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2014 UBRAF thematic report

Stopping gender-based violence

CONTENTS

ACHIEVEMENTS

Better evidence on violence against women living with HIV and women from key populations

In 2014, the Joint United Nations Programme on HIV/AIDS (UNAIDS) strengthened the evidence base on:

- human rights violations faced by women, girls and women living with HIV, as well as women from key populations (sex workers, women who inject drugs and transgender people);
- intersections of HIV and different forms of gender-based violence (GBV);
- limits to accessing justice; and
- programmes in health care, educational and community settings that are proven to respond to violence against women.

To address stigma and discrimination in health-care settings, UNAIDS supported a legal analysis of rights violations of HIV-affected women in health-care settings in Asia, as well as a related toolkit. In partnership with regional and national civil society organizations (CSOs), UNAIDS also led an initiative to respond to this form of discrimination in Latin America and the Caribbean. The United Nations Population Fund (UNFPA) also supported documentation of ongoing discrimination faced by women living with HIV who were accessing family planning programmes in Cameroon, Nigeria and Zambia.

With support from the United Nations Children's Fund (UNICEF), the United Nations Educational, Scientific and Cultural Organization (UNESCO) expanded its work on school-related gender-based violence (SRGBV) in at least thirteen countries. This work sought to generate evidence for supporting and developing policies that promote safe schools for young people, including gender non-conforming and LGBTI youth, and to raise awareness among school administrators and teachers about GBV and homophobic and transphobic bullying in educational institutions.

The Inter-Agency Trust Fund to End Violence Against Women, managed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), supported organizations of women living with HIV in the use of the Stepping Stones methodology in Malawi. This methodology helped prevent violence and reduce women's vulnerability to HIV by engaging men and traditional leaders to challenge unequal gender norms. It also helped to mobilize communities to advocate for more effective laws. This community mobilization and advocacy around violence against HIV-affected women contributed to the adoption of a law criminalizing marital rape.

Improved integration of HIV national strategic plans and GBV national action plans

Better evidence on violence against women living with HIV and women from key populations has sharpened and ensured evidence-informed national policy and programmatic responses in different epidemic settings. Technical and capacity support for national AIDS coordinating authorities and ministries of gender resulted in strengthened

HIV–GBV linkages in HIV national strategic plans (NSPs), and in national action plans (NAPs) for ending GBV in at least 10 countries. For instance, an action plan was developed in Indonesia based on evidence on sex workers that advocated for its inclusion in the new HIV NSP. In Nigeria, the United Nations Development Programme (UNDP), UNFPA, UN Women and UNAIDS Secretariat supported the development, implementation and dissemination of the NAP, Addressing GBV and HIV/AIDS intersections, which built on a UNDP-supported mapping of laws, policies and services on GBV and HIV. UNDP, UNFPA and UN Women's technical support to the National Gender Summit—which was held in South Africa by the South African Commission for Gender Equality—led to the adoption of the NAP on scaling-up GBV and HIV Prevention.

Evidence on GBV and HIV intersections informed the development of policy advocacy to strengthen multisectoral response to GBV. For example, UNICEF, UNDP, UNFPA, UN Women, the World Health Organization (WHO), the UNAIDS Secretariat and the Office of the High Commissioner for Human Rights (OHCHR) published the joint inter-agency statement, Eliminating forced, coercive and otherwise involuntary sterilization. The document contained guiding principles for the prevention and elimination of coercive sterilization, as well as recommendations for legal, policy and service-delivery actions. This was created in response to widespread use of forced sterilization of women (especially women living with HIV), transgender women and intersex persons.

Strengthened public health approach to preventing and responding to violence against women and girls

UNAIDS strengthened the public health approach to preventing and responding to violence against women and girls through improved guidelines. These guidelines integrated HIV prevention, treatment and care services, as well as capacity development of ministries of health (and other relevant entities, such as women's or gender ministries) and the United Nations. UNFPA, UN Women and WHO published a clinical handbook for health-care providers on service and care provision to violence survivors, including the provision of post-exposure prophylaxis (PEP) to prevent HIV transmission.

UNFPA, UN Women, WHO and the UNAIDS Secretariat also organized two workshops on strengthening capacity for a public health approach to prevention and on health systems responses to GBV in East and southern Africa. They were attended by delegates from 18 countries, including representatives from ministries of health and ministries of gender, and UN staff. These workshops highlighted HIV–GBV intersections, evidence-based prevention strategies and the role of the health sector. As a result, several countries have developed—or are in the process of developing or revising—national protocols and training materials for health sector responses to GBV. Others indicated plans to expand their GBV and HIV prevention efforts to include evidence-based strategies.

