MAKING IT

MAINSTREAM

A TOOLKIT FOR INTEGRATING ISSUES OF CHILDREN'S SEXUALITY AND GENDER IN PROGRAMMES DEALING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS, AND HIV AND AIDS

Save the Children

**ABBREVIATIONS AND ACRONYMS
USED IN THIS TOOLKIT**

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired immunodeficiency syndrome
ARV	Antiretroviral
CRC	UN Convention on the Rights of the Child
CRP	Child rights programming
FBO	Faith based organisation
HIV	Human immunodeficiency virus
IPPF	International Planned Parenthood Federation
LGBTI	Lesbian, gay, bisexual, transgender, inter-sex
M&E	Monitoring and evaluation
OD	Organisational development
PLWH	People living with HIV
RFSU	Swedish Association for Sexuality Education
SRH	Sexual and reproductive health
SRHR	Sexual and reproductive health and rights
STI	Sexually transmitted infection
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNFPA	United Nations Population Fund
VCT	Voluntary counselling and testing
PPTCT	Prevention of parent to child transmission

Alliance
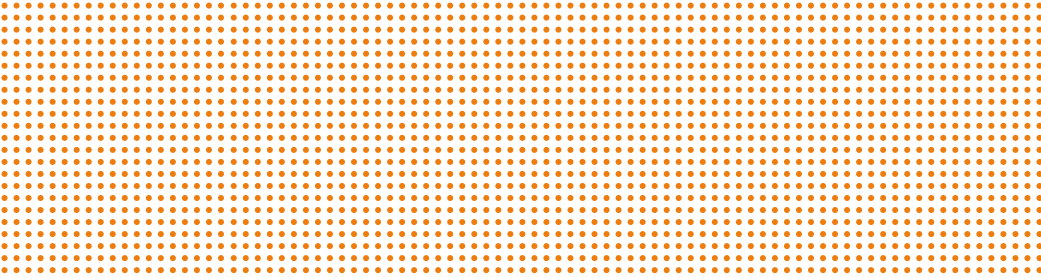
CONTENTS

INTRODUCTION

AN INTRODUCTION TO THE SAVE THE CHILDREN PROGRAMME AND THESE MATERIALS

PROGRAMME GOALS AND OBJECTIVES

This Toolkit is developed as a resource by Save the Children. Save the Children is the world's leading independent organisation for children. Our vision is a world in which every child attains the right to survival, protection, development and participation. Our mission is to inspire breakthroughs in the way the world treats children and to achieve immediate and lasting change in their lives. Save the Children Sweden is a member of Save the Children International and has regional offices and programmes across Africa and other parts of the world. Save the Children supports civil society in order to ensure a long-term, sustainable impact on child rights and to increase an understanding of children's rights.

Save the Children Sweden has now proposed a multi-year Pan African regional pilot which aims to build the capacity of organisations working in the field, and to strengthen early sexual reproductive health and rights (SRHR) advocacy efforts by 2014. The goal of this programme is to have children in Sub-Saharan Africa enjoying their sexual and reproductive health and rights through improved access to comprehensive sexuality education and services.

The focus of this programme is on reaching younger children with consistent and regular information, education and communication from the earliest possible opportunity, to ensure that they are better aware and informed of their SRHR in order to develop positive behaviours for adopting safer sex practices when they do eventually become sexually active. As well as addressing the development of positive and healthy behaviours in young children, the project aims to change negative or risky behaviours in older children and adults.

For this to be achieved, children must be made aware of their own sexual and reproductive health and rights, and should receive comprehensive sexuality information, education and services from a range of service providers; with the support of parents or care-givers, community leaders, religious leaders and the media. All children need this information and support, and children who are living with HIV also require quality services, health care, support groups and adults who will advocate for the necessary changes to achieve this.

Parents, care-givers, teachers and healthcare workers have a shared responsibility to break the silence around issues of sexuality, gender, SRHR and issues around HIV and AIDS. They should talk to children from an early age about these issues. This information and education has the potential to bring about positive behaviour change for both adults and children.

Save the Children aims to encourage civil society organisations to commit to and engage with the institutionalisation and the dissemination of comprehensive sexuality education methods and messages for children, at both the na-

tional and regional levels. This feeds into the organisation's longer-term objective of advocating, revision and implementation of national and regional child-focused policies and frameworks on sexuality, gender, sexual reproductive health and rights and HIV, which protect children from HIV infection and violence.
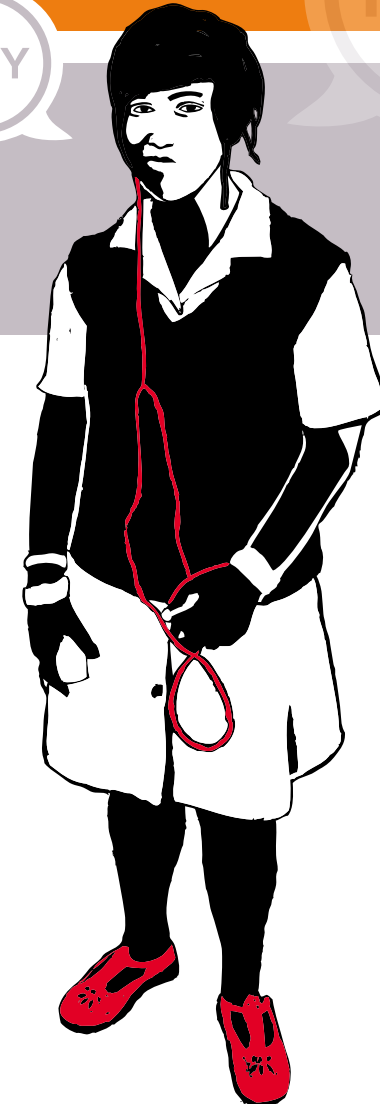
In relation to this, one of the goals of Save the Children is to encourage governments to commit to the training of teachers and health professionals regarding child-focussed sexuality, gender and HIV approaches. Save the Children Sweden aims to build the capacity of organisations working within this field.

1. TOOLKIT OBJECTIVES

The primary objective of the *Making It Mainstream* Toolkit is to assist civil society organisations to increase their ability and efficacy in responding adequately to issues of sexuality, gender and SRHR within the context of HIV, sexual and reproductive health and rights education and services for children. It is designed to assist organisations already working in the field of HIV and/or SRH, providing information, education and/or services, to internalise, integrate and mainstream issues around sexuality and gender into existing policies and activities.

