

EMPOWERING GIRLS TO END AIDS



LESSONS FROM KENYA FOR
AN AIDS FREE WORLD

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“Whoever destroys a single life, it is as though an entire universe was destroyed; and whoever saves a single life, it is as though an entire universe was saved.”

—Jerusalem Talmud, Sanhedrin 4:9

INTRODUCTION

When the Face of HIV is a 15-Year-Old Girl, She is also Key to the Solution.

Young women aged 15-24 in sub-Saharan Africa are up to eight times more likely than men to be HIV positive.¹

Less than half of all countries dedicate resources specifically to women and girls in their response to HIV.²

As a 15-year-old growing up in a Nairobi slum, Marcy was at a high risk for HIV but did not know how to prevent infection. Today, at 24, she is a confident, healthy social worker, teaching other girls how to advocate for their rights and stay healthy.

As many as one quarter of the people where Marcy grew up are infected. Like most girls in the slum, she grew up in a traditional household where topics such as basic hygiene, puberty and bodily changes were not discussed; HIV and AIDS were never spoken of at all. No one explained to her the pressures that come with starting a sexual relationship, the health risks she would face or how to protect herself.

But Marcy eventually found the knowledge she needed to stay healthy at Binti Pumoja Center for adolescent girls, a program at Carolina for Kibera (CFK). HIV prevention was not her primary reason for going to Binti, but she gained that knowledge organically. That's how Binti works: Girls connect with this multi-service organization for a variety of reasons and, eventually, find their way to HIV prevention resources. In Marcy's case, she sought Binti's scholarships for high school and college. Along the way, Binti also gave her life-saving knowledge about how to prevent HIV, a message empowering enough that it inspired her to become an advocate for other girls. "I want them to be like me and make their own decisions," Marcy says.

Marcy is now a staff social worker at Binti. She goes on home visits, talks to parents, provides counseling for girls and gives referrals for medical care. As Marcy says, "When I empower a girl, I empower a nation."

The world stands at a crossroads. Over the three decades since HIV and AIDS emerged, we have made tremendous progress in research, prevention and treatment strategies, saving millions of lives.³

Yet despite these advances, we have not succeeded in uprooting the virus in vulnerable populations, even as the epidemic's overall growth has slowed. The approximately 600 million adolescent girls living in developing countries⁴ are among the most neglected of these vulnerable populations and are consistently left out of programming.

For these girls, a myriad of distinct challenges to their sexual health and human rights locks them in a cycle of poverty and violence that makes them particularly vulnerable to infection. If these root problems are not addressed along with the virus, the AIDS epidemic will continue to undermine these girls' futures.

While the challenges are daunting, there is reason for hope. Girls are not just victims; they are agents of change. When empowered to confront HIV and the factors that fuel it, girls are a powerful force. Empowered girls can help end AIDS if we give them the resources and support to claim their rights.

Section I of this paper demonstrates why we must prioritize girls' empowerment as a key pillar of our efforts to respond to global HIV and AIDS. It calls for targeted, girl-centered HIV investments based on girls' human rights. Section II offers concrete lessons from six emblematic organizations in Kenya that are already proving the value of this approach. This section is paired with policy recommendations that demonstrate how the U.S. government should invest, suggesting integrated and multi-sectoral HIV programming, girl-centered and girl-led approaches, and diplomatic engagement that supports the human rights of girls.

¹ Joint United Nations Programme on HIV/AIDS. "2010 Global Report." UNAIDS, 2010. <http://issuu.com/unaid/docs/unaid_globalreport_2010?mode=a_p>.

² Ibid.

³ Joint United Nations Programme on HIV/AIDS. "UNAIDS World AIDS Day Report | 2011." UNAIDS, 2011. <http://www.unaids.org/en/media/unaid/contentassets/documents/unaidpublication/2011/JC2216_WorldAIDSday_report_2011_en.pdf>.

⁴ United Nations Foundation & Nike Foundation. "Why invest in adolescent girls?" UNF and Nike Foundation. <http://www.clintonglobalinitiative.org/ourmeetings/PDF/actionareas/Why_Invest_in_Adolescent_Girls.pdf>.



IN KENYA, BINTI PAMOJA COMMUNITY OUTREACH VOLUNTEERS TEACH ABOUT SEXUAL AND REPRODUCTIVE HEALTH THROUGH DANCE.

PHOTO EVAN ABRAMSON

SECTION I: WHY INVEST IN GIRLS?

Being a Girl can be Hazardous to Your Health.

Girls are uniquely vulnerable to HIV infection for many reasons. Some are biological—girls and women are anatomically more susceptible than men to contracting HIV directly through unprotected vaginal sex. It is estimated that male-to-female transmission of the virus is twice as likely as female-to-male.⁵

But unfortunately, girls' vulnerability does not stop there. If it did, HIV prevention strategies might be simplified to providing information and services that correspond to the best scientific and public health research for preventing infection. Instead, girls are caught in an interlocking network of human rights violations that make them particularly susceptible to HIV infection:

Lack of Information and Services about HIV and AIDS

At a very basic level, girls lack information about HIV and AIDS. UNAIDS research shows that close to 80 percent of young women between the ages of 15 and 24 do not

know enough about HIV and AIDS to avoid infection.⁶ This gap exists either because resources are not available in their communities or because the resources that do exist are not girl-friendly. If the resources are youth-specific, they may be dominated by boys; if they are gender-specific, they may be targeted to women.

A persistent impediment to providing girls with accurate and adequate information about HIV and AIDS is the lack of physical spaces where girls feel comfortable. Many girls do not have a welcoming space where they can learn about both HIV and AIDS and broader sexual and reproductive health (SRH) issues, such as family planning methods and gynecological care. Communities tend to stigmatize SRH programs, particularly for young girls, because of social and cultural norms about sexuality and appropriate gender roles, and because of a lack of respect for girls as decision-makers. Consequently, basic prevention tools, such as male and female condoms, are not made accessible to girls. Even in communities where such programs do exist, parents and community members may discourage girls from participating, and girls who seek support in schools or health facilities are often labeled as promiscuous. When HIV and sexual health resources are not available

⁵ Global Coalition on Women and AIDS. "HIV Prevention and Protection Efforts Are Failing Women and Girls Press Release." Global Coalition on Women and AIDS, 2004. <http://data.unaids.org/Media/Press-Releases02/pr_gcwa_02feb04_en.pdf>.

⁶ United Nations Population Fund. "Gender-based Violence Increases the Risk of HIV Infection in Woman." UNFPA. <www.unfpa.org/gender/docs/fact_sheets/gender_hiv.doc>.



