

Exchange

ON HIV AND AIDS, SEXUALITY AND GENDER



Turning the tide on gender-based violence, HIV and harmful cultural practices

By Eliezer F. Wangulu

Over the past five years, SFAIDS has been implementing an innovative programme to confront potentially harmful cultural practices, beliefs and customary laws with the aim of promoting gender equality and preventing gender-based violence (GBV) against women and girls in southern Africa. Piloted with Seke Rural Home-based Care in Zimbabwe in 2006, the Changing the River's Flow Programme (CTRF) has grown into a regional programme that is being implemented in nine southern Africa countries.

The programme seeks to reverse the vulnerability of women and girls to HIV and human rights violations, through the positive engagement of cultural structures, at the same time promoting the principles of gender equality within communities. It strategically engages communities in defining and enabling progressive change through constructive dialogue and engagement of community agents who disseminate information for positive behaviour change from door-to-door.

As part of filling the regional gap of the lack of an integrated platform for sharing best practices on cross-cultural learning and exchange of programmatic ideas, SFAIDS, with support from its collaborating partners, the Royal Tropical Institute (KIT), Oxfam Novib and Hivos, hosted the first CTRF Regional Conference in April 2010 — a unique peer-learning opportunity. During the conference, participants discussed integration of culture, education, gender-based violence, women's rights and HIV.

The aim was to appreciate the perspective of CTRF and how its interventions at community level fit into the bigger picture regionally and globally. The conference also facilitated sharing of experiences and good practices. A comprehensive report and a post-conference book titled: *HIV and Culture Confluence: Cross-cultural experiences on HIV, gender and education from Johannesburg conference*, were produced.

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Editorial



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Strategic information for turning the HIV tide

Between now and 2015 when the eight MDG goals should be realised, many stakeholders will be exploring, analysing and debating the achievements and challenges in HIV programmes and policies, as well as identifying good practices at national and regional levels. High quality targeted, contextual and evidence-based information is critical for leaders, policymakers and programme implementers to strategise, plan and implement effective HIV prevention programmes that will have the greatest impact.

The information needs (with respect to type, format and content) of individuals working in the field of HIV vary in relation to their position, work and environment. To be effective, information must be culturally-appropriate, easy to understand and relevant to target groups. As the multi-sectoral response to HIV intensifies, more strategic HIV information (to inform advocacy efforts, for fundraising, sharing best practices, policy and programmatic responses, to facilitate social and behaviour change and for social and community mobilisation) needs to be repackaged in practical, user-friendly formats.

Primary challenges faced in southern Africa (the epicentre of the HIV epidemic) include unequal access to information and services, and the lack of learning, linking and sharing and application of knowledge across different sectors.

Southern Africa HIV and Information Dissemination Service (SAHIDS) convened a regional summit (*Turning the Tide on Gender-based Violence, HIV and Culture in Southern Africa*, between November 1 and 3, 2011, in Harare, Zimbabwe), with the objective of creating a platform for sharing innovative best practices and models for the successful integration of HIV prevention, gender, culture and sexual and reproductive health.

Key recommendations by summit delegates included the need to recognise and incorporate diverse community voices for effective programming; the need to domesticate existing documents, declarations and conventions; and focusing on Universal Human Rights, since focusing only on the rights of individual groups such as women, young people or people living with disabilities, for example, has limited the capacity for change.

Delegates also called for the elimination of paediatric HIV; improvement of maternal and child health; control of prenatal transmission of HIV; and full integration of HIV services.

In the words of a delegate regarding the importance of the summit, "information sharing, linking and networking are all critical for programme sustainability." This edition is dedicated to the outcomes of the summit. We trust that delegates carried home invaluable lessons from the summit and that these will help them become better programme implementers. Enjoy your reading! ■

The demand for regional-level linking and learning events still exists due to intensified efforts to expand access to prevention, treatment care and support options as well as adoption of integrated approaches to HIV and AIDS, gender and sexual and reproductive health (SRH) programming by service providers in most countries in Africa. Although such efforts have had a significant impact on the management of HIV-related illnesses, thus increasing access to prevention, care and treatment services in the African region, they have not been widely and fully shared or documented.