The Toolkit aims to meet this objective through:

> Sensitisation on issues of SRHR and sexuality education and services for children;
> Providing tools and other resources to assist organisations working towards this goal;
> Providing tips and guidelines on how to engage with community members, including parents, religious leaders, policy-makers, and other relevant stakeholders in tackling sensitive and controversial topics on sexuality education and services for children.

2. WHO WILL USE THIS TOOLKIT?

This Toolkit has been designed for people working in organisations that already work with issues of sexuality, gender and SRHR within the context of HIV. We hope that it will be useful for the heads of these organisations, for senior management and for those responsible for the planning, implementation, monitoring and evaluation of programmes, as well as for organisational development.

The Toolkit is designed to assist you to undertake a review of your organisation, your internal capacity and your ability to respond to issues of sexuality and gender. The tools provided offer ways to evaluate your organisational structure, values, and your approach to your work, as well as your strategies and programmes.

These tools and resources should assist organisations and their staff to challenge those attitudes and the attendant measures and structures that have a negative impact on children's access to non-judgemental SRH and HIV information and services.

We assume that the organisations that will use this Toolkit have existing policies and procedures; vision, mission and value statements; programme planning, execution and evaluation strategies; networks and partnerships for advocacy and other forms of collaboration; and monitoring and evaluation systems. The Toolkit is designed to assist organisations to review, refine and align the above to ensure that they prioritise the promotion of access to comprehensive SRHR education and services for children that particularly incorporate issues of gender and sexuality.

It is important to note that the Toolkit is not advocating that you create new programmes and projects, but is promoting the strengthening of existing practice within and by your organisation to ensure that issues of children's sexuality, gender and SRHR are integrated into your procedures and programmes and are brought into the mainstream.

Making adjustments to your processes and procedures does not need to be an exercise which incurs costs. In most cases, this is a case of raising consciousness within your organisation, which should not require additional funds. To guide you, questions are included in the Toolkit that relate to the support and resources necessary to make these changes. If you feel that there are cost implications

to implementing changes within your programming, this should not hinder you from making the internal changes within the organisation. The external programmatic changes can be made in time, with resources allocated from your own or donor – supported resource mobilisation and fundraising strategies.

This Toolkit is a companion document to the Save the Children *Making It Personal* training materials package, which takes a detailed personal and process-oriented approach to exploring and communication on issues of sexuality, gender SRHR and HIV and AIDS. Therefore, it is hoped that the toolkit will encourage and assist organisations in successfully deploying their trained staff to reach children and/or their target audience of adults who affect the way children's sexuality and gender is perceived.

3. A MOTIVATION FOR THE USE OF THIS TOOLKIT

This Toolkit has come about through the recognition that individuals within organisations may have a great deal of knowledge and experience with regards to sexuality and gender issues; however, this is not always translated into the organisation's own strategy and programmes. It is important that the knowledge of sexuality and gender issues is internalised both by individuals (where they apply the learning to their own lives), and within the organisation (where the learning is applied to the strategies and programmes of the organisation).

The tools included in this Toolkit provide an opportunity for you to evaluate whether sexuality and gender issues are successfully internalised and brought into the mainstream of the processes of your own organisation, and how to further develop these processes.

We recognise that it is a challenge to take these messages regarding children's sexuality and gender issues outside of the organisation and into the community. This challenge is addressed in Part 4 of the Toolkit, where we provide a sample workshop programme suitable for use with different groups of people.

The Toolkit has been developed through a consultative process with a number of organisations. While there are many similarities between organisations working in the field of children's rights and SRHR for children, there are also a number of differences. Because your work environment is different from the environment of every other organisation, the information contained in the Toolkit is drawn from a wide variety of sources and adapted to be flexible for use with different organisations.

The checklists and other tools provided are not meant to be prescriptive, but to offer guidelines and ideas for you to question your current practice and to adapt it where necessary to meet accepted standards.

4. HOW TO USE THIS TOOLKIT

The Toolkit provides some background and rationale for addressing the issues of SRHR. Once you have an understanding of these issues, and the broad concepts of organisational development, the Toolkit then provides specific tools and checklists for you to use to evaluate your own organisational processes, and tips for going forward. The Toolkit assists your organisation to measure your current performance against certain standards, plan for steps to improve your performance, and then report to stakeholders on the implementation of the improvements.

In brief: Part 1 of the Toolkit provides some background information on the risks and challenges that children face with regards to HIV infection and maintaining their sexual and reproductive health and rights. It provides a rationale for the integration and mainstreaming of the issues of sexuality and gender into your programmes. Part 2 provides a framework that enables you to examine your current programmes against accepted standards, and to manage the process of change within your organisation. Part 3 provides other tools and tips to integrate this way of thinking and the inclusion of children-centric issues in all of your other organisational processes.

We recommend that heads of organisations and senior managers and staff directly involved in sexuality programmes within the organisation follow an intensive three-

day workshop process whereby they work systematically through all three parts of the Toolkit. The three parts of the Toolkit follow a logical sequence which is successive, with each section building on the previous one. Therefore we recommend that the three parts be addressed in the sequence in which they appear in the Toolkit. Appendix 1 contains a detailed programme for the three days.

If it is not possible to work through the Toolkit over three successive days, you may spread the workshop over three weeks, where you work on the Toolkit for one day per week. However, it is important to ensure that the process is started and completed and is not allowed to drag out over too long a period.

This process can be led by a senior person within the organisation who has an in-depth understanding of the issues involved. Some of the introductory issues may require that whoever facilitates the sensitisation process does further reading. It may be that you have trained staff and qualified Master Facilitators within the organisation, who are familiar with these issues; or you may prefer to call on trainers in the process-oriented approach from a peer group or experts outside of your organisation. However, the Toolkit has been designed to be used by your own organisation, so it is not necessary to draw others in.

Part 1 can be seen as an introductory session to the background issues which give rise to a need to integrate and mainstream the issues of sexuality and gender into your programmes. Essentially, this information provides a motivation for this integration, and helps your staff to understand what these concepts entail. If you have the opportunity to hold a workshop or training session with the entire organisation, then the information in Part 1 can be presented to the group in a series of lectures or discussions. This can take up to a full day. You might wish to invite experts in children's sexuality or in gender issues to present sessions for this day.

