

Experiences on the relevance of institutional anchorage of dealing with sexual violence and HIV/AIDS in international cooperation

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Outline of the Presentation

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- 2) Relevance of sexual violence and HIV
- 3) What does institutional anchorage mean?
- 4) Sexual violence and HIV - strategic framework
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- 7) Gaps and inconsistencies
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The Swiss Red Cross within the 'Movement'

- The Swiss Red Cross (SRC) is the National Red Cross Society of Switzerland and has its headquarters in Bern.
- Founded in 1866 and is the oldest and largest humanitarian organization in the country.
- Member of the International Federation of the Red Cross and Red Crescent Societies (IFRC) which forms the worldwide Red Cross and Red Crescent Movement (commonly called 'the Movement').
- Three working areas: emergency relief, rehabilitation/ reconstruction and development cooperation.



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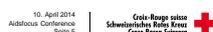
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Relevance of sexual violence and HIV

- Sexual violence is a major public health issue: between 15% and 71% of women ever in a relationship experienced physical or sexual violence by their intimate partner (WHO multi-country study already in 2005).
- Sexual violence is increasing, even though under-reporting is pertinent
- Vulnerability increases in situations of conflict and crises
- Not only women are victims, also men and children
- The issue of 'sexual violence' may arise unexpectedly within Primary Health Care or/and SRH projects



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Two way process:

- Sexual violence being the cause of becoming HIV positive
According to research in South Africa, "An estimated 16% of all HIV infections in women could be prevented if women do not experience domestic violence from their partners" (SVRI)
- Being HIV positive becoming a victim of sexual violence
According to a case study of HIV positive Jamaican women (Canadian Cross)



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What does institutional anchorage mean?

- Having adequate **strategic and policy frameworks** in place, which build the legal foundation for concepts, interventions and actions.
- Having adequate **concepts** in place, which outline the operational depth and width of interventions and actions **thematically and geographically**
- Having access to, developing and using **specific guidelines, standards and tools** and **expertise** for putting actions in place
- Having **assessment and monitoring systems** in place to measure change and document best practises.

Overview of the institutional strategic and conceptual hierarchy



Strategic framework

Strategy 2020 IFRC

Saving lives, changing minds



Strategy 2020 SRC and SRC IC

Mission:
The SRC fosters healthy living and improved disaster management capacities among particularly vulnerable people and communities

Objectives:
Particularly vulnerable and deprived people and communities:
• receive appropriate support to meet emergency needs;
• have the capacity to prepare for and respond to disasters appropriately and are in a position to adapt to climate change;
• have access to good quality health care;
• are able to have an impact on health determinants and to demand their right to health.

Strategic framework: strategic plans (excerpts)

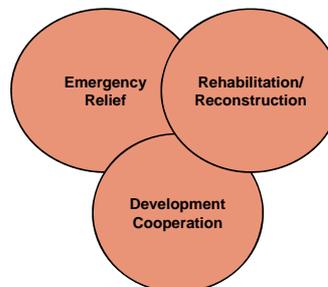
- **All Continental strategies** have included the aim to **prevent, care and treat** the locally most infectious diseases such as **HIV/AIDS**, malaria, tuberculosis, diarrhoea, pneumonia, chagas, dengue
- only **Latin America and Caribbean** has explicitly included the **Integrating the "Promoting peace, non-violence and dialogue culture" component**
By addressing violence as an important element with ever-growing influence in the vulnerability of Latin America and the Caribbean through highlighting communication and non-violent conflict resolution, as well as through specific non-violence promoting projects, dialogue and psycho-social support with **anti-domestic violence components as part of a primary healthcare programme** and in collaboration with IFRC and ICRC for the implementation of the **regional violence prevention strategy** in Central America.

Policy framework: thematic concepts (excerpts)

- **Only the Health Policy (2012-2016) emphasises**
 - Prevention, care and treatment of the locally most prevalent infectious diseases, such as HIV/AIDS, malaria, tuberculosis, pneumonia, chagas, dengue.
 - Integrated community-based psycho-social support and violence prevention
- **Only the Health in emergencies' concept considers possible intervention strategies in**
 - Provision of care, drugs and medical commodities and specifies PEP in emergency settings

Translation into practise

Sexual violence and HIV in SRCs three working areas



Rehabilitation/Reconstruction



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Assessments and monitoring systems

- Issues of sexual violence arise within on-going programmes after a level of trust and rapport was established and thus 'assessments' are rather informal or ad-hoc.
- Evaluations, change and best practises often only possible to do in development cooperation programmes, in mostly qualitative manner.
- Monitoring extremely difficult. What are really reliable indicators that document change?

Problems:

Causal relationship between sexual violence and HIV

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Gaps and inconsistencies

At strategic, policy and conceptual level

- Is gender-based/sexual violence addressed sufficiently in the SRC IC given that the strategic aim 3 of the IFRCS is subsumed under 'healthy and safe living'?
- Is sexual violence realistically reflected in the country strategies and continental strategies? Possibilities to widen the scope?
- Concept or internal working guidelines on psycho-social support and violence is inexistent.
- Concept on HIV/AIDS is outdated and does not consider sexual violence.
- Concept Rehabilitation/reconstruction has no link to health issues, psycho-social support, HIV/AIDS, violence or others.

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At practical implementation level

- Focus is on prevention of sexual violence and HIV.
- Only few sexual violence related health services are in place. It requires a scale-up according to context and needs including specific training for field staff in health care and psycho-social support.
- Alliances and collaborations with relevant NGOs and stakeholders, who have ample experience with sexual violence and HIV for referral or building up own capacities (Danish Red Cross, Terre des Hommes, Terre des Femmes, MSF etc.) are only slowly developing.
- How to prevent/tackle sexual violence and HIV during the displacement? How to tackle human trafficking?

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Next steps

- Increase awareness of importance of gender-based violence/sexual violence and HIV within the SRC IC in Headquarters as well as in the field.
- Take the 'fear' out of sexual violence by sharing case studies, tools and good practises (within Movement; 16 ideas of WHO/UNICEF 2013; etc.)
- Review concept on HIV/AIDS including aspects of sexual violence and HIV.
- Look for good monitoring practises.
- Dare to open the 'black box' and think about relevance and strategies of sexual violence and HIV in rehabilitation/reconstruction.

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Conclusion

- Sexual violence and HIV is relevant for the Swiss Red Cross and supposedly will grow in relevance in the future.
- Having been 'forced' to look specifically into the issue of sexual violence and HIV as an organisation proved worth-while to do a reality-check, detect good practises, scopes and gaps.
- Strategic, policy and conceptual groundwork is done, but requires adaptation and expansion of scope.
- Experiences in the field are patchy, but needs are evidently growing with projects have put actions in place or created innovative actions to prevent and create awareness against sexual violence and HIV.

Be sensitive as an organisation towards sexual violence and HIV, their relationship, and create innovative actions to meet the needs of women and men in all age groups.

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