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Editorial

This is the fourth issue of the *ESR Review* for 2011. Its articles discuss various areas of socio-economic rights, with a particular emphasis on how they relate to women's lives. In an acknowledgment of the importance of women's rights, Michelle Bachelet, the Under-Secretary-General and Executive Director of UN Women, emphasises that 'where laws and justice systems work well, they can provide an essential mechanism for women to realise their human rights. However, it also underscores the fact that, despite widespread guarantees of equality, the reality for many millions of women is that justice remains out of reach' (UN progress report of the world's women 2011–2012, *In pursuit of justice*).

In this issue, Karen Steffszyn explores the link between health and reproductive rights in the context of HIV, from a regional perspective, as provided for in the Protocol to the African Charter on the Rights of Women in Africa. Mayra Gómez and Bret Thiele highlight the gender dimensions of the right to adequate housing from an international perspective.

To add voice to the current debate on national health insurance scheme (NHI), Elroy Paulus and Ali Simpson reflect on the proposed health care reforms as they relate to the right to health of women and girl children, in particular. It is widely acknowledged that equality for woman and girls lies at the heart of achieving the Millennium Development Goals (MDGs). Janine Hicks and Masefako Segooa present a gendered review of South Africa's implementation of the MDGs.

This issue also contains a brief on two new publications: a guide to the African human rights system and a report on the state of the world's minorities and indigenous peoples.

We acknowledge and thank all the guest contributors to this issue. We trust that readers will find it stimulating and useful in the advancement of socio-economic rights, especially the rights of the poor and most vulnerable groups of society.

Gladys Mirugi-Mukundi, co-editor



Health and reproductive rights, HIV and the Protocol to the African Charter on the Rights of Women in Africa

Karen Stefszyn

The overarching goal of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Women's Protocol or Protocol) is to bring about gender equality in Africa, the converse of which is fuelling the spread of HIV on the continent. The Protocol includes corresponding and comprehensive measures to be taken by states in order to promote, protect, and fulfil women's human rights in Africa. It addresses many of the root causes of the disproportionate spread of HIV among young women in Africa, such as sexual violence and early marriage, as well as factors that exacerbate the effects of HIV infection on the enjoyment of human rights, such as the denial of inheritance rights (article 21).

Health and reproductive rights are provided for in article 14 of the Women's Protocol, including women's rights to, among others, control their fertility; choose any method of contraception; decide whether to have children, how many to have and their spacing; and to receive family planning education. It is the first binding international human rights treaty to guarantee the right to abortion under qualified circumstances, as well as the right to be protected from HIV infection (article 14(2)(c)). The Women's Protocol offers greater protection for the reproductive rights of women than any other legally binding international human rights instrument. That provisions explicitly relating to HIV are grounded in the Protocol reiterates at least two important points: that HIV is a human rights issue and that HIV has a disproportionate impact on African women and girls. The inclusion of rights relating to HIV explicitly under health and reproductive rights confirms that challenges to women's reproductive health are compounded in the context of the HIV pandemic.

Along with the provisions in international human rights law that are specific to reproductive health rights, numerous other human rights principles, enshrined in the Women's Protocol and other defining international human rights instruments, are applicable to the promotion and protection of HIV-positive women's reproductive health rights. These include, but are not limited to: the right to equality and to be free from all forms of discrimination; rights relating to individual freedom, self-determination and autonomy; rights regarding survival, liberty, dignity and security; rights regarding family and private life; rights

to information and education; and the right to the highest attainable standard of health. Violations of women's reproductive health rights are cross-cutting and inhibit the enjoyment of numerous other rights. While women living with HIV have the same rights concerning their reproductive health as other women, they also have needs and concerns that are unique and they may be confronted with violations of their rights on the basis of their HIV status. These are elaborated below.

The right to control fertility

Violations of reproductive autonomy negatively affect women's empowerment, of which being able to make informed decisions is an integral component. The right to control one's fertility exists regardless of HIV status. Many women desire children for a variety of personal reasons and cannot imagine a life where such a desire is left unfulfilled. Others do not want children at all or do not want to have more children beyond those they already have, yet they are unable to prevent unplanned pregnancies due to an inability to negotiate safe sex, or to a lack of access to adequate information provided by well-resourced family planning services. When confronted with an unplanned and unwanted pregnancy, many women are unable to safely terminate the pregnancy due to prohibitive abortion laws in their countries.

Studies show that more than 80% of all women living with HIV, and their partners, are in their reproductive years. An enabling environment for informed choice is required for women living with HIV to choose whether or not to have children, how many, and when. In the context of pregnancy, the right to control one's fertility creates a complicated intersection between HIV status and women's childbearing desires. Despite increased availability of state-provided treatment, HIV-positive women's health can be threatened during pregnancy and labour. There is also a risk of babies becoming infected with HIV via perinatal transmission. This scenario creates a conflict for women living with HIV and impacts on their reproductive decision-making, whether it relates to a desire to reproduce or to inhibit reproduction.

There are numerous impediments that inhibit African women's capacity to exercise their right to make coercion-free decisions concerning their fertility. Social norms and cultural values can place significant pressure on women to bear at least one child, although more are usually expected. Women's value to family and society can be determined by doing this. However, HIV-positive women face strong pressure from community members and health

care providers to give up the idea of having children, either because of the risk of mother-to-child transmission of HIV or out of concern for the welfare of children whose parents may die prematurely of AIDS-related illnesses. A considerable number of service providers are of the opinion that pregnancy ought to be prevented at all costs in HIV-infected women.

Some HIV-positive women still maintain their desire to have children. A study in South Africa found that personal desires and family and societal expectations frequently outweighed the influence of HIV status in determining whether or not to have children. Hope, happiness and a reason for living were cited as factors influencing the desire for children among HIV-positive men and women. However, concerns were also noted in the same study about childbearing, including the health of the infant, the risk of deteriorating health during pregnancy, fears of infecting an uninfected partner while trying to conceive and the possibility of dying and condemning a child to orphanhood.

Along with the importance assigned to childbearing in sub-Saharan Africa and the accompanying social pressure for women to produce offspring, as well as personal desires for motherhood, HIV-positive women are confronted with unique factors influencing their reproductive decisions.

Control over one's body and fertility is more easily exercised in situations where one is informed and empowered to make relevant decisions, particularly where one is HIV-positive. In Africa, however, many women are poor and disempowered. They are thus susceptible to directive counselling or outright coercion where the power relations are unequal between themselves and those they confront in the health-care system. Health-care workers, untrained in human rights, will act on their own judgement, which may be clouded by personal perceptions or their own notions of morality. A human rights-based approach to reproductive health and HIV, guided by the Women's Protocol, is necessary to protect the rights of HIV-positive women to control their fertility. This would require that legislation, policies and guidelines based on internationally accepted human rights norms are enacted and implemented.