Part 2 explores the concept of organisational development and change within your own organisations. This section addresses some of the complexities surrounding change for organisations. The information in Part 2 can be used as a guideline for programme managers to assist them to guide the organisation through the change process. It could also be presented to the rest of the organisation in a short lecture or discussion, to help them to understand the process of change that integrating and mainstreaming issues of sexuality and gender will bring about for their work. This would take one to two hours, and could be added to the end of the first day of discussing the rationale for change, or could be used to introduce the second day that starts to analyse your organisation.

Part 3 involves an analysis of your organisation as it stands, and it provides a series of checklists for you to match your own operations against, and to plan for increasing the emphasis on sexuality and gender in all aspects of your programmes. As programme managers, you can work through the tools and questions provided in Part 3 individually, with a group or with the entire staff of your organisation. This should be a hands-on process of asking questions and filling in the answers on the tools provided. We anticipate that this process of analysis and creating action plans could take up to two days with a group.

The final sections of the Toolkit provide additional resources and tips for you to make use of as appropriate for your own organisation.

Working through the Toolkit will assist you to highlight areas for attention so that you can make plans for the necessary adjustments both within your organisation and externally, for your programmes. For this process to succeed, it is crucial that your organisation's board and other management structures give their permission and support for these changes to happen.

A starting point is the sensitisation of all staff to issues of sexuality and gender. The trained and qualified Master Facilitators should play a significant role in efforts to drive this process and in other organisational development issues and any consequent actions that are adopted. After this initial period, you may find the need to build more substantial changes into your organisational plans, resource mobilisation and fund-raising strategies.

The objective of this section is to provide background facts and information on current thinking around sexuality and gender in SRHR and HIV prevention initiatives for children; and to provide an evidence-based case for an increased focus on sexuality and gender in these initiatives.

1. BACKGROUND ISSUES AND THE CONTEXT OF OUR WORK

RESEARCH AND STATISTICS GLOBALLY AND ACROSS THE AFRICAN CONTINENT

Some 33.4 million (31.1 million – 35.8 million) people were living with HIV as of 2008; 2.1 million (1.2 million – 2.9 million) of them were children under 15 years, and about 15.7 million (14.2 million – 17.2 million) were women (see Global summary, below). Every day, over 7,400 people become infected with HIV and about 5,500 persons die from AIDS, mostly because of inadequate access to HIV prevention care and treatment services. Globally, AIDS-related illnesses remain one of the leading causes of death and are projected to continue as a significant global cause of premature mortality in the coming decades (UNICEF, 2009).

Roughly 17.5 million (14.6 million – 20.9 million) children under the age of 18 have lost one or both parents to AIDS, and millions more have been affected, with a vastly increased risk of poverty, homelessness, school dropout, discrimination and loss of life opportunities. These hardships include illness and death. Of the estimated 2 million (1.7 million – 2.4 million) people who died of AIDS-related illnesses in 2008, 280,000 (150,000 – 410,000) of them were children under 15 years old (UNICEF, 2009).

In 2008, around 430,000 (240,000 – 610,000) children were born with HIV, bringing to 2.1 million (1.2 million

– 2.9 million) the total number of children under 15 living with HIV. Almost 90 per cent of these children live in sub-Saharan Africa.

Global summary of the AIDS epidemic, 2008	
Number of people living with HIV in 2008	
Total	33.4 million (31.1–35.8 million)
Adults	31.3 million (29.2–33.7 million)
Women	15.7 million (14.2–17.2 million)
Children under 15 years	2.1 million (1.2–2.9 million)
People newly infected with HIV in 2008	
Total	2.7 million (2.4–3.0 million)
Adults	2.3 million (2.0–2.5 million)
Children under 15 years	430,000 (240,000–610,000)
AIDS deaths in 2008	
Total	2.0 million (1.7–2.4 million)
Adults	1.7 million (1.4–2.1 million)
Children under 15 years	280,000 (150,000–410,000)

Note: The numbers in parentheses are ranges around the estimates that define the boundaries within which the actual numbers lie, based on the best available information.

Source: UNAIDS and WHO, *AIDS Epidemic Update*, 2009.

Sub-Saharan Africa remains the region most heavily affected by HIV, with southern Africa remaining the area most heavily affected by the epidemic. In 2008, sub-Saharan Africa accounted for 67 per cent of HIV infections worldwide, 68 per cent of new HIV infections among adults and 91 per cent of new HIV infections among children. The region also accounted for 72 per cent of the world's AIDS-related deaths in 2008. Most transmission in this region occurs in heterosexual relationships, both in the context of transactional and commercial sex and in longer-term relationships, including marriage.

These statistics provide a clear picture of the extent of the challenge facing sub-Saharan African countries with regards to SRHR for children. They further serve to highlight the fact that dealing with HIV and AIDS requires a strategy that takes into account young people's need for comprehensive sexuality education that focuses on sexual rights, including access to sexual and reproductive health information as endorsed by relevant international conventions and policies.

Children and young people constitute more than half of the global population today. Many of them face various challenges of HIV and AIDS, STIs, gender inequality and discrimination, especially in the developing world.

NORTH AMERICA
< 100
[<100]

CARIBBEAN
11 000
[7400-16 000]

LATIN AMERICA
31 000
[22 000–40 000]

**WESTERN &
CENTRAL EUROPE**
< 100
[<100]

**MIDDLE EAST &
NORTH AFRICA**
15 000
[7600-24 000]

**SUB-SAHARAN
AFRICA**
1.8 MILLION
[1.0-2.5 million]

EASTERN EUROPE & CENTRAL ASIA
20 000
[12 000-28 000]

EAST ASIA
16 000
[11 000-23 000]

SOUTH & SOUTH-EAST ASIA
140 000
[91 000-200 000]

