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THRIVE project empowers women living with HIV

By Susan Mmary

WHAT if the very systems designed to protect your health and well-being became a source of new forms of violence? For women and girls living with HIV, this isn't a hypothetical fear; it's a daily reality.

Beyond the well-documented struggles with stigma and access to treatment, they face a growing and hidden range of Gender Based Violence (GBV) woven into the fabric of healthcare policies and societal biases.

From healthcare policies that fuel systemic inequalities to stigma that limits access to essential services, these women are subjected to new forms of violence that demand urgent attention.

Recognizing this pressing issue, the International Com-

munity of Women Living with HIV East Africa (ICW EA) convened a regional capacity-building workshop from March 4th to 6th, this year.

The workshop, held in Uganda brought together 25 seasoned advocates from Kenya, Tanzania, and Uganda to introduce the Together Halting Violence and Inequalities (THRIVE) project, an initiative dedicated to challenging these injustices through advocacy, coalition-building, and feminist movement action.

Funded by the United Nations Trust Fund, the THRIVE Project aims to strengthen advocacy and feminist movement-building to end violence against women and girls (VAWG) living with HIV.

Over the course of 18 months (October 2024 – March 2026), ICWEA and its country chapters are working to amplify the voices of women, increase their influence in

advocacy spaces, and drive policy change.

"This project is about collective power," said Lilian Mworeko, Executive Director of ICWEA.

She added, "For too long, women living with HIV have suffered in silence, facing new and evolving forms of violence. Through THRIVE, we are ensuring that their voices are heard and that policies reflect their realities."

Ms Mworeko further said that one of the most striking takeaways was the realization that certain practices long accepted within healthcare settings are, in fact, forms of GBV.

Participants identified several key issues, including coerced sterilization of women living with HIV during surgical deliveries, denial of Antiretroviral Treatment (ARVs) for women who refuse cervical cancer screening, a prac-

tice influenced by target-driven healthcare policies rather than patient well-being.

Others are the lack of preferred HIV prevention options such as the Dapivirine Vaginal Ring (DVR), limiting women's ability to protect themselves from infection, and Assisted Partner Notification (APN), which can lead to coerced disclosure of HIV status, particularly during pregnancy.

"It was eye-opening to realize that what I once perceived as routine healthcare practices were actually forms of violence," she said.

For example, she said cervical cancer screening was often framed as mandatory for ARV access. Women were not given the choice or proper education, but rather coerced into it.

The AVoMa Communities Initiative Chief Executive Of-

ficer and the key Facilitator of the workshop, Elizabeth Mushabe spoke about the power of movement-building as a means to dismantle oppressive structures and secure justice for women living with HIV.

She said movement-building, as defined in the THRIVE project, is about uniting individuals and groups under a shared vision of gender equality and social justice.

Ms Mushabe said to achieve this, there are principles that must be upheld explaining them to be Identity, establishing a clear mission and vision to create a sense of belonging within the movement.

She also said diversity is another step to ensure the inclusion of marginalized voices, strengthening advocacy through varied perspectives.

"Visibility is a tool that amplifies the movement's

message both nationally and internationally to drive change," she said.

Ms Mushabe touched on the importance of intergenerational advocacy, citing how seasoned activists and young advocates complemented each other's efforts.

"The older generation has lived through the early HIV response, while the younger generation is navigating the current landscape. Together, we can bridge the gaps and build a stronger movement."

The workshop called upon young women leaders to take an active role in implementing THRIVE.

Participants learned that leadership is about inspiring and mobilizing communities while ensuring accountability.

Effective advocacy requires understanding power structures and using them strategically to drive policy

change.

"Advocacy is not just about making noise," she said. "It's about being in decision-making spaces and pushing for policies that protect women's rights."

Advocates acknowledged that resistance to change, whether from cultural norms, misinformation, or political pushback, is an inevitable challenge.

To counter backlash, the workshop stressed resilience as a strategy to stay committed despite opposition.

But also, she said building alliances is another way and it means to form coalitions with like-minded groups.

"Using evidence and data presenting factual information to shift perspectives, engaging critics educating and countering misinformation through dialogue and utilizing media leveraging storytelling and campaigns to raise aware-

ness," she said.

Additionally, she said resource mobilization was a key focus, with grant writing identified as a crucial skill for sustaining advocacy efforts. Participants learned the step-by-step process of securing funding, from identifying opportunities to developing compelling proposals.

The THRIVE Project is more than just an initiative it is a movement that seeks to redefine the landscape of advocacy for women living with HIV by empowering women to challenge systemic injustices, the project aims to create lasting social change, ensuring that no woman is left behind.

Through the collective strength of women leaders, activists, and allies, the THRIVE Project is set to transform the fight against violence and inequality into a powerful force for justice and empowerment.