

# TACKLING HIV AND SEXUAL VIOLENCE

For the past nine years, Tearfund has focused on:

- mobilising faith communities to be active supporters of people living with HIV (PLHIV)
- working to end parent-to-child transmission (PTCT) of HIV.

Recognising the intricate links between HIV and sexual violence (SV), Tearfund sees an opportunity to address the root causes of gender injustice and SV by building on its HIV work. As a result, Tearfund has decided to focus corporately on ending sexual violence globally, particularly in conflict situations.

Pastor Alexis is a change-maker. He was involved in a focus group discussion facilitated by Tearfund exploring positive and harmful ideas of masculinity in Burundi in September 2013. Inspired by what he heard, Pastor Alexis took the initiative and led his church to set up a leadership action group that became the 'go to' group for the community involved in preventing SV. The church now has a phone that the community can call if there is any emergency and constantly receives calls from survivors of rape. In response to this, the church now works with the local police and justice systems to ensure perpetrators are brought to justice.

**Tearfund's aim is to end sexual violence in 150 communities across 15 countries by the end of 2018.** In order to do this, we are:

- mobilising faith leaders to speak out against SV
- ensuring every church becomes a safe space for survivors of SV
- building a survivor movement that influences policy and practice
- ensuring the meaningful involvement of men and boys
- integrating SV work into Tearfund's humanitarian responses.

## Tearfund's journey from focusing on HIV towards ending sexual violence (SV)

Tearfund has contributed to the faith response to HIV over the last nine years and has been particularly influential in bringing the issue to the fore both internally and in the wider development community. When we began to work on HIV in 2006, there was a great deal of silence, stigma and discrimination from the faith community towards the issue. Tearfund's aim was to increase the role of faith communities in preventing HIV transmission and supporting people affected by HIV.



Photo: Chris Boyd/Tearfund (Malawi)

Tearfund's HIV work was pivotal in building the foundation for our work to end SV. The experience of working on the HIV issue taught Tearfund to believe in the power and influence of local faith communities (LFCs) to be advocates, carers and game-changers in ending the stigma and discrimination of the most vulnerable people. Tearfund's focus has now shifted

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towards ending SV, but key aspects of the HIV work are being integrated into the ongoing SV strategy where appropriate and important learning is being applied.

The HIV movement brought LFCs to the main stage in international development, opening doors and opportunities for meaningful partnerships as demonstrated in UN commitments to working with LFCs. This experience created tremendous opportunities for faith leadership in preventing and ending SV, which Tearfund has been instrumental in facilitating and leading.



Photo: Eleanor Bentall/Tearfund (Rwanda)

## Working in partnership

Tearfund works in partnership with other agencies and institutions as we know that a collaborative effort will create greater change. In 2011, Tearfund initiated and now chairs We Will Speak Out (WWSO), a global coalition of Christian-based NGOs, churches and organisations, supported by an alliance of technical partners and individuals (including the UN) who are committed to seeing an end to SV in communities around the world. WWSO works to empower women and girls, to transform relationships between women and men, and to ensure that the voices of survivors of SV – women, girls, men and boys – are central to its work.

As a result of Tearfund's work, we have seen babies born free of HIV in communities where this would have been unimaginable less than a decade ago. We have seen survivors of sexual violence speak of their dreams with confident voices. We have seen faith leaders advise governments and demonstrate gender justice in their own contexts, and we have seen churches speak out for peace.

## Key highlights

### ■ Mobilising men

A key aspect of both the HIV and SV responses has been the focus on mobilising men and boys to become active participants in understanding the importance of women accessing antenatal services and HIV treatments and supporting their partners to do this. Another key focus has been changing certain attitudes towards rape and violence against

women and girls by addressing harmful practices through group discussions and mentoring. In 2014, Tearfund supported 801 men and boys to become 'change-makers' in tackling SV.

### ■ Investment in demonstrating evidence of impact

Tearfund is committed to gathering evidence of impact in its work to address HIV and end SV using new technologies and processes that enable us to articulate change. Tearfund's MiHope initiative (using mobile phones for information and data collection) is a key example; in Malawi, this method was used to demonstrate the impact of a Mother Buddies scheme on PLHIV (see case study on page 37).

### ■ Building strategic partners and allies

Tearfund's investment in quality research and gathering evidence has opened up opportunities for building partnerships across organisations and groups. Tearfund currently co-chairs the Joint Learning Initiative SGBV Hub, and has actively built partnerships across the UN, key international development actors, DFID and other donors. Our contribution to leading the We Will Speak Out coalition is another example of the interconnectedness of our work with other agencies. To date, Tearfund has received funding from and is involved with eight strategic partners globally.



## Supporting pregnant women living with HIV through a Mother Buddies scheme in Malawi

An impact assessment of a Tearfund programme to support pregnant women living with HIV in Malawi was undertaken in 2014, the results of which provide evidence of our contribution to very positive changes in the lives of the participants.

