MOBILISING A RESPONSE TO HIV, GENDER, YOUTH AND GENDER-BASED VIOLENCE IN SOUTH AFRICA

A TOOLKIT FOR TRAINERS AND PROGRAMME IMPLEMENTERS

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ACKNOWLEDGEMENTS

ACRONYMS AND ABBREVIATIONS

ARV   antiretroviral
CAT   Community Action Team
CBO   community-based organisation
CF   community facilitator
GBV   gender-based violence
LGBTI   lesbian, gay, bisexual, transgender, intersex
MAP®   Men As Partners®
MSM   men who have sex with men
PEP   postexposure prophylaxis
PEPFAR   U.S. President's Emergency Plan for AIDS Relief
PHDP   positive health, dignity, and prevention
PIA   Prevention in Action
PLHIV   people/person living with HIV
PMTCT   prevention of mother-to-child transmission [of HIV]
SGBV   sexual and gender-based violence
STI   sexually transmitted infection
SHIPP   Sexual HIV Prevention Program
TB   tuberculosis
WSW   women who have sex with women

CONTENTS

PURPOSE OF THIS TOOLKIT

During the course of the implementation of the Sexual HIV Prevention Project (SHIPP), a survey was conducted to determine the HIV, gender and youth-related training needs of programme implementers working at local and district level in municipal and district structures and community organisations.

The study found that knowledge to support programme implementation varied among staff within organisations. Training was typically received on a once-off basis, without follow-through. While training curricula addressed aspects of HIV, gender and youth, these did not sufficiently align with organisational needs or work practice.

A continuous knowledge gap was observed within organisations as a result of reliance on procuring external training or only being able to access training when it was offered by external organisations. Furthermore, when training did occur, it did not reach all staff in need, and staff turnover contributed to a continuous need for additional training.

Study participants indicated an interest in continuous training, with a preference for participatory learning approaches.

This toolkit has been developed to support 'in-house' training on gender, HIV, youth and community mobilisation that can be implemented by senior staff and programme managers, including project coordinators, trainers, and field workers. Modules on a range of topics are designed to be selected based on the needs of the organisation and the specific knowledge gaps among staff and volunteers.

The following topic areas are covered through exercises that are grouped into modules.
- Gender
- Gender and HIV
- Gender, HIV and youth
- Community mobilization approaches, particularly Community Action Teams

Rather than having to set aside large blocks of time for training workshops, exercises and modules can be conducted on a stand-alone basis through sessions as short as two to three hours, or, if time permits, over a day or several days, or intermittently over a number of weeks or months.

Given that senior staff and programme managers are not necessarily skilled trainers, the toolkit provides a detailed outline of the key principles and techniques of participatory learning.

BACKGROUND

South Africa is amongst the highest HIV prevalence countries globally (UNAIDS, 2013). More women are living with HIV than are men, and young women aged 15–24 are particularly vulnerable to HIV (Shisana et al., 2014).

HIV prevention projects and programmes are implemented by the government at the national, provincial and district levels, as well as by non-governmental organisations, community-based organisations (CBOs) and sector-based entities, among others. While these activities have helped to stabilise the epidemic, reducing the number of new HIV infections requires a coordinated and intensive approach that includes a strong focus on reversing the trends of new infections – especially among girls and young women.

The main risk factors that drive new HIV infections in South Africa are:

- Early sexual debut – i.e., younger than 16 (Chersich & Rees, 2008)
- Teenagers having sexual partners who are five or more years older (Leclerc-Madlala, 2008)
- Having multiple sexual partners (Shisana et al., 2014)
- Not using condoms at all, or not using condoms consistently (Hendricksen et al., 2007)

Exposure to gender-based violence (GBV) also increases risks for HIV infection (Campbell et al., 2008). GBV is a violation of rights that is recognised as a criminal act in South Africa and is more likely to be perpetrated against girls and young women.

The Need for a Community-Level Focus on Gender and HIV

Studies that have looked at the inclusion of gender in integrated development plans for municipal and local development show that gender strategies have not been adequately implemented (Fiscal and Financial Commission, 2012). There has been limited mainstreaming of gender into programmes, a limited focus on women's health and HIV, a lack of sustainable programming for women's economic empowerment and limited monitoring and evaluation of gender aspects of programmes.

Apart from improving and intensifying an emphasis on gender, recommendations highlight that efforts should focus less on public events and calendar day 'celebrations' and events and more on improving approaches to gender equality within all programmes and projects undertaken within the integrated development plans.

Although gender rights are protected through South Africa's Constitution, and there are laws that criminalise sexual, physical and other violence related to gender, GBV continues to occur in all communities. While many approaches to dealing with GBV focus on promoting knowledge and awareness and providing links to social, health, legal and police services, there has been less interest in community mobilisation to address GBV. There are, however, some examples of effective community mobilisation programmes in South Africa – for example, Men As Partners® (MAP) initiatives, which focused on drawing men into GBV prevention, and Prevention in Action (PIA), a community mobilisation approach focused on violence against women.

Community mobilisation focuses on improving social, economic and health well-being at the local level – often with a human rights focus. It involves drawing together the support of people around ideas and values that are important for change, and it requires a common understanding and collaboration around goals for change. Community mobilisation includes:

- Partnerships between sectors within the community (for example, government and civil society organisations), as well as with groups beyond the community with capacities to support community mobilisation, including through funding, capacity development, leadership support and networking

- Partnerships between sectors, organisations and services in the community (for example, faith-based groups, CBOs and health or police services)

- Drawing together groups or organisations with common interests through networking (for example, women's networks)

- Local leadership linked to voluntarism, participatory engagement, skills building and learning among community members to support action

- Links to key resources and services, including health, social and legal services

- Group and individual action linked to change

Through such activities, community resources are pooled and participants are empowered to take action to support change in their communities. Leadership is often decentralised, with individuals and groups becoming recognised as 'champions' for change.

The Need for a Youth Focus on Gender and HIV

Youth refers to the period between childhood and adulthood and is defined by the United Nations (UN) as referring to persons aged 15–24 years (UN, 1995). In South Africa, the National Youth Policy defines youth more broadly, as persons aged 14–35.

Adulthood is a life stage that is related to being independent—for example, having completed tertiary studies, being employed, living independently in a household, having a family or being married. In South Africa, most youth transition to adulthood in their late 20s, although others may continue to be unemployed and dependent on others for a longer period.

Economically disadvantaged and poor youth are often more likely to be in short-term sexual relationships that involve dependence on others for survival. Studies have also shown that the

perceived needs of young people extend beyond immediate needs for survival and include "wants" such as fashionable clothing, cell phones, access to transportation and cash (Leclerc-Madlala, 2008). Addressing such needs and wants often leads to HIV risk through unsafe sex or violence.

While some youth may be supported by their parents or families, not all families have sufficient resources to support youth as they transition out of school. As a result, youth may adopt economic survival strategies that include risky sex—for example, having transactional sexual relationships, having many partners, accepting violent partners or having sexual relationships with much older partners. Economically vulnerable youth may fall prey to sexual exploitation and violence and may become involved in alcohol abuse, drug abuse, sex work or crime.
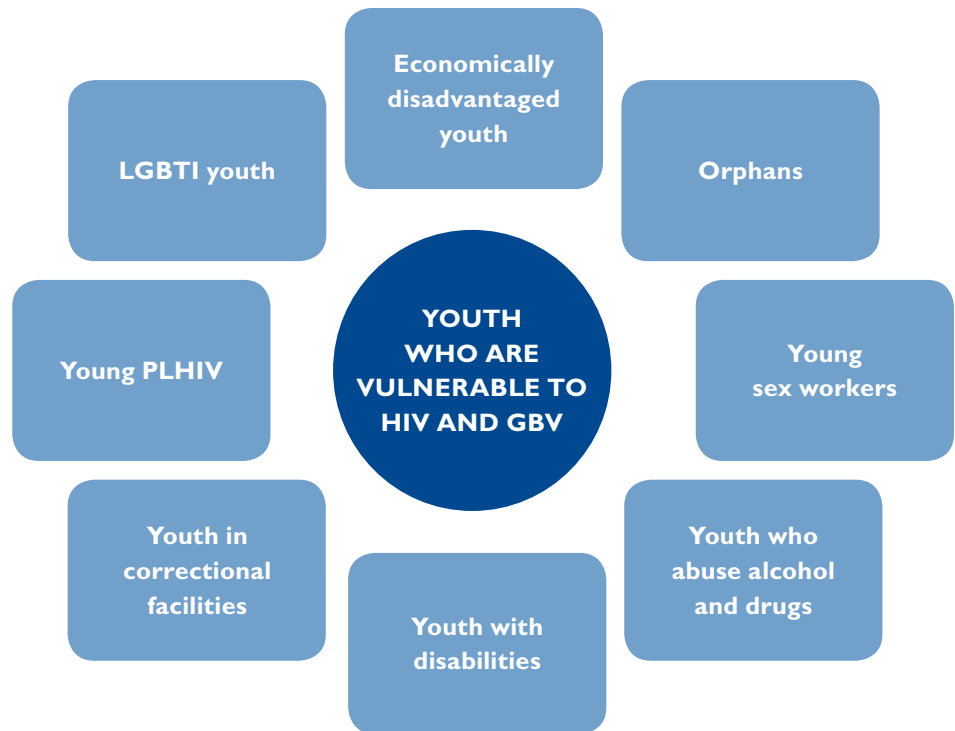
Figure 1: Youth who are vulnerable to HIV and GBV

Apart from poorer youth, categories of youth who are more vulnerable to HIV and GBV include the following (see Figure 1):[2]

- **Orphans:** Research shows that the numbers of orphans in South Africa have increased as a result of the AIDS epidemic. Orphans are more vulnerable to HIV and GBV than are non-orphans, and girl orphans are more likely to be HIV-positive than are boys (Operario et al., 2013). Orphans have been found to start sex earlier than non-orphans, and they are also much more likely to experience emotional abuse, physical abuse and sexual exploitation (Cluver et al., 2011). Orphaned youth in their late teens transitioning out of school environments have less access to economic and other forms of support, particularly after they turn 18. While support programmes are available for orphans, young orphans are seldom consulted or mobilised to address their challenges and needs.

- **Youth with disabilities:** Programmes focused on HIV and GBV often overlook disability. Youth with disabilities may have limited access to HIV or GBV information. Disabled youth are known to experience higher levels of sexual violence than youth who are not disabled (Hanass-Hancock, 2009). Girls and women with disabilities are more likely to be affected, including through sexual exploitation, coerced sex and rape. The sexuality of youth with disabilities is often not well understood by families, caretakers, educators and

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2 See Parker, 2013, for vulnerable youth described in this section.

health service providers. Factors that are disempowering for disabled youth include stigma and discrimination, limited access to prevention or support services and poor knowledge among service providers on how to engage with and support young people with disabilities in relation to HIV and GBV risks (Neille, 2013). Support needs include addressing HIV prevention and dealing with GBV. While support programmes are available for people who are disabled, youth with disabilities are seldom consulted or mobilised to address their challenges and needs.

- **Lesbian, gay, bisexual, transgender and intersex (LGBTI) youth:** Youth who are LGBTI experience a number of challenges. They are often not accepted because of their sexuality, and they are more likely than youth who are not LGBTI to experience bullying and violence, rejection by family members and stigma and discrimination from other youth, teachers, health service providers and authority figures (Nell & Shapiro, 2011). LGBTI youth are vulnerable to HIV through sexual practices—particularly men who have sex with men (MSM), who may practice unprotected anal sex. LGBTI are vulnerable to rape and sexual abuse. Youth who are LGBTI are seldom consulted or mobilised to address their challenges and needs. Some may have access to LGBTI organisations and networks that provide support and foster mobilisation, however.

- **Young sex workers:** Sex work is common along trucking corridors and at transport hubs, ports, alcohol-serving venues, hotels and hostels. Sex workers are usually younger women, but men may also be sex workers. Some youth see sex work as their only viable option for securing a livelihood. Others may find themselves in exploitative situations where they are forced into sex work to survive. Youth sex workers may also be caregivers of children or family breadwinners. While sex workers are usually strongly committed to safer sex, they may have limited control over the preferences of their clients and may be forced to have unprotected sex. Sex workers are vulnerable to exploitation, including by security guards, police, business owners and others in authority (Nogoduka, 2013). Youth sex workers are seldom consulted or mobilised to address their challenges and needs. Some may have access to sex worker organisations and networks that provide support and foster mobilisation, however.

- **Youth who abuse alcohol or drugs:** Alcohol and drug abuse contributes to higher risk sexual behaviours and experiences of violence among youth. Drug abuse is increasing in poorer communities and has been linked to gangsterism, violence and sex work (Morojele et al., 2012). There is presently little guidance on programming to address alcohol and drug use among youth in South Africa. Youth who abuse alcohol or drugs are seldom consulted or mobilised to address their challenges and needs.

- **Youth in correctional facilities:** The risk of HIV in correctional facilities includes unprotected sex and rape. Young male offenders are most vulnerable, as they are less physically powerful and more disempowered within the correctional facility system. While young women are at less risk of HIV infection within correctional facilities, they are vulnerable in relation to HIV and gender when they leave the facility (Spiegler & Keehn, 2012). While there are some support programmes within correctional facilities, youth need support after they leave such facilities. Reintegration programmes do not

sufficiently focus on HIV and gender issues. Youth who have been incarcerated are seldom consulted or mobilised to address their challenges and needs.

- **Young people living with HIV (PLHIV):** Youth who are PLHIV face a number of challenges related to their health and rights and are also vulnerable to GBV. Young PLHIV can contribute to HIV prevention by preventing further transmission of HIV. Although the rights of PLHIV are widely recognised, and stigma and discrimination toward PLHIV is generally low, youth who are PLHIV face challenges linked to disclosure in employment, family, peer and community contexts. Their health and well-being is also related to their capacity to actively prevent transmission of HIV to others. The concept of Positive Health, Dignity, and Prevention (PHDP) focuses on the health of PLHIV and highlights that they have a role to play in the overall HIV response (UNAIDS, 2011). The PHDP approach emphasises that HIV prevention includes responsibilities of both partners to ensure safer sex, while also highlighting that PLHIV have "needs and desires to be fulfilled." These include the right to family life and health rights. PLHIV often serve as champions and role models for HIV prevention and healthy living campaigns. Although youth who are PLHIV may be part of clubs, associations, networks or support groups, they are often not adequately consulted or mobilised to address their challenges and needs.

The South African government recognises the need to support youth, particularly economically vulnerable youth, in relation to HIV, gender and GBV. South African government policies and strategies are strongly focused on addressing the vulnerability of young women to HIV and GBV. Organisations working in the HIV field typically include a gender focus.

Against this background of commitment to addressing the links between HIV and gender, there is a need to identify and expand more effective HIV and GBV prevention approaches for youth and community mobilisation in general.

USING THIS TOOLKIT

Tables 1–5 outline the modules in this toolkit, including the accompanying exercises and the objectives for each. Modules and exercises are suited to groups of 5–15 participants at a time. Sample learning agendas are provided in Appendix 1.

Table 1: Gender modules, exercises and objectives

Module	Exercise	Objectives	Check
1: Gender concepts and definitions	1.1: Defining gender terms	• Develop a common understanding of gender terminology and definitions • Assist participants in developing ways of describing gender concepts in local languages	
2: Gender roles and change	2.1: Gender roles in context	• Explore how gender roles combine social expectations and personal expression	
	2.2: Changing gender roles	• Explore how gender roles are maintained and challenged	
	2.3: Identifying preferences for change in gender roles	• Explore how gender roles have changed over time • Identify gender "equalities" and "inequalities" and potential change processes	

Table 2: GBV modules, exercises and objectives

Module	Exercise	Objectives	Check
3: GBV— intimate partner and non-partner domestic violence	3.1: Define and clarify GBV in intimate partner relationships	• Develop a common understanding of GBV concepts	
	3.2: Define and clarify GBV by a non–intimate partner	• Develop a common understanding of GBV in non–intimate partner situations	
	3.3: The Domestic Violence Act and the Sexual Offences Act	• Develop a common understanding of the Domestic Violence Act • Develop a common understanding of the Sexual Offences Act	
4: Links between GBV and HIV	4.1: Links between GBV and HIV	• Develop a common understanding of the links between GBV and HIV	
5: Gender and HIV policies	5.1: Gender and HIV policies	• Familiarise participants with the language and orientation of the main HIV and gender policies	

Table 3: Community mobilisation modules, exercises and objectives

Module	Exercise	Objectives	Check
6: Gender analysis and engaging men and boys	6.1: Gender analysis	• Assess and analyse the inclusion of a gender focus in local projects	
	6.2: Community mapping of hot spots and safe spaces for HIV and GBV	• Assess hot spots and safe spaces for HIV and GBV in the community	
	6.3: Engaging men and boys	• Demonstrate how men and boys can be engaged on HIV and GBV	

Table 4: Community Action Teams (CATs)

Module	Exercise	Objectives	Check
7: Mobilising Community Action Teams through Community Facilitators	7.1: Identify the extent of GBV occurring in the community	• CFs develop a common understanding GBV victimization and perpetration in their communities	
	7.2: Define and clarify primary, secondary and tertiary GBV prevention	• CFs understand different levels of GBV prevention	
	7.3: Understand the concept of a CAT, and how to select members	• CFs develop an understanding of CATs • CFs identify potential CAT members in their community	
	7.4: Understand how to prompt action through dialogues with CATs and to commit to taking action	• CFs understand how to initiate a CAT dialogue • CFs understand the manifesto as a support tool	
	7.5: Understand how to follow up with CATs and to document and share stories	• CFs understand how to follow up on dialogues • CFs understand how to document and share stories	
	7.6: Understand the challenges and benefits of CATs	• CFs understand the challenges and benefits of CATs	

Table 5: Youth vulnerability, HIV and GBV modules, exercises and objectives

Module	Exercise	Objectives	Check
8: Youth vulnerability, HIV and GBV	8.1: Transactional and exploitative sexual relationships	• Explore and define risk scenarios for transactional and exploitative sexual relations	
	8.2: Youth and sex work	• Explore and define risk scenarios and responses for sex work	
	8.3: Other vulnerable groups of youth	• Identify groups of youth vulnerable to HIV, sexual and gender-based violence • Explore approaches to reducing vulnerability and risk	
	8.4: Young people living with HIV	• Improve sensitivity to the dimensions of living with HIV • Explore issues of rights, gender equality, and empowerment in relation to living with HIV	

Identifying Staff and Volunteer Capacity Development Needs

Steps to be taken in identifying capacity development needs of staff and volunteers include:

- **Who is to be trained?** Ideally, this group should have fairly similar characteristics and have similar gaps in capacity, or should be in need of refresher information.

- **Which modules are relevant?** While all of the modules include a component that improves knowledge on a given topic, the participatory approach is designed to stimulate critical thinking on the various topics. Each module includes defined objectives that will assist in determining whether the module is relevant to the group at hand.

- **What are the participants' perspectives?** The views of potential participants can be canvassed to determine whether they feel they wish to address knowledge gaps or deepen their engagement with particular topic areas.

- **What is the time and availability required?** The exercises within each module are designed to be completed in 2–3 hours, although most modules have multiple exercises. While exercises are intended to be conducted in sequence, a flexible approach can be taken. For example, exercises can be grouped into one day or a few days or can be conducted one at a time over many days or weeks. Modules and exercises can also be omitted if they are not relevant.

Adding Modules and Exercises

This toolkit is designed to be adapted. Adaptations can include refining exercises by adding notes and comments based on experiences during implementation. Additional modules and exercises can also be drawn from other toolkits or can be developed by facilitators directly as needed.

Evaluation

It is important to evaluate participatory learning activities. This can be done by means of a short informal assessment of positive and negative perceptions of the workshop drawn up on a sheet of flipchart paper or through a short written questionnaire.

Submissions by participants should be anonymous, and enquiry can include:

- Perceptions of venue accessibility, learning space and refreshments
- Perceptions of logistics, preparatory organisation and expectations
- Perceptions of participatory processes and activities that were most- and least-liked
- Perceptions of facilitation style and group work
- Suggestions for improvements

An example of an evaluation form is provided in Appendix 2.

KEY PRINCIPLES & TECHNIQUES

Participatory Learning Principles

Traditional approaches to learning include well-defined areas of study linked to attaining formal qualifications that are based on attending institutional settings. Institutions such as schools and universities typically focus on younger learners. Most youth and adults outside such institutions engage in learning as part of their work, community activities, social activities or personal interests. In institutional learning situations such as in schools or universities, teachers and lecturers have specialised knowledge and skills that are greater than those of the learners. In out-of-school learning situations, participants may have acquired knowledge or skills in some areas that are greater than those of the facilitator.

The learning approach of this toolkit is participatory learning. Participatory learning includes the following guiding principles:

- **Sharing knowledge and skills:** Facilitators and participants have knowledge and skills to contribute to the learning process.

- **Using multiple methods:** Participatory learning uses small-group discussions, buzz groups, idea clustering, icebreakers, energisers, role plays, case studies and other creative exercises to prompt focused sharing of knowledge and skills.

- **Being flexible:** Participant groups are never the same. It is necessary to be flexible and to continuously assess methods that suit the preferences of participants.

- **Building trust:** Learning includes the freedom to share ideas and perspectives. It is necessary to be open to all ideas and to create a learning space that emphasises the importance of being non-judgmental.

- **Listening:** Be open and respectful to ideas from all participants. Clarify inputs if necessary to ensure that the intended meaning is clear to all.

- **Dealing with disagreements:** Participants may sometimes disagree with each other. If this occurs, act immediately. Highlight the commitments made at the outset to be respectful of all points of view and emphasise that disagreement shows that participants are thinking critically and that this often is a valuable starting point for new ideas and solutions.

- **Documenting ideas and discussions:** Participatory learning content is developed and shared during learning sessions. It is necessary to ensure that notes, flipchart summaries

and other approaches are used to capture participants' perspectives and learning outcomes.

