Integrating HIV and SRHR in Southern Africa
INTRODUCTION

AAI would like to thank the Development Team (DT) (See DT list in toolkit) for their contribution towards the content development of this manual. A special thanks to Asa Anderson, Regional Programme Coordinator (SRHR-HIV linkages), UNFPA East and Southern Africa Regional Office for her contribution in writing the foreword to this manual.

AAI would like to express our gratitude to Jeanette Slootbeek for providing consulting services towards the development and training of the toolkit content and Tian Johnson for consulting on the 3-country piloting and final revisions of the toolkit in Zambia, Swaziland and Namibia.

Thanks are also due to the Pilot Training participants that provided invaluable feedback towards the final development of the toolkit.

AAI wish to acknowledge the contribution of the SRHR Regional Fund (HIVOS and the Ford Foundation) for partnership in funding this work.

Last but not least AAI wants to acknowledge the efforts made and support provided by the AAI team namely Daniel Molokele, Lucinda Van Den Heever and Bob Mwiinga Munyati.

The author of this tool kit is Yumnah Hattas who was supported by Phillipa Tucker. Every attempt has been made to ensure the accuracy of this document but any errors or omissions are our own. The authors and AAI welcome any feedback, comments, and/or corrections on the content.

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Integrating HIV and SRHR in Southern Africa

Saving lives and investing effectively is a top global health priority and one of the key concepts at present is ‘integration’. UNFPA believes that integrating Sexual and Reproductive Health (SRH) and HIV services can better ensure universal access to the information and services every person needs to make healthy choices.

Supported by international and national commitments to integration that began almost a decade ago, the provision of integrated SRH-HIV services has today become an established strategic priority for the East and Southern African (ESA) region. The rationale behind this is that sexual and reproductive ill-health and sexual transmission of HIV share the same causes or contributors, including poverty, limited access to information, gender inequality, cultural norms, and social marginalization of the most vulnerable and at-risk populations. There is a close relationship between SRH and HIV. An argument can easily be made that HIV and AIDS is a component of a broader human life cycle SRH agenda striving towards achieving common outcomes, such as dual protection from unintended pregnancy and HIV infection, and reduction in maternal, new-born and child mortality.

Intuitively, SRHR and HIV integration makes sense; however, in many different contexts around the world, people are not getting the high quality and range of affordable and integrated services they need. Good services need to be supported by good policies, strong health systems and an enabling legal framework. But more importantly, SRH and HIV integration – which focuses at the service level – needs to be supported by health worker/implementer capacity to understand the concept and have the skills to cater for the HIV and SRH needs emerging at different levels in the human cycle, from birth to old age. Women and men, girls and boys, need access to services that promote synergistic sexual and reproductive health and HIV prevention.

This tool developed by AAI and supported by the Regional SRHR Fund (HIVOS & Ford Foundation) departures from the individual when trying to unpack SRH-HIV integration. It states that “it is only from the point of understanding their own sexuality that the individual is able to relate and engage with the issue of sexuality at the service delivery point and other areas of integration”.

With many more organisations and individuals embracing the concept of ‘integration’, the need to deepen our skills in both areas of SRH and HIV becomes critical. AAI’s toolkit on ‘Integrating HIV and SRHR in Southern Africa’ outlines a three-day programme with the aim of bringing together current ‘silo-driven’ approaches to SRH and HIV programming and building the capacities of implementers/health-care workers to deliver comprehensive human rights-based, non-discriminatory, good quality health services that will ensure healthy lives and promote well-being at all ages, for all people.

We hope that this manual will inspire you and capacitate you to support a unified response to end HIV and fulfil the promise of universal access to sexual and reproductive health and rights.

**Asa Andersson**

Regional Programme Coordinator (SRHR-HIV linkages), UNFPA East and Southern Africa Regional Office
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>ANC</td>
<td>Antenatal Care</td>
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<td>ASRHR</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<td>ARV</td>
<td>Antiretroviral Medicine</td>
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<tr>
<td>CSE&amp;I</td>
<td>Comprehensive Sexuality Education and Information</td>
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<td>EID</td>
<td>Early Infant Diagnosis</td>
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<td>EU</td>
<td>European Union</td>
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<td>FBO</td>
<td>Faith Based Organisation</td>
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<td>FP</td>
<td>Family Planning</td>
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<tr>
<td>HAART</td>
<td>Highly Active Antiretroviral Treatment</td>
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<tr>
<td>HTC</td>
<td>HIV Testing &amp; Counseling</td>
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<tr>
<td>HIV</td>
<td>Human Immuno-Deficiency Virus</td>
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<td>IDU</td>
<td>Injecting Drug User</td>
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<tr>
<td>IMNCI</td>
<td>Integrated Management of Childhood Illnesses</td>
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<tr>
<td>ISP</td>
<td>Integrated Support Programme</td>
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<tr>
<td>MARPS</td>
<td>Most at Risk Populations</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MMR</td>
<td>Maternal Mortality Ratio</td>
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<td>MNCH</td>
<td>Maternal New-born and Child Health</td>
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<tr>
<td>MPO</td>
<td>Maputo Plan of Action</td>
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<tr>
<td>MTCT</td>
<td>Mother to Child Transmission</td>
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<tr>
<td>NAC</td>
<td>National AIDS Council</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<td>OI</td>
<td>Opportunistic Infection</td>
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<tr>
<td>PHC</td>
<td>Primary Health Care</td>
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<tr>
<td>PIHTC</td>
<td>Provider Initiated Testing and Counseling</td>
</tr>
<tr>
<td>PLHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PNC</td>
<td>Postnatal Care</td>
</tr>
<tr>
<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
</tr>
<tr>
<td>POA</td>
<td>Process Orientated Approach</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goals</td>
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<tr>
<td>SGBV</td>
<td>Sexual &amp; Gender based violence</td>
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<tr>
<td>SOGI</td>
<td>Sexual Orientation and Gender Identity</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>STI</td>
<td>Sexually Transmitted Infection</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
</tr>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
</tr>
<tr>
<td>VMMC</td>
<td>Voluntary Medical Male Circumcision</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
</tbody>
</table>
## CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>3</td>
</tr>
<tr>
<td>Copyright Notice/Creative Commons</td>
<td>3</td>
</tr>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Abbreviations</td>
<td>5</td>
</tr>
<tr>
<td>Programme</td>
<td>8</td>
</tr>
<tr>
<td>About this toolkit</td>
<td>10</td>
</tr>
<tr>
<td>How to use this toolkit</td>
<td>13</td>
</tr>
<tr>
<td>Conducting the sessions and modules</td>
<td>15</td>
</tr>
<tr>
<td><strong>Day 1: SRHR-HIV Integration: Setting the stage</strong></td>
<td>16</td>
</tr>
<tr>
<td>Module: T- Shirt Game</td>
<td>18</td>
</tr>
<tr>
<td>Module: SRHR &amp; HIV Integration</td>
<td>19</td>
</tr>
<tr>
<td>Module: Genderbread Person</td>
<td>22</td>
</tr>
<tr>
<td>Module: Accountability Literacy</td>
<td>23</td>
</tr>
<tr>
<td>Module: Legal Framework</td>
<td>24</td>
</tr>
<tr>
<td>Module: Values and Attitudes</td>
<td>26</td>
</tr>
<tr>
<td><strong>Day 2 and 3: Significant Issues</strong></td>
<td>27</td>
</tr>
<tr>
<td><strong>Session 1: Facts</strong></td>
<td>28</td>
</tr>
<tr>
<td>Module: Sexuality, pleasure: body-mapping exercise</td>
<td>29</td>
</tr>
<tr>
<td>Module: Vaginal Corona</td>
<td>30</td>
</tr>
<tr>
<td>Module: Anatomy</td>
<td>31</td>
</tr>
<tr>
<td>Module: Reproductive Choices</td>
<td>32</td>
</tr>
<tr>
<td>Module: Living with HIV: Exploring sex &amp; love</td>
<td>33</td>
</tr>
</tbody>
</table>
# Integrating HIV and SRHR in Southern Africa

## Session 2: People

<table>
<thead>
<tr>
<th>Module: Sexworkers</th>
<th>35</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module: Sexuality &amp; Children</td>
<td>36</td>
</tr>
<tr>
<td>Module: Youths</td>
<td>37</td>
</tr>
<tr>
<td>Module: Substance &amp; Drug Abuse</td>
<td>39</td>
</tr>
<tr>
<td>Module: Disability and Sexuality</td>
<td>40</td>
</tr>
<tr>
<td>Module: Men</td>
<td>42</td>
</tr>
<tr>
<td>Module: Women</td>
<td>43</td>
</tr>
<tr>
<td>Module: Sexual Orientation and Gender Identity (SOGI)</td>
<td>44</td>
</tr>
</tbody>
</table>

## Session 3: Power

<table>
<thead>
<tr>
<th>Module: Power</th>
<th>46</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module: Religion and Culture</td>
<td>47</td>
</tr>
<tr>
<td>Module: Sexual Abuse and Gender Based Violence</td>
<td>48</td>
</tr>
<tr>
<td>Module: Psychosocial Support</td>
<td>49</td>
</tr>
<tr>
<td>Module: Abortion</td>
<td>50</td>
</tr>
</tbody>
</table>

About AIDS Accountability International 51

Contact details 53

Notes 54
# PROGRAMME

## DAY 1

<table>
<thead>
<tr>
<th>Start Time</th>
<th>End Time</th>
<th>Session Name</th>
<th>Facilitator</th>
</tr>
</thead>
<tbody>
<tr>
<td>08h00</td>
<td>09h00</td>
<td>Registration and baseline survey</td>
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</tr>
<tr>
<td>09h00</td>
<td>09h10</td>
<td>Welcome</td>
<td></td>
</tr>
<tr>
<td>09h10</td>
<td>09h30</td>
<td>Intros/T-shirt Game</td>
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</tr>
<tr>
<td>09h30</td>
<td>10h30</td>
<td>SRHR and HIV – the basics</td>
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</tr>
<tr>
<td>10h30</td>
<td>11h00</td>
<td>Tea</td>
<td></td>
</tr>
<tr>
<td>11h00</td>
<td>11h30</td>
<td>What is SRHR-HIV Integration?</td>
<td></td>
</tr>
<tr>
<td>11h30</td>
<td>12h30</td>
<td>Genderbread Person</td>
<td></td>
</tr>
<tr>
<td>12h30</td>
<td>13h30</td>
<td>Lunch</td>
<td></td>
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<td>14h30</td>
<td>Accountability Literacy</td>
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<td>14h30</td>
<td>15h30</td>
<td>Legal Framework</td>
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<tr>
<td>15h30</td>
<td>16h30</td>
<td>Values and Attitudes</td>
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<tr>
<td>16h30</td>
<td>16h45</td>
<td>Reflection and closure</td>
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## DAY 2

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<th>End Time</th>
<th>Session Name</th>
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<td>09h00</td>
<td>09h15</td>
<td>Reflections</td>
<td></td>
</tr>
<tr>
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<td>Explaining the day</td>
<td></td>
</tr>
<tr>
<td>09h30</td>
<td>10h30</td>
<td>Just the Facts (Transparency)</td>
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<td>Vaginal Corona</td>
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<td>Pleasure</td>
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<td>LWH – Exploring sex &amp; love development</td>
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<td>0 – 18 years</td>
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<td>11h00</td>
<td>Tea</td>
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<td>11h00</td>
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<td>Just the Facts (Transparency) cont.</td>
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### Integrating HIV and SRHR in Southern Africa