Family planning and access to contraceptive services

The 2011 Millennium Development Goals Report indicates that in sub-Saharan Africa, one in four married women has an unmet need for family planning. The right to choose whether and when to have a child lies at the core of reproductive rights. The right to family planning is enshrined explicitly in the Women's Protocol. In order for HIV-positive women to make an informed decision regarding childbearing they must be informed and given access to safe, effective, affordable and acceptable methods of family planning of their choice, along with other reproductive health-care services and the means to make use of such facilities.

There is a direct relationship between a woman's fertility rights and contraceptive services available. The World Health Organisation (WHO) has confirmed the effective-

ness and safety of the use of contraceptives by HIV-positive women. However, the reproductive rights of HIV-positive women are curtailed where access to safe and effective contraception is limited. A study conducted in Botswana (Weiser 2006), for example, indicates that women's desire to control their fertility is hampered by the limitations of available contraceptive options. The South African Litigation Centre (2009) documented that HIV-positive women in Zambia reported difficulty in asking for and accessing forms of contraceptives other than condoms. One woman reported having been told that requesting other forms of contraception is a confirmation of not using condoms, and therefore of exposing others to risk and exposing oneself to re-infection and more infections. Even where contraceptives are available, women often do not possess adequate information to make the appropriate choice. There is a need for explicit policies that recognise reproductive choice in HIV-infected individuals, including improved access to contraception and other reproductive health-care services.

Difficulties women have in negotiating condom use with men are widely recognised. To address this challenge and others, increasing access to and quality of family planning services must be undertaken together with ongoing initiatives, guided by prescribed actions in the Women's Protocol, toward gender equality, particularly through education, economic empowerment and eradication of violence against women. Where gender inequality prevails, women are unable to decide freely on whether or not to bear children regardless of the availability and quality of services in place.

Access to legal abortion

Restrictions on abortion have devastating effects on women's health and rights. In Africa, where 13% of maternal deaths are the result of unsafe abortion (White 2009), the risk of dying following unsafe abortions is the highest worldwide. Many African countries have restrictive abortion laws, which violate women's rights to reproductive autonomy and fail to take into account the reality of women's lives. Prohibitive abortion laws only affect women's health, not men's; therefore, denial of abortion services also violates the right to equality and non-discrimination enshrined in the Women's Protocol and other regional and international human rights instruments.

In light of unplanned pregnancies, impediments to reproductive choice must be considered. Many pregnancies, for example, are the result of sexual violence, including within marriage, which in many African countries can occur with impunity in the absence of legislation addressing marital rape. In many countries in sub-Saharan Africa, children are being forced into marriage and into bearing children. Other unintended pregnancies result from ignorance as a result of a lack of sex education. Many women cannot negotiate safe sex in their relationship and others cannot access contraceptives because, for example, they are only available in urban centres, which are often

beyond the reach of rural women. Unplanned pregnancies among HIV-positive women can have serious negative health consequences if they require but do not receive treatment, or if they are not in an optimum state of health pre-conception.

The Joint United Nations Programme on HIV/AIDS (UNAIDS 2008) recommends that women living with HIV should have a right to choose to terminate a pregnancy upon learning of their HIV status and should be supported to do so without judgement. Some legal experts believe that it is unnecessary to specifically mention HIV as one of the grounds to terminate a pregnancy because HIV status should entitle women to legal abortions, where abortion is permitted to protect a woman's health or life as provided for in the Women's Protocol. This move should, however, not be used to coerce or pressure HIV-positive women into having abortions in cases where they desire to have children.

Forced or coerced sterilisation

Research carried out by the International Community of Women Living with HIV (ICW 2009) documented 40 instances of coerced or forced sterilisation in Namibia, in which informed consent was not adequately obtained. According to the ICW, consent was either obtained under duress, or it was invalid as the women were not informed of the contents of the documents they signed, or medical personnel failed to provide full and accurate information regarding the sterilisation procedure. Women were also asked to provide signed consent for sterilisation in order to access other services, including abortion and caesareans and to receive assistance with childbirth. Similar cases have been documented in South Africa and Zambia. Three Namibian women are currently seeking redress in the High Court. If local mechanisms are exhausted without success, the cases should be brought before the African Commission on Human and Peoples' Rights or the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) Committee.

Compulsory sterilisation or abortion adversely affects women's physical and mental health, and infringes upon the right of women to control their fertility and to decide on the number and spacing of their children. It violates other human rights, including the right to be free from cruel, inhuman and degrading treatment; the right to liberty and security of person; the right to bodily integrity; and the right to equality and to be free from discrimination. The International Federation of Gynecology and Obstetrics (FIGO 2006), in outlining ethical considerations in sterilisation, stated that no incentives should be given or coercion applied to promote or discourage any particular decision regarding sterilisation. Withholding other medical care by linking it to sterilisation is unacceptable. Because sterilisation is permanent, the decision made by the woman should be based on voluntary informed choice and should not be made under stress or duress.

Restrictions on women's reproductive choices are

bound to fuel discrimination and stigma against HIV-positive women, subjecting them to double discrimination. Forced sterilisation, for example, will also lay additional favourable ground for further discrimination in societies that emphasise fertility and childbearing as a defining factor in women's successful contribution to the extended family and society as a whole.

Conclusion

Barriers to controlling their fertility, unmet family planning needs and lack of access to contraceptive services, restrictive abortion laws, and coerced or forced sterilisation, are all issues confronted by women living with HIV, which threaten their rights guaranteed under the Women's Rights Protocol. National legal frameworks must be strengthened to address the HIV-related discrimination that fuels violations of these enshrined rights. At the same time, other non-legal measures, such as awareness-raising and education campaigns, must be undertaken towards the same end.

To create an enabling environment for women to exercise their right to control their fertility, intersecting factors such as inequality and violence against women must be addressed through law and policy and accompanying implementation mechanisms with dedicated adequate financial resources. The 23 African states that have not yet ratified the Protocol should be encouraged to do so in order that they may also be held accountable to commitments to promote, protect, and fulfill the rights of women living with HIV, including their health and reproductive rights.

Karen Stefiszyn is the Coordinator of the Gender Unit at the Centre for Human Rights at the University of Pretoria

This contribution is loosely based on a report by Karen Stefiszyn, Mmatsie Mooki and Yohannes Tesfagabir, entitled 'Realising the right to health in the Universal Declaration of Human Rights after 60 years: addressing the reproductive health rights of women living with HIV in Southern Africa'.

The full report can be downloaded at http://www.chr.up.ac.za/images/files/research/gender/publications/gender_realising_right_to_health_hiv_southern_africa.pdf.

