CGE services

PO Box 13545, Hatfield, 0028

chana.majake@gmail.com, **Mobile: 0735547090**

Dear Ms/ Mr

RE: STRATEGY FOR THE OPTIMISATION OF THE INTEGRATION OF WOMEN AND HIV/AIDS ISSUES INTO THE MANDATE OF THE COMMISSION ON GENDER EQUALITY IN SOUTH AFRICA

My name is Chana Pilane-Majake. I am a registered student for the Doctor of Literature and Philosophy at the University of South Africa. I would like to interview you as a recipient of the services provided by the Commission on Gender Equality for the purpose of validating already completed research in the study indicated above.

Your interview with me will be in a form of a focus group discussion with recipients of CGE services. The group interview will take place at 12h00 on Friday, 28th March at the Commission on Gender Equality, Constitution Hill Precinct, Kotze Street, Braamfontein, Johannesburg. The discussion will not last for more than three hours.

It is anticipated that the focus group will facilitate the conclusion of this study that seeks to compile guidelines and recommendations for the development of a strategy for the optimisation of the integration of HIV/Aids into the mandate of the Commission on Gender Equality. Your participation in the focus group would be highly appreciated.

Please RSVP to me at the contact details provided below.

Yours sincerely

Chana Pilane-Majake

Annexure 12: Ethical Clearance Certificate



**UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE**

HS HDC/316/20:

Date: 19 February 2014 Student No: 4729-722-1
Project Title: Strategy for optimizing the integration of HIV/AIDS in the mand
of the commission on gender equality of South Africa.
Researcher: Chana Pilane-Majake
Degree: D Litt et Phil Code: DPCHS04
Supervisor: Prof SP Human
Qualification: D Cur
Joint Supervisor: -

DECISION OF COMMITTEE

Approved



Conditionally Approved



**Prof L Roets
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE**

**Prof MM Moleki
ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES**

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRES



Alexa Barnby
Language Specialist

Editing, copywriting, indexing, formatting, translation

BA Hons Translation Studies; APED (SATI) Accredited Professional Text Editor, SATI
Mobile: 071 872 1334
Tel: 012 361 6347

alexabarnby@gmail.com

2 March 2017

To whom it may concern

This is to certify that I, Alexa Kirsten Barnby, ID no. 5106090097080, a language practitioner accredited by the South African Translators' Institute, have edited the doctoral thesis titled "Strategy for optimisation of the integration of HIV/Aids in the mandate of the Commission on Gender Equality in South Africa" by Chana Pilane-Majake.

The onus is, however, on the author to make the changes and address the comments.