A COMMUNITY OUTREACH TEAM RUN BY FORTRESS OF HOPE TEACHES ABOUT GENDER-BASED VIOLENCE.

PHOTO EVAN ABRAMSON

in settings where girls feel comfortable and where it is culturally acceptable for them to go, girls underutilize prevention tools and opportunities for learning and lack vital information about how to protect themselves.

This lack of access to SRH information and resources adds to girls' overall vulnerability by increasing their risk for other health conditions, including sexually transmitted infections (STIs), pregnancy and unsafe abortion. These gaps are symptomatic of a broad violation of girls' sexual and reproductive health rights,⁷ which not only puts their health in danger, but also blocks them from realizing their full potential to overcome poverty, gender inequality and violence.

Early Marriage

Poverty and gender inequality often result in early and/or forced marriage for girls. Impoverished families often see marriage for their daughters as a way to lessen the financial burden on the household, while earning an income through a dowry (paid by the groom's family in Kenya).

While child marriage is internationally recognized as a human rights violation, laws to protect girls from this practice are limited or unenforced in many countries.

⁷ United Nations Department of Public Information. "The Right to Reproductive Health." UN, 1997. <<http://www.un.org/ecosocdev/geninfo/women/womrepro.htm>>.

UNFPA estimates that there are 82 million girls in developing countries today between the ages of 10 and 17 who will be married before they turn 18.⁸ Once married, girls may be isolated, with restricted mobility and little access to HIV-prevention resources. Cultural norms do not encourage women's authority to negotiate condom use with their husbands, who are often older and more likely to have had multiple sexual partners and exposure to HIV over their lifetimes.⁹

Early Pregnancy

Pregnancy can lead to dangerous or deadly health complications for girls living in poverty. UNFPA estimates that "14 million women and girls between ages 15 and 19—both married and unmarried—give birth each year. For this age group, complications of pregnancy and childbirth are a leading cause of death, with unsafe abortion being a major factor."¹⁰ In addition to the direct health complications, pregnancy can further entrench girls in a restricted domestic sphere with little power to negotiate safer sex to prevent HIV.

Since unprotected sex is the common denominator for both pregnancy and HIV infection, pregnant girls should be tested for HIV. If a girl is pregnant and HIV positive, she needs long-term treatment options for herself and to prevent mother-to-child transmission. HIV-positive girls also need psychosocial support and opportunities for income generation, particularly if they are ostracized from family networks due to their HIV status. A girl's HIV status can impact her entire family, as girls are often caretakers in their households.

Educational Barriers and Economic Disenfranchisement

For many families living in poverty, boys' education is prioritized over girls', even though estimates say that when a girl completes basic education, she is three times less likely to contract HIV.¹¹ In sub-Saharan Africa, which includes some of the countries with the highest rates of HIV infection among young women, only 46 percent of girls complete primary education.¹² Reasons for early

⁸ United Nations Population Fund. Gender Equality. <<http://www.unfpa.org/gender/girls.htm>>.

⁹ Mokami-Mwita, Rose. Personal Interview. 21 September 2011.

¹⁰ United Nations Population Fund. Gender Equality. <<http://www.unfpa.org/gender/girls.htm>>. Additionally, Early childbearing is linked to obstetric fistula, a devastating and socially isolating condition that leaves women incontinent. Teenage mothers are more likely to have children with low birth weight, inadequate nutrition and anaemia. And they are more likely to develop cervical cancer later in life.

¹¹ Global Campaign for Education and RESULTS Educational Fund. "Making it Right: Ending the Crisis in Girls' Education." Global Campaign for Education and RESULTS, 2007. Web. 21 May 2012. <http://www.campaignforeducation.org/docs/reports/makeitright/MakeltRight_Report_07.pdf>.

¹² Levine, Ruth and Nancy Birdsall. "On the Road to Universal Primary Education." Center for Global Development, 2005: 2. <http://www.cgdev.org/files/2798_file_CGDEV_education_brief.pdf>.

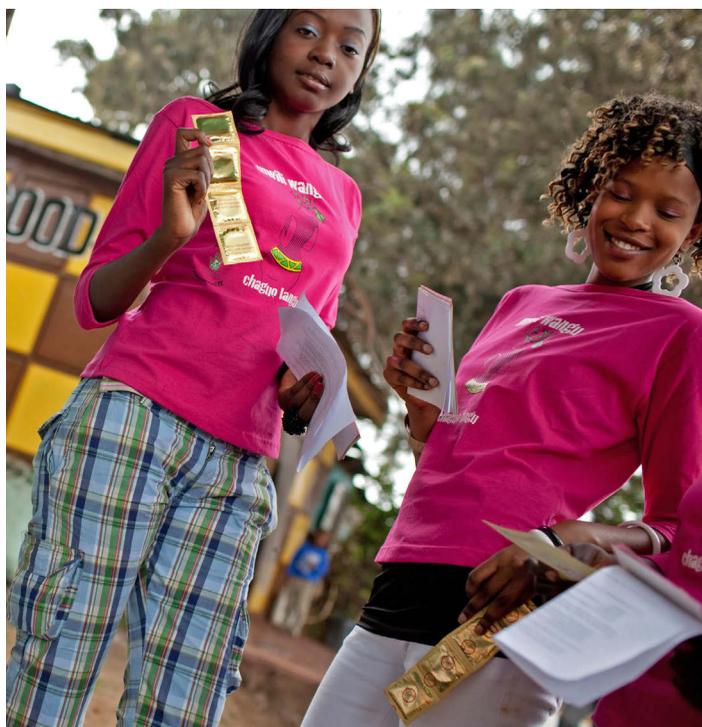
drop-out include domestic responsibilities, prioritization of school tuition for male siblings, lack of sanitary products for menstruation, lack of separate and safe bathrooms in schools, and sexual harassment or abuse by teachers. UNESCO and UNICEF estimate that out of over 115 million six- to 12-year-olds not in school, three-fifths of them are girls.¹³

Denial of girls' right to education not only limits their access to school-sponsored sexual health information and resources to prevent HIV, but also limits the future economic opportunities that will be available to them to address their many poverty-related vulnerabilities to the virus. Without equitable income generating opportunities, girls are also more likely than boys to have an inadequate supply of food. UNAIDS reports that food insecurity puts them at higher risk for HIV infection because they are prone to migration, choosing transactional or commercial sex or staying in unsafe sexual relationships due to financial dependency.¹⁴ This risk is especially prevalent among those whose parents or husbands die, given that in many countries, women and girls lack property and inheritance rights that would provide them with resources to care for themselves, their siblings or their children. Economic dependence leaves girls on weaker ground to negotiate safer sex or to access information and resources about sexual health.

