



Action Linking Initiatives on Violence Against Women
and HIV Everywhere

framework

ALIV[H]E in Action:

Key examples of the Action Linking Initiatives on
Violence Against Women and HIV Everywhere
(ALIV[H]E) Framework



This paper highlights key examples of how the [Action Linking Initiatives on Violence Against Women \(VAW\) and HIV Everywhere \(ALIV\[H\]E\) Framework](#) has been used in different regions of the world. The ALIV[H]E Framework, supported by UNAIDS, was created by AIDS Legal [Network](#); the ATHENA [Network](#); Health Economics and HIV and AIDS Research Division ([HEARD](#)) of the University of KwaZulu Natal South Africa; Project [Empower](#); and [Salamander Trust](#).

Forewords



Malebogo Molefhe. ALIGHT Project Officer, Gender-based violence activist, Botswana Council for the Disabled

As a woman with disabilities, I see myself as a vibrant activist with great strength of character. Despite my own experience with violence, I am confident and see a bright future ahead for me. I choose to celebrate life and to continue to fight for rights, access and dignity for all people. I fight for those of us with disabilities who are often most marginalised, often silent and often out of reach. It is only with strong support from family and friends that I returned from the ashes of violence to a world of possibility. Despite everything that has happened to me I am able to do more than what people expect of me. Women with disabilities almost always face unsurmountable obstacles and it is only with support that we can live a full life.

The ALIV[H]E^a Framework assisted us to fully understand the situation facing women with disabilities in Botswana. Evidence globally shows that we are more vulnerable to perpetrators of violence - people with disabilities are two to three times, and children with disabilities are three to eight times, more at risk of experiencing sexual violence than their non-disabled peers.^{1,2} Sexual violence against girls with disabilities is often not reported and low levels of knowledge about what is inappropriate sexual contact and how to report it reinforces a perpetrator's perception of our vulnerability and lack of protection.^{3,4,5} The process shone a sharp light on the key issues that need to be addressed. These are the lack of laws that protect women with disabilities; the pervasive violence; stigma; the harmful attitudes of people in communities linked with the social and economic disadvantages; and the lack of knowledge and support to navigate the legal and social systems. All of this is often more debilitating than the disability itself.

No one is immune to violence and HIV! The ALIV[H]E Framework enabled us to take stock of the situation and assess how we move forward. We are geared to go with eyes wide open and aware of what needs to change to ensure policies and implementation strategies that demand disability inclusiveness. We need laws and policies that protect women and girls with disabilities from all forms of violence and discrimination. We need to strengthen the evidence base and provide holistic approaches that empower women with information and access to services and redress. ALIGHT Botswana has enabled us to walk the talk and put women with disabilities at the fore and has supported us to grow and tell our own stories - not only of how we survived but what we need to thrive.

^a Note: originally the framework was called the 'ALIGHT' framework. Near the end of its development, the name was changed, so that it was published as the 'ALIV[H]E' framework. This was in reflection of a wish to emphasise that it is specifically focused on Violence Against Women (the V in ALIV[H]E), rather than on Gender-Based Violence (the G in ALIGHT). In this document, the Botswana case-study refers still to the 'ALIGHT' framework since those involved started using the framework in their programme work before the change in the framework's name. We have kept the use of both names for the framework in here.





Simone Salem. Regional Community Support Adviser, Middle East and North Africa (MENA) Region, UNAIDS Regional Support Team (RST)

The ALIV[H]E Framework and methodology allowed us for the first time in the MENA region to see a work to be very women-centred, -owned and -led, and enabled the engagement of women in all their diversity with emphasis on those living with and affected by HIV.

The Framework helped us get a dire glimpse of the exceptionally high levels of systematic violence among these women across various settings and enabled them to link these experiences

explicitly to the experience of HIV acquisition, or the impact of living with HIV. Over half (54%) of these women in the community dialogues expressed that violence or fear of violence had an impact on their ability to protect themselves from HIV or live well with HIV.

We also noticed how the ALIV[H]E change matrix resonated strongly with the women. Amazingly enough the solutions towards meaningful change that these women identified were easily organized according to the four quadrants of the framework, showing how these four domains of change are linked and inter-dependent. What has been particularly inspiring to see was how Quadrant 1 - which concerns individual and internalised attitudes, beliefs and practices, and individual choice and self-stigma - resonated with them as the corner stone to other changes that they wish to see, especially in a region where violence is highly underpinned by harmful gender norms and stereotypes and HIV is tainted with high levels of stigma and discrimination.

Yet, we believe that the most fundamental factor for bringing about meaningful change in the region, is the actual process of building the technical and leadership capacity of the MENA Rosa Network of women living with HIV, which played an instrumental role in the success and impact of the whole project, leading to forging strategic partnerships, and to pushing VAW and HIV to gain prominence in national debates in the focus countries of the project.

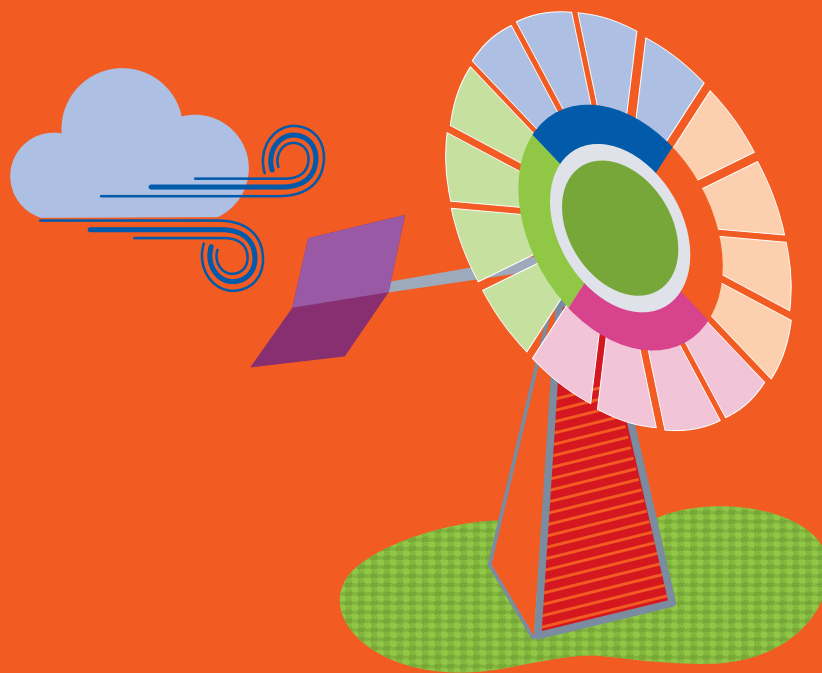
We started our first mile in a long road but with the inspiration, courage and strength of these women, we can already visualize the positive change they can bring about.

“The ALIV[H]E Framework has a value base that focuses on meaningful involvement, gender equality and rights. It draws on the WHO pathways to help articulate the links between violence against women and HIV. It provides a framework in which to situate a discussion of change. And all these elements combine to take community women and others through a transforming process. Importantly it challenges the evidence base that does not emphasise the empowerment of women in the process of evidence generation.” Emma Bell (Utilised the ALIV[H]E Framework in the MENA region).