**AIDS Accountability International**

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<td>Lunch</td>
<td></td>
</tr>
<tr>
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<td>16h30</td>
<td>People (Dialogue) (with working tea)</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Children</td>
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<td>Sex Workers</td>
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<td>SOGI</td>
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<td>16h30</td>
<td>17h00</td>
<td>Reflections and Closure</td>
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**DAY 3**

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<td>Reflections</td>
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<td>Explaining the day</td>
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<td>09h30</td>
<td>10h30</td>
<td>Power (Action)</td>
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<td>Religion and Culture</td>
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<td>Sexual Abuse and Gender Based Violence</td>
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<td>Psycho social support</td>
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<td>Abortion</td>
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<td>Power</td>
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<td>Tea</td>
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<td>11h00</td>
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<td>Power (Action) cont.</td>
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<td>12h00</td>
<td>13h00</td>
<td>Lunch</td>
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<td>13h30</td>
<td>Endline Assessments</td>
<td></td>
</tr>
<tr>
<td>13h30</td>
<td>14h00</td>
<td>Evaluation</td>
<td></td>
</tr>
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<td>14h00</td>
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<td>Reflections and Closure</td>
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As HIV-SRHR integration occurs in Africa, AAI has identified that civil society from the HIV sector is also having to move into the SRHR sector. As a natural evolution into the SRHR sector this is an incredible opportunity for SRHR as more civil society experts are able to apply their many skills to this area of health. It should ensure that SRHR secures more resources over the coming years, both financial and human.

Bringing strong advocacy, research and development skills to this area of health will bolster and support SRHR for years to come.

However, there is one area of work in which HIV civil society is lacking: SRHR itself. Due to their backgrounds in HIV and AIDS, and the pressure to continue work, albeit in the SRHR sector, few HIV civil society staff have had the opportunity to have formal SRHR training. Those that have are much better able to analyse, interrogate and work in this area. Many others that have not had either self or formal training are showing the following gaps in knowledge:

- A clear understanding of the concept of family planning;
- Confusing family planning with SRHR;
- Using inaccurate language for example for types of unintended pregnancies or types of access to abortion;
- Conflating sexual and reproductive rights;
- Being seconded into contraception led approaches by others with conservative agendas;
- Confusing female centred approaches with placing burden of responsibility on women alone;
- Lack of understanding of the history of the SRHR movement;
- Focused only on limiting reproduction and not on fertility and safe and healthy sexuality;
- Working only on a narrow age window;
- Lack of technical info about contraceptive methods/abortion technology/CaCx screening etc. so they can accurately advice/advocate for programs and policies;
- Lack of understanding/knowledge of regional and national frameworks, policies and priorities for integration and key responses taking place.

Similarly, SRHR civil society staff struggle with some of the following issues, comparatively to HIV activists:

- “There has been resistance from traditional SRHR activists to HIV activists entering the arena. SRHR never had so much money, and lost some to HIV over the years.”
- “HIV often operates in a ‘silo’, driven by a bio-medical approach. HIV is a safer conversation than SRHR.”
- “Sexual and reproductive rights are sometimes not easy to discuss at a Catholic institution.”
- “Working on sexuality and LGBT opens up a conversation about sexual identity. Traditionally, the HIV world focused on sexual practice.”
- “The HIV community is worried they will lose their platform in the SRHR discourse.”

These comments from SRHR activists reveal that they too have challenges as they begin to work with more and more HIV staff, and that their perceptions and experience of the HIV world may pose a barrier to effectively working with each other. The extensive funding that was allocated to HIV in the past is also seen by many SRHR activists as money that was diverted from SRHR to HIV programmes.

This project will contribute to the better understanding of history, technology, policy, language, rights and other knowledge of both SRHR and HIV civil society staff. Supporting organisations, allies and partners to strengthen the
quality and depth of understanding with regards to integration better positions CSO’s to identify opportunities for using skills and bridging HIV-SRHR gaps in policies and programmes, amongst other work prospects. The following is an excerpt from recently completed Ford Foundation research that demonstrated that grantees who work in the SRHR & HIV integration space also had many positive comments to make about integration and the opportunities that it provides:

“Linking SRHR and HIV opens discourse and action: There was strong agreement across OSA grantees that linking SRHR and HIV is a positive development. In particular, that it opens up the discourse around sexuality and provides new avenues for effective action. ... Several partners commented on the “silo” driven approach to HIV programming, in which HIV is treated as a bio-medical issue, making HIV a “safer conversation than SRHR”.

Linkages can strengthen personal agency: Opening the discourse to embrace sexual identity (SRHR) – over and above sexual practice (HIV)–including in the ways that identity can strengthen personal agency is a way that integration strengthens rights around both HIV and SRHR. Partners talked about how SRHR and HIV programs based in a rights framework can reduce stigma, discrimination and “othering”. Several Ford grantees are exploring strategic “wedges” to advance human agency and dignity, including through strategic litigation, accountability mechanisms, re-aligning health systems, and linking SRHR and HIV to people’s economic security.

Building partnerships is key to success: Potential drawbacks of integration notwithstanding, there was universal agreement that building partnerships across SRHR and HIV is a positive benefit.”

Diagramatic Explanation of Rationale for Toolkit Content
Methodology

The methodology for developing the toolkit was partially based on the David E. Kern Six Point Approach, developed and copyrighted by Kern in 1998. AAI added additional steps as determined by our needs. The relevant steps 1-3 are described here.

Step 1 Problem Identification and General Needs Assessment:
Identification and critical analysis of the problem that will be addressed by the curriculum. Requires substantial research to analyze what is currently being done by practitioners and educators, i.e., the current approach, and ideally what should be done by practitioners and educators to address the problem, i.e., the ideal approach. The general needs assessment is usually stated as the knowledge, attitude, and performance deficits that the curriculum will address.

Step 2: Evaluate existing curriculums:
Existing curriculum which can be drawn on will be discussed and evaluated for value added quality. (Save the Children Fund) and All in One (Population Council) for example.

Step 3 Needs Assessment for Targeted Learners:
The general needs assessment is applied to targeted learners and applied to SRHR and HIV civil society in Southern Africa. A detailed survey was done amongst targeted learners on their needs.
Integrating HIV and SRHR in Southern Africa

Step 1:
When planning any form of capacity building session in SRHR & HIV Integration, using this toolkit, the Day 1 is important to be followed as planned. The reason for that is, to be able to address any key or relevant issue pertaining to SRHR & HIV, you need to have a good understanding of what SRHR & HIV Integration is all about. The Day 1 creates or forms that basis or platform to build onto.

Step 2
The Day 2 takes on the form of group work that is located within themes in the various parts of the day. The first part of the day is focussed on basic but needed facts. The second part of the day is focussed on people and their needs and realities. The third and last part of the day is focussed on power relations and issues directly related to power.

Step 3
The thematic group discussions are guided by toolkit pull-outs. These pull outs are directed at specific thematic areas and will inform the group about salient issues regarding the specific area of discussion. It will also have the step by step process to conduct the group discussion. The pull-out will also have an accompanying instruction cube that will direct the specific group dynamics (select a scribe, rapporteur, time-keeper, etc.).

Step 4
Each group need to congregate around a specific table/commission space provided. On the table they will find their specific pull-out, USB memory stick, flip chart paper and markers and instruction cube. Once these items have been identified, the group can sit down to read the instruction cube. When decisions have been made pertaining to the instruction cube, the pull-up is opened up and the group discussion is commenced.

Step 5
The rapporteur will provide succinct points to feedback to the plenary session for further engagement and discussion.

The Process Oriented Approach

The process-oriented approach involves each person going through a personal process, and includes introspection, personal reflection and the internalisation of concepts in order for them to fully understand how they feel about the many complex issues that make up comprehensive sexuality education. The key to this approach is about changing mind-sets about issues of sexuality and gender, to internalise thinking about these issues and to challenge entrenched ways of thinking.

The aim of this is to promote positive and healthy sexuality. Creating your workshops based on this process-oriented approach is what makes them different from other HIV and AIDS and sexuality education programmes.

The process-oriented approach is built on experience, where we have found that the sexuality education that is provided by those who have had the opportunity to go through a personal process is non-judgemental, more realistic and more youth friendly than other approaches, and is therefore more effective.

Sexuality education must include more than just facts and information, because people's perceptions and behaviour relating to sexuality are deeply rooted and complex and must be addressed.
A long-term process of sensitisation, reflection, follow-up, peer support and mentoring is needed in order to bring about healthy behaviour change with relation to sexual activity. The process-oriented approach is designed to allow for this time and to encourage change.

The process-oriented approach to training involves exploring people’s values and beliefs, as a non-judgemental human-rights based approach is needed. It implies a shift away from moralistic attitudes. The training approach used in the Making It Personal training programme focuses on providing non-judgemental information and respecting individual differences through promoting non-discrimination.

Some of the sessions in this toolkit are based upon the Personal Orientated Approach (POA) as found in the Making it personal manual produced by Save the Children International.
CONDUCTING THE SESSIONS AND MODULES

Each session has the following layout:

Session objectives
This explains the objectives and purpose of each session. The objectives outline the achievements the facilitator hopes to attain within the session.

Time
This is a guideline as to the duration of the session.

Materials/ preparation
This is a list of the items, equipment and materials the facilitator will require to execute the session. This area will also list the various handouts, appendices as well as reading material the facilitator will need to work through prior to the session as part of the preparation.

Session overview
This is an explanation of what will be done in the session. This is just a brief overview.

Step-by-Step
This outlines how the session will be facilitated and how it would unfold at every stage of the session.

Points to remember
This helps the facilitator remember some of the key points that should be raised within the session and discussion. Usually, these points are raised by the participants themselves, but if not, it would need to be raised by the facilitator. The facilitator is always reminded to take note of the local context in which the toolkit is being used. Be familiar with local societal norms and laws as they pertain to SRHR and HIV.

Tips for the facilitator
This element is particular to certain sessions where the facilitator could encounter some difficulty in relaying sensitive issues. It is also important when the facilitator feels the session can be adapted or changed.

References
These are the references, content and information used directly writing the session. Often it is a cut and paste of the original document as this toolkit acknowledges the work done as it appears in the various good practice models.

Resources
This element acknowledges additional work done in the specific technical area as it is relevant to the session. Often, there is too much information to fit into the session itself, but can be accessed as basis to prepare for the session or as a point of adapting the session. This section also includes the names and contact details or organisations who can be contacted to help with the facilitation of the specific sessions.
Day-one brings together issues of SRHR & HIV integration, sexuality and pleasure, accountability, legal frameworks, values and attitudes. It is very important to understand the basics of SRHR & HIV integration and its association to being a human being with rights. It is also important to relate HIV & SRHR Integration to being a human being that follows through specific development phases throughout life. The participants are reminded that every living human being has specific physical, emotional, intellectual, spiritual and social needs, contexts and abilities that play out in the values and attitudes of the individual.

Linking sexuality, gender and HIV & AIDS

The following is the introduction to the session. As the facilitator you need to know the following information very well. Please see the additional resources list for more reading.

