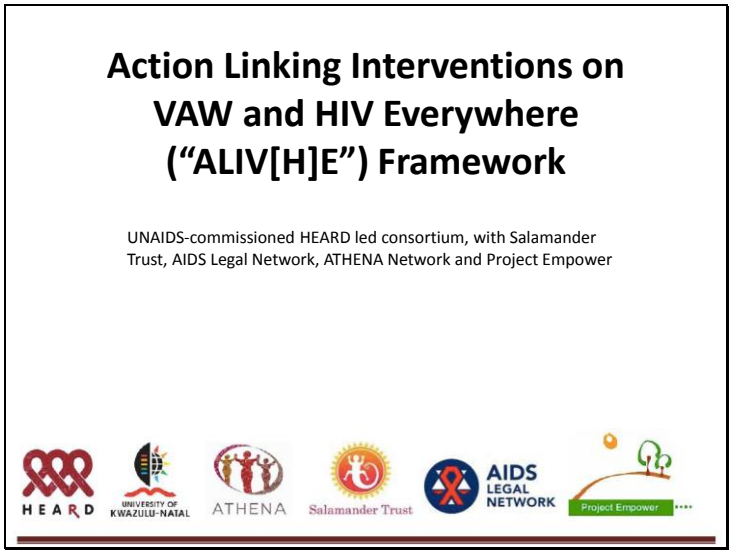


The recording of this webinar can be found here.

ALIV[H]E Framework

WHAT: An Implementation Framework

To support NGOs to strengthen responses, and widen the evidence base on what works, to reduce VAW in the context of HIV

WHY: Bridging the Gap: from *what* to *how*

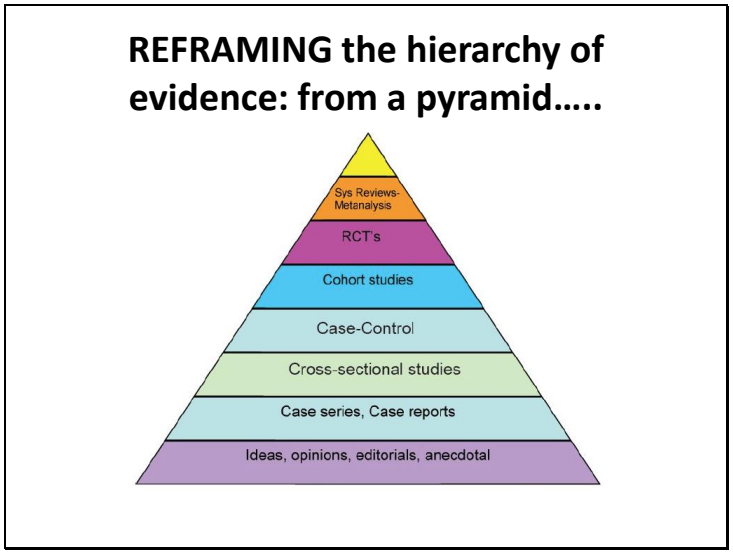
Despite the growing body of evidence on the linkages between HIV and VAW, there remains limited practical guidance on *how* to integrate and operationalise this evidence either programmatically or within national policies. There is also limited evidence on how to address VAW in all their diversities

FOR WHOM:

The framework aims to support NGOs and/or CBOs, working with community members in leading creative and dynamic programmes to address VAW in the context of HIV.

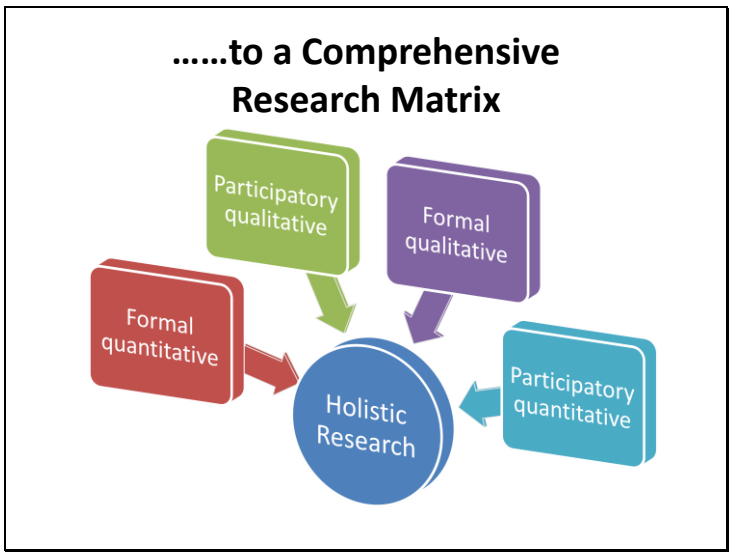
There is still limited practical guidance on how NGOs can operationalise the WHO/UNAIDS 2013 '16 Ideas' wheel on the evidence base on VAW and HIV programmes.

This framework is for CBOs and NGOs to use to drive a process, ***supported*** by research organisations and donors, recognising the need to work in harmony.

