ALIGHT BOTSWANA

Inception Report
November 2017

Contents

Introduction

Worldwide women and girls with disabilities have a higher risk of experiencing violence, including gender-based violence (GBV), than people without disabilities. This human rights violation negatively affects the health and wellbeing of women and girls with disabilities. Sexual violence and exploitation, in addition, increase their vulnerability to sexual reproductive health issues including unwanted pregnancies and infections with HIV or other STIs. Both the increased risk of women and girls with disabilities to be exposure to GBV/violence and sexual transmitted diseases such as HIV are also regional issues for the Eastern and Southern African. Nevertheless people with disabilities (including women and girls) have been left behind in research and key interventions targeting GBV, violence and HIV in the region. This results in a lack of disability data collection and information and absence of inclusive programmes and policies focusing on violence or HIV in the region. This includes Botswana.

Responding to this gap, USAID made a grant available to advance the participation of women and girls with disabilities in GBV programmes. Botswana, which was among the fundable countries in the 2016 call for proposals, has a strong GBV focus. However, similar to other countries in the region it lacks research and inclusion of disability in relevant policies and programmes targeting violence, GBV or key programmatic areas such as HIV.

The proposed project aims to bridge this gap through participatory action learning and action research (PALAR), including community engagement and descriptive research approaches, in order to: identify the risk factors for violence among women and girls with disabilities, adapt a disability inclusive action framework for use in Botswana (e.g. ALIV[H]E framework which integrates violence and HIV programmes), and support participating organizations in developing inclusive strategies that enhance the participation of women and girls with disabilities in programmes targeting violence including GBV. If successful the project, which is the first of its kind in the region, will be able to inspire similar work in other ESA countries.

Background

Worldwide, women and girls with disabilities are at increased risk of all forms of violence, including physical, emotional, economic, and sexual violence, compared to men and those without disabilities [1-3]. This increased risk is linked to double discrimination based on disability and its intersection with gendered norms and attitudes [3-7]. In societies where gender inequality and violence against women is endemic the likelihood of women and girls with disabilities being victims of violence is therefore even greater [3, 8].

Botswana's recent GBV Indicator Study [9] revealed that 67% of women in Botswana have experienced some form of violence in their lifetime, including both partner and non-partner violence. The most commonly reported form of GBV was emotional intimate partner violence (IPV), followed by physical IPV, sexual IPV, and economic IPV. Child sexual abuse is reported as a significant risk factor for GBV in adulthood. The report [9] also revealed that GBV leads to physical injuries, sexual and

reproductive health issues (STIs, HIV), and poor mental health. Hence, the level of GBV in Botswana is alarmingly high and has a wide-ranging impact on individuals, families, communities, and the country as a whole [8, 10]. The country is therefore specifically focusing on prevention of GBV which provides an entry point for inclusive strategies.

Information on violence including GBV and disability is sparse in Botswana and the country's main GBV research, such as the Indicator Study [9], does not include information on women and girls with disabilities. Similarly, population-based data on people with disabilities is rare and national statistics do not include sufficient indicators, and therefore largely underestimate the prevalence and impact of disability in the country (Botswana Population Census 2011 reports 2.9% while the World Health Organization (WHO) reports worldwide disability at 15% [11]. This discrepancy is due to poor data collection in Botswana. We currently have little evidence from which to identify gaps and inform disability inclusive GBV policies and programmes in Botswana.

However, globally, evidence on violence against people with disabilities reveals a high incidence of violence that is even higher in specific disability subgroups [1]. A recent systematic review comparing the risk of violence among individuals without and with disabilities revealed an odds ratio of 1.50 with higher odds for those with disabilities [1]. In addition, women and girls, people with intellectual disabilities, and those with mental health problems appeared to be disproportionally affected and this is more prevalent in resource-poor settings [12]. As such, violence against women and girls with disabilities in Botswana may be even greater than it is for the general population of women and girls.

Within the ESA region a body of research is emerging that indicates that women and girls with disabilities are at increased risk from all known risk factors of violence (including GBV) such as increased likelihood of multi-dimensional poverty [13-20], inequality and discrimination based on gender [4, 21, 22], poor access to SRHR and sexuality education programmes, and increased likelihood of violence in childhood [5, 23]. However, disability has largely been ignored in violence and GBV research in Botswana, so we know very little about the vulnerability of women and girls with disabilities in this country. Hence, we need better evidence to understand the specific risks for violence including GBV in women and girls with disabilities to increase participation in responses in Botswana.

Policy and Legal Obligations

In response to the high prevalence of GBV in Botswana, the government has made considerable progress in acceding to international policies and laws that aim at the eradication of discrimination against women (Constitution, Domestic Violence Act, Employment Act, the Penal Code, Abolition of Marital Power Act 34, Criminal Procedure and Evidence Act, Public Service Act). In the process of addressing GBV, a number of initiatives have been implemented in Botswana such as the yearly event "*16 Days of Activism Against Violence"* or the USAID-funded GBV Surveillance Project [8, 10]). However, the participation of women and girls with disabilities is largely absent in GBV programmes and there is no framework or approach available

for the acceleration of their inclusion. Hence, we need to build capacity with a framework enhancing the participation of people with disabilities in GBV and other programmes preventing violence against women and girls.

Botswana is the only country in the region that has not signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Botswana also lacks key clauses in central documents of its legislation that could protect the human rights of people with disabilities. The constitution does not specifically mention disability but, through its non-discrimination section 15(2), the constitution indirectly safeguards the rights of all people. Similarly, the Employment Act (1982) is silent on the rights of people with disabilities, while the Workers Compensation Act (1998) provides for people who have become permanently disabled as a result of occupational injuries. The Domestic Violence Act (2008) is silent on disability while the Children's Act (2009) includes reference to disability. Botswana has a disability policy (1996) which acknowledges the general vulnerability of people with disabilities, identifies the impact of disability on socio-economic development, and outlines the delivery of services and care for people with disabilities. However, it does not recognise the specific vulnerability of this group to violence in any form or their right to participate in society on an equal basis with others. This project aims to identify gaps in policy and implementation to encourage increased inclusion and protection for people with disabilities through developing evidence and engaging a wide range of stakeholders.

This project can directly link to existing efforts. For instance, USAID has already outlined general challenges experienced by people with disabilities in Botswana in a roundtable discussion conducted by the U.S. Embassy in Botswana with disability services providers, NGOs, and public/private officials [24]. This meeting highlighted the lack of disability protective legislation, the poor implementation of existing policies [24], and a lack of communication and collaboration between different agencies. The strong focus on GBV in Botswana has the potential to accelerate the participation of women and girls with disabilities in the related programmes. In addition, tools such as the recent ALIV[H]E framework, which is a disability inclusive framework which links interventions on violence against women with those related to HIV, could be used to inform the approach in Botswana. Through its international application and its innovation of integrating previously vertical programmes (e.g. previous HV and violence programmes), the ALIV[H]E framework lends itself to adaptation for Botswana along with the USAID driven GBV information system [10]. We therefore have a platform from which to develop a strategic response that will enhance participation in existing strategies and programmes in Botswana.

Objectives

Overall goal and sub-objectives

This project aims to accelerate the participation of women and girls with disabilities in gender-based violence (GBV) programmes in Botswana through the integration of GBV programmes with disability inclusive development. In order to do so, the project aims to achieve the following sub-objectives:

Objective 1: Inception - Establish a coalition on GBV and disability inclusion

- Establish a coalition between DPOs, NGOs, funding agencies, government, traditional leaders and researchers that builds a network to advance participation in GBV programmes
- Ensure the active participation of people with disabilities in this project
- Finalise the project outline, an implementation and project management plan, and ethics review application for the research protocol

Objective 2: Identify risk factors and gaps in policy and practice

- Identify the risk factors for violence including GBV amongst women and girls with disabilities
- Highlight gaps in policy and legislation that are needed to ensure access and participation
- Identify opportunities to enhance participation and inclusion
- Transfer skills to researchers, research assistants, and people with disabilities
- Inform government about gaps in data collection, policy, and implementation

Objective 3: Adapt a disability inclusive framework for Botswana

- Disseminate findings from phase two
- Adapt a violence/GBV prevention framework for use in Botswana (e.g. ALIV[H]E framework)
- Include women and girls with disabilities as leaders in developing a disability inclusive framework that responds to their needs and ensures self-determination and participation

Objective 4: Build human capacity to respond to violence including GBV among girls and women with disabilities

- Build capacity among DPOs, NGOs, and government to respond to violence including GBV among people with disabilities using the disability inclusive framework developed in this project.
- Increase knowledge and participation of people with disabilities with regards to violence and GBV
- Support linkages between DPOs, disability focused NGOs, and women's groups (NGOs) through training key programmatic staff

Objective 5: Support implementation of learning into strategies for participation

- Improve the capacity, strategic planning, and material resources of implementing DPOs, NGOs, and women's organisations
- Develop strategies that enhance participation in GBV programmes
- Design a framework to monitor the progress of implementation (case studies)

Project Outline

Overview

Phase One: Building a coalition (2017):
The inception phase included a stakeholder workshop for initial engagement and a number of consultative meetings that aim at finalising the project approach, the monitoring and evaluation plan, and project timelines, as well as establishing a strong team of implementing partners. During this phase the ALIGHT team also develop the Ethical proposal and submitted the protocol to the ethics boards of the South African Medical Research Council and University of Botswana. The conclusion of this phase were compiled in this report.

Phase Two: Identifying individual risk factors and gaps in policy and practice (2017/18)
In collaboration with BCD and IDM, SAMRC will collate evidence using a literature review (including a review of national statistics and evidence, and regional GBV and disability data), a systematic policy and legal obligation review, and a risk assessment (qualitative component). The latter will engage with four key groups (people with disabilities, women's groups, government representatives, and other implementing organisations) potentially in Gaborone, Maun, or Francistown. We will conduct focus group discussions and individual interviews with people from representative groups and examine and analyse case studies involving women with disabilities who have experienced gender-based violence. We will use peers, hence women with disabilities as research assistants, which will strengthen the participatory approach of the research approach.
Conventional content analysis will be used to analyse the discussion groups and interviews. Through the synthesis of existing evidence, the primary data from the qualitative study, and the systematic policy review, we will identify the risk factors of violence against women and girls with disabilities and the gaps in data collection and policy provision in Botswana.

Phase Three: Adapt a GBV framework (2018):
Led by BCD and SAMRC, key results will be disseminated through a stakeholder workshop and, to a wider audience, during a key GBV awareness event (e.g. 16 Days of Activism Against Violence Against Women and Disability day in Botswana, potentially with a sport event). In 2018 we will adapt the ALIV[H]E framework based on the retrieved evidence. This will be done with strong leadership from women with disabilities and through a series of discussions and meetings with the advisory group. Study results will be made available in accessible and simplified formats through the participating organisations.

Phase Four: Building Human Capacity (2018/19):
BCD and SAMRC will train NGO, DPO, and government representatives with the framework through a series of capacity building workshops in three different locations (potentially in Gaborone, Serowe/Palapye, Maun, or Francistown). These workshops will reach out at grass-roots level to the participating organisations and include 20 participants per workshop. Through the participation of people with disabilities, women's group representatives, and local government officials, we intend to achieve learning around the intersection of gender and disability, build human

capacity, and strengthen local linkages between disability groups, women's groups, NGOs, and government.

Phase Five: Support Implementation (2019):
After the workshops, BCD and SAMRC will assist the implementing organisations in developing approaches that increase the participation of women and girls with disabilities in GBV programmes. This can include the adaptation of recruitment or monitoring strategies to enhance participation, the adaptation of workshop procedures to train facilitators and trainers, or the development of strategic policy engagements. These strategies will be presented in a final stakeholder engagement meeting. This meeting will be complimented by a closing advocacy event in which the project issues will be highlighted through the launch of an artwork or video of a local girl or woman with disability. In addition, we will develop and launch a monitoring and evaluation tool which BCD will use to monitor further progress beyond the project lifetime.

Research Component

The project has been conceptualised collaboratively by disability researchers in the SAMRC, people with disabilities in the Botswana Council for the Disabled (BCD). The project was awarded funding by USAID in the 2016 call for disability inclusive development. As such the project is participatory and collaborative from the onset. In order to achieve its aims, it will use participatory action learning and action research (PALAR) [25-27]. PALAR is a conceptual integration of lifelong action learning and participatory action research. It is a holistic, integrative concept that incorporates related concepts and values such as participation, collaboration, communication, community of practice, networking, and synergy.

Phase two of the project tries to identify: ***What factors (individual, inter-personal, social, structural, and policy) drive or reduce risk of violence including GBV among women and girls with disabilities in Botswana?*** For this purpose we will answer four interrelated questions:

Q1: What are the risk factors of violence against women and girls with disabilities from the perspective of DPO and NGO members in Botswana and what barriers to participation in GBV programmes do they describe (interpersonal and social level)?

Q2: What is the experience of women with disabilities who have been exposed to violence (individual and interpersonal level)?

Q3: What are the gaps and opportunities for participating NGOs and DPOs to strengthen participation and inclusion of women and girls with disabilities in violence/GBV programmes (organisational, strategic, and structural level)?

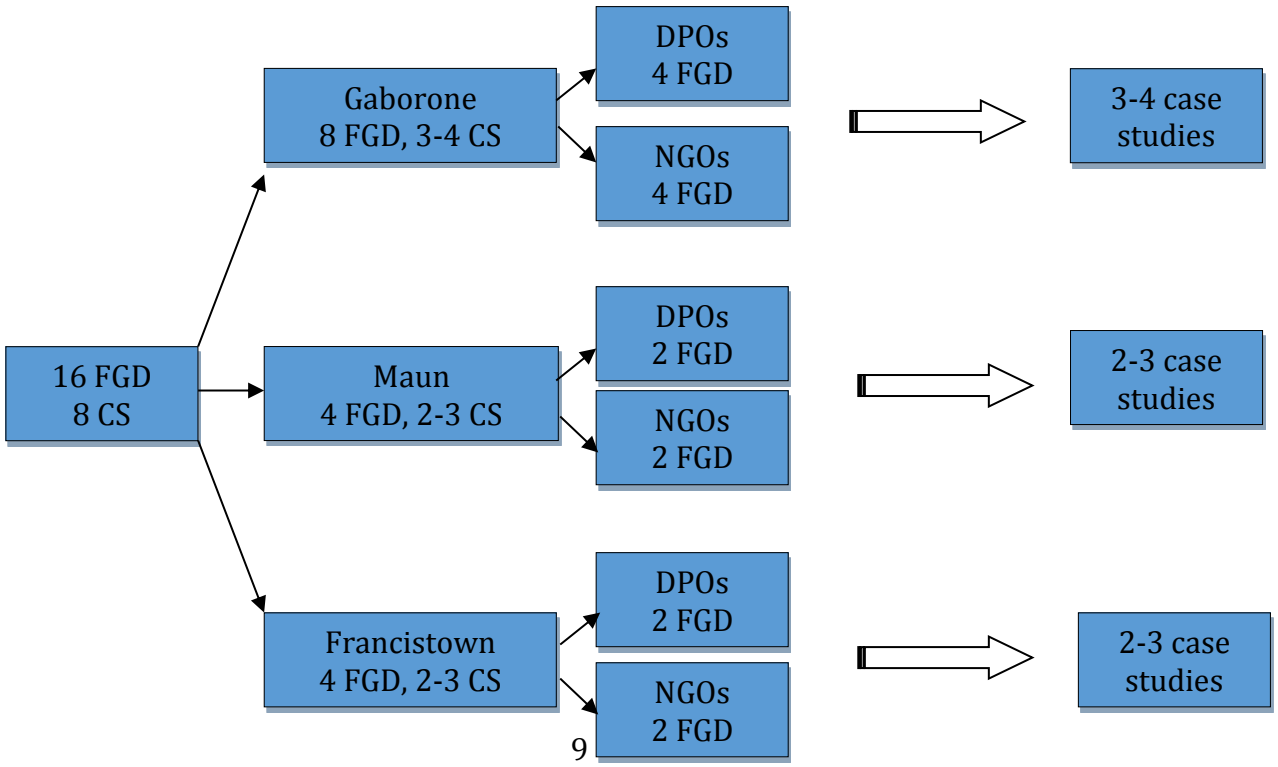
Q4: How can the needs of women and girls with disabilities be integrated in Botswana's policy and programme response to violence/GBV and vice versa (policy and structural level)?

In order to understand risk factors and barriers (Q1), we will conduct 16 focus group discussions (FGD) during a morning or afternoon session (3-4 hours with breaks)

with representatives from Disabled Peoples Organisations (DPOs) and NGOs involved in violence against women prevention and response programmes including those focusing on GBV and HIV. Most of these have already participated in the development of the grant proposal and as such should be willing to participate. Additional DPOs or NGOs will be recruited through BCD. The project has been funded for the Gaborone, Maun, and Francistown areas, and we will recruit from organisations working in those and surrounding areas (see figure below). Participants may have a diverse sets of disabilities, but we will ensure that this includes representatives from people with visual, hearing, physical disabilities (all of which have to have at least one disability as defined through the Washington Set of Disability Questions), and intellectual disabilities. For the latter we may recruit caregivers of people with disabilities. Half of the FGD will be conducted with DPO members and the other half with members of NGOs who work in violence against women or GBV programmes (membership not disability status is not an inclusion or exclusion criteria). Participants can be male or female, although we can expect to recruit more females in the NGO section of the FGD.

The FGD will include verbal interview techniques (Sign language where needed) as well as visual methodologies such as maps and problem trees (App 1). Sign language interpreters will collaborate with our fieldworkers during the FGD, ensuring that all questions and answers are both signed and verbally spoken. The verbal translation will be audio-recorded. In FGDs with blind participants, techniques will be adapted to three-dimensional tactile models that also use Braille (for the facilitator, a Braille machine and play-dough are needed to adapt the visual methods). We will not have FGDs with combined groups of deaf and blind people as this exacerbates communication barriers. Where possible, we will recruit peers (women with disabilities) as research assistants, which will strengthen the participatory approach of the project.

Figure 1 Sampling Framework for the FGD (16) and Case Studies (overall max 8 exact distribution depending on identified cases)



In order to better understand the personal experience of GBV we will conduct 8 case studies (CS). Through the engagement with DPOs and NGOs, we will identify women with disabilities who have experienced violence (physical or sexual). Their experience (Q2) will be documented through in-depth interviews and visual methodologies (alternative tactile material), such as problem trees, timelines, and maps (App 2).

In addition, we will try to understand the broader socio-cultural and structural context of the organisations and agencies involved in either disability or GBV work. Key informant interviews (Q3) will assess the organisational practices, gaps, and opportunities to advance the participation of women and girls with disabilities in GBV programmes in Gaborone, Maun, or Francistown. These key informant interviews will use a question guide and programme checklist (App 3a&b).

A systematic policy and programme review (Q4) will complete this part of the project and assess participation and inclusion in national policies and programmes related to GBV, SRHR, HIV and disability. For this purpose, we will design a policy and programme analysis tool (based on the CRPD) and assess Botswana's policy framework. This will include legal policy, programmatic areas as well as disability inclusion in national data collection.

The data from the FGDs and CSs will be transcribed and analysed using conventional content analysis supported by NVIVO. A team of three researchers will use a collaborative qualitative analysis method used by the principal investigator in previous studies [28-30]. This method includes a five-part analysis process in which the team uses the Jackson method of "concept mapping" [30, 31]. This is a collaborative approach engaging all team members in the analysis process, including development of the coding framework, double coding of each interview by two researchers, and consultative interpretation of the data.

For the analysis, we will develop inductive codes from the data. This requires that we first read transcripts and individually identify main ideas emerging from the data. In a second step, we will discuss and agree on the main themes emerging from the data. Thereafter, each transcript will be coded separately by two researchers using the coding framework and then compared for compatibility. Additional categories emerging during this process will be added in consultation with the team. Coded transcripts will be entered into the qualitative data software package NVIVO. Lastly, we will develop descriptive reports for each coding category. These in-depth descriptions will then be discussed by the research team, including any nuanced findings that arise. For instance, do themes vary in the three selected areas? Or do experiences vary via disability type?

Through the synthesis of existing evidence, the primary data from the qualitative study, the key-informant interviews, and the systematic policy review, we will identify the risk factors of violence against women and girls with disabilities, the gaps in data collection and policy provision in Botswana and opportunities for change to improve participation and inclusion with the participating NGOs and DPOs.

Capacity Building Component

The Bronfenbrenner socio-ecological model and the ALIV[H]E framework will function as overarching theoretical frameworks that guides this investigation. The ALIV[H]E framework is a framework developed by a consortium of key stakeholders under the leadership of UNAIDS. It is an applied research implementation framework, which draws on the evidence of 'what works' to prevent HIV and violence against women and girls (VAW) in all their diversity. At the same time, it aims to contribute to expanding the evidence base on what works to reduce VAW and GBV. The ALIV[H]E framework provides a step-by-step approach to developing an effective programme, including a monitoring and evaluation (M&E) framework, for implementing and evaluating VAW, GBV and HIV responses. All the steps and actions are completed through participatory and group-based discussion, practical exercises, and reflection with community members, under the guidance of local non-governmental organizations (NGOs), community based organizations (CBOs) and, ideally, alongside other organizations that support or work with this community. The framework includes women and girls with disabilities. As such the ALIV[H]E framework provides an evidence-driven framework to guide the investigation (formulation of interview themes) as well as design of the material for the training workshops.

In phase 3 we will focuses on adapting an inclusive framework for Botswana and develop training tools tailored for the needs of the participating NGOs, DPOs, and government representatives. It tries to answer the question of: ***What is the optimal design for a framework that enhances participation and inclusion in the GBV response in Botswana?*** This will be achieved through a collaborative process of the project and advisory team.

Led by BCD, IDM and SAMRC, key results from phase 2 will be disseminated through a stakeholder workshop. Study results will also be made available in accessible and simplified formats through the participating organisations. Thereafter, the project team (core research group in collaboration with the advisory group) will adapt or develop a framework based on the retrieved evidence and ongoing consultation. The ALIV[H]E framework, can be used as a starting point and be adapted by the project team. Through strong leadership from women with disabilities and a series of discussions and meetings with the advisory group, we will adapt or develop such a framework as well as the training tools for phase 4.

In phase 4 we will use the PALAR approach these workshops will not only share knowledge and stimulate mutual learning but also enhance participation, collaboration, communication and networking. Each workshop will include about 20 participants. Through the usage of the tools and framework developed in phase 3 and the participation of people with disabilities, women's group representatives, and local government officials, we intend to achieve learning around the intersection of gender and disability, build human capacity, and strengthen local linkages between disability groups, women's groups, NGOs, and government.

Furthermore, this phase will use pre-and post evaluation forms (App 4a&b), as well as visual methodologies, during the workshops such as the problem-trees and identified

opportunities from phase 2. This approach ensures that the workshops build on previous learning and community feedback and provide a direct entry point to discuss opportunities to enhance participation and inclusion. These will be translated into strategic objectives towards the end of the workshop and will inform phase 5.

After the training workshops, BCD and SAMRC will assist the implementing organisations in developing strategic objectives and approaches that increase the participation of women and girls with disabilities in GBV or other violence programmes in their area. ***This phase asks the question: What changes were initiated by participating organisations after the training?*** This change can include the adaptation of recruitment or monitoring strategies to enhance participation, the adaptation of workshop procedures to train facilitators and trainers, or the development of strategic policy engagements. These changes will be monitored through our field visits and engagement with participants (field notes), and validated through a programme impact assessment 3 months after the training (App 5).

The final strategies will be presented in the last stakeholder engagement meeting. This meeting will be complimented by a closing advocacy event in which the project issues will be highlighted through the launch of an artwork or video of a local girl or woman with disability. In addition, we will develop and launch a monitoring and evaluation tool which BCD will use to monitor further progress beyond the project lifetime.

Project Timelines

At the beginning of the project SAMRC, IDM, and BCD will review and agree on a full work plan which will also include a monitoring and evaluation plan. This will be based on table 1 and 2 which lay out anticipated outcomes, outputs, targets, timelines and responsible lead personnel.

Table 1 Project Implementation Timeline (Start July 2017)

Activities year one (2017)	1	2	3	4	5	6	7	8	9	1	1	12
Phase 1: Building a Coalition												
1. Stakeholder engagement			W									
2. Ethics submissions												
Phase 2: Identifying Risk Factors and gaps												
3. Review of Literature, data, & policies												
4. Training of Fieldworkers												
5. Data collection and entry												
6. Data cleaning, data analysis, and report writing												
Phase 3: Adapting a Framework												
7. Dissemination workshop						A						

and awareness event												
Activities year two (2018)	1	1	1	1	1	1	1	2	2	2	2	2
7. Adaptation of ALIV[H]E framework												
Phase 4: Building Capacity												
8. Training and capacity building with framework				WS	WS		Alter.					
Phase 5: Supporting Implementation												
9. Development of implementation strategies												
10. Strategic engagement workshop and awareness event						A					WS	
11. Final report for USAID												

Risks and Assumptions

Risk	**Suggested Actions**
Stakeholder alignment and support may be challenging	We will conduct three key-stakeholder meetings focusing on 1) Inception, 2) Validation and 3) Dissemination of project findings We will also develop a wide project advisory committee We will engage with key stakeholders such as the Office of the President and Department of Gender Affairs on a regular basis
Local implementation partners (IDM or BCD) are not able to deliver on their milestones	A detailed Operations plan will be developed and performance will be monitoring via FreedCamp. If there are greater performance challenges activities (including funding) can be moved to another DPO or academic institution.
Ethical approval is no provided in time	We will submit to the Botswana Ministry of Health, Health research and Development Commitee and the SAMRC Ethic board 2-3 weeks after the Inception workshop. Before that the draft proposal will have undergone several reviews by the Advisory committee and scientific review boards. We will also personally follow up with the progress of the submissions.
Challenges with access to DPO and NGO members and availability of participants (FGD)	We will include all DPOs and NGOs in the inception workshop, follow up with organizational support letters and regular updates and monitoring engagements. This will provide a basis for ongoing dialog and support is more likely
Increased vulnerability of women with disabilities	We will recruit women who have already disclosed their experience to a DPO or NGO member and establish

who have experienced violence and participate in our case studies	prior to the interviews that the participant is not at immediate risk of violence.
Study is not representative of all women with disabilities in Botswana	We will not aim at representativeness, but rather at providing evidence for a common message. In order to do so we will interview a diverse set of women with disabilities (both in terms of disability type and geographical location) and validate our results in the validation workshop.
Data collection time increases	We limit the FGD to 16 and the Case studies to 8 and rather focus on an intensive engagement.
Project implementers do not perform	As practice in this type of USAID grant all participating parties are paid after they have reached milestones. Hence funds can be reallocated if partners do not perform. This may delay the project but does not threaten the entire project.

Assumptions
BCD can function as umbrella body for this project and provide the human resources to implement this project
IDM can function as the local research partner and provide the operational support to manage the projects out-of pocket costs
DPOs and NGOs in Gaborone, Francistown and Maun are participating the project inception, research component, training and implementation
Office of the President and Department of Gender Affairs endorse and support the project
The project can identify some women with disability who have experienced violence and are comfortable to provide evidence

Project Inception

Development of the ALIGHT Project

In September/October 2015 a small group of representatives from Botswana under the leadership of Moffat Louis approached Prof. Jill Hanass-Hancock (South African Medical Research Council, SAMRC) to develop a disability proposal for Botswana. On the 23th of December 2015 USAID published funding opportunity 674-16-00002 aiming at "Promoting Inclusive Development in Southern Africa".

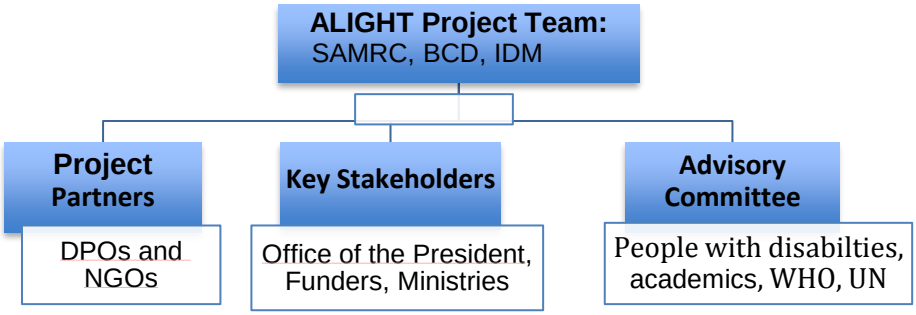
The early engagements were open to everybody. Specifically BCD, BABPs. Women Shelter, BOAD and SESAD provided input into the development of the proposal. These organisations also identified BCD as the potential main DPO partner for the project. In addition, the group identified IDM as a potential research partner. The USAID funding opportunity focused among other things on Gender-Based Violence. The group decided to focus therefore on increasing the participation of women and girls in programmes addressing violence and HIV. At the same time UNAIDS was

about to finalse a new framework that integrates violence and HIV programmes including people with disabilities. Hence the idea for ALIGTH was born.

In February 2016 the ALIGHT proposal was submitted, in September 2016 the project was selected for funding and early negotiations started with USAID. In June 2017 the grant was awarded to ALIGTH and due-diligence and contractual arrangements were initiated. In August 2017 the advisory board for the project was created and in September key partners and stakeholders identified. Finally on the 5th of October the Inception Workshop for ALIGHT Botswana took place in the Oasis Hotel in Gaborone (see meeting minutes in attachments). In this workshop the project has been endorsed by the Office of the President, the department of Gender Affairs and the participating NGOs and DPOs.

Project Partners and Key Stakeholders

The ALIGHT project team has identified three key groups that are important for the success of the project:



Conclusions

The ALIGHT project is ready to move into phase two as soon as ethical approval is permitted. The ethical proposals have been finalized and submitted to the SAMRC and Botswana Ministry of Health ethic boards. After receiving ethical clearance the project team will be ready to train fieldworkers and prepare the fieldwork. If phase two is not delayed that we should be ready to validate results by August 2018 in our next workshop with all partners and stakeholders.

For further queries to the project please contact: Jill Hanass-Hancock at Jill.hanasshancock@mrc.ac.za

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List of Appendices

Appendix 1: Inception Workshop Meeting Minutes

THE ALIGHT INCEPTION WORKSHOP
05 OCTOBER 2017

Chairs:

1) Ms Shirley Keoagile (Director of Botswana Association of the Deaf (BOAD) and Botswana Association for the Disabled (BOFOD).
2) Mr. Tshiamo Keakabetse (Researcher at the Institute of Development and Management (IDM)

1.0 Introductions, Welcome and Objectives

The Chairs welcomed participants and acknowledged the presence of a number of offices such as the Office of the president, Department of Gender Affairs and a number of NGO and DPO directors, researchers and representatives of funding agencies. They also shared on the objectives of the workshop.

A total of 50 participants from various stakeholders including DPOs, NGOs, Government, Development partners, Individuals with disabilities, care givers, research institutes and USAID participated in this workshop.
The chairs explained that the ALIGHT Botswana project aims to increase the participation of women and girls in programmes addressing violence including gender-based violence. Overall the workshop aimed to:

- officially introduce the ALIGHT Botswana project to all key stakeholders and partners
- discuss the ALIGHT Botswana project objectives and methods with you
- receive feedback from participant on how they can support and benefit from this project

Shirley Keoagile chairing the ALIGHT inception workshop

Thereafter the chairs introduced the Agenda for the day:

09:00:	Prayer, introduction, welcome and objectives
09:15:	Testimony; Malebogo Molefhe
09:30:	Project outline. What do we propose to do?; Jill Hanass-Hancock, SAMRC
09:45	Official opening, Office of the President; Thomas Timmy Motingwa
10:00	Inclusion of women and girls with disabilities in programmes addressing violence. Our priority; Kabelo Tsiang, Department of Gender Affairs
10:15	Role of researchers in knowledge creation and capacity building of NGOs and DPOs in Botswana; O. Seitio-Kgokgwe, IDM
10:30	Tea
11:00	ALIGHT BOTSWANA: What it means to us representative organisations for and of people with disabilities; Sekgabo Ramsay, BCD
11:30	Group Consultation: How can DPOs and NGOs contribute and benefit form ALIGHT Botswana?; Norma Msebele (DIWA), Mr Ramabokwa (BABS); How can Key stakeholders support ALIGHT Botswana? Moffat Louise (Inclusive Directions)
13:00	Lunch
14:00	Round Table Discussion: How will the partners and key stakeholders contribute to and benefit from ALIGHT Botswana? Jill Hanass Hancock, SAMRC
15:00	Discussion of way forward Dorcas Taukobong, BCD
16:00	Closure

2.0 Testimony:

Malebogo Molefhe is a former Basketball player who has become advocate for survivors of violence. She is also a women with disability and a survivor of GBV. As a kick off to the workshop she narrated her traumatic experience and life journey for the participants.

Malebogo opened her testimony with the acknowledgment that we (in Botswana) "have lost a lot of lives" due to violence. Using her own story she narrated the impact of violence on the lives of women in Botswana. After about ten years she ended the

relationship with her ex-partner, who had started to abuse her. After four months of separation, her ex-partner wanted to revive this relationship. Although he appeared to accept Malebogo's decline initially, he returned later that night at her front door. Malebogo was awoken by a loud rattle at her window. Initially thinking it was a burglar she discovered that it was him. Horrified by his late night appearance she did not led him into her house. However he broke the door and pulled a gun out of his pocket. Fortunately the neighbors had heard the noise at her house and called the police. Noticing the arrival of the police her ex-partner pulled her into the yard, directed the gun at her head and pulled the trigger. The gun jammed and she used this moment to try and escape. He was however faster, turned and fired eight bullets into her body. He then shoot himself. Malebogo was rushed to hospital in critical conditions, only narrowly escaping death. Her injuries were so severe that she had to be transferred to a hospital is South Africa. Although recovering physically the night's events left Malebogo paraplegic. However these were only the physical and visible injuries of the night's events, her emotional and psychological trauma has been impacting her life equally hard. Melebogo described hear "journey of therapy" detailed to the audience highlighting her challenges to understand "how she would live a life in a wheelchair and how she could be with her peers again considering her conditions". Her personal struggle did however lead her to become an advocate to address violence against women.

Women with Disabilities

Reflecting on women with disabilities and violence she reflected that "women with disabilities are bottled up and don't want to talk about GBV". As a result we don't have the statistics nor can describe the experience of these women and initiate change.

Encouragement: She therefore encourages women, including those with disabilities, to come out and speak about their experiences. This can help to describe and understand the extent of the problem. As an example Melebogo has started a ***What's Up Social Media group*** of women with disabilities to create a platform where they can discuss their challenges and provide support and lessons to one another. Her observation is that it is difficult to engage women with disabilities in such personal topics. "They can discuss everything else but when it gets to abuse, they keep quiet, they are not open about it". She also raised concerns that women withdraw reported cases of violence from the Police and, "which leads to police not taking these cases seriously, nullifying the credibility of future reports". She further emphasized that women with disability are more vulnerable and therefore need specific assistants to report incidences.

Malebogo Molefhe providing her testimony

Recommendations:

- Messages from the 16 Days of Activism should extend beyond the annual events and be continuous emphasized throughout the year to sensitize people about violence and its negative impact
- Sensitization around violence and GBV needs to start early in life (at school and home) so that children grow up with positive attitudes towards gender equity

and violence prevention and without stereotypes that assume "violence against woman is normal part of life" in Botswana.

- Interventions need to respond holistically. She suggested that a "One Stop Shop Centre" for women empowerment and service provision that responds to violence but also other issues of women life (employment, disability accommodation, children's care) is needed to prevent violence and support women who experience it.
- Women with disabilities need to be empowered through rights education as well. We also need to support them to "break the silence around violence" and encourage them to speak out.

3.0 Project Outline: What do we propose to do? Prof. Jill Hanass-Hancock

Professor Jill Hanass-Hancock; South African Medical Research Council

Prof Hanass-Hancock presented the outline of the project covering the following (see inception report);

- Project Conceptualization and the award of funding
- Project objectives
- How the project will be managed (project team and partners)
- Key Project Outcomes
- Project beneficiaries in relation to the specified project objectives

3.1 Discussions

Participants endorsed the outline of the project and suggested methods (see inception report for more details). In addition the following issues were raised:

1) The Director for Botswana Network of People Living with HIV and AIDS (BONEPWA), Kgoreletso Molosiwa highlighted to include HIV and AIDS issues more pronounced in the project as violence against women and HIV are closely interlinked in their country. Prof. Jill Hanass-Hancock welcomed this comment and supported the claim. She highlighted that more participation of organisations targeting HIV and AIDS is needed. In this context Dorcas Taukobong (BCD) highlighted that the Director of Botswana Family Welfare Association (BOFWA) was invited for this workshop but couldn't send anybody. Nevertheless Prof Hanass-Hancock explained that the proposed framework ALI[V]E, which could be used for adaptation in phase 3 of this project, is a framework that in-cooperates work focusing on HIV and violence prevention.

2) Participants also highlighted that people with disabilities can experience violence form their caregivers or families and that they hope the project will provide some information on these issues.

3) Participants also highlighted that "this kind of project" (meaning ALIGHT) is long overdue in Botswana, and that the time is right to engage on issues of violence against girls and women with disabilities, as the country is ready to address violence.

4.0 Official Opening: Inclusion of People with Disabilities in the Botswana Development;

Thomas Motingwa; Coordinator, Disability Desk; Office of the President

Before delivering his speech Mr. Motingwa offered a biblical analogy of why men should not use violence against women. He emphasized on the impact and harm raising from violence on the individual, family and society level and concluded that therefore all people need to support the fight against violence. This includes people with disabilities. He explained the role of the disability desk at the Office of the president which includes:

- Coordination of interventions for PWDs
- Developing disability related policy
- Support research so that for instance information and data on women who have experienced violence will be available
- Ensure access to justice for people with disabilities. He highlighted that the project also focuses on justice which is one of the offices pillars/principle of service provision.
- Ensures the development of strategies to address the needs of people with disabilities

Mr Motingwa emphasized that since the establishment of the coordinating office in 2010, they have received reports that people with disabilities "experience double stigma" (related to disability and circumstances of abuse or violence). In particular single mothers with disabilities are left behind with their newborn children with the fathers not supporting them. He also reported that blind women have been "raped" without perpetrators being held accountable because the women finds it difficult to identify them. He hopes the project will address such gaps.

Thomas Motingwa opening the ALIGHT Inception workshop

He therefore emphasized that the Office of the President rallies with the project and will support it.
He confirmed that the Office of the President fully endorses the project.

5.0 Inclusion of Women and Girls with Disabilities in Programmes addressing Violence. Our Priority.

Mr. Kabelo Tsiang; Gender Affairs Department: Gender Officer; Research Unit.

Mr. Tsiang highlighted the important of addressing violence against women with disabilities in Botswana and that the Department of Gender Affairs "is very exciting about this project" (meaning ALIGHT).
Mr Tsiang explained that the department focuses on three pillars:

1) Women and health
2) GBV and rights including public education to sensitize society on GBV
3) The girls child
This also included the need for research. He highlighted that the department was about to finish it next GBV national survey and that the ALIGHT project will be a great addition to this study. Therefore he emphasized that his department has endorsed the project, and will fully support it.

6.0 Role of Researchers in Knowledge Creation and Capacity Building of NGOs and DPOs in Botswana.

Dr. Onalenna Seitio-Kgokgwe; Institute of Development Management (IDM)

Dr Seitio-Kgokgwe highlighted the role of researchers such as IDM staff in building capacity, training and interventions in Botswana. In her presentation Dr Seitio-Kgokgwe explained the role of researchers in the ALIGHT Botswana is Research.
She outlined that the project should fulfill the following;

- Define terms used in the project such as; GBV, Disability and Gender
- Develop models/frameworks to help us understand issues the project is addressing
- Quantify or describe disability and the experience of disability and violence
- Identify factors that make girls and women vulnerable to violence
- Evaluate existing policies and strategies in order to identify gaps
- Translate information into practice
- Build capacity

7.0 ALIGHT Botswana: What it means to us as representative organizations for and People with Disabilities.

Ms. Sekgabo Ramsay; Executive Director: Botswana Council for the Disabled.
Ms Ramsay highlighted on how the work of NGOs and DPOs of or for people with disabilities often focuses on improving education, alleviating poverty or ensuring access to services. Seldom do these organisations discuss sexual and reproductive health and rights of people with disabilities and even less do they speak about the plight of women and girls with disabilities who are experiencing violence or abuse. Hence in particular women and girls with disabilities are left behind.
Thereafter she called upon on NGO's and DPO's organisations for and of people with disabilities need to be in the forefront to address this injustice. More need to be done and we have to do it together. Lastly she gave a big thanks to USAID and the American people for the amazing opportunity and was surely looking forward to share the journey with the ALIGHT project.

8.0 Group Consultations

Participants separated into three groups for more intense discussion: 1) DPOs, 2) NGOs, 3) Key Stakeholders (Funders, government, and development partners). In these groups the ALIGHT project outline was discussed again and two key questions answered: How can you contribute to and benefit from the ALIGHT project? The following is not a full reflection of the discussion but rather a summary of key contributions.

8.1: GROUP 1: Disabled persons' organizations

Question 1: How can DPO's contribute to the objective of the ALIGHT project?

- DPOs can help identify women to participate in project (empowerment)
- DPOs can help to spread messages from ALIGHT through different communication channels such as Whatsup, email and sms's.
- DPOs can help to advocate for a one stop rehabilitation centre for GBV which comprises of a multi disciplinary team –District Commissioner, Police officers, Counselors etc.
- DPOs can connect to organization that solely supports GBV issues pertaining to women and girls e. g MVA.
- DPO members can help to develop ways that help survivors of GBV.
- DPOs can support the sustainability of the GBV programmes for women with disabilities beyond USAID project funding.
- DPOs can expand networking through outreaches including influential members of the society such as Kgosi, Police, families e.tc

Question 2: How can DPO's like to benefit from the ALIGHT project?

- Their women and girls with disabilities are assisted and get to point of service. Women and girls with disabilities have missed important forums of GBV in the past due to lack of reasonable accommodation that enables them to come to such gatherings. The ALIGHT project should raise awareness for this and increase participation.
- Their women and girls with disabilities are empowered and disclose violence
- The idea of stop centre is developed to address the needs of GBV survivors using medium of instruction that are accessible to women and girls with diverse forms of disabilities. e.g. Braille, sign language.
- Centres that accommodate victims of GBV to include and empower women with disabilities
- The project help us (DPO) to influence internal and external policies and programme design to integrate disability and GBV
- DPOs will be knowledgeable on issues pertaining to GBV
- DPOs receive a platform to network with NGOs and advocate for the rights of women and girls with disabilities, who experience GBV issues in their respective organizations.

  It was highlighted that the inception workshop already offers a platform for networking and future partnering for potential funding

COMMENTS

- Moving forward individual organizations need to implement some activities and report the progress to BCD, more especially the non monetary activities. This will help the project team and partners to share success stories and challenges.
- The group (ALIGHT partners, stakeholders and project team) should provide suggestions on how to push for the policy for people with disabilities.
- The group should also widen stakeholder participation of influential government ministries that directly influence service delivery.
- Continuously teach issues pertaining to GBV in our respective organization, should not be an event for the 16 days of Activism against GBV.
- Involve the media to help spread issues discussed /outcomes of the inception workshop.
- Need for funds to sponsor activities that needs monetary support
- One stop rehabilitative centre required to provide comprehensive services to the survivors of GBV -long term dream
- Mainstream GBV and disability issues into the Basic Education curriculum

8.2: GROUP 2: NON-GOVERNMENTAL ORGANIZATIONS

Question 1: How can NGO's contribute to the objective of the ALIGHT project?

- Advocate for the inclusion of disability in national GBV and HIV policies and programmes
- Facilitate and participate in data collection and documentation on GBV and HIV with people with disabilities
- Disseminate information and knowledge through different departments including awareness and campaigns for women and girls with disabilities.
- Promote accessibility to services; legal, health, information, infrastructure, etc

Question 2: How can NGO's like to benefit from the ALIGHT project?

- Receive training and capacity building on violence, HIV and disability
- Understand how to include women with disabilities in their programmes
- See a long term reduction of GBV among women and girls with disabilities thus minimizing workload for centres providing services.
- Receive evidence on people with disability and information on risks and prevention of violence

8.3: GROUP 3: Key Stakeholders

Question 1: How can stakeholders contribute to the objective of the ALIGHT project?

- Provide literature, statistics and access to data sets
- Provide research assistant and students for extra support
- Incorporate knowledge in existing GBV programmes
- Enhance awareness creation
- Provide resources/ funding support the project (USAID) and off-springs projects

Question 2: How can stakeholders like to benefit from the ALIGHT project?

- Receive new evidence and skills development (Knowledge and Education)
- Understand options of integrating violence, GBV and HIV work and disability
- Understand how to prioritise disability issues

Key stakeholder discussion group

9. ROUND TABLE DISCUSSION:

Professor Jill Hanass-Hancock; SAMRC

The round table discussion focused on the results from the group discussions (see issues presented above). In addition the following comments were made;

- Existing disability focused programmes can be improved through including violence and GBV prevention elements.
- Providing training from DPOs to NGO personnel to create a disability accessible environments (for instance in Sign Language). This is a best practice shared from Zimbabwe.
- Promoting mainstreaming of disability issues through funding disability projects.
- Networking and collaboration is needed to improve service provision and knowledge on who provides what service and where.
- Increasing evidence base on disability to inform NGOs on needs of people with disabilities.
- Sharing information from ALIGHT Botswana can be used for evidence based programming as well as identify priority areas for disability programming and policy both local and international.
- Using the opportunity of the project to create a platform that encourages networking and mutual learning, partnerships even beyond the project.
- Supporting dissemination of new evidence to initiate change of mind by perpetrators themselves.
- Including of students with disabilities in tertiary institutions could also be an opportunity to increase reach of ALIGHT.
- Increasing collaboration with courts, schools etc. and collect data on reported cases could be an entry point for NGOs and DPOs to work.

- Monitoring of implementation of NGO's and DPO's from inception workshop was requested.

Round table discussion

USAID Remarks:
USAID representative Monametsi Sokwe congratulated the group for a well conceptualized and incepted project. He highlighted the diversity of workshop participants both in terms of disability and organizational participation. He expressed their support and wished the project all the best going forward.

10. Discussion of way forward;

Dorcas Taukobong, BCD
Mrs Taukobong discussed with the participants the next steps of the ALIGHT project

1) Consolidate project ideas and outline and development of inception report
2) Adjust project where needed and possible receive support from you for this project
3) Submit proposal to Ethics committee in Botswana
4) Initiate Research with participants (Dec 2017 – April 2018)
5) Engage with partners and key stakeholder in key advocacy events
6) Disseminate research findings in next stakeholder workshop (pot. August 2018)
7) Develop a framework for disability inclusion in programmes that address violence
8) Transfer knowledge and train DPOs and NGOs (Jan-May 2019)
9) Support development of strategic plans or guidelines for implementation

11. Closure

In closing the event chairs thanked everyone for their contribution, highlighted that the ALIGHT team is looking forward to working with participants and wished everybody a good journey back.

Appendix 2: Participants of ALIGHT Inception Workshop

Name	Organization
ALIGHT Core Team	
1. Dorcas Taukobong	BCD
2. Sekgabo Ramsay	BCD
3. Agisanyang Pitsane	BCD
4. Tshiamo Reginald Keakabetse	IDM
5. O.Seition-Kgokwe	IDM
6. Jill Hanass-Hancock	SAMRC
7. Nomfundo Mthethwa	SAMRC
ALIGHT Advisory Committee	
8. Mussa Chiwaula	Southern Africa Federation for the Disabled (SAFOD)
9. Godisang B Mookodi	Department of Sociology(University of Botswana)
10. Boitumelo Mangope	Department of Education Foundations, University of Botswana
11. Xoliso Norma Msebele,	Disabled Women in Africa, Project Coordinator
12. Moffat Louis	South East District Council Inclusive Directions Botswana
Key Stakeholders	
13. Thomas Motingwa	Office of the President
14. Botho Tshekiso	Office of the President
15. Kabelo Tsiang	Department of Gender Affairs
16. Segametsi Duge	USAID
17. Monametsi Sokwe	USAID
Partner NGOs and DPOs and other Organizations	
18. Catherine Aleseng	BONELA
19. Lesetse Dhula	BONELA
20. Ontlametse Raleru	Men and Boys
21. Omphemetse Ramabokwa	BABPS
22. B. Ratlou	BABPS
23. Julia Bothasitse	Thuto Le Boswa
24. Tlhalefo A. Kanjabanga	Albinism Society of Botswana
25. Shirley Keoagile	BOAD
26. Gabarane Ntwayagae	SESAD
27. Kutlwano Seeletso	Autism Botswana
28. Fihliwe Lekobane	Down Syndrome Association of Botswana
29. Petronella Modisana	Down Syndrome Association of Botswana
30. Nyanyaidzani Kgomotso	Lephoi Centre for the Blind
31. Kgomotso Mtopa	Lentswe La Ba Nale Bogole
32. Joseph Nchenje	Lentswe La Ba Nale Bogole
33. Isaac Nyathi	Easy Care Orphan Care Centre
34. Moffat Louis	Inclusive Directions
35. Uaseuapi Thandi Mbatara	Ngami Voice of People With Disability

36. Wonderful Joko	BSD
37. Omphemetse. Oneile	BSD
38. Mwiimbi Muunyu	Botswana Red Cross Society
39. Mabasa Ndikudze	Cheshire Foundation
40. Tsaone Mosweu	Student IDM
41. Thabiso Mothoeng	Student IDM
42. Keineetse Lobelo	Thuso Rehab
43. Punnie . Mc Gann	Active Mummies
44. S. Anania	I am Special
45. Pearl Shamukuni	Kagisano Society
46. Messiah. R. Makuane	Gaborone City Council
47. Kgoreletso Molosiwa	BONEPWA
Individuals	
48. Tshepiso Thibanyana	Kanye
49. Amogelang Boang	Student
50. Boikanyo Ratlou	BABPS
51. Boitumelo Phuthegelo	Botswana Police Gaborone
52. Malebogo Lebotse	Radikolo Primary School Mochudi
53. Malebogo Molefhi	Keynote speaker

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