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Gender dimensions of the right to adequate housing from an international perspective

Mayra Gómez and Bret Thiele

Throughout the world, women face entrenched barriers to the full enjoyment of their housing and land rights. These barriers are often rooted in systems of gender-based discrimination and prejudice, which undermine women's basic autonomy and impact negatively on their ability to realise the full range of their human rights on an equal basis with men. In much of the world, it is women's rights to housing and land that continue to be systematically denied. As such, gender is an essential lens through which the advancement of housing rights must be seen.

These rights are denied in law, but even more so in practice, leaving women almost entirely dependent upon the men in their lives for their most basic economic survival. Women's inability to access, use and control housing and land on an equal basis with men certainly entrenches women's poverty, but it also reinforces and relegates women to

a subjugated position within their families, communities and societies – both socially and economically.

The status of women's housing and land rights internationally

For women, the home is the centre of daily life – it is a place for carrying out daily household chores, raising a family and engaging in small income-generating activities. For women in particular, the status of their housing and land rights is intimately connected to their health, security and overall well-being.

Advancing gender equality in the area of housing and land rights has many advantages, but there are two important overarching gains which flow from better securing women's housing and land rights in practice.

First, when women are able to enjoy their housing and land rights, they are able to meet their material needs, and provide for the wellbeing of their families. These relationships have been well-documented, from, for example, the perspectives of HIV/AIDS and of food security. Housing and land provide women with the basic productive assets and

resources they need to improve the quality of their lives, and to weather some of life's most difficult challenges.

Just as importantly, housing and land rights go beyond addressing women's immediate material needs and speak directly to what some have called women's 'strategic needs'. Strategic needs are those needs related to changing the situation of marginalised people, in this case women and girls, to reach social equality. Housing and land are vital assets and, at a very basic level, they represent a measure of wealth, independence and economic security. However, housing and land rights are highly contested in and of themselves. In the context of gender inequality this is perhaps why these rights have become a contested terrain. The advancement of these rights, in particular for women, has the power to bring about the kind of social transformation which cannot be captured solely through the lens of poverty alleviation. The second advantage of advancing women's housing and land rights, then, is that these rights have the power to fundamentally transform gender power dynamics in ways that the realisation of other rights cannot necessarily be said to achieve. In other words, advancement of these rights advances the goal of gender equality itself.

Some of the most important work done around women's housing and land rights internationally in the past was done under the mandate of the Special Rapporteur on the Right to Adequate Housing, between 2002 and 2006 (Miloon Kothari). The most recent report of the Special Rapporteur on these issues, presented to the Human Rights Council in 2006, offered the main findings stemming from a significant body of thematic research, country missions, regional civil society consultations and information received from governments and other actors, on the status and implementation of women's rights to adequate housing. During that period of work, six regional civil society consultations were held with the support of the Office of the High Commissioner for Human Rights, United Nations agencies and programmes and non-governmental organisations.

Those consultations highlighted how, in all parts of the world, a woman's housing status reflects her overall level of economic and personal security. The home is the economic and social centre of the lives of many women, and is the space in which much of their day-to-day lives are lived. Despite the obvious importance of housing to women, the gendered nature of social and economic relations within and outside of the household means that women are often excluded from and discriminated against in virtually every aspect of housing, including policy development, control over household resources, rights of inheritance and ownership, community decision-making, and even the construction of housing.

The issues affecting women and their right to housing are multiple and interconnected. Women throughout the world are unable to access housing and land independently simply because they are women. Many times, as is the case with housing and land, women's access to these resources hinges upon their relationship with a man, putting

A woman's housing status reflects her overall level of economic and personal security

women in a subordinate position from the start. In fact, once that relationship with a male family member is severed – for example, through death or divorce – the result of gender inequality on women's lives becomes immediately visible. This is the case for widows who are routinely 'disinherited' and forced from their homes after the death of their husband, as well as for women victims of domestic violence who often have no choice but to stay with their abuser because their housing situation depends on it.

Promoting and protecting women's housing and land rights

Policy solutions and international obligations

To redress gender inequality and gender discrimination relative to women's access to housing and land it is imperative to move beyond so-called gender-neutral policy solutions and housing strategies.

Part of the solution lies in removing discriminatory barriers in law, policies and practices that exclude women from access to these resources, be they overtly or covertly discriminatory. For example, the UN Committee on the Elimination of all Forms of Discrimination against Women (CEDAW), in its 2011 Concluding Observations on Sri Lanka underscored this point when it noted that:

discriminatory practices prevent women from acquiring ownership of land since only the 'head of household' is authorized to sign official documentation such as land ownership certificates and receive pieces of land from Government.

This is because in Sri Lankan society, the 'head of the household' is most often deemed to be male. The Committee urged the government of Sri Lanka to abolish the concept of 'head of household' in administrative practice and recognise joint or co-ownership of land and to amend its national legislation to ensure joint or co-ownership (CEDAW 2011, paragraph 39).

The other part of the solution entails states taking proactive measures to ensure women's equality and to ensure that policies related to economic and social rights are themselves gender sensitive, prioritising women's needs and ensuring women's participation in the design and implementation of those policies. Doing so would not only transform poverty worldwide but would fundamentally uplift and transform women's status in their respective societies.

While perhaps controversial in some contexts, these recommendations are fully consistent with international human rights laws and standards. In 1997, the former United Nations Sub-Commission on the Promotion and

● A lack of adequate housing makes women more vulnerable to gender-based violence ●

Protection of Human Rights adopted the first resolution by an international body that directly addressed women's housing and land rights specifically. Sub-Commission Resolution 1997/19 on 'Women and the right to land, property and adequate housing' urged governments to take all necessary measures to amend and/or repeal laws and policies pertaining to land, property and housing that deny women security of tenure and equal access and rights to land, property and housing; to encourage the transformation of customs and traditions that deny women security of tenure and equal access and rights to land, property and housing; and to adopt and enforce legislation that protects and promotes women's rights to own, inherit, lease or rent land, property and housing. A subsequent resolution (1998/15) was adopted the following year under a similar title: 'Women and the right to land, property and adequate housing.'

In 1998, the Commission on the Status of Women adopted its first resolution on women's housing and land rights, resolution 42/1 on 'Human rights and land rights discrimination,' recognising that 'secure land rights are key rights for the economic empowerment of women'.

The former United Nations Commission on Human Rights (now the Human Rights Council) has also adopted a series of resolutions on 'Women's equal ownership of, access to and control over land and the equal rights to own property and to adequate housing' (Resolutions 2000/13; 2001/34; 2002/49; 2003/22; 2005/25). Picking up on the cross-cutting nature of these rights, in its last resolution on the issues (adopted in 2005) the Commission said that a lack of adequate housing makes women more vulnerable to gender-based violence, including domestic violence, and in particular that the lack of housing alternatives may limit many women's ability to leave violent situations. The Commission also linked the growing prevalence of HIV/AIDS in women with laws that inhibit the full enjoyment of women's rights to land, joint ownership and inheritance (Resolution 2005/25).

