

# Linkages between Sexual and Reproductive Health and Rights and HIV/AIDS

## Study on the linkages between Sexual and Reproductive Health and Rights and HIV/AIDS related to the work of local partners of ICCO and Oxfam Novib in DR Congo

### Executive Summary

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STOP AIDS NOW!  
is een samenwerking  
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## EXECUTIVE SUMMARY

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This study was commissioned by STOP AIDS NOW! in the context of its partnership with two Dutch NGOs, OXFAM NOVIB and ICCO, operating in the Democratic Republic of Congo. These two NGOs in turn work in partnership with thirty local organisations. Oxfam Novib supports local groups operating in the provinces of North-Kivu, South-Kivu, Maniema and the city-province of Kinshasa, and ICCO supports local partners in the provinces of North and South-Kivu. The thirty local organizations participated in this study. They are listed below according to provincial distribution (table no. 1):

Table no. 1: Number and provincial distribution of local partners supported by the two Dutch NGOs.

Dutch NGOs	Number of local partners by province of activity				Total
	North-Kivu	South-Kivu	Maniema	Kinshasa	
OXFAM NOVIB	6	8	5	3	22
ICCO	2	6	0	0	8
Total general	8	14	5	3	30

This study entailed listing the activities performed by the local partners supported by OXFAM NOVIB and ICCO and identifying the links and bridges between health, sexual and reproductive rights activities on the one hand and those pertaining to activities to combat HIV/AIDS on the other hand. The study also offers an overview of the activities of the other organisations involved in the two areas, in order to provide a point of comparison. These are the specialist programmes run by the Ministry of Public Health (PNSR or National Programme for Reproductive Health, PLNS or National Programme to Combat AIDS) and the President's Office (PNMLS or National Multi-Sectoral Programme against AIDS), United Nations' organisations, national and international NGOs and the medical programmes of faith-based organisations.

The DRC is a country officially in a post-conflict situation, and the circumstances in which it finds itself are characterised by a chronic socio-economic crisis and political instability with latent areas of conflict. The areas of conflict are especially in the East of the country, where national and foreign armed groups continue to violate human rights, in particular by perpetrating large-scale sexual violence.

This is the context in which the two Dutch NGOs previously referred to finance civil society organisations (NGOs and local associations) in order to help respond to the numerous health and protection-related problems that people face. So it is that more than 30 organisations, moreover whose distribution by province and Dutch NGO is better represented, have received funding to develop projects and subprojects focused on a number of areas. However, the subject of this study only looks at the areas concerning health, sexual and reproductive rights and the fight against HIV/AIDS and the opportunities for links between the two areas of activity.

Plotting activities on the ground has revealed that most local partners, despite not being in possession of the DRC's policy documents and national strategic plans in the two areas, have developed initiatives consistent with local and national objectives relating to health, sexual and reproductive rights and the fight against HIV/AIDS. On the other hand, it is worth pointing out that a number of initiatives not included in the national frames of reference have been developed by local partners, such as the fight against sexual violence (PROCOVISE: ICCO and its local partners) and against HIV/AIDS in the workplace (OXFAM NOVIB and its local partners). For example, through PROCOVISE, an "informal" system of cross referral has been put in place between the local NGOs and local associations for the "defence of human rights" (e.g. Héritiers de la Justice, RADHF) and medical organisations within the context of the systematic care of survivors of sexual violence (medical and health care, psychosocial, legal, socio-economic support).

Accordingly, the variety of activities on the ground undertaken by the local partners of OXFAM NOVIB and ICCO highlighted the reach of activities such as those specified in what follows. The activities are described in considerably more detail in annex V, entitled "Map of activities and local actors".