Part One

What is the ALIV[H]E Framework?



Part One: What is the ALIV[H]E Framework?

In this booklet we explain what the ALIV[H]E Framework is and provide examples of the Framework in action in different settings. The Framework itself can be accessed [here](#).⁶

The ALIV[H]E Framework is a tool that enables its users to strengthen programmes and services that respond to violence against women (VAW) and adolescent girls and young women in all our diversity, in the context of HIV. It provides a step-by-step approach to develop effective programmes. It also has strong components that support communities to monitor, evaluate and document our work; strengthen the evidence base on VAW and HIV linkages; and collect evidence on what works to reduce VAW.



Box 1: Definitions

What do we mean by diversity?

When we refer to women living with HIV in all our diversity we acknowledge that we include: heterosexual women, women who are lesbian, bisexual, transgender, women who use drugs; sex workers; adolescent girls and young women; women who are currently or have previously been incarcerated, detained or are homeless; women who are economic or political migrants; women who are Indigenous; and women living with disabilities.

The Framework uses participatory, practical and group-based methodologies and all steps and actions can be used separately or can build on each other. The ALIV[H]E Framework:

- Brings together existing evidence on what works to prevent and address VAW in the context of HIV.
- Offers a guided approach to draw on and build community knowledge to understand which women are most vulnerable to violence and HIV and why. It improves understanding of the links between HIV, VAW and gender inequality (see box: 'Four WHO pathways').
- Provides step-by-step guidance to develop an effective programme, including an M&E framework, to implement and evaluate VAW and HIV responses.

The Linkages between VAW and HIV: Four WHO Pathways

1. Gender inequality as a determinant of VAW and HIV.
2. VAW as an indirect factor for HIV risk.
3. Sexual violence as a direct risk factor for HIV.
4. Violence as an outcome of HIV status and disclosure.

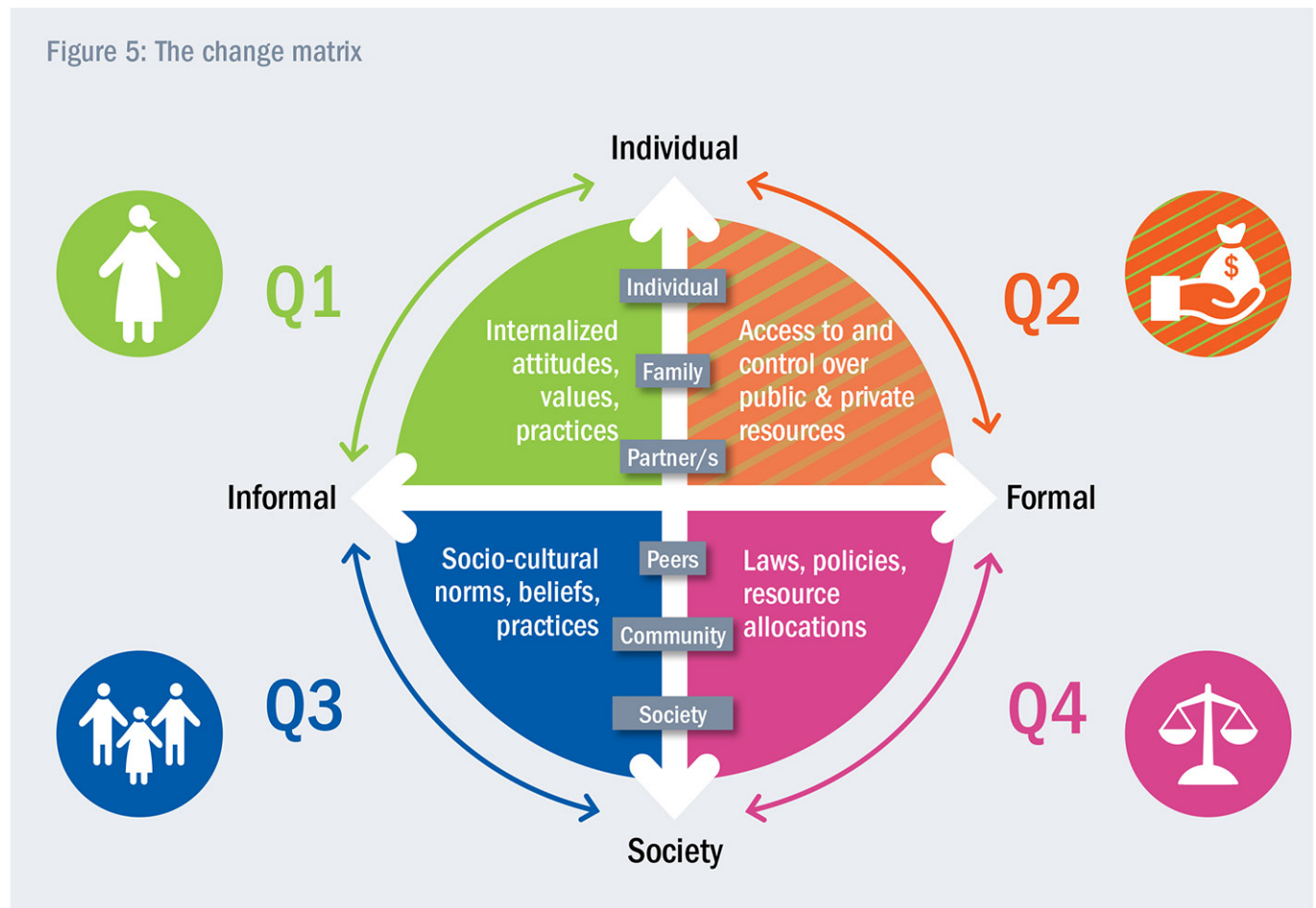
From: [16 Ideas for addressing VAW in the context of the HIV epidemic](#), WHO 2013



The ALIV[H]E Framework uses a matrix of four quadrants to explore the different ways that change happens:

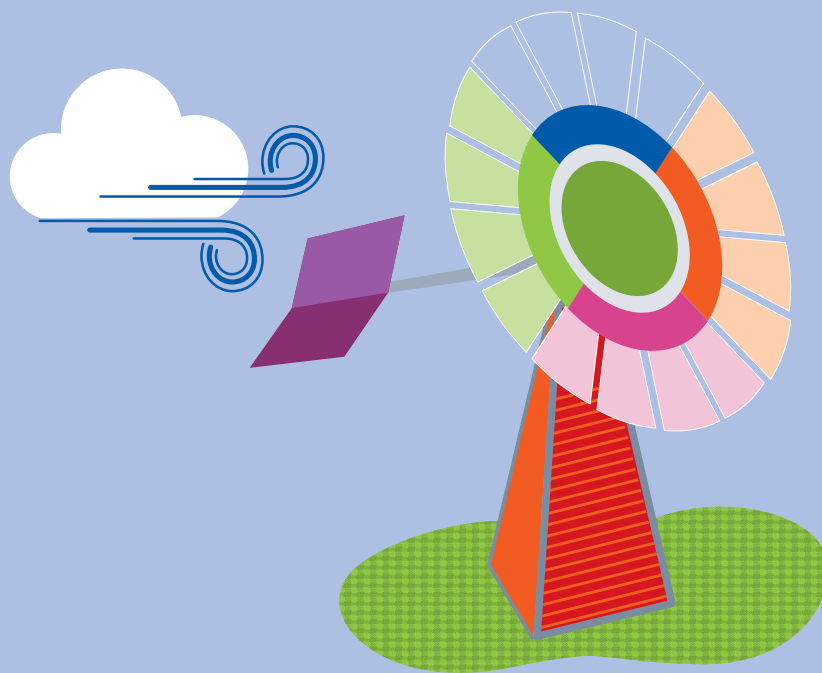
- Quadrant 1: Internalised attitudes, values and practices
- Quadrant 2: Access to and control over public and private resources
- Quadrant 3: Socio-cultural norms, beliefs and practices
- Quadrant 4: Laws, policies, and resource allocation.

Figure 5: The change matrix



Part Two

Three reasons why the ALIV[H]E Framework is important.



Part Two: Three reasons why the ALIV[H]E Framework is important



Box 2: Definitions

What do we know?

Violence against women increases vulnerability to HIV.^{7,8,9} In one study in South Africa, young women who reported multiple episodes of intimate partner violence (IPV) were 1.51 times more likely to acquire HIV than those who did not.¹ In addition, the same study reported that women who had low relationship power were similarly 1.51 times more likely to acquire HIV. In a factor analysis they estimated 12% of newly acquired HIV could be attributed to IPV and 14% to low relationship power.¹⁰ Another study, from Uganda, estimated that women who experienced any IPV were 55% more likely to acquire HIV than those who had not.¹¹ A study from sub-Saharan Africa emphasised the centrality of male controlling behaviours (beyond direct physical or sexual violence) in shaping women's vulnerability to HIV.¹² There is also emerging evidence about the substantial burden of violence young women experience globally and how this shapes their ongoing vulnerability to HIV.

Despite the growing body of evidence linking HIV and VAW, there is insufficient action to integrate the evidence, programmatically or within national policies. Three reasons why the ALIV[H]E Framework is important are:

Women, especially women living with HIV, often continue to face widespread violence, both at home and in health care settings, after being diagnosed.

There is little recognition of violence as a treatment access barrier. Women, especially women living with HIV, often continue to face widespread violence, both at home and in health care settings, after being diagnosed.^{13, 14} This is often a barrier to HIV testing, treatment access and adherence¹⁵ and can also be a barrier to HIV prevention itself. As funding for HIV shrinks, responses become more biomedical and globally there is a growing conservatism around women's autonomy and human rights-based policies. Now more than ever, women and communities need to build the evidence base to highlight barriers to HIV and violence prevention, and to treatment access.

There is a lack of meaningful involvement of women in research. Biomedical research focused on formal quantitative data collection has, to date, paid limited attention to human rights violations, gender inequality, and discrimination in care. These gaps in data collection hinder awareness, understanding, and ability to respond to women's treatment access barriers. There are too few opportunities for women who are vulnerable to and/or living with HIV and/or experiencing VAW to engage with current research processes, other than as objects of research. This challenge further limits awareness of the importance of these issues as key barriers to effective and ethical policies and programmes. To maximize women's health in highly constrained funding contexts, it is beneficial for policy and programme makers, at the very least, to understand more about facilitators and barriers to treatment access and adherence, for women living with HIV, from women's own perspectives.¹⁵ (Of course, it is also beneficial to the effectiveness of programmes to learn about the socio-cultural factors, including gender inequality, that define these enablers and barriers to HIV prevention, treatment, care, access and adherence, and the complexities of women's lives in general from women's own perspectives.)



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This approach provides ways for women to be equal and active agents in the research process, gathering data about our own experiences, on our own terms.

The ALIV[H]E Framework changes the status quo. It challenges a narrow focus on formal quantitative data and promotes instead a holistic approach to research. This incorporates both formal qualitative and quantitative research methods with participatory community-based qualitative and quantitative research methods. This approach provides ways for women to be equal and active agents in the research process, gathering data about our own experiences, on our own terms. The ALIV[H]E Framework explains how this process should take place at the national and subnational levels and how to hold implementing partners to account.

There is inadequate funding around women's rights work

The ALIV[H]E Framework also responds to the lack of adequate funding around women's right work and supports organisations to strengthen and expand the evidence base beyond currently recognised formal practices. This further fortifies the calls for adequate funding to support a focus on women's rights work. One study specifically recognises the role of participatory research in creating good guidelines using GRADE (Grading of Recommendations, Assessment, Development and Evaluation) as a framework to guide research on the sexual and reproductive health and rights of women living with HIV.¹⁶ Funders should explore ways to move away from the traditional top-down research processes, towards participatory approaches which are often more appropriate as they involve women from affected communities in meaningful ways.

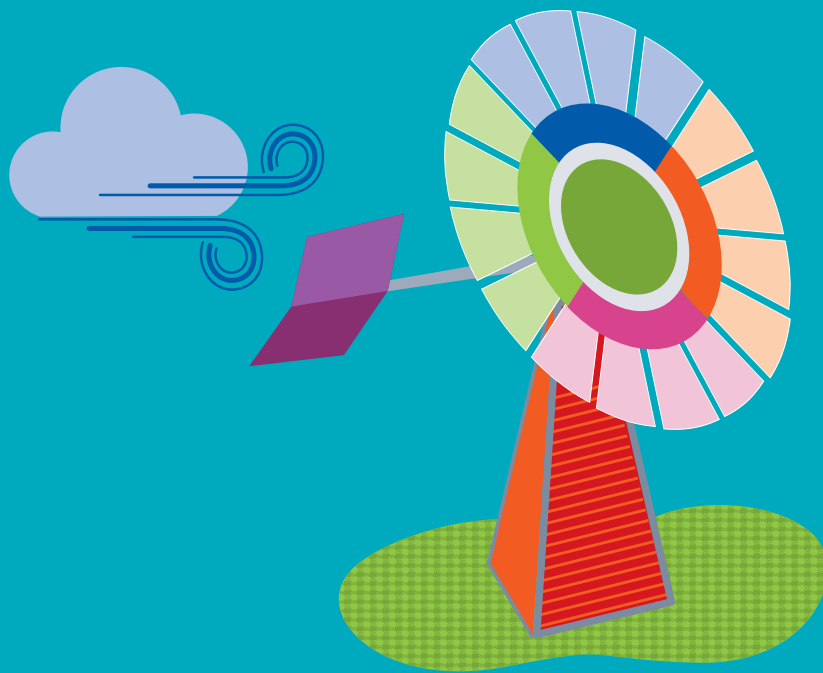
"Funding to women's rights organisations fell by more than half between 2011 - 2016, despite studies suggesting that this work brings the greatest long-term improvement to women's lives..... A 2012 study¹⁷ that examined 40 years of data on violence against women in 70 countries found that the mobilisation of strong, autonomous feminist groups was the key factor in driving policy change, eclipsing other considerations such as the number of women in parliament, national economic conditions or the political leanings of the government".^{18,19}

The ALIV[H]E Framework explains how a more holistic approach to research results in more relevant research questions, better access to affected communities, better investment in using outcomes for evidence-based advocacy, as well as identification of new and emerging issues.