Beyond these resolutions, there have been a number of additional pronouncements from international bodies and experts relevant to women's housing and land rights. The General Comments and Recommendations of the UN Treaty Bodies are particularly instructive. For example, CEDAW, (which monitors states party compliance with the Convention on the Elimination of All Forms of Discrimination against Women), has indicated that:

there are many countries where the law and practice concerning inheritance and property result in serious discrimination against women. As a result of this uneven treatment, women may receive a smaller share of the husband's or father's property at his death than would widowers and sons. In some instances, women are granted limited and controlled rights and receive income only from the deceased's property. Often inheritance rights for widows do not reflect the principles of equal ownership of property acquired during marriage. Such provisions contravene the Convention on the Elimination of All Forms of Discrimination against Women and should be abolished. (CEDAW General Recommendation 21, paragraph 35).

The CEDAW Committee has also raised issues related to women's housing and land rights within the context of various Concluding Observations, released at the end of States Party review processes.

In addition to its General Comments numbers 4 (on the right to adequate housing) and 7 (on forced evictions), the UN Committee on Economic, Social and Cultural Rights (CESCR) (which monitors states party compliance with the International Covenant on Economic, Social and Cultural Rights) has stated in its General Comment 16 on the equal right of men and women to the enjoyment of all economic, social and cultural rights that 'women have a right to own, use or otherwise control housing, land and property on an equal basis with men, and to access necessary resources to do so'. It has also highlighted women's equal inheritance rights (article 3). On food security, the CESCR has stated that national strategies should include guarantees of land rights for women as a measure to prevent discrimination in access to food or resources for food (General Comment 12).

The United Nations Human Rights Committee (HRC) (which monitors states' compliance with the International Covenant on Civil and Political Rights) has similarly said that 'women should also have equal inheritance rights to those of men when the dissolution of marriage is caused by the death of one of the spouses' (General Comment 28). The HRC has also stated unequivocally that 'the capacity of women to own property may not be restricted on the basis of marital status or any other discriminatory ground'.

Conclusion

The discrimination faced by billions of women around the world is a violation of their human rights. Without the basic recognition of women's equality and right to adequate housing and land, women will remain relegated to the sidelines of society, among the first to suffer hardship and homelessness, violence and exploitation. For women to become active and valued participants in the lives of their communities, on the basis of human equality, every woman's rights to housing and land must be respected, protected and fulfilled.

Advocating for women's housing rights should never be seen as advocating for women's exclusion from the 'public sphere' of life, or in any way reinforcing the sexist notion that a 'woman's place is in the home'. It is important

to challenge ideas that offer insidious support to the old cliché that the man is necessarily the master of the house, the head of the house or the 'king of the castle'. Rather, advocating for women's housing rights recognises that women have particular needs when it comes to housing, and that often these are unmet due to broader social and cultural patterns of discrimination against women. Indeed, even in communities which are already relegated to the periphery of a society, women are often further marginalised because they lack security in the area of housing relative to the men in their communities. The home must serve as one of the many spaces in which human rights are brought to bear, and in which equality, dignity and peace are realised for all who dwell within.

Lastly, it is instructive to note that in 2011, the current Special Rapporteur on the Right to Adequate Housing, Raquel Rolnik, initiated a new global e-consultation on these issues to inform her 2012 report to the Human Rights Council. Her report will be an opportunity to update some of the previous work carried out by Miloon Kothari, as well as to highlight new and/or emerging issues. Beyond the substantive report, this initiative will also entail a new resolution of the HRC on women's housing, land and prop-

erty rights in 2012. The Special Rapporteur has recently launched the e-consultation as part of the mandate's web platform. With the help of focal points hired to coordinate the outreach in the seven different regions (North America, Latin America, Western Europe, Eastern Europe, Asia, Africa, and the Middle East and North Africa), the e-consultation aims to identify and make visible the different issues that women are currently facing throughout the world in relation to housing and land, to give us a fresh picture on the current state of these rights globally in 2012.

Mayra Gómez and Bret Thiele are co-executive directors of the Global Initiative for Economic, Social and Cultural Rights.

**Website: <http://globalinitiative-escr.org/>
To interact with the Global Initiative for Economic, Social and Cultural Rights, sign up on Facebook.**

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Will health reform proposals realise the right to health of women and girl children in particular?

A reflection

Elroy Paulus and Ali Simpson

Black Sash, an independent human rights NGO, has worked on issues of justice and equality in South Africa for over 55 years. Its mission is to work towards a South Africa in which human rights are recognised in law and respected in practice.

Known for its work largely in the arena of social security, it was afforded a unique opportunity in 2010, in partnership with the Health Economics Unit, University of Cape Town (HEU-UCT), and Health-e to help elicit public preferences for health system reform, including the national health insurance scheme. This paper teases out insights gathered

at consultation workshops held in every province in South Africa between May 2010 and June 2011. It further examines the key recommendations and outcomes of these consultations, particularly on how to realise the right to health of women and girl children.

This reflection draws on direct comments by clients and monitors of government services at social grants pay points and service points, and primary health care clinics, through the Black Sash's ongoing Community Monitoring and Advocacy Programme (CMAP). Although CMAP is not an academic or scientific study of the quality and level of service delivery, it presents empirical and recent data from respondents on the ground.

The data and reports are updated regularly and collected from approximately 264 community-based organisations (CBOs) across South Africa. At the time of writing, the Black Sash had analysed approximately 2000 returned questionnaires from monitors in the CMAP project.

Recent reports and ongoing global challenges

In the recently published 2011 Human Development Report, the authors maintain that a 'great development challenge of the 21st century is to safeguard the right of generations today and in the future to live healthy and fulfilling lives'. The report shows, through its contribution to global dialogue, how 'sustainability is inextricably linked to equity – to questions of fairness and social justice and of greater access to a better quality of life'.

This report, and others such as the World Health Report 2010 and the 2008 Global Health Watch Report 2, have long pointed out how a lack of access to the social determinants of health and well being, such as clean water, improved sanitation, affordable transport and quality of care, contributes to power imbalances and gender inequality. Moreover, environmental health factors, such as illness due to air pollution, land degradation, inadequate waste removal and many other factors magnify the effects of income differences.

Access to clean water and improved sanitation is particularly important for girls' education, affording them health gains, time savings and privacy. Many girl children in rural areas face these challenges and will continue to do so in a disproportionate manner unless drastic measures are taken to reverse the tide. The problem is compounded by South Africa's continued net loss of jobs, which was said to be in excess of 200 000 in 2010 according to the Medium-Term Budget Policy Statement of October 2011. Increasing numbers of households are now without an adequate income and are thus unable to pay for basic services, such as electricity and water.