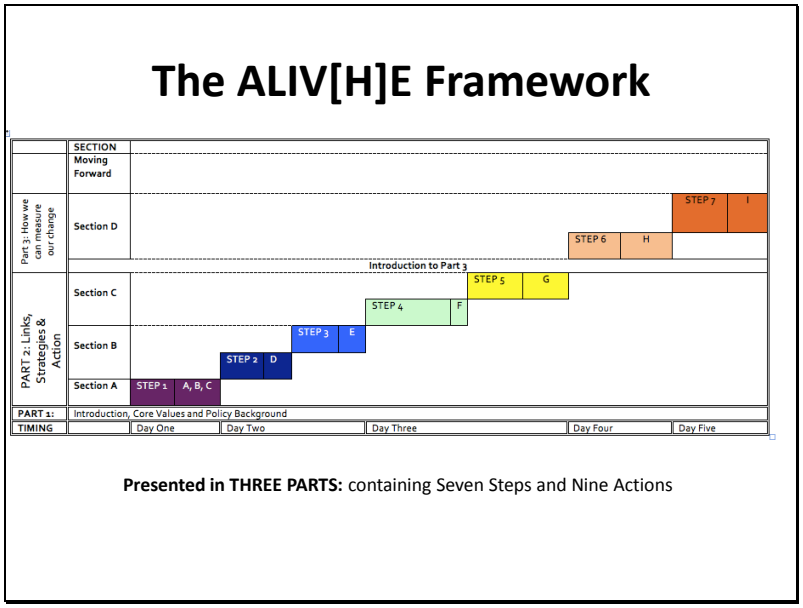


We wanted to reframe what we mean by evidence.

RCTs provide some important evidence: but we really wanted to put forward a clear argument that there's a lot of other evidence also that CBOs and NGOs can generate themselves which is also really important



So we can only understand really how programmes work by looking at research in different ways. There are many different forms of knowledge – all of which are important.



We have created a step by step framework in our ALIV[H]E framework.

All seven steps and nine actions are meant to be done TOGETHER collaboratively – including people we would be working with in communities also.

The ALIV[H]E Framework

Part 1:

Introduction, Core Values and Policy Background

Core Values of the ALIV[H]E Framework

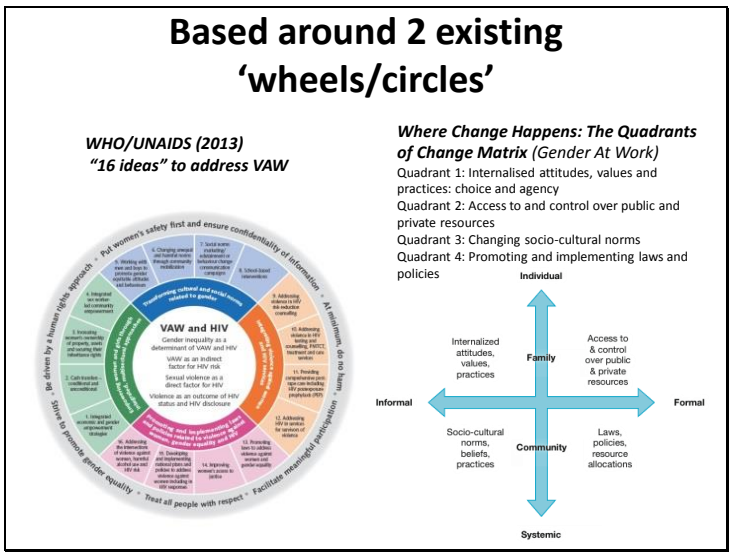
- Human Rights
- Sexual and Reproductive Health and Rights
- Gender Equity and Equality
- Respect for diversity
- Safety
- Participation
- Evidence-informed

We wanted to be explicit about these.

Regarding diversity – we have really tried to bring in the voices of a diverse range of women in these webinars and in our global reference group for the work

We emphasise the word safety as positive language, rather than just ending violence, which is a double negative

Unique perspectives and knowledge of people most affected by an issue in communities



The wheel has four differently coloured segments. Then each segment is divided into 4 separate slices.

Empowering women through integrated, multi-sectoral approaches – this overlaps with quadrants 1, 2 and 3 of the quadrants of change matrix
Transforming cultural and social norms related to gender – this overlaps with quadrants 1 and 3
Integrating violence against women and HIV services – this overlaps with quadrant 2
Promoting and implementing laws and policies related to violence against women, gender equality and HIV – this overlaps with quadrant 4.

Checklists throughout encourage people to reflect on the core values of the ALIGHT framework in the context of each of the checklists and in terms of the wheels.