### **i) Health activities, sexual and reproductive rights**

When it comes to Health and sexual and reproductive rights, the study found that a number of activities have been developed in compliance with the nine (9) components of national policy, the most prominent among which revolve around preventive and protective measures to raise the awareness (IEC/CCC) of the beneficiary populations. Most local partners have developed their awareness raising activities in one or the other aspect of SRHR (cf. inset no. 1, page 41 below). Namely:

- In Kinshasa:
  - ADECOM (Promotion of lower risk maternity (LRM), family planning (FP), and gender, eradication of harmful practices<sup>1</sup>)
  - RECIC (Promotion of gender in the "we can" campaign, and safe sex, eradication of harmful practices)
- In Maniema:
  - CRONGD/Maniema (Promotion of gender, eradication of harmful practices)
    - ANAM: Promotion of FP and gender, eradication of harmful practices
    - UWAKI/Maniema: Promotion of FP, of gender and safe sex, eradication of harmful practices.
- In North-Kivu:
  - LOFEPACO: FP, promotion of gender, eradication of harmful practices
  - ASAF: Promotion of FP, gender, CCC on STIs, eradication of harmful practices
  - CRONGD/CEPROSAN: Promotion of FP, gender, raising awareness of STIs, eradication of harmful practices
- Synergy of women against sexual violence: Promotion of gender, prevention of STIs, eradication of harmful practices
- In South-Kivu:
  - APIDE: Promotion of LRM, gender, prevention of STIs, eradication of harmful practices
  - VAS: Promotion of FP, gender, CCC on STIs, eradication of harmful practices
  - LUNACOP: Promotion of FP, safe sex; eradication of harmful practices
  - UGEAFI: Promotion of gender, safe sex, eradication of harmful practices
  - UWAKI/South-Kivu: Promotion of FP, gender, prevention of STIs, eradication of harmful practices
  - MILIMA Group: Prevention of STIs, eradication of harmful practices
  - ELMU Association: Prevention of STIs, eradication of harmful practices
  - ADI Kivu: Promotion of FP
  - SARCAF: Eradication of harmful practices
  - SOFIBEF: Eradication of harmful practices

The following organisations do not implement actions in the field of SRHR. Namely:

- Province of Maniema: Maniema Libertés,
- Province of North-Kivu: FOPAC, DIOBAS/North-Kivu,
- Province of South-Kivu: OGP and CEPROF,

A number of local partners only deal with the legal aspects related to the eradication of harmful practices in SRHR (sexual violence) under the PROCOVISE umbrella. This applies to:

- Province of South-Kivu: Héritiers de la justice, RADHF

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<sup>1</sup> SRHR harmful practices refer to at least to sexual violence including rape, domestic violence, female genital mutilation, and early marriage.

With regard to infrastructure, the study very much appreciated not just the rehabilitation work, but especially the financing provided to build health centres and maternity clinics, such as is found in the province of Maniema with ANAM (cf. inset no. 7 in the annex on page 80), South-Kivu with Groupe Milima and in Kinshasa with ADECOM, to mention but a few examples. These are real “success stories” helping to implement the National Programme for Reproductive Health (PNSR) “road map” for accelerating reduction of maternal mortality. However, it should be pointed out that in all the provinces included in the study, with the exception of the “success stories”, activities relating to lower risk maternity, family planning, preventing and treating clandestine abortions, treating STIs and non-infectious genital problems (fistulas, cancers), despite having been implemented by a number of local partners, exhibit a low rate of occurrence, below 30%. The latter is the case despite their being unanimously acknowledged and considered to rank among the activities that save lives. The main reason mentioned why local partners do not become heavily involved in delivering these elements of reproductive health in the DRC is the inadequacy of the necessary resources (human, material and financial) related to the low level of funding for these activities (see Challenges and Prospects in the annexes, page...)

The eradication of harmful practices, one of the nine components of national reproductive health policy in the DRC, has been the predominant area of activity most frequently implemented. Indeed, because of the “retrograde” customs, practices and traditions, a number of harmful beliefs and practices incompatible with gender equality and human rights are still common in urban communities, and most notably in the countryside where gender based violence is perpetrated, especially sexual violence (rape, sexual slavery, pimping), domestic violence, early forced marriages of girls, and female genital mutilation (see insets 5 and 9, pages 71 and 87).

