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# Making a Difference, One Survivor at a Time: The Impact of USAID's First-Line Support (LIVES) Training

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**Amelia Peltz**<sup>1</sup>, Emily Reitenauer<sup>1</sup>, Allison Schmale<sup>1</sup>, and Madeira Dennison Zehnder<sup>2</sup>

1. United States Agency for International Development (USAID)

2. Independent consultant

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# HIV, Gender-Based Violence, and Gender Inequality



**1 in 3**

women worldwide have been beaten, coerced into sex, or otherwise abused in their lifetimes.



**1 in 4**

girls' first sexual encounter was unwanted.



**ART  
Usage**

Exposure to GBV, particularly IPV, is associated with lower antiretroviral therapy (ART) use, half the odds of self-reported ART adherence, and significantly worsened viral suppression among women.



**1.5<sub>x</sub>**

is the increased likelihood that women who experience intimate partner violence will acquire HIV.



**47%**

of males living with HIV aged 15 and older are on ART, compared with 60% among females.

Having gender inequitable beliefs or endorsing harmful gender norms – particularly norms sanctioning violence against and the control of women by male partners – decreased the odds of ART use among PLHIV.

# What is First-Line Support?

A form of psychological first-aid grounded in a **rights-based approach** to deliver **person- and survivor-centered care**.

It is the **most important care** provided to a survivor.

- L** Listen closely with empathy and do not judge the survivor
- I** Inquire about the survivors needs and concerns (emotional, physical, social, and practical)
- V** Validate the survivor, showing that you believe and understand them
- E** Enhance safety by discussing approaches to avoid or mitigate further harm
- S** Support the survivor by connecting them to other services

USAID integrates the provision of first-line support using WHO's *LIVES* framework into HIV programs and services to mitigate the impact of violence on PLHIV and populations made **vulnerable to HIV** including adolescent girls and young women and LGBTQI+ individuals.

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What is First-Line  
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Providing First-Line  
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Methods and Results

Recommendations

Impact

# Training Objectives and Curriculum

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The training **Providing First-Line Support for Survivors of GBV in USAID's HIV Programs** was adapted from the **Caring for Women Subjected to Violence: A WHO Curriculum for Training Health-Care Providers**.

The **target audience** is USAID's country team and implementing partners who are responsible for designing, delivering, monitoring, and evaluating PEPFAR-funded HIV services.

## Training Objectives:

1. Familiarize participants with the GBV first-line support (LIVES) framework.
2. Learn how to identify signs and symptoms of violence in a clinical context.
3. Practice techniques in conducting GBV case identification within HIV services.
4. Develop skills to deliver first-line support clinical and community contexts.

## Key Topics:

- Understanding GBV as a public health problem
- Guiding principles for providing survivor-centered and trauma-informed care
- Cadre-specific guidance and considerations for GBV case identification and the provision of first-line support using the LIVES approach
- Mental health and support for those providing first-line support, with specific guidance for supporting youth working with near-peers
- Program monitoring for quality services



# Post-Training Impact Survey

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**1,218**

# of people trained  
from 2020-2023

**30**

# of countries  
represented in the  
trainings from 2020-2023

**15**

# of HIV program areas  
represented in the  
trainings from 2020-2023

Of the 223 survey respondents from 12 countries (19% response rate), 70% took the training between 2020-2022 and included clinical facility staff, community workers, and program managers:

**87%**

deliver **first-line support (LIVES)** in their day-to-day work

- Quite well prepared - 43%
- Sufficiently prepared - 47%

**90%**

felt prepared to **provide the Listen, Inquire, and Validate ("LIV")** of LIVES:

- Quite well prepared - 43%
- Sufficiently prepared - 47%

**96%**

felt prepared to **Enhance Safety ("E")** and discuss how to make a safety plan:

- Quite well prepared - 49%
- Sufficiently prepared - 47%

**92%**

felt prepared to **facilitate support ("S")** based on the survivors expressed needs:

- Quite well prepared - 52%
- Sufficiently prepared - 40%

# Recommendations for First-Line Support Training

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Delivering first-line support for survivors of violence in HIV services is a **feasible and practical approach in low-resource settings.**

Training using **practical, skills-based approaches** should be incorporated into training and skills building for community-based service providers and HIV clinicians, or **any staff working directly with clients and program participants**, and **refresher training offered regularly.**

**To improve the accessibility of the training:**

- ✓ The training and all supplemental materials have been **translated** into French, Haitian Creole, Portuguese, and Spanish.
- ✓ The training provides guidance and materials for both **in-person and virtual facilitation** to accommodate different needs and expand the geographic reach of the training.
- ✓ Recommendations and tips on how to **contextualize the training materials** for different country, cultural, and program contexts ensuring the training is appropriate and relevant for all audiences.

# Impacts of First-Line Support Training

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Increased confidence and skills among service providers in identifying and responding to violence.



Improved the provision of quality, compassionate care to survivors who disclose violence.



Training of trainers model developed teams of new facilitators who continue to provide initial and refresher training.



Improved self-care and basic mental health knowledge for both clients and providers.

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## THANK YOU!

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