To see an animated version of the quadrants of change matrix, see https://www.globalfundforwomen.org/our-impact/#.WFLhnZKnwVo (scroll down the page)

ALIV[H]E M&E Framework

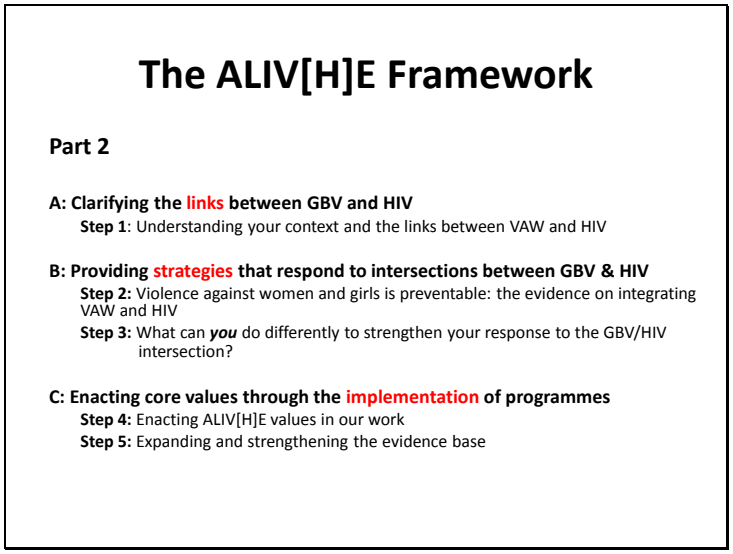
- Links the WHO/UNAIDS "16 ideas" strategies wheel to the Gender at Work "quadrants of change" matrix
- Seeks to provide a core set of indicators aligned to the quadrants and show how they connect to global indicators and goals, e.g. SDGs

We have blended these 2 images in our work.

The ALIV[H]E Framework

Part 2:

Links, Strategies and Action



For more on the links see later slides at the end of this slideset.

The ALIV[H]E Framework

Part 3:

How we can Measure our Change?

This focuses on M&E of the work, both with the intention of being able to track our work, learn from it, see what results it's producing and not producing. And how it can contribute to expanding and strengthening the evidence base, as Andy explained.

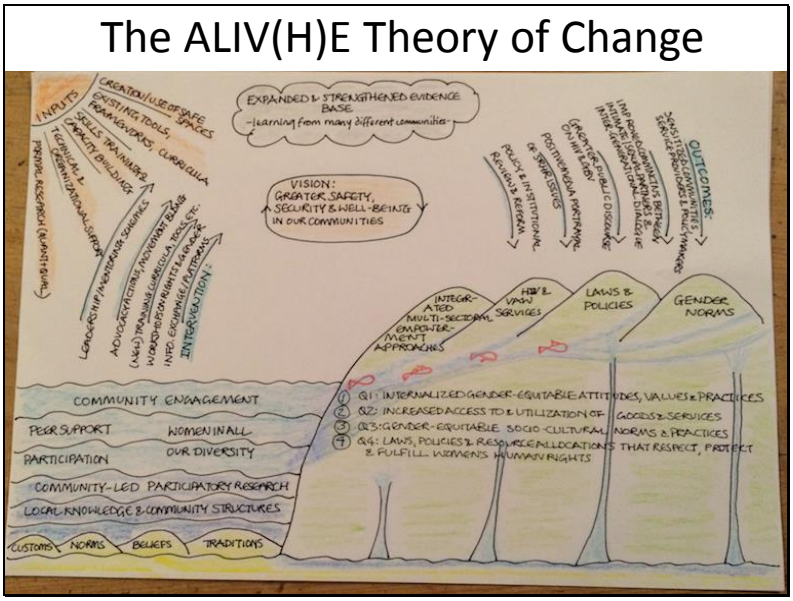
The ALIV[H]E Framework

Part 3

Introduction to Part 3: The ALIV[H]E Theory of Change

D: Measuring Change

- **Step 6**: Establishing a Monitoring and Evaluation Framework
- **Step 7:** Developing an M&E plan (approaches, data collection methods, and activities)



Vision: This appears in the middle of this diagram. This is what we all aspire for all our communities worldwide.

The Community: The sea and seabed on the left represent our communities in all of their diversities and the collective knowledge, tools, values and beliefs (represented here by shifting sands on the sea or river floor) that make up its *existing* resources. This is where our work should begin: to build on what resources and activities are already there.

Inputs: The sun represents the inputs or new resources that *we* will contribute to support communities.

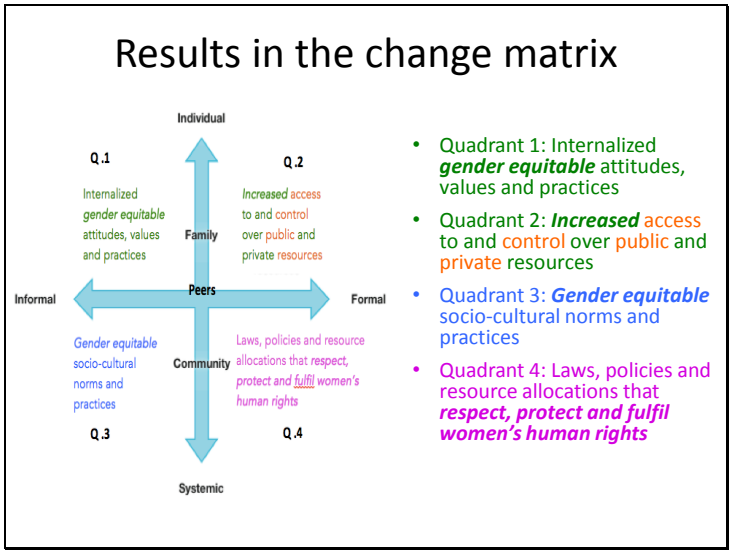
Intervention: The arrows going up on the left hand side, (represented by evaporation of heated water from the sea) are the interventions that will be created by combining the *existing* and *new* resources. The intervention feeds into the evidence base (represented by a big cloud).