The main objective of the programme was to reduce vertical transmission of HIV in order to contribute to a reduction in maternal and infant mortality. The programme mobilised churches and communities to engage in a comprehensive approach to reducing parent-to-child transmission (PTCT) of HIV and improving maternal and infant health.

Central to the programme design was the training of a network of community-based volunteers called Mother Buddies. Mother Buddies were trained by Tearfund and associated experts in Malawi in key aspects of HIV and maternal and infant health.

Mother Buddies supported vulnerable pregnant women at greatest risk of maternal and infant mortality in rural communities. Women were visited by Mother Buddies before, during and after their pregnancy, supported by an innovative mobile phone system called MiHope (Mobile Interactions Bringing Hope) which guided them through the visits, providing

information, appointment reminders and an instant messaging service.

The research compared a range of indicators between two groups of women – those who had received support from Mother Buddies (clients), and a control group of similar women who had not received support. The indicators focused on key determinants of maternal and newborn health, and factors ensuring that all children born to mothers living with HIV are born HIV-free.

### The results are summarised below:

#### ■ Clients achieving more than four antenatal care visits

One of the primary objectives in reducing the risk of HIV transmission was to ensure that vulnerable women could access good antenatal care, and in particular achieve the WHO standard of at least four visits. Clients attended more antenatal visits, and a higher proportion attended four or more visits during their most recent pregnancy (61 per cent compared with 44 per cent).

#### ■ Delivery care

Recent births were almost entirely delivered in health facilities by health professionals, but women supported by Mother Buddies appeared to have secured higher-quality delivery arrangements. There has been a dramatic increase in the preparation of birth plans over the duration of the programme, from five per cent to 67 per cent, although this was similar when compared to the control group, of whom 72 per cent had birth plans, indicating that this change cannot be attributed solely to the Mother Buddies scheme.

## OUR CONTRIBUTION TO CHANGE

### ■ Family planning

A higher proportion of women supported by Mother Buddies had received counselling on family planning (82 per cent compared with 61 per cent), and a higher proportion were using modern methods of contraception (61 per cent compared with 50 per cent).

### ■ Male involvement

The programme embraced the principle that male involvement is key to reducing transmission of HIV; it was therefore encouraging to find that 69 per cent of women supported by Mother Buddies were accompanied to antenatal care by their partners, higher than the 54 per cent among the control group.

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Photo: Eleanor Bentall/Tearfund (Rwanda)

## OUR CONTRIBUTION TO CHANGE

### ■ Practical support and nutrition

Good nutrition during the first 1,000 days of a child's life is key to reducing health risks. Clients were more likely to have at least three meals a day (62 per cent compared with 44 per cent), and had less difficulty meeting the food needs of the household. Among all households, the proportion of households who had at least three meals a day increased from 34 per cent at baseline to 48 per cent at end line. This is consistent with practical support provided by Mother Buddies during both their most recent pregnancy, and the six months following their latest pregnancy, when they helped with caring for the family, food, transport and hygiene (especially after the birth).

### ■ The data points to key trends on transmission and access to treatment

By the end line, almost all mothers living with HIV had been reached with advice about parent-to-child transmission, almost all women with HIV were accessing treatment (a 50 per cent increase on baseline figures), and early infant diagnosis had increased by 45 per cent from baseline figures. Data also suggests that the proportion of children born with HIV (to mothers living with HIV) has halved; although the differences between the two groups were not significant, this is encouraging as it supports the key objective of the initiative to halve the vertical transmission rate of HIV.



#### A response shaped by a real understanding of the most vulnerable people

Inclusion and accompaniment of the most vulnerable and affected people across communities ie HIV champions and SV survivors is at the heart of our strategy to tackle HIV and SV. Mentoring people to become spokespersons in places of influence has brought authenticity and integrity to Tearfund's work. This has ensured that Tearfund's strategy is most relevant to the people we seek to serve.



#### Championing faith at all levels

Working with LFCs alone is insufficient if the wider stakeholder group does not understand and respect their potential for impact. This has required a 'bridge-building' effort on Tearfund's part, providing evidence for the value of LFCs and ensuring LFCs can speak into other people's strategies and policies. This has required and continues to require investment and a long-term strategy to build capacity.



#### Need for an adaptive and entrepreneurial approach

Tearfund took the initiative to speak out when it was risky; in general, the faith community did not want to speak about HIV in 2006 when our work began, and the development world was uncomfortable with 'faith'-based organisations. However, by showing we are committed to ending SV and through our innovative work on HIV, Tearfund has opened up partnerships with UNAIDS and DFID and has had a positive impact on the perception of faith-based groups in responses to these issues.



Photo: Chris Boyd/Tearfund (Malawi)