- **Ensuring that learning outcomes are relevant for immediate use:** Participatory learning is intended to address gaps in knowledge and skills that are relevant to immediate circumstances. Learning outcomes are meant to be put into practice soon after the learning activity. It is therefore useful to share ideas about how to apply what has been learned at the end of sessions.

Participatory Learning Approach

Participatory learning goals and outcomes should be clearly defined. Participants should be provided with an opportunity at the outset of activities to comment on learning goals and to reflect on their expectations about what will be learned.

Learning outcomes are intended to be relevant to the participants' immediate circumstances, allowing what is learned to be put into practice in the immediate or near future. Activities should therefore include sharing ideas about how to apply what has been learned.

Participatory learning approaches recognise that people have different styles of learning. Some participants may learn better through visualisation, others through listening and others through interaction. Facilitation should therefore include a mix of participatory approaches to take different preferences into account. Allowing participants to reflect, solve problems and draw conclusions supports understanding and recall of concepts and approaches. Table 6 compares traditional and participatory learning approaches.

Table 6: Participatory learning and formal education approaches

Participatory learning	Formal education
The facilitator and participants are recognised as being knowledgeable and experienced.	The teacher's knowledge and experience is assumed to be greater than that of the participants.
The status of the facilitator and participants is based on equality. The facilitator serves as a resource person.	The status of the teacher and learners is hierarchical, with the teacher assuming authority.
The facilitator shares knowledge and encourages the sharing of knowledge between participants.	The teacher conveys knowledge to the learners.
The curriculum is flexible, and the learning space is informal.	The curriculum is fixed, and the learning space is formal.
Resources include a range of materials.	Learning resources mainly include textbooks and presentations.
The facilitator prompts participants to share ideas with each other.	The teacher or lecturer prompts participants to demonstrate what they know.
Participants engage in discussion and actively build knowledge together.	Knowledge generation is individual-focused.
Learning is applicable to immediate contexts.	Learning is applicable to future contexts.
Verification of learning is through reflection and evaluation.	Verification of learning is through tests and examinations.

Facilitator Competencies

Modules and exercises can be led by one or more facilitators. For larger groups, it is preferable to have a support person or co-facilitator. Facilitators of participatory learning activities in this toolkit should have the following competencies:

- Some experience in training

- Understanding of the principles of participatory learning

- Knowledge of the topic at hand, including through further reading to deepen knowledge

- Ability to identify and modify venues to suit the facilitation of participatory learning

- Openness to learning more from participants' experiences and knowledge

- Openness to valuing all participants' knowledge and experience

- Ability to be non-judgmental and sensitive to cross-cultural diversity and political diversity

- Good interpersonal skills and ability to build trust between all participants

- Ability to deal with participants who divert focus of the learning session

- Ability to adapt to changing needs of participants, including language diversity and knowledge and skills diversity, as well as ability to deal with time constraints

- Familiarity with participatory techniques, including icebreakers, energisers, role plays, group learning, and problem-solving exercises

- Familiarity with learning resources, such as flipcharts, diagrams and visualisation tools

- Ability to summarise learning outcomes and draw together conclusions and action plans

- Familiarity with documentation processes, including note taking, photography and audio or video recording

Participants and Diversity

The extent of diversity among participants needs to be considered, to ensure meaningful, trusting and equal participation. Diversity is useful for participatory interaction, but it may also contribute to tensions and disagreements among participants. Clearly defined common goals help to unify participants.

As noted further above, the toolkit modules and exercises are suited to groups of 5–15 participants at a time. In most situations, it is relevant to conduct sessions among participants who have particular commonalities—for example, district managers or program implementers, or staff or volunteers focused on a particular area of work.

Factors to consider in relation to participant diversity include:

- **Age:** Having a mix of age-groups allows for different perspectives to be offered based on life experiences. However, some participants may feel uncomfortable about sharing information with people who are much younger or much older than they are, and this should be taken into account.

- **Sex:** Participant groups mixed by sex work well in most circumstances. Having groups consisting mainly of men or of women may limit the range of perspectives offered during discussions.

- **Sexual orientation:** Participants are not necessarily open about their sexual orientation. It is important to be sensitive to discriminatory language or stereotyping related to sexual orientation during discussions.

- **Race and culture:** Although legal and rights frameworks addressing race in South Africa have been in place for many years, varying perspectives related to race and culture may emerge. Sensitivity to diverse cultural perspectives is necessary.

- **Political affiliation:** Political affiliation may sway thinking on various issues. It is important to promote a non-partisan approach and to encourage tolerance of all political affiliations.

- **Economic status:** Participants from different economic backgrounds often have quite different life experiences related to living conditions and perspectives for the future.

- **Employment:** Participants may be employed in similar areas of work, but they may occupy different hierarchical positions in their organisations. It is important to promote a sense of equality in the learning space and to encourage equal value of inputs.

- **HIV status:** Some participants may be living with HIV, which provides a particular perspective on health issues and priorities, as well as rights related to HIV status. Participants have a right to confidentiality about their HIV status, but they may also feel comfortable with openly disclosing their status. It is important to highlight non-discriminatory language and avoid stereotyping in relation to HIV.

- **Marginalisation:** Participants may represent or be working with marginalised groups that are often disempowered as a product of legal or other factors (for example, female or male sex workers, MSM refugees, or drug users). It is important to emphasise that all persons have equal rights to health and well-being.

- **Networking:** Participatory processes increase knowledge and understanding and often allow participants to improve trust, collaboration and group solidarity. Participants may express an interest in ongoing networking among each other. Ongoing sharing of ideas and networking should be encouraged.

Participatory Learning Cycle

Practical skills and new knowledge are intended to be implemented soon after the learning session. An outline of the participatory learning cycle and outcomes is provided in Figure 2.

1. Conducting a needs analysis and identifying modules and exercises

2. Grouping participants according to common interests

3. Scheduling sessions, organizing learning space, convening sessions

4. Setting ground rules and commitments and agreeing on learning outcomes

5. Sharing experiences and knowledge
• Icebreakers and energisers •
• Large and small group discussions •
• Role plays, buzz groups, idea clustering, case studies •

6. Key points and ideas documented during session(s)

7. Documentation collated for later reporting

8. Reflection and evaluation

OUTCOMES
• Increased knowledge, understanding •
• Enhanced interpersonal trust and potential for ongoing teamwork and networking •
• Implementation of new skills and knowledge •

Figure 2: Participatory learning cycle and outcomes

Key steps in the learning cycle include:

1. **Identifying needs**, to determine gaps and to identify modules and exercises

2. **Grouping** participants according to common interests and needs

3. **Scheduling and convening** participatory learning sessions, including selecting the venue and organizing the learning space

4. **Setting** ground rules and commitments at the outset, and agreeing on learning outcomes

5. **Facilitating sessions** that include the sharing of experience and knowledge, icebreakers and energisers, large- and small-group discussions, role plays, buzz groups, idea clustering and case studies

6. **Learning** through sharing and by documenting key points and ideas as the modules and exercises progress

7. **Collating** documentation for later reporting

8. **Reflecting** on applications of learning in the immediate future

9. **Evaluating** learning activities (which should be noted as part of documentation and reporting)

Facilitating Participatory Sessions

The following key points should be borne in mind when facilitating adult learning sessions:

- **Have a plan:** Although this toolkit outlines modules and exercises, it is necessary to plan the selection and timing of each topic beforehand. Make time available for breaks at least every 2–3 hours.

- **Set an agenda:** The outline and agenda for the module(s) should be shared with participants at the outset. Participants should be invited to comment. Adaptations can be made, if necessary.

- **Clarify objectives:** Objectives should be shared and clarified. Participants should be invited to comment on objectives, and adaptations can be made, if necessary.

- **Conduct introductions**: Ensure that the facilitator and the participants are introduced to each other. Use icebreakers for introductions, and include nametags if participants do not know each other well.

- **Develop ground rules and commitments:** Ground rules and commitments can be developed through a participatory activity. Examples include respecting differences of opinion, keeping cell phones turned off, keeping to set times, taking language needs into account and committing to full participation without distraction.

- **Clarify values and establish a safe space for learning:** This includes committing to respect the rights and points of view of all participants and avoiding stereotypes and discrimination. Active listening should be encouraged, and the facilitator should highlight the importance of participants' not dominating a discussion or being disruptive.

- **Clarify the facilitator's role:** Highlight the role of the facilitator as a resource person who guides the participatory process. While participants can contribute preferences on participatory styles and adaptation of participatory processes, it is important that the facilitator keep participants focused on the agreed-to objectives for the sessions.

- **Stick to time commitments:** It is sometimes difficult to control the time taken for participant inputs, and time taken should be balanced with time available. Avoid running over agreed time limits.

- **Draw on life experiences:** Participatory learning encourages the sharing of life experiences. When sharing examples and stories, it is important to highlight that confidentiality be considered. Stories and examples do not need to include personal information or the names of others.

- **Foster teamwork and teambuilding:** Participatory learning emphasises teamwork, and it is useful to keep the same participants for small-group discussions throughout a workshop. Trust and teamwork established during participatory learning sessions are often carried forward into subsequent activities. This includes working together collaboratively and networking.

- **Ask questions and solve problems:** Participatory learning involves reflection and sharing to find answers or to identify solutions. This can be prompted by the facilitator asking questions to stimulate thinking.

- **Monitor pace and energy:** It is useful to keep track of the pace and energy of participants and to introduce short energisers to maintain their focus and interest. It is important to be flexible and to allow for more or less time, as needed.

- **Summarise and round off:** Key points and conclusions are reinforced through summarising and rounding off discussions. Ensure that these occur at regular intervals.

- **Focus on practical applications of learning:** The intention of focusing on improving work capacities and social challenges is that participatory learning has an immediate and practical focus. Encourage the sharing of possibilities and intentions for translating new knowledge into practice.

Participatory Techniques

The principles of adult learning focus on maximising the sharing of knowledge, experience and skills among all participants, with guidance, support and sharing by the facilitator. A number of techniques are useful to support participatory adult learning. Figure 3 summarises the various participatory techniques.
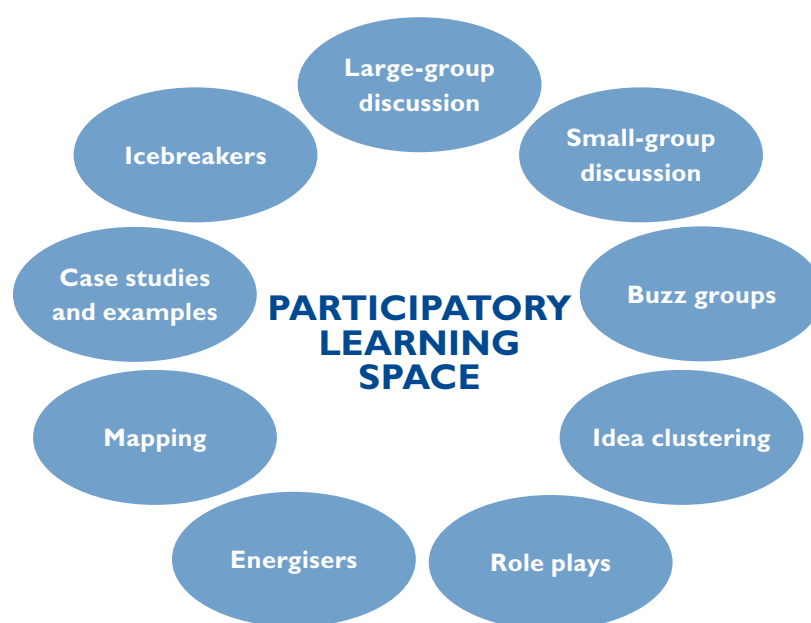
These include:

Figure 3: Participatory learning techniques

- **A participatory learning space:** Arranging seating in a circle or a U-shape allows for face-to-face interaction between participants. Space, including tables if needed, should be set up for small-group discussions. Other aspects that should also be attended to include placement of flipcharts and other learning tools (e.g., a projector, cards, pens, pin boards, pins, press-stick) and materials for exercises.

- **Icebreakers**: An icebreaker is an introductory exercise or game that allows participants to get to know each other or to introduce a topic. Icebreakers often have a fun element and contribute to building trust and stimulating interaction between participants. See Appendix 3 for some ideas for icebreakers.

- **Energisers:** Energisers are physical activities or games that usually include a fun element to allow participants to take a break and refocus their energy. Energisers can be used at any time that the facilitator or participants feel that the energy or focus of participants is low. See Appendix 4 for some ideas for energisers.

- **Large-group discussion:** In a large-group discussion, all participants provide input together concerning a question or problem and work toward a conclusion or solution. A circular or U-shaped seating arrangement works best. Inputs are encouraged from all participants, but the discussion has to be well-controlled to ensure that it fits into the time available. Flipchart paper or a computer and projector are useful for noting key points. It may be useful to have a separate note-taker; this allows the facilitator to focus on coordinating the discussion.

- **Small-group discussions:** With small-group discussions, subgroups of participants work together to discuss questions or problems. These can be printed on handouts. Participants should summarise key points on a sheet of flipchart paper or a computer for presentation to the larger group. Participants are more likely to provide input during small-group discussions. It is useful to identify a note-taker and timekeeper for each small group at the outset of discussion. Small groups contribute to teamwork and allow participants to use the language they are most comfortable with speaking.

- **Buzz groups:** A buzz group can comprise two or three participants who discuss a single concept or question over a short time period (e.g., 3–5 minutes). Reflections can then be shared verbally or displayed on coloured cards for a large-group discussion.

- **Idea clustering:** Participants can be asked to reflect on questions and problems on an individual basis and write their thoughts on coloured cards. These can then be grouped and displayed for a large-group discussion.

- **Role plays:** A role play is a small "minidrama" that can be developed and acted out by participants around an example or situation. Role plays allow for creativity and for the sharing of emotions, and they usually contribute to a relaxed and jovial atmosphere when they are presented. Role plays allow participants to "put themselves in the shoes of others" and think creatively about problems and solutions. Role plays can be used to offer insights into attitudes, values, and rights.

- **Mapping:** Mapping is a useful technique to develop an understanding of geographic contexts—e.g., drawing a map of hot spots and safe spaces for HIV or GBV in a particular community, or identifying resource organisations and services. Mapping can also be used to describe a "day in the life" of participants or vulnerable groups. Maps can be developed by small groups or large groups using a sheet of flipchart paper.

- **Case studies and examples:** Case studies and examples are useful for providing insights into real-life situations. They may be adapted or drawn directly from a previous project or from personal experiences. These can be discussed by large or small groups, guided by key questions. Participants' own experiences are used to inform the discussion, and problem-solving skills are developed through discussion.

Records and Reporting

Participatory learning activities include following a curriculum and using activity guidelines with groups of participants who have widely varying characteristics, including age, gender, knowledge, skills and experience. Because participatory learning activities include contributions by participants, the content of sessions will vary and learning outcomes will differ from group to group.

It is important to document participatory learning processes through notes and observations, including by collating and transcribing information on flipchart sheets and other written materials. In some instances, this content will contribute to adaptations to the curriculum. It is useful to photograph flipcharts, cards reflecting "idea clustering," and participant activities during the session. Drawing up a report of learning sessions is necessary to document and evaluate sessions. (See Appendix 2 for a sample evaluation sheet.)

An attendance sheet is essential for record-keeping purposes.

Other Learning Approaches

Participatory learning principles can be applied in many other learning contexts:

- **Mentoring** involves offering an individual or a small group individualised support, which is provided by a knowledgeable and experienced person and is tailored to the needs of the participants. It can be informal—e.g., providing assistance or advice when needed— or more formal, through regular contact sessions. Mentors also learn as a product of being challenged to aid thinking and problem solving.

- **Field trips** are useful for small groups to gain insight into situations and programme approaches in communities or other settings. Learning is achieved by observing, asking questions and sharing knowledge and experiences.

- **Case studies** are useful for individual and group learning. They require the drawing together of as much information as possible about a particular context, programme or project. Learning is achieved through analysing, discussing and sharing ideas about the case study.

- **Exchange visits** are useful for individual and group learning—e.g., where participants have a temporary placement in a community or programme. Learning is achieved through observation, direct experience and the sharing of knowledge.

- **E-learning** is computer-based learning through access to and completion of prepared courses. E-learning can include study groups in which participants support each other through the learning process or situations in which a mentor or facilitator assists in discussion and reflection. Further support can be provided through ongoing mentoring.

MODULES & EXERCISES

Preparation and Set-Up

The following modules and exercises should only be conducted when the facilitator is comfortable with applying the facilitation and participatory techniques described above.

The modules are suitable for small to medium-sized groups of 5–15 participants. The times allocated are illustrative and will vary, depending on the number of participants and the extent of discussion. Smaller groups are likely to take less time, while larger groups with more diverse participants may take longer.

Refreshments should be made available during breaks.

Consider the following:

- **Learning space:** The learning space should be conducive to group learning. Arrange seating in a circle and identifying suitable breakaway spaces for small-group discussions

- **Documentation:** Have a system for recording learning through taking notes, annotating flipchart paper, and photographing participant outputs (e.g., when using coloured cards) or activities.

- **Introductions:** Ensure that participants are introduced to each other and are comfortable with learning together. Icebreakers are useful, but these can be omitted if the participants know each other well and a single module is being covered.

- **Energisers:** Energisers can be used whenever necessary.

- **Objectives and ground rules:** Discuss the objectives of the learning session and the importance of committing to ground rules and values for the session(s).

- **Commitment:** Ensure that the trainees are committed to participating fully without distractions and to keeping to the time. Highlight to the group that inputs from all participants are valued and will contribute to group learning.

- **Evaluation:** Assess sessions after each block of learning, including allowing participants to reflect on how they will apply the new knowledge and skills.

- **Sample evaluation sheet:** A sample evaluation sheet is included in Appendix 1.

- **Participatory evaluation:** Facilitators can also conduct an evaluation as a large-group exercise, by asking for inputs on the "pluses/positives" and "minuses/negatives" of the sessions. Prompt participants to touch on the venue, logistics, expectations, content, new learning, facilitation, time allocation and implementation of new learning. Use flipchart paper to document inputs.

MODULE I
GENDER CONCEPTS & DEFINITIONS

While most people working in the field of youth, HIV, gender and GBV have a general understanding of gender concepts and definitions, these are not always consistent. There are also challenges when gender concepts are translated into some South African languages.

Module 1: Exercises and Objectives

Exercise	Objectives	Time allocation
1.1: Defining gender terms	• Develop a common understanding of gender terminology and definitions • Assist participants in developing ways of describing gender concepts in local languages	2 hours

EXERCISE 1.1
DEFINING GENDER TERMS

Objectives

- To develop a common understanding of gender terminology and definitions
- To assist participants in developing ways of describing gender concepts in local languages

Outcomes

- Gender terminology and definitions understood
- Local languages and gender terminology addressed

Format

- Large- and small-group sessions

Time

- 2–3 hours, depending on group size

Advance Preparation

1. Identify an open space to allow for large- and small-group work.

2. Obtain flipchart paper, coloured cards, pens/markers, and press-stick or pins

3. Write "heading cards" that include each term listed under Resources (1.1).

4. Duplicate copies of a printout of gender terms (to be distributed at the end).

   Note: Have a dictionary on hand to assist with defining any emerging terms. You can also use an internet-connected device, such as a phone or computer, just leave to look up and confirm the definitions of any additional words.

Documentation

- Keep flipchart sheets and cards for the record and for reporting purposes.

TRAINING STEPS—EXERCISE 1.1

1. Have the participants sit in a circle suitable for a large-group discussion, with flipchart paper available.

2. *(10–15 minutes)* Briefly discuss the differences between the terms "sex" and "gender" and ask participants to share examples. Write their responses on a sheet of flipchart paper for comparison. Finish off with the following definitions:

   • **Sex** refers to the ***biological*** and ***genetic*** factors that indicate whether a person is male or female.

   • **Gender** refers to ***social expectations*** of how boys and girls and men and women are expected to behave. People may conform to social expectations and norms related to their gender, but they may also choose not to conform. Society is also changing, so the rules, norms, and expectations about how people express their gender are also changing.

3. *(10–15 minutes)* Ask:

   • "What are some gender terms that are not always well understood?" Write down the participants' responses on a sheet of flipchart paper.

   • These will potentially include most of the terms on the definitions list (in Resources). Mark any that are mentioned that are not on this list with an asterisk (*). You may need to look these up later.

   • You can prompt participants with words from the definitions list if they are not mentioned, and ask if they want to include them.

4. *(10–15 minutes)* Begin a discussion with an example, such as the term "patriarchy."

   • Ask participants to provide inputs into a definition of the term, and write their points on a sheet of flipchart paper.

   • Once participants have exhausted their inputs, read out the definition: Patriarchy refers to the way in which society is organised, where positions of authority and power are occupied mainly by men. This includes power and authority over women and children.

   • Ask "How does patriarchy affect our daily lives?" and lead a discussion.

   • Ask: "Are there any words or phrases in local languages that refer to the concept of patriarchy?" "Is patriarchy expressed differently in some communities compared with others—for example, rural and urban communities?" Write down key points on flipchart paper.

5. *(15–20 minutes)* Agree on the set of words to be defined (not all listed may be of relevance or interest to the group), and divide the participants into buzz groups of two participants each.

- Allocate two words each for definitions (or more words each, for smaller groups of participants). Each buzz group should be allocated different words.

- Note that participants should not "cheat" by looking up words on phones or laptops. Instruct participants to write their definitions on coloured cards. The definition may be key points toward a definition or full sentences/paragraphs.

6. While participants are busy, write up heading cards for each word listed under Resources 1.1 and pin or stick these up on a display area. The participants will place their definitions under the header cards.

7. *(1 hour–1 hour, 30 minutes)* Ask participants to present their definitions and then read out the standard definition. Ask if there are any challenges in explaining these concepts in local languages and/or how the terms are expressed in local languages.

8. *(5–10 minutes)* Pass out to the participants a handout of gender definitions.