Evidence base: An evidence base is created out of documented experiences of using similar interventions. Where we find positive experiences and outcomes this allows us to feel confident about whether an intervention could be suitable for scale-up and replication, leading to larger-scale projects and programmes. Where we experience challenges and less successful outcomes we can look to change our approach.

Outcomes: The outcomes are represented here by rain falling from the cloud (which represents the evidence base) on the mountains below. Outcomes are the things that need to happen in any community in order to obtain the changes that we want to see. These are what we hope our programmes will bring about, and which are 'pre-conditions' for lasting positive change. For example: sensitized communities, service providers, and policy makers; improved communications between intimate/sexual partners, and intergenerational dialogue; greater public discourse on HIV and VAW; positive media coverage of SRHR issues; and, policy and institutional review and reform.

Four strategic areas: These are represented by the four mountains. They are 'gender norms', 'laws and policies', 'HIV and VAW services', and 'multi-sectoral empowerment programmes'. These are the four strategic areas in the 16 Ideas Wheel.
Results: These are shown in the estuary where the rivers flowing down from the mountains across the landscape meet. The estuary represents all four quadrants of the results matrix joined together. These results are what we need to achieve in each community to reach our vision

The **FISH** represent activism! And show that change is not just linear or circular. Fish can also swim upstream, against the prevailing current and against gravity…….



This slide relates to the estuary of the 4 rivers on the previous slide.

On the vertical axis, the range is between individual and society (systemic) level.

On the horizontal axis, the range is between informal and formal.

Informal – beliefs, trust – things which can be hard to codify.

There are relatively few indicators at national or global level for quadrants 1 and 3.

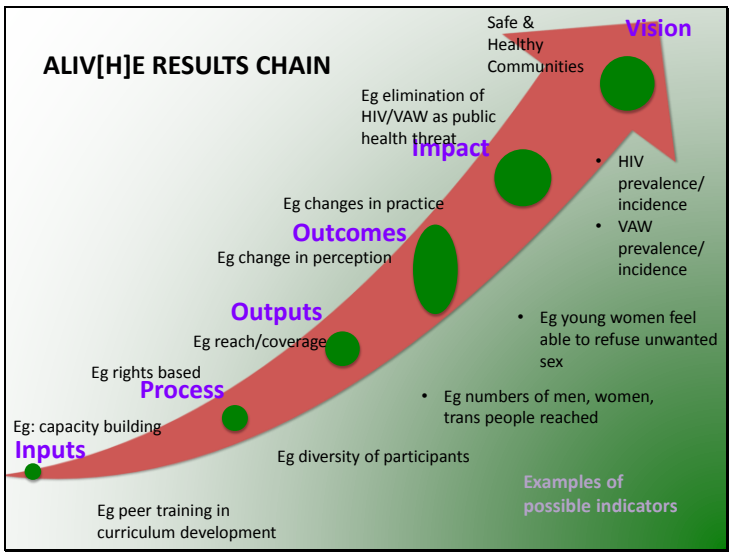
Q1 – eg your own individual internalised beliefs and values

Q2 – more formal – eg enacting your beliefs or practices might lead you to a healthcentre or school or a bank

Q3 – more societal – "norms, traditions, customs" – how gender is enacted through norms, traditions, customs etc – even customary law.

Q4 – how those beliefs and attitudes are codified into laws, policies, guidelines, resource allocations etc.

So in this particular context of gender and HIV we want to see what is written in each of these four quadrants (repeated for clarity to the right of this matrix above).

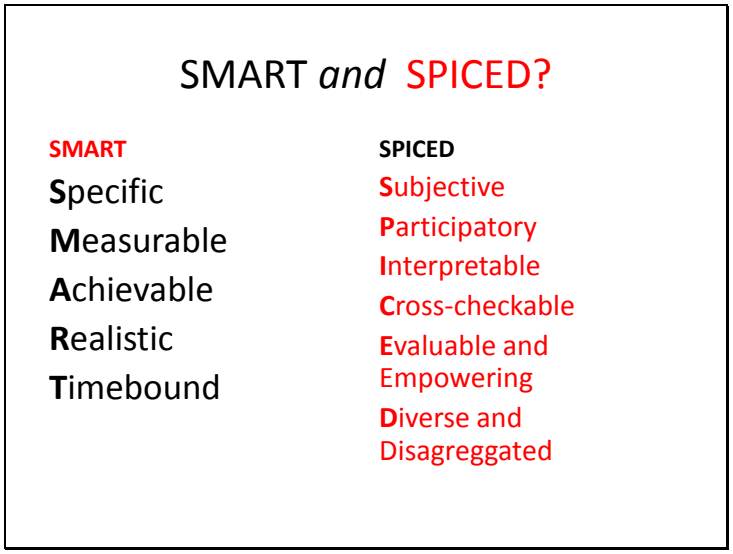


We want our results to fit into and influence existing global and national indicators sets eg SDGs, national M&E HIV frameworks. Here we show how results at different levels can fit into a high level vision. So it may be that the results of a particular intervention may only give us info at a particular part of this arrow – but it is still contributing to the whole picture. This can give us a rationale for scaling up the work. Also it shows how the work that we do links with others' work, to shore up those linkages.