Against this background, SFAIDS organised the second conference in Harare, Zimbabwe, between November 1 and 3, 2011. The *SFAIDS Regional Summit: Turning the Tide on Gender-based Violence, HIV and Culture in Southern Africa*, focused on the thematic areas of:

- Leadership, HIV prevention and culture.
- Eliminating paediatric HIV and improving maternal and child health.
- Sexual and reproductive health, HIV and gender-based violence.
- Testing and treatment as an HIV prevention strategy.
- Monitoring, evaluation, reporting and accountability tracking.

Monitoring meeting on reduction of GBV

As part of the summit, SFAIDS organised a half-day regional monitoring meeting for advocates and activists, regional and international government representatives, to discuss country progress, challenges, gaps and lessons learnt. This provided a forum to monitor progress made by partners implementing the CTRF programme and also gave activists indications on where more advocacy is required.



The SFAIDS Executive Director, Lois Chingandu, addresses conference participants. [Photo courtesy of SFAIDS].

It also gave governments a chance to learn about each other's successes and challenges. Through this meeting, governments and civil society identified policy gaps that need improvement. SFAIDS is committed to supporting advocacy campaigns targeted at influencing policy, especially around the harmonisation of modern and customary laws.

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A platform for sharing innovative best practices

The summit brought together CTRF programme partners, service providers, programmers, policymakers, development partners, researchers, traditionalists, gender activists and practitioners from Government, academia and civil society in the southern African region and beyond. It provided a platform for participants to learn and share evidence on successful models, strategies and approaches for innovating and integrating HIV prevention, gender and sexual and reproductive health (SRH) interventions.

The key objectives of the conference were to: Create a platform for sharing innovative best practices and models that have successfully integrated HIV prevention, gender, culture and SRH; disseminate evidence-based research findings to improve the approaches of the Changing the River's Flow programme and help define and prioritise the CTRF agenda for HIV response in the region; foster strong programmatic partnerships for advocacy around the integration of HIV prevention, gender and SRH, including maternal and child health (MCH) and increase knowledge and skills on issues around biomedical and social approaches to HIV prevention and linkages to gender, culture and SRH issues.

Other objectives included promoting cross-learning and networking with specific focus on sharing new ideas on the integration of HIV prevention into gender programmes; showcasing successful innovations in the use of new technology, including use of cell phones in MCH and in monitoring and reporting gender-based violence and documenting and produce a post-conference book to be widely distributed in the region and beyond.



Conference participants follow proceeding at the plenary. [Photo courtesy of SFAIDS].

Increased knowledge and skills

The conference was expected to increase cross-learning and sharing of good practices on integrated HIV prevention, gender and SRH for replication at national or programme level; help in the establishment of partnerships and networks and facilitate increased knowledge and skills in social and biomedical approaches to HIV prevention and its linkages to gender, culture and SRH issues.

Unimaginable violence in silence

Another conference activity was a field visit to Seke Rural Home-based Care where the CTRF programme was piloted. Seke is communal land on the outskirts of Harare. Community leaders and programme beneficiaries at Seke said they wanted to turn the tide on gender-based violence, enhance their HIV prevention capacity and interrogate some of the cultural practices they blame for fuelling new HIV infections.

The SAfAIDS Executive Director, Mrs Lois Chingandu, concurred with the people of Seke, saying “some cultural practices are no longer progressive, considering the need to maximise protection against HIV.”

At the same venue, Police Assistant Inspector Gilbert Kaswa said women usually suffered unimaginable violence in silence, when action could be taken against the perpetrators under the Domestic Violence Act. He said some aspects of culture and the ‘skewed’ belief that domestic matters were best resolved behind closed doors and consequently often brushed under the carpet were still a major concern.

The visit showcased the key elements of CTRF programming across the regions, namely, community involvement and engagement, and integrated service provision that links clinics, police, VCT and other services. (In the case of Seke both CD4 testing and legal advice centres have been established). Such partnerships and integrated services are moving communities forward to recognise broader human rights. The field visit exposed conference delegates to the lives and experiences of programme participants in Zimbabwe as part of learning and sharing.