Poor and especially rural households rely on livelihoods that are resource dependent and time consuming, especially where households face a lack of modern cooking fuel and clean water. Girl children are again disproportionately affected, since in patriarchal societies they are

expected to perform these chores. There is an increasing body of evidence showing that 'women typically spend many more hours than men do fetching wood and water, and girls often spend more time than boys do. Women's heavy involvement in these activities has also been shown to prevent them from engaging in higher return activities' (UNDP Human Development Report 2011).

Lessons from the coalface – what are people in South Africa saying?

Although South Africa is undergoing fundamental health reforms, there has been little public engagement on the principles that should inform health care policy. In early 2011, the Green Paper on the National Health Insurance (NHI) was tabled for public comment.

Approximately 85% of the population depend on publicly funded health-care services, yet their access to ways of influencing policy-making processes is relatively limited. The Black Sash and its partners conducted two- to three-day provincial consultations which provided a platform for sharing information and discussing issues relating to the health system. They also provided an opportunity to elicit participants' views on key issues that need to be addressed in the health service, on their preferred health system principles and values, and on broad options for the proposed health reforms, including preferred forms of financing the health system.

A total of 367 participants attended nine consultative workshops. They were chosen on the basis of geographic and sectoral representation. Representatives were from more than 85% of the 46 district municipalities and six metros at the time of these consultations.

Participants were sent by CBOs (such as paralegal advice offices), health-affiliated organisations, non-governmental organisations (NGOs), faith-based organisations (FBOs) and organisations of traditional healers. Participants were specifically chosen as community representatives, but also represented different districts in each province.

The profile of participants is set out below.

Table 1: Participants in the NHI Consultations, May 2010–June 2011

Province	Total	Male	Female
Mpumalanga	48	16	32
Gauteng	56	16	40
North West	61	17	44
Northern Cape	32	17	15
KwaZulu-Natal (KZN)*	33	8	25
Western Cape	40	15	25
Eastern Cape*	55	25	30
Limpopo	56	16	40
Total	181	130	251

*Regrettably, most of the profile information relating to the Eastern Cape and KZN participants was not recorded.

Table 2: Type of organisation (seven of the nine provinces)*

Province	Advocacy	Education	Health	Human rights	Community development	Social services	Other
Mpumalanga	7	2	7	5	3	5	19
Gauteng	5	2	17	2	13	5	0
North West	2	8	21	7	7	5	11
Northern Cape	1	8	12	4	7	2	4
Western Cape	4	6	8	4	7	2	5
Limpopo	6	3	11	11	17	7	1
Free State	5	3	22	11	5	3	10
Total	30	32	98	44	59	29	50

* Several organisations chose to categorise themselves as working in more than one sector

Insights from CMAP monitors and NHI consultation participants

These insights are gleaned from the CMAP-trained community monitors in all nine provinces, as well as health clinics and patients interviews on service delivery. After monitors record their findings, the results are compiled into a confidential database and analysed in a narrative report.

Major challenges, that are critical for effective health reforms, are experienced at the health clinics and in related services. Numerous personnel provide excellent services under very difficult circumstances at many service sites. However, in several provinces, CMAP monitors at health clinics witnessed recurring injustices that are exclusive to women and children, which are highlighted here.

Chief among these are challenges faced by pregnant women. Long queues are reported at clinics and monitors indicate that some staff did not prioritise vulnerable people such as children and pregnant women, who are forced to stand for extended periods of time. At some clinics, pregnant women are required to arrive very early, but, as in many instances the clinic does not provide them with correct scheduling information, they are subsequently turned away. For example, a CMAP monitor at a Northern Cape clinic reported that a woman had 'been turned away three times because staff at the clinic had not communicated what the correct days were for pregnant women. [She] was just turned away again and told to come in a week's time'.

In the North West, participants at the consultative workshop reported that 'green cards' are given to HIV-positive patients receiving medication to prevent the transmission of HIV from mother to child (PMTCT). Whether inadvertent or not, the use of these cards publicises the status of the patient to others at the health facility. Subsequent consultations and reports from CMAP monitors reveal that this practice is not only prevalent in the North West, but is found in other provinces too. It also emerged that in some clinics, staff members do not exercise professionalism and confidentiality. One participant in particular described, that '...everyone knows you are positive because of this

card'. As a result, HIV-positive mothers face discrimination at hospitals and clinics. There are reports that HIV-positive mothers are coerced into sterilisation. It was also reported that children infected with HIV/AIDS were not given access to required nutritional supplements or nappies.

In the populous province of KwaZulu-Natal (KZN), several health indicators classify it as the province with the most challenging health status. For example, it has the highest number of infant deaths (children dying under the age of one) and the highest number of child deaths under the age of five. Participants at the KZN workshop suggested that there has been an increase in preventable deaths and increasing infant mortality rates because of a lack of monitoring of health care. The government should roll out a new model for primary health care services, starting with dedicated teams in 10 districts nationally including districts in KZN.

In Mpumalanga, medication for pregnant mothers is often unavailable. At other sites, women were reportedly denied the right to terminate pregnancies, despite existing policy and legislation. Other participants suggested that birthing facilities are not easily accessible, forcing many women to give birth at home.

In the Eastern Cape, newly born children also bear the brunt of insufficient medical supplies as there is no milk or 'pap' for premature or other babies.

Community monitors at a Western Cape clinic reported that 'mothers that bring there [sic] kids for injections are turned away many times and told to come back next week, and when they do the sisters are still rude with them'. A monitor at a Western Cape clinic reported that 'transport for people coming from the farming areas is a very big problem. People can't reach the health facilities because transport is not easily available which has an adverse effect on the health conditions of the rural people'. The lack of clinics in rural areas, combined with the poor ambulance service that is prevalent throughout the country, also uniquely affects women and children. Rural areas are reported to have no access to health infrastructure and mobile clinics only operate once a month in these areas, or not at all.

A participant in the Free State consultation said that 'people have to walk two kilometres to get to an ambulance. It doesn't come to you; you have to go to it'. Travelling long distances (possibly in extreme weather conditions) not only poses a health risk for pregnant women, but also personal safety risks for women and children more generally.

Participants in almost all provinces reported that there are insufficient ambulance services and that emergency calls are characterised by long waits, ambulances not arriving in time or not at all. One participant was of the view that the 'the lack of ambulances have had fatal results for communities'.

In certain provinces, such as the North West, limited road infrastructure affects access to ambulances, which struggle in rural terrain. This is particularly so during the rainy season, when dirt roads become impassable.

It's not just about health: urgent challenges of social security backlogs

A critical and necessary intervention by the South African government has been the social security system that provides millions of people with relief and a form of income. This is an indicator of the extent of poverty, vulnerability and unemployment in South Africa. However, the Department of Social Development failed to clear social assistance appeals cases despite a court order to do so (*Misiwe Rosy Ntamo and Others v Minister of Social Development and Others*, High Court of South Africa Eastern Cape Grahamstown case no 689 of 2010).