Most cases of HIV-transmission, new infections as well as re-infection, happen through sexual activity and reproduction. Hence, any work within HIV prevention need to involve exploring the area of sexuality, sexual practices and behaviour. It is imperative to note that when working with sexuality we should not exclude exploring areas of intimacy, love, sex and pleasure which form part of the normal human response and longings of a person. We are born as sexual beings and are therefore obliged to work with beliefs, myths and values about sex, love and gender. Associated with these values and cultural beliefs are expectations, hopes, fears over how individuals respond to the issue of sexuality.

Many persons are not in touch with their own sexuality and therefore find it uncomfortable to speak to others about the issue of sexuality. As a result, when engaging with the issue of sexuality these persons will speak from their personal values as point of reference and others will avoid the issue completely. This can often become a barrier when dealing with issues of sexuality especially when it is required to deal with issues of integration with gender and HIV. It has become much easier to deal with the clinical issues of HIV because of the approach government has taken in certain countries.

This had meant that HIV has become a “talked about” issue and the need was created to address it from a medical perspective. The issue that becomes uncomfortable is the fact that, despite the acknowledgment that HIV is sexually transmitted, it is not spoken about and often marred with stigma and discrimination. This is despite the fact that communication about sexuality still remains the best way of preventing the transmission of HIV.

By addressing the issues of how we as individuals discover our own sexuality, love and how we can express our love and sexuality by interacting with others, we become empowered to make informed decisions about the choices we make regarding our sexuality. Hence, we are able to manage the sexually transmitted diseases we contract or no.

This brings us to the issue of identity and the fact that sexuality is an integrated part of every individual’s personality and identity. Sexuality and HIV are not just about knowledge and facts about our bodies and diseases and how they relate to each other, it is about very deep and existential questions such as: Who am I? Am I normal? Am I good enough? Will I find someone to love me? Can I have a sexually transmitted disease like HIV and still find love? What does sex feel like? What is love? Does sex involve being forced to have sex every time? Can sexual intercourse be something pleasurable?

Sexuality and integration with HIV cannot occur without discussing and getting real with the issues of gender
and gender identity. Sexuality and integration with HIV cannot go without discussing and getting real with the issues of gender and gender identity specifically as it relates to what is considered normal and abnormal. Many societies perceive heterosexually as being normal and homosexuality as being abnormal. The International Planned Parenthood Federation (IPPF) describes sexual diversity as a “term (that) refers to the full range of sexuality which includes all aspects of sexual attraction, behaviour, identity, expression, orientation, relationships and response. It refers to all aspects of humans as sexual beings.” (IPPF, 2010: page 4)

The concept of sexual diversity does not position some groups as ‘normal’ and others as ‘abnormal’ or ‘other’, but rather reflects the reality that people have different kinds of sex, thus challenging the idea of heteronormativity. Therefore, it is important to note that when dealing with SRHR & HIV and gender integration we need to keep in mind sexual identity and transsexuality issues, ethnic and religious issues, socio economic issues, social class issues, issues of physical and psychological abilities and disabilities and the issue of age. A human rights based approach should include issues of sexuality when dealing with HIV and specifically with gender.

Finally, when dealing with sexuality and HIV integration, it is imperative to note that integration does not only happen at a clinical point, at service delivery points or at adolescent programmes. Rather it starts at home where individuals come to be in-touch with their own sexuality, how they relate to others within their homes and how they relate to their culture, religion, customs and rituals. It is only from the point of understanding of their own sexuality that the individual is able to relate and engage with the issue of sexuality at the service delivery point and other areas of integration.
MODULE: T-SHIRT GAME

OBJECTIVES
To introduce participants to each other. To facilitate a discussion about stigma, power and language.

OVERVIEW
This is a group facilitated discussion whereby participants will introduce themselves to the group and relate their introductions to the slogans provided on the T-shirts.

PREPARATION
T-shirts with various slogans provided to participants. Flip chart paper and markers.

TIME
15 Minutes

STEP BY STEP:

1. On a flip chart paper write the following instructions:
   • Name
   • Organisation/ affiliation
   • And I am .......... (fill in the slogan on the T-shirt).
2. Hand out a T-Shirt to everyone.
3. Get everyone in a circle formation.
4. Ask everyone to introduce themselves as per the instructions on the flip chart paper.
5. Participants then hand back the t-shirts or can continue to borrow the t-shirt until the end of the workshop and note the response they get from strangers. This can be incorporated into feedback sessions.

T-SHIRT SLOGANS INCLUDE – two t-shirts per slogan:
• I am proud to be Gay
• I am proud to be a Lesbian
• I am proud to be Transgender
• I am proud to be a sex worker
• Children have sexual and reproductive health and rights
• I support legalisation of safe abortions for all
• I was born with HIV and have sexual needs like everyone else
• Comprehensive Sexuality Education should start from Pre-school
• Disabled persons have sexual needs
• Politicians are not above the law; they should be held accountable for their actions.

POINTS TO REMEMBER
Remember to manage the responses of all of the participants.

TIPS FOR FACILITATOR
For some people this can be a very emotional experience. Be sure you make the time to respond to and act on whatever comes up during the process, both positive and negative factors. Emphasise that we all have our emotions and we have to take them seriously. Make time available for reflection and explanation on the root cause of emotions that may surface. Issues of power can be deeply inherent and when people realise this, feelings of guilt can surface. Make sure to manage this by appreciating the various values of the group. Be aware of the local laws and ensure participants are wearing t-shirts outside of the module time willingly and without coercion. Be sure to never risk anybody's safety.
MODULE: SRHR & HIV INTEGRATION

OBJECTIVES
To provide participants with a clear understanding of sexual health.
To provide participants with a clear understanding of reproductive health.
To brainstorm with participants on the basic facts on HIV and AIDS.
To help participants explore how SRHR & HIV Integration relates to the work they do.

OVERVIEW
This module explores what SRHR & HIV Integration is all about.

PREPARATION
Flip charts and pens for all participants.

TIME
2 Hours

GROUP WORK:

1. Explain to participants that they will be engaged in a module pertaining to SRHR & HIV Integration.
2. With the whole class, brainstorm - based on the following definitions - a common understanding of rights, sexual health and reproductive health.

Rights:
“Human rights are rights inherent to all human beings, whatever our nationality, place of residence, sex, national or ethnic origin, colour, religion, language, or any other status. We are all equally entitled to our human rights without discrimination. These rights are all interrelated, interdependent and indivisible.” – UN Office of the High Commissioner on Human Rights.

Sexual health:
Sexual health is a personal sense of sexual well-being, as well as the absence of disease, infections or illness associated with sexual behaviour. It includes issues of self-esteem, self-expression, caring for others and cultural values. People enjoy sexual health when they feel good in body, mind and spirit. They feel comfortable about how they experience and express their sexuality in their society. They also understand and accept others who feel and do things differently. They live in enabling environments that value equality and diversity, and respect people whatever their age, gender or HIV status. Sexuality is central to us as human beings throughout our lives. It includes our gender identification and roles, sexual orientation, eroticism, sexual pleasure, intimacy and reproduction.

It influences our thoughts, feelings, interactions and actions, and it motivates us to find sexual pleasure, love and intimacy. It is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. The degree to which we are able to experience or express all of these dimensions is closely linked to our situation and environment. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

Reproductive health
The World Health Organisation (WHO) defines reproductive health as, “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its functions and processes”. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948. The Definition has not been amended since 1948.

www.who.int/about/definition/en/print.html
MODULE: SRHR & HIV INTEGRATION

1. Highlight the linkages between the 3 definitions and introduce the integration activity that follows.
2. Use the five dimensions (physical, emotional, social, spiritual and intellectual) of health to define SRHR & HIV integration. In this module we acknowledge the person from the point of the five dimensions of health. Hence, we learn to realise that the person is not referred to as “that person with HIV”, rather that person with HIV is a person with emotions and feelings, intellectual ability who has beliefs, values, religion, friends, family, political opinions and has a physical body. By understanding who we are people we view the person’s sexuality and diseases and life in a more holistic way which makes it harder to stigmatise and discriminate against that person. We start to value the person for who they are and not for the disease that they carry or the sexual identity they have.
3. The facilitator draws the circles and labels the five dimension of health. Working together with the participants the facilitator presents a module where the participants unpack and list the areas associate within each dimension. (See tips for facilitator on some of the crucial areas that needs to be covered in the areas). Make sure to add the middle circle as that refers to the person at the centre/ core of the person.
4. In their groups instruct participants to list what the benefits of integrating SRHR and HIV are and state the reasons why and for whom. List what the disadvantages are and why and for whom.
5. Give participants 45 minutes to do this. Be flexible because then you will only have half an hour left for feedback, so you can give them extra time. But be mindful of the time you will need for good quality group feedback.
6. Allow the participants to provide feedback from their group work and paste the flip charts up on a wall.
7. To round off this discussion highlight the fact that we are all human beings with the same rights no matter what our colour, creed, race, gender, etc. Hence, we always approach programming that involves working with people from a rights perspective. However, we are also guided by research and evidence that allows us to make informed decisions.
8. Thank everyone for their participation.
The Five Dimensions of Health

**Physical:** This includes the physical aspect of a person including all your limbs, your health, your shape of body, gender, hair, etc. We relate this to who we are as a physical human being and we acknowledge ourselves within this dimension.

**Emotional:** This includes the emotional aspect of a person which considers the feelings and thoughts of a person as they relate to their well-being to cope within society. It speaks to the psychosocial well-being and interaction on a personal level as well as how they relate to challenges externally.

**Social:** This includes the social aspect of a person, including our family, our friends, our social status, our economic status, our friends and associations, our heritage, our political standing, choices and associations. This also includes our schools, university, etc.

**Intellectual:** This includes our level of education, our level of perception, cognition, conception and interaction.

**Spiritual:** This includes the choices concerning spirituality the person makes, culture, religion, beliefs, rituals, values and customs.

Me, myself and I. The person is at the centre of all these dimensions. Every person is composed of all these dimensions and at no point are we all at 100%, hence we constantly work towards a balance within each of these areas. Each dimension constitutes 20% of the whole person and we strive towards maintaining a balance. Often we find ourselves at 75% in 1 dimension and 0.1% in another area, meaning we are able to identify our areas of strengths and weakness.

**POINTS TO REMEMBER**

Make sure you have all the materials you need and also, if possible, familiarise yourself with as many cultural and religious barriers you might be confronted with when unpacking SRHR and HIV Integration.

**TIPS FOR FACILITATOR**

Familiarise yourself with SRHR & HIV Integration literature.

**REFERENCES**

## Module: Genderbread Person

### Objectives
To define LGBTQI (Lesbian, Gay, Bisexual, Transgender, Queer and Intersex).
To distinguish between the L, G, B, Q, and the T of LGBTQ.
To distinguish between sex, gender identity, gender expression, and attraction.
Help individuals connect and have time to consider their own understandings of their sex, gender identity, gender presentation, and attraction.

### Overview
Group-work exercise followed by plenary presentation and discussion.

### Preparation
Different markers, flip charts, umbrella handout, blank genderbread handout and the genderbread instructors sheet for the facilitator.