UNESCO estimates that bringing girls through secondary education—which would lead to higher paying jobs—could save 1.8 million lives annually due to the effects education has on girls' access to reproductive health information, family planning resources and ability to provide better nutrition for their children.¹⁵

Sexual and Gender-Based Violence

Sexual and gender-based violence (SGBV) is a gross violation of human rights that directly exposes girls to HIV and many other negative health consequences. In 2007, a study found that 29.9 percent of girls in Ghana, 38.1 percent in Malawi and 23.4 percent in Uganda reported that their first sexual encounter was coerced.¹⁶ While the risk of SGBV exists around the world—in their homes,



GIRLS SHARE KNOWLEDGE ABOUT HIV AND SEXUAL HEALTH THROUGH A COLLABORATION WITH CAROLINA FOR KIBERA AND FORTRESS OF HOPE.

PHOTO EVAN ABRAMSON

schools and neighborhoods—for girls living in or fleeing from conflict zones, SGBV has become almost inevitable.¹⁷ The cuts and tears from rape result in a greater chance for HIV to enter the body, increasing the risk of infection.¹⁸

The traditional practice of female genital mutilation (FGM)¹⁹ also contributes to girls' vulnerability to HIV infection, as the resulting wounds leave girls more susceptible to tearing and infection (from consensual or coerced sex) over the long-term. FGM also leads to HIV infections indirectly, since it traditionally signifies the onset of womanhood and readiness for sexual activity at a young age. These girls are then left to navigate a sexual relationship without having the sexual health information and resources necessary to keep themselves healthy.

In many African countries, laws to protect girls against SGBV are unenforced or inadequate. Judges and police officers are not sufficiently trained to respond to and prevent SGBV, and weak enforcement measures allow

¹³ Ibid.

¹⁴ World Food Programme, World Health Organization, and Joint United Nations Programme on HIV/AIDS. "HIV, Food Security and Nutrition." WFP, WHO, and UNAIDS, 2008. Web. 21 May 2012. <http://one.wfp.org/food_aid/doc/JC1515-Policy_Brief_Expanded.pdf>.

¹⁵ United Nations Education, Social and Cultural Organization. Education for All Global Monitoring Report 2011 Regional Overview: sub-Saharan Africa. UNESCO, 2011. Web. 21 May 2012. <<http://unesdoc.unesco.org/images/0019/001913/191393e.pdf>>.

¹⁶ Moore, Ann M., Kofi Awusabo-Asare, Nyovani Madise, Johannes John-Langba3, and Akwasi Kumi-Kyereme. "Coerced First Sex among Adolescent Girls in Sub-Saharan Africa: Prevalence and Context." *African Journal of Reproductive Health* 11.3 (2007) <<http://www.guttmacher.org/pubs/journals/reprints/AJRH.11.3.62.pdf>>.

¹⁷ Alice Eshuchi, Heshima Kenya staff. Personal Interview. 21 September 2011

¹⁸ Joint United Nations Programme for HIV/AIDS. "Women, girls, gender equality, and HIV." UNAIDS, 2012. <http://www.unaids.org/en/media/unaids/contentassets/documents/factsheet/2012/20120217_FS_WomenGirls_en.pdf>.

¹⁹ FGM is defined by the World Health Organization (WHO) as the range of procedures that involve "the partial or complete removal of the external female genitalia or other injury to the female genital organs whether for cultural or any other non-therapeutic reason." Education Centre For The Advancement of Women. FGM. <<http://www.ecawkenya.org/ecawkenya-publications/fgm>>. AJWS is cognizant of the fact that FGM is a contested term, but we have used it because it is the language used by our grantees that were interviewed for this paper.

perpetrators to act with impunity. And once violence has occurred, many health professionals are not properly trained to identify and treat the physical and psychological consequences, nor link their patients to the psychosocial and legal resources needed to prevent recurrence.

Stigma, Discrimination and Insecure Legal Status

For certain groups of marginalized girls, this significant vulnerability is compounded by additional stigma and discrimination. Sexual minorities, religious and ethnic minorities, girls with disabilities, and refugees suffer from negative societal attitudes that are reflected in discriminatory laws and allocations of resources. An absence of programs that directly target these populations means that these girls are often missed by services aimed at more general populations, because they may not be sensitive to their needs and concerns.

For example, lesbian, bisexual, transgender and intersex (LBTI) young women and girls may face discrimination in health settings (including those focused on SRH), because these settings are not immune to societal discrimination that exists in the community. Minority Women in Action, a Nairobi-based group focused on addressing stigma and discrimination of LBTI women and girls, reports that girls who encounter stigma while accessing care are often dissuaded from ever going back. Consequently, they have even less access to programming for HIV prevention and care.

Furthermore, misinformed health professionals may assume LBTI women and girls are not at risk for HIV infection, even though female-to-female transmission is possible and many LBTI women and girls have sexual activity with male partners, whether consensual or forced.²⁰ The dearth of accurate information about their particular HIV risk puts them in danger of unknowingly engaging in risky sexual behaviors.²¹ LBTI women and girls are also at increased risk for SGBV, including “corrective rape” in some countries, which can lead to HIV infection.²²

Refugees are another population that is especially vulnerable to HIV infection. Many refugee girls do not seek HIV testing or SRH services—or any medical care at all—because they fear that their status will be exposed and lead to deportation.²³ Girls with disabilities, too, are at increased

risk. They experience levels of HIV infection that are up to three times greater than non-disabled individuals, due in part to stigma and lack of legal protections that ensure their right to access health services and information.²⁴

We Must Bridge the Gap to Reach Girls.

Despite their high risk for and rate of HIV infection, girls are almost entirely left out of current programs and strategies to stop HIV. Currently, only 2 cents out of every international aid dollar is directed to girls.²⁵ The World Health Organization (WHO) reports that in 2008, only 52 percent of countries that reported to the UN General Assembly included specific, budgeted support for HIV programming focused on women or girls as a distinct category.²⁶

Girls are also left out of other development and human rights programs that could contribute to halting the AIDS epidemic. Without an integrated strategy to address all of their risk factors together, we are failing girls with an inadequate response to HIV and AIDS.

To remedy this, international donors, including the U.S., must boldly assert that girls are a priority and a distinct and powerful asset in the response to HIV. When girls are given comprehensive HIV and SRH programming that is integrated with broader resources to overcome their interconnected challenges, claim their rights and empower others, they will play a critical role in lowering infection rates worldwide.