Because of the simmering war in the east of the DRC, harmful practices are very widespread in the provinces of North-Kivu, South-Kivu and Maniema, where a number of national and foreign armed gangs are heavily present, having turned women's bodies into a “battlefield”, using acts of sexual violence that they continue to commit with impunity. As a result, a number of local Oxfam Novib and Icco partners have committed themselves to the fight against these harmful practices by developing preventive activities (raising awareness) while also providing treatment (medical and healthcare, psychosocial, socio-economic, legal, and spiritual) to attenuate and/or cushion the consequences of these crimes against humanity.

Female genital mutilation (FGM) of young girls is considered to be one of the most commonly practised acts of sexual violence in the traditional Kivu communities (North, South and Maniema). They are known as “Kashina” in the Shi language (South-Kivu) and “Kukurura mishuti” in the Kinyarwanda language (North Kivu). The study noted that no action has been taken to combat these forms of FGM widely practised both in urban and rural areas, and trivialised if not “normalised” by gender based socialisation in Kivu communities. However they entail complications and consequences which may affect the sexual and marital future of young girls who fall victim to FGM.

The study highlighted the fact that the issue of men/women who have sex with men/women, namely homosexuals and lesbians, is characterised by homophobia. Homophobia is itself legalised by the Country's laws, and is displayed by communities through social rejection, marginalisation, discrimination and social brutality. The local partners state that these specific sexual practices are not tolerated by local practices, ways, customs and traditions, and consequently SRHR activities do not focus directly on them. People who engage in same sex practices therefore continue to live a secret life and with the burden of the sexual violence they endure. In Bukavu, homosexuals and lesbians have set up their own association called “Rainbow” or “MAPAMBAZUKO” in order to have a forum for expressing and demanding their rights as citizens.

SRHR cross referral systems are crucial for seamless and complementary services. The study found that local partners have not yet set up a cross referral system, or one for rendering activities on the ground accessible to beneficiaries. These shortcomings can be seen within

the "internal" cross referral system between partners funded by the same donor as well as in the "external" cross referral system between the partners of Oxfam Novib and ICCO, but also between the partners of these two Dutch NGOs and the other SRHR actors within the area they serve.

## **ii) Activities to combat HIV and AIDS**

Regarding this area of activity, one of the first observations concerns the absence on the part of most of the NGOs and local associations included in the study of national strategic plan documentation to combat HIV/AIDS in the DRC, especially those produced and disseminated by the National Programmes to combat the epidemic (PNLS, PNML). The consequence of this state of affairs is, on the one hand, inadequate popular dissemination of these frames of reference by the National Programmes for combating HIV/AIDS (PNLS, PNMLS), and on the other hand inadequate collaboration between donors and their local partners and the local partners and specialist national referral programs (PNLS, PNMLS).

Despite the above conclusion, the activities of Oxfam Novib's and ICCO's local partners have coincided with the three major strategic focus areas of the response against HIV/AIDS, namely: i) Prevention, ii) Medical treatment (care and treatment), iii) Mitigating the impact (support). In terms of prevention, Oxfam Novib's local partners seem to be ahead of the national programmes' strategic approach in developing "The fight against HIV/AIDS in the workplace", an important and essential initiative not yet adopted with a specific vision and strategic approach by the national programmes (PNLS, PNMLS). These only target private companies/enterprises through the Intercompany Committee for Combating AIDS (CIELS), and not the workplace as a whole.

It needs to be pointed out that activities have concentrated most on the strategic focus area of prevention. Although some organisations have committed themselves to measures to mitigate the impact (support), very few have "ventured" into medical care (care and treatment), essentially providing prevention and treatment of opportunistic infections.

Within prevention of the transmission of HIV, a number of activities have been developed and have targeted specific groups, depending on each individual context, whereas other activities have been directed towards the population at large. At this juncture, it should be pointed out that very few specific initiatives are aimed at men who have sex with men, as with SRHR initiatives. The same aforementioned legal, cultural and anthropological observations apply (rejection, both socially and otherwise). It should also be pointed out that in the three provinces included in this study there is a specific group which is most at risk as a result of its mobility and sexual promiscuity: these are the miners commonly referred to by the term of mineral ore "diggers". None of the local partners' activities target them despite their constituting one of the most formidable potential sources of HIV transmission (combination of money and "loose" sexual mores).