### Step by Step:
1. Introduce activity (see sample introduction).
2. Starting with the umbrella handout, address the difference between the L, G, B, T, Q and I highlighting how the LGB represent marginalized sexualities, while the T and I represents a marginalized gender identity. Explain Intersex. You can find all of the definitions in the additional resources folder – Integration.
3. Move to the gender bread handout walking people through gender identity, expression and sex.
4. Explain how each aspect of gender is independent of one another, and then move to talking about sexual and romantic attraction.

### Points to Remember
Guard against speaking down on participant’s cultures and religion. Always work from the facts. Many myths are well rooted in culture and religion.

### Tips for Facilitator
It is essential to do background reading for this exercise. you must understand the definitions of LGBTQ.

### Resources
- www.the-clitoris.com
- [Integration Handout](http://thesafezoneproject.com/wp-content/uploads/2015/08/GenderbreadPersonLGBTQUmbrella.pdf)
- [LGBTQ Glossary](http://www.plannedparenthood.org/learn/glossary; http://sites.sinauer.com/levay4e/glossary.html)

### References
http://www.plannedparenthood.org/learn/glossary; http://sites.sinauer.com/levay4e/glossary.html
OBJECTIVES
To assist participants to unpack the concept of accountability and relate it to their projects and context.

OVERVIEW
This session involves an interactive discussion guided by the PowerPoint presentation and Increasing Accountability toolkit. Participants will familiarise themselves with the concept of accountability.

PREPARATION
AAI PowerPoint presentation, AAI Increasing Accountability toolkit, flip charts and pens for all participants.

TIME
60 Minutes

POWERPOINT PRESENTATION - STEP BY STEP:
Using the AIDS Accountability International (AAI) Powerpoint presentation to work through the concepts of Accountability.

1. Follow the prompts on the Powerpoint slides up until the slide about the definitions of Accountability.
2. Divide the group into two groups. Using the “Increasing Accountability” toolkit provide group one with the information pull-out on what is accountability (origins, etc.), accountability process, getting accountability: who and how? etc. Group two will be provided with the pull-out Accountability: What Power? and “What is Accountability” that deals with the types of accountability. The information on the list of actual commitments and explanations on the various commitments will be used in the next session.
3. Distribute the papers and pens to each participant.
4. Allow the various groups to read, understand and develop a feedback drawn from the information they were meant to discuss.
5. The feedback session becomes an opportunity for fellow trainees to educate their colleagues about the issue of Accountability.
6. Allow a few comments, questions and answers.
7. To round off this discussion use the PowerPoint and return to areas like what accountability is not and end the discussion by emphasising that it is important for everyone to get to know what accountability entails. In particular note how accountability relates to the self and to the projects and programmes. Let the plenary group complete the personal accountability exercise and have volunteers share.
8. Thank everyone for their participation.

POINTS TO REMEMBER
Remember to relate self-accountability to having HIV and accessing SRHR.

TIPS FOR FACILITATOR
Familiarise yourself with the presentation and the AAI working paper on accountability as written by Phillipa Tucker. Also, know the elements of the AAI Increasing Accountability toolkit.

RESOURCES
AIDS Accountability International

REFERENCES
http://www.apcaso.org/v2/wpcontent/uploads/2013/06/HIV_and_SRHR_Intersection_Think_Piece_for_UAIDS
Integrating HIV and SRHR in Southern Africa

MODULE: LEGAL FRAMEWORK

OBJECTIVES
To assist participants to understand what legal frameworks are; what commitments are; and for participants to identify the various commitments and to familiarise themselves with the relevant ones.

OVERVIEW
This session involves an interactive discussion guided by the steps below and information provided in the step by step approach as well as the “AAI Increasing Accountability toolkit”.

PREPARATION
AAI Increasing Accountability toolkit, flip charts and pens for all participants.

TIME
60 Minutes

POWERPOINT PRESENTATION - STEP BY STEP:

Using the AIDS Accountability International (AAI) Increasing Accountability toolkit as well as a session developed by Southern Africa Litigation Centre (SALC), Zimbabwean Lawyers for Human Rights and the Women’s Legal Center.

1. Start the conversation on the flip chart paper that you prepared before with the following information.

Why the legal framework? Advocacy and accountability cannot be separated when we look at the integration of HIV & SRHR. Advocacy by CSOs is key in order to track implementation of key continental and country specific national SRHR policy frameworks to enhance accountability. This facilitates government accountability in providing and/or supporting much needed integrated SRH and HIV services while it also facilitates knowledge of SRHR and HIV through this advocacy and the building/maintenance of partnerships with key players locally, nationally, regionally and internationally.

Clearly, legal and policy reforms are quintessential to an effective response, particularly those governing issues such as age of consent for services, decriminalization of HIV non-disclosure, exposure, and transmission; sex work, same-sex sex etc., child marriage, violence, gender equality, employment, education (including comprehensive sexuality education and universal primary education), participation of young people and key populations, and discrimination.

When providing any training on Sexual Health and Reproductive Health rights integrating HIV it is essential to include the laws which govern this focus area within your country. Understanding the legal framework which governs Sexual Health and Sexual reproductive health rights which include HIV will assist you.

The legal framework consists of:

- Identifying the Right
- How to Find the Right
- Assess If a Violation Has Occurred
- How Do We Enforce the Right?
- Who Do We Hold Accountable for the Violation?
Divide participants into four groups. Provide the following handouts per group:
Group 1 – What is a Constitution?
Group 2 – What is a Law?
Group 3 – What is a Policy?
Group 4 – What is a Regulation?
Give them 10 minutes to discuss and report back in plenary.

2. Divide the group into two groups. Using the “Increasing Accountability” toolkit provide group one with the information pull-out on what is commitment, problems with commitments and the various commitments. Provide the information as follows:

3. Distribute the papers and pens to each participant.
4. Allow the various groups to read, understand and develop feedback.
5. The feedback session becomes an opportunity for fellow trainees to educate their colleagues about commitments and the various commitments that exist.
6. Allow a few comments, questions and answers.
7. Thank everyone for their participation.

POINTS TO REMEMBER
Remember to prepare your flip chart paper for the discussion on legal framework and make sure you have the handouts ready for the follow-up session.

TIPS FOR FACILITATOR
Familiarise yourself with the presentation and the AAI working paper on accountability as written by Phillipa Tucker. Also, learn the elements of the AAI Increasing Accountability Toolkit.

RESOURCES
www.the-clitoris.com

REFERENCES
MODULE: VALUES AND ATTITUDES

STEP BY STEP - THE FOUR CORNERS EXERCISE:

1. Remind the participants that as part of the rules of any values game they are required to respect each other’s different opinions.
2. Explain the specific values game you are going to take then through now.
3. Ask people to stand up and come to the centre of the room.
4. Then tell the story. “Imagine you have a 14-year-old daughter. She comes home from school and puts her bag on the table and leaves the room. When you move her bag from the table, it falls and a condom and a pamphlet about HIV drops out of the bag. What do you think your reaction would be?”
5. Read out the different reactions and stick each reaction on one corner of the room: 1. Get angry and scold her; 2. Use the opportunity to talk to her about sexuality; 3. Pretend you did not see it and think you are happy she is taking care of herself; 4. Open corner: if your reaction is not one of the three that are mentioned above, stand at this corner.
6. Repeat the story and the different reactions.
7. Ask participants to move forward and stand at the corner that indicates their reactions.
8. Allow participants to share their opinions in their group.
9. Find out from each group if everyone has spoken.
10. Get the big group back together and ask two or three people from each small group to share their personal values and not speak on behalf of the group.
11. Ask if anybody would like to change and move to another position after listening to others.
12. Thank participants for sharing their values.
13. The rapporteur will report back on the process of the game and how the various people responded during the process.

OBJECTIVES
To give participants the chance to reflect on their personal values and to share them with others.

OVERVIEW
In this module, participants listen to a short story and then share their views.

PREPARATION
Prepare papers with reaction statements written on them to stick on the wall.

TIME
60 Minutes

POINTS TO REMEMBER
Guard against imposing your values on to the participants.

TIPS FOR FACILITATOR
Do not nod your head in disagreement or agreement when participants had made certain value choices. The point is to remain objective as a facilitator.

RESOURCES
Making it personal workshop manual - Save the Children International.
The Significant Issues sessions are clustered under themes:

<table>
<thead>
<tr>
<th>Facts</th>
<th>People</th>
<th>Power</th>
</tr>
</thead>
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This approach subscribes to the AAI Accountability Framework of Transparency, Dialogue and Action.

Theme Facts
The session on facts is aimed at demystifying any issues with regard to virginity, anatomy, reproductive choices and living with HIV in view of making SRHR decisions. This session presents the evidence and facts. Evidence is need to provide transparency.

Theme People
The session on People deals with issues that involve peoples’ needs and choices, values and attitudes with regard to sexuality in children, sexuality and disability, men, women, SOGI, youths, substance and drug abuse and sex workers. People will dialogue around the evidence and discuss how it can be incorporated into everyday living.

Theme Power
The session on Power is focused on decision makers and their ability to be informed and to make the relevant decisions to provide the correct environments for policies that are based on human rights. In this session religion and culture, sexual abuse and gender-based violence, abortion and power is addressed. Decision makers have the power to put action plans together with civil society through the dialogue process in place to ensure accountability.

The reason why the following sessions are presented is because the areas selected were largely ignored in other toolkits, curricula or courses or not addressed in depth.

Each theme is made up of a compilation of various but relating modules. Each module has its own fold out poster developed. The fold out poster contains the title of the significant issue to be discussed in addition to the step by step instructions and the relevant module information.

Group work/ commission activities

Tables are identified according to the various Modules. Participants are invited to choose the issue/module in which they would like to participate and then sit at the relevant table. The facilitator can randomly switch topics or participants based on what the group requires.

Each table then unfolds their fold out and follows the instructions as per the fold out. In addition to the fold out, each table has an instruction cube. This cube has on its side information on how to run the group. For example, instruction for the scribe, reporter and timekeeper.

The separate tables each completes their activity and then delivers feedback to the larger group.

This method allows for more modules to be covered in a shorter period of time. This also allows participants to be more engaged in choosing which topic they prefer to be trained on.

The feedback allows for additional dimensions to be added in a brief manner at the end. Feedback ensures that participants use the language and speak the words which is very important with contentious issues.
AIDS Accountability International uses our Accountability Framework to inform almost all of our work.

Transparency: Data, full, relevant, correct, accurate and unbiased data that is methodologically sound, periodically collected and collectively reported, discussed and reported as well as transparent about its failings and limitations is a vital starting point for any discussion on developing a response to health problems.

Dialogue: Dialogue should mean all relevant stakeholders can meaningfully and freely participate, without fear, in the discussions and debates on the delivery and performance of health by public servants, especially in relation to the commitments they as governments and leaders have made.

Action: Action is necessary for public servants to improve their delivery of health, share their successes and learn from their failures making for quality, improved, sustainable and human rights based health access for all a reality. All leaders, not just governments, need to act to ensure transparency and dialogue are part of the health development process.

In the context of this toolkit, the AAI Accountability Framework is a guide for the 3 themes that define the 3 major sessions: Facts, People and Power.