- Ask: "Are there are other gender terms that you are unsure about?" These can be briefly discussed by the group.

- **Sex** refers to the biological and genetic factors that indicate whether a person is male or female.

- **Gender** refers to social expectations and norms related to the roles of men and women in society, in communities, and in their relationships with others at a given time. Gender includes how a person expresses himself/herself as a boy or a girl or as a man or a woman. People may conform to social expectations and norms related to their gender, as well as refusing to conform. They may also conform to some expectations and not to others. Society is also changing, so the rules, norms, and expectations of how people express their gender are also changing.

- **Patriarchy** refers to the way in which society is organised, where positions of authority and power are occupied mainly by men. This includes power and authority over women and children.

- **Sexuality** refers to how a person expresses his/her sexual desire and sexual relationship with others. This includes emotional and physical forms of expression.

- **Sexual orientation** refers to whether a person is sexually attracted to the opposite sex (heterosexual), to one's own sex (homosexual), or to people of both sexes (bisexual). In South Africa, it is unlawful to discriminate against any person on the basis of his/her sexual orientation.

- **Homophobia** refers to negative attitudes toward homosexual identities, including prejudice against people who are LGBTI.

- **Masculinity** refers to the roles and responsibilities considered to be appropriate to being a man. Masculinity is not a fixed concept, and men can choose to express their masculinity in ways that differ from social expectations.

- **Femininity** refers to the roles and responsibilities considered to be appropriate to being a woman. Femininity is not a fixed concept, and women can choose to express their femininity in ways that differ from social expectations.

- **Feminism** is a body of ideas that are focused on women's rights and social roles, toward achieving gender equality.

- **Gender equity** refers to attaining a gender balance in responsibilities and benefits for men and women—e.g., a gender balance in participation in activities, or a gender balance in leadership.

- **Gender equality** refers to the view that men and women should have equal rights and should not be discriminated against on the basis of their gender or sex. Note that it is important not to confuse "women's issues and priorities" with "gender issues and priorities." The concept of gender equality focuses on considering issues affecting both sexes and not only prioritising those affecting women. Gender equality includes a focus on men and on lesbian, gay, bisexual, transgender, and intersex people (LGBTI).

- **Gender norms** refer to the dominant expectations of the ways in which men and women should behave in society, including the roles that they should fulfill. While most people fit into these expectations, some people resist them.

- **Gender stereotypes** are related to norms. They refer to discriminatory generalisations about men or women. They can refer to negative or positive characteristics—e.g., all men are bad fathers, or all women are good mothers. Gender stereotypes may be used to protect dominant ideas and to justify avoiding moving toward the goals of gender equality.

- **Gender mainstreaming** involves integrating the principles of gender equity and equality into legislation, policies, programmes, projects, and other activities on an ongoing basis. It involves a consciousness about gender in all phases of activities, so that neither women nor men are disadvantaged. The goal of gender mainstreaming is gender equality.

- **Gender analysis** is a process in which the needs, opportunities, constraints, roles, and powers of women and men are examined. Gender analysis considers how these gender differences affect men and women and informs an understanding of what needs to be done toward attaining gender equity and gender equality.

- **Sexual harassment** refers to making remarks or suggestions of a sexual nature toward another person, usually of the opposite sex, in a social, service provision, or work situation. Sexual harassment can lead to disciplinary action in a workplace.

- **Gender-based violence (GBV)** refers to any violence that is related to a person's gender or sexuality. This includes sexual violence, abuse, or exploitation, physical violence, as well as verbal, emotional, and psychological abuse or harassment.

- **Sexual and gender-based violence (SGBV)** highlights sexual violence, including rape, sexual abuse, and exploitation, as part of GBV.

- **Violence against women** refers to GBV that is perpetrated against women.

- **LGBTI** refers to the sexual orientation and sexual identity of **lesbian women** (women who have a romantic or sexual attraction to other women—also referred to as women who have sex with women, or WSW); **gay men** (men who have a romantic or sexual attraction to other men—also referred to as men who have sex with men, or MSM); **bisexual men and women** (men and women who have a romantic or sexual attraction to both men and women); and **transgender** or **intersex** people (where a person's biological sex does not necessarily match his/her gender identity).

- **Heterosexual** refers to people who have a romantic or sexual attraction to persons of the opposite sex.

- **Heteronormativity** refers to sexual identity and the gender roles of men and women that are focused on relationships with the opposite sex. This approach suggests that relationships between men and women as sexual partners are normal and that same-sex sexual relationships are abnormal.

MODULE 2
GENDER ROLES & CHANGE

Gender roles are the socially defined roles and responsibilities and ways in which people express their social position as girls and boys and women and men. Gender roles are learned in different contexts, including in family, educational, religious, social, and cultural settings.

Gender roles vary by age and situation and may differ between communities. Gender roles are continuously challenged as rights and capabilities of girls, boys, women, and men are expressed in society. They are strongly affected by legal and rights frameworks, but also by influences between cultures—for example, through global and social media, or through people who are identified as role models.

Module 2: Exercises and objectives

Exercise	Objectives	Time allocation
2.1: Gender roles in context	• Explore how gender roles combine social expectations and personal expression	2–3 hours
2.2: Changing gender roles	• Explore how gender roles are maintained and challenged	2–3 hours
2.3: Identifying preferences for change in gender roles	• Identify gender "equalities" and "inequalities" and potential change processes	2 hours

EXERCISE 2.1
GENDER ROLES IN CONTEXT

Objective

- To explore how gender roles combine social expectations and personal expression

Outcome

- Participants understand that gender roles are a mix of social expectations and personal expression (identity).

Format

- Role plays and large-group discussions

Advance Preparation

1. Identify an open space to allow for large-group work and role plays.

2. Obtain flipchart paper for note-taking.

Documentation

- Keep flipchart sheets and summaries of role-plays for the record and for reporting purposes.

I. *(5–10 minutes)* Ask the participants to sit in a circle suitable for a large-group discussion. Have a flipchart available.

- Introduce the concept of role plays and ask participants if they have used the method previously. Note that a role play is a "mini-drama" that allows for creativity and emotions to be shared and for participants to "put themselves in the shoes of others."

- Explain that you will conduct the role plays in sequence, using different volunteers. At various points, you will ask why role-players chose to act as they did.

- **Choose any two of the three role plays**.

Role Play 1—Courage *(20–30 minutes)*

› Ask for two volunteers to participate in a role play. Take the volunteers to one side and explain the task to them. Note that they should speak to each other based on the roles they are playing and act out the scenario.

› ROLE PLAY: *Ask the first participant to demonstrate how he/she would walk along a dimly lit street in a dangerous area late at night <u>as a man</u>. Follow this by asking the second participant to demonstrate how he/she would do the same <u>as a woman</u>.*

› After the larger group observes, ask participants to comment on similarities and differences between the two roles on the basis of sex. Ask "why?" questions about their observations and explore any social factors that contribute to the differences.

› Ask the volunteers to provide input on their motivations for the way they played their roles.

› Write up key points on a sheet of flipchart paper. The facilitator may also make observations.

Role Play 2—Nurturing *(30 minutes)*

› Ask for three volunteers to participate in a role play. Take the volunteers to one side and explain the task to them. Note that they should speak to each other based on the roles they are playing and act out the scenario.

› ROLE PLAY: *Ask the first participant to play the role of a man holding a baby in a waiting area. Have the second participant play the role of a woman and the third participant that of a man. The second participant sits next to participant 1 and asks about the baby. They have 2–3 minutes for a conversation. "She" then leaves, and participant 3 sits next to the man and asks about the baby. They have 2–3 minutes for a conversation.*

› After the larger group observes the role play, ask participants to comment on similarities among and differences between the two conversations, on the basis of gender. Ask "why?" questions about their observations and explore social factors that contribute to the differences.

› Ask the volunteers to provide input on their motivations for the way they played their roles.

› Write up key points on a sheet of flipchart paper. The facilitator may also make observations.

Role Play 3—Authority (20–30 minutes)

› Ask for three volunteers to participate in the role play. Take the volunteers to one side and explain the task to them. Note that they should speak to each other based on the roles they are playing and act out the scenario.

› ROLE PLAY: *The first participant plays the role of a man digging a hole (Participant 1). In the first scenario, the supervisor (Participant 2) and the person digging the hole are both male. The male supervisor instructs and motivates the man to continue digging, even though he is very tired. They converse for 2–3 minutes. Repeat the role play, but now with a female supervisor (Participant 3). Allow for 2–3 minutes of conversation.*

› After the larger group observes the role play, ask the participants to comment on similarities among and differences between the two conversations on the basis of gender. Ask "why?" questions about their observations, and explore social factors that contribute to the differences.

› Ask the volunteers to provide input on their motivations for the way they played their roles.

› Write up key points on a sheet of flipchart paper. You may also make observations.

2. *(20–30 minutes)* Discuss both role plays.

• Reflect on ***social expectations*** (what men and women are expected to do in given circumstances) versus ***identity*** (how men and women can choose to act in line with, or differently from, social expectations).

• Ask: "Were the roles played true of all men and women?" Discuss.

• Using any one of the role plays as an example, wrap up the discussion by asking participants whether they would act differently and to indicate why. Explore how gender identity can resist social expectations or conform to them.

EXERCISE 2.2
CHANGING GENDER ROLES

Objectives

- To explore how gender roles are maintained and challenged
- To explore how gender roles have changed over time

Outcome

- Participants clarify that gender roles are continuously changing and can be actively changed.

Format

- Large- and small-group discussions

Advance Preparation

1. Identify an open space to allow for large-group and small-group work.

2. Obtain flipchart paper.

Documentation

- Keep flipchart sheets and cards for the record and for reporting purposes.

1. *(20–30 minutes)* Seat the participants in a circle suitable for a large-group discussion. Make sure that flipchart paper is available.

   - Ask "What are things that men did 100 years ago that they no longer do today?"

   - Ask "What are things that women did 100 years ago that they no longer do today?"

   - Note participants' responses on a sheet of flipchart paper and ask what made these things change. This discussion can be fairly brief.

2. *(30 minutes)* Divide the participants into two groups. Allocate to the groups the following questions.

   - Group 1: What are things that men do today that social or cultural expectations did not allow them to do in the past?

   - Group 2: What are things that women do today that social or cultural expectations did not allow them to do in the past?

   - Participants should indicate the time frame for the change (e.g., the past five years, the past 10 years, the past 20 years). Note that the focus is on the recent past—i.e., changes that have occurred in the past 1–20 years.

   - Note group responses on a sheet of flipchart paper.

3. Large-group discussion *(30–40 minutes)* Have the two groups present their findings.

   - Ask: "What happened to allow the changes to occur?"

   - Note participants' responses on a sheet of flipchart paper.

4. *(30–40 minutes)* Read the following stories told by two men in Kenya in 2013 (Parker, 2013):

   - **Story 1:** *"I came to Nairobi in 1997. I came to do welding work. It is what I had learned as a trade. When I went to seek employment, there was a woman who also came to seek employment in welding. I was shocked, because welding is work that involves hard physical work that I felt a woman could not do. But I saw that the woman could do this work. Even better than me. So it led me to understand that men and women are alike in terms of strength, they can do the same work. Their only difference is biological. When I went back home, I told my father that nowadays a woman can do any kind of work. At that time, my sister was still in school. After her schooling, my father took my sister to learn at a mechanics school. That is where I found we have actually already changed."*

- **Story 2:** *"I married last year, and in our church, men used to sit alone and their wives sat on the other side. There is a row for women and a row for men. I decided I wanted to change this pattern. So I sat with my wife the first time. People were surprised, but the next time, the pastor sat with his wife. And I saw now that I had changed another person. And since then, the set-up in the church has changed. Everyone sits with their wife. Now, because they have seen that I can do anything at home, I can cook, I can help my wife in any activity, and they have seen this couple so happy, and they work together, it is possible to say work together and then you will be happy."*

- Ask participants to comment on the two stories, highlighting how stereotypes were overcome.

- Round off the discussion by asking: "Can anyone share examples of how they have resisted or overcome stereotypes?"

- Note participants' responses on a sheet of flipchart paper.

EXERCISE 2.3
IDENTIFYING PREFERENCES FOR CHANGE IN GENDER ROLES

Objective

- To identify gender "equalities" and "inequalities" and potential change processes

Outcome

- Participants clarify elements of equality and inequality in relation to gender at the social level in workplaces and communities.

Format

- Large-group discussions and buzz groups (three participants each)

Advance Preparation

1. Identify open space to allow for large-group work and buzz groups.

2. Obtain coloured cards and markers, press stick or pin boards, and flipchart paper.

3. Arrange heading cards as below.

Documentation

- Photograph the cards before they are removed from the wall/pinboard, for the record and for reporting purposes. In addition, keep flipchart sheets for the record and for reporting purposes.

1. *(5–10 minutes)* Introduce participants to the buzz group exercise. Note that the focus is on positive changes and negative changes that people would like to see happening in four contexts—relationships, families, workplaces, and communities. The exercise first focuses on the roles and behaviours of men and women.

2. *(30 minutes)* Divide participants into buzz groups. Depending on the size of the overall group, some buzz groups could focus on women and others on men.

   - The first question is: "What actions or activities would you like to see men and women doing <u>more often</u> in your relationships, families, workplaces, communities?"

   - The second question is: "What actions or activities would you like to see men and women doing <u>less often</u> in your relationships, families, workplaces, communities?"

   - Have the participants write their responses on the coloured cards, and then after discussion, ask the participants to stick/pin their responses below the following headings.

We would like to see these things done by …	In their workplaces	In their communities
Men more often		
Men less often		
Women more often		
Women less often		

3. *(30 minutes)* Return to the larger group and ask participants to comment on the points raised. Ensure that group input is provided on the two most urgent changes desired under each heading (workplace, community).

4. *(15 minutes)* Round off with a large-group discussion: What can be done to bring about the identified prioritised changes? Note the participants' responses on a sheet of flipchart paper.

MODULE 3
GBV: INTIMATE PARTNER & NON-PARTNER DOMESTIC VIOLENCE

Gender-based violence (GBV) occurs throughout the country and has severe negative consequences for all those affected.

- **Exercise 3.1**—*Define and clarify GBV in intimate partner relationships* is a two-hour activity. The objective is to:

    1. Develop a common understanding of GBV concepts

- **Exercise 3.2**—*Define and clarify GBV by a non–intimate partner* is a two-hour activity. The objective is to:

    1. Develop a common understanding of GBV in non–intimate partner situations

- **Exercise 3.3**—*The Domestic Violence Act and The Sexual Offences Act* is a two-hour activity. The objectives are to:

    1. Develop a common understanding of the Domestic Violence Act

    2. Develop a common understanding of the Sexual Offences Act

Module 3: Exercises and objectives

Exercise	Objectives	Time allocation
3.1: Define and clarify GBV in intimate partner relationships	• Develop a common understanding of GBV concepts	2–3 hours
3.2: Define and clarify GBV by a non–intimate partner	• Develop a common understanding of GBV in non–intimate partner situations	2–3 hours
3.3: The Domestic Violence Act and The Sexual Offences Act	• Develop a common understanding of the Domestic Violence Act • Develop a common understanding of the Sexual Offences Act	2–3 hours

EXERCISE 3.1
DEFINE AND CLARIFY GBV IN INTIMATE PARTNER RELATIONSHIPS

Objective

- To develop a common understanding of GBV concepts

Outcome

- Participants develop a common understanding of GBV in relationships through consensus.

Format

- Large-group discussion

Advance Preparation

1. Identify an open space to allow for large-group work.

2. Obtain flipchart paper.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(10 minutes)* Ask participants to contribute to a definition of <u>violence</u>. Note their points on a sheet of flipchart paper. Use the ideas put forward to develop a complete definition.

   - A sample definition of violence is: ***Violence*** *involves the use of physical force to harm another person. Violence also has a psychological dimension—for example, a threat of violence can be used to force a person to do something against his/her will. Violence against another person is a violation of his/her rights and usually also falls into the definition of criminal activity that can lead to criminal prosecution.*

2. *(10 minutes)* Ask participants to contribute to a definition of <u>abuse</u>. Note their points on a sheet of flipchart paper. Use the ideas to develop a complete definition.

   - A sample definition of abuse is: ***Abuse*** *is a form of violence. Abuse includes verbal abuse, emotional abuse, economic abuse, or other forms of exploitation.*

3. *(10 minutes)* Ask participants to contribute to a definition of <u>harassment</u>. Note their points on a sheet of flipchart paper. Use the ideas to develop a complete definition.

   - A sample definition of harassment is: ***Harassment*** *is a form of violence. Harassment includes pestering or bothering a person through making unwanted contact, making threats, or invading the person's privacy.*

4. *(10 minutes)* Ask participants to identify any terms in local languages that fall under the definitions of violence, abuse, or harassment. Note their points on a sheet of flipchart paper.

5. *(5 minutes)* Conclude the discussion by doing the following:

   - Review the definition of GBV**: GBV** refers to any violence that is related to a person's gender or sexuality. This includes sexual violence, abuse or exploitation, and physical violence, as well as verbal, emotional, and psychological abuse or harassment.

   - Note that violence toward a relationship partner is also called intimate partner violence (IPV). Highlight that research shows women in South Africa to be more likely to experience such violence from men who are their relationship partners. Men also experience violence from their relationship partners.

6. *(15 minutes)* Ask participants to contribute to a definition of *sexual violence by an intimate partner*. Note their points on a sheet of flipchart paper.

   - Reach agreement that this includes forcing a person to have sex against his or her will, including when one is in a relationship or is married. Note that this is a crime and should be reported to police.

7. *(15 minutes)* Ask participants to give examples of *other GBV by an intimate partner*. Note their points on a sheet of flipchart paper.

- Reach agreement that these other forms of GBV by a partner include verbal abuse, emotional abuse, threats of violence, stalking, damage to property, invasion of privacy, controlling a person's freedom of movement, insisting on obedience, exploiting a partner financially, or invading a partner's privacy.

- Note that IPV can include one or more of these formats of violence and that they can be repetitive over time.

8. *(30 minutes)* Read the following stories told by women and men involved in the PIA programme in South Africa (Parker, 2012):

   - **Story 1:** *"The PIA member helped a girl in her area who was being beaten by her boyfriend. She phoned the police, who responded immediately and arrested the man. He was out the following day, and the group felt that his actions still needed to be condemned, even though he was out of police custody. They introduced themselves as PIA members and described their role as the Prevention in Action Group in the community. They told the man that his actions toward his partner would not be tolerated and that the next time he beat his wife, they would make sure he stayed behind bars. The embarrassed man apologised and promised not to ever lay a hand on his partner again, and he hasn't."* (Participant, Khayelitsha)

   - **Story 2:** *"A PIA member was approached by a lady who asked him to speak to her husband, because the husband comes home drunk at night and demands food. He even demands sex when she is not in the mood. The member spoke to him and told him that women have a right to say no when they are not in the mood. He said it was up to them as men to control themselves. The man said he understood. Some days later, he bumped into the man, who thanked him, saying that he and his wife now understand each other, whereas before she wanted to have him arrested. He now respects his wife, and she is not scared to speak to him. He encouraged them to join the PIA movement."* (Participant, eThekwini District).

9. Ask participants to comment on the two stories in relation to taking action and change. Note that the actions that can be taken include:

   - Speaking to the victim, or the perpetrator, or the victim and perpetrator

   - Speaking to family members and elders and asking them to intervene

   - Intervening when violence is known to occur (taking safety into account), or calling the police

   - Referring the victim, perpetrator, or other family members for counseling; contacting or referring to a social worker; contacting or referring to the Stop Gender Violence Helpline (0800-150-150)

10. *(20–30 minutes)* Wrap up by asking participants to share examples of situations that they have heard of, or actions that they have taken, to address violence. Note their points on a sheet of flipchart paper.

EXERCISE 3.2
DEFINE AND CLARIFY GBV BY A NON–INTIMATE PARTNER

Objective

- To develop a common understanding of GBV in non–intimate partner situations

Outcome

- Participants understand GBV in non–intimate partner situations.

Format

- Large- and small-group discussions

Advance Preparation

1. Identify an open space to allow for large-group work.

2. Obtain flipchart paper.

3. Write heading cards—"GBV"; "Cultural or exploitative practices"—and arrange these on the wall or a pin board to allow participants to stick/pin their responses below the cards.

Documentation

- Photograph the cards before they are removed from the wall/pinboard for the record and for reporting purposes. Keep flipchart sheets for the record and for reporting purposes.

1. *(10 minutes)*

    • Ask participants to contribute one or two examples of GBV that can be perpetrated by a non-partner. Note these on a sheet of flipchart paper.

    • Ask participants to contribute examples of cultural or exploitative practices that are forms of GBV. Note these on a sheet of flipchart paper.

2. *(45 minutes)* Divide participants into two groups.

    • Have the participants in each group discuss and write down on cards examples of GBV that can be perpetrated by a non-partner. Note that it is important to highlight what makes it "gender-based." For example, assaulting a person in the course of a robbery may not be GBV, as this may have occurred irrespective of the person's sex.

    • Next, have the participants discuss and write down examples of harmful and exploitative practices that can be perpetrated by a non-partner. Note that it is important to highlight what makes these "gender-based."

    • Some examples of **harmful cultural practices** are *Ukuthwala,* in which a girl may be abducted and forced into a relationship or marriage or *Ukuqoma,* in which a girl is forced into a relationship by her family (including being forcibly confined in a room with the prospective partner)*.* Some examples of **exploitative practices** include *trafficking,* in which a person is abducted and forced into sex work, or is raped, or has his/her movement restricted, or is forced to work; *coerced sex,* in which a person is forced to exchange sex for food, alcohol, or other commodities or to prevent threats from being carried out (e.g., arrest, deportation).

3. *(25 minutes)* Have participants stick/pin their responses below the headings. Hold a large-group discussion about the results. Add any additional examples that emerge. Note points on a sheet of flipchart paper.