Nb: about the "KAP-Gap" around outcomes and whether *attitudes* or *practices* change first:

From Michau et al, The Lancet: "Increasingly, in holistic interventions to prevent violence against women and girls, programmers are moving from a linear cause-and-effect knowledge, attitudes, and practices (KAP) model to approaches incorporating theories of change that explore how change happens in complex social systems. Practitioners such as Puntos de Encuentro (panel 3),74 explore and apply theoretical concepts and models that address the complexity of individual and collective change, drawing from various fields to inform integrated programme design (appendix).73,75–89 These theories provide relevant insights into the complex nature of individual and collective behaviour change that can help to guide effective programme design."
http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61797-9/abstract

All the examples to the right of the arrow above are examples of possible indicators.

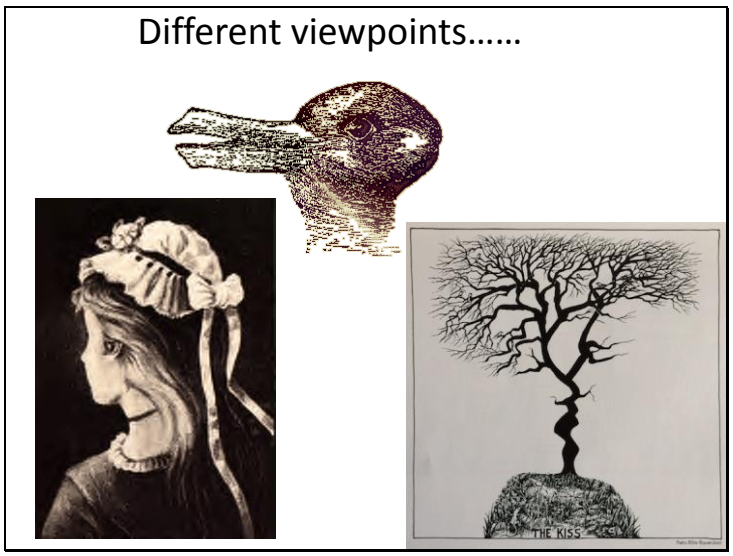


The ALIV[H]E framework presents a core indicator bank that we suggest that people using the framework can draw from and how others are already using these.

In the last webinar we talked about SMART and SPICED indicators. Most of the global and national indicators are SMART. This is important so they can be tracked between different countries and regions.

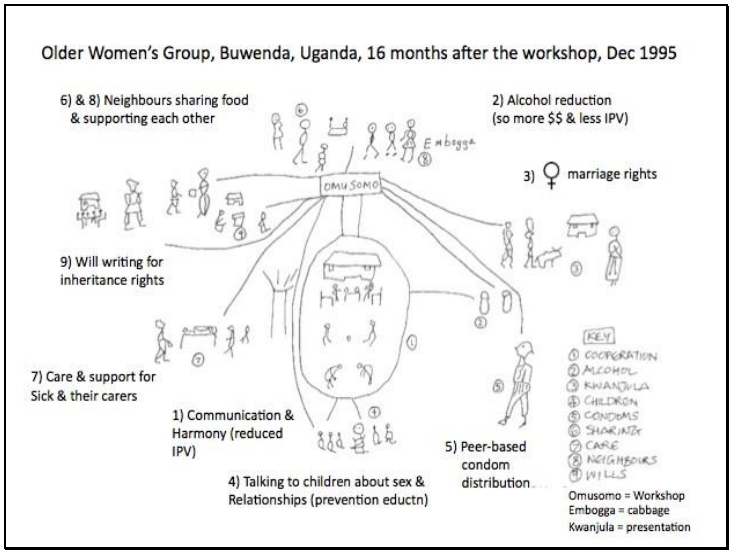
But we also looked at spiced indicators – locally contextualised, relevant to local people, so people can feel they own the data and the process themselves and be a part of that research themselves.

We can have some integration between SMART and SPICED indicators – eg through the push for SMART indicators to be disaggregated by gender and age and, increasingly, by key population. Then we can see where progress is lagging or happening at a slower pace than it should.



What can you see in each of these pictures?

Each image contains at least 2 quite different images.



ALICE:

- This process doesn't necessitate formal education. Anyone can do and understand this and everyone lives in a landscape. So this process is also a part of democratising research, to open it up to all.
- The women here were describing a wide range of multiple positive outcomes.

Here we see how their changes (which are SPICED) relate to national (SMART) indicators. The women are often describing their own (SPICED) experiences in relation to the SMART indicators.

Often SMART indicators are quite objective, static and inert. By contrast, SPICED indicators are about communication, relationships, activities between people – inter-personal or inter-group *connectedness.* SPICED indicators can take us so much further into the story of what actually happened and how.

