



Breaking the Chains of Stigma and Sexual Gender Based Violence (SGBV): supporting migrants, refugees and other displaced populations for increased access to HIV and other health care

Presented by Jama Hanshi, Regional D Coordinator-East Africa

Flow



- Do we really have a problem? Prevalence of HIV in Garissa and what is the strategic direction
- Brief on Dadaab refugee camp in Garissa county
- What are the key barriers? Excepts from the Quranic text and Sunnah
- Gaps-Human rights perspective
- Do we have legislation framework and how effective are they?
- Are the refugees/migrants treated differently in the eyes of HIV prevention, treatment and access to other rights?

Flow



Introduction- Misconception of Muslims in understanding HIV



Stigma practice amongst our clients



Consequence of stigmatization



Islamic approach

Do we really have a problem?



Garissa county government strategic plan of 2018/19, *“The HIV prevalence in the County is estimated to be on the increase from the **1 percent** average of the region to approximately **2.1 percent**. There are estimated more than 5,000 PLHIV and the incidence rate is at around 200 new HIV infections annually”*

Dadaab refugee camp located just an hour by road from Garissa is also faced with increase in transmission rate

Migrant and IDPs



Sub-Saharan Africa is the region of the world which has felt the great effects of the HIV/AIDS epidemic. While prevalence has decreased in some countries, the virus continues to threaten lives of individuals, security of families, and health of communities.

Refugees have often experienced the trauma of conflict and displacement, and find themselves with little access to income or resources, factors which can make them especially vulnerable to HIV/AIDS.

Migrant and IDPs



- *Somalis*
- *South Sudan*
- *Congolese*
- *Sudan*
- *Ethiopians*

Brief introduction on Dadaab refugee



- Dadaab is located in Garissa County in north-east Kenya. The Dadaab refugee complex, one of the world's largest refugee camps, is home to 246,551 refugees from nine countries (as of May 2017), although Somalis constitute a majority of the refugees hosted in the camps.
- *Camp has various existing INGOs such as LWF, Islamic Relief, UNHCR, Film aid among others*
- *Camp has 67 health facilities*

Strategic plan direction



- *“Garissa County AIDS Strategic Plan 2015/16-2018/19 (GCASP) and the broader County Health Sector Strategic and Investment Plan 2013 - 2018 aims to achieve the Kenya AIDS Strategic Framework (KASF) objectives of; **reducing new HIV infections, reducing HIV stigma and discrimination, reducing AIDS-related deaths, and increasing domestic financing**”.*

Key barriers



Stigma and discrimination which impacts more the refugees and displaced persons-Cultural

Gender inequality and gender-based violence-from authorities or host community

Unexpected conflict between the host community and refugees

Availability and access to HIV services due to uneven health facility distribution and few health personnel willing to work in remote areas or refugee settings due to security concerns



Possible gaps for refugees/migrants

- Lack of sufficient documentation to access services and language barriers
- Lack of strong, coherent human rights interventions to address HIV among refugees and displaced person
- Inadequate joint community-based monitoring/evaluation between county structures and faith-based agencies in regards
- Lack of sufficient psychosocial support for survivors of Sexual Gender-Based Violence-*Mostly resort to cultural 'MASLAHA' approach of resolving the matter using traditional leaders both for host and refugees-this severely affects young girls*
- Uncertainty about program sustainability, impacting capacity and the ability of organizations serving refugee population

Possible gaps-

- *Paucity of data when it comes to impacts of stigmatization on depression and loss of livelihoods- Patriarchal nature of the community*
- *Protection and Safeguarding issues, what is the role of the faith-based agencies to firmly establish awareness and action plan*
- *Data protection, can the refugee data be leaked or used improperly?*



Legislation environment

- *Bill of rights is enshrined in the constitution also serves the refugees*
- *Ratified conventions such as, The Refugee Convention (16th May 1966), The Geneva Convention (20th September 1966)*
- *The African Convention on Human and People's Rights (10th February 1992)*
- *The Kenya Health Policy 2014–2030 serves as a transformative blueprint, placing the health and well-being of Kenyan citizens at its core*
- *The African Charter on Human and People's rights*
- *Africa Union; Common Position on Migration and Development*
- *Migration Policy Framework for Africa and Plan of action 2018-2030*

Introduction- Misconception of Muslims in understanding HIV



- That HIV infected persons and those living with HIV are indication of being punished by God for the wrongs they have done
- The *“All that afflicts you is what your hand has gained”*

Impact of the misconception



- Lack of disclosure of status
- Increased risk of transmission of HIV
- Stigmatization of the infected
- Discrimination of the infected
- Discrimination of the family including at school
- Discrimination at the business
- Poor adherence to treatment
- Poor performance in viral load suppression

Our approaches to the misconception



- *“We will certainly test you with a touch of fear and famine and loss of property, life, and crops. Give good news to those who patiently endure, Quran “2:155”*
- God confirms that He will test us in different ways and gives good tidings to those who persevere
- *God states, one who saves one life is equivalent to saving mankind”*

Approaches to stigma



- *O believers! Do not let some 'men' ridicule others, they may be better than them, nor let 'some' women ridicule other women, they may be better than them. Do not defame one another, nor call each other by offensive nicknames. How evil it is to act rebelliously after having faith! And whoever does not repent, it is they who are the 'true' wrongdoers.*

Approaches to stigma



- *Allah will say on the Day of Judgment, ‘Son of Adam, I was sick but you did not visit Me.’*
- *‘My Lord, How could I visit You when You are the Lord of the Worlds?’*
- *‘Did you not know that one of My servants was sick and you didn’t visit him? If you had visited him you would have found Me there.’*

Role of faith towards addressing challenges faced by refugees/IDPS



Mobilization of the congregants to support the refugees migrants and displaced persons



Identify PLWHIV and support and encourage them to access quality care-Faith based agency in collaboration with the government



Advocacy and sensitizing of communities especially in refugee camps and provide correct information on HIV transmission to address the high-level stigma



Using the teachings, indoctrinate duty of care from the host community and County Government