But in order to demonstrate how investing in girls can stop the AIDS epidemic, we must focus on girls in the monitoring and evaluation of our U.S.-funded programming. Few resources have been devoted to broadly measuring the impact of girl-centered programming on the HIV epidemic, and a lack of comprehensive data discourages many donors from funding this critical and potentially game-changing population.

A concerted international commitment to the fulfillment of girls’ human rights must fuel a new cycle of empowerment. Girls are powerful, but it is the responsibility of governments and adults to protect their rights so that they can realize their full potential. If governments do not meet this responsibility, rights violations will continue to contribute to girls’ risk through a cycle of poverty, gender inequality and violence, and HIV will continue to impact girls. It is imperative that

²⁰ Centers for Disease Control. HIV/AIDS among Women Who Have Sex With Women. <<http://www.cdc.gov/hiv/topics/women/resources/factsheets/wsw.htm>>.

²¹ Minority Women in Action (MWA) works to empower this particularly marginalized group of girls and women in Nairobi. MWA educates about human rights, provides nondiscriminatory sexual health information and builds capacity and visibility of LBTI women and girls through research, media, literature and community outreach.

²² Minority Women in Action. Home Page. <<http://www.minoritywomeninaction.co.ke>>.

²³ Heshima. Home Page. <<http://heshimakenya.org/>>.

²⁴ Liverpool Vct. Care and Treatment. Disability Programme. <<http://www.liverpoolvct.org/index.php?PID=187&showssubmenu=187>>.

²⁵ Girl Effect. Media Kit. Aug. 2010 <http://www.girleffect.org/uploads/documents/2/Girl_Effect_Media_Kit.pdf>.

²⁶ World Health Organization. Gender Inequalities and HIV. 21 May 2012. <http://www.who.int/gender/hiv_aids/en>.



A YOUNG WOMAN TRAINED BY EDUCATION CENTER FOR THE ADVANCEMENT OF WOMEN (ECAW) CONDUCTS A FORUM TO DISCOURAGE FEMALE GENITAL MUTILATION.

PHOTO ECAW KENYA

governments learn from the grassroots organizations already succeeding locally and fund these efforts and ones like them globally, while spearheading the policy changes needed to support girls' rights. If we invest in targeted girl-centered HIV programs based on respect for girls' human rights, we can unleash girls' power to effect change, which will impact generations to come.

Girls Are Key to Stopping HIV.

Empowering girls has an impact that stretches far beyond the AIDS epidemic—and it is precisely this impact on the broader societal drivers of the virus that makes girls such a powerful force to end AIDS.

Girls, with so much to gain from a more complete strategy for responding to HIV and AIDS, are a potent resource in the fight for their own health and security, and one that international development experts and community NGOs alike should recognize. Programs and strategies that support girls' role as change makers maximize what has become known as the Girl Effect: "The unique potential of 600 million adolescent girls to end poverty for themselves and the world."²⁷

²⁷ Girl Effect, 2010.

With its proven impact on community and family well-being, there is every reason to believe that the Girl Effect will have a similar impact on reversing HIV and AIDS. When girls have the information to prevent infection, the education to be economically independent, the resources to make healthy decisions and the support to be free from violence, they will empower other girls and their own children to do the same. This chain reaction will inevitably lead to more and more families free of HIV and AIDS.

Empowered girls grow up to be healthy, educated and financially stable women who anchor their communities. A World Bank study found that every one percent increase in the proportion of women with secondary education raised a country's annual per-capita income growth rate by about 0.3 percentage points.²⁸ Studies have shown that when women earn an income, they reinvest 90 percent of it into their families, as compared to only 30 to 40 percent for men.²⁹ Furthermore, women invest smartly, spending their income on more nutritious foods, school fees and health care for children,³⁰ so that entire families and communities can be secure and empowered as well.

²⁸ Woman Deliver. Girls Education. <<http://www.womendeliver.org/knowledge-center/facts-figures/girls-education/>>.

²⁹ Fortson, Christ. "Women's Rights Vital For Developing World." Yale News Daily 14 Feb. 2003.

³⁰ Mehra, Rekha and Mary Hill Rojas. "Woman, Food Security And Agriculture in a Global Marketplace." International Center for Research on Women, 2008. <<http://www.icrw.org/files/publications/A-Significant-Shift-Women-Food%20Security-and-Agriculture-in-a-Global-Marketplace.pdf>>.

The potential to bring this work to scale remains untapped but, fortunately, many examples of successful girl-centered programming around the world do exist, including six grassroots organizations in Kenya that are making huge advancements in their communities. While these six groups vary in multiple ways—some are urban and some are rural, some work with girls who are refugees and others serve girls from a specific geographic community—they all share similar stories of what works to empower girls and stop the human rights violations that lead to HIV infections.

POLICY RECOMMENDATION: Invest in girls.

The U.S. Congress must invest in HIV and AIDS strategies that specifically engage adolescent girls with an integrated rights-based approach. To do so, the U.S. Congress must:

- Ensure that U.S. funding specifically engages and reaches adolescent girls, including girls who are further marginalized due to their identity, affiliation or location.
- Oppose funding restrictions on family planning and abortion resources that would inhibit integration of HIV and SRH services for girls.
- Support monitoring and evaluation strategies to collect data linking girl empowerment programs to positive health, economic, social and legal outcomes, and use this data as evidence for continued and increased investments in girl-centered programming.



THROUGH A COLLABORATION BETWEEN VOLUNTEERS FROM CAROLINA FOR KIBERA AND FORTRESS OF HOPE, A COMMUNITY OUTREACH TEAM INTEGRATES HIV AND SEXUAL HEALTH INFORMATION.

PHOTO EVAN ABRAMSON

SECTION II: LESSONS FROM THE FIELD, KENYA

LESSON 1: Support Integrated and Multi-Sectoral HIV Programming for Girls.

Reducing HIV infection among girls must start with providing a comprehensive package of SRH programming (as well as basic health care) to address the broad range of interconnected needs.

First, girls need resources and information on basic health, hygiene and body changes related to puberty, as well as feminine hygiene products that enable them to stay in school while menstruating. As they become sexually active, whether it be consensual, coerced or forced, they need information and access to a variety of birth control and family planning methods, resources to prevent STIs and access to safe abortion resources and care. Girls who become pregnant need prenatal, maternity and post-partum services. And girls who are at risk for or who experience SGBV require comprehensive services that include prevention strategies, care and treatment for physical and mental scars, as well as linkages to psychosocial support and the legal system.³¹

Ultimately, governments have an obligation to provide girls with these services and protections needed to ensure their human rights, but local grassroots organizations are currently well placed to model this work.