Many of the appeals relate to grant applicants who are chronically ill but may not qualify for a disability grant, which, according to a media statement by Black Sash Advocacy Programme Manager Ratula Beukman:

exposed a massive hole in the social assistance net. South Africa is afflicted with extremely high levels of chronic illness due to the HIV/Aids pandemic, TB and our high levels of poverty. The current system basically forces those who are chronically ill to become disabled before they are able to secure any form of income support. Helping sick people who are battling the dual hardships of poverty and illness to participate meaningfully in society is not just our Constitutional duty; it also makes social and economic sense. Allowing people to become functionally disabled and 'unproductive' costs us all more and also puts an added strain on our already over-burdened public health system. (Black Sash media statement, 2011)

As primary caregivers of children, the chronically ill and disabled, women are again disproportionately disadvantaged.

Possible innovation and recommendations

The foregoing, which is based on the reports by CMAP monitors and the perspectives of participants at the health consultations, shows why the imperative of facilitating access to the right to health of women and girl children cannot be overemphasised. Indeed, facilitating access is perhaps one of the state's most critical interventions, requiring sustained efforts and improved intergovernmental cooperation.

The provincial consultations confirmed the widely recognised need for an improved health care system that allows even the poorest people to access health care for free. The majority of participants in all nine provincial consultations supported the introduction of a tax-funded national health insurance system on condition that it would be able to provide a substantially improved and quality health care system that is accessible to everyone. They suggested that it should be funded either through PAYE or employer payroll tax, or a combination of both. Other innovative sources of funding were also raised in some provinces. However, they also said that VAT should not be used to fund the health system, since it would disproportionately affect mainly the poor.

It is submitted that health reform proposals can realise the right to health of women and girl children in particular. In that light, the State is urged to address the concerns revealed during these consultations as a matter of urgency.

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For more information on CMAP go to www.blacksash.org.za/index.php?option=com_content&view=article&id=2673&Itemid=340

Reports on the health consultations can be downloaded from: www.blacksash.org.za/index.php?option=com_content&view=article&id=2756&Itemid=292

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A gendered review of South Africa's implementation of the Millennium Development Goals

Janine Hicks and Masefako Segooa

The Commission for Gender Equality (CGE) is an independent state institution, established in terms of Section 187 of the 1996 South African Constitution. The CGE is charged with a broad mandate to promote respect for gender equality and the protection, development and attainment of gender equality in South Africa.

Part of its mandate is to monitor the implementation of the international and regional conventions, covenants and charters ratified by South Africa that impact directly or indirectly on gender equality. These include, among others, the Millennium Development Goals (MDGs), arising from the Millennium Declaration, adopted in 2000 by 189 of 192 United Nations member states.

The Declaration identified peace, security and development, including environment, human rights and governance, as the main global development challenges. The Declaration resolved, among other things, to promote gender equality and the empowerment of women as an effective way to combat poverty, hunger and disease, and to stimulate sustainable development. It consolidated a set of inter-connected goals into a global agenda in the form of eight MDGs.

This article provides a gender analysis of the progress made by South Africa with regard to its MDG commitments. This includes a review of state interventions in pursuit of goal three of the MDGs, on gender equality and women's empowerment. The article also assesses the gendered impact of the state's progress regarding the other seven MDGs.

Goal 1: Poverty

The number of women living in poverty – and the number of those who are considered poor and live in female-headed households – is disproportionate to men. The primary causes of the feminisation of poverty are linked to

- the absence of economic opportunities for women and their autonomy;
- their lack of access to economic resources, such as finance and land;
- their lack of access to education and support services;
- inadequate participation in decision-making;
- low wages as a result of low skills, for example farm and domestic workers; and
- unpaid care work that remains unrecognised.

In addition, the sectoral determinations for domestic and farm workers are poorly monitored. The state has also failed to implement a system to ensure access to maternity benefits for these sectors, as well as for self-employed women.

Gender discrimination in the workplace is rampant. This is reflected in the Employment Equity Commission's (EEC's) 10th Annual Report findings on women's under-representation in positions of senior management due to poor attention to gender transformation.

It is reassuring to see that in terms of security of tenure, women-headed households were the majority beneficiaries of housing subsidies. However, 90% of land reform beneficiaries were men. The positive impact of the Extended Public Works Programme (EPWP) job opportunity and skills-creation ventures for women must be acknowledged.

However, there remains little evidence of gender mainstreaming in the planning, budgeting and implementation

of poverty alleviation programmes. Despite a commitment to gender equality and the creation of gender policies, government departments do not pay adequate attention to the collection of sex-disaggregated data on beneficiaries of programmes and interventions, which would be beneficial in tracking their impact.

Goal 2: Education

With regard to targets set for the net enrolment rate at primary school level, South Africa appears close to attaining universal primary education. However, statistics do not take into consideration the critical distinction between enrolment and attendance, which at this level is higher for girls than it is for boys.

CGE research has identified the need for tailored policies and interventions – or better implementation of existing policies – to address the primary reasons why girls drop out of school. Teenage pregnancy, for example, appears on the increase, especially in rural areas and areas of entrenched poverty. Additional factors include inadequate sanitation facilities at school, the lack of access to safe transport, and the domestic responsibilities that are largely still imposed on girl children, which impact negatively on their attendance and on the time they have available to focus on their studies.

Implementation of 'no fee' schools and school nutrition programmes have made a significant contribution to retaining learners in school. It is of great concern, however, that gender-based violence (GBV) at schools is not being adequately addressed, despite initiatives like the National Curriculum Statement (NCS).

With regard to targets to eliminate gender disparity in education, marginally more girls are enrolled in primary schools than boys. However this is reversed at secondary schools, where boys outnumber girls. According to the 2005 General Household Survey, 72.1% of women were functionally literate compared with 76.6% of men. The 2008 Education for All Country Report of South Africa also indicated that women remain under-represented in senior management positions in schools and in the Department of Education bureaucracy.

Goal 3: Women's political representation

Despite being a signatory to the 2008 SADC Gender and Development Protocol, which requires 50/50 representation of women in political leadership by 2015, South Africa does not yet have legislation requiring parity in party candidate lists, or in decision-making posts, with such measures left to individual parties to decide.

Only one party – the African National Congress (ANC) – has voluntarily adopted a 50/50 quota system for its proportional representation (PR) lists, which has single-handedly transformed women's representation in Parliament (45%), Cabinet (41%), provincial legislatures (42%) and local government (38.5%) (Gender Links, 2009). The fact that the ANC lost ground to parties with very poor representation of women has resulted in a considerably lower

level of women's representation than was anticipated. This has worrying implications for women's political representation in all spheres. Despite the commitment from the ruling party and the evident increase in women's representation in politics, there is a worrying trend of women appointees being replaced by male candidates, from the Deputy-President and the Speaker of Parliament through to ministers, mayors and councillors, which undermines the progress attained in this regard.