Part Three

Who is it for?



Part Three: Who is it for?

The ALIV[H]E Framework was created to support community-based organisations (CBOs) and non-governmental organisations (NGOs) to lead creative, robust and dynamic programmes to address VAW in the context of HIV. This Framework is especially for CBOs and NGOs in countries and regions where VAW and HIV are strongly linked. It was initially piloted in five African countries (Malawi, Zambia, Zimbabwe, South Sudan, Kenya) and India.

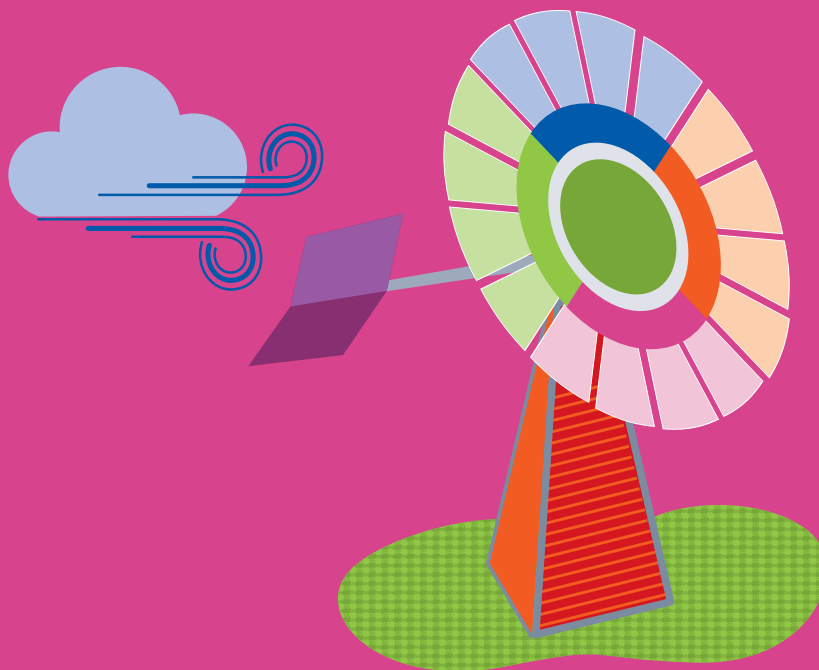
Many NGOs and CBOs are already leading creative and dynamic programmes to address HIV in the context of VAW, but are unable to monitor, evaluate or document their work in sufficiently systematic ways for it to gain the attention it deserves in formally recognized channels, such as peer review journals. The ALIV[H]E Framework supports NGOs and CBOs to think more strategically about how their work connects with global evidence. Through the various stages and steps, it enables organisations to broaden the evidence base by evaluating and presenting their work more effectively.

It can also be used by donors, researchers, policy-makers and others to build their own understanding of community perspectives, strengthen their value base, and expand the evidence base in partnership with community partners.



Part Four

How and where has the ALIV[H]E Framework been used?



Part Four: How and where has the ALIV[H]E Framework been used?

The ALIV[H]E Framework has now been used in several countries. Here we share some case studies.

Case Study 1 Learn Mena

To access HIV specific data on the Middle East and North Africa (MENA) region click [here](#).

Summary

Frontline AIDS, (formerly known as the International HIV/AIDS Alliance), MENA Rosa, and UNAIDS MENA regional support team utilised the ALIV[H]E Framework from April to December 2018 with 256 women living with and most affected by HIV in the MENA region. The project (LEARN MENA) was to prevent and address VAW in the context of HIV. The following stages of work took place:

- Firstly, the work included the establishment of a regional reference group made up of women living with HIV in their diversity (ie with different background experiences) to guide the work. This group conducted a preliminary consultation on gender norms in the region to situate the project.
- Secondly, country orientation workshops in Egypt, Morocco and Algeria including women in their diversity enabled women and stakeholders from government ministries (including Ministries of Health, Gender and Solidarity, National AIDS Programmes/Councils, etc), international agencies and NGOs to understand the ALIV[H]E Framework and its importance to the region's HIV response.
- Thirdly, participatory, community-based dialogues facilitated by MENA Rosa focal points trained in these three workshops took place in Egypt, Morocco, Algeria, Lebanon, Jordan, Tunisia, and Sudan. These dialogues generated deep understanding about VAW-HIV linkages based in women's lived realities; they also gave women the opportunity to give voice to their priorities for change and develop a broad set of recommendations using the ALIV[H]E change matrix.
- Fourthly, the results were then validated and disseminated through national stakeholder dialogues, which also identified specific country opportunities to implement these recommendations through identified short term and long term action plans. Some of them (in Morocco and Egypt) are integrated within the national strategic plans. The intention is to precipitate the development of advocacy strategies and concrete responses to VAW and HIV, as well as resource mobilisation to support these responses. As these national stakeholder dialogues took place towards the end of 2018, MENA Rosa will be working with partners to monitor progress, refine their advocacy agenda and ensure that the momentum created by the project is not lost during 2019 and beyond.

Key Communities Engaged

- Women living with HIV
- Adolescent girls and young women
- Sex workers
- Women who use drugs and women partners of drug users
- Lesbian, gay, bisexual, transgender (LGBT) communities
- Women with disabilities
- Migrant and refugee communities

The intention is to precipitate the development of advocacy strategies and concrete responses to VAW and HIV, as well as resource mobilisation to support these responses.



The objectives were to:

- build the leadership and strengthen the capacity of women living with and affected by HIV
- conduct participatory dialogues and action on linkages between HIV and VAW
- create partnership between women living with and affected by HIV and organisations and networks that work to address gender and violence.

This work was financially supported by USAID. UNAIDS country teams provided administrative and logistical support and helped to mobilise national stakeholders. The work was conducted and documented in Arabic, French and English.^b

Key findings from the LEARN MENA project are available [here](#).

"The framework is useful because of its values; adaptability; and the fact that it emphasizes community at the centre and women in their diversity." Luisa Orza, Frontline AIDS (Utilised the ALIV[H]E Framework in the MENA region).



What progress has there been seen since this work commenced?

The orientation workshops gathered diverse women who came from very different experiences and bonded through commonalities linked to HIV and violence. This work was a starting point for many of the participants. For many women, it was the first time they had space to discuss HIV and violence openly, and the first time they were able to connect and engage with national bodies and talk about HIV and violence. It was also the first-time women had space to understand and acknowledge their own contribution and responses to HIV. Despite the lack of formal interventions to address these linkages, women are already responding to violence within their communities and seeing how violence intersects with HIV and increases vulnerability.