However, sexual and reproductive health programs alone are not enough to prevent HIV infections. Because girls face so many interrelated challenges that contribute to and result from their vulnerability to HIV, they need broader access to holistic health services that are also integrated with access to education and social, economic and legal support. Programs for this demographic must also include human rights education for both girls and community members, to foster an environment where girls are empowered to claim their rights.

³¹ For a complete list of the information and resources that all girls should have in order to maintain sexual and reproductive health, visit Doortje Braeken, Tim Shand and Upeka de Silva. "IPPF Framework for Comprehensive Sexuality Education (CSE)." International Planned Parenthood Foundation, 2010. <<http://www.ippf.org/NR/rdonlyres/CE7711F7-C0F0-4AF5-A2D5-1E1876C24928/0/Sexuality.pdf>>



BINTI PAMOJA COMMUNITY OUTREACH MEMBERS GAIN EMPOWERMENT SKILLS ALONG WITH HIV PREVENTION INFORMATION.

PHOTO EVAN ABRAMSON

POLICY RECOMMENDATION:
Support integrated and multi-sectoral HIV programming for girls.

For U.S. global HIV and AIDS programs—including the President’s Emergency Plan for AIDS Relief (PEPFAR) and other global health efforts—to succeed, they must engage girls with a comprehensive package of sexual and reproductive health strategies, as well as broader development programming that interrupts the cycle of poverty, gender inequality and violence. U.S.-funded HIV and AIDS programming must:

- Engage adolescent girls with the full range of comprehensive SRH rights and resources, alongside HIV and AIDS education, information, services and technologies.

- Reform siloed foreign aid structures among global health implementing bodies, to ensure that HIV service providers can address multiple risk factors through integrated programming across several sectors.
- Integrate funding streams and programs on the ground so that HIV programming is linked with other U.S.-supported initiatives beyond the health sector, including education, economic and legal initiatives. By supporting the one-stop-shop model, the U.S. can support girls in overcoming the full range of HIV risk factors.

Profiles of Success

Kisumu Medical Education Trust (KMET)

In 1996 in Kisumu, Kenya, Monica Oguttu founded KMET to help her rural community combat HIV and promote sexual and reproductive health (SRH). As a nurse midwife, her experience was from a health care perspective, but she soon came to understand that she could not successfully respond to HIV without empowering girls, because girls in Kisumu face so many interrelated challenges—early and unsafe pregnancy, sexual and gender-based violence and unsafe abortions. These challenges not only increase their vulnerability to HIV, but also block girls from reaching their full potential to reduce poverty throughout the community.

Through Oguttu's vision, the organization integrates SRH information and services, including HIV prevention, into all community development activities—clinical services, home based-care, food security initiatives, livelihood support, microfinance, local and national advocacy and community-led outreach. KMET also offers training, supervision and evaluation for government-run health facilities in the area, to strengthen the Kenyan health system's overall ability to meet girls' needs. The organization reported improved health conditions for 71 girls who were supported by the girl-centered services at the KMET clinics.

Understanding that girls' health is inextricably tied to their safety, education and economic power, KMET launched "Sisterhood for Change" (SFC), a program for adolescents—many of whom have been orphaned or dropped out of school—that integrates housing, child care and a six-month vocational training program. KMET reports that after completing a program at SFC, 90 percent of girls were able to secure employment using their catering, hairdressing, computer or tailoring skills.

The program also includes comprehensive education about HIV and SRH. It provides girls with a safe space where they are empowered to talk about their challenges and lead efforts to create their own solutions for responding to HIV. Every girl in the program evolves from student to teacher, participant to leader. Girls come to KMET through direct outreach of other girls, creating networks of empowered peers. In this way, the organization strives to serve as a partner to the girls, not a donor or service provider.

Anna*, now 24 years old, came to KMET after being married at age 16 and having four children. She was enrolled for only a month before finding her voice as a leader: "I learned my rights, I am confident." She says that peer education is key to stopping HIV infections, because "girls go out and reach more girls."

KMET embodies the principle that girls are powerful change-makers and can help us stop HIV if we support them in doing so.

Carolina for Kibera

Carolina for Kibera (CFK) works in Nairobi's Kibera slum, one of the largest slum communities in Africa. It integrates health, social and economic programs that promote gender and ethnic understanding, leadership skills, education, financial literacy, business skills and entrepreneurship. The organization also runs a health clinic that offers free medical care—including SRH and HIV care and treatment.

But CFK knows that more is needed to enable girls to access these resources and stay protected from the risks they face. To reach girls, it founded a girl-centered program called the Binti Pamoja Center (Binti), which empowers girls not just to prevent HIV infection, but to overcome their overall vulnerability to HIV by promoting sexual health and rights.

Binti provides a comprehensive package of SRH information and services, including contraceptives, gynecological care, HIV testing, counseling and treatment, as well as prenatal, post-natal and abortion care. These resources are integrated with other health, social and economic development programs that are available through the larger organization of CFK and serve as entry points for girls in the community. These services include free comprehensive medical care and social programs that promote gender and ethnic understanding, build self-confidence, develop leadership skills and promote community service. Girls also receive educational scholarships and training in financial literacy, business skills and entrepreneurship.

At the heart of Binti's work is a two-year core program where girls learn about SRH, including HIV. Girls are mentored by peers and serve as mentors themselves. They both learn and teach during speaker's visits, field trips, community service projects, cultural activities and skills trainings. The program builds their self-esteem and empowers them to educate their own communities.



KMET FOUNDER MONICA OGUTTU MARCHES WITH COMMUNITY HEALTH WORKERS TO ADVANCE SEXUAL HEALTH AND RIGHTS.

PHOTO EVAN ABRAMSON

After completing the core program, alumni take on leadership roles in girl-led groups called Safe Spaces. Binti currently has 38 girl-led Safe Spaces all over Kibera. With the staff's support, the girls themselves recruit and teach other girls about SRH and HIV—along with the empowerment skills to use this information—door-to-door, girl-to-girl.

Rosemary, now age 21, came to Binti as a girl in 2002 through a sports project run by one of CFK's social programs. At the time, she believed that she could get HIV simply from touching someone, and that she could protect herself by taking a shower. Even though she did not initially come for HIV education, she was referred to Binti, where she learned about HIV and comprehensive SRH information. She also gained the self-esteem to negotiate conversations about safer sex with partners and accessed resources that help prevent violence. She learned financial literacy and leadership skills as well. Rosemary is now a group leader for Safe Spaces, teaching 30 girls about HIV and SRH: "Now I am a leader and I can teach others and that feels good."