SMART: 1) The percentage of women aged 15 to 49 who own **property and productive resources** in their own name. Various surveys have defined such resources as land, house, company or business, livestock, produce or crops, durable goods, tools, money, and bank accounts**. (See 3 and 9 above for SPICED versions)**

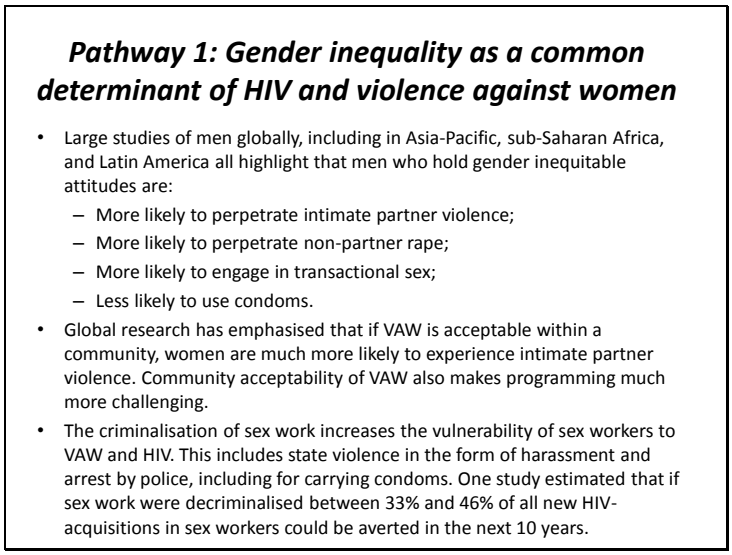
SMART: 2**)** The proportion of people living with HIV who received **alcohol** reduction counseling and support at their encounter with a health provider **(see 2 above for SPICED version)**

SMART: 3) Proportion of women and men who consider **wife beating** an acceptable way for a husband to discipline his wife for any reason, at a specified period in time**. (See 1 and 2 above for SPICED version)**

SMART: 4) Number of males circumcised as part of the voluntary medical male circumcision (VMMC) for HIV prevention program within the reporting period (Not recognised then)

SMART: 5) Percentage of adults aged 15–49 who have had more than one sexual partner in the past 12 months and who report the use of a **condom** during their last intercourse **(See 5 for SPICED version)**

SPICED: Sharing, kindness, sense of community, women talking to their children, parents sitting together to plan their children's future **RELATIONSHIPS (4,6,7 and 8 above). They are filling in the gaps in Q1 and Q3.**



Pathway 1: Gender inequality as a common determinant of HIV and violence against women

- Large studies of men globally, including in Asia-Pacific, sub-Saharan Africa, and Latin America all highlight that men who hold gender inequitable attitudes are:
  - More likely to perpetrate intimate partner violence;
  - More likely to perpetrate non-partner rape;
  - More likely to engage in transactional sex;
  - Less likely to use condoms.
- Global research has emphasised that if VAW is acceptable within a community, women are much more likely to experience intimate partner violence. Community acceptability of VAW also makes programming much more challenging.
- The criminalisation of sex work increases the vulnerability of sex workers to VAW and HIV. This includes state violence in the form of harassment and arrest by police, including for carrying condoms. One study estimated that if sex work were decriminalised between 33% and 46% of all new HIV-acquisitions in sex workers could be averted in the next 10 years.

ANDY – there is a growing evidence about linkages between violence against women and HIV but it still remains very patchy.

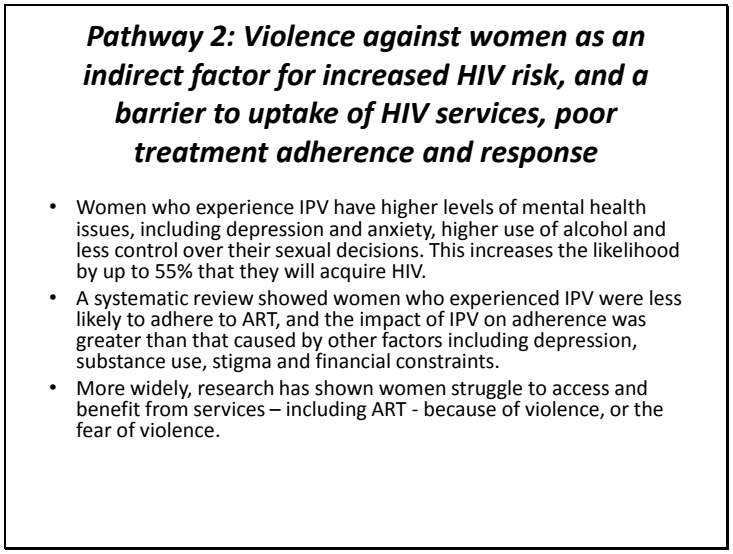
We wanted to provide a table to look at issues facing heterosexual women in relationships, women sex workers, trans women, women with disabilities and other women in all their diversities. But we realised this evidence is hugely patchy so it was too difficult to produce a table.

There *is* some in relation to heterosexual women – but evidence for other women is much more patchy. Also evidence for female sex workers: there is some from India - Sonagachi project and Kenya but not much else yet.