The LEARN project used the initial steps of the ALIV[H]E Framework and laid a foundation for future work. The process gathered diverse stakeholders, including organisations and networks that directly support and reach women. This process created more understanding about the relationship between VAW and HIV; it allowed women to articulate and document their key concerns and link these with gender norms and the regional context.

^b For more information on this work contact: Luisa Orza, The Frontline AIDS Lead: HIV Technical (Gender) and Rita Wahab, MENA Rosa

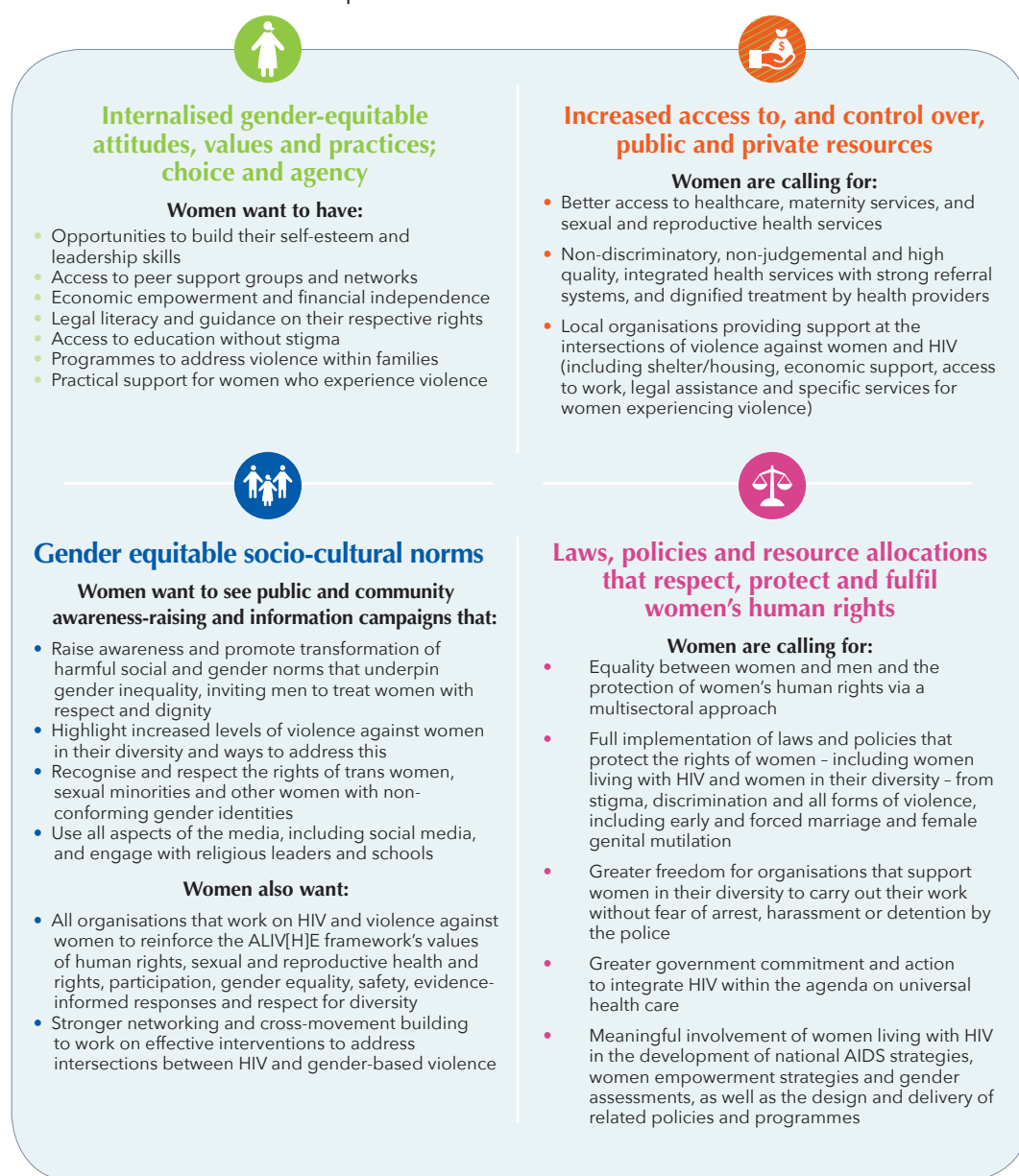


How have policy makers been influenced by this process?

This project enabled national implementers and policy makers to better understand key concerns and realities of women from key populations in relation to HIV and violence and created a process to better support and engage women and their networks. There is a clear sense of the commitment from technical partners and national policy makers: country orientation workshops and national stakeholder dialogues were well organised (by technical partners) and well attended by people in positions of power who committed to meaningfully engage in and beyond this process.

Below is an image from the findings brief which highlights the issues that women want addressed in each quadrant of the matrix.²⁰

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What key lessons were learnt through this work?

The amount of time required to do this work cannot be underestimated. Women living with and affected by HIV require time to process the learning, essentially given the comprehensive nature of the ALIV[H]E Framework. The team faced challenges in explaining the Framework in a way that was both accessible to community women whilst also engaging for national implementers and policy makers. Sometimes the work did not happen in a linear way and the team chose to focus on specific elements that seemed more important. *"You have to find a starting point and then go from there. The Framework is massive. Some elements seem to 'click' much more easily than others. For example, the values checklist and the hierarchy of evidence were easier to explain, and the change matrix was very useful - most women understood this quickly and were easily able to identify interventions corresponding to the different areas of the change matrix."* Luisa Orza

"When we spoke of the change matrix, the key and essential ingredient missing is the women's movement; that driving force. Because we see it as implicit, we sometimes take it for granted. We need to constantly remind people." Emma Bell

"We learned that investing more time strengthening the capacity of MENA Rosa focal points in each country implementing the activities so that they were well equipped, comfortable and empowered to translate the framework from the get-go is very important and will focus on this more in the future work. The advocacy and rebellion must start with us as strong advocates for change." Rita Wahab, MENA Rosa

During the community dialogues with women from key populations, women shared many emotional and shocking stories. Taking women through these processes requires emotional support for those who are hearing about all of this as well as providing support to those who are relaying their experiences - often for the first time. Working through trusted host organizations, ensuring safe spaces led by and for women in their diversity, and being able to provide both peer and professional psycho-social support to women who need it, were essential steps for the women's safety as well as the success of the project. Step 4 of the ALIV[H]E Framework, which addresses the Values Checklist - especially the section on safety - is a valuable tool here also.

How did technical partners support this work?

The LEARN partners (Frontline AIDS, UNAIDS MENA RST and MENA Rosa, with support from USAID) jointly developed the scope, conceptual framework and overall design of the project, and linked it to regional and international policy processes. MENA Rosa focal points were supported by local civil society 'host' organisations and UNAIDS country offices to implement country level activities. They helped to coordinate activities, ensured the safety of participants, and to leverage political support for the process. Host organizations were: Association el Hayet des Personnes Vivant avec le VIH, Association de Lutte Contre le SIDA (ALCS), Association Tunisienne de Prévention Positive (ATP+), Forearms of Change Center to Enable Community (FOCCEC), Sudanese PLHIV Association, Shehab Institution for Promotion and Comprehensive Development, and Vivre Positif, as well as UNAIDS Country Offices in Algeria, Egypt, Jordan, Morocco, Sudan and Tunisia.