Heshima Kenya

Heshima Kenya (Heshima) works with unaccompanied refugee girls living in Nairobi who have escaped from violent conflict in Somalia, Sudan, Ethiopia, Eritrea and the Democratic Republic of Congo. This is a population especially vulnerable to sexual exploitation and violence, and therefore HIV and AIDS as well. Heshima provides them with a safe house and case management, in addition to integrated and comprehensive HIV and SRH information and services. The girls find Heshima through the refugee community and partner organizations, including the UN Refugee Agency (UNHCR).

According to Heshima, an extremely high percentage of refugee girls have experienced rape or other SGBV, increasing their risk of infection. Yet because refugees are reluctant to seek care, many refugee girls do not get HIV testing or SRH services—or any medical care at all. Mental trauma and suicidal thoughts, on top of physical injuries and exposure to HIV and STIs, are significant health factors contributing to their struggle. Thus, Heshima integrates mental health services and general medical care and support for SGBV into all of its programs.

Alice Eshuchi, a counselor at Heshima, recalls how one girl came to Heshima at 17 years old, traumatized because her baby looked like her father, who had raped her. At first, she was not emotionally equipped to focus on her HIV risk. But Heshima staff counseled her on how to emotionally heal from the rape, learn to love and care for her child and improve her mental and physical health. Once she was ready, they then integrated HIV and broader SRH information and health services into her care.

Heshima is convinced that economic empowerment translates to HIV prevention. To offer girls access to safe economic opportunities, Heshima provides classes in tailoring and English, and employs girls in a peer-led business called the Maisha Collective, where they gain business and marketing skills by designing and producing a line of dyed scarves.

Farah*, a 19-year-old girl who left her home in war-torn Somalia in 2008, came to Heshima with a gunshot wound to her shoulder. There, she found shelter and medical and mental health care and learned that she can use condoms to protect herself from HIV. Because her Somali community rejects condoms as "Western" and expects married women to trust their husbands, she says many girls lose their ability to protect themselves from HIV when they marry. Farah's newfound knowledge about HIV prevention might have little practical use if she were totally dependent upon marriage to survive, but Heshima also taught her the financial and business skills needed to establish a level of economic independence. Having a means to earn a living, Farah now has more options and power within her relationships and her community to make choices for herself—and to advocate for practices that will ensure her health and safety.

* These names were changed to protect privacy.



A GIRL PASSES OUT CONDOMS TO PROMOTE SAFER SEX AND SEXUAL HEALTH DURING A COMMUNITY OUTREACH COLLABORATION BETWEEN CAROLINA FOR KIBERA AND FORTRESS OF HOPE.

PHOTO EVAN ABRAMSON

LESSON 2: Cultivate Girl-Centered and Girl-Led Development Programs.

Girls are a distinct population subject to a unique set of socially and culturally driven challenges that fuel the cycle of poverty, gender inequality and violence that leads to HIV infection. Yet the existing practice of trying to reach them through initiatives aimed at either women or youth typically does not provide environments that enable girls to learn, feel safe and thrive.

To meet girls' specific needs, programs must be provided in safe, girl-centered spaces that feel welcoming and accessible. They should include programs that build self-esteem and leadership skills, where girls can identify challenges and strategize solutions, while being supported to lead these efforts themselves. While it is important to work with adults—such as teachers, parents, healthcare professionals, police and male peers—to promote the health, rights and well-being of girls, programs to empower girls and prevent HIV infections must include the leadership of girls themselves.³²

Girl-centered and girl-led programs recognize that the key to their success in stopping HIV is giving girls power. They empower girls to exercise their own legal and political rights, promote the rights of other girls and contribute to the health and development of their entire community.

A report from the Adolescent Girls Programming and Capacity-building Workshop, held in Nairobi on November 10-14, 2008, with the participation of many of the organizations profiled in this paper, suggests the following components for successful girl-centered and girl-led safe spaces.

Girls' safe spaces can offer:

- *A safe, reliably available space apart from home and formal schooling*
- *Friends: a dense network of non-family peers*
- *Mentors and role models to learn from, who can intercede*
- *The experience of being part of a team, cooperating and leading*
- *Literacy, health knowledge, social mobility: foundations of autonomy*
- *Financial literacy and savings*
- *Documentation for health, work, citizenship*
- *Self-protection and crisis management options*
- *Participation, activity, fun*
- *Referral and management of challenges and crises (pregnancy, rape, violence)*

In HIV-prevalent settings, safe spaces can assist girls in:

- *Accessing entitlements, including HIV-related*
- *Planning for seasonal stresses, like school fees and food shortages, which often increase pressure to exchange sex for gifts or money*
- *Dealing with prolonged illness, death, inheritance, succession planning*
- *Referral to or delivery of HIV-related prevention, testing, treatment, and care*
- *Accessing prevention technologies, such as female condoms and microbicides, when available.³³*

Other ways to cultivate girl-centered and girl-led spaces include employing facilitators who are members of the girls' own communities, such as older girls or women; engaging parents so that they can come to understand the rights of girls; reaching out to both married and unmarried girls; and providing childcare for young mothers, so they can stay in school.

³² Population Council. "Voices of Change: Judith Bruce." Population Council, 2011. Web. 21 May 2012. <http://www.popcouncil.org/what/makingadifference_voices_judith.asp>.

³³ Ghati and Reinhardt, 2008.

POLICY RECOMMENDATION

Cultivate girl-centered and girl-led development programs.

By supporting girls with comprehensive development programming that fosters leadership and lifelong empowerment skills, we can maximize our impact to support girls' health and reduce HIV infections. Development programs led by the United States Agency for International Development (USAID) must provide girls with safe spaces to learn, lead and become empowered in the following ways:

- Partner with grassroots organizations that are specifically girl-centered and girl-led, and that employ female role models who are known and trusted in the community.

- Instruct all programs focused on girls to create mechanisms to foster girl-led programming, including leadership training, mentorship and self-esteem building, to ensure that girls have the support they need to create change in their communities, civil society and their governments.
- Create more formal coordination mechanisms among the gender policy, youth policy and health policy staff for the creation of girl-empowerment programs, both at headquarters and in-country missions. This level of coordination would maximize the expertise already existing in U.S. government agencies to more efficiently reach adolescent girls.

Profile of Success Fortress of Hope Africa

At Fortress of Hope Africa (FOHA), in Nairobi's Dandora slum community, everything centers around girls. FOHA offers girl-led programming with activities designed by and for girls—a model that creates a multiplier effect whereby girls empower other girls. Felistah Mbithe, FOHA's founder, started the program in 2005 as an informal safe space for girls to “talk about girl stuff,” including their risk for HIV infection.