The central mode of operation of all the partners active in prevention work has been raising awareness via IEC and CCC and distributing and promoting the use of condoms. The study identified a multitude of messages and policy content specific to the individual organisations and local associations, occasionally directed at the same targets within the same operational area. In answer to the question of which preventive messages were disseminated during awareness raising sessions, most organisations responded that they use messages that they themselves have initiated and devised. These differ from one organisation to the next. By way of example: i) in annex IV, the study reproduced "The policy defined by a local NGO as regards the fight against HIV/AIDS in the workplace", which itself is not based on national frames of reference on the subject, ii) some of them (NGOs with a medical vocation) consider inheriting widows (sororate marriage) as a harmful practice that can lead to HIV transmission within the family, whereas others (NGOs involved in defending children's rights) defended this as being a traditional practice which ensures "family cohesion" and the children's future, following the death of a husband and father of a family.

Other preventive activities undertaken by local organisations have been only limited and scattered, in particular peer education, voluntary counselling and screening, voluntary blood donation, DCIP, specific services for the groups at highest risk (PS, men who have sex with men, UDI, HFU, miners, adolescents and youths), etc (cf. table below). This is a big GAP to fill.

An unusual observation when it comes to the HIV/AIDS activities of the local partners of Oxfam Novib and ICCO is the existence of a certain “disconnect” between the very numerous awareness raising activities on the one hand and the inadequate organisation and resourcing of an “internal” and/or “external” cross referral system on the other hand. Forwarding beneficiaries to counselling and screening centres (of which there are few) and to medical treatment (care and treatment) and mitigation of impact (support) remain operational obstacles in achieving holistic care in the fight against HIV/AIDS. The study found there are very few donors who undertake to finance medical care (care and treatment). Indeed, the Country is experiencing a major problem providing antiretroviral therapy (ART) to eligible people living with HIV. The ARVs primarily provided by the GLOBAL FUND and WORLD BANK do not cover the country's real needs and their supply and distribution are not adequate to ensure that ARVs are permanently available (frequent stock outs) to eligible people living with HIV.

### **iii) Activities linking SRHR and the fight against HIV and AIDS**

The review of SRHR and HIV/AIDS national strategic plans and policy documents reveals the need for synergistic interaction between certain SRHR and HIV/AIDS activities. The 6<sup>th</sup> component of the DRC's national reproductive health policy (PNSR) is thus entitled: "Prevention and treatment of genital infections, STIs (including HIV/AIDS)". The will to forge links and build bridges is clearly expressed in the national strategic plans for combating HIV and AIDS. This is not just true of the PNLs and PNLMS but also of other programmes with operational responsibilities that extend to SRHR or the response to HIV/AIDS (e.g., PNSA, HIV/AIDS third part projects). However, this willingness is all in the written word, and therefore only theoretical. Apart from PMTCT, which compels the PNSR and PNLs to collaborate at an operational level, most initiatives have not yet established effective links. This is the case even when it comes to intervention areas for which the benefits of linking are acknowledged throughout the world, such as preventing HIV among women of childbearing age, preventing unwanted pregnancies among women living with HIV, etc. Indeed, the PNLMS states that the prevalence of HIV among survivors of sexual violence is 20%, whereas the fight against sexual violence is not one of the priority activities in the fight against HIV/AIDS of this multi-sectoral programme. When one considers that this prevalence of 20% is only "the tip of the iceberg" with regard to prevalence among people who have experienced sexual violence—most of whom go into hiding or remain anonymous for fear of stigmatisation, discrimination, marginalisation and even rejection by their families and society—the development of SRHR and HIV/AIDS activities in "isolation" from each other is inexplicable. Nevertheless most local partners of Oxfam Novib and ICCO do see links and bridges which could be activated if financial and programme incentives could be provided. To make this clear, the nature of these links is explained in greater detail in the list of activities developed by each organisation. The following links are those where the most potential has been identified, namely:

#### **a) HIV/AIDS services to SRHR**

- PMTCT and PNC<sup>2</sup>
- TME and PoNC<sup>3</sup>
- Voluntary HIV/AIDS and PoNC counselling and screening
- Prevention of HIV/AIDS and family planning
- Childbearing by people living with HIV and family planning
- Prevention of HIV/AIDS and the fight against FGM
- GIPA and SRHR

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<sup>2</sup> Pre-natal care.

<sup>3</sup> Post-natal care.

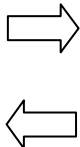
- Prevention of HIV/AIDS and specific SRHR services for groups at risk (PS, men who have sex with men, UDI, HFU, miners, VVS)

**b) SRHR services for combating HIV/AIDS**


- PoNC and PMTCT
- PoNC and PMTCT
- FP and the prevention of HIV transmission
- FP and voluntary counselling and screening
- SRHR for young people and adolescents and the Prevention of HIV/AIDS
- Treatment of STIs and the Prevention of HIV transmission
- FP and childbearing by people living with HIV
- The fight against sexual violence and the prevention of HIV/AIDS
- Maternal breastfeeding and PMTCT
- Gender promotion and the fight against HIV/AIDS
- Provision of SRHR and HIV/AIDS inputs
- Advocacy/lobbying for SRHR and the fight against AIDS
- SRHR and HIV/AIDS training centres

By way of illustration, the study presents a number of examples of “bridges” that can be built between SRHR and HIV initiatives developed by local partners on the ground:

**1. Kinshasa province**


Type of link	Activities	Name of organisation	Links with	Activities	Name of organisation
Eradication of SRHR harmful practices and prevention of HIV/AIDS	Fight against sexual violence	RECIC		DCIP	ADECOM
	Raising awareness of safe sex	RECIC		Prevention of HIV (DCIP - screening and counselling initiated by the service provider)	ADECOM

**2. Province of Maniema**

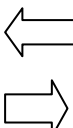
Type of link	Activities	Name of organisation	Links with	Activities	Name of organisation
Lower risk motherhood and Prevention of HIV	Raising awareness of family planning	UWAKI/Maniema		HIV counselling and screening	ANAM
	Raising awareness of PNC	UWAKI/Maniema		PMTCT	ANAM
	Raising awareness of PoNC	UWAKI/Maniema		PMTCT	ANAM

	Promotion of maternal breastfeeding	UWAKI/Maniema		PMTCT	ANAM
Eradication of SRHR harmful practices and Prevention of HIV	Fight against sexual violence	CRONG/Maniema		-Peer education HIV/AIDS -Using the radio to raise awareness opposing sexual violence	MALI

### 3. Province of North-Kivu

Type of link	Activities	Name of organisation	Links with	Activities	Name of organisation
Family planning and Prevention of HIV among people living with HIV	Family planning	LOFEPACO		Voluntary counselling and screening	ASAF
	Family planning	CRONGD/CEPROSAN		Voluntary counselling and screening	ASAF
Eradication of SRR harmful practices and prevention	Fight against domestic violence	UWAKI/North-Kivu		Voluntary counselling and screening	FOPAC
	Fight against sexual violence	LOFEPACO		Care and treatment	ASAF

### 4. Province of South-Kivu

Type of link	Activities	Name of organisation	Links with	Activities	Name of organisation
PMTCT and PoNC	Raising awareness of PMTCT	UWAKI/South-Kivu		CPN	APIDE
Sexual violence and prevention of HIV/AIDS	Legal assistance	Héritiers de la justice		Medical treatment with PRP kits	SARCAF
Safe sex	Sex education	VAS		HIV/AIDS information centres	ADI Kivu
Lower risk motherhood and Prevention of HIV/AIDS	CPN, PoNC, maternal breastfeeding	MILIMA Group	"Integration"	IEC on preventing the transmission of HIV in the health structures	MILIMA Group

To better direct the links between the activities of the local partners, priorities will have to be defined through consultation and ad hoc workshops so that each donor and his local partners can highlight the outcomes of the links to be forged and implemented as a priority via two mechanisms: i) the organisation of a structured and resourced system of cross referral (referral form, filing cards, registers, specific means of transport); and ii) the integration of services by expanding the local partners' PMA, Minimum Activity Package, if possible.