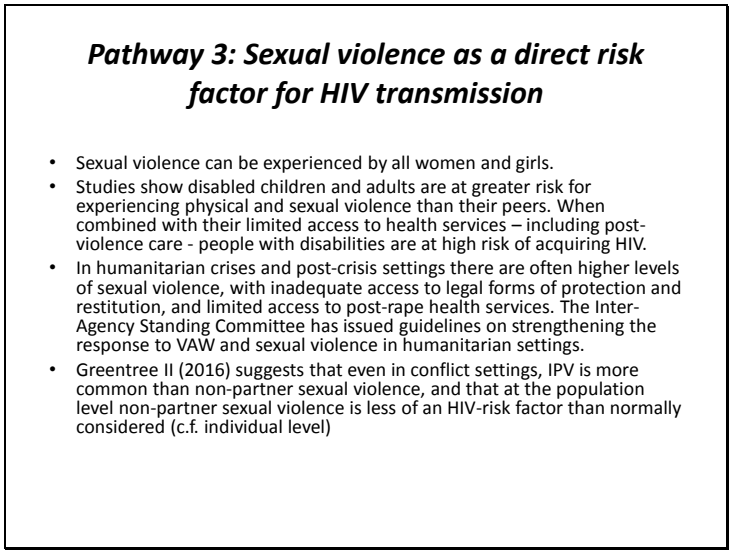
But there is not much else for other women. This needs to change.

So here we present the pathways generated by WHO/UNAIDS in 2013 in the '16 ideas" document.

PATHWAY 1: GENDER INEQUALITY is key. (see info in slide above)

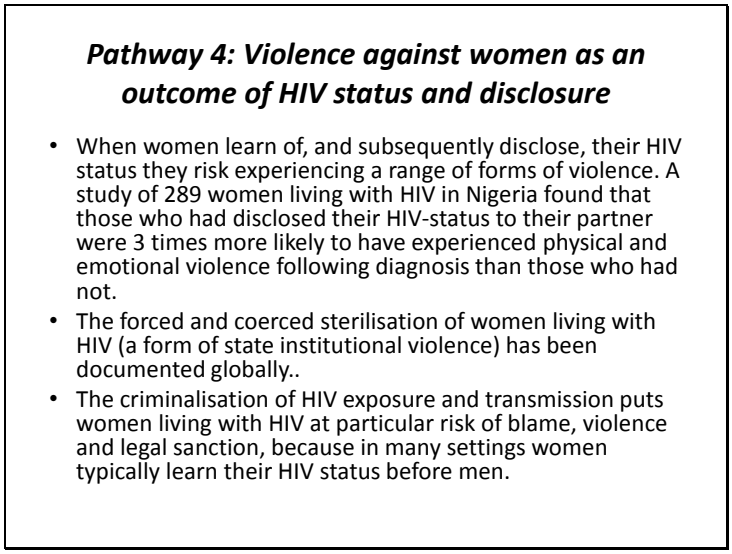


PATHWAY 2. Based on research from South Africa and Uganda.



PATHWAY 3:

Even in conflict settings, other forms of violence, particularly IPV, remain incredibly high. The Greentree II report suggests we need to look much more carefully at the relationship between conflict and post-conflict settings and what is happening there.



PATHWAY 4. This slide results is also confirmed by Orza et al 2015 JIAS on GBV and Orza et al 2015 JIAS on mental health.

COMMENTS FROM GLOBAL REFERENCE GROUP MEMBERS

SILVIA PETRETTI: it's good to be part of this because global indicators are often so different from our own experiences. Our experiences can feel so disconnected. It's also really interesting to learn how our own lived experiences can create SPICED indicators and how these aren't standing in opposition but can complement SMART indicators. My question is how we can make this process better known. How do we make this work more readily available to others who do similar work and more easily accessible. And how can we continue this work?

LEIGH ANN VAN DER MERWE: also very honoured to say a few words. Being on the GRG, I hadn't followed the process too closely but had the opportunity to be on the webinars and have found them really helpful in helping me appreciate how different parts of the work intersect. For instance for us as trans women and for issues affecting women with disabilities, it is so true that they relate. A question I would like to put to UNAIDS is where do we go from here. An important consideration for me.

BETTY KWAGALA: I have learnt a lot, was very happy. I believe this info will help my community - but my concern remains - how will the wider community of women with disabilities be included in future. I was also looking at the core values - the women with disabilities are the most abused, don't know their human or SRHR. They really need to be brought on board to understand their human rights. Also forced sterilisation of women living with HIV. For women with disabilities and HIV it's even worse when family say they don't want you to have children.

NOTES OF DISCUSSION:

HEGE: Thank you all. We have reached the end of this part but for me the project is only just starting now. We had some initial evidence around what actually works around addressing HIV and VAW – but HOW do we actually implement programmes? How can we produce something to guide CSOs and also government and research orgs to use the evidence we already have AND build a stronger evidence base. In terms of the ALIV[H]E framework today, by Jan or Feb it will be laid out to make it usable for orgs to pick up and learn from it. So finalising the framework and making it available is the first step. These webinars are also part of the pool of knowledge – people will be able to download recordings. We also will have a journal article summarising the process and with some case studies. But we won't stop there. What next?