In Dandora, safe spaces for girls to learn and share were almost nonexistent before FOHA was founded. Most youth programs were dominated by boys. Parents in the community didn't approve of their daughters receiving SRH information, feeling that it would lead to promiscuity or sex work. Girls often lacked the family or financial resources to finish school, so they became isolated from an existing network of other girls. Low self-esteem was a constant impediment to girls' leadership.

FOHA filled this gap. Now, girls have the space and safety to discuss their challenges and brainstorm the solutions that work for them. They build self-esteem, learn communication and leadership skills, and are supported in designing, planning and implementing their own projects to address challenges related to SRH. These girl-led projects include the Groundbreakers, an educational dance group that generates money and raises awareness through its performances, and the Health is Wealth program, which empowers small groups of school girls to pool their money to buy sanitary napkins and other supplies they need to stay in school.

Girls at FOHA have also learned new ways of claiming girl-led spaces through social media sites like Facebook, which they access through mobile phones. On the Web, girls can connect, ask questions and learn about SRH information discreetly, without the stigma and discrimination they experience in face-to-face settings in their community.

Rose Mumbua, age 22, explains that when she first came to FOHA three years ago, she lacked the confidence to even look people in the eye: “When I used to look in the mirror,” she says, “I didn't like what I saw. I thought I was useless. Now I can look and I like what I see.”

After participating in FOHA's programs, Rose underwent a transformation, gaining the self-esteem and confidence needed not only to participate, but to lead. She founded the Groundbreakers dance group as a creative way to reach people reluctant to learn about HIV and sexual health: “When you talk to your community, people don't listen. If we dance to show the steps of what happens when you use or don't use condoms, people can learn more easily.”

She talks proudly about stepping out of her shell and having the courage to empower others. Rose introduced 15-year-old Risper Atieno to FOHA last year. With Rose as a role model, Risper soon started the Groundbreaker Juniors, and brought 40 other classmates to FOHA. Among these was Fauzia Issa, who escaped a dangerous home life and exploitative work, finding shelter in FOHA's safe house. Now she has the support and a wide net of resources to be an agent of change herself. From Rose to Risper to Fauzia, girls at FOHA are having a multiplier effect because they are given the space to lead.



A COMMUNITY OUTREACH EVENT BY FORTRESS OF HOPE TEACHES ABOUT STOPPING GENDER-BASED VIOLENCE AND STOPPING HIV.

PHOTO EVAN ABRAMSON

LESSON 3: Employ a Rights-Based Approach to Stopping Violence.

Confronting the epidemic of sexual and gender-based violence (SGBV) is necessary to stop the spread of HIV. The risk of infection through violence is especially high for refugee girls, girls who live in conflict settings, minorities, and girls with disabilities. In some countries, female genital mutilation (FGM) is another form of violence that leads to elevated risk.

A rights-based approach to empowering girls means that programs must identify risk and help prevent violence from occurring in the first place. It also means that programs must address violence when it does occur, creating a social safety net and providing psychosocial support to ensure that girls who experience SGBV can access the resources they need to heal and to thrive in environments free from abuse.

Programs must also engage the judicial system to pursue legal and political accountability. While some countries have made progress in passing laws against SGBV, in many cases girls remain vulnerable to SGBV because of pervasive and unchecked social and cultural acceptance of violence, including by those in law enforcement. The legal and social structures that allow such violations to occur are complex, but grassroots organizations are spearheading reform by engaging with local judicial and political systems through advocacy—a model that should be replicated on a large scale.

POLICY RECOMMENDATION: Employ a rights-based approach to stopping violence.

The success of U.S. diplomatic engagements designed to stop SGBV against girls, and their ensuing vulnerability to HIV, depends on supporting local political environments conducive to stopping violence through policy, law and the enforcement of legal protections. The U.S. Department of State must direct its diplomatic and programmatic resources toward promoting girls' rights and empowerment using the following steps:

- Train and leverage embassy staff to engage governments in reforming and enforcing laws that protect girls from SGBV and discrimination.
- Protect human rights defenders and organizations that may be at risk for persecution due to their legal or political support of girls' SRH and human rights.
- Partner with grassroots organizations that advocate for laws that protect girls and promote equality, with attention to marginalized and rural populations, including LGBTI women and girls. Advocacy from local organizations, with their first-hand understanding of social and cultural barriers, is essential to creating a political environment that supports girls' rights.

Profile of Success

Education Center for the Advancement of Women

Dennitah Ghati and Rose Mokami-Mwita have identified female genital mutilation (FGM) as a contributor to the spread of HIV among girls. A form of SGBV and a recognized human rights violation, FGM is technically illegal in Kenya, but the practice remains common and the law means little when girls have limited power or social support to choose to reject it. Many girls in Kenya experience this procedure between 13 and 15 years of age, although some are as young as nine, a development stemming from fear among elders that the practice will soon be abolished completely.

In 2006, Ghati and Mokami-Mwita founded the Education Center for the Advancement of Women (ECAW) in the rural district of Kuria to address societal gender inequalities—foremost among them being to stop FGM and advocate for girls’ education.

Girls who have experienced FGM are put at increased risk of HIV infection, explains Mokami-Mwita: “The procedure is often conducted using the same blade for all girls in the village, and the physical damage can also make future abrasions during sex more likely, increasing susceptibility to HIV.”³⁴ Furthermore, since in Kuria FGM signifies readiness for sexual activity and for marriage into polygamous families, the girls’ risk of contracting HIV through consensual, coerced or forced sex is increased almost immediately.

ECAW provides medical referral and support for girls who have been cut and a safe house and temporary shelter for girls who are fleeing the procedure. To date, over 600 girls have sought refuge with the organization.

³⁴ The consequences of FGM can be severe. According to ECAW, FGM can have a number of short-term health implications including severe pain and shock, infection, urine retention, injury to adjacent tissues and even immediate fatal hemorrhaging. Long-term implications can entail extensive damage of the external reproductive system; infection of the uterus, vagina and pelvis; cysts and neuromas; complications in pregnancy and child birth; psychological damage; sexual dysfunction; and difficulties in menstruation. In addition to these health consequences there are considerable psycho-sexual, psychological and social consequences of FGM. Education Centre For The Advancement of Women. FGM. <<http://www.ecawkenya.org/ecawkenya-publications/fgm>>.

For other girls, ECAW provides a safe space to talk about SRH issues and rights, which they can’t learn in school or discuss with their parents. ECAW includes girls in its efforts to end FGM by educating them about their human rights and developing their leadership and advocacy skills. ECAW also has an economic empowerment component, helping the girls start small businesses so that they can attain economic independence.