4. *(30 minutes)* Read the following stories, told by women and men involved in the PIA programme in South Africa (Parker, 2012):

    • **Story 1:** *"There was a woman who was being abused by her son. He would demand money and had taken over his mother's banking cards. He would go out all night, come back in the early hours of the morning, and play music out loud. He just had no respect for his mom at all. The group had been observing this and finally decided on taking action. They called the boy to a meeting and told him that either he changes his ways and starts treating his mother with respect or they will take him straight to the police and make sure he never comes back again. He apologised and ever since then, there has not been a sign of violent behaviour. He has changed a lot."* (Participant, Khayelitsha)

    • **Story 2:** *"The PIA member was called by a neighbour's daughter who had seen a neighbouring 4-year-old being raped by her stepfather. She quickly ran to save the child. To her surprise, the mother was also around. [The PIA member] questioned her*

about how she could allow this to happen. She said she was afraid to report this, as the man was the breadwinner. The PIA member took the child to the clinic. She then opened a case at the police station, and the stepfather was arrested. Tomorrow she is attending the case as a witness." (Participant, eThekwini District).

5. Ask participants to comment on the two stories in relation to taking action and change. Note that there are many actions that can be taken, including:

    •   Speaking to and supporting the victim, and assisting with reporting to the police

    •   Speaking to other family members and elders and asking them to assist

    •   Intervening when violence is known to occur (taking safety into account)

    •   Calling the police and identifying the perpetrator

    •   Referring the victim for counseling, as well as speaking to and referring the perpetrator

    •   Contacting a social worker

    •   Contacting the Stop Gender Violence Helpline (0800-150-150)

6. *(20–30 minutes)* Wrap up by asking participants for examples of situations in which they have heard of actions taken of have done so themselves to address GBV by a non-partner. Note points on a sheet of flipchart paper.

EXERCISE 3.3
THE DOMESTIC VIOLENCE ACT AND THE SEXUAL OFFENCES ACT

Objective

- To develop a common understanding of The Domestic Violence Act
- To develop a common understanding of The Sexual Offences Act

Outcome

- Participants understand the legal provisions of The Domestic Violence Act.
- Participants understand the legal provisions of The Sexual Offences Act.

Format

- Large- and small-group discussions

Advance Preparation

1. Download leaflets on The Domestic Violence Act and The Sexual Offences Act, or obtain leaflets from the local police station or from local NGOs.

   - The Domestic Violence Act:
     http://isssasa.org.za/resources/the-law-and-gbv-related-articles/
     protecting-women-from-violence/domestic-violence-english.
     pdf/view

   - The Sexual Offences Act
     http://www.justice.gov.za/docs/InfoSheets/2008%2002%20
     SXOactInsert_web.pdf

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

TRAINING STEPS—EXERCISE 3.3:

Part 1: The Domestic Violence Act

1. *(15 minutes)*

   - Ask participants to share what they know and understand about The Domestic Violence Act, in terms of *who the Act applies to* and *what formats of violence are covered*. Note their responses on a sheet of flipchart paper.

   - Clarify that The Domestic Violence Act applies to anyone in a domestic relationship. This means:

     › People living in the same household who have family or relationship ties to each other.

     › People who are not living together but who have previously been in a relationship with another person or who have a relationship of care with another person (e.g., parent-child; family members).

   - Clarify that domestic violence includes: physical abuse; sexual abuse; emotional/verbal/psychological abuse; economic abuse or exploitation; intimidation; harassment; stalking; damage to property; and invasion of privacy.

2. *(15 minutes)* Divide the participants into buzz groups.

   - Ask participants to share and write down examples that they know of directly or that they have heard of that fall into the definition of domestic violence.

   - Emphasise that no names of victims or perpetrators should be mentioned, for reasons of privacy.

   - Emphasise that the Act includes physical and sexual violence, abuse and harassment. Some sexual violence may fall under other crimes as well.

3. *(15–30 minutes)*

   - Discuss the examples and classify them on a sheet of flipchart paper (e.g., as husband to wife; wife to husband; boyfriend to girlfriend; girlfriend to boyfriend; same-sex partners; parent to child; child to parent).

   - Clarify that while domestic violence is often male to female, it can occur in the opposite direction or between same-sex partners. Furthermore, remind participants that any person in a domestic relationship has the right to be protected under the Act.

   - Clarify that police can be called to:

     › Respond to domestic violence cases
     › Confiscate weapons
     › Provide protection in fetching belongings or removing children
     › Arrest perpetrators
     › Provide guidance on seeking a protection order

4. *(15–30 minutes)* Distribute copies of the leaflets you have printed. Participants can also refer to the leaflets as the discussion proceeds. Note points on a sheet of flipchart paper.

    • Ask participants to share what they know and understand about protection orders (which are part of The Domestic Violence Act).

    • Clarify that a protection order is a legal order that prohibits a perpetrator from continuing to commit domestic violence. Violation of a protection order is a criminal offence.

    • Clarify that:

        › Application for a Protection Order is made at the Clerk of the Magistrates Court.

        › A sworn statement is made on the abuse.

        › A temporary protection order is granted if the abuse allegation is valid.

        › A temporary protection order is served on the perpetrator.

        › A final protection order is served if appropriate, after a court appearance by the complainant and perpetrator.

5. Conduct a wrap-up discussion.

Part 2: The Sexual Offences Act

6. *(15 minutes)* Conduct a discussion, and note points on a sheet of flipchart paper.

    • Ask participants to share what they know and understand about The Sexual Offences Act in terms of *what formats of violence are covered*? Note these on the flipchart.

    • Clarify that:

        › The Sexual Offences Act includes rape (defined as sexualised penetration without consent).

        › Rape can include non-consensual sexual acts occurring between marital partners (marital rape).

        › Both women and men can be victims of rape.

› Sex with a person under the age of 16 is defined as "statutory rape." Statutory rape occurs when a person who is two or more years older than 16 has sex with a person under the age of 16. Even if the younger person gives his/her consent, it is rape.

7. *(15 minutes)* Divide participants into two groups and provide each group with copies of the two leaflets.

- Group 1: Referring to the leaflets, ask participants to identify 5–10 key points that people should know about reporting Sexual Violence Offences.

- Group 2: Referring to the leaflets, ask participants to identify 5–10 key points that people should know about processes that happen after reporting sexual offences.

8. *(30–40 minutes)* Lead a discussion of the two groups' outcomes. Note points on a sheet of flipchart paper.

- Have the groups present key points for discussion to the larger group. Discuss implications and steps for a person who does not want to report a sexual offence to the police.

- Note the importance of seeking medical treatment and counselling.

9. Wrap up the session with a discussion.

MODULE 4
LINKS BETWEEN GBV & HIV

GBV increases the risk of acquiring HIV through sexual violence, but also as a result of the psychological effects of GBV, even if the violence was not sexual.

Module 4: Exercises and Objectives

Exercise	Objectives	Time allocation
4.1: Links between GBV and HIV	• Develop a common understanding of the links between GBV and HIV.	2 hours

EXERCISE 4.1
LINKS BETWEEN GBV AND HIV

Objective

- To develop a common understanding of the links between GBV and HIV

Outcome

- Participants develop an understanding of the links between HIV and GBV.

Format

- Large- and small-group discussions

Advance Preparation

1. Identify an open space to allow for small-group discussions.

2. Obtain flipchart paper; coloured cards (two colours) and pens; and press-stick or pins for a pin board.

3. Make copies of key points on HIV and GBV links and on post-exposure prophylaxis (PEP) for distribution.

Documentation

- Keep flipchart sheets for the record and for reporting purposes. Photograph the cards before they are removed from the wall/pinboard, for the record and for reporting purposes.

Part 1: HIV and GBV

1. *(5-10 minutes)* Ask participants to contribute one or two examples of how GBV and HIV may be linked. See the ***Resources List*** for examples.

   • Note that GBV increases the risk for women and men to acquire HIV.

   • Note that being HIV-positive increases the risk of GBV for women and men.

2. *(30 minutes)* Divide participants into two groups.

   • Tell Group 1 that they will discuss the question "How is HIV linked to GBV by a partner?" (They should give examples of how risk is increased.)

   • Tell Group 2 that they will discuss the question "How is HIV linked to GBV by a non-partner?" (They should give examples of how risk is increased.)

   • Remind the participants that they should consider HIV risks for GBV perpetrated against women and men. Group discussion is summarised on a flipchart sheet for presentation.

3. *(30 minutes)* Conduct a large-group discussion summarizing the group presentations. Ensure that all key points in Resource A for Exercise 4.1 are covered.

   • At the conclusion of the discussion, hand out copies of the resource sheet on links between HIV and GBV.

Part 2: Postexposure Prophylaxis (PEP)

4. *(20 minutes)* Divide participants into buzz groups of 3–4 people and provide them with cards of two colours on which to write up key points. Only one point should appear on each card.

   • Ask participants to indicate what PEP stands for and what it is used for. This should be very brief.

   • On cards of colour 1 (e.g., red): Have participants write key points that they know about PEP, including guidelines for use in South Africa.

   • On cards of colour 2 (e.g., yellow): Have participants write questions to indicate what they do not understand about PEP.

5. *(30 minutes)* Once the exercise is complete, ask participants from both groups to place their cards on the wall or pinboard in each category.

- Read out the cards for what is known about PEP, and obtain a consensus that each point made is correct.

- Read out the cards with questions about PEP.

- Encourage the group as a whole to contribute answers.

- Hand out copies of Resource B on PEP.

- Some technical and difficult questions may emerge. If there are questions that cannot be answered, encourage participants to find answers to these questions through later Internet searching. (Findings can be briefly shared at a later session.)

RESOURCE A—EXERCISE 4.I: LINKS BETWEEN HIV AND GBV

The following are examples of scenarios in which partner GBV may lead to HIV infection. Women are much more likely to experience these scenarios as victims, although the examples may apply to men in some instances also. Relationships in which there is GBV may be heterosexual or same-sex.

- Rape in relationship/marriage; refusing to use a condom; forced anal sex; threats of abuse leading to unwanted sex

- Ongoing violence or threats of violence leading to a partner being fatalistic, not resisting unprotected sex

- Ongoing violence or threats of violence leading to alcohol or drug use or other self-harm, contributing to unsafe sex, spending time in unsafe spaces, being exposed to other partners

- Fatalism and risk-taking in concurrent or later relationships (including alcohol or drug use, spending time in unsafe spaces) as a result of past experiences with GBV in a relationship

The following are examples of scenarios in which non-partner GBV may lead to HIV infection. Women are much more likely to experience these scenarios as victims, although the examples may apply to men in some instances also. Scenarios may apply to opposite- or same-sex relationships.

- Rape in prison settings

- "Corrective rape" of women who have sex with women

- Rape or forced unprotected sex in the context of sex work

- Statutory rape (Rape in the context of childhood may lead to fatalism and risk-taking in later relationships, including using alcohol or drugs and spending time in unsafe spaces.)

- Incest by family members or rape by caregivers

- Harmful cultural practices

The following are examples of scenarios in which living with HIV may lead to GBV. Women are much more likely to experience these scenarios as victims, although the examples may apply to men in some instances also. Scenarios may apply to opposite- or same-sex relationships.

- Violence as a result of disclosure

- Ongoing abuse and blame of HIV-positive partner

- Isolation from children, abandonment, and divorce

- Restrictions on freedom of movement or refusal to provide support or care

- Blame leading to stigmatisation by family members or community members

- Public disclosure leading to loss of accommodation or loss of income through informal or formal work (e.g., PLHIV who are informal food traders lose business when their HIV status becomes known)

- Lack of psychological support contributing to negative coping strategies (e.g., using alcohol or drugs, or spending time in unsafe spaces)

Men who perpetrate GBV may be more likely to be HIV-positive.

RESOURCE B—EXERCISE 4.1: POST-EXPOSURE PROPHYLAXIS (PEP)

Post-exposure prophylaxis (PEP) for HIV prevention involves giving antiretroviral (ARV) drugs to a person who has potentially been exposed to HIV.

Potential exposure may be through sexual intercourse or exposure to blood or body fluids (typically through exposure in a health care setting).

PEP for HIV prevention is only effective if ARVs are administered soon after exposure. The guidelines are as follows:

- PEP can be administered up to 72 hours (three days) following exposure, although within a few hours is preferable.

- The HIV status of the person must first be established. PEP is only administered if a person is HIV-negative.

- HIV counselling and testing is carried out before it is decided whether to recommend PEP.

- The likelihood of HIV exposure will guide whether to recommend PEP.

- PEP can be taken if a woman is pregnant.

- Other tests may also be carried out in the case of sexual exposure—for example, a pregnancy test, or tests for sexually transmitted infections. Emergency contraception may be taken to avoid pregnancy, and drugs may be provided to prevent sexually transmitted infections or hepatitis.

- ARVs must be taken daily for four weeks (28 days).

- PEP is ineffective if the full course of drugs is not taken.

- Adherence to PEP is often poor. This may be as a result of side effects or disinterest in continuing the treatment.

- Follow-up visits should be made—usually weekly in the initial period, then after longer periods, as advised by a health care worker.

- Further HIV tests and counselling will be conducted.

How does PEP work?

- When a person is infected with HIV, the virus starts to multiply.

- ARVs stop the virus from multiplying, and the immune system may be able to eliminate the virus.

- The sooner ARVs are administered, the more likely HIV infection will be prevented.

Note: Based on Venter, 2008.

Mobilising a Response to HIV, Gender, Youth and Gender-Based Violence In South Africa

MODULE 5
GENDER & HIV POLICIES

South Africa has made very strong policy commitments to gender equality. The Bill of Rights for South Africa includes a focus on all rights and freedoms and outlaws unfair discrimination across a spectrum of conditions including gender, sex, pregnancy, marital status, and sexual orientation. This strong commitment is a response to the previous political system, which was steeped in racism, patriarchy, and inequality. Many HIV policies also include reference to gender. The main strategic policy in South Africa is the National Strategic Plan on HIV, STIs and TB.

While it is not expected that people involved in HIV and GBV response know policies in detail, it is important to understand the range of policies that validate a rights-based approach to HIV and GBV activities.

Useful practical approaches are also contained in policies focused on local-level response—in particular the Department of Provincial and Local Government gender policy framework for local government.

Module 5: Exercises and Objectives

Exercise	Objectives	Time allocation
5.1: National gender and HIV policies	• Familiarise participants with the language and orientation of the main HIV and gender policies.	1 hour

EXERCISE 5.1
NATIONAL GENDER AND HIV POLICIES

Objective

- To familiarise participants with the language and orientation of the main HIV and gender policies

Outcome

- Participants develop a common understanding of the language orientation of gender- and HIV-related policies in South Africa.

Format

- Large-group discussion and buzz groups

Advance Preparation

1. Identify an open space to allow for the large-group discussion and buzz groups.

2. Plan to note observations on flipchart paper.

3. Print out three sets of sample policy statements.

4. Print out three sets of the list of policies (Resource—Exercise 5.1: Policy Statements).

5. Print out header sheets on A4 paper reflecting the name of each policy. (This can be done by hand, if necessary.)

6. Copy the policy statements and print each one onto a separate sheet of paper. Prepare the following header sheets:

   - Constitution of South Africa;
   - Commission for Gender Equality;
   - Women Empowerment and Gender Equality Bill for South Africa;
   - Beijing Declaration and Platform for Action;
   - African Charter on Human and People's Rights;
   - Gender Policy Framework for Local Government;
   - National Strategic Plan on HIV, STIs and TB, 2012–2016;
   - Domestic Violence Act, 1998 (Act No. 116 of 1998);
   - PEPFAR Updated Gender Strategy 2014.

Documentation

- Photograph participants' inputs and keep them for the record and for reporting purposes.

1. *(10 minutes)* Introduce the background to gender policy in South Africa. Ask participants if they can name any of the main gender policies in South Africa and any key points in the policies. Note that the exercise will focus on linking examples of the language in policies to the names of policies. (Full documents are available online through a title search.).

2. *(20 minutes)* Divide the participants into three groups.

   • Hand each group a set of the nine policy statements. (Ensure that these are shuffled, so that they do not follow in sequence.)

   • Hand each group a list of the policies.

   • Explain that the groups should write the group number on the policy statements and agree on which statement matches each policy. At the end of their discussion, they are to pin up the statements to the agreed matching policy name.

   • While the participants are engaged in their discussion, stick/pin up the header sheets with space below for participants to hang their matching responses.

	Gender Policy Framework for Local Government	National Strategic Plan on HIV, STIs and TB, 2012–2016	Domestic Violence Act, 1998 (Act No. 116 of 1998)	PEPFAR Updated Gender Strategy 2014	African Charter on Human and People's Rights	Constitution of South Africa	Commis-sion for Gender Equality	Women Empower-ment and Gender Equality Bill for South Africa	Beijing Declaration and Platform for Action
Group 1									
Group 1									
Group 1									

3. *(20 minutes)* Ask the three groups to present their findings, indicating why they made their choices.

4. *(20 minutes)* Indicate the correct links between statement and policies.

   • Discuss the clues in the language of each statement that help to guide choices. For example:

     › Everyone is equal—Constitution of South Africa (about equal rights)

     › Monitors, evaluates, reviews—Commission for Gender Equality (about oversight)

› To whom this Act applies—Draft Women's Empowerment and Gender Equality Bill for South Africa (Act suggests legislation)

› Encourage, promote, prevent—Beijing Declaration and Platform for Action (words suggest declaration)

› Hereby agree to—African Charter on Gender Equality in Africa (words suggest agreement by various bodies or countries)

› Integrated development planning—Gender Policy Framework for Local Government (integrated development planning is part of local government)

› Vulnerable to HIV infection—National Strategic Plan on HIV, STIs and TB, 2012–2016 (focus on HIV)

› Act of domestic violence—Domestic Violence Act, 1998

› Promote gender-related policies and laws—PEPFAR Updated Gender Strategy, 2014

• Ask: Which of the policies, laws, and plans mentioned are relevant for your current work? How could you use them in the future?

› **KEY:**

1 = Constitution of South Africa;

2 = Commission for Gender Equality;

3 = Draft Women's Empowerment and Gender Equality Bill for South Africa;

4 = Beijing Declaration and Platform for Action;

5 = African Charter on Gender Equality in Africa;

6 = Gender Policy Framework for Local Government;

7 = National Strategic Plan on HIV, STIs and TB, 2012–2016;

8 = Domestic Violence Act, 1998 (Act No. 116 of 1998);

9 = PEPFAR Updated Gender Strategy, 2014

RESOURCE—EXERCISE 5.I: POLICY STATEMENTS

I.   *Group Number:*

Everyone is equal before the law and has the right to equal protection and benefit of the law. The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth. No person may unfairly discriminate directly or indirectly against anyone. National legislation must be enacted to prevent or prohibit unfair discrimination.

2.   *Group Number:*

Monitors and evaluates the policies and practices of government, the private sector, and other organisations, to ensure that they promote and protect gender equality. Provides public education and information. Reviews existing and upcoming legislation from a gender perspective. Investigates complaints on any gender-related issue.

3.   *Group Number:*

All entities to whom this Act applies, must, within their ambit of responsibilities, achieve at least 50% representation and meaningful participation of women in decision-making structures by 2015, by developing plans on: (a) setting targets for such representation and participation; (b) building women's capacity to participate; and (c) developing support mechanisms for women within one year of the date of commencement of this Act.

4.   *Group Number:*

We are determined to: Encourage men to participate fully in all actions towards equality; promote people-centered sustainable development, including sustained economic growth, through the provision of basic education, life-long education, literacy and training, and primary health care for girls and women; prevent and eliminate all forms of violence against women and girls; ensure equal access to and equal treatment of women and men in education and health care and enhance women's sexual and reproductive health, as well as education.

5.   *Group Number:*

Hereby agree to: 1) Promote gender-specific economic, social, and legal measures aimed at combating the HIV/AIDS pandemic, make treatment and social services available to women at the local level more responsive to the needs of families that are providing care, and increase budgetary allocations in these sectors so as to alleviate women's burden of care; 2. undertake concerted action to provide support for those who care for people infected and affected by HIV/AIDS, especially women, children, and the elderly, who in most cases are grandmothers; 3. urge the full participation and representation of women in the prevention, resolution, and management of conflicts in Africa.

Measures are often required to address unequal access to resources and services by women, limited representation of women in decision making, and the subordination of women. A useful approach has been the systematic incorporation of considerations into policy, programmes, and practices, so that before decisions are taken, an analysis is of the circumstances and effects on women and men. Integrated development planning presents an ideal situation for this approach, referred to as gender mainstreaming.

Girls and women are particularly vulnerable to HIV infection because of their biological vulnerability and gender norms, roles, and practices. Acknowledging the fact that gender inequality hinders social and economic development, the achievement of gender equality remains one of the critical components of the transformation agenda. South Africa is grappling with high levels of violence against women, with sexual assault and intimate partner violence contributing to increased risks for HIV infection

If the court is satisfied that there is prima facie evidence that a) the respondent is committing, or has committed, an act of domestic violence, and b) undue hardship may be suffered by the complainant as a result of such domestic violence if a protection order is not issued immediately, the court must… issue an interim protection order against the respondent, in the prescribed manner.

Provide gender-equitable HIV prevention, care, treatment, and support; implement GBV prevention activities; provide services for post-GBV care; implement activities to change harmful gender norms and promote positive gender norms; promote gender-related policies and laws that increase legal protection; increase gender-equitable access to income and productive resources, including education.

MODULE 6
GENDER ANALYSIS & ENGAGING MEN & BOYS

The Department of Provincial and Local Government has developed a Gender Policy Framework for Local Government.