In addition, there are inadequate policies and practices in place to transform historically male-dominated environments and make these more supportive for working women, such as providing for child care and flexible working hours. The judiciary, political parties and trade unions equally reflect a poor response to gender transformation, with few women in leadership positions in these institutions.

Goal 3: Security (gender-based violence)

GBV continues unabated in South Africa, with rampant brutality against women and girls. Research reveals the following alarming statistics: one in two women might be raped in their lifetime, a woman is raped every 26 seconds, one in four women is in an abusive relationship and one in four girls have been sexually abused (Hirschowitz Worku, Orkin 2000). These statistics are a dangerous indication of how GBV has been normalised in South African society.

There have been welcome interventions from the state to address and curb GBV, such as the introduction of the Domestic Violence Act and the Sexual Offences Act, the creation of the Sexual Offences and Community Affairs (SOCA) unit within the National Prosecution Authority, the introduction of Thutuzela care centres and sexual offences courts, the development of victim empowerment plans, and the introduction of the Victims' Charter. The adoption of legislation on trafficking in persons is still pending. However, concerns have been raised around the uneven nature and inadequacy of available resources and the necessity for training and awareness interventions for the effective implementation of these measures.

Statistics reveal an unacceptably poor conviction rate for GBV and the non-implementation of minimum sentencing legislation (Vetten et al 2008). Of concern are the often gender-insensitive, judgemental and inappropriate responses displayed by some police officers and judges dealing with GBV cases, reinforcing gender stereotypes and undermining women's access to justice. This is aggravated by the inadequate and uneven access to counselling and support services, and to places of safety for women victims of GBV. In addition, certain harmful cultural practices continue, such as virginity testing, *ukuthwala* (abduction of bride-to-be), female genital mutilation, *ukungena* (handing over of a widow to her deceased husband's male relative), and under-age *ilobolo* (engagement) (Commission for Gender Equality 2010). Such practices require extensive awareness-raising interventions, as well as the outright enforcement of existing laws to address particular instances of infringement of the rights of female children.

Goals 4 and 5: Infant and maternal mortality

According to the 2005 MDG report, South Africa's infant and under-five mortality rate is unacceptably high – almost four times the World Health Organisation's (WHO) minimum target. Mortality rates appear on the increase, with recent media reports highlighting mass deaths of infants at state hospitals. Of grave concern is the predominance of infant mortality in rural areas, with HIV being the leading cause of death of children under five years of age in every province. According to Kibel (2006) the leading cause of death in children in the age group 5–15 is HIV for girls and road traffic accidents for boys. The rate of death for boys as a result of HIV is half that of girls. However, such distinctions do not inform HIV and mortality prevention measures adopted by the state. While improvements in immunisation and nutrition awareness are welcomed, there is a need for more efforts in rural areas.

Maternal mortality also appears to be on the increase, with research revealing that almost 60% of these deaths are avoidable (Shisana et al 2010). Maternal mortality is more common in rural areas and appears largely driven by health systems failures, such as the non-availability of blood and intensive care facilities, the lack of appropriately skilled staff and inadequate resources (Henry 2010). It also appears that women still encounter difficulties in accessing termination of pregnancies because of waiting lists at public health facilities and the negative attitudes of health staff. According to the Medical Research Council, 95% of pregnant women have access to ante-natal care while 85% of births are attended by a skilled medical practitioner. However, these figures are at odds with the high maternal mortality rates and are not replicated in the rural areas. Generally, it would appear that the health issues impacting on women are not informing departmental budget allocations. In addition, it is apparent that there is a need for more outreach programmes promoting the involvement of men in maternal health care.

Goal 6: HIV and AIDS, malaria and other diseases

In 2009, the Department of Health revealed that almost all sexually active women and men in the 15–19 years age group are engaging in high-risk sex – characterised by multiple partners and low condom usage, as well as correlations between education levels and condom usage.

There are insufficient female-controlled barrier methods available, and supplies of the female condom are inadequate. While microbicides offer the promise of a measure that women can control, particularly in instances where they are unable to negotiate condom usage, the recent controversy surrounding their medical trials and their impact on women have tainted this particular intervention.

It is apparent that there is a need for more awareness and social norm-changing campaigns targeting men.

There are some positive examples to draw on in this regard, largely implemented by civil society institutions.

It is welcome to note that the National HIV and AIDS and STI Strategic Plan for South Africa (2007–2011) (NSP) acknowledges women's vulnerability to HIV and commits the state to prioritising interventions addressing the causes of gender inequality and the impact of HIV on women and girls (Department of Health 2007). It is also encouraging to note the apparent decline of HIV incidence in women aged 15–24 and the decline in HIV infection overall, although levels remain unacceptably high. Women continue to bear the brunt of caring for those infected and it is apparent that we need to encourage, recruit and train men to assist with this care, particularly for women living with HIV.

Malaria incidence appears to be on the increase, bringing about the reintroduction of dichlorodiphenyltrichloroethane (DDT) as a response to this. However effective this measure may be in the short-term, research reveals a worrying long-term gendered impact of this chemical, with young girls becoming prone to breast cancer and fertility rates in young men being reduced. In addition, the state is failing to develop interventions to address women's particular vulnerability to malaria and tuberculosis.

Goal 7: Sustainable development

Women's empowerment and gender equality are key ingredients for sustainable development. Women remain largely absent at all levels of policy formulation and decision making in natural resource and environmental management, conservation, environmental protection and rehabilitation, and their experience and skills in monitoring natural resource management remain largely untapped. However, it is encouraging to note reports of Department of Water Affairs and Forestry (DWAF) interventions involving women in local water-management committees and programmes

In addition, women are rarely trained as professional natural resource managers with policy-making capacities, such as land-use planners and agriculturalists. Even where women have received such training, they are often under-represented in policy/decision-making structures.

Access to clean water, sanitation, and energy is a key gender issue, as women rely on natural resources. Some women in rural areas still rely on water from dams and other fuels like coal and cow dung for household use, which impacts negatively on their health and that of their children.

Despite a welcome increase in household access to basic water and energy women in rural areas still largely rely on rainfall and coal to meet their water and energy needs, often exposing their families to health risks. There are still inadequate sanitation facilities, particularly in rural areas and informal settlements.

Goal 8: International partnerships

This goal requires governments, civil society structures and the private sector worldwide to work together in part-

● ● There is a need for better, more reliable data capture, accurately classified and disaggregated on the basis of gender ● ●

nership to ensure the complete fulfilment of the MDGs. A gendered review of this goal requires states to seek out international partnerships and development assistance to support the development and implementation of gender-responsive rights-based policies and programmes, including accessing technical assistance to improve gender-responsive and sex-disaggregated data.