Sexual and gender-based violence and HIV in humanitarian settings

The UNAIDS family carried out the following activities regarding sexual and gender-based

violence and HIV in humanitarian settings in 2014:

- investigated links between food insecurity and physical insecurity, including HIV and GBV (Office of the United Nations High Commissioner for Refugees (UNHCR), WFP and UN Women);
- supported HIV prevention activities, such as condom distribution (UNFPA);
- engaged in sexual and gender-based violence prevention, response and referral (UNHCR, UNICEF, UNDP, UNFPA, UN Women, UNESCO and WHO); and
- promoted awareness raising and training on protection issues and livelihood support for women refugees, including gender-sensitive food distribution and nutrition counseling (UNHCR, UNICEF, WFP, UNFPA and UN Women).

UNHCR and its partners strengthened the integration of quality HIV sexual and gender-based violence prevention, treatment, care and support in protection and health coordination mechanisms, and in community-based structures. This was accomplished through training social, health and community workers on antiretroviral treatment adherence and counselling.

In Ethiopia, UNHCR reached more than 2000 refugees and host community members with clinical care, support and antiretroviral treatment. A UNICEF pilot in Somalia and South Sudan fostered community-level debate about harmful beliefs and norms that contribute to sexual and gender-based violence against young women and girls, and it strengthened capacity of community health workers to provide care to survivors.

Through the United Nations Trust Fund to End Violence against Women (managed by UN Women), nearly 300 states and nongovernmental service providers in Ukraine were trained to respond to cases of violence against girls and young women, including those living with HIV. It also drafted a protocol on rapid response to GBV that was approved for implementation by partner agencies and the Ministry of Social Policy. In Afghanistan, the Ministry of Public Health (with support from UN Women and WHO) developed a national protocol for health sector response to GBV that will be rolled out in all 34 provinces over the next five years.

MAJOR CHALLENGES AND HOW THESE WERE ADDRESSED

There is a lack of political will, institutional support and capacity to address GBV, and there also is insufficient evidence on what works. Many countries have little or no domestic budget allocated to GBV, and their programmes are largely dependent on donor funding. Contentious issues, human rights violations and entrenched gender norms also continue to impede progress in addressing GBV.

Substantial efforts are needed to address GBV as a health and human rights issue, and to strengthen the coordination of a multisectoral response (including the referral capacities of health, social, legal and law enforcement institutions and providers). There also is a need to strengthen capacities for the uptake of evidence-informed programming, policies on

prevention and response to GBV, and the availability of the evidence for use by multiple actors (including networks of women living with HIV and key affected populations).

Comprehensive knowledge about HIV remains unacceptably low, especially among adolescent girls. Given the high levels of coerced sex experienced by young women, they require better programming to increase their HIV knowledge and skills in order to prevent HIV. Potential topics include violence prevention, comprehensive sexuality education, and condom use and negotiation skills.

At the national level, there remains inadequate systematic and comparable sex- and age-disaggregated data collection, and evidence on the linkages between HIV, gender inequality and GBV is not used enough. This information gap has affected the ability of policy-makers to design policies and programmes that respond effectively to the differing needs of women, girls, men and boys.

Because HIV prevention and treatment is largely considered a matter of long-term development, there is only limited inclusion of HIV prevention and treatment (including gender-sensitive information and programme models) in humanitarian coordination mechanisms (such as the protection, health, nutrition and education clusters).

KEY FUTURE INTERVENTIONS

- Keep documenting rights violations in order to strengthen programming to eliminate GBV, stigma and discrimination.

- Continue to support and disseminate research on the effectiveness of programmes and policies, as well as legal analysis to eliminate GBV and develop related costed strategies.

- Scale up attention to violence against women living with HIV and key populations (including forced and coerced sterilization) through strengthening community-level capacity and documenting the effectiveness of community-based responses.

- Provide technical support to address integrated responses for GBV and HIV in all settings—including humanitarian settings—and for women in all their diversity.

- Undertake raising awareness about the impact of GBV and harmful gender norms, practices and behaviours in partnership with:
    - women's rights organizations;
    - HIV service organizations;
    - groups of women and girls living with HIV;
    - organizations that engage men and boys as partners for gender equality;
    - GBV, HIV and sexual and reproductive health-service providers; and
    - local leaders.

- Facilitate integration of GBV and HIV in health sector efforts (including through the dissemination of tools) to support participatory research on disrespect and abuse in health-care settings. This will help create:
    - better understanding of the forms, locations and consequences of discrimination and violence;
    - inform national legislative and policy reform efforts; and
    - build national advocacy, monitoring, evaluation and reporting capacity.

- Help countries address SRGBV and continue implementing the regional curriculum on SRGBV for teachers at the national level.

- Support initiatives to empower women and girls—and initiatives to engage men and boys to challenge harmful gender norms (including masculinities)—in order to support gender equality and ending all forms of violence.

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