Research has shown that the framework is underutilised, and although it was released in 2007, it remains relevant for gender planning at the local government level (see resources for link). The framework includes a focus on:

- Gender integration and mainstreaming
- Women's empowerment
- Implementation, including monitoring and evaluation.
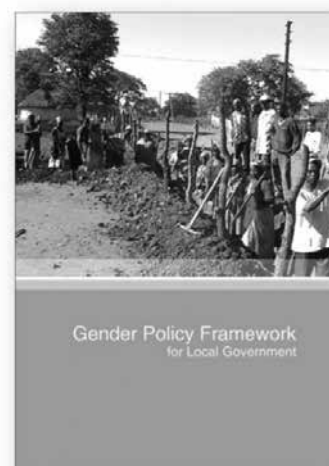
The framework can be downloaded from: http://iknowpolitics.org/sites/default/files/09361_f13-_gender_policy_framework_for_local_government1.pdf

The framework outlines processes relevant for the social and economic empowerment of women, the mainstreaming of gender in local government planning, and the eradication of GBV. This section focuses on the sections of the framework that relate to integrating gender into programme planning, also known as *gender analysis.* It includes understanding gender roles and power dynamics.

Module 6: Exercises and Objectives

Exercise	Objectives	Time allocation
6.1: Gender analysis	• Assess and analyse the inclusion of a gender focus in local projects	2–3 hours
6.2: Community mapping of hot spots and safe spaces for HIV and GBV	• Assess hot spots and safe spaces for HIV and GBV in the community	3–4 hours
6.3: Engaging men and boys	• To demonstrate how men and boys can be engaged on HIV and GBV	3–4 hours

EXERCISE 6.1
GENDER ANALYSIS

Objective

- To assess and analyse the inclusion of a gender focus in local projects

Outcome

- Participants are familiarised with gender analysis.

Format

- Large-group discussion and small groups

Advance Preparation

1. Print out a copy of the Gender Policy Framework (see link in Resource—Exercise 6.1: Gender Analysis).

2. Print out the "Gender Policy implementation Matrix" from Resource—Exercise 6.1: Gender Analysis.

Documentation

- Keep the sheets of flipchart paper for the record and for reporting purposes.

1. *(10 minutes)* Introduce the Gender Policy Framework document, noting that it is available at http://iknowpolitics.org/sites/default/files/09361_f13-_gender_policy_framework_ for_ local_government1.pdf.

   • Participants should be encouraged to keep a copy of the framework available and to consult the framework as part of their work.

   • Note that the document includes guidance on incorporating a gender focus in local projects with a gender or gender/HIV focus.

   • Participants should be encouraged to identify and access other local-level gender policies. Provincial or district-level policies and frameworks may be available for additional guidance.

2. *(45 minutes)* Divide the participants into two groups and provide each with a copy of the Policy Implementation Matrix.

   • Note that groups will write up their responses on a sheet of flipchart paper. Participants can select one or more projects in which they are involved as examples for the exercise.

3. *(45 minutes)* Lead a large-group discussion and have the smaller groups report back on their findings, using their flipchart notes. Use these follow-on questions:

   • For "Gender inclusion in local project plans/strategies"—"Why is this important? "Can it be left out?" "Can it be included, if currently left out?"

   • For "Communication"—"Why is this important?" "Can it be left out?" "Can it be included, if currently left out?"

   • For "Representation"—"Why is this important?" "Should the focus be gender equality, women's empowerment, or men's empowerment?"

   • For "Engagement"—"Why is this important?" "Should the focus be gender equality, women's empowerment, or men's empowerment?"

   • For "Community Leadership"—"Why is this important?" "Should the focus be gender equality, women's empowerment, or men's empowerment?"

   • For "Monitoring"—"Why is this important?" "Should the focus be equal participation by men and women, more women, or more men?" "What can be done to improve gender monitoring?"

4. *(20 minutes)* Round off with a discussion on how gender can be more directly mainstreamed into HIV projects. Note that a focus on one gender over the other may be necessary to address existing patterns of disempowerment.

RESOURCE—EXERCISE 6.1: GENDER ANALYSIS

Gender Policy Framework for Local Government

Download at http://iknowpolitics.org/sites/default/files/09361_f13-_
gender_policy_framework_for_local_government1.pdf
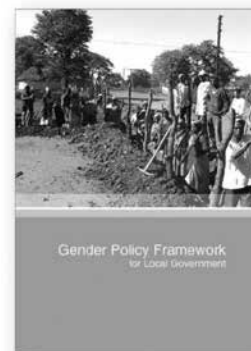
Gender Policy Implementation Matrix

Group Number: _____

Name 1–3 local HIV or gender projects that you are involved in:

Issue	Question	Yes. Give examples.	No. Why not?
Gender inclusion in local projects	Is there reference to gender in project plans/strategies that you are involved in?		
Communication	Do project managers and leaders speak about the importance of gender equality as part of the project(s) that you are involved in?		
Representation	Is the project led/managed by mainly men, mainly women, or men and women on an equal basis?		
Engagement	Is the project implemented "on the ground" by mainly men, mainly women, or men and women on an equal basis?		
Community leadership	Does the project promote leadership among "beneficiaries" by mainly men, mainly women, or men and women on an equal basis?		
Monitoring	Is the participation of men and women tracked or monitored in any way?		

EXERCISE 6.2:
COMMUNITY MAPPING OF HOT SPOTS AND SAFE SPACES FOR HIV AND GBV

Understanding where and how to intervene to prevent and mitigate HIV and GBV depends on having a good understanding of the extent of the problem in any community.

Good sources for information on HIV include:

- National antenatal HIV surveys, available from the Department of Health (www.health.gov.za)
- National HIV prevalence surveys, available from the Human Sciences Research Council (www.hsrc.ac.za)
- National Communication surveys, available from Johns Hopkins Health and Education South Africa (www.jhhesa.org.za).

These surveys also include some information on GBV.

It is also useful to identify local organisations that support prevention and mitigation—for example, health services and local organisations.

While there is usually good information related to HIV at the district or community level, detailed information is seldom available on GBV. It is therefore more difficult to establish a clear picture on GBV vulnerabilities, risks, and mitigation.

Objective
- To assess hot spots and safe spaces for HIV and GBV in the community

Outcome
- Participants complete assessment of HIV/GBV hot spots and safe spaces in their communities.

Format
- Large-group discussion and small-group work

Advance Preparation
1. The exercise will require sheets of flipchart paper, coloured markers, and small, round coloured stickers—green, red, orange, and blue.

Documentation
- Keep flipchart sheets and matrices for the record and for reporting purposes.

Part 1: Mapping of Hot Spots and Safe Spaces

1. *(10 minutes)* Introduce the exercise by asking for examples of:

   • One local hot spot and one safe space for HIV
   • One local hot spot and one safe space for GBV

2. *(40 minutes)* Divide the participants into small groups.

   • Have the group members develop a list of hot spots and safe spaces for HIV.

   • Ask the participants to draw a map of a community area that includes hot spots and safe spaces for HIV. The map does not need to be accurate; it will be used to illustrate the distribution of hot spots and safe spaces in a "sample" community. Hot spots and safe spaces should be marked with red and green stickers, respectively.

3. *(30 minutes)* Convene the large group to discuss the findings of the small groups.

   • Compare the findings of the different groups.

   • Ask if there are any hot spots or safe spaces missing—for example, places where marijuana is smoked, drug dens, churches, schools.

4. *(20 minutes)* Ask the participants to continue working in their small groups and focus on GBV hot spots and safe spaces, to finalise their maps. Ensure that key resource and referral organisations are identified—e.g., police and legal support services; counselling and social services; safe houses and victim support services; GBV support organisations; women's and men's groups; CBOs; support services for men/women/children/elderly/LGBTI/other vulnerable groups; and faith-based support.

   • Ask the groups to mark hot spots and safe spaces with stickers. Safe spaces should be marked with blue stickers and hot spots with orange stickers.

   • Mount the maps on the wall or a pinboard.

A sample of a community map with hot spots and safe spaces identified
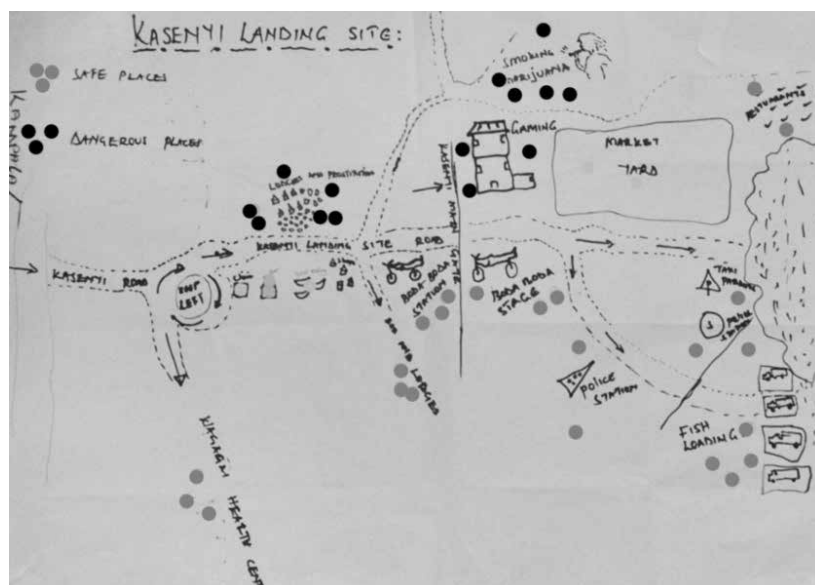
5. *(40 minutes)* Return to the larger group and begin a discussion on the implications of applying a gender lens to a hot spot, using one example from the map.

- For example, what are the gender implications in hot spots such as shebeens?

    › Men and women get drunk and may have unsafe sex.

    › Men may have unprotected sex with sex workers.

    › Sex workers are physically assaulted or raped.

    › Underage girls and/or boys "hang out" at these venues and are exposed to sexual risk, experience violence, or are psychologically harmed by their exposure to the venues.

    › Men may buy women drinks and expect sex in return. Women who do not comply may be raped or physically harmed.

    › Alcohol is sold late into the night. Patrons are harmed/robbed when they proceed home.

    › Drugs are available at the venues.

- Now ask, "How can the gendered risks of men and women to HIV and GBV be reduced?" For example:

    › The operating hours of shebeens are better regulated, with earlier closing times enforced.

    › Owners/managers are engaged to protect their patrons, including addressing the particular risks of women/girls and men/boys—for example, by making clients aware that harassment of women and violence is not tolerated; by employing staff to address safety issues (including sexual risks and violence); or by refusing entrance to patrons whose behaviour is unacceptable.

    › Presence of security guards

    › Police are called immediately if there is violence

    › The presence of minors is not tolerated and is addressed through enforcement.

    › Signage at the venue clarifies the "rules."

    › Sex workers are encouraged to establish groups and networks to strengthen mutual support.

    › Condoms are available at venues that sell alcohol.

    › The risks of accepting "free drinks" are highlighted, and women are encouraged to avoid this practice.

    › Street lighting is improved. Community patrols assist in escorting patrons home.

› Discussion groups are held with sex workers, women patrons, parents of youth, and persons living in the immediate vicinity of shebeens to develop strategies for improving safety and reducing HIV and GBV risks.

6. *(40 minutes)* Convene the large group and have them discuss their findings by reporting back the groups' results.

- Wrap up the discussion, emphasising the importance of conducting gender analysis and taking steps to address gender in both safe and unsafe spaces.

EXERCISE 6.3
ENGAGING MEN AND BOYS[2]

Objective

- To demonstrate how men and boys can be engaged on HIV and GBV

Outcome

- Participants understand opportunities for engaging men and boys in communities and districts.

Format

- Large-group discussion and small-group work

Advance Preparation

1. Identify an open space to allow for small-group work.

2. Provide flipchart paper for noting observations, coloured cards (two colours) and pens, press-stick or pins for a pin board, and (for Part 2) two cards on which the words "least courage" and "most courage" are written.

3. Print out the list of scenarios for action, and cut each one into a separate strip.

Documentation

- Keep flipchart sheets and photograph the cards before they are removed from the wall/ pinboard, for the record and for reporting purposes.

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2 These exercises are based on: The ACQUIRE Project & Promundo, 2008.

Part 1: Roles of Men and Boys and the Power to Change

1. *(10 minutes)* Introduce the concept of engaging men and boys in HIV and GBV prevention. Ask participants to share any examples of how they have seen men contribute to this response in their communities.

2. *(20 minutes)* Divide participants into small groups and provide them with cards of two colours on which to write up key points. Limit each card to one point.

   • Ask participants to identify roles that men and boys occupy in the community, and write these up on a sheet of flipchart paper. Some examples include:

   Family and relationships
   › Father
   › Husband
   › Boyfriend

   › Uncle
   › Friend

   Community
   › Colleague
   › Policeman
   › Preacher
   › Manager
   › Worker

   › Shebeen owner
   › Unemployed person
   › Teacher
   › Learner

3. *(40 minutes)* Divide participants into small groups.

   • Ask participants to select two roles for discussion. One must be from the family category and the other from the community category.

   • For "role in family," tell them that they should identify actions that men and boys can take to prevent HIV in this role. In addition, they should identify actions that men and boys can take to prevent GBV in this role. Have them write these up on the cards provided, only one point per card.

   • For "role in community," tell them that they should identify actions that men and boys can take to prevent HIV in this role. In addition, they should identify actions that men and boys can take to prevent GBV in this role. Have them write these up on the cards provided, only one point per card.

   • Note that for community roles, participants should identify community-level or social actions.

4. *(50 minutes)* Make cards indicating the roles identified by each group and pin these on the wall or pinboard. Once the exercise is complete, ask participants from both groups to place their cards on the wall or pinboard under the identified role.

   • Have the participants present their responses. Ask: "Are there actions that men and boys cannot take in these roles?"

- Ask: "What prevents men and boys from taking certain actions?"

- Wrap up by highlighting actions that are easily taken and by discussing how barriers for more difficult actions could be overcome.

Part 2: The Courage to Prevent GBV

5. *(10 minutes)* Introduce the concept of courage to contribute to change in one's community.

6. *(30 minutes)* Pin the cards reading "least courage" and "most courage" up on the wall about 2 meters apart. Distribute the statements among the participants. Depending on the number of participants, there should be at least 2–3 statements per person. You can add handwritten statements from Part 1, if these are not on the resource list. Ensure that press stick/pins are available.

   - Ask the participants to read the statements they have been given. These are to be stuck/pinned at any point they believe is appropriate—when it comes to actions to be taken by men and boys—between the two marker cards (least and most courage).

7. *(40 minutes)* Have the large group discuss the findings.

   - Review the placement of the cards with the group, and wrap up the discussion by asking the participants to indicate where they would place themselves between the cards when it comes to "courage to prevent HIV" and "courage to prevent GBV."

RESOURCE—EXERCISE 6.3: LIST OF SCENARIOS FOR ACTION

- Ignore a domestic dispute taking place in the street in front of your house.
- Tell a friend that you are concerned he/she is going to be hurt by a partner.
- Tell a man whom you do not know very well that you do not appreciate him making jokes about women's bodies.
- Tell a friend that you do not like it when he/she tells jokes about gays and lesbians.
- Walk up to a couple who are arguing to see if someone needs help.
- Call the police if you hear fighting from a neighbour's house.
- Tell your partner about your HIV-positive status.
- Encourage your son who is pursuing a career in nursing.
- Encourage your daughter to take up a career in car repair.
- Keep quiet when you hear jokes that excuse or promote violence against women.
- Defend gay rights when you are with your friends at a bar.
- Walk up to a group of men and tell them to stop harassing girls when they walk by.
- Tell a colleague that you think he is sexually harassing female co-workers.
- Let your partner have the last word in an argument.
- Put your arm around a male friend who is upset.
- Encourage your son to always treat women with respect.
- Speak to your cousin about using condoms.
- Tell a male friend that you admire the way he looks after his children.
- Cook for your partner and children after a long week at work.
- Participate in a men's march protesting violence against women and children.
- Tell your son that it is okay if he cries.
- Cry in public when you feel like crying.
- Encourage a neighbour to seek counselling for his abusive behaviour.
- Tell a sexual partner that you are not ready to have sex with him/her.
- Insist on using a condom even when your sexual partner does not want to.
- Accompany your pregnant partner to antenatal sessions.
- Attend the birth of your child.
- Attend a rally for women's rights.
- Wear a T-shirt that says "Brothers for Life."
- Help a child who is lost.

MODULE 7
MOBILISING COMMUNITY ACTION TEAMS THROUGH COMMUNITY FACILITATORS

Community mobilisation involves partnerships around a community issue with a focus on bringing about change to improve well-being. A Community Action Team (CAT) comprises a group of community members who work together on a voluntary basis to raise awareness and take action around an area of common interest to bring about change.

This section focuses on developing CATs for GBV prevention and covers training for community facilitators (CFs) to support CATs. It builds on lessons learned through SHIPP's work at the district level in South Africa.

SHIPP partnered with CBOs through a small grants scheme. The project focused on promoting CATs to address GBV in focal communities. Through the project, CAT participants were empowered to express and deepen values related to change goals and were encouraged to take action to address GBV. Supported by CFs, CAT members developed a sense of ownership of change through their involvement.
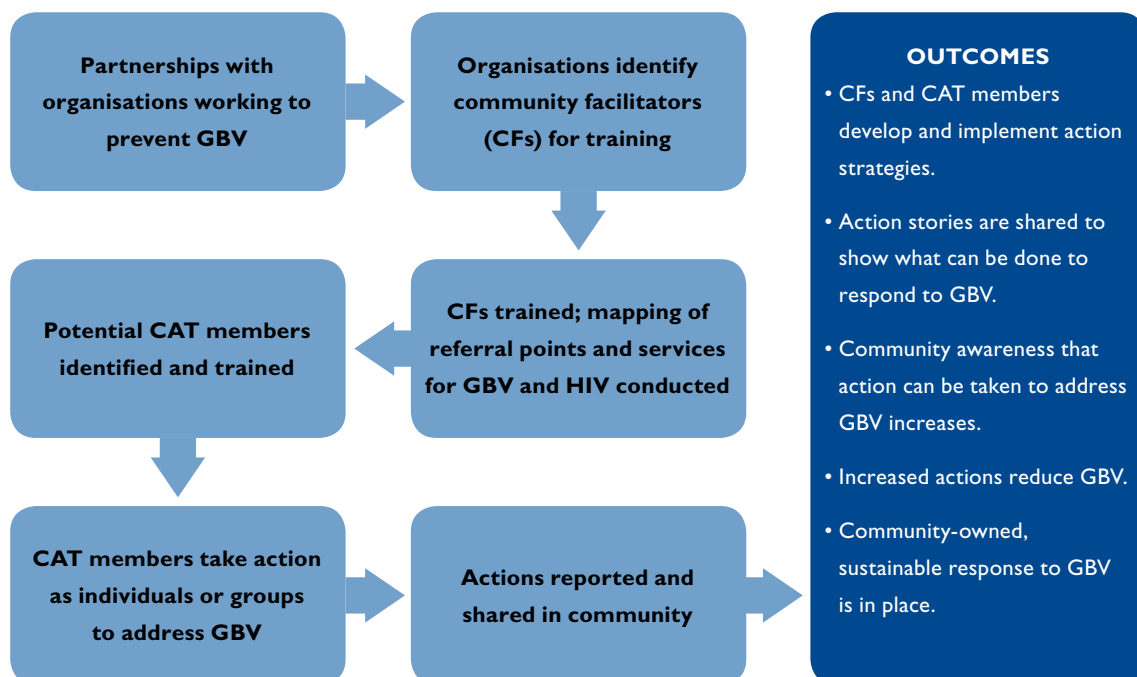
Figure 4: CATs Implementation framework

Figure 4 shows the CATs implementation framework for GBV prevention. To address high levels of GBV, the first step is to develop partnerships with local organisations working to address GBV. These organisations then identify and support CFs, who are trained in mobilising

CATs to respond to GBV in their communities. Mapping of referral points and services may be conducted as part of this training. The CF training leads to CAT members being identified, with CATs identifying incidents of GBV and carrying out actions. Continued actions and communicating about actions taken at community level lead to the identified outcomes.

Community mobilisation to prevent GBV through CATs is only possible if a group of CBOs work together using the CAT model. Partnerships can be set up by a lead organisation, by a municipality, or by a network or group involved in GBV prevention.

Organisations have four main responsibilities:

1. Committing to promoting action to prevent GBV

2. Committing to recruiting/appointing and managing CFs

3. Facilitating and supporting CATs

4. Documenting and sharing action stories

Community Facilitators

The modules in this section are for training CFs to support CATs. CFs are staff or volunteers attached to an organisation who:

- Have some previous training in gender and/or GBV response

- Have good language and interpersonal skills

- Have a good understanding of the social issues in communities where CATs are to be established

- Have contacts with community leaders, groups, family and friends in the community who have an interest in gender and health issues

- Are committed to making a difference in GBV prevention

To ensure that CFs have a common grounding in GBV and community mobilisation concepts, they should complete the following exercises in this toolkit:

- **Exercise 3.1**—*Define and clarify GBV in intimate partner relationships* (2–3 hours)

- **Exercise 3.2**—*Define and clarify GBV by a non–intimate partner* (2–3 hours)

- **Exercise 3.3**—*The Domestic Violence Act and The Sexual Offences Act* (2-3 hours)

- **Exercise 4.1**—*Links between GBV and HIV* (2 hours)

- **Exercise 6.2**—*Community mapping of hot spots and safe spaces for HIV and GBV* (3–4 hours)

The following exercises can then be conducted.