OCEANIA
1500
[<1000-2600]
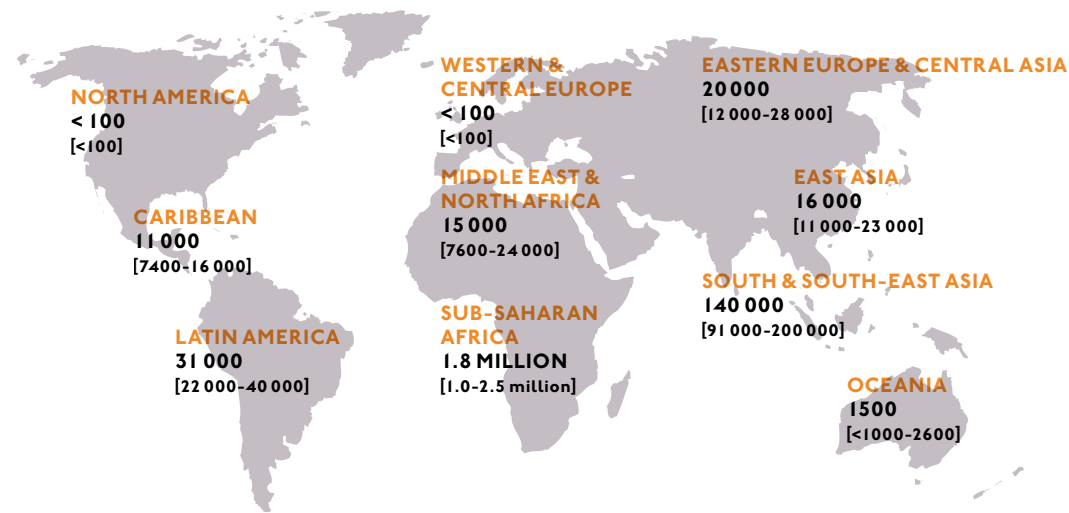
CHILDREN UNDER 15 YEARS LIVING WITH HIV GLOBALLY, 2008

The World Population Fund portrays a challenging picture of the situation facing children around the world.

Currently, the emotional, social and health needs of young people are not being fully met. Every year, at least 111 million new cases of curable sexually transmitted infections (STIs) and half of all new HIV infections occur among young people and up to 4.4 million girls aged 15–19 seek abortion – the majority of which are unsafe. Ten per cent of births worldwide are to adolescent mothers, who experience much higher rates of maternal mortality than older women. Rates of reported sexual abuse in 19 countries range from 7–34% for girls and 3–29% for boys. Every five minutes a young person commits suicide, often due to emotional and social problems related to sexual and reproductive health, such as sexual violence and the breakdown of relationships.

Young people face increasing pressures regarding sex and sexuality including conflicting messages and norms. On the one hand sex is seen as negative and associated with guilt, fear and disease, but through the media and friends it is portrayed as positive and desirable. Such pressures may be perpetuated by a lack of accurate information, skills, and awareness of their rights and by gender expectations. Young people may feel that they lack a voice in a debate which is about them, but rarely involves them, or that the reality of their lives and the development of their sexual identities are not understood. This results in many young people being either unable or reluctant to seek help when they need it, and may prevent them from giving input within policy and decision making processes.

(Source: World Population Foundation (2009) *Evidence and rights-based Planning and Support Tool for SRHR/HIV prevention for young people.*)

Source: UNAIDS and WHO, *AIDS Epidemic Update,* 2009.

Children in Sub-Saharan Africa and other parts of the developing world face additional challenges of early marriage before the age of 18 years, female genital mutilation or cutting, virginity testing for young girls and other similar practices aimed at controlling children's sexuality. Many valid reasons are given by parents and guardians to justify these practices, which are usually a combination of cultural, traditional and religious justifications.

The conclusion that can be drawn from this is that there are many challenges which prevent children from enjoying their full sexual and reproductive health rights. There are many organisations working in the field of SRHR, HIV and AIDS, gender and sexuality for children. Evidence, however, shows that most of these programmes use a selective approach to sexuality education, which is often judgemental and negative, and excludes or ignores some aspects of children's sexuality as a result of adult perceptions about their appropriateness and suitability for children. Save the Children Sweden supports a comprehensive, positive, rights-based approach to sexuality, gender and HIV education for children.

CHILDREN'S SEXUALITY

Children are particularly vulnerable to HIV infection because of a range of economic, social, political and biological reasons. They are also vulnerable because of a lack of access to information and to sexual and reproductive health services. Understanding their own sexuality and their sexual and reproductive health and rights is vital for children to be able to protect themselves from HIV infection.

Children, especially those under the age 15, have not received much attention in the field of HIV prevention. This is predominantly because of social taboos around sexuality, and because adults have difficulty both in imagining children as sexual beings and in talking to children about such issues. This taboo notwithstanding, it is important to recognise that children are sexual beings from infancy.

Issues of sexuality and gender must be raised with children in order to develop their understanding of these complex issues, and to build their agency in their own sexual decision-making.

The concept of sexuality includes the following issues:
> Sexual and reproductive anatomy;
> Biological sex: being male, female, or intersex;
> Gender: being a girl, boy, woman, man, or transgender;
> Gender identities and feelings about people's own gender;
> Sexual orientation: being straight, lesbian, gay, or bisexual;
> Sex drive and desire;
> Sexual identity: the way people define their sex, gender, and sexual orientation;
> Sexual behaviour: the sexual practices that people take part in.

While adults may be reticent to discuss these issues with children, most children are already aware of them and can benefit from positive input from adults. Children become more aware of different aspects of their sexuality as they grow older.

From infancy onwards, children's awareness of sexuality increases. Curiosity makes babies start to explore their own bodies when they are young, and this touching is a part of their development that helps them to accept their body parts.

As children enter early childhood (two to three years old) they begin to understand that they belong to one sex or another, and notice the difference between themselves and others. This is a part of their developing sexual and gender identities.

From the age of five years up until puberty, most children are aware of their own and others' gender as well as their anatomy. They may also start to become aware of their sexual orientation at this stage.

From early puberty, hormonal changes, emotional and mental development towards individual maturity make young people more aware of issues around their own sexuality, including their sex drive and desire. This is an age where many young people start to express their sexuality. The ways both children and adults experience and express their sexuality include the following:

> Body image: how they feel about their bodies;
> Desires, thoughts, fantasies, sexual pleasure, sexual preferences, and sexual dysfunction;

> Values, attitudes, beliefs, and ideals about life, love, and sexual relationships;
> Sexual activity: how they have sex, including masturbation and sexual intercourse.

The ways that children experience and express, or choose not to express their sexuality is influenced by their biology, by their emotional lives, their family lives, their culture and their own status in that culture, and their ethical, religious, and spiritual upbringing and experience.