As soon as we have the key pieces finalised, UNAIDS will make sure that all this is shared with the UNAIDS country offices and joint teams at country level so they know about it. We also hope that you as members of the task force at country level will be part of promoting and distributing the framework to get it out to as many CSOs as possible. Of course we also know this needs engagement and linkages to government ministries. We will continue to build on this and look at opps like the CSW (March 2017) to see if we can gather some of the countries and have a round table around this. Also the HLM on SDG 3 and 5, since this programme is situated on the intersection of those. To share lessons and advocate for the use of it. This work has been funded by USAID. In Eastern and Southern Africa the DREAMS work has had a special focus on VAW, so we plan to share with USAID to seek buy in from them and others who would like to move the framework forward and use it.

How do we facilitate the use of this also? We have a great pool of people who have the capacity to set up a mechanism whereby we can provide support for other organisations who would like to use it. We also have a global strategy now on addressing VAW, approved by MoHs. So this is a great opportunity to scale up.

Also the GFATM is increasing financial support to programming around GBV so we need to make sure that CSOs and governments have this document available to include in country proposals for next year. They will have catalytic funding available specifically to address gender equality.

So we need to expand the use of this systematic approach. So those are the immediate next steps in terms of UNAIDS. We hope to continue to engage with the GRG and all the partners as we move into 2017.

BETTY: It's good you have mentioned GFATM, but a no. of orgs of women with disabilities, what we have got from the GFATM is minimal cos they can't compete effectively at country level so women living with disabilities and others like rural women or sex workers really need support to access funding. We need different ways of supporting women to access this money.

HEGE: great suggestion, thank you Betty. Maybe we can engage the GFATM and discuss with them both at global level and through the CCM.

PRITI: a big learning experience for us in India. We realised that we take gender for granted very often and that the whole framework is built on a very structured approach. We learnt a lot from the Positive Women's Network. We started with a gender training. The women who were all survivors had not looked at their own experiences from a political perspective. How violence figures out at each and every level of the landscape and how to measure it. When we started talking about violence we realised that HIV progs are looking at different needs altogether. Women were talking about needing employment, needing support to address property inheritance rights. While the HIV progs were only distributing condoms. So this landscape was such an eye opener that helped us all realise that you can't work in silos. The landscape gave a good opportunity to show that you need to work with all stakeholders. Investment is needed in that area. One part of the wheel talks about integrating violence in existing HIV services. Other areas talking about an intersectoral approach. But the women's network felt this was beyond them. So how do you talk about eg developing advocacy.

LEIGH ANN: this isn't about the framework itself. About the journal article forthcoming, to what extent will the GRG and implementing partners be acknowledged as partners?

ANDY: we fully intend that 2 of the countries – India and Malawi – will provide case studies and will be included as co-authors. We also are finalising who on the GRG will be co-authors also. This is very important to us all.

JILL: just to pick up what Betty said. Great that women with disabilities are there. What I would suggest is I'm aware that UNAIDS are bringing up a new policy brief in 2017. Would it be possible to organise a separate call to discuss what Betty has highlighted. I know Betty is also the chair of the task team on this.

HEGE – that's a great suggestion thank you Jill.

FIONA HALE – just listening in to what you are all doing. Just a couple of things – "all things are delicately interconnected" The importance of having that integrated view – what Priti was saying about how the HIV prog was doing condoms and that the women's concerns were so very different from that. Also the hierarchy of research: very much in need of being revised.

ALICE: PANAMA meeting ON VAW in LAC (SVRI & UNWOMEN); UNESCO CSE upgrading; WHO Dept. RHR SRH&HR guidelines update; ourselves here now – all these fora are concerned about limitations of current data and formal research framework – so huge no. of open doors here.

HEGE: sure, we need to call together the global partners – the GFATM and the UN partners to bring this to their attention, walk them through it and bring them on board, so we can all then move forward. And then create the demand for the implementation of the approach. It's great this is coherent and systematic, based on experience from several countries, with a lot of partners, so it can resonate and be adapted to the different realities on the ground. Maybe good to develop a schedule for dissemination.

PRITI: completely agree with you about evidence especially when it comes to violence. I liked the webinar about the SPICED indicators. The national prog needs to recognise these. None of the progs in reality is do anything to address it. So how do we measure these? Let's have a discussion about indicators, what would help and how they can be used on the ground.

ALICE: spiced indicators from the women – they wouldn't have stated these before the programme. They have grown out of the women's own experiences through going through the programme. But these indicators could then be used as part of a baseline in the next community. Also in India you have a vast wealth of participatory evaluation experience across India from 20 years ago that your national coordinating organisation can draw on.

BETTY: UNAIDS new policy on disability and HIV for 2017. Maybe use disability networking zones to explore these issues and guidelines to support people living with disabilities.

HEGE: SADC, MoHs, Mins of Gender etc. – good for us all to look together at how we can make use of different processes together. So we need to be strategic about how to make the finalised framework available there.

HEGE: just want to thank everyone for this extremely rich series of webinars. We will do our best to make it all available to everyone so we can continue to share this experience. As a next step we will try to communicate, map out, how we will use and promote the framework. We have member states' commitment to end AIDS including gender inequality through the FastTrack document. So we have that framework there already. As we move a bit further, we will see our joint effort here is working and inspiring a whole new range of implementation at country level. Thanks so much from UNAIDS to all of you - and this is just the start.

END