- **Exercise 7.1**—*Identify the extent of GBV occurring in the community* is a 2–3-hour activity. The objective is:

    1. CFs develop a common understanding about GBV victimization and perpetration in their communities.

- **Exercise 7.2**—*Define and clarify primary, secondary and tertiary GBV prevention* is a 2–3-hour activity. The objective is:

    1. CFs understand different levels of GBV prevention.

- **Exercise 7.3**—*Understand the concept of a CAT and how to select members* is a 2–3-hour activity. The objectives are:

    1. CFs develop an understanding of CATs.

    2. CFs identify potential CAT members in their community.

- **Exercise 7.4**—*Understand how to prompt action through dialogues with CATs and to commit to taking action* is a 2–3-hour activity. The objectives are:

    1. CFs understand how to initiate a CAT dialogue.

    2. CFs understand the manifesto as a support tool.

- **Exercise 7.5**—*Understand how to follow up with CATs and to document and share stories* is a one-and-one-half-hour activity. The objectives are:

    1. CFs understand how to follow up on dialogues.

    2. CFs understand how to document and share stories.

- **Exercise 7.6**—*Understand the challenges and benefits of CATs* is a two-hour activity. The objectives are:

    1. CFs understand the challenges and benefits of CATs.

Module 7: Exercises and Objectives

Exercise	Objectives	Time allocation
7.1: Identify the extent of GBV occurring in the community	• CFs develop a common understanding about GBV victimization and perpetration in their communities	2–3 hours
7.2: Define and clarify primary, secondary and tertiary GBV prevention	• CFs understand different levels of GBV prevention	2–3 hours
7.3: Understand the concept of a CAT, and how to select members	• CFs develop an understanding of CATs • CFs identify potential CAT members in their community	2–3 hours
7.4: Understand how to prompt action through dialogues with CATs and to commit to taking action	• CFs understand how to initiate a CAT dialogue • CFs understand the manifesto as a support tool	2–3 hours
7.5: Understand how to follow up with CATs and to document and share stories	• CFs understand how to follow up on dialogues • CFs understand how to document and share stories	1 hour, 30 minutes
7.6: Understand the challenges and benefits of CATs	• CFs understand the challenges and benefits of CATs	2 hours

EXERCISE 7.1
EXTENT OF GBV OCCURRING IN THE COMMUNITY

Objective

- Identify GBV victimisation and perpetration in the community

Outcome

- CFs develop a common understanding about GBV victimization and perpetration in their communities

Format

- Large-group discussion and small-group work

Advance Preparation

1. Identify an open space to allow for large- and small-group work.

2. Obtain flipchart sheets and markers.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

GBV realities

1. *(30 minutes)* Large-group discussion. Ask participants to give examples of GBV occurring in their community. Using a sheet of flipchart paper, write down the categories of victim and perpetrator (for example, young girl–stepfather/rape; grandmother-grandson/physical violence; older women–teenage boy/sexual exploitation).

2. *(40 minutes)* Divide participants into small groups and provide them with sheets of flipchart paper and markers. Tell the groups to discuss two questions: "What allows victims to be victimized by GBV?" and "What allows perpetrators to perpetrate GBV?"

3. *(40 minutes)* Large-group discussion. Invite the groups to present their findings. Note that some factors underlying GBV are linked to social conditions, such as poverty and alcohol and drug abuse. Note that GBV often occurs because people who know about GBV remain silent. Highlight that research shows that most people understand that GBV is wrong, but it continues because of inaction by people who know about the occurrence of GBV.

4. *(10 minutes)* Wrap up the discussion, highlighting the need for changing inaction in response to violence to action.

EXERCISE 7.2:
PRIMARY, SECONDARY AND TERTIARY GBV PREVENTION

Objective

- Define and clarify primary, secondary and tertiary GBV prevention

Outcome

- CFs develop an understanding of the different levels of GBV prevention.

Format

- Large-group discussion

Advance Preparation

1. Identify an open space to allow for large-group work.

2. Provide flipchart paper for noting observations.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(5 minutes)* Introduce the three levels of GBV prevention:

   • Primary prevention—preventing GBV before it can occur

   • Secondary prevention—responding to early instances of GBV or potential GBV and ensuring that GBV does not occur again

   • Tertiary prevention—providing care, treatment and support to victims, as well as punishment and rehabilitation of perpetrators

2. *(25 minutes)* Discuss each concept in detail and ask participants for examples.

   • Note that **primary prevention** includes rights frameworks and laws that clarify what a violation of rights is and what acts are wrongful or criminal:

     › Primary prevention includes promoting knowledge and awareness of rights, forms of GBV, etc.

     › People may learn what is wrongful through socialisation in childhood, schooling, initiation rites and marriage rites.

     › Primary prevention may include managing hot spots and unsafe spaces to prevent violence from occurring (for example, having people available who can deescalate GBV, such as security guards or police patrols).

     › Primary prevention includes addressing factors that are likely to feed into violence, such as alcohol or drug abuse or frequent conflict in relationships.

     › Primary prevention includes relationship counselling and family intervention when there is conflict between partners

   • **Secondary prevention** focuses on preventing GBV from progressing and becoming more severe or from recurring. Approaches include offering relationship counselling, encouraging family intervention, promoting bystander intervention, contacting police, serving protection orders, etc.

   • **Tertiary prevention** focuses on reducing the impact of GBV by ensuring that victims are given support, care and treatment. It includes arresting and prosecuting perpetrators, but also counselling and rehabilitating perpetrators.

3. *(20 minutes)* Wrap up the discussion. Ask participants to share examples of their involvement in primary, secondary and tertiary prevention.

EXERCISE 7.3:
ESTABLISHING CATS

Objective

- Understand the concept of a CAT and how to select members

Outcome

- CFs develop an understanding of CATs.
- CFs identify potential CAT members in their community.

Format

- Large-group discussion and small-group work

Advance Preparation

1. Identify an open space to allow for large- and small-group work.

2. Provide flipchart paper for noting observations.

3. Print out the resource *Community Action Teams (CATS) for GBV.*

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(15 minutes)* Introduce the concept of people working together in communities to deal with community problems. Examples include street committees and neighbourhood watch structures to deal with crime. Ask participants to share examples of the activities, benefits and limitations of such structures.

2. *(15 minutes)* Share resources sheet 7.3 and convey key points about CATs, including the following:

   • CATs are a community-based task team with a defined focus and change goal.

   • CAT members have a common concern about GBV in their community and want to see change.

   • CATs are focused on taking action—in particular, in situations where people are reluctant to take action when they know about GBV occurring.

   • CATs can be formed using persons from existing community groups—for example, peer educators, home-based carers, community health workers, support groups, women's groups or clubs, men's groups or clubs, faith-based groups, LGBTI groups and PLHIV groups.

   • CATs may include influential persons in the community who can lead the group.

   • CATs can include people of both sexes and of different ages.

   • CATs are guided and supported by CFs through two training sessions and regular meetings.

   • CAT members have agency. They choose to how to act and when to act. They do not rely on outside experts to tell them what to do and how to do it.

   • CAT members meet regularly—at least weekly—to share their knowledge of instances of GBV that they have identified. Creative ideas for action to address GBV are encouraged. CAT members support each other when action is taken.

   • CAT members know about support organisations for referral in their community. CFs provide assistance in identifying support and referral organisations.

   • CAT members introduce themselves to resource and service personnel—for example, social workers, counsellors, police and legal support services.

   • When action is planned, CAT members ask: "Is the intervention safe for all involved?" "What are the options for early intervention versus later intervention?" "Will intervention be effective or make matters worse?" These questions can be summarised as SEE (safe, early, effective).

   • CAT members report all actions to CFs, who record these for monitoring purposes.

3. *(30 minutes)* Divide participants into groups. Ask the groups to identify possible CAT members in their communities and how they will be recruited. CFs should plan to recruit at least 3–4 CATs comprising 5–10 persons each.

4. *(30 minutes)* Ask participants to share their ideas for CAT membership and recruitment. Note that the idea is for CATs to continue indefinitely, but that the minimum period for CATs to work together with a focus on GBV is nine months. This allows for sufficient actions to be taken and shared so that community members understand that action is possible.

- CATs are a community-based task team with a defined focus and change goal.

- CAT members share a common concern about GBV in their community and want to see change.

- CATs are focused on taking action—in particular, in situations where people are reluctant to take action when they know GBV is occurring.

- CATs can be formed using persons from existing community groups—for example, peer educators, home-based carers, community health workers, support groups, women's groups or clubs, men's groups or clubs, faith-based groups, LGBTI groups and PLHIV groups.

- CATs may include influential persons in the community who can lead the group. CATs can include people of both sexes and of different ages.

- CATs are guided and supported by CFs through two training sessions and regular meetings.

- CAT members have agency. They choose to how to act and when to act. They do not rely on outside experts to tell them what to do and how to do it.

- CAT members meet regularly—at least weekly—to share their knowledge of instances of GBV that they have identified. Creative ideas for action to address GBV are encouraged. CAT members support each other when action is taken.

- CAT members know about support organisations for referral in their community. CFs provide assistance in identifying support and referral organisations.

- CAT members introduce themselves to resource and service personnel—for example, social workers, counsellors, police and legal support services.

- When action is planned, CAT members ask: "Is the intervention safe for all involved?" "What are the options for early intervention versus later intervention?" "Will the intervention be effective or will it make matters worse?" This can be summarised as SEE (safe, early, effective).

- CAT members report all actions to CFs, who record these for monitoring purposes.

EXERCISE 7.4:
CAT DIALOGUES

Objective

- Understand how to prompt action through dialogues with CATs and to commit to taking action

Outcome

- CFs understand how to initiate a CAT dialogue.
- CFs understand the manifesto as a support tool.

Format

- Large-group discussion

Advance Preparation

1. Identify an open space to allow for large- and small-group work.

2. Provide flipchart paper for noting observations.

3. Print out resource sheets A, B, and C.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(5 minutes)* Introduce the concept of initial CAT dialogues. These are meetings with CAT members that motivate participants to take action in response to GBV.

2. *(15 minutes)* Present the points below, allowing for questions. Highlight that potential CAT participants should be made aware of this information. (Distribute resources sheet 7.4a.)

   • The group is being brought together to discuss the possibility of taking action to address GBV in the community.

   • All CAT participants must be committed to dealing with and preventing GBV in their community whenever they hear or know about it.

   • CAT participants can take action if one is experiencing GBV oneself, if it is occurring in one's family, if it is occurring among neighbours, if it is occurring in schools, if it is occurring in "hot spots" such as alcohol venues or if it is occurring in the community as a whole.

   • CATs will be guided and supported by CFs through training sessions and regular meetings.

   • CAT members should meet regularly—at least weekly—to share their knowledge of instances of GBV that they have identified. Creative ideas for action to address GBV are encouraged. CAT members support each other when action is taken.

   • CFs will provide assistance in identifying support and referral organisations based on having completed the mapping module.

   • CAT members will use the SEE strategy when deciding to act, asking: Is the action *safe* for all involved? What are the options for *early* intervention versus later intervention? Will the intervention be *effective* or will it make matters worse?

   • CAT members report all actions to CFs, who record these for monitoring purposes

3. *(30 minutes)* In a large-group discussion, recap the following definitions that were discussed in the GBV module by asking participants for input and noting points on a flipchart. (See Exercise 3.3 for additional information and handouts.)

   • **What is GBV?**
   GBV refers to any violence that is related to a person's gender or sexuality. This includes sexual violence, abuse or exploitation and physical violence, as well as verbal, emotional and psychological abuse or harassment. It can include violence toward a relationship partner, which is also called intimate partner violence (IPV). Note that men also experience violence from their relationship partners.

- **What is covered by the Domestic Violence Act?**
  The act covers people living in the same household who have family or relationship ties to each other, as well as people who are not living together but who have previously been in a relationship with another person or who are linked through care arrangements such as parenting. Domestic violence includes: physical abuse; sexual abuse; emotional/verbal/psychological abuse; economic abuse or exploitation; intimidation; harassment; stalking; damage to property; and invasion of privacy. Note that police can be called to respond to domestic violence cases; can confiscate weapons; can provide protection for those fetching belongings or removing children; can arrest perpetrators; and can provide guidance on seeking a protection order.

- **What is covered by the Sexual Offences Act?**
  The act covers rape, including rape of a person who is under age; exploitation of people with a disability; trafficking people for sex; and exposing people to sexual acts or content, such as pornography.

- **What can be done to assist a person who has experienced GBV?**
  Things that can be done to help a person who has experienced GBV include: speaking to and supporting the victim; assisting with reporting to the police; speaking to other family members and elders and asking them to assist; intervening when violence is known to have occurred (taking safety into account); calling the police and identifying the perpetrator; referring the victim for counselling; speaking to the perpetrator; referring the perpetrator for counselling; contacting a social worker; and contacting the Stop Gender Violence Helpline (0800-150-150).

4. *(40 minutes)* Hand out the story of Anna [resource sheet 7.4b]. Ask a volunteer to read the story out loud and discuss the questions, noting points on a sheet of flipchart paper. Note that CFs will take CAT members through this exercise.

5. *(20 minutes)* Hand out the draft Manifesto [resource sheet 7.4c]. Ask a volunteer to read out the manifesto. Divide participants into small groups and ask them to comment on the Manifesto and make any changes. Note that the Manifesto should be translated into a language suited to the CAT participants.

6. *(20 minutes)* Discuss suggested changes to the Manifesto. Note that the final Manifesto will be typed up and printed for CFs to sign. Translations will be made available for meetings with CAT participants. Note that the overall goal is to ensure that whenever GBV occurs, it is met with action to stop the occurrence, to minimize severity and to prevent future GBV. When action in response to GBV is routinely taken, community health will be vastly improved.

- The group is being brought together to discuss the possibility of taking action to address GBV in the community.

- All CAT members must be committed to dealing with and preventing GBV in their community whenever they hear or know about it.

- Dealing with GBV includes taking action if one is experiencing GBV oneself, if it is occurring in one's family, if it is occurring among neighbours, if it is occurring in schools, if it is occurring in "hot spots," such as alcohol venues, or if it is occurring in the community as a whole.

- CATs will be guided and supported by CFs through training sessions and regular meetings.

- CAT members should meet regularly—at least weekly—to share their knowledge of instances of GBV that they have identified. Creative ideas for action to address GBV are encouraged. CAT members support each other when action is taken.

- CFs will provide assistance in identifying support and referral organisations.

- CAT members will use the SEE strategy when deciding to act, asking: Is the action *safe* for all involved? What are the options for *early* intervention versus later intervention? Will the intervention be *effective* or will it make matters worse?

- CAT members report all actions to CFs, who record these for monitoring purposes.

RESOURCE B—EXERCISE 7.4: THE STORY OF ANNA

Sam arrives home late every Friday night, wakes everybody up and demands money from his wife Anna to drink with his friends. When Anna refuses to give him money, he beats her up.

Anna's friends at work have noticed that Anna is always withdrawn, is tired and has bruises on her face. When asked by her friends, she gives different stories.

Anna's aunt, who is her next door neighbour, and other community members are also aware of the abuse and do not want to interfere.

On one occasion, a team from Sizanani Women's Crisis Centre (SWCC) visited Anna's company to talk about domestic violence and abuse. During the discussions, Anna was very quiet and tearful.

One month after the SWCC presentation, Anna was diagnosed as HIV-positive after visiting a local clinic due to persistent ill health. When she disclosed her HIV-positive status to her abusive husband, he chased her out of the house.

- What is the story about?

- What should her friends/family do to help Anna?

- What should the community do to help Anna?

- What do you think of Anna's husband? Why?

- What kind of assistance can Anna get from SWCC and the community?

- What should happen to her husband? Can he be reformed?

RESOURCE C—EXERCISE 7.4: DRAFT MANIFESTO: ENDING GBV IN OUR COMMUNITIES

Gender-based violence is a reality of life in South Africa. It includes emotional abuse, harassment, exploitation, physical violence, sexual abuse and rape.

Gender-based violence affects women and men of all ages. It also affects girls and boys. And we know that it is more often that women and girls who are harmed.

We know that gender-based violence is wrong, yet most people are hesitant to do anything about it. Such hesitation means that gender-based violence continues in our communities.

We recognize that if we allow gender-based violence to continue, it will continue to cause harm to our loved ones, our family members, our friends and our communities as a whole.

We recognize that the time has come to end such violence.

As _____,

We recognize that we have a responsibility to speak out and take action to end gender-based violence.

We commit to not using violence ourselves in our families or our relationships.

We believe that gender-based violence should never be met with silence.

We commit to taking action whenever we see or hear about gender-based violence.

We commit to reporting and sharing the actions we have taken to promote understanding that actions can be taken by ordinary people and that change is possible.

It is time to say good-bye to the silence that allows gender-based violence to occur in our homes and communities.

WE STAND TOGETHER, FROM NOW ONWARD, TO BUILD VIOLENCE-FREE HOMES AND VIOLENCE-FREE COMMUNITIES!

EXERCISE 7.5:
CAT FOLLOW-UP AND SHARING OF STORIES

Objective

- Understand how to follow up with CATs and to document and share stories

Outcome

- CFs understand how to follow up on dialogues.
- CFs understand how to document and share stories.

Format

- Large-group discussion

Advance Preparation

1. Identify an open space to allow for large- and small-group work.

2. Provide flipchart paper for noting observations.

3. Make copies of the resource *Sample Action Stories*.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(40 minutes)* Introduce the concept of documenting actions. This involves getting a clear description of the problem and solution. Note that actions take many forms.

2. Distribute the sample action stories, noting that these are real examples of action. Ask a volunteer to read out each story. Note that action stories should describe:

   • The people affected (victim/s, perpetrator/s)

   • The GBV problem

   • The action taken

   • The date of the action

   • The outcome of the action

   Note that people affected by GBV have a right to privacy. When telling stories of action, it is very important that the persons involved cannot be identified. Their names should never be used. Ask participants if the actions were appropriate and whether anything could be done to make them more effective.

3. *(40 minutes)* Ask participants to individually write down a story of action that they have been involved in or know about (allow 10 minutes for this). In the remaining time, allow participants to read their stories, with the group commenting on whether the story has fully captured what happened.

4. *(10 minutes)* Note that it is the task of CFs to gather stories from CATs and ensure that they are documented according to the outline above. The stories should be shared between CAT groups to give momentum to continued action.

RESOURCE—EXERCISE 7.5: SAMPLE ACTION STORIES

1. **Ending a relationship with an abusive boyfriend:** There is a woman who lives with a man and they were not married. The man became abusive because he had another relationship with a different woman. The man used to beat the woman up and chase her around with dangerous weapons. She had been keeping all of this as a secret. We tried to teach her about coming out of her situation, and she finally had courage to go to the police and report this matter. She has also chased him away from her parents' home, because that is where they lived together. All is now well.

2. **Rape by an uncle:** One night, when a child's mother was away, her uncle came and woke her up. He was drunk. He started admiring her, noting that she is grown up and now she is beautiful, and he ended up raping her. The following morning, a CAT member, who had been asked to check on the household, found the daughter in bed. She asked the girl how she was feeling. When she removed the blankets, she saw blood; the daughter said she had been raped by her uncle. The CAT member called the mother to come back home immediately. The matter was reported to the police, and the daughter was referred to social workers for counselling.

3. **A good neighbour:** One day, as I was passing by a neighbour's house, I saw the husband and wife fighting. I intervened to stop them fighting. The matter was taken to the police, and this man was reprimanded by the police. Since then, there has been a huge difference and change in this household. The man is more supportive. They are no longer fighting, and he is being a responsible father and husband.

4. **Abused husband:** A CAT member's aunt was physically and emotionally abusing her husband. She would shout at him and hit him in front of other people, saying that he is useless because he does not work, even though she knows that he is busy looking for a job and cannot find work. The CAT member referred him to a local organisation for support and counselling. The situation is improving.

5. **Rape of children living alone:** Three girls and a boy living in a child-headed household were being harassed and raped by a group of gangsters. A CAT member visited the children and advised them on how to alert her in case the gangsters returned to their home. One night, the gangsters returned, and one of the children quickly alerted the CAT member. The police were called, and the perpetrators were arrested. The matter is still pending in court, and the children are receiving support and counselling.

6. **Community clean-up:** An abandoned house in the community was being used by a local drug gang for criminal activities related to drugs and robbery. It was reported that girls were also raped there. The CAT members cut down all the nearby bushes and trees and cleaned up the house in an effort to prevent crime from happening. This led to roadside businesses being set up in the surrounding area as a result of improved safety.

EXERCISE 7.6:
CHALLENGES AND BENEFITS OF CATS

Objective

- Understand the challenges and benefits of CATs

Outcome

- CFs understand the challenges and benefits of CATs.

Format

- Large-group discussion

Advance Preparation

1. Identify an open space to allow for large- and small-group work.

2. Provide flipchart paper for noting observations.

3. Make copies of the resource *Sample Quotes on Benefits of Involvement in Community Mobilisation to Prevent GBV.*

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(30 minutes)* Introduce the concept of the challenges of CATs by sharing the following examples. Ask participants to comment on how these challenges could be addressed. Some suggestions are in square brackets—do not read these aloud. They can be used to prompt or support discussion, if necessary.

   - **CAT participants want money to participate.**
     Ensure that participants understand this is a community-owned and community-driven initiative. Organisations can usually provide support for refreshments. Participants may be able to fund-raise from local businesses if their work is seen to be effective.

   - **Information provided through dialogues is not enough.**
     Conduct additional dialogues, taking participants through formal training modules in this toolkit.

   - **Mixing ages and sexes in CATs sometimes affects group solidarity.**
     Ask participants to find solutions. Consider setting up additional separate CATs.

   - **Participants do not have T-shirts or other items to identify their role.**
     Consider providing T-shirts or lower cost badges or identity cards.

   - **Families want to keep GBV, including sexual abuse, a secret.**
     Provide information on the laws related to GBV; provide information on harm to victims; stress that GBV cannot be allowed to be repeated.

   - **Safe houses are not available.**
     Explore ways in which victims can stay with friends or relatives; ensure that violent perpetrators are arrested.

   - **There is no office available for CATs to meet in.**
     Approach local organisations, the municipality or other community structures for meeting spaces.

   - **Men do not want to be involved.**
     Invite men to participate; focus on GBV from the perspective of men; discuss the benefits of participation by men.

2. *(15 minutes)* Ask participants to share any other challenges they have encountered, and allow the group to suggest solutions.

3. *(30 minutes)* Divide participants into small groups and ask them to identify and list the benefits of the CAT approach for themselves as CFs and for CAT participants.