If children are encouraged to explore issues surrounding their sexuality, before they become sexually active whether by choice, coercion or necessity, this better prepares them to meet the challenges that they might face on various aspects of their sexuality. SRHR for children is recognised as a necessity for the reduction of HIV and AIDS.

SRHR FOR CHILDREN

The term sexual and reproductive health and rights (SRHR) covers all the means, services, care and information that people need to make free and responsible decisions about their sexuality, and the rights that they have in this regard.

Sexual health is the state of physical, emotional, mental and social well-being in relation to sexuality.

Reproductive health relates to all issues regarding the reproductive organs and functions of a person.

For sexual and reproductive health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. While services and education are often made available to children, it is also important that their rights are emphasised. Sexual rights are human rights related to sexuality. These rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people.

Sexual and reproductive health rights embrace human rights that are recognised in national laws and international human rights documents.

The *International Planned Parenthood Federation Declaration* includes the following ten sexual rights:

Article 1: The right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender.

All human beings are born free and equal in dignity and rights and must enjoy the equal protection of the law against discrimination based on their sexuality, sex or gender.

Article 2: The right to participation for all persons, regardless of sex, sexuality or gender.

All persons are entitled to an environment that enables active, free and meaningful participation in and contribution to the civil, economic, social, cultural and political aspects of human life at local, national, regional and international levels, through the development of which human rights and fundamental freedoms can be realised.

Article 3: The rights to life, liberty, security of the person and bodily integrity.

All persons have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment in all cases, and particularly on account of sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, and HIV status and shall have the right to exercise their sexuality free of violence or coercion.

Article 4: The right to privacy.

All persons have the right not to be subjected to arbitrary interference with their privacy, family, home, papers or correspondence and the right to privacy which is essential to the exercise of sexual autonomy.

Article 5: The right to personal autonomy and recognition before the law.

All persons have the right to be recognized before the law and to sexual freedom, which encompasses the opportunity for individuals to have control and decide freely on matters related to sexuality, to choose their sexual partners, to seek to experience their full sexual potential and pleasure, within a framework of non discrimination and with due regard to the rights of others and to the evolving capacity of children.

Article 6: The right to freedom of thought, opinion and expression; right to association.

All persons have the right to exercise freedom of thought, opinion and expression regarding ideas on sexuality, sexual orientation, gender identity and sexual rights, without arbitrary intrusions or limitations based on dominant cultural beliefs or political ideology, or discriminatory notions of public order, public morality, public health or public security.

Article 7: The right to health and to the benefits of scientific progress.

All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis and treatment of all sexual concerns, problems and disorders.

Article 8: The right to education and information.

All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains.

Article 9: The right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children.

All persons have the right to choose whether or not to marry, whether or not to found and plan a family, when to have children and to decide the number and spacing of their children freely and responsibly, within an environment in which laws and policies recognize the diversity of family forms as including those not defined by descent or marriage.

Article 10: The right to accountability and redress.

All persons have the right to effective, adequate, accessible and appropriate educative, legislative, judicial and other measures to ensure and demand that those who are duty-bound to uphold sexual rights are fully accountable to them. This includes the ability to monitor the implementation of sexual rights and to access remedies for violations of sexual rights, including access to full redress through restitution, compensation, rehabilitation, satisfaction, guarantee of non-repetition and any other means.

(Source: International Planned Parenthood Federation (2008) *Sexual Rights: An IPPF Declaration.*)

This declaration provides a framework to guide government, service providers and educators with regards to their responsibilities in relation to sexual rights and to improving access to education and services, especially for children. It can serve as a guide for your own organisation.

A RIGHTS-BASED APPROACH

A rights-based approach to working with SRHR and sexuality education involves understanding human rights as well as the above-mentioned sexual rights and applying them in all of your programmes. There is a direct link between human rights and HIV. Where people do not enjoy human rights, they are not free to make decisions about their own sexuality and their health. It is therefore important to uphold human rights and for your policies and programmes to be guided by human rights.

A child rights-based approach, which centres specifically on the health and well-being of children, should be guided by the following points:

> **Focus on children:** programmes should have a clear focus on children, their rights and their role as social actors;
> **Holistic view of children:** programmes should consider all aspects of a child, while making strategic choices and setting priorities;
> **Accountability:** programmes should have a strong emphasis on accountability for promoting, protecting, fulfilling and realising children's rights;
> **Supporting duty bearers:** programmes should consider the ways in which duty-bearers could be helped to meet their obligations through technical assistance, budget support and other forms of partnership;
> **Advocacy:** programmes should consider the importance of advocacy, public education and awareness raising;

> **Non-discrimination:** programmes should have a commitment to the inclusion of the most marginalised children and to challenging discrimination;
> **Participation:** programmes should promote children's effective participation;
> **The best interests of children:** programmes should consider (together with children) the impact of all programme choices on children;
> **Survival and development:** programmes should include a focus on both the immediate survival of children as well as a commitment to ensuring the development of their full potential;
> **Children as part of a community:** programmes should include an understanding of children's places in their families, communities and societies, and the role that their parents and other care-givers have in defending their rights and guiding their development;
> **Root causes and broad issues:** programmes should include a focus on the violation of children's rights and the root causes of this;
> **Partnerships:** programmes should focus on building partnerships and alliances for the promotion, protection and fulfilment of children's rights;
> **Information and knowledge:** programmes should facilitate an understanding of children's rights by children themselves, by their communities and by key duty-bearers, including government.

The work of Save the Children is based on the UN Convention on the Rights of the Child (UN CRC) and the African Charter on the Rights and Welfare of the Child (ACRWC). These charters are based on a human-rights approach to child rights, child development, emergency response and development work.

The UN CRC emphasises that children are the holders of rights, and that their rights cover all aspects of their lives. It applies to all human beings under the age of 18 years. The UN CRC is based on four central principles: non-discrimination; the best interests of the child; survival and development; and child participation. These four principles inform Save the Children's approach, known as Child Rights Programming.

CHILD RIGHTS PROGRAMMING

Child Rights Programming (CRP) is a framework for the analysis, planning, implementation, monitoring and evaluation of all relief and development work with children. This is the approach that Save the Children brings to its work with children, their families, care-givers and communities.

CRP is a child-focused version of a rights-based approach. It concentrates specifically on children and young people under the age of 18. The reason for having a specific approach is that children have their own special needs and vulnerabilities which must be taken into consideration when designing programmes that affect them.