Taking women through these processes requires emotional support for those who are hearing about all of this as well as providing support to those who are relaying their experiences - often for the first time.



In conclusion, the objective of this project was to conduct an introductory exploration through community dialogues. Creating more understanding about how HIV and violence intersect will influence what data are tracked in the future. The work to challenge and change traditions and the status quo in any systems governed by patriarchy will take time, but as programmes and services become more responsive to women's priorities and rights of women in their diversities, it is hoped that countries in the MENA region will improve the quality of the data that they collect.

The LEARN project was a hugely collaborative effort that relied on the reach, expertise, experience and influence of all the partners involved to achieve its objectives. From the community level to national and regional policy fora, to global commitments and processes, the partnership has catalysed momentum and engaged different actors' interest and support for bringing about longer-term change.

"Leaders have learned through this (often painful) process, that violence against us should be denounced and not kept under the blanket. Their empowerment will help women in all our diversities to know and understand their rights. Our advocates will move forward to decry the linkage between violence against women and HIV. Gender equality starts at home, grows in the society and blossoms in the juridical environment. The road is long, but we have taken the first steps. Kudos ladies." Rita Wahab, Regional Coordinator, MENA Rosa



Case Study 2

ALIGHT Botswana

Women with disabilities leading violence research and capacity building

This case study is about the use of the Framework to explore the intersections of VAW and disability. To access HIV-specific data on Botswana, click [here](#).

Summary

The Actions Linking Inclusive Development, Gender-Based Violence (GBV), and HIV Programmes Together (ALIGHT) Botswana project was inspired by the ALIV[H]E Framework. The ALIV[H]E Framework was ideal to guide this work as it is the first mainstream framework on VAW or GBV that focuses on community implementation and that also meaningfully includes women with disabilities – from its inception through to implementation. ALIGHT Botswana (see footnote a) about this name) built on the ALIV[H]E framework and was designed to further advance the participation and inclusion of women and girls with disabilities in programmes related to the prevention of and response to gender-based and other forms of violence in Botswana. Jill Hanass-Hancock, who co-developed ALIGHT in Botswana, was also part of the HEARD team to develop the ALIV[H]E Framework, as its disability rights adviser.

The South African Medical Research Council (SAMRC), Botswana Council for the Disabled (BCD), and the Botswana Institute for Management and Development (IDM) are utilising the ALIV[H]E Framework from July 2017 to June 2019. This work is being conducted with grassroots non-governmental organisations (NGOs) and Disabled Peoples Organisations (DPOs). The overarching project engages directly with approximately 500 participants from NGOs and DPOs through stakeholder meetings, research and information gathering, capacity building workshops and advocacy and dissemination events. The project leadership and participants include many women with disabilities. This project aims to accelerate the participation of women and girls with disabilities in programmes that address violence in Botswana (Gaborone, Maun and Francistown). The project integrates responses to GBV and other violence programmes with disability-inclusive development and aims to:

Key Communities Engaged

- Women
- Women living with HIV
- Young People
- Women with disabilities

- Establish a coalition on GBV and disability inclusion and identify risk factors and gaps in policy and practice
- Adapt a disability-inclusive Framework for Botswana and build human capacity to respond to violence, including GBV among girls and women with disabilities
- Support implementation of learning into strategies for participation.

This work was made possible with generous support from the United States Agency for International Development (USAID). The work was conducted in Setswana and English.^c

^c For more information on this work contact: Jill Hanass-Hancock and Malebogo Molefhe. ALIGHT Project Officer, Gender based violence activist, Botswana Council for the Disabled



ALIGHT Botswana responded to the lack of meaningful involvement of women with disabilities in research intervention development. The ALIGHT project applied ALIV[H]E methods, such as the change matrix as a guiding tool and also worked with all key ALIV[H]E values, including strengthening some to ensure disability-inclusive strategies and approaches. These included to: create evidence-informed interventions; ensure participation of women with disabilities; and apply human rights. As a result, ALIGHT Botswana provides the first data on the experience of VAW and girls with disabilities and sets a benchmark as the first project in Botswana that enables women with disabilities to lead research and advocacy on issues concerning their own lives.

Using the ALIV[H]E change matrix, ALIGHT Botswana identified contextual factors driving violence and identified strategies to increase participation and address VAW and girls with disabilities.

“Choosing a research team including women with disabilities provided immense challenges and learning opportunities for the team as most environments were difficult to access for researchers with disabilities. Including people with disabilities in all steps of the project was powerful and initiated an important discourse about how to provide universal access and reasonable accommodation among project partners, stakeholders and people with disabilities themselves.”²¹

Key Partners Engaged

- Community members
- Community Based Organisations
- NGOs
- Policy makers
- Decision makers
- Government representatives
- People working in health, education, police or legal sectors
- Academic and research organisations
- Media
- Disabled Peoples’ Organizations (DPOs)

What has the progress been like since the work started?

The ALIGHT team built a network to drive ALIGHT as an engine that “shines light into the dark corners of Botswana”. This process also enabled the team to develop communication tools for the Botswana Council for the Disabled (BCD) as the umbrella body of DPOs in Botswana. Through these mechanisms Botswana now has a physical DPO which functions as a coordinating body for Botswana. As a result of this work and the platform, the ALIGHT research has directed actions for Botswana’s national response. The network, led by BCD, also uses [facebook](#) and a newsletter to directly reach people with disabilities. Using the ALIV[H]E Framework matrix was critical to analyse the research findings, which pointed out challenges and gaps and enabled the team to identify actions to initiate change.

The main achievement of the project is its strong engagement efforts with UNDP and government to influence the development of a new disability policy, strategy and law, which will be ready in 2019.

How have policy makers been influenced by this process?

ALIGHT Botswana engaged with numerous policy makers through its stakeholder meetings, presentations to the Office of the President and one-on-one discussions with policy makers. The main achievement of the project is its strong engagement efforts with UNDP and government to influence the development of a new disability policy, strategy and law, which will be ready in 2019. These will integrate issues of violence, HIV and sexual and reproductive health and rights. All partners have been presented with new proposals from the ALIGHT team for further funding and capacity building.



Will this improve the data?

For the first time in Botswana, ALIGHT captured data on contextual factors driving VAW and girls with disabilities. The team also engaged with policy makers and funders to ensure that future population-based studies meaningfully include disability indicators to ensure availability of basic disability-related population-based data in surveys such as the Demographic and Health Surveys (DHS) or gender-based violence indicator survey.

What key lessons were learnt through this work?

- Using the ALIV[H]E approach of community engagement and consultation was essential to ensure voices from grassroots levels are heard.
- Engaging women with disabilities as leaders in the project was extremely powerful and, in some cases, led to spontaneous change as service providers realised how inaccessible their services are.
- Driving disability-inclusive development in a country like Botswana is very challenging as many participants lack knowledge and language about disability rights. Hence combining the research and advocacy work with capacity building was crucial – specifically to enable NGOs and DPOs to understand rights, and to frame actions and proposals to ensure these rights are fulfilled.