Facts are the cornerstone of correct and accurate decision-making. Myths, rumors and other intentional mistruths lead individuals and organisations to make damaging choices. Choices which can lead to death, physical disablement, morbidity, stigma and discrimination and a myriad of other human rights abuses. AAI aims in the Facts session to ensure that common misconceptions and mistruths in the context of SRHR and HIV integration are corrected and laid open for transparent discussion. The science and biology is simply but succinctly communicated as a starting foundation on which to base the rest of the SRHR-HIV Integration training.

The session on facts is aimed at throwing light on the facts around virginity, anatomy, reproductive choices and living with HIV in the context of making SRHR decisions. This session presents the evidence and facts, which in turn create transparency.

**Session 1: Facts**
Module: Sexuality, pleasure: body-mapping exercise
Module: Vaginal Corona
Module: Anatomy
Module: Reproductive Choices
Module: Living with HIV: Exploring sex & love
## Module: Sexuality, Pleasure: Body-Mapping Exercise

### Objectives
To learn to talk about sexuality in a positive way.
To learn what your own barriers are.
To discover ways to talk openly about intimate subjects.

### Overview
Interactive session by drawing erotic zones on a body and discussing the results. Allow participants to share their opinions in their group.

### Preparation
Tape two flip charts papers together and be sure to have many markers of different colours, print out of sexual activity table (or draw this table on a flip chart for the group).

### Time
60 Minutes

### Step by Step:
1. Give the group a flipchart and enough markers so each participant has their own colour.
2. Ask the participants to draw a body on the flipchart. This can be done by lying a small person on the floor and draw the outline of the person’s body using the marker.
3. Ask each participant to mark the places on the body with their own marker that represents a positive effect or erotic effect for them personally.
4. After finishing the marks, they can have a discussion within their small group.
5. Once that is done, ask participants to use the sexual activities table in your toolkit to list types of sexual activities that people of different sexual orientations participate in.
6. Facilitate feedback from each group plenary about the experience of the exercise. Participants should determine if and how they can use what they’ve learned with their own target groups. Ask the group to reflect on the completed sexual activity table to think about what sexual activity society attaches to certain orientations vs what the group has shown on the table.

### Points to Remember
- Have the flipchart paper ready as it can waste a lot of time to prepare within the group sessions. Make sure you have different colour markers to be able to clearly see the various person’s marks they make on the body. Ensure that the environment within the group is comfortable and fun.

### Tips for Facilitator
- Some people find it difficult to talk in a personal way about their own sexuality. You can explain that we ask “people”/“clients” to talk openly about these issues, so it is important that you know how to talk openly about sexuality and the more open you are the more open clients can be.

### Resources

### References
- [http://thepleasureproject.org/](http://thepleasureproject.org/)
MODULE: VAGINAL CORONA

OBJECTIVES
To demystify the myth of virginity and how this relates to SRHR and HIV Integration.

OVERVIEW
In this session, participants interact in a lively discussion surrounding the myths of virginity.

PREPARATION
The PowerPoint presentation “Vaginal Corona – Myths surrounding virginity – your questions answered”. Flip chart paper and markers.

TIME
60 Minutes

STEP BY STEP:

Time breakdown: 30-minute breakout time; 10-minute feedback time; 20-minute discussion time.

1. Start the discussion by having the group to define or describe virginity. Write down all the responses on a flip chart paper.
2. Draw the attention of the participants by asking them if virginity is a myth. This will bring forth the responses and lots of discussion, especially if you insist that it is a myth. It is very important to speak about the myth that having sexual intercourse with a virgin prevents you from contracting HIV.
3. Work through the PowerPoint discussion and introduce the word Corona. Please see the USB found in the toolkit and locate the presentation on Vaginal Corona.
4. Make sure to work through the different type of coronas.
5. Explain the anatomy of the vagina and enter into a discussion surrounding myths pertaining to the vagina. One myth, for example, is that if a woman’s inner labia are pulled/lengthened at a young age it will provide pleasure to the man with whom that woman is having vaginal intercourse. There are many more such myths and the participants will often provide these in discussion.
6. Conclude the session with the facts about coronas, how HIV is contracted and the protection that needs to be taken in relation to understanding the reality related to virginity.

POINTS TO REMEMBER
Guard against speaking down on participant’s cultures and religion. Always work from the facts. Many myths are well rooted in culture and religion.

TIPS FOR FACILITATOR
Make sure you know the facts. Also familiarise yourself with common cultural practices of the participants so that you are prepared for a question along that route.

RESOURCES
Vaginal Corona, Myths surrounding virginity – your questions answered, RFSU, the Swedish Association for Sexuality Education.

REFERENCES
http://www.the-clitoris.com/
MODULE: ANATOMY

OBJECTIVES
To help participants develop an understanding of the various sexual and reproductive body parts.

OVERVIEW
In this session participants use their hands to mould either a penis or vagina body part. This activity is followed by group discussion. Part of the task is to label the body parts as they know it. It is important to ask participants to try as far as possible to label the body parts in their local languages. Use this as an opportunity to discuss the types of names assigned to male vs female anatomy.

PREPARATION
Tables, flip charts and play dough. If dough is not available then use clay, mud or anything else you can use to sculpt.

TIME
60 Minutes

STEP BY STEP:

1. Divide the participants into males and female groups if the group is big and have enough male and females to be divided. Otherwise don't make a division.
2. Give the group some dough with the instructions to mould the penis or the vagina labelling the internal and the external parts on the tables. The women are expected to do the male parts and males are expected to do the female parts. Provide the groups with 25 minutes to complete the task.
3. The group then presents their sculpture soliciting a group discussion related to body parts, myths and function. It is important to discuss how to keep your body healthy and the choices and decisions we make regarding our sexuality and the associated risks.
4. Makes sure that all the gaps and errors are covered and corrected.

POINTS TO REMEMBER
It is important that participants leave the session knowing their bodies better than when they started the session. It is always important to speak about myths regarding sexual organs. It is also valuable to create a safe environment for participants to use colloquial or cultural language for the names of the various parts.

TIPS FOR FACILITATOR
Read up and know the parts very well. It is important that you know this information very well because the participants will look to you to provide the correct information. If the moulding exercise is not possible then allow the group to draw the body parts.

RESOURCES
Making it personal workshop manual - Save the Children International.

REFERENCES
1. Pussypedia: What every woman needs to know about her genitals, RFSU, the Swedish Association for Sexuality Education.
2. Diktionary: What every man needs to know about his knob, RFSU, the Swedish Association for Sexuality Education.
STEP BY STEP:

1. Have an already drawn picture of the female and male reproductive organs and display these on the flipchart. This will be on the fold-out.

2. Start with the female reproductive organs and explain the following:
   a. Menstruation
   b. Conception
   c. How twins are formed

3. Move on to the male reproductive organs and explain the following:

4. How spermatozoa are formed and stored. Ejaculation and all the fluids involved and how this process happens.

5. Arrange the participants of the groups around the different contraceptives and start the conversation about how many children they think a couple is allowed to have.

6. Thereafter discuss the various contraceptives and how they work. Allow participants to feel and touch the contraceptives in their hands.

7. Make sure the issue of vasectomy is raised as a method of contraception.

8. Speak about the dynamics and choices involved with sterilisation.

9. Raise the issue of male contraception.

10. It is important to speak about having a baby planned or unplanned and the consequences on the body and family life, the support structures and the needs of someone or couples that are expecting babies.

11. It is important to speak about an HIV-positive person that plans to have or has an unplanned baby. Note the consequences and options involved about making decisions and choices.
## MODULE: LIVING WITH HIV: EXPLORING SEX & LOVE

### OBJECTIVES
Exploring sex and love developmental stages through the ages 0-18.
By understanding the development stages the participants will be able to associate the various needs of the person.

### OVERVIEW
Group work discussion.

### PREPARATION
Flipchart paper and markers.

### TIME
60 Minutes

### STEP BY STEP:
Introduce the session with the following:

1. Every human being is a sexual being throughout life, from the moment we are born to the day we die. We are born with the ability to experience feelings of sexual desire, to long for intimacy and to become sexually aroused. This ability we will have throughout our lives.
2. However, our needs and the way to express our sexuality and love differs according to age, gender roles and power position, social environment and expectation, opportunities and our health status (physical, psychological and psychosocial health).
3. To a large extent sexuality is socially and culturally constructed and taught. We learn about sexuality (from parents, siblings, religious leaders, nurses, teachers, media and so on) and how to express it in a socially accepted way from the moments we are born. Most of the time without even thinking about it and without knowing it, the way we are treated in different situations will influence our sexuality. We also have to remember that every individual, to some extent, also creates hers or his own sexuality and the way he or she defines sexuality and love.
4. We could say that we are all attending “life’s school of sexuality” and “life’s school of love.” This session is a way to describe some of the different occasions and situations that we go through and that are important in determining how we can develop as a sexual and loving girl/boy or woman/man. But we have to remember that we are all individuals and that we don’t have to go through all of this in the same way and order. Different reasons can contribute to us being put aside or refused the opportunity to take part in this development. In that case we will need to go back to that stage later on in life to repair and to learn how to live with that.
5. Write the different steps on a flip chart sheet or white board while you are talking or discussing with the participants. Find the various development stages on the pull-out.
6. Make sure that you emphasise the points stated in brackets ( ) at the end of each stage of development.
7. It’s also good to point out that there is no exact age or limit that divides the different stages. Progression from one stage to the next is more of a personal process and comes gradually. Every individual develops in their own time and therefore will not always be at the same stage as their fellow person. Hence, the divisions of the development phases are guidelines.
8. Once the development stages are understood, now ask the group to imagine they are HIV positive and they need to state how they would experience each development stage.

### POINTS TO REMEMBER
These stages are not finite per age group so it is important for the facilitator to do additional reading. Remind participants to imagine that they are HIV Positive.

### TIPS FOR FACILITATOR
Prepare handouts with the different stages for the group work.

### RESOURCES
Tell me more booklet.

### REFERENCES
Making it personal workshop manual - Save the Children International
The second step of the AAI Accountability Framework is Dialogue.

AAI does not believe in naming and shaming in order to get accountability, but instead believes that all too often the reason why leaders are not accountable is a lack of capacity. For this reason, we follow our Accountability Framework and work towards Transparency, Dialogue and Action as a means to ensure better capacity. The Dialogue step allows for all stakeholders to come into a safe space and discuss and debate the merits and failures of the facts. In most of AAI’s work this includes the meaningful involvement of civil society and government, supported by regional and continental structures and funding partners.

In this toolkit on SRHR and HIV Integration, Dialogue is about People. Various people have different needs, and at different stages of life, in different locations and in different ways. Accountability means ensuring every person has the highest attainable level of health. A direct impact of this is that society is only as robust and healthy as the collective group, and not based on the health of a few elite individuals. Besides the human rights argument for creating access and equality, there remains an epidemiological argument which in the context of SRHR-HIV Integration is important. The fact is that the group can only move as fast as the slowest person, and in our society in the context of HIV and SRHR, that means that anybody left behind affects everyone.

For this reason, the People theme covers a wide group of people who are often ignored in other trainings and the modules will draw out the evidence, create dialogue and lead to improved action on behalf of these groups in future work.

The session on People discusses peoples’ needs and choices, the values and attitudes of these people and of others towards these people. People will dialogue around the evidence and discuss how it can be incorporated into everyday living. The theme aims to create a better understanding of the lived realities of these people and respect for their choices.