CRP involves developing programmes and ensuring that the management of such programmes is based on the principles of child rights. The overall goal of such programmes is to improve the position of children so that all boys and girls can fully enjoy their rights and can live in societies that acknowledge and respect children's rights. The four principles of the UN CRC mentioned above should influence programming in the following ways:

Non-discrimination

This principle calls for the need to provide equal rights and opportunities to all children. The rights of all children should be respected regardless of the child's or his or her parent's or guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status. The UN CRC aims to reduce discrimination against individual children, against specific groups of children and against the population group of children as a whole.

To ensure this practice of non-discrimination, CRP requires a particular focus on marginalised children and how to include them in programmes. This means focusing particularly on the following:

> Providing girls with the same opportunities as boys;
> Including refugee children and children of indigenous or minority groups;
> Including children living with people outside of the heterosexual norm;
> Including children who express their sexuality outside of the heterosexual norm;
> Including children with disabilities;
> Including children living in remote rural areas.

This focus often means enabling access to programmes by taking the special requirements of these children into account. Organisations also need to challenge and eliminate the stereotyping of stigmatised groups of children and to speak out against discrimination in all its forms. Monitoring systems and mechanisms should be put in place to check on the status of discriminated-against children and to call for positive action.

The best interests of the child

This principle suggests that the best interests of the child should be taken into account in all actions concerning children. Although the children's interests are not the only aspect to be considered in making decisions that affect children, these should be given considerable weight relative to the interests of adults.

Deciding how to develop programmes on the basis of the best interests of the child is dependent on making a well-informed judgment based on an analysis of each given situation. The assessment of children's best interests must be directed towards the realisation of their rights, and take into account children's own views. It is important for those taking decisions to take into consideration the views of the child when determining what the best interests of the child might be.

In CRP, this principle implies that whenever programme decisions are taken that affect children's lives, the best interests of the child must be explicitly considered in all parts of the programme cycle. This involves:

> Making sure that children's opinions are sought and listened to;
> Relating decisions made about individual children or groups of children to a well-informed assessment of their developmental needs and evolving capacities;
> Demonstrating, once decisions have been made, that the impact of these decisions on children and their rights has been considered;
> Checking that planned actions or programmes will not have unintended negative impacts on children and their rights;
> Examining how policy development can give substance to the importance of making children's best interests a primary consideration in different situations.

Rights to life, survival and development

This principle recognises that every child has the inherent right to life, and that the survival and development of every child should be a primary concern. All children have the right to provisions that will enable them to develop to their full potential and to play their part in a peaceful, tolerant society.

Child development covers a wide range of aspects; including physical, mental, cultural, spiritual, moral and social development. Children carry within them the potential for their own development. However, they must be living in the appropriate protective, caring and stimulating environment to realise this potential. Finding the balance

between protection, care and freedom is the challenge of any rights based organisation.

In CRP, children's survival and development must be considered in all parts of the programme cycle. This involves:

> Recognising the holistic nature of children and that their development includes physical growth and health, as well as moral and spiritual growth;
> Recognising that children evolve and change as they move towards greater autonomy and maturity;
> Recognising that the world is changing, and that child development needs to keep pace with the changing environments that children will have to contend with as adults;
> Recognising children as individuals developing within families, communities and the larger society, and ensuring that the best interests of the individual child is considered;
> Considering the macro-political, economic and social trends which shape perceptions of children and childhood and have direct impact on their lives;
> Listening to children and allowing their perspective to influence the decisions of adults and their own development choices.

Participation

This principle is based on the right to be heard. Participation is a fundamental human right and children who are capable of forming their own views have the right to par-

ticipate in every area of their life, including the right to express themselves freely in all matters which affect them.

Children's participation rights are not about selected children representing other children at special events, but about all children having their voices heard. Children's views should be actively sought and considered. This participation requires mutual respect and trust and long-term sustained commitment. The principle of participation makes it necessary to let go of our adult perspective and to open up dialogue with children from their perspective.

Encouraging children's participation in CRP involves:

> Developing the capacity of adults to facilitate children's participation and take children's views seriously;
> Developing the capacity of children to access information, to assert their rights and build partnerships with key adult duty-bearers;
> Broadening the acceptance of children's right to be heard, and thinking about children's active role at all levels of society;
> Creating protective environments where children can express their views;
> Facilitating children's involvement in decision-making structures;
> Supporting the establishment and strengthening of child-led groups and organisations;
> Empowering children to become political actors on their own terms;
> Including children within the governance systems of organisations;

> Developing policies, tools, materials and practice standards that recognise children's right to participate;
> Encouraging and facilitating a wide range of models and initiatives and disseminating lessons learnt in child participation.

THE PROCESS-ORIENTED APPROACH TO SRHR

The *process-oriented approach* to sexuality education has been developed by Janne Nordstedt, a sexuality education advisor and trainer based in Sweden, who has extensive experience in Africa. This approach, together with a three-phase training programme, was piloted by Save the Children Sweden in Zambia between 2007 and 2009 in consultation with Janne Nordstedt.

This process-oriented approach involves each person going on a personal journey, and includes a great deal of introspection, personal reflection and the internalisation of concepts in order for people to fully understand how they feel about the issues that are included in comprehensive sexuality education.

The key to this approach is about changing mindsets about issues of sexuality and gender, to internalise thinking about these issues and to challenge entrenched ways of thinking. The aim is to promote positive and healthy sexuality through addressing the complexities of deeply rooted perceptions and behaviour relating to sexuality.

Because sexuality does not only involve issues of sex and reproduction, but also issues around love, self-image, identity and self-esteem, the process-oriented approach encourages people to explore their own experiences and feelings about sexuality. In order to be able to address these issues with others, it is important that those working in this field address these issues with themselves first.

The process-oriented approach covers a broad range of topics, including falling in love, body knowledge, lust, and positive sexuality, as well as contraception, condoms, prostitution, abortion, rape, abuse and LGBTI (lesbian, gay, bisexual, transgender, and inter-sex) issues. Sensitive issues are deliberately included in this approach to ensure that stigma, discrimination and exclusion are challenged in the interests of upholding human rights.