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How did technical partners support this work?

The project reached out to in-country stakeholders such as the Office of the President and its disability unit, the Department of Gender Affairs, which works towards decreasing VAW and girls with disabilities. International agencies such as UNDP started, at the time of the project, to support Botswana in its development of a new disability policy, law and strategic framework.



Case Study 3

A Feasibility Study to address the intersectionality of HIV and violence in HIV programmes in India

To access HIV specific data on India, click [here](#).


Summary

In India, HIV prevalence is concentrated among key affected populations including sex workers, men who have sex with men and people who inject drugs. Harmful gender norms make women susceptible to violence and HIV and compromise their agency to negotiate choices around their SRHR. It is estimated that although 90 percent of women in India are in monogamous relationships, marriage is a key factor that makes them especially vulnerable to HIV.²²

HIV programmes in India are often aimed at reaching only a selected sub-group of women, primarily sex workers and pregnant women who visit hospitals for antenatal care. Whilst clearly important, these are not the only groups of women who require services. Women who are classified as 'low-risk' are not reached with primary prevention and supportive programmes.

From July 2015-April 2016, the International Center for Research on Women (ICRW) and the Positive Women Network (PWN+) conducted a review of potential opportunities, capacity and training needs amongst women living with HIV to address harmful gender norms; violence; and to reduce vulnerability to HIV. Specific objectives included to:

- Understand the feasibility of addressing violence in existing HIV programmes for and with women living with HIV, in collaboration with PWN+
- Assess the existing capacity and further skills required of networks of women living with HIV to implement such a programme, and to document available opportunities, gaps and challenges
- Propose an intervention framework, based on adaptation of the ALIV[H]E Framework and other frameworks, to develop strategies and capacity to undertake gender transformative HIV programmes that also respond to VAW.



Key Communities Engaged

- Women living with HIV
- Sex workers
- Women who use drugs who are living with HIV

The project took place in two phases. In the first, ICRW and PWN+ held a five-day workshop to explore and learn how violence affects the lives of women living with HIV and to what extent they feel equipped to address violence in their work. Women also explored the ALIV[H]E Framework and the integration of violence in existing HIV programmes implemented by PWN+. The second phase enabled engagement with women living with HIV at two sites in two different Indian states (Ajmer in Rajasthan and Chennai in Tamilnadu). It was here that in-depth workshops integrated responses to violence in existing programmes and services, guided by the ALIV[H]E Framework, and identified monitoring indicators that capture progress related to gender equality and violence.



How have policy makers been influenced by this process?

Using the ALIV[H]E Framework was a learning experience for ICRW. The Framework thrives on multi-stakeholder engagement, which is crucial, given that most national HIV prevention and care and support programmes are structured vertically. Uniting and working across NGOs and with policy makers and implementers was critical to integrate HIV into sexual and reproductive programmes in India, which remains lacking.

What has the progress been like since the work started?

Women living with HIV felt that the ALIV[H]E Framework was useful, and they were able to relate the four quadrants of the change matrix to their own lives. The process enabled them to identify various stakeholders whom they needed to engage with, to implement the framework in its totality. PWN+ members were able to examine their own programmes to assess if services were offering the right support responding to the violence in their own lives. Consequently, PWN+ members worked toward re-calibrating existing interventions to be more responsive to gender dynamics and violence. A major outcome of the project was the collaborative development of an implementation framework, with identified indicators. The implementation framework was developed but not implemented, due to lack of funding.

{ Women living with HIV felt that the ALIV[H]E Framework was useful, and they were able to relate the four quadrants of the change matrix to their own lives. }

Many participants had not looked at violence in a structural manner or recognised the enormity that violence has played in their own lives. This 'normalising' of violence and its effects is a widespread challenge for women around the world who live with violence as a part of their lives.

What key lessons were learnt through this work?

At the beginning of the consultative workshop, ICRW observed that though most participants were themselves survivors of violence and HIV in their personal lives, this did not necessarily mean that their lived experiences guided the programmes they ran. In other words, many participants had not looked at violence in a structural manner or recognised the enormity that violence has played in their own lives. This 'normalising' of violence and its effects is a widespread challenge for women around the world who live with violence as a part of their lives. Therefore, before beginning to talk about violence in HIV programmes, it was important to build the analytical capacity of PWN+ participants on issues of gender, power, patriarchy, and violence, and how they are inter-connected.

Will this improve the data?

The project demonstrated that it is possible and important to ensure programmes respond to the intersectionality of violence and HIV. The entire process revealed that the ALIV[H]E Framework is a comprehensive and useful tool that provides evidence-based guidance to address these intersectionalities and for programmes to directly respond. However, two key factors determine success: sufficient capacity of implementing partners; and long-term resources to design and implement programmes that allow more robust data and evidence to be gathered.



Another challenge was to translate a conceptual understanding of gender and violence into programmatic action. Very few interventions address the prevention priorities of women and girls who are not identified as members of key populations in this context. This is further compounded by the absence of gender-specific indicators in national programmes, which creates a lost opportunity to collect evidence. While there is an intent to incorporate gender indicators, staff capacities and expertise posed a significant challenge within PWN+ national programmes.

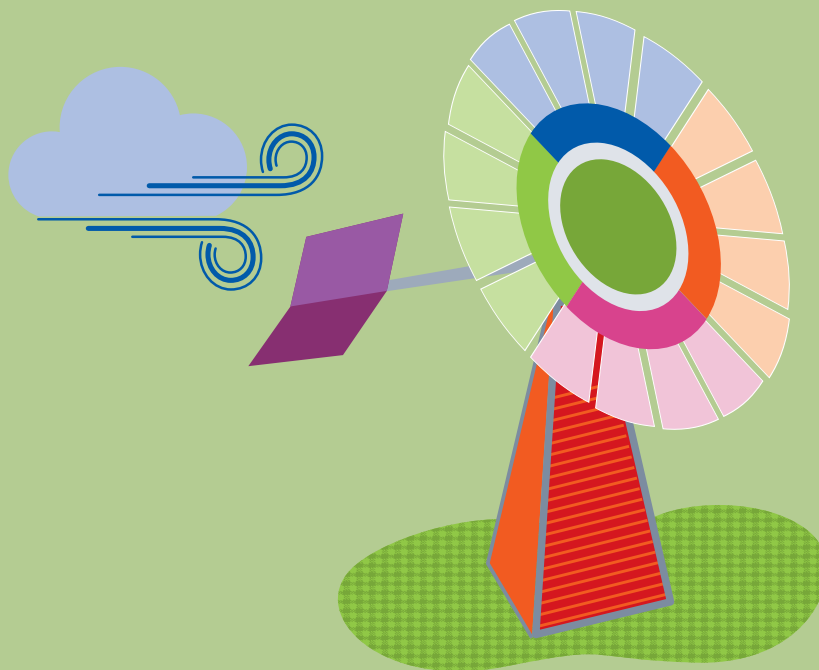
How did technical partners support this work?

UNAIDS supported the partnership between ICRW and PWN+ to achieve the project objectives to examine and internalise gender-related aspects and how these impact upon the lives of women living with HIV. From this understanding PWN+ members, with support from ICRW, could examine their existing programme strategies and propose modified programmatic strategies that respond to gender-based violence within the scope of their HIV programmes, while also developing indicators to measure effectiveness of these programme strategies.



Part Five

How can *you* use the ALIV[H]E Framework?



Part Five: How can *you* use the ALIV[H]E Framework?

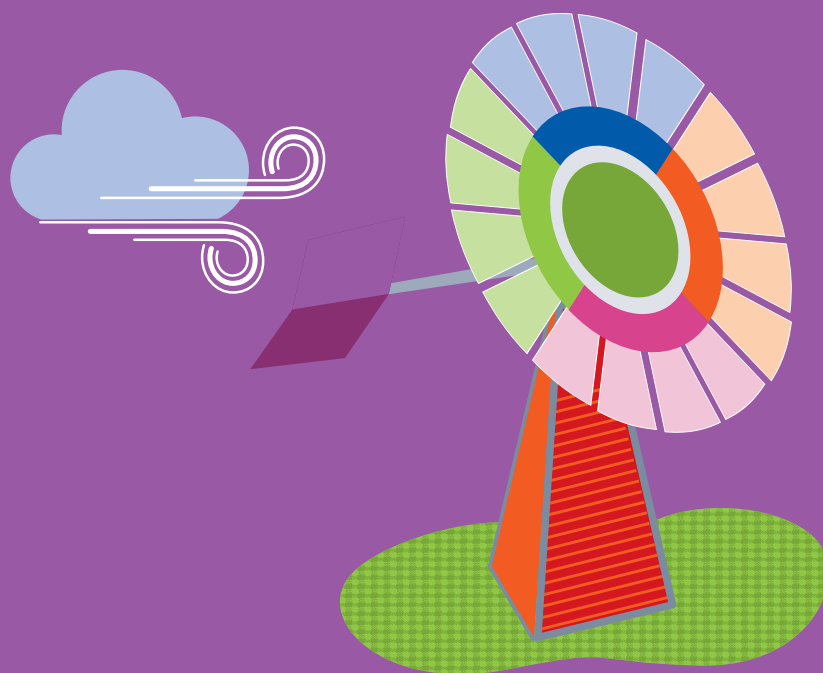
Take the time to explore the ALIV[H]E Framework and all it has to offer! Contact us through the [Salamander website](#) to know more. If it is not possible to mobilise funding and there is a desire to utilise the ALIV[H]E Framework, focus on the following:

- As a starting point, reflect on your organisation's values and principles. Use the ALIV[H]E Framework values checklist (p.41) for ideas on how to better position your organisation/network to address VAW and HIV. This process provides an internal 'health check' to understand if your programming is based on sound values in terms of preventing and addressing VAW and HIV.
- Map out existing allies within networks/organisations of women living with HIV and/or affected by VAW who might be interested to engage in this work together.
- Work through the ALIV[H]E Framework Steps and Actions using any opportunities you have to do this within your organisation and with the communities you work with.
- Conduct a quick review of how your own national laws and policies support (or not) the change matrix and assess how these align to national programming and existing national laws and where changes are required.
- Identify 5 key areas that are absolutely essential to link HIV and VAW and that you want to see implemented in your country. Think of who is best placed to do this.
- Reach out to a supportive UN agency and request their guidance on how you could access funding or support to implement the ALIV[H]E Framework. Call a meeting to discuss the way forward.
- Do not give up. Whilst it is not ideal, sometimes it is possible to access smaller amounts and to do this work in phases rather than get all the funding all at once.
- Above all, always advocate and uphold the seven ALIV[H]E Framework core values!



Part Six

Recommended reading



Part Six: Recommended reading

If you would like to know more the ALIV[H]E Framework, visit the Salamander Trust [website](#) where all related documents and activities linked to the Framework are available. We want to set up an ALIV[H]E Users' Learning Hub. If you have used the ALIV[H]E Framework, or plan to do so, do please contact us so that we can join you into the loop.

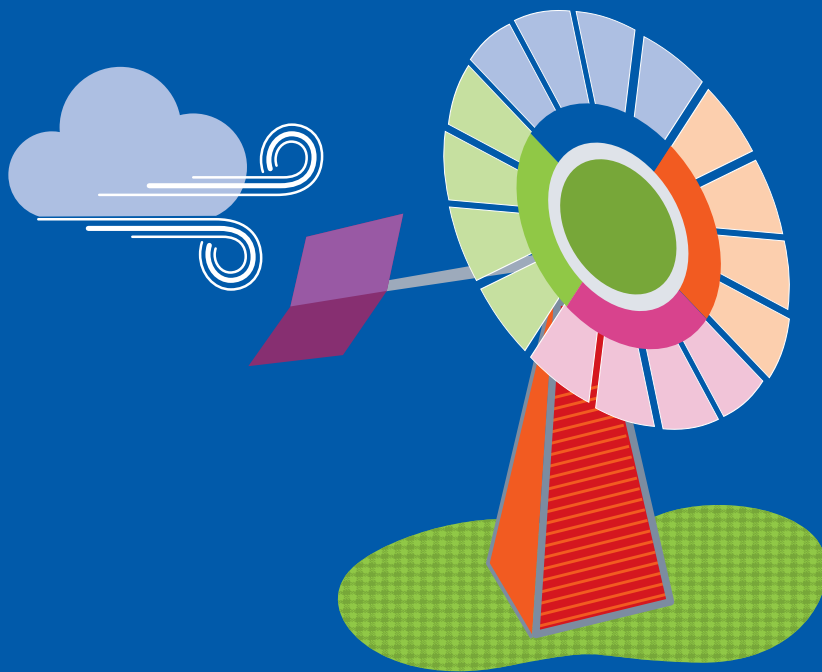
If you would still like to know more about some of the facts noted in this paper, click on the following documents and links.

- [In Women's Eyes: Key Barriers to Women's Access to HIV Treatment and a Rights-Based Approach to their Sustained Well-Being](#)
- [On the CUSP of Change: Effective scaling of social norms programming for gender equality](#)
- [20 years of Shamefully Scarce Funding for Feminists and Women's Rights Movements](#)
- [Are Women Accessing Funds For HIV?](#)
- [Women and the International AIDS Conference: will anything change? An analysis of women living with HIV as abstract presenters at AIDS2016](#)
- [Keeping our core values ALIV\[H\]E. Holistic, community-led, participatory and rights-based approaches to addressing the links between violence against women and girls, and HIV](#)
- [The WHO Consolidated Guidelines on the SRHR of women living with HIV](#)
- [Translating Community Research Into Global Policy Reform For National Action: A Checklist For Community Engagement To Implement The WHO Consolidated Guideline On The Sexual And Reproductive Health And Rights Of Women Living With HIV](#)



Part Seven

Acknowledgements and References



Part Seven: Acknowledgements and References

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