During the conference, materials to help turn the tide on HIV, GBV and confront harmful cultural practices were launched by the ambassador of the Netherlands to Zimbabwe, Mrs Barbara Joziassse. The following resources were launched and distributed: *HIV and Culture Confluence: Cross-cultural experiences on HIV, gender and education from Johannesburg conference; Turning the Tide on Gender-based Violence; Traditional leaders on the frontline: Addressing harmful cultural practices to reduce gender-based violence and HIV in southern Africa and SADC gender protocol 2011 barometer.*



Headman Richman Rangwani talks about his HIV status. [Photo courtesy of SAfAIDS].

Cross-learning and exchange of ideas

High level speakers and experts in HIV combination prevention, gender, MCH and SRH attended the summit. About 120 delegates participated, including delegates from the north, to ensure cross-learning and the exchange of ideas.

Southern African countries were represented at the event by traditional leaders from Zimbabwe (Chief Seke and Headman Richman Rangwani from Mhondoro), Namibia (King Ukongo Petrus and Headman Zihute) and Swaziland (Chief Sokhaya Fano Mdluli), among others. These leaders are at the forefront in tackling HIV and gender-based violence in their communities. Avenues they use to achieve this goal are helping their communities change or discard harmful cultural practices.

For example, 44-year-old Rangwani, who is living with HIV, has helped found the Simbarashe National Network for People Living with HIV. Simbarashe trains people to provide home-based care for people living with HIV. It is through Mr Rangwani's efforts that an opportunistic infections clinic was built at St Michael's Mission Hospital in Zimbabwe. The clinic was opened in 2010. To date, 53,434 people have been reached by Simbarashe with messages on how to prevent HIV, and living positively.

Simbarashe's current membership is 4,920. The organisation has also started children's support groups. Recently, 210 children were tested for HIV and 83 were found to be HIV-positive. Consequently, five children's support groups have been founded to cater for the children's needs.

Chief Malambule Mdluli, 30, of Mbilaneni Chiefdom in Swaziland, testifies publicly to the fact that he has undergone male circumcision and has made it his responsibility to motivate boys and men in his community to get circumcised, through talks and campaigns on medical male circumcision (MMC).

Chief Mdluli has also motivated Members of Parliament in his country to go for circumcision and some have heeded his call. After being counselled on MMC and before being circumcised, Chief Mdluli went for an HIV test. “I was told that I should have no sex at least for six weeks after circumcision

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King Petrus Ukongo of Namibia (centre) during a traditional leaders' event in Johannesburg, South Africa. [Photo courtesy of SAAIDS].

and that I should always wear a condom even after circumcision," he said. Besides reducing their risk of HIV acquisition by 60 per cent, men who undergo MMC also have a lower risk of contracting STIs, he added.

King Ukongo Petrus has been in the forefront of empowering women to participate in leadership. "Before, men dominated traditional leadership structures. But things have changed. Currently we have almost an equal number of men and women in leadership," he said. To achieve parity, he has been campaigning for women to join leadership at various levels. "I visit secondary and high schools to encourage girls to take up leadership roles once they leave school. But I also advise them to ensure that they are not distracted by

getting pregnant and dropping out of school or abusing substances."

The summit was also attended by a broad range of other stakeholders including representatives from the Government of Zimbabwe, Amsterdam (the Netherlands)-based Stop AIDS Now (SAN) Campaign and the Royal Tropical Institute (KIT).

The United Nations family was represented by the International Labour Organisation (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and The United Nations Children's Fund (UNICEF).

Other regional organisations at the event were the Regional Psychosocial Support Initiative (REPSSI), Population Services International (PSI), Gender Links, civil society organisations and the media.

The wide representation and especially the involvement of UN agencies and international NGOs testifies to the organisers' openness to a cross-fertilisation of ideas, which are critical in turning the tide on gender-based violence, HIV and harmful traditional practices, not only in the southern Africa region, but in the world at large. ■

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