4. *(45 minutes)* Ask participants to present their findings and discuss. Share the resource sheet, to show examples of the benefits of involvement in GBV prevention activities at the community level.

RESOURCE—EXERCISE 7.6: SAMPLE QUOTES ON BENEFITS OF INVOLVEMENT IN COMMUNITY MOBILISATION TO PREVENT GBV[3]

- I realise I should not turn a blind eye to GBV. Everything starts with me.

- I am raising a son. I do not want him to be involved in violence when he is older.

- We do not have anything. But I realised I can help someone else. Even if I do not have anything…. It is better than just doing nothing. It makes you feel so much better.

- The approach teaches people to solve their own problems.

- It teaches people not be reliant on you…. It strengthens them.

- I have come from a very abusive relationship…. For my personal self it was very, very good. It made me feel good.

- I was a victim of domestic abuse. I have encouraged my husband to join the meetings. Things are much better between us.

- You sometimes see that the man who was abusing his wife is shaken up by the action taken by these young men and women. It is unlikely then to see the perpetrator repeating his violent behaviour.

- The approach has given the community power to react to situations of violence.

- We know how to solve problems that are not ours, but that are affecting us.

- The people in the community like that it can be owned. It is not like you are coming and telling people what to do.

- We encourage our family and household members to avoid conflict. We start at home, and then with your friends, and then the community at large.

- We get support from each other. We build each other up.

- I have seen that it is possible to have a community where people care about each other.

- Because people look up to us, we cannot let them down. We have to continue.

- We became caring people. We are concerned about what happens in our community. We do not stand by.

- We gained respect, trust and interest from community members.

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3. Examples are derived from field visits to assess SHIPP's CAT activities, and from other similar programmes in South Africa such as Prevention in Action and Stand Together in Namibia.

MODULE 8
YOUTH VULNERABILITY, HIV & GBV

While HIV and GBV affect all South Africans, some subgroups are more vulnerable to HIV and GBV than others. Girls and young women are among the most HIV-vulnerable groups in the country. Recent studies have found girls aged 15–19 are eight times more likely to be HIV-positive than are boys in the same age-group. Young women aged 20–24 are more than three times as likely to be HIV-positive as are young men in the same age-group. This pattern suggests that girls and young women are acquiring HIV from men who are older than themselves, who are more likely to be HIV-positive than are boys and men in their same age-group.

An analysis of GBV among women in KwaZulu-Natal and the Western Cape also identified young women under 20 as being more likely to have experienced recent partner violence (Parker & Makhubele, 2010).

Module 8: Exercises and Objectives

Exercise	Objectives	Time allocation
8.1: Transactional and exploitative sexual relationships	• To explore and define risk scenarios for transactional and exploitative sexual relationships.	2–3 hours
8.2: Youth and sex work	• To explore and define risk scenarios and responses for sex work.	2–3 hours
8.3: Other vulnerable groups of youth	• To identify groups of youth vulnerable to HIV and SGBV. • To explore approaches to reducing vulnerability and risk.	2–3 hours
8.4: Young people living with HIV	• To improve sensitivity to the dimensions of living with HIV. • To explore issues of rights, gender equality, and empowerment in relation to living with HIV.	2 hours

EXERCISE 8.1:
TRANSACTIONAL AND EXPLOITATIVE SEXUAL RELATIONSHIPS

Objective

- To explore and define risk scenarios for transactional and exploitative sexual relationships, including sex work

Outcome

- Participants clarify risk scenarios for transactional and exploitative sexual relationships, including sex work.

Format

- Scripted presentations of transactional and exploitative sexual relationships, large-group discussion, small-group work

Advance Preparation

1. Print out scripts of quotes from research studies (the resource *Scripts for Transactional and Exploitative Sexual Relationships*).

Documentation

- Keep sheets of flipchart paper for the record and for reporting purposes.

TRAINING STEPS—EXERCISE 8.1

1. *(15 minutes)* Introduce the exercise by asking how poverty contributes to HIV among youth. Note the participants' points on a sheet of flipchart paper.

2. *(45 minutes)* Ask for three volunteers to read from a script of quotes relating to transactional sexual relationships (resource sheet 8.1). After each quote is read, ask the questions below and note the group's responses on a sheet of flipchart paper.

   - Ask: "Are young women empowered or disempowered in transactional sexual relationships?"

   - Ask: "Are men exploitative or exploited in transactional relationships with girls and young women?"

   - Ask: "What are the risks of HIV transmission?" Note that HIV could be transmitted to the older partner as well as to the younger partner, depending on who is HIV-positive.

   - Ask: "Are there similar situations where boys and young men have relationships with older women?"

3. *(45 minutes)* Divide the participants into small groups. Ask the groups to devise strategies to address transactional and exploitative relationships, to minimise HIV and GBV risks.

4. *(45 minutes)* Convene the large group for a discussion.

   - Talk about examples from studies where girls have developed strategies for addressing transactional and exploitative sex, such as:

     › Praising oneself for saying no
     › Accepting one's circumstances
     › Supporting other young women to avoid transactional/exploitative sex
     › Pointing out that potential partners are the age of their fathers
     › Threatening to report requests for sex by older men

   - Also provide examples from studies where communities have addressed transactional and exploitative sex, such as by:

     › Men admonishing other men
     › Parents having closer control over their children and giving protective advice
     › Elders in the community highlighting that such behaviour is wrong
     › Church leaders speaking out against the practice
     › Community campaigns highlighting the negative consequences of sex between girls and young women and older men
     › Shaming older men

5. *(15 minutes)* Wrap up the discussion. Reflect on whether similar approaches could be used to address the risk of young boys and young men in transactional/exploitative relationships. Note that the risks to boys and younger men are high, as older women are more likely to be HIV-positive.

RESOURCE—EXERCISE 8.1: SCRIPTS FOR TRANSACTIONAL AND EXPLOITATIVE SEXUAL RELATIONSHIPS

It's mostly younger women [who] go for married men because sometimes you'll find, like an example, let's say, her neighbour is way older than her, and he's married, and she doesn't have everything like money or anything; life is not that good, so the neighbour, who is married, will offer those things to her.
—*Young man, 20s, Cape Town (from: Beauclair & Delva, 2013)*

Almost like my friend has an older man who could have been her father. Almost like if she didn't have a father figure throughout her childhood life, I assume that is also one of the reasons, because maybe she didn't get the love and the attention of a father figure; that's why she's looking up to him, and he gives her love and attention.
—*Young man, 20s, Cape Town (from: Beauclair & Delva, 2013)*

Sometimes a girl can go into a relationship against her will, but then after some time she can accept the situation and start to feel as if she had come into it on her own free will. Thus, the girl will not report the issue to any friends, for fear that a friend will start a relationship with the man.
—*Girl, 16, Mangochi, Malawi (from: Weissman et al., 2006)*

Girls are easygoing. Their reasoning capacity is very low, so men can take them easily, unlike the other women, who have experienced a lot of things and challenge the men.
—*Teacher, Mangochi, Malawi (from: Weissman et al., 2006)*

It's about resources. The love is there, but right now they need somebody to "pay my bills and you know, buy me clothes." It is not like they don't believe in love or they trash love, it is just for now this is survival, you know, like love is at home but I'm trying to make a living and get an education in the meantime.
—*Female student, South African university (from: Colvin et al., 2009)*

Like I will have five boyfriends, but they all serve different purposes. This one gives me money, this one takes me out, another buys me clothes, another for when I'm stressed, and one when I need sex. So you can have different boyfriends for different reasons.
—*Female student, South African university (from: Colvin et al., 2009)*

You have more power…. He is the one who is going to have an upper hand, because the guy is older and he has more money.
—*Young man, Western Cape (from: Zembe et al., 2013)*

EXERCISE 8.2:
YOUTH AND SEX WORK

Objective

- To explore and define risk scenarios and responses for sex work

Outcome

- Participants clarify risk scenarios and responses related to sex work.

Format

- Scripted presentations of transactional and exploitative sexual relationships, large-group discussion, small-group work

Advance Preparation

I. Print out a few copies of the *National Strategic Plan for HIV Prevention, Care and Treatment for Sex Workers* (available at http://www.sahivsoc.org/upload/documents/national%20sex%20 Work%20Strategy%20small.pdf) for use by the groups.

Documentation
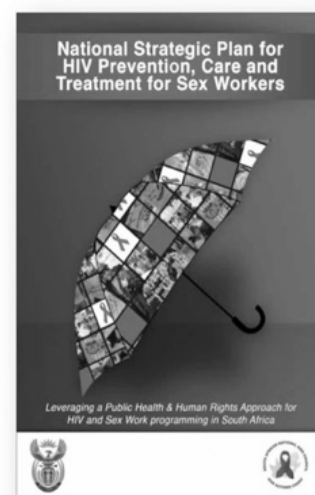
- Keep flipchart sheets for the record and for reporting purposes.

1. *(40 minutes)* Introduce the exercise by asking participants to share what they know about why young women enter into sex work. Note key points on a sheet of flipchart paper.

   • Ask: Is there a difference in motivations for girls and younger women compared with older women?

   • Ask: What is the role of drugs or alcohol in sex work in this community/district?

   • Ask: Is exploitation, trafficking or pimping (where a man controls a sex worker for profit) linked to sex work in this community/district? Note that exploitation may include harassment and rape by police, border officials, security guards, drug dealers and owners/managers of establishments.

   • Ask: Are young boys and men involved in sex work in your community/district?

   • Clarify values in relation to working with sex workers. Ask: Should we judge sex workers for the work they do?

2. *(40 minutes)* Divide the participants into small groups of 5–6 participants each. Ask for a volunteer in each group to note discussion points on a sheet of flipchart paper.

   • **Task 1:** Have the participants list "hot spots" where sex work occurs in their communities. (Situations where sex work occurs may have been identified in the mapping exercise.)

     › Typical hot spots include bars, shebeens, clubs, dance halls, hotels, hostels, illegal brothels, commuter sites, border areas and truck stops.

     › Places where there are more likely to be younger sex workers should be discussed and identified.

     › Places where trafficking, exploitation or pimping occurs should be identified.

   • **Task 2:** Have the participants identify the HIV risks for sex workers and clients. The specific risks of younger sex workers should be identified.

     › Risks for HIV transmission typically involve refusal to use a condom, usually by clients.

     › Risks for younger sex workers should be highlighted.

   • **Task 3:** Have the participants identify the GBV risks for sex workers.

     › Risks for younger sex workers should be highlighted.

3. *(30 minutes)* Ask the groups to share their findings. Lead a discussion, with a particular emphasis on younger sex workers.

4. *(30 minutes)* Reconvene the small groups for discussions. Provide participants with copies of the *National Strategic Plan for HIV Prevention, Care and Treatment for Sex Workers* for reference.

- **Task:** Ask the groups to identify 10 key steps that can be taken to address the risks and vulnerabilities of sex workers, including younger sex workers, in their community/district.

5. *(30 minutes)* Ask the groups to share their findings. Lead a discussion, and round off the discussion by referring to the approach taken by the Avahan Project in India.

- **Avahan** is a community mobilisation programme in India.

  › Avahan focused on HIV among high-risk persons, including female sex workers, MSM and transgender persons.

  › The programme followed a peer-based approach. Links to relevant health services were promoted, in combination with working together with sex workers to promote and take action around rights issues.

  › At the outset, community members mapped gathering places for vulnerable groups and identified relevant service providers.

  › Sex worker participants formed groups that became more organised over time through a focus on problem solving and group action.

  › Community-based crisis response teams were established to address incidents of harassment and violence.

  › Over time, the groups became more formalised, allowing for CBOs to be formed, leading to improving group ownership, improving participants' agency and sharing strategies with other similar groups.

  › Subsequent activities included engaging with and negotiating with organisations and government to improve resources, services and support.

EXERCISE 8.3:
OTHER VULNERABLE GROUPS OF YOUTH

Objectives

- To identify groups of youth vulnerable to HIV and to SGBV
- To explore approaches to reducing vulnerability and risk

Outcomes

- Participants identify groups of youth vulnerable to HIV and to SGBV.
- Participants explore approaches to reducing vulnerability and risk.

Format

- Large-group and small-group discussions

Advance Preparation

1. Obtain flipchart paper and markers.

2. Print out copies of the resource *Other Vulnerable Groups of Youth* for each participant.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

TRAINING STEPS—EXERCISE 8.3

1. *(15 minutes)* Introduce the exercise by asking participants to identify subpopulations of youth who may be vulnerable to HIV.

    - Note: The main groups that are vulnerable to HIV, apart from poorer youth in general and sex workers, are:

        › Orphans and vulnerable children
        › Youth with disabilities
        › LGBTI youth
        › Youth in prisons (particularly males)
        › Youth exposed to alcohol
        › Youth exposed to drugs
        › Youth exposed to harmful "traditional" practices

    - As the list is compiled, ask for one or two examples of HIV and SGBV for one or two of the groups identified.

2. *(1 hour)* Divide the participants into three groups.

    - Instruct the groups to each select one category of vulnerable youth from the list. Note that groups should not choose the same categories.

    - **Task 1:** Tell the groups to list why youth in the selected category are vulnerable to HIV and give examples of scenarios/stories of risk.

    - **Task 2:** Next, they should list why youth in the selected category are vulnerable to SGBV and give examples of scenarios/stories of risk.

    - **Task 3:** Finally, the groups should identify possible support activities that could reduce HIV and SGBV among members of the selected category.

3. *(45 minutes)* Reconvene the large group for feedback and discussion. As the groups discuss their findings, note additional points on a sheet of flipchart paper.

    - Ask participants to share stories of HIV and GBV among one or more of the identified categories.

    - Ask participants to share their knowledge of any projects that are known to be successful with these vulnerable groups of youth.

4. *(5 minutes)* Wrap up by distributing copies of resource sheet 8.3.

Youth, Orphans and Vulnerable Children

There are varying estimates of orphanhood in South Africa, although the Actuarial Society of South Africa's model estimates 2.3 million maternal orphans, of whom 1.9 million are "AIDS orphans." Around half of this group are likely to fall in the 10–19 age-group. Girls and young women who are orphans are at higher risk for HIV infection compared with boys and young men, as a result of their biological vulnerability, as well as being more likely to find themselves in disempowering circumstances. A study of adolescents in South Africa found that orphans were more likely to initiate sex earlier than their non-orphan peers (Thurman et al., 2006), while orphanhood included psychological effects that increased vulnerability to HIV (Nestadt et al., 2013). Orphans and vulnerable children (OVC) may also be sexually exploited by caregivers.

Support programmes for OVC usually focus on various forms of direct support, to reduce their economic vulnerability and basic needs, as well as provide psychosocial support (Khulisa Management Services, 2008). A study of adolescent OVC in South Africa found that young female OVC were three times more likely to experience emotional and physical abuse and six times more likely to experience transactional sexual exploitation in comparison with girls in "healthy" families, where caregivers and parents were neither ill nor absent (Cluver et al., 2011). A review of orphans and HIV and AIDS globally highlights that older orphans are often excluded from orphan programmes (Advocates for Youth, 2007).

Approaches to programmes for orphans include:

- Focusing on strengthening the capacities of caregivers

- Mobilising support by communities

- Ensuring that orphans' immediate needs are met

- Ensuring that reproductive health services are accessible

- Providing livelihood and life skills training

- Working with adolescent orphans in group formats

- Setting up youth clubs for OVC that build self-efficacy and promote social and psychological support between members (Advocates for Youth, 2007)

Youth with Disabilities

It is well recognised that disability is an overlooked area in the global HIV response (UNAIDS, 2009), as well as in South Africa (Swartz, Schneider, & Rohleder, 2006), and considerations of youth, HIV, gender and disability are seldom integrated when HIV programmes are developed. Risks for HIV among youth with disabilities are increased by limited access to HIV-related information in relation to particular disabilities (for example, materials in Braille); higher incidence of sexual violence, which affects young women in particular; stigma as a product of

disability; limited access to prevention services; and poor knowledge among care workers of how to engage young people with disability in service settings.

Recommendations for programmes for persons with disabilities include:

- Taking into account age, gender, culture and language

- Giving attention to providing accessible services for sexual assault

- Mainstreaming disability into programmes in general

- Involving youth with disabilities in programme planning, implementation and evaluation

- Helping people working with people with disabilities to address HIV and GBV

LGBTI Youth

Youth who are LGBTI[4] experience a number of challenges in relation to social acceptance of their sexuality, with negative experiences including bullying and violence; rejection by family members; and stigma and discrimination emanating from other youth, teachers, health service providers, authority figures and others in the community (Nell & Shapiro, 2011). It is acknowledged that hate crimes against LGBTI persist in South Africa (Nel & Judge, 2008), while discrimination also occurs in relation to health service provision (Lane et al., 2008). While LGBTI youth are vulnerable to HIV through sexual practices in line with their sexuality, they may also be involved in heterosexual relationships to hide their sexuality (which also carry HIV transmission risk) or because they are bisexual or simply do not self-identify as either heterosexual, homosexual or bisexual. LGBTI are also vulnerable to rape and sexual abuse as a product of their marginalisation—for example, the so-called "corrective rape" of young lesbian women (ActionAid, 2009).

Recommendations for programmes for young LGBTI include:

- Focusing on sensitising key stakeholders on LGBTI issues

- Addressing gender and HIV in educational institutions

- Addressing gender and HIV in correctional facilities

- Addressing the rights of LGBTI in the health service environment

- Including LGBTI youth in conceptualising, planning and supporting responses and services relevant to the needs of LGBTI

- Building the capacity of implementers and service providers to provide support to LGBTI (SafAIDS, 2008)

Youth in Correctional Facilities

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4. LGBTI is used as a descriptor of a range of gay-identified youth, transgender and intersex youth and is the main acronym used in South Africa. Work with LGBTI youth may also need to take into account youth whose sexual practices include same-sex interactions but who do not identify as gay.

Vulnerability to HIV in correctional facilities includes unprotected consensual sex, coercive sex and rape. Mainly young male offenders are at greatest risk of HIV, both because of their relative disempowerment as youth and also as a product of power structures within the correctional facility population (Spiegler & Keehn, 2012). Approximately 2–3% of all prisoners in South Africa are female (Civil Society Prison Reform Initiative, 2005). Women offenders may be exposed to HIV while in correctional facilities. For example, HIV transmission can occur as a result of sex between offenders, but also through sexual encounters with male prison personnel and male maintenance workers, among other men who have access to female correctional facilities (Hajiyiannis & Parker, 2009). Both men and women prisoners are vulnerable to HIV transmission through blood exposure as a product of blood contact from experiencing physical violence or attending to incidents of bleeding in correctional facilities without appropriate protection. Strategies to address vulnerabilities fall to correctional facility managers and include establishing regulatory and management approaches, as well as ensuring appropriate protection of rights and access to health services (including addressing the particular needs of young PLHIV).

Although South African policies on HIV and AIDS in prisons include access to condoms, lubricant is not provided. There are also perceptions among staff and prisoners that condom distribution legitimates sexual contact between prisoners, and further, that prisoners seeking condoms are subject to homophobic discrimination (Gear, 2014).

Recommendations for programmes include:

- Supporting young offender programmes to include information on HIV and GBV as part of community reintegration and life-skills development

- Focusing on masculinity (Steyn, 2005; Roper, 2007), as it has been found that young male prisoners develop "deeply destructive notions of what it means to be a man" and that these values have implications for their relationships when they have completed their sentences (Gear, 2014)

Youth and Alcohol/Drug Abuse

Alcohol abuse is recognised as an important contributing factor in relation to HIV vulnerability, as a product of being associated with higher risk sexual behaviours and violence (Fisher et al., 2008; Kalichman et al., 2007). For example, in a 2009 study, among women who had experienced violent crime in the past year, 57% said they believed the perpetrator was under the influence of alcohol at the time, while 9% indicated that they were themselves under the influence of alcohol at the time (Parker & Makhubele, 2010). Alcohol consumption is high among South African youth (Parry, 1998). Psychoactive drug use is also a common phenomenon in South Africa, and drug abuse, like alcohol abuse, is linked to violence, including GBV. Drug abuse has increased rapidly in South Africa (Morojele et al., 2012) and is perceived in some communities to be a social and health problem on a par with alcohol abuse when it comes to its contribution to violence (Parker & Makhubele, 2007). Drug use is linked to gangsterism as well as to petty and severe and violent crime, and it is also associated with GBV, sexual assault and rape. Drug abuse is also linked to sex work (Parry et al., 2009). Young people are

more likely to be drug users than are older adults (Leggett, Louw, & Parry, 2011). Drug use in South Africa predominantly involves the smoking of marijuana, but it also extends to the use of *nyaope* (a mix of marijuana, heroin and narcotic drugs) and tik.

Recommendations for programming:

- There is presently little guidance on programming to address youth, gender and HIV in relation to alcohol and drug use in South Africa.

Youth Exposed to Harmful "Traditional" Practices

The abduction of girls with a view to enforcing marriage through *ukuthwala* is a practice that occurs in some parts of South Africa, such as in rural areas of KwaZulu-Natal (Masters, 2009) and the Eastern Cape (Rice, 2014). Although not specifically illegal, it does conflict with various rights in South Africa, including the security of a person, the right to human dignity and the best interests of the child (Commission for Gender Equality, 2012). Encouraging traditional authorities to speak out about rights is an important part of the response.

EXERCISE 8.4:
YOUNG PEOPLE LIVING WITH HIV

South Africa has a long-standing HIV counselling and testing programme, and the majority of PLHIV know their HIV status. In the early days of response to HIV in the United States and Uganda, there was a strong emphasis on PLHIV playing an active role in the response to all aspects of HIV and AIDS including prevention, treatment, care and support.

More recently, this emphasis has fallen away. Instead, PLHIV are mainly seen as a population to be engaged through ARV treatment programmes or in relation to prevention of mother-to-child transmission of HIV. While these programmes have been very effective in South Africa, many other challenges of PLHIV are not being met.