COMPREHENSIVE SEXUALITY EDUCATION

The majority of cases of HIV-transmission, as well as re-infection, are linked to sexual activity and reproduction. Together these account for about 90% of all HIV transmissions worldwide. So working with HIV prevention necessitates working with people's sexuality, their sexual practices and their behaviour, as well as the longing for love, sex and intimacy. It involves working with our beliefs, myths and values about love, sex and gender, expectations, hopes and fears on how we as individuals will be able to discover our own sexuality and love and how we can express our love and sexuality in our interactions with others.

Sexuality also addresses issues of identity, as sexuality is an integrated part of every individual's personality and identity. So sexuality is not only about knowledge and facts, it is also very much about basic existential questions like: Am I good enough? Who am I? Am I normal? Will I find someone to love and someone who will love me? What does sex feel like? What is love actually about? And so on.

Important issues to keep in mind in all sexuality education are the gender aspect, the homo-bi-hetero-transsexual aspect, ethnic and religious aspects, the socio-economic or class aspects, the aspect of physical and psychological abilities and disabilities and the aspect of age.

Every human is a sexual being throughout life, from the moment we are born to the very end of our life. We are all born with the ability to experience feelings of lust, to long for intimacy and to become sexually aroused, and we will have that ability throughout life.

However, our needs and the way in which we express our sexuality and love differ according to age, gender-role and power position, upbringing and education, social environment and expectations, self-awareness and self-esteem, opportunities and our physical and psychological health status.

Sexuality is very closely linked to gender, the gender system and gender roles. Sexuality has a strong influence on how we construct and reconstruct gender roles and the different expectations society has on women, men, boys and girls. The way in which a person expresses her/his

sexuality is aided or hindered largely by societal expectations on gender and gender roles.

As sexuality is socially and culturally constructed and taught to a large extent, we constantly learn about sexuality from parents, siblings, peers, partners, religious leaders, teachers, the media and other sources. In this process, we receive and adopt various messages which influence us to express our sexuality in a socially accepted way. However, we know that not all children and youth have the same opportunities to learn from family and friends. Sexuality education in schools and from peers, are therefore very important as two sources of information and education for children.

Save the Children promotes sexuality education that is realistic and inclusive, and which is based upon a Human Rights perspective.

A comprehensive and holistic approach to sexuality education includes aspects of gender, SRHR and HIV, sexual rights and citizenship, pleasure, violence, diversity and relationships. There is a range of different issues included in each of these topics.

1. GENDER

> The difference between gender and sex;
> Exploring gender roles and attributes;
> Understanding perceptions of masculinity and femininity within the family and across the life cycle;
> Society's changing norms and values;
> Manifestations and consequences of gender bias;
> Stereotypes and inequality (including self-stigmatisation).

2. SEXUAL AND REPRODUCTIVE HEALTH AND HIV

> Sexuality and the life cycle (i.e. puberty, menopause, stigma, sexual problems);
> Anatomy;
> The reproductive process;
> How to use condoms;
> Other forms of contraception (including emergency contraception);
> Pregnancy options and information;
> Abortion, including legal and safe abortion and unsafe abortion;
> Understanding sexually transmitted infections (STIs) and HIV;
> HIV and STI transmission and symptoms;
> HIV and STI prevention, treatment, care, and support;
> HIV voluntary counselling and testing (VCT);
> Antiretroviral therapy and living with HIV;
> Prevention of parent to child transmission;
> Injecting drug use and HIV;
> Virginity;
> Abstinence,
> Faithfulness;
> Sexual response;
> Social expectations;
> Self-esteem and empowerment;
> Respect for the body;
> Myths and stereotypes.

3. SEXUAL RIGHTS AND SEXUAL CITIZENSHIP

> Knowledge of international human rights and national policies, laws and structures that relate to people's sexuality;
> Rights-based approach to sexual and reproductive health (SRH);
> Social, cultural and ethical barriers to exercising SRH rights;
> Understanding that sexuality and culture are diverse and dynamic;
> Available services and resources and how to access them;
> Participation;
> Practices and norms;
> Different sexual identities;
> Advocacy;
> Choice;
> Protection;
> Negotiation skills;
> Consent and the right to have sex only when you are ready;
> The right to freely express and explore one's sexuality in a safe, healthy and pleasurable way.

4. PLEASURE

> Being positive about young people's sexuality;
> Understanding that sex should be enjoyable and not forced;
> Sex is much more than just sexual intercourse;
> Sexuality as part of everybody's life;
> The biology and emotions behind the human sexual response;

> Socialisation and societal expectations of the sexual response;
> Gender and pleasure;
> Sexual wellbeing;
> Safer sex practices and pleasure;
> Masturbation (solo-sex);
> Love, lust and relationships;
> Interpersonal communication;
> The diversity of sexuality;
> The first sexual experience;
> Consent;
> Alcohol and drugs and the implications of their use;
> Addressing stigma associated with pleasure.

5. VIOLENCE

> Exploring the various types of violence towards men and women and how they manifest;
> Understanding gender-based violence;
> Non-consensual sex and understanding what is unacceptable;
> Rights and laws;
> Support options available and seeking help;
> Community norms of power, gender and myths;
> Prevention, including personal safety plans;
> Self-defence techniques;
> Understanding the dynamics of victims and abusers;
> Appropriate referral mechanisms for survivors;
> Preventing the victim from becoming a perpetrator;
> Men and boys as both perpetrators and allies in violence prevention.

6. DIVERSITY

> Recognising and understanding the range of diversity in our lives (e.g., faith, culture, ethnicity, socio-economic status, ability/disability, HIV status and sexual orientation);
> A positive view of diversity;
> Recognising discrimination, its damaging effects and being able to deal with it;
> Developing a belief in equality;
> Supporting young people to move beyond just tolerance.

7. RELATIONSHIPS

> Different types of relationships (e.g., family, friends, sexual, romantic, etc.);
> The notion that relationships are constantly changing;
> Emotions, intimacy (emotional and physical);
> Rights and responsibilities;
> Power dynamics;
> Recognising healthy and unhealthy or coercive relationships;
> Communication, trust and honesty in relationships;
> Peer pressure and social norms;
> The notion that love and sex are not the same.

This Toolkit explores ways in which organisations working in SRHR with and for children, can integrate these comprehensive notions of sexuality and gender within their organisations and in their programmes.