It is apparent from the analysis contained in the CGE's report the South African government is failing in this area. On a more encouraging note, there are several Official Development Assistance (ODA) programmes, mostly European Union-funded, which target gender equality. These include interventions on human trafficking, the development of the Victim Empowerment Programme and stated objectives to see gender mainstreaming through all state programmes. The national Treasury has put systems in place to track aid flows into the country, but does not monitor the outcomes and impact of such aid in relation to gender equality and women's empowerment.

Recommendations

The CGE has put forward the following recommendations for the effective engendering of the MDGs and their implementation:

- South Africa should review the country's macro-economic policies to ensure these are gender responsive, and accelerate infrastructure development in rural areas, as this would have a huge positive impact on women.
- There is a need for better, more reliable data capture, accurately classified and disaggregated on the basis of gender.
- Government departments need to tailor their responses in terms of programmes and budgets to respond to the disparities in vulnerability, needs and access of women.
- State departments should draw women into local resource planning, management and monitoring structures and processes.
- South Africa needs to address the rural-urban disparity as a matter of urgency. This is a key factor in women's access to the services that impact on their quality of life.
- There is need to see more outreach and awareness programmes for men, and to bring them into the care net.

- There is need to address the skills and attitudes of state employees tasked with ensuring access to services and justices. Currently these entrench discrimination against women and worsen their access to services.
- Government departments need to strengthen monitoring and evaluation interventions, with particular gendered indicators.
- It is imperative to introduce a quota system in the electoral legislation to bring about 50/50 targets.
- There is a need for enforcement of legislative measures to address discrimination in the workplace, as well as the particular vulnerabilities of farm and domestic workers.
- There is a considerable need to improve the performance of the state in coordinating and allocating funds and responsibilities between the spheres of government to facilitate the implementation of the MDGs.

The Millennium Declaration identified peace, security and development, including the environment, human rights and governance, as key global development challenges. The Declaration resolved among other things, to promote gender equality and the empowerment of women as an effective way to combat poverty, hunger and disease, and to stimulate sustainable development.

State commitments to gender equality and women's empowerment, and the development of ground-breaking policy and targeted programmes in this regard, must be acknowledged and welcomed. However, unless the South African government takes decisive steps to ensure that its policies, programmes and interventions designed to give effect to the implementation of all the MDGs, speak to the particular vulnerabilities and needs of women and girl children, we will not see a full realisation of these goals and targets.

Janine Hicks is a Commissioner and Masefako Segooa is a researcher, both at the Commission for Gender Equality (CGE)

This contribution is loosely based on a report by the Commission for Gender Equality entitled 'A gendered review of South Africa's implementation of the millennium development goals: what gets measured gets done'.

The full report can be downloaded at http://www.cge.org.za/index.php?option=com_docman&task=doc_details&gid=182&Itemid=

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Centre for Human Rights, Faculty of Law, University of Pretoria and the African Commission. 2011. *Celebrating the African Charter at 30: A guide to the African human rights system*. Pretoria: Pretoria University Law Press

This book is a guide to the African human rights system. It was prepared by the Centre for Human Rights, Faculty of Law, University of Pretoria, in collaboration with the African Commission on Human and Peoples' Rights. The book was launched in October 2011 at the 50th ordinary session of the African Commission on Human and Peoples' Rights, at a celebration to mark 30 years since the adoption of the African Charter on Human and Peoples' Rights.

The book gives a brief history and highlights the main features of the African Charter. The African Charter established the African Commission on Human and Peoples' Rights to promote, protect and interpret the rights enshrined under the Charter. The book highlights some

of the landmark decisions of the African Commission and acknowledges that 'the jurisprudence of this Commission has been a robust resource for national jurisdictions, NGOs and other regional systems'.

'Although the African Commission has thus far been the primary human rights body in Africa, it has been complemented by the African Court on Human and Peoples' Rights and the African Committee of Experts on the Rights and Welfare of the Child.'

The book gives an overview of the successes and reflects on challenges of the African Charter, the African Commission and the African Court of Human and Peoples' Rights.

For further details, go to: http://www.pulp.up.ac.za/cat_2011_13.html

To order, contact Pretoria University Law Press at +27 12 420 4948 or pulp@up.ac.za.

Minority Group International 2011. *State of the world's minorities and indigenous peoples 2011: Focus on women's rights*. London: Minority Group International

This report presents an overview of the situation of minority and indigenous women today. It acknowledges 'that women belonging to minorities in every region of the world frequently experience unique challenges and multiple or intersectional discrimination emanating from their status as members of minorities and as women or girls'. This aspect was emphasised by the United Nations Independent Expert on Minority Issues, Ms Rita Izsák, at the 3rd International Conference on Roma Women held from 23–25 October 2011 in Granada, Spain, where she applauded Roma women for confronting discrimination.

The report includes 'compelling depictions of the experiences of women belonging to marginalised and dis-

possessed populations, who are often uprooted from their lands and communities due to discriminatory government policies, the impact of armed conflicts, and the actions of private social, political and economic interest groups'. It re further highlights issues and challenges that must be addressed to unlock the full potential of minority and indigenous women to realise full economic, social and political equality.

It acknowledges that 'in addressing the status of indigenous and minority women it is essential to identify racial elements of gender discrimination, as well as the gendered elements of race discrimination'.

For further details, go to: <http://www.minorityrights.org/10848/state-of-the-worlds-minorities/state-of-the-worlds-minorities-and-indigenous-peoples-2011.html>

To order, contact Minority Rights Group International at +44 (0)20 7422 4200 or minority.rights@mrgmail.org

Call for contributions to the ESR Review

The Socio-Economic Rights Project of the Community Law Centre (University of the Western Cape) welcomes contributions to be published in the *ESR Review*. The *ESR Review* is a quarterly publication that aims to inform and educate politicians, policy-makers, NGOs, the academic community and legal practitioners about key developments relating to socio-economic rights at the national and international levels. It also seeks to stimulate creative thinking on how to advance these rights as a tool for poverty alleviation in South Africa and abroad. Contributions on relevant experiences in countries other than South Africa, or on international developments, are therefore welcomed.

Contributions should focus on any theme relating to socio-economic rights, on specific rights or on socio-economic rights in

general. We are also currently seeking contributions on:

- the role of Parliament in advancing socio-economic rights;
- the African Commission and socio-economic rights;
- using international law to advance socio-economic rights at the domestic level;
- South Africa's reporting obligations at the UN or African level, or both, in relation to socio-economic rights.

Contributions should be sent in electronic format (MS Word) to serp@uwc.ac.za or gmirugi-mukundi@uwc.ac.za. Previous editions of the *ESR Review* and the complete guide for contributors can be accessed online: www.communitylawcentre.org.za/clc-projects/socio-economic-rights