The concept of Positive Health, Dignity and Prevention (PHDP) highlights a range of focus areas that are important to supporting PLHIV and engaging PLHIV in response to the epidemic. This includes promoting mutual support between PLHIV, as well as being involved in the HIV prevention response and taking action to shape the interests and needs of PLHIV.

Key issues include the rights and dignity of PLHIV, empowerment of PLHIV and gender equality in relation to living with HIV. See resource sheet 8.4 and the UNAIDS/GNP+ report at: www.unaids.org/sites/default/files/media_asset/20110701_PHDP_0.pdf.

A report on studies on PHDP relevant to South Africa is available at this link: www.gnpplus.net/assets/wbb_file_updown/3188/Positive%20Health,%20Dignity%20and%20Prevention%20in%20South%20Africa.pdf.
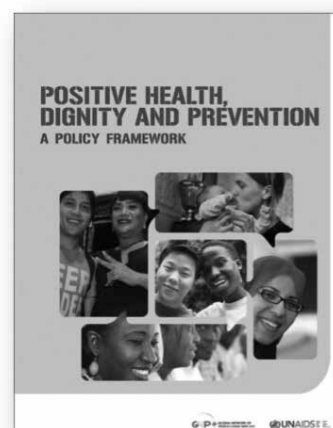
Objectives

- To improve sensitivity to the dimensions of living with HIV
- To explore issues of rights, gender equality and empowerment in relation to living with HIV

Outcomes

- Participants improve their understanding of the challenges of living with HIV.
- Participants improve their understanding of rights, gender equality and empowerment in relation to living with HIV.

Format

- Scripted presentations of PLHIV perspectives; large-group discussion; small-group work

Advance Preparation

1. Make copies of the PHDP study report for each group to refer to:
   http://www.gnpplus.net/assets/wbb_file_updown/3188/PHDP_SouthAfrica-copy1.pdf.

2. Print copies of resource sheets A, B, C and D.

Documentation

- Keep flipchart sheets for the record and for reporting purposes.

1. *(15 minutes)* Ask the participants to share their perspectives on the challenges of young PLHIV that they know of.

   - Ask: "Are challenges different for younger PLHIV in comparison with older PLHIV?" Note their responses on a sheet of flipchart paper.

2. *(30 minutes)* Hand out copies of resource sheets 8.4a and 8.4b to each participant.

   - Ask participants, in turn, to read a quote from the list (resource 8.4a), and have the group then allocate the quote to a focus area on the list (resource 8.4b). Once there is consensus, the number or the quote is written next to the focus area.

   - Complete the reading and allocation of all of the quotes. Note that there may be more than one quote for some focal areas.

3. *(20 minutes)* Discuss the results of the activity.

4. *(40 minutes)* Divide the participants into three groups. Provide each group with a copy of the PHDP studies and recommendations report for reference and of resource sheets 8.4c and 8.4d. Allocate the topic of "rights" to one group, "empowerment" to the second group, and "gender equality" to the third group. Have participants write key points on a sheet of flipchart paper.

5. Ask participants in each group to read through the quotes again, guided by the topic area, and reflect on the relevant question:

   - **Rights group:** What project activities could be conducted to improve rights of young PLHIV (in relation to each quote)?

   - **Empowerment group:** What project activities could be conducted to empower young PLHIV (in relation to each quote)?

   - **Gender equality group:** What project activities could be conducted to improve gender equality for young PLHIV (in relation to each quote)?

6. *(40 minutes)* Reconvene the large group and have the small groups report back on possible project activities. Round off the discussion by summarising key points.

RESOURCE A—EXERCISE 8.4: QUOTES FROM YOUNG PEOPLE LIVING WITH HIV (PLHIV)

1. Men don't accept the results at once… [they] don't accept the results and don't go through the treatment… They don't accept and they start drinking.
   —*PLHIV, Maputo, Mozambique*

2. I think it is good…when you disclose. This helps me not to infect others, and so the challenge is with those who have not disclosed. They feel uneasy, so life is not good for them.
   —*PLHIV, Kitgum, Uganda*

3. I understand positive prevention as a way of abstaining from risky behaviours. What I mean by risky behaviour is that, me knowing that I am HIV-positive, I have to be careful enough not to pass the virus to another person who is negative but to avoid this. I have to take behaviour that does not put me at risk. For example, avoiding having relations with many partners, avoiding activities that could waste your time—I am talking of beer, of drugs, and many others.
   —*PLHIV, Maputo, Mozambique*

4. Groups move from one village to another to meet our fellow youth. We also distribute condoms and share different things, ranging from prevention to positive health, among other things. This in a way keeps the youth occupied instead of looking for whom to get intimate with around the village, thus reducing transmission of the virus.
   —*PLHIV, Rakai, Uganda*

5. Also, we are informed that we should go to the health facility [to] talk to the health worker, then she will counsel you on whether to get the child, and that when you get pregnant you should get tested and continue to take the ARVs test for your CD4 count. And when you are about to go into labour, there is a drug you are given to swallow before delivery.
   —*PLHIV, Kitgum, Uganda*

6. Generally the situation is good. Even the people who don't have HIV don't mistreat us. They take us as their friends or brothers. We engage together in the various social activities. This helps us avoid stress and worry, including thoughts of dying soon. Like my colleagues, I ask for more support, especially in regards to health education.
   —*PLHIV, Rakai, Uganda*

7. I think health workers have a significant role in managing the problem. They can help [discordant couples] by counselling and following up with ways of leading their day-to-day life. Such types of support help them get psychological strength to withstand problems. The person in negative status may wonder for how long shall we live in this way, but I feel they have to be supported to live together till the end of their lives.
   —*PLHIV, Addis Ababa, Ethiopia*

8. I would like to highlight the benefit of being a member of the group, where we learn to talk and help one another. As a group we are a society, a family. When I am with them, I don't feel lonely. When something affects me, I have someone to share with. HIV is a common disease. As a group we support one another.
   —*PLHIV, Maputo, Mozambique*

9. I used to sell injera. Other than two of my immediate neighbours, people in my neighbourhood were not aware that I was living with HIV. Amazingly, within 15 days after I started the business, I was able to get so many customers. Yet, when these two persons [the neighbours] nattered around that I was living with HIV, all customers immediately stopped buying my injera.
   —*PLHIV, Oromia, Ethiopia*

10. From experience, we know how one feels. We can train people out of experience of having HIV.
    —*PLHIV, Kasese, Uganda*

11. I know of a case where the wife was positive and the husband negative. He paid no attention to her and within a few months he left her alone, taking their elder son with him. She suddenly became lonely with no one to help her. It was difficult to convince the husband to live with her. Women are always the victims to bear the burden of life.
    —*PLHIV, Amhara, Ethiopia*

12. Another challenge is that I have to stop having sex. I have learnt to painfully change my sexual behaviours because I always think that I will infect other people, so for me now I have abstained from having sex.
    —*PLHIV, Kitgum, Uganda*

13. They also communicate to the health facilities by phoning them and informing them to pick those who are very sick by sending an ambulance. So they help in making the referral work easy through writing referral letters and providing feedback to the communities and the health facilities.
    —*PLHIV, Kitgum, Uganda*

14. I talk to the doctor, to see how my CD4 count is. If alright, I can become pregnant. If low, I cannot get pregnant because the low CD4, can harm the baby.
    —*PLHIV, Maputo, Mozambique*

Note: All quotes are adapted from: Parker, W., and Rogers, S. 2012. *Perspectives of people living with HIV: Opportunities and challenges for strengthening the response in Southern and Eastern Africa.* Washington, DC: C-Change/FHI 360.

Match quote to PHDP focus area.   Group Number: _____

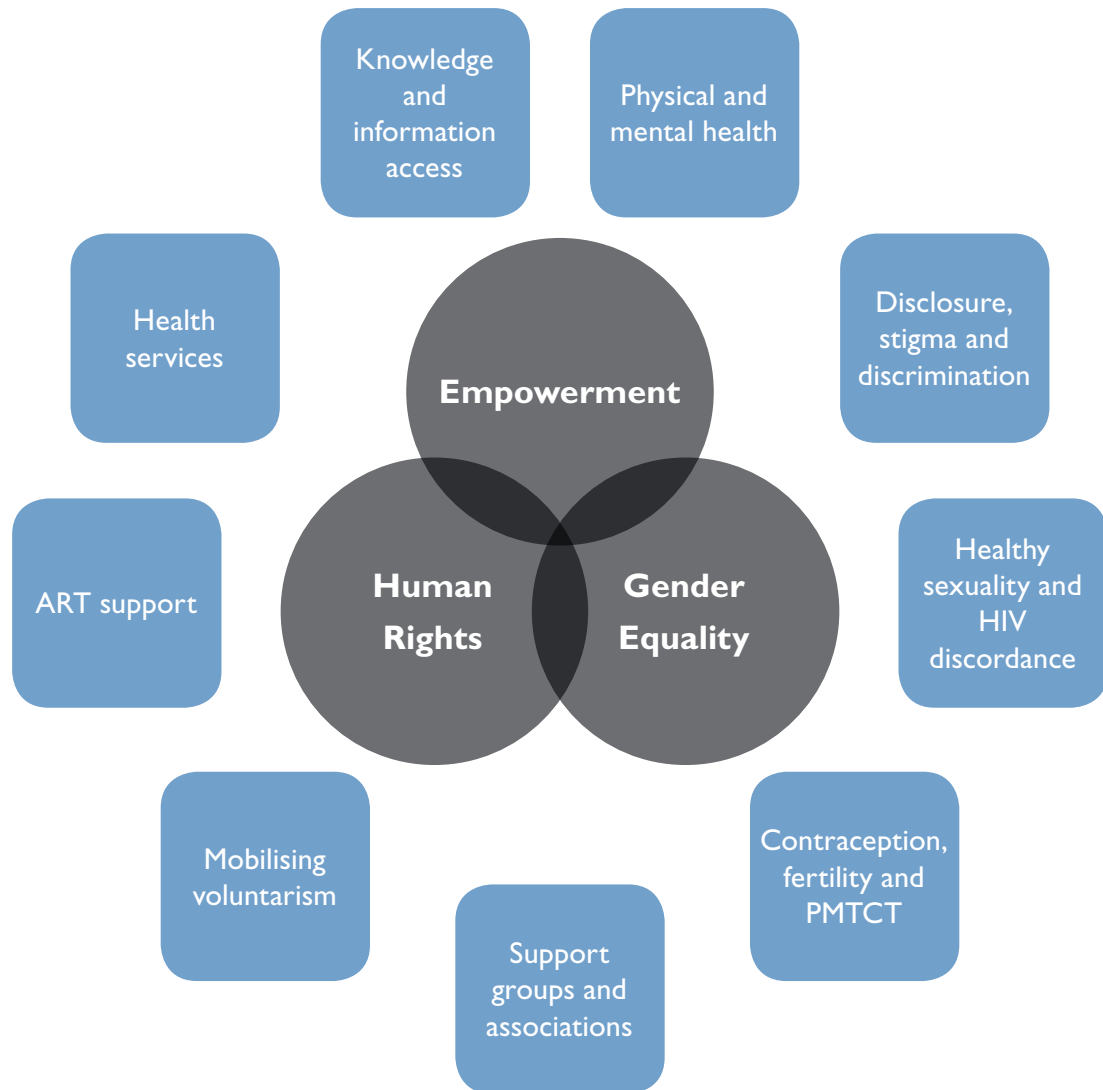| *Focus area*	*Quote number(s)*
Knowledge and information access	
Physical and mental health	
Disclosure, stigma and discrimination	
Healthy sexuality and HIV discordancy	
Contraception, fertility and prevention of mother-to-child transmission of HIV	
Support groups and associations	
Mobilising volunteers	
ART support	
Health services	

Note: Derived from Parker & Rogers, 2012.

RESOURCE D—EXERCISE 8.4: THE CONCEPT OF PHDP

Extracts from UNAIDS, PHDP: A Policy Framework

In April 2009, an international technical consultation on HIV prevention for people living with HIV took place in Tunisia. Participants—more than half of whom were living with HIV—represented networks of people living with HIV, civil society, government agencies, the UNAIDS Secretariat and Co-sponsors, international donors, and development agencies It was agreed that the focus of current approaches was too limited and should be replaced by a broader, more holistic and interconnected human rights-based approach.

Participants agreed that policies and programmes are more likely to be accepted and implemented, and will be more effective than existing programmes (which narrowly focus on preventing new infections), if they:

- Are designed and implemented with the meaningful involvement of PLHIV

- Treat PLHIV humanely and with dignity

- Provide people with knowledge, skills, social and legal support

- Focus on the holistic health and related needs of PLHIV.

Such policies and programmes will also help to reduce HIV-related stigma and discrimination, resulting in numerous beneficial effects for PLHIV (including those who are unaware of their status) and their partners, families, and communities.

The primary goals of Positive Health, Dignity and Prevention are to improve the dignity, quality, and length of life of PLHIV; if achieved, this goal will in turn have a beneficial impact on people's partners, families, and communities, including by reducing the likelihood of new infections.

By linking together the social, health, and prevention needs of the individual living with HIV within a human-rights framework, Positive Health, Dignity and Prevention results in a more efficient use of resources, with outcomes more responsive to the needs of PLHIV and more beneficial for their partners, families, and communities.

Attaining the goal of Positive Health, Dignity and Prevention specifically requires promoting and affirming the empowerment of PLHIV through the following objectives:

- Increasing access to, and understanding of, evidence-informed, human rights–based policies and programmes that support individuals living with HIV to make choices that address their needs and allow them to live healthy lives free from stigma and discrimination

- Scaling up and supporting existing HIV counselling, testing, care, support, treatment, and prevention programmes that are community-owned and community-led, and increasing access to rights-based health services that include sexual and reproductive health

- Scaling up and supporting literacy programmes in health, treatment, prevention, human rights, and the law, and ensuring that human rights are promoted and implemented through relevant programmes and protections

- Ensuring that undiagnosed and diagnosed people, along with their partners and communities, are included in HIV prevention programmes that highlight shared responsibilities, regardless of known or perceived HIV status, and that have opportunities for, rather than barriers to, empowering themselves and their sexual partner(s)

- Scaling up and supporting social capital programmes that focus on community-driven, sustainable responses to HIV by investing in community development, networking, capacity building, and resources for people living with HIV organisations and networks

Operationalising Positive Health, Dignity and Prevention is not about creating new programmes, except where basic programmes currently do not exist. Rather, it is about using this new framework to create linkages among existing programmes and also about taking them to scale, so that they are more efficient and more responsive to the needs of PLHIV.

APPENDIX I
SAMPLE PARTICIPATORY LEARNING AGENDAS

Modules are designed to include all exercises. Modules can be conducted on a once-off basis or can be grouped and conducted on separate days over a week or more.

SAMPLE AGENDA—MODULE 2: GENDER ROLES AND CHANGES (ONE-DAY SESSION)

8h30-8h45: Background and rationale (refer to needs analysis)

8h45-9h00: Icebreaker (participant introductions)

9h00-9h10: Introduction: Exercise 2.1 (Step 1)

9h10-9h40: Role Play 1 (Step 2, 3 or 4)

9h40-10h10: Role Play 2 (Step 2, 3 or 4)

10h10-10h30: Discussion on both role-plays (Step 5)

1h030-11h00: Break

11h00-11h30: Introductory discussion: Exercise 2.2 (Step 1)

11h30-12h00: Group work (Step 2)

12h00-12h30: Group feedback and discussion (Step 3)

12h30-13h00: Stories and discussion (Step 4)

13h00-14h00: Lunch

14h00-14h10: Energiser

14h10-14h20: Introduction: Exercise 2.3 (Step 1)

14h20-14h50: Buzz groups (Step 2)

14h50-15h30: Discussion (Step 3)

15h30-15h45: Round off of discussion (Step 4)

15h45-16h00: Evaluation of the day. Participants sign attendance register.

SAMPLE AGENDA—MODULE 2: GENDER ROLES AND CHANGES (LONGER, MULTI-DAY SESSIONS)

Day 1 (Exercise 2.1)

8h30-8h45: Background and rationale (refer to needs analysis)

8h45-9h00: Icebreaker (participant introductions)

9h00-9h10: Introduction: Exercise 2.1 (Step 1)

9h10-9h40: Role Play 1 (Step 2, 3 or 4)

9h40-10h10: Role Play 2 (Step 2, 3 or 4)

10h10-10h30: Discussion on both role-plays (Step 5)

Day 2 (Exercise 2.2)

8h30-9h00: Introductory discussion: Exercise 2.2 (Step 1)

9h30-10h00: Group work (Step 2)

10h00-10h30: Group feedback and discussion (Step 3)

10h30-11h00: Stories and discussion (Step 4)

Day 3 (Exercise 2.3)

8h30-8h40: Introduction: Exercise 2.3 (Step 1)

8h40-9h10: Buzz groups (Step 2)

9h10-10h00: Discussion (Step 3)

10h00-10h15: Round off of discussion (Step 4)

10h15-10h30: Evaluation of the module. Participants sign attendance register.

Mobilising a Response to HIV, Gender, Youth and Gender-Based Violence In South Africa

APPENDIX 2
SAMPLE EVALUATION SHEET

EVALUATION OF THE SESSION

Please provide your comments on the session. Your comments will be treated anonymously and are intended to guide the implementation of further sessions.

Title of the session:

Facilitator(s):

Date: **Duration:**   *(hrs)*   **Venue:**

1. Was the venue suitable for this activity? Yes/No (delete as applicable). Please give reasons for your answer.

   _____

   _____

2. Were the refreshments suitable for this activity? Yes/No (delete as applicable). Please give reasons for your answer.

   _____

   _____

3. Were you clearly advised during this activity, and did the activity meet your expectations?

   _____

   _____

4. Was this topic of interest to you? Yes/No (delete as applicable). Please give reasons for your answer.

   _____

   _____

5. What did you learn that was most useful to you, if anything?

   _____

   _____

6. What was least useful to you, if anything?

   _____

   _____

7. Did you like the participatory approach to learning? Yes/No (delete as applicable). Please give reasons for your answer.

   _____

   _____

8. Was the facilitator knowledgeable and competent? Yes/No (delete as applicable). Please give reasons for your answer.

9. Was there sufficient time allocated for this activity? Yes/No (delete as applicable). Please give reasons for your answer.

10. Any other comments/suggestions:

APPENDIX 3
SAMPLE ICEBREAKERS

Icebreakers are mainly used to introduce participants to each other. It is usually useful to do this in pairs or small groups. Note that if exercises are too complex, or if they require detailed feedback, too much time may be used up during the early part of the training session or workshop.

Sample icebreakers can be found at these links:

- http://insight.typepad.co.uk/40_icebreakers_for_small_groups.pdf

- http://wilderdom.com/games/Icebreakers.html

Below are a few examples similar to those listed in these resources.
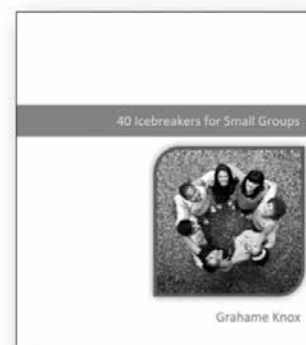
Two Truths and a Lie

1. Divide participants into pairs.

2. Partners "interview" each other and write down the other person's name and where they were born. The partner then shares three "facts" that they believe are unusual or unknown about themselves. One of these three "facts" should be untrue.

3. After 5 minutes, have the participants return to the larger group and introduce their partner, including the "two truths and a lie." The group then must guess which one is the lie.

Desert Island

1. Divide the participants into pairs.

2. Partners "interview" each other and write down the other person's name and where he/she was born. The partner then shares three items (or people) that he/she could not do without if he/she were to live on a deserted island for three months.

3. After 5 minutes, have the participants return to the larger group and introduce their partner, including the items (or people) they could not do without.

Mixer

1. Divide the participants into pairs.

2. Have the partners find out as much as they can about each other, and take quick notes. Clap your hands (or blow a whistle) after 2–3 minutes, and have everyone find another partner and repeat the exercise. After three rounds (6–9 minutes), have the participants return to the group.

3. Have the participants introduce one of the people they spoke to by name, with a few details about him/her. Repeat until all of the participants have been introduced.

APPENDIX 4
SAMPLE ENERGISERS

Energisers allow participants to refocus their energy and can be introduced at any point—particularly if concentration is flagging or if a new topic or activity is being introduced.

Sample energisers can be found at these links:

- http://www.kasc.net/SampleEnergizers.pdf

- http://www.photovoice.org/html/ppforadvocacy/assets/energisers.pdf

Below are a few examples similar to those listed in these resources.

North, South, East, West

1. Create or move to an open space (even outdoors, if suitable).

2. Have the participants identify north, south, east and west. There should be suitable space for them to move from the centre of the space identified as north, south, east or west.

3. Have the participants cluster in the centre of the space and follow instructions based on questions—for example, "All participants under age 20, move to the north."

4. Note that the participants who moved north should return to the centre or go to the next identified area if the following question applies to them—for example, "All participants who used a taxi to come to work, move to the east." (If this applies to some participants in the "north" space, they should move to the "east" space. All others should return to the centre.)

5. Continue to ask questions until the participants are sufficiently energised.

6. A few more examples:

   - All participants wearing blue (or other relevant colour)

   - All participants wearing trousers

   - All participants who had cereal for breakfast

Line Up

1. Move to an open area in the room.

2. Place a chair against one wall. This will be the "line up" starting point.

3. Ask the participants to line up in order with the following questions:

   - By birthday, from January to December

   - By height

   - By shoe size

   - By age

Hip Spelling

1. Have the participants stand in a circle, feet slightly apart, with sufficient space for movement.

2. The activity involves imagining one is spelling words on the ground using one's hips.

3. Have the participants place their hands on their hips.

4. Demonstrate by spelling "HIV" (forward, back to middle, to the right, forward, backward for "H," forward for "I," and backward, forward at an angle for "V").

5. Explain that participants should only use their hips, and not walk forward or backward.

6. Continue with a few more relevant words—e.g., gender, youth, workshop.

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