

# Welcome !

*ALIV[H]E Webinar # 2*  
**How GBV/Safety and HIV affects women in all  
their diversity especially young women and  
girls**



The recording of this webinar can be found [here](#).



**+ How Gender Based Violence  
(GBV) affects Young Women  
living with HIV**

**Presentation at webinar 2  
4<sup>th</sup> November 2016  
Azizuyo Brenda Facy  
ICW Eastern Africa-Uganda**



## + Key definitions & understanding GBV

### □ Gender Based Violence

□ It is defined by the National GBV Policy -any act which results in or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or are arbitrarily deprivation of liberty, whether occurring in public or private life.

□ We recognize that GBV affects women including & young girls more than men.



### + Context & situation analysis

- Gender Based Violence is recognized as a public health problem & has serious consequences for young women's physical reproductive & mental health.
- Global report describes GBV and HIV as twin epidemic and the interlink between T.B and malaria is obvious
- Gender Based Violence is a human rights violation, a public health challenge, a barrier to civic, social, political, and economic participation and is as a result of gender inequality is escalated by norms, tradition and cultures that undermine women and girls in society.



### + Context & situation analysis

- GBV in Uganda is reported in the form of high rates of defilement, early marriages, child labor, sexual assault, property grabbing, land disinheritance, physical violence and psychological violence.
- It undermines the safety, dignity, overall health status, and human rights of the millions of young girls living with HIV who experience .
- Girls aged 15-24 have experienced violence, 56% of married women have ever encountered domestic violence during their marital life, 51% of all women have experienced physical and/or sexual intimate partner violence, 19% had their first sexual encounter was against their will and more than 16% experience violence during pregnancy (*UDHS 2011*).



## + Context & situation analysis

- Reports show that wife battering is at 30%, defilement 25% rape 20% marital rape 13%and sexual exploitation 12% - Ministry of Health report,2007
- Uganda's Police annual report,2010, indicated that only 3,401 cases out 7,564 sexual offences were taken to court for legal action



**+ Effect of GBV on Girls and women living with HIV**

- GBV is high in communities and is reported in forms of high rates of defilement, early marriages, child labor, sexual assault, property grabbing, land disinheritance, physical violence and psychological violence.
- These undermine enrollment and retention of young women in health and social services.
- They lead to powerlessness and increased vulnerability for women and girls living with and or affected by HIV.
- Sexual and gender based violence increases biological vulnerability to HIV,



### + Effects of GBV on Girls & women living with HIV

- It reduces ability to negotiate for safer sex, with long-term psychosocial outcomes that impact sexual risk taking behavior
- Education for the young women living with HIV is hindered hence forth drop out of school
- Family break ups hence forth lack of respect for the young women making them homeless
- In most times young girls who have gone through violence end up being having physical deformation and disabilities.






## Recommendations

- Empowering young women to know their rights and defend for them
- Giving visibility to young women living with HIV GBV issues and we are a link to policy & opinion leaders at all levels to ensure that there is a positive Change
- Work with policy makers at all levels to ensure that all commitments are being fulfilled by enacting laws and revising of the laws.
- Monitor Government and community policies, programs and practices to ensure that they uphold the rights of young women living with HIV



+ **Yes Indeed, Never Give Up!!**



**Webinar 2: How GBV/Safety and HIV  
affects women in all their diversity  
especially young women and girls**

Sophie Dilmitis  
Women4GlobalFund  
4<sup>th</sup> November 2016



## Wome4GlobalFund

- Women4GlobalFund (W4GF) was established to address the insufficient engagement of gender equality advocates, especially women living with HIV and other key affected women, as well as women's organisations and/or networks in Global Fund processes, and to ensure that Global Fund resources and processes advance gender equality.