2. THE CASE FOR INCREASED FOCUS

CHILDREN'S VIEWS ON SRHR EDUCATION AND SERVICES OFFERED TO THEM

Save the Children Sweden and the Swedish Association for Sexuality Education (RFSU) have published a report which looks at policies and programmes directed towards children, and which deal with SRHR issues for children in sub-Saharan Africa. This report presents a summary of children's perspectives and opinions on the issue of sexuality and other related issues that affect their lives in sub-Saharan Africa. The report addressed eight areas of concern regarding children and HIV and AIDS.

These areas for attention are:

> Children's preferred long-term strategies of protection against HIV;
> Children's perceptions of sexual and reproductive services;
> Children's perceptions of in-school HIV preventive education and counselling;
> Children's perceptions of community-based HIV preventive education and counselling;
> Children's perceptions of HIV preventive information in the media;
> Children's awareness and views of transactional sex;
> The situation of children who express their sexuality outside of the heterosexual norm;

> Children's understanding of the "Abstinence, Be Faithful, Condoms" concept.

KEY FINDINGS

The key findings of this report show that many programmes have fallen short of providing a coherent rights-based and child-oriented approach in presenting sexual and reproductive health and rights education to and for children. A summary of these key findings revealed the following:

> While children are well aware of the benefits of abstinence, having one sexual partner, and using condoms, they do not always use these strategies to protect themselves from STIs, including HIV;
> While children do see the benefits of abstinence as a protective strategy, they do not see it as realistic for themselves. The concept of 'faithfulness' also had varying definitions. Children also reported having problems with the use of condoms, which are similar to those cited by adults;
> Children reported that they have their own strategies for avoiding sex such as being involved in sports, clubs etc. Children also reported 'stringing men along for money, but not giving sex', having oral sex or practicing masturbation as a strategy to avoid STIs, including HIV. They often did not see themselves at risk;
> Both boys and girls perceive themselves being governed by strict gender roles, which restrict their

ability to negotiate safer sex practices with their partners;
> Children perceive sexuality education in schools as being too moralistic and negative about sex. They feel that there is too much emphasis on the biological aspect, while they need skills and information on HOW to protect themselves, when they are already sexually active;
> Children also receive the majority of sexual and reproductive health information through the media, and this may not always be reliable.

The above key findings clearly show that there is a need for a more effective response in designing policies and programmes aimed at addressing SRHR for children.

This report has served to reinforce the importance of engaging with children on the issue of sexuality, especially in the context of HIV and AIDS. Children are vulnerable to HIV infection as many of them are already sexually active. However, they have been generally overlooked in this field because of restrictive moral standards that deem it inappropriate to discuss the issue of sexuality with children. Too little attention has been paid to children's own capacities, desires and views on issues of sexuality.

The report shows that there is an urgent need to link policies and programmes directly, to respond to the sexual and reproductive health needs of children in a child-friendly and participatory manner.
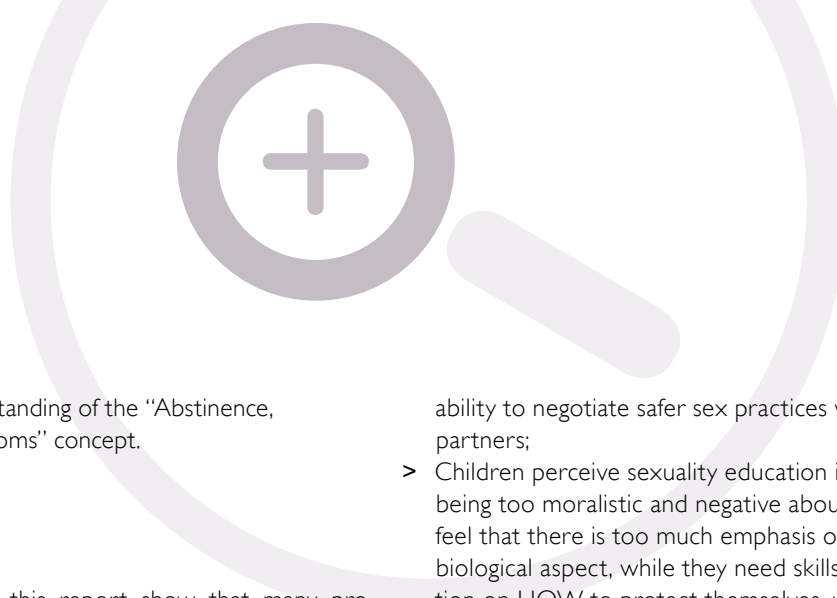
The report has the following recommendations for policy makers and programme managers in organisations that deal with SRHR issues for children:

> Programmes should seek to understand and promote children and youth's own strategies for avoiding HIV and AIDS, and help them to develop their capacities for decision-making and critical thinking;
> Traditional gender norms that may have harmful consequences such as expectations for boys to have many sexual partners, need to be discussed and debated openly with children and adults;
> Children's pre-occupation with the confidentiality, privacy, and accessibility of services should be taken seriously and addressed. Where possible, sexual and reproductive health services for children should be free;
> Teachers should be trained to be able to provide appropriate and interesting sexuality education to children, even those who currently abstain from sex. This will require that teachers receive training that explores their own sexuality first;
> Community-based education programmes need to respect children's desire for confidential discussions with peer educators and other community members, and to present sexuality and life-skills in a way that is relevant for children;
> The media should be further engaged as a resource of reaching children with sexual and reproductive health messages;
> Girls should be provided with economic opportunities to avoid the necessity of transactional

sex relationships. The ability to gain status through transactional sex needs to be critically reflected upon together with children;
> Given the fact that some children do not identify with the heterosexual norm, information on sexuality should be inclusive by not taking this norm for granted;
> Children's concerns about their abilities to remain abstinent should be taken seriously.

These recommendations should guide your own programmes with children.

3. STANDARDS FOR SRHR PROGRAMMING

The International HIV and AIDS Alliance has developed, through consulting various publications and research worldwide, a comprehensive document that sets general standards for community-based HIV and AIDS programming. These standards have been developed to define and promote good practice in HIV programming, and are based on evidence and learning gained from experience in many HIV programmes around the world. In this section we focus on those standards that relate to integrating and mainstreaming SRHR and HIV. A standard is defined as an agreed-upon level or benchmark of quality. It is measurable and evidence-based.

STANDARDS RELATING TO INTEGRATION AND MAINSTREAMING SRHR, HIV AND RIGHTS

The standards mentioned below have certain implications for your implementation programmes and action plans