The list of potential links identified by each local organisation is to be found in annex V in the document entitled "Map of local activities and actors". The study advocates each donor be

able to consult and discuss this with his local partners to look for ways and means of achieving the links that have been identified.

The conclusions have been drawn based on the main observations and relevant findings. The recommendations have been based on the conclusions, identifying strengths to be consolidated and weaknesses to be improved upon. They are built around:

- Institutional analysis, strengthening the NGOs' and local associations' technical (training courses) and operational (inputs) capabilities regarding SRHR and HIV/AIDS.
- The acquisition of national reference documents (national policies, national strategic plans, standards and guidelines, laws, code, modules) for all the NGOs and local associations to be used as frames of reference in developing their projects and delivering initiatives on the ground in the DRC.
- Consolidating the fight against sexual violence through an holistic approach (prevention, treatment, support, discharge and reintegration into the community )
- Putting in place a minimum package and a complementary package of essential activities in the two areas to respond to "vulnerable"<sup>4</sup> needs that have been expressed or experienced on the ground, Mobilising complementary or additional resources to extend the geographical reach and/or broaden the scope of the activities (PMA – Minimum Activity Package).
- The urgent need to develop and put into effect an integrated communication plan for SRHR and HIV/AIDS. One aspect of this plan should be dedicated in its entirety to communication regarding retrograde practices, ways, customs and traditions which sustain and perpetuate SRHR harmful practices (female genital mutilation, early marriages, sexual violence) and harmful practices in the fight against HIV/AIDS (sororate and levirate marriage, bequeathing women as property, rape, etc.). The custodians of the ways, customs and traditions along with the clergy (priests, deacons, pastors) must be specifically and individually targeted by the actions contained within this integrated communication plan.
- The setting up of a structured, organised and resourced cross referral system which also deals with discharging of beneficiaries (measures to accompany exiting the system).
- The value of focusing projects on the specific difficulties of the most marginalised groups such as men/women who have sex with men/women (homosexuals and lesbians).
- The need to focus projects on certain populations at the greatest risk in the former Kivu<sup>5</sup> but ignored by most initiatives and which represent a significant potential source of transmission: miners, "mineral ore diggers", and the women who crush the mineral stones.
- Improvement of mechanisms to coordinate "intra donor"<sup>6</sup> activities (regular meetings, regular reviews, educational supervision, cross referral, standardised management tools and data gathering, and anonymous client appraisals) and "extra donor" activities (meetings to discuss related topics: health, protection, nutrition, sexual violence, humanitarian coordination meetings, joint diagnosis of the situation, etc.).
- The scope for establishing links between SRHR and HIV/AIDS activities to ensure the necessary economies of scale in working environments (operational areas) where resources are very limited relative to the still very numerous needs that have been expressed and/or experienced.
- Ways of capitalising on existing or potential opportunities by stepping up the (internal and external) coordination of activities working through multiple partners and interacting with the opposite number on the government side (health ministers, PNSR, PNSA, PNLS, PNMLS), and other organisations and institutions both national and international to ensure economies of scale and avoid waste caused by overlapping activities and targets on the ground.

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<sup>4</sup> Technical and operational vulnerability as refers to the needs.

<sup>5</sup> "Former Kivu" refers to provinces of North-Kivu, South-Kivu and Maniema in the East of the DRC.

<sup>6</sup> Coordination of "intra donor" activities: This refers to coordinating the activities of local partners financed by the same donor. In this case we are referring to the local partners either of Oxfam Novib or ICCO.