At annual leadership and empowerment camps, ECAW teaches girls about SRH, self-esteem, leadership, confidence and public speaking so that they can leverage these skills to change community attitudes and advocate for their rights. ECAW also supports girls’ clubs in schools, where girls talk with each other and with their parents and lead initiatives to raise awareness about HIV, SRH and FGM. The girls also educate boys and men and the entire community through girl-led conversations about these issues. ECAW notes that since starting these outreach programs, more people in the community are beginning to reject FGM, and the number of girls seeking support to escape the practice has decreased. Initially very shy, girls at ECAW learn to be leaders and talk about these issues to big crowds, speaking out about their human rights and participating in long-term change through advocacy.

With participation from these young leaders, ECAW conducts external advocacy work with a network of national and international organizations to enforce and reform laws to protect girls from FGM.

ECAW extends its social and political reach by training provincial administrators, including police, to support girls who are escaping from FGM; working within the community to overturn deeply ingrained social and political barriers to ending the practice, including ideas about gender and women’s sexuality and the economic interests of elders who earn their living conducting the procedure; and developing the public messaging and political support needed to sway politicians to oppose the practice. The organization ultimately aims to create a community and country with more women in leadership positions to demand government accountability.

Profile of Success

Centre for Rights Education and Awareness

The Centre for Rights Education and Awareness (CREAW) combats the HIV risk that stems from SGBV against girls in school. This is an extremely prevalent rights violation in Kenya, which can directly lead to HIV infection and also increases the risk of school dropout among girls. An advocacy organization for legal and political reforms that support girls' health, empowerment and human rights, CREAW is working with school officials, police and the legal system to hold schools accountable for ensuring girls' safety.

The cumbersome reporting protocol in Nairobi schools makes it difficult for girls to seek and obtain justice when they've been abused. In most cases a girl's only recourse is to report the incident to her parents, who may or may not report it to the school administration—which often covers for the teacher. Even if the school makes an official report to the Teachers Service Commission, the government bureau in charge of managing these cases, an investigation can take as long as two years, during which time the abuse may continue or the girl may drop out of school.

To combat this problem, CREAW is working to streamline the process so that girls can report abuse directly to both the Commission and the police. It is also asking the Commission to develop resources to guide school administrators in handling abuse cases. With this support, girls can use the tools offered in CREAW's school-based trainings to ensure their rights and reach their full potential.



A HEALTH PROFESSIONAL AT CAROLINA FOR KIBERA WORKS TO KEEP HER COMMUNITY HEALTHY.

PHOTO EVAN ABRAMSON



A BINTI PAMOJA COMMUNITY OUTREACH MEMBER EXPLAINS WHY GIRLS' SEXUAL HEALTH RIGHTS ARE IMPORTANT TO STOPPING HIV.

PHOTO EVAN ABRAMSON

CONCLUSION

Positioning girls' sexual health and rights at the center of a global HIV strategy is critical to reducing the scope of the epidemic and to saving lives. The challenges that girls face in developing countries—especially with regard to HIV and AIDS—are daunting, numerous and interrelated. Each risk factor for the disease exists in a complex social, gender and political context, spanning every sphere from health to education to the economy. Without a comprehensive response to the many factors that put girls at risk for HIV infection, they will continue to be especially vulnerable, the virus will continue to spread in communities across the globe, and girls and their families will continue to experience the tragic loss of their lives and enormous potential.

The complexity of the problem is not an excuse for inaction. The organizations profiled in this report show that when girls are supported with integrated, girl-centered and rights-based programs, they can become leaders and active participants in civil society, reducing the risk of HIV infection—for themselves, their peers and their communities.

By empowering girls to be agents of change who in turn empower other girls, we can create a multiplier effect that combats the AIDS epidemic directly, and also reduces the poverty, gender inequality and violence that drive it.

This is the Girl Effect in action, and the global development community should leverage its power to achieve the goals it seeks. Six hundred million adolescent girls can help stop AIDS, poverty and violence for their generation and for all of those to come. It's up to us to support them in doing so.

SUMMARY OF RECOMMENDATIONS

Six hundred million adolescent girls can help stop AIDS, poverty and violence for their generation and for all of those to come. It's up to us to support them in doing so.

Invest in girls.

The U.S. Congress must:

- Ensure that U.S. funding specifically engages and reaches adolescent girls, including girls who are further marginalized due to their identity, affiliation or location.
- Oppose funding restrictions on family planning and abortion resources that would inhibit integration of HIV and SRH services for girls.
- Support monitoring and evaluation strategies to collect data linking girl empowerment programs to positive health, economic, social and legal outcomes, and use this data as evidence for continued and increased investments in girl-centered programming.

Support integrated and multi-sectoral HIV programming for girls.

U.S. global HIV and AIDS programs—including the President's Emergency Plan for AIDS Relief (PEPFAR) and other global health efforts—must:

- Engage adolescent girls with the full range of comprehensive SRH rights and resources, alongside HIV and AIDS education, information, services and technologies.
- Reform siloed foreign aid structures among global health implementing bodies, to ensure that HIV service providers can address multiple risk factors through integrated programming across several sectors.
- Integrate funding streams and programs on the ground so that HIV programming is linked with other U.S.-supported initiatives beyond the health sector, including education, economic and legal initiatives. By supporting the one-stop-shop model, the U.S. can support girls in overcoming the full range of HIV risk factors.

Cultivate girl-centered and girl-led development programs.

The United States Agency for International Development (USAID) must:

- Partner with grassroots organizations that are specifically girl-centered and girl-led, and that employ female role models who are known and trusted in the community.
- Instruct all programs focused on girls to create mechanisms to foster girl-led programming, including leadership training, mentorship and self-esteem building, to ensure that girls have the support they need to create change in their communities, civil society and their governments.
- Create more formal coordination mechanisms among the gender policy, youth policy and health policy staff for the creation of girl-empowerment programs, both at headquarters and in-country missions. This level of coordination would maximize the expertise already existing in U.S. government agencies to more efficiently reach adolescent girls.

Employ a rights-based approach to stopping violence.

The U.S. Department of State must:

- Train and leverage embassy staff to engage governments in reforming and enforcing laws that protect girls from SGBV and discrimination.
- Protect human rights defenders and organizations that may be at risk for persecution due to their legal or political support of girls' SRH and human rights.
- Partner with grassroots organizations that advocate for laws that protect girls and promote equality, with attention to marginalized and rural populations, including LGBTI women and girls. Advocacy from local organizations, with their first-hand understanding of social and cultural barriers, is essential to creating a political environment that supports girls' rights.



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