[www.women4gf.org](http://www.women4gf.org)

## The Global Funds Strategy

- The new Global Fund Strategy 2017 – 2022, [Investing to End Epidemics](#) Global Fund Board approved in April and will be fully operational in 2017.
- Strategy guided a Strategic Key Performance Indicator Framework approved by the Global Fund Board in June to track implementation of the Strategy
- Countries will be submitting funding requests (concept notes) to the Global Fund for consideration next year under the new Strategy
- Gender equality a key objective for the first time in history of the Global Fund
- Strategic Objective (SO) 3 has two sub-objectives on gender equality:
  - I) Scale up programs to support women and girls, including programs to advance sexual and reproductive health and rights;
  - II) Invest to reduce health inequities including gender- and age-related disparities.

Global Fund Strategy 2017-2022  
 “Investing to End Epidemics”  
 Gender Equality

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SO3. PROMOTE & PROTECT HUMAN RIGHTS AND GENDER EQUALITY	
Introduce and scale-up programmes for adolescent girls and young women to reduce HIV incidence	
Team	Meets Criteria
High Impact Africa 1	South Africa
High Impact Africa 2	Kenya, Mozambique, Tanzania (United Rep.); Uganda, Zambia, Zimbabwe
Southern Africa	Botswana, Lesotho, Malawi, Namibia, Swaziland
W.Africa	Cameroon

Global Fund Slide



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## Findings from the GES and Key Pops Action Plans

Findings from the assessment of the Gender Equality Strategy (GES) and its action plan and the Global Fund Key Populations Action Plan showed:

- The Global Fund is not yet able to investment in gender equality and key populations fast enough, at scale or high enough quality
- Whilst there is an increase in attention to key populations and gender this is poorly translated into prioritized programs and investments in signed grants.
- Continued struggles to secure meaningful and sustained engagement
- Huge concern about the sustainability of engagement and investments for women and men from key populations in countries that will transition from Global Fund support
- As a financing institution without country presence, strategic partnership is critical to ensure impactful investment.
- We need to be vigilant

The Global Fund is not yet able to investment in gender equality and key populations fast enough, at scale or high enough quality to fulfil its contribution to national and global commitments for the three diseases.

Whilst there is an increase in attention to key populations and gender this is poorly translated into prioritized programs and investments in signed grants. Focus largely is on key populations in HIV, less so on vulnerable populations in the context of TB and malaria. Continued struggles to secure meaningful and sustained engagement in (e.g. National Strategic Planning (NSP) development, developing the funding request; grant-making, implementation and monitoring).

Concern about the sustainability of engagement and investments for key populations in countries that will transition from Global Fund support

As a financing institution without country presence, strategic partnership is critical to ensure impactful investment. However, some partnerships would benefit from a stronger focus and transparent accountability framework – to maximise complementarities and ensure greater impact.

## Women, Disabilities and GBV/Safety and HIV

Betty Kwagala  
TASO UGANDA  
4<sup>th</sup> Nov. 2016



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## Introduction

- In spite of existing comprehensive global legal and policy framework for human rights protecting women and girls with disabilities – these remain unmet and we remain vulnerable from HIV and violence.
- GBV, violation of sexual and reproductive health rights of women and girls with disabilities remained a global concern.
- Stigma and violence increases the risk of HIV for women and girls with disabilities.

**Policies that weren't there that could have been most helpful to you as a young woman with disabilities**

- The standard rules on the Equalization of Opportunities for Persons with Disabilities Nations Decade of Disabled Persons (1983-1992).
- The International Bill of Human Rights, comprising the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and the International Covenant on Civil and Political Rights.
- Those policies were developed but younger women with disabilities were not supported as it was thought their human rights continued
- In the past people with disabilities were used to be put in rehabilitation centers which was more discriminating and isolating.

**How is the current climate today better or worse for young women with disabilities?**

- Policies are in place but there should be trainings for leaders with special attention to girls and women with disabilities to ensure women and girls know their rights
- Laws need to be in place/enforced to protect young women
- Ensure young women with disabilities know where to go when they face violence
- There is a need to main stream issues of young women with disabilities in HIV programming because there most at risk and still left out.

**What more needs to be done now? What are your policy recommendations for young women today with disabilities?**

- International structures, government and civil society must engage young women with disabilities to prevent and respond to HIV and violence based on sex, age and disability
- Governments must enforce laws on violence against all women especially those with disabilities; living with HIV or not living with HIV and uphold CEDAW and CRPD

**How GBV/Safety and HIV affects  
women in all their diversity especially  
young women and girls**

Phelister Abdalla  
Sex workers  
Kenya  
4<sup>th</sup> November 2016



Looking back – what policies weren't there that could have been most helpful to you as a young woman around GBV/Safety and HIV?

1. No policy on how GBV young women should be handled
2. No safety and HIV guidelines for young women
3. Policies that stipulates how young women perpetrators should be prosecuted.
4. No clear guidelines on GBV among young women

And what about now? How is the current climate today better or worse for young women?

1. Worse because so far when sex worker report gender based violence they are not listened to and law enforcement officers don't believe that sex workers can experience violence.
2. No perpetrators of violence against sex workers have ever been prosecuted.



What more needs to be done now? What are your policy recommendations for young sex workers?

- There is need to have inclusive programmes on gender based violence for young women who engage in sex work
- Young sex workers should sit in policy making tables to say what suit us
- Perpetrator of violence against young sex workers—should be prosecuted
- Programmes of GBV to be introduced to young girls in schools



**How GBV/Safety and HIV affects women in all their diversity especially young women and girls**

Leigh Ann van der Merwe  
Trans Women  
South Africa  
4<sup>th</sup> November 2016

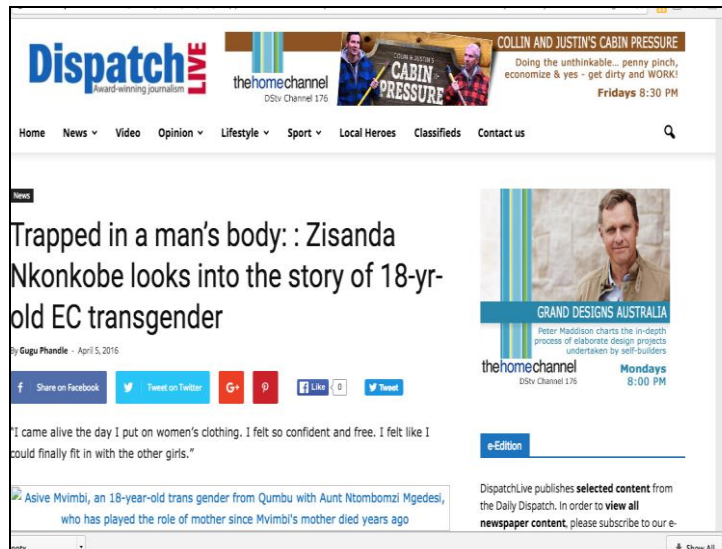


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Looking back – what policies weren't there that could have been most helpful to you as a young woman around GBV/Safety and HIV?

1. Constitutional protection on the grounds of sexual orientation/gender identity
2. Anti bullying policies in high schools – many trans women are forced out of education system
3. National policy on HIV and AIDS for learners and educators in public schools and students and educators in further education and training institutions
4. Gender sensitive policy around school uniforms and sport codes;
5. Hate speech and hate crimes legislation that criminalize the perpetrator and not punish the victim



And what about now? How is the current climate today better or worse for young women from your constituency?

1. Cultural considerations – such as cultural circumcision. Trans women are coerced into this ritual as a passage to masculinity, in conflict with their feminine identities
2. Violence is pervasive – from the home, to the community to the institution e.g. 20 year waiting lists for surgeries is state imposed violence
3. Sex work isn't one option for trans women, IT'S THE ONLY OPTION. Young women who are pushed out of their family homes do not have options beyond sex work; a context exposing them to violence and or HIV
4. Emotional manipulation for sexual favors (often unprotected sex) is a common feature in trans women's interpersonal relationships. Cisgender heterosexual men who date trans women indoctrinate trans women to believe that no one could ever love them considering the state of their bodies i.e. trans women who have not had access to sexual reassignment surgery and/or access to feminizing hormones
5. Family rejection and isolation is at the forefront of defining poor mental health among trans women at any age – very often as trans women who craft our own sense of family – a hijra guru takes her chelas in the same way as the kathoey takes care of her daughters. I have daughters all over Africa

What more needs to be done now? What are your policy recommendations for young women today that you represent?

1. Laws and policies are meaningless if they don't take into account the full context of people's lived realities
2. There is a huge need to increase the understanding of the HIV epidemic in trans women, across all ages and races
3. Law reform, training and sensitization are a few of the strategies used to understand violence against trans women; there are good laws in South Africa but trans women have no confidence that those laws will be applied in their favor
4. Anti bullying policies must be strengthened and implemented and hate crimes legislation must be developed in SA – Hate Crimes Bill is out for public comment at the moment
5. More research needs to be translated into actions aimed at improving the lives of trans women. Researchers come and go but little has changed
6. Trans people were listed as a key population in the outgoing NSP of South Africa – sadly no programmatic efforts

Women and girls who  
use drugs what could  
help?

Silvia Petretti  
Deputy CEO  
Positively UK  
3<sup>rd</sup> November 2016



**What policies weren't there that could have been most helpful to you as a young women who used drugs**

- Awareness of impact of sexist cultural attitudes on young girls. and solid protection and full support against all kinds of sexual violence
- Sex and relationship education in schools that addressed power gender dynamics, gender identity, sexuality, choice for women, consent
- Youth and girl centred mental health services
- Crisis support for girls (especially around release from prison/hospital etc.)
- Youth friendly sexual health services that focus on holistic health not just contraception

### How is the current climate today better or worse for young women who use drugs?

- Growing awareness on gender inequality and impact of sexual violence thanks to campaigns like 'Everyday Sexism' and social media
- Lack of women centred rehabs and drug services, fragmented health/ sexual and reproductive health/HIV/drug service
- Criminalisation of drug use and sex work
- Austerity culture and cuts to services
- Lack of meaningful involvement of women who use drugs



**What more needs to be done now? What are your policy recommendations for young female drug users today?**

- Socio economic support is essential: housing and basic needs (reversing 'austerity measures' and cuts to essential life saving services)
- Mental health services that understand the impact of sexual violence and child abuse on women and girls, including and especially for women in prison
- Access to free education
- Women focused centres including women only centres that understand how drug use/ HIV/poverty/race and gender silence and oppress women and girls and can offer appropriate support on all aspects of health including HIV and HCV. Peer lead services.
- End all criminalisation of drug use and sex work

**How GBV/Safety and HIV affects  
women in all their diversity especially  
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Mmapaseka Steve Letsike  
Lesbian, Bisexual, Transgender Women, WSW  
South Africa  
4<sup>th</sup> November 2016



Looking back – what policies weren't there that could have been most helpful to you as a young woman around GBV/Safety and HIV?

1. Sexual Reproductive Health and Rights Policies
2. Policies that integrate Prevention for LBT/WSW
3. Silence of GBV experience before and after HIV diagnosis
4. Education around diversity and sensitization on SOGIE
5. GBV, Hate Crimes and Health guidelines
6. Lack of service oriented to ensure access



And what about now? How is the current climate today better or worse for young women from your constituency?

1. LB/WSW after left behind – despite little evidence presented- self reported data
2. The notion of low risk vs high risk
3. Lack of HIV prevalence data
4. Transwomen are documented under MSM data
5. No programmatic intervention targeted at LB/WSW
6. High number of GBV/Hate Crimes and secondary victimization
7. Very little integration on general human sexuality trainings

What more needs to be done now? What are your policy recommendations for young women today that you represent?

1. Generate data and evidence for LBT/WSW on HIV and GBV
2. Training of Service Providers and Policy Makers
3. Mainstream and integrate SOGIE in SRHR, GBV and HIV Programmes
4. Ensure access to Justice and redress
5. Education around SOGIE, Health and Safety
6. Reach and involve LBT/WSW women around the table

*“Nothing about us, without us”*