**Session 2: People**
Module: Sexworkers
Module: Sexuality & Children
Module: Youths
Module: Substance & Drug Abuse
Module: Disability and Sexuality
Module: Men
Module: Women
Module: Sexual Orientation and Gender Identity (SOGI)

Please note that this session has a break at lunch time and then continues after lunch. The aim is to make the connections between the sessions before lunch and the sessions after lunch. As a result, emphasising that as people we are not siloed or separated into a specific issue but rather see and make the links across issues, thereby managing resources better, planning and addressing needs more holistically and effectively. It is important for the facilitator to mention just before the group goes to lunch that they need to make links between the session they had just been part of and the session they will be going into after lunch.
MODULE: SEXWORKERS

OBJECTIVES
To explore the barriers for sex-workers in accessing healthcare services.

OVERVIEW
This is a role play on different scenarios followed by discussion.

PREPARATION
Print-out of three scenarios. Have a hand out of the human rights for sex workers.

TIME
60 Minutes

STEP BY STEP:

1. Ask two volunteers to act out the given situation: One volunteer will play the role of the healthcare provider and one will play the role of the sex worker.
2. Give them time to read the scenarios or develop their own realistic experiences.
3. Play out the scenarios and let the audience play human right workers. As soon as a right is violated let them stop the play and give suggestions to change the scenario. What can the healthcare worker do? What can the sex-worker do?

POINTS TO REMEMBER
Be sure that participants are clear on the elements of human rights covered in this module.

TIPS FOR FACILITATOR
Distribute the handout on human rights and sex workers.

RESOURCES
www.keswa.org
www.nswp.org
www.stopaids.org.uk
www.gnpplus.net
OBJECTIVES
To highlight the importance of listening to children's voices on issues related to their own sexual and reproductive health rights.

OVERVIEW
In this session participants look at the Tell Me More publication and discuss how children view their own sexuality.

PREPARATION
Flipchart paper and markers, copies of the Tell Me More publication.

TIME
60 Minutes

STEP BY STEP:

Time breakdown: 30-minute group break away; 10-minute feedback; 20-minute discussion.

Hand out the Handouts and ask participants to plug in their USBs. Find the Tell Me More publication on the USB.

1. Explain the overall contents of this publication as detailed in the Executive Summary on page one.
2. Ask participants to look at the handouts and notice the different stages of children’s development.
3. Get participants to read out loud the contents of these pages. They can take turns in doing this.
4. Ask participants what stands out for them after reading all of this.
5. Facilitate a short discussion.
6. Stress that we are born sexual beings. We don't become sexual beings as we grow up.
7. Go now to the document on the USB and go through the contents of pages 21-39 with participants.
8. Get participants to read out loud, especially the quotations from children on these sections.
9. Your focus should be on the following areas:
   - Children’s preferred long-term strategies of protection against HIV/AIDS;
   - Children’s perceptions of sexual and reproductive health services;
   - Children’s perceptions of in-school HIV preventive education and counselling;
   - Children’s perceptions of community-based HIV preventive education and counselling;
   - Children’s perceptions of HIV preventive information in the media;
   - Children’s awareness and views of transactional sex;
   - The situation of children who express their sexuality outside of the heterosexual norm; and
   - Children’s understandings of the ‘Abstinence, Be Faithful, Condoms’ concept.
10. Facilitate discussion on all the above issues as you read them together with the participants, emphasising the overall findings of the study and their implications for programmes that target children on sexual and reproductive health rights issues.

POINTS TO REMEMBER
Remember to focus the discussion on the findings of this study, in going through this publication, and to emphasise the fact that children need to be involved meaningfully in the design and implementation of SRHR programmes in order for them to make an impact.

TIPS FOR FACILITATOR
Some of the issues that come up in this session may have come up earlier during the course of the week. If this is the case, then recap on those discussions and make the links for the group.

RESOURCES
Making it personal workshop manual - Save the Children International.
MODULE: YOUTHS

OBJECTIVES
To have a better understanding of the SRHR and life skills issues faced by youth, including HIV & AIDS.

OVERVIEW
This module involves group work and presents an understanding of key SRHR issues faced by youth including HIV during adolescence. It also looks at the life skills that youth can access. The module on LIVING WITH HIV- EXPLORING SEX AND LOVE DEVELOPMENT THROUGH 0-18 looks at the various development phases. This module builds onto this session. It is worthwhile revisiting the module on LIVING WITH HIV- EXPLORING SEX AND LOVE DEVELOPMENT THROUGH 0-18 as part of the preparation for this module.

PREPARATION
Flipchart paper and markers.

TIME
60 Minutes

STEP BY STEP:

Time breakdown: 30-minute Break out time; 10-minute feedback; 20-minute discussion time.

1. Brainstorm the following questions:
   a. What are the things people say about adolescents?
   b. Which of these have a negative effect?
   c. Are there any positive messages about youth (e.g. adolescents are our future, young people have energy and ambition, etc.)?
2. Discuss the responses to these questions (10 minutes to complete this activity).
3. Draw the picture below of a river gorge across which a bridge can be build, on a flipchart. The “hazards” or crocodile in the river are drawn as rocks or crocodiles. Make available different coloured cards that can be written on and stuck on to make the bridge.

   Cultural Beliefs
   - Fear of Pregnancy
   - Knowledge about HIV & AIDS
   - Facts about Alcohol and Drugs
   - STD Facts
   - Religious Beliefs
   - Family Expectation

   Positive Healthy Lifestyle
   - Democratic society
   - Healthy relationships
   - Mindset that tolerates and accepts diversities
   - Willpower for choices to abstain or engage in safe, satisfying sex

   LIVING WITH HIV
   - ARRESTED FOR STEALING
   - SEXUALLY TRANSMITTED DISEASES
   - UNWANTED PREGNANCY
   - EXPelled FROM SCHOOL
   - VIOLENT DEATH

4. Ask the group to define what life skills are. Emphasise that people need different sets of skills for particular situations. Allow discussions on how some skills, once acquired, are for life but may not be useful all the time.
5. Display the blank river gorge picture for participants to complete.
6. Give out some coloured cards to participants and ask them to write words or phrases that describe the SRH information that young people in their community have. Give an example to guide the process, e.g. cultural beliefs, religious beliefs, family expectations, fear of pregnancy, facts about alcohol and drugs, facts about HIV and AIDS.

Image credit: SAFAIDS
7. Ask participants to stick silhouettes of the young people on the left side of the river. Use Prestik (or another temporary adhesive) on silhouettes so that they can be moved about, e.g. for scenarios where one or two fall into the river, then need skills to get out and go back, or continue across to the desired end.

8. Brainstorm on the kinds of rocks that might be in the river and guide them to come up with dangers that might befall young people, such as being arrested for stealing, unwanted pregnancy, violent deaths, STI or HIV infection, death from AIDS, etc. Write these challenges on the rocks/crocodiles and place them in the river.

9. Next, participants need to build a bridge made up of different stepping stones - the skills and attitudes that young people need to cross the river (i.e. to achieve the desirable state where they have healthy and non-violent relationships and a democratic society that supports making choices to abstain or engage in safe satisfying sex, to plan their families together with their partners, to grow up as healthy fulfilled adults and parents).

POINTS TO REMEMBER

Have participants brainstorm on the required skills: communication skills, assertiveness, understanding consequences, negotiation skills, girl empowerment, self-esteem, self-respect, confidence, goal setting skills, decision making skills, new values for boys, sense of responsibility, resistance to peer pressure, redressing some cultural practices and beliefs – anything that may be deemed necessary to help young people live a positive healthy lifestyle.

TIPS FOR FACILITATOR

Allow time for discussion on how young people acquire or develop these life skills and wrap-up the activity up by summarising the life skills and the consequences of developing them.

RESOURCES

Young people’s SRHR info & services handbook (SAF AIDS); Positive Voices, Positive Choices (Columbia University, 2011); HIV Prevention, treatment, care and support: A training package for community volunteers. (SAF AIDS, IFRC, WHO, 2006).
MODULE: SUBSTANCE & DRUG ABUSE

OBJECTIVES
To have a better understanding of the life of drug users and know their SRHR and HIV risks.

OVERVIEW
Watching movie and guided discussion. Reference is made to the fact sheet as part of the handouts.

PREPARATION
Watching short YouTube film that can be found in the link provided on the USB in the toolkit: www.youtube.com/watch?v=z-HTh6kIo
Handout – fact sheets

STEP BY STEP:
Time breakdown: 30-minute break out time; 10-minute feedback; 20-minute discussion time.

1. Ask participants what they know about drug-use.
2. Watch short movie.
3. Ask participants to write down the relation to health risks.
4. Discuss findings with whole group.

POINTS TO REMEMBER
There are many types of drug use. Find out what is most common in their country. Please make sure to read through the additional resources.

TIPS FOR FACILITATOR
Try to focus on realistic situation. Distribute fact sheets on drug use.

RESOURCES
http://www.hivgaps.org/resources/
http://www.cdc.gov/hiv/risk/idu.html
http://www.iasociety.org/Web/WebContent/File/KAPs_Links_People_who_inject_drugs.pdf

REFERENCES
Making it personal workshop manual - Save the Children International
Module Objectives:
By the end of the session the participants will be able to:
1. Understand communication and physical challenges for persons with disabilities.
2. Acknowledge the SRHR of persons with disabilities.

To sensitize participants regarding the challenges faced by people with disabilities with regards to their sexual reproductive health and rights to access to basic information and services.

Time breakdown: 30-minute group break away; 10-minute feedback; 20-minute discussion.

Module overview: People with disabilities face many challenges every day trying to access various environments and function as independently as possible. In developing countries in particular these challenges may prevent people from accessing public facilities or participating in social interactions. Providing access and sensitizing people to support them to access the range of environments they require daily can allow them to participate fully in their home environment as well as in societies. Proper understanding of challenges faced by persons with disabilities regarding people's attitudes towards them, local environments and available resources in combination with a problem-solving approach and some general guidelines will enable participants to begin to understand the special needs of, and the importance of respecting the rights, of persons with disabilities.

Step by Step:
1. Introduction (5 minutes).
2. Hand each participant a one of three coloured cards when entering the training area.
3. Explain aim of module to participants.
4. Ask the participants to divide into colour coded groups.
5. Start with Session A.

Disability Awareness Session
7 minutes
Group Session One:

Group 1.
Discuss challenges that you a person with a spinal cord injury will experience regarding your sexuality

Group 2.
Discuss challenges that you as a single blind person will experience building a new relationship

Group 3.
Discuss stigma and discrimination you will experience as a deaf person

Discussion
3-minute feedback per group (10 minutes)

Disability Rights Session
5 minutes
Give a brief introduction of the history and current disability related SRHR aspects.
(Power Point Presentation)

DISABILITY AND RISK FACTORS REGARDING SRHR
5 minutes
(Power Point Presentation)

DISABILITY SENSITISATION (CONDOM USE)
5-minute preparation; 5-minute (each) demonstration; 5-minute discussion (20 minutes).

Group Session Two:

STEP BY STEP:
1. Divide into two groups.
2. Have demo vagina and penis plus male and female condoms available for exercise. (Give groups 2 minute to discuss task and then hand it to them). As a group give them 5 minutes to prepare a five-minute demonstration to other group.
3. Group demonstration 5 minutes each.
4. Discussion: 5 minutes

GROUP 1.
EXPLAIN AND DEMONSTRATE TO A WOMAN WHO CAN NOT SPEAK OR HEAR HOW TO USE A FEMALE CONDOM

GROUP 2.
EXPLAIN AND DEMONSTRATE TO A MAN WHO IS BLIND HOW TO USE A MALE CONDOM

CONCLUSION
4 minutes
Tell short story of group taking a bus trip and having an accident where everyone became disabled (ALLOCATE DISABILITIES TO COLOUR CARDS) RE: QUAD- PARA (blue), DEAF (red) OR BLIND (yellow). Explain to them that disability is acquired and not by choice. Ask them to think about how this will change their lives.

POINTS TO REMEMBER
Prepare the room for this session in advance

TIPS FOR FACILITATOR
Read through the session in advance. You need to have everything prepared before the session.
Understand the issue very well.

RESOURCES
Jacques Lloyd - Director Afrique Rehabilitation and Research Consultants(ARRC)
**MODULE: MEN**

**OBJECTIVES**
To discuss the concept of manhood and the importance of involving men and boys in our programmes.

**OVERVIEW**
This session involves brainstorming and discussion pertaining to involving men and boys.

**PREPARATION**
Flipchart and markers.

**TIME**
60 Minutes

**STEP BY STEP:**

**Time breakdown:** 30-minute group break away; 10-minute feedback; 20-minute discussion.

1. Open the discussion by asking the participants the following questions:
   - What makes boys different from girls?
   - When does a boy become a man?
   - What does he have to do to be a real man?

2. Give a couple of examples to get people started, if necessary. Some examples might include the following:
   - Being circumcised; Having a sexual experience;
   - Fathering a child; Fathering several children with different women;
   - Using alcohol and/or drugs;
   - Getting a good job and earning money;
   - Owning a car; Owning a home; Moving out of his parent’s house;
   - Hanging out all night; Reaching a certain physical size; Getting respect (from his peer group).

3. Record all comments on the flipchart.

4. With each contribution ask why this is an important part of becoming a man.

5. Ask the group how these ideas of boyhood or manhood contribute towards gender inequality.

6. Ask the group if these definitions of boy or manhood might change if boys and men were more involved in sexuality education.

7. Ask the group how they personally could involve more men and boys in their own projects.

**POINTS TO REMEMBER**
This session provides an opportunity to re-emphasise the need for and benefits of involving men and boys in SRHR and gender equality. It is only when gender inequality is recognised and removed that issues such as HIV and AIDS can be dealt with. Traditional gender roles can be challenged to ensure gender equity. Challenging gender roles can break down barriers between men and women and allow them to talk more openly about sexuality.

**TIPS FOR FACILITATOR**
This work can encourage men to access health care services such as condoms and treatment for STIs which can lower the HIV infection rate.

**RESOURCES**

**FURTHER RESOURCES**
MODULE: WOMEN

OBJECTIVES
To get participants to look at and compare an ordinary day in the lives of men and women with the aim of looking at the differences in the workload of women and men and how these are based on gender stereotypes.

OVERVIEW
This session involves dividing the group in two for smaller group discussions followed by a large group facilitator-led discussion.

PREPARATION
Flipchart and pens.

TIME
60 Minutes

STEP BY STEP:

Time breakdown: 30-minute group break away; 10-minute feedback; 20-minute discussion.

1. Divide the participants into two same-sex groups (one male and one female). Give each group flip charts and markers.
2. Ask each group to describe the activities they carry out within the 24 hours on a free Saturday. Ask them to be as detailed as possible.
3. Give them 30 minutes to discuss these in their group and note them down on the flipchart.
4. Once groups are finished get everyone back together and ask each group to present their list of activities.
5. After the presentation ask participants to evaluate the amount of time women spend working out of the 24 hours (work meaning things you do for others).
6. Conclude by emphasising the difference between the workload of women and men and the importance of sharing workload.

POINTS TO REMEMBER
The point in this exercise is to make participants aware of the imbalance in the workloads of men and women and how this imbalance may lead to dysfunctional relationships. The issue of concurrent and multiple partnerships can also be discussed here.

RESOURCES
www.womenempowerment.org.za/power/
www.wepriniciples.org/Site/ToolsAndReportingOtherResources/
www.ippfseao.org/our-work/what-we-do/gender-equality
www.womenleadingchange.wordpress.com/category/srh-and-hiv/page/2/
www.theelders.org/article/religion-can-empower-women-and-raise-their-dignity
INTegrating HIV and SRHR in Southern Africa

MODULE: SEXUAL ORIENTATION AND GENDER IDENTITY (SOGI)

OBJECTIVES
To facilitate a deeper awareness of diversity and think about the effect and impact of stigma attached to these differences.

OVERVIEW
This is a group facilitated discussion that involves listening skills.

PREPARATION
Have the story print out to be read aloud.

TIME
60 Minutes

STEP BY STEP:

Time breakdown: 30-minute group break away; 10-minute feedback; 20-minute discussion.

1. The group selects a person to read out the story to the group.
2. Begin by saying “I’m going to take you on a guided journey in your imagination. This activity assumes you are heterosexual and so those who identify as gay or lesbian may find they have to adjust to this. Get yourself into a comfortable position and close your eyes. Now I will begin the story...”
3. Read out the story and when it’s over give the participants a few moments and then ask them about how they felt. Ask them to tell you which parts affected them the most. Lead the discussion into why people discriminate and what we can do to avoid it.

POINTS TO REMEMBER
Ensure that you manage the responses of everyone away from intolerance and judgement of fellow group members towards responses that will support SOGI people.

TIPS FOR FACILITATOR
For some people this can be a very emotional experience. Be sure you make the time to reflect. This can be positive or negative. Mention that we all have our emotions and we have to take them seriously and give time to reflect and explain the reasons behind them.

RESOURCES
Please see the attached memory stick for additional resources. (There are too many to list here.)

REFERENCES
www.lgbthealtheducation.org/training/learning-modules/
SESSION 3: POWER

The AAI Accountability Framework’s final step is Action. In this toolkit that refers to the actions that are taken by the people who wield power.

The session on Power is focused on these decision makers in the context of SRHR-HIV Integration, and their ability to use or abuse the power entrusted to them by their constituency.

Power comes in many forms, some of which are: violent, coercive, corrupt, legitimate, charismatic, expert or information-based. Those who have the power to influence SRHR-HIV Integration and improve access to SRHR-HIV services and rights should be basing their decisions on evidence based knowledge, and using an ethical, transparent and accountable means of doing so.

In addition to the power held by decision-makers, we can consider the power or empowerment or disempowerment of individuals who are stigmatized and discriminated against. We should ensure that the individual is nurtured to make healthy decisions and are not or undermined and restricted. The inclusion of the people discussed in the previous theme, in decision-making processes around SRHR-HIV Integration can and does result in an improved health response. More so when these individuals are in positions of power and influence and able to affect access to SRHR and HIV services and rights.

Those who have power need to be informed, know the facts and make the correct decisions to provide the enabling environments for policies that are based on human rights.

In this session religion and culture, sexual abuse and gender-based violence, abortion and power are addressed. Decision makers have the power to put action plans together with civil society through the dialogue process in place to ensure accountability.

Session 3: Power
Module: Power
Module: Religion and Culture
Module: Sexual Abuse and Gender-Based Violence
Module: Psychosocial Support
Module: Abortion
MODULE: POWER

OBJECTIVES
To facilitate a discussion about power and language.

OVERVIEW
This is a group facilitated discussion that is based on the experiences that participants will relate to after wearing the T-Shirts with the various slogans.

PREPARATION
T-shirts with various slogans provided to participants at the beginning of the training session. Flipchart paper and markers.

TIME
15 Minutes

STEP BY STEP:

- Get everyone in a circle formation and ask participants to relate their experiences.
- Record these points onto the flipchart paper.
- Ask participants to link their experiences to power.
- Thereafter, make the link from the various group feedback and the power to feel powerful.

POINTS TO REMEMBER
Manage the responses of the participants.

TIPS FOR FACILITATOR
For some people this can be a very emotional experience. Be sure you make the time to reflect. This can be positive or negative. Mention that we all have our emotions and we have to take them seriously and give time to reflect and explain the reasons behind these emotions. Issues of power can be deeply inherent and when people realise this feelings of guilt can surface. Make sure to manage this by appreciating the various values of the group.

REFERENCES
www.plannedparenthood.org/learn/glossary; http://sites.sinauer.com/levay4e/glossary.html
Step by step:

Time breakdown: 30-minute group break away; 10-minute feedback; 20-minute discussion.

1. On your flipchart write the word “Love” in the middle. Get the group to call out any word that they associate with love and write the word down (5 minutes).
2. Then create a table on a second piece of flipchart paper and draw a line down the middle. On the one side head the column as “positive” and on the other side head it as “negative”. Then list the words appropriately.
3. Enter into a discussion about the association of love (5 minutes). For example, “often when we hear of the word love we tend to limit it to romantic affection between two people. It is common knowledge that many people are addicted or attached to romantic love. The attachment is reinforced by different forms of advertising in a variety of media that includes television, films, literature and music. What is common in this kind of love is that it limits access to, as well as expression of, higher love. As much as romantic love is a wonderful thing, it is not the spiritual height of love. Beyond love for a fellow human being (philía), there is love for all humankind (agape). The greatest love is Divine Love that resides in all. Without self-love it is difficult to give and receive “love without conditions” - Faith and Sexual Pleasure: Religion & Culture, Sexual & Reproductive Health & Rights.
4. As girls and boys, we were taught what girls and boys can do and cannot do. Ask the group the following questions and list the responses in a table as “do’s and dont’s” for boys and girls. Meaning, rules/messages, what happened to girls/boys who do not conform, how does this impact on adult behavior and roles, what impact does this have on our attitude to sex and sexual pleasure? (5 minutes).
5. Now that we have established our perceptions of love and gender roles and how these impact our societies lets discuss it in the context of religion and culture. At this point you will encourage participants to bring out the religious texts they had brought along. It is expected that at some point in the discussion issues of SRHR & HIV will surface which will lead into the next discussion (10 minutes).
6. At this point you start discussing these texts within SRHR and HIV context. Make sure to note the points that are made (5 minutes).

Points to remember:
The facilitator must prepare beforehand all the religious texts (from diverse religions) that speak to women’s sexual rights and men’s sexual pleasure as it is likely participants will not have many references. You can write them up and share with participants. They must also be prepared to speak through key terms like patriarchy and explain these in an accessible way.

Try to remain calm and to focus on principles of love, peace and solidarity which are common across all religions and cultures.

Tips for facilitator:
You can find some of these texts in the report in the resource section below entitled “Faith and Sexual Pleasure: Religion & Culture, Sexual & Reproductive Health & Rights.” Make sure to find as many religious texts as possible. Contact INERELA for texts in addition to the report.

Resources:

Module: Religion & Culture

Objectives:
To provide the group with a space to discuss religion and culture within SRHR & HIV integration.

Overview:
This session will encourage group participants to speak about what their culture and religion says about SRHR & HIV. The issue of pleasure in religion is raised. Also addressed is the issue of how gender roles are viewed and how that influences the way we perceive these roles and live them out in society.

Preparation:
Chart paper and pens. Ask participants to bring along religious texts if they have them.

Time:
60 Minutes
OBJECTIVES
To provide participants with the understanding of gender-based violence, Sexual Reproductive Health Rights and HIV/AIDS Integration within gender based violence. Participants discuss how they perceive what domestic violence is.

OVERVIEW
This activity explores the issues related to rape, sexual abuse and gender-based violence. It provides information for participants on each of these different forms of abuse. Utilising this knowledge, the participants will then have to explore the links to SRHR & HIV Integration.

PREPARATION
Flipchart paper, coloured pens, Prestik/blue tack, hand outs on key information: sexual abuse and gender-based violence.

TIME
60 Minutes

STEP BY STEP:

Time breakdown: 30-minute group break away; 10-minute feedback; 20-minute discussion.

1. The chairperson of the group will start by reading the list of statements from the “Truth or Myths” game (see the handouts). Make sure not to reveal whether it is a truth or a myth. That is for your information. After each statement, ask participants to raise their hands if they think the statement is a myth. Discuss the responses. The correct answers can be found on the list (5 minutes).

2. In the group discuss the following terms: sexual abuse, rape, date rape, incest and gender-based violence. Definitions can be found as part of the handout – key information.

3. Move the discussion on by asking participants the following questions. Make sure the note the responses:
   • What types of laws, practices and cultural norms make some people more vulnerable to sexual abuse?
   • Is sexual violence a problem in your community? If so, for whom?
   • What types of violence do young people experience?
   • Which young people may be more vulnerable to sexual abuse?
   • Can men or boys be raped?
   • Can alcohol have any role in sexual abuse?
   • How are all these issues related to SRHR and HIV integration? List examples.

POINTS TO REMEMBER
Make sure to emphasise that as long as one person is unwilling to have sexual intercourse it is still is rape, no matter if the person committing the act is a husband, boy, girl, wife, acquaintance, relative, neighbour, or a stranger. It is also statutory rape if one of the partners engaged in the sexual act is below the age of consent- usually 16 (make sure to check the age of consent in your country) even if that person has agreed to have sex.

TIPS FOR FACILITATOR
Read the hand out Key Information – points to reinforce. This is very important before you start the session.

RESOURCES
MODULE: PSYCHOSOCIAL SUPPORT

OBJECTIVES
To explore the relationship between psychosocial wellbeing and SRH and HIV with some suggestions about how to provide psychosocial support to enhance SRH and HIV outcomes.

OVERVIEW
This session involves discussion and group work.

PREPARATION
Flip charts and markers.

TIME
60 Minutes

STEP BY STEP:
Time breakdown: 30-minute break out time; 10-minute feedback; 20-minute discussion time.

1. Have a discussion with participants on what is psychosocial support and what is psychosocial wellbeing. This will be a plenary discussion (10 minutes).
2. Small group work on what the links are between psychosocial wellbeing and SRH and HIV (10 minutes).
3. Buzz groups on psychosocial interventions for different groups – children, adolescents, young men and young women (5 minutes).
4. Plenary discussion on psychosocial support interventions to link psychosocial support with SRH and HIV for different groups. Develop a common understanding of what these are and how we can go about delivering them (15 minutes).
5. Thank everyone for their participation.

POINTS TO REMEMBER
See the handouts on what psychosocial support is and what psychosocial wellbeing is. Also, what are the links between psychosocial wellbeing and SRH and HIV? Make sure to prepare well for this session.

RESOURCES
www.unhcr.org/4c98a5169.pdf
www.repssi.org/psychosocial-support/
www.unicef.org/protection/57929_57998.html

REFERENCES
Making it personal workshop manual - Save the Children International
MODULE: ABORTION

OBJECTIVES
By the end of this session, participants will be able to:
• Articulate their beliefs about abortion;
• Defend and respectfully explain other, sometimes conflicting points of view;
• Explain different values underlying a range of beliefs on abortion;
• Discuss how personal beliefs affect societal stigma or acceptance of abortion.

OVERVIEW
The purpose of this activity is to help participants come to a deeper understanding about their own and others' beliefs about abortion. Empathize with the underlying values that inform a range of beliefs and consider how their beliefs affect societal stigma on abortion. Explain to participants that this activity has two sections but in this session we will just do part one.

PREPARATION:
• Markers or pens. Double Standard Worksheet Part A and Part B.
• Review and adapt the worksheet statements to make them more relevant to the participants or workshop content if needed. You may want to select in advance the statements to be discussed by the group or wait until you see how the participants respond. Select the statements that will elicit the most important discussion for that audience and setting.
• Research international agreements or treaties on health and human rights that include the right to safe abortion and whether these treaties were signed or ratified by the country (refer to page 20 of the toolkit).
• Copy Double Standards Worksheets Part A and Part B, one of each per participant.

STEP BY STEP:
1. Inform participants that this is an activity where we will be speaking from a personal point of view as well as defending others' views. Encourage them to be completely honest to get the most out of the activity. Often, our beliefs about abortion are so engrained that we are not fully aware of them until we are confronted with situations and compelling rationale that challenge them.
2. This activity helps us to identify our own beliefs about abortion, as well as understand the issues from other points of view.
3. Hand each participant a Double Standards Worksheet Part A. Instruct them not to write their names on either of their worksheets. Ask them to complete the worksheet and then turn the sheet over.
4. Hand each participant a Double Standards Worksheet Part B. Ask them to complete the worksheet and then turn the sheet over. If they are a man instruct them to respond as if they were a woman in that situation.
5. Ask participants to turn worksheets A and B face up and place them next to each other. Tell them that Part A asks about their beliefs for women in general and that Part B asks about their beliefs concerning themselves. Ask participants to compare their answers on A versus B.
6. Ask the following discussion questions: What similarities or differences do you see in the beliefs you hold for women in general versus yourself? Are there differences and, if so, why do you think that is?
7. Take a few comments for a brief discussion. Point out that differences between responses on worksheets A and B can sometimes indicate a double standard. Some people believe that women in general should not be allowed to freely access abortion services, but they should be able to access abortion services if they or a family member need them. Gently encourage participants to consider whether they maintain a double standard for themselves versus women in general and ask them to reflect on this more deeply. Stress the negative impact such double standards can have on the accessibility of abortion services, social stigma on abortion, laws and policies on abortion and women’s rights to abortion.

TIME
60 Minutes
Instruction: Please read the following statements and circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet.

SA = Strongly Agree • A = Agree • D = Disagree • SD = Strongly Disagree

**Abortion services should be available to every women who wants them.**

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**Women who have an abortion are ending a life.**

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**A women should be able to have an abortion even if her husband or partner wants her to continue the pregnancy.**

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**Liberal abortion laws lead to more irresponsible sexual behaviour.**

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**Young, unmarried girls should be allowed to have an abortion if they want one.**

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**Clinicians who specialise in ob-gyn have a responsibility to perform abortions.**

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**Minors should be required to get their parents’ consent in order to have an abortion.**

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**Pregnant women who have HIV/AIDS should be counselled to terminate their pregnancy, even if it is wanted.**

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**Most women do not seriously consider the consequences before having an abortion.**

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**Women should be able to have a second-trimester abortion if they need one.**

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**Women who have second-trimester abortions are indecisive.**

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**Women who have multiple abortions should be encouraged to undergo sterilization.**

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**Instruction: Please read the following statements and circle the answers that best reflect your personal beliefs. Please be honest and do not write your name on this sheet. If you are a man, respond as though you were a women in this situation.**

SA = Strongly Agree • A = Agree • D = Disagree • SD = Strongly Disagree

**Abortion services should be available to me if I want them.**

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**If I had an abortion, I would be ending a life.**

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**I should be able to have an abortion even if my husband or partner wants me to continue the pregnancy.**

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**Liberal abortion laws will lead to me behaving in a more sexually irresponsible way.**

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**If I was young and unmarried, I should be allowed to have an abortion if I wanted one.**

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**If I was a clinician specialising in ob-gyn, I would have a responsibility to perform abortions.**

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**If I was a minor, I should be required to get my parents’ consent in order to have an abortion.**

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**If I was pregnant & had HIV/AIDS, I should be counselled to terminate my pregnancy, even if it was wanted.**

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**I would no seriously consider the consequences before having an abortion.**

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**I should be able to have a second-trimester abortion if I need one.**

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**If I had an abortion in the second trimester, it would be because I was being indecisive.**

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**If I had multiple abortions, I should be encouraged to undergo sterilization.**

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**POINTS TO REMEMBER**

Maintain an objective approach to your own values.

**TIPS FOR FACILITATOR**

This activity will be too long if you try to discuss all, or even most, of the statements. Three statements are normally enough to gain the desired effect from the activity. For this training it is suggested to only do section one. Select the statements that will elicit the most important discussion for that audience and setting. You can select the statements in advance or after you have seen how participants responded and where the greatest differences in opinion are.

**RESOURCES**

www.ipas.org
Stronger leadership is required in order to ensure that universal health rights and services are provided that are accessible, affordable, acceptable and of a high quality. This also requires impact mitigation programmes to the people who need them, and rights and services that are catered to the needs of those who are most marginalized by society, policy or otherwise.

AIDS Accountability International (AAI) was established in 2005 with the mission to follow up on commitments to the AIDS epidemic that were made by governments. Our work has since expanded to sexual and reproductive health and rights, malaria, tuberculosis, and non-communicable diseases, and we work on holding all leaders accountable, such as business, civil society, funding partners and bi- and multi-lateral development organisations.

How do we improve the response to health needs?

We are an independent research and advocacy think tank holding leaders accountable for the commitments they have made to respond to health needs.

AAI uses research to develop various tools for stakeholders for them to use in their campaigns to advocate for better health. We conduct only needs-driven, evidence-based research and advocacy that measures performance against the commitments that have been made by governments. We also conduct our own advocacy, capacity building and monitoring and evaluation interventions to encourage those who are delivering on their commitments, identify and put pressure on those who are under-performing and stimulate constructive debate about what can be learned from different approaches and how best practices should be shared. AAI focuses on inclusion of the most marginalized in much of our work, with a focus on women, girls and lesbian, gay, bisexual, and transgender people. We have a global reach with an African focus.

AAI’s Accountability Framework

AAI uses our 3 step Accountability Framework as a lens on all of our work. The framework suggests a way to ensure that the principle of accountability is translated from rhetoric into action.

Increasing Accountability

AAI believes that strong and accountable leadership is necessary to ensure effective responses to health needs. We do this by increasing transparency, promoting dialogue and supporting action to improve the response.
1. Transparency

Data, full, relevant, correct, accurate and unbiased data that is methodologically sound, periodically collected and collectively reported, discussed and reported as well as transparent about its failings and limitations is a vital starting point for any discussion on developing a response to health problems.

2. Dialogue

Dialogue should mean all relevant stakeholders can meaningfully and freely participate, without fear, in the discussions and debates on the delivery and performance of health by public servants, especially in relation to the commitments that they as governments and leaders have made.

3. Action

Action is necessary for public servants to improve their delivery of health, share their successes and learn from their failures making for quality, improved, sustainable and human rights based health access for all a reality. All leaders, not just governments, need to act to ensure transparency and dialogue are part of the health development process.
Integrating HIV and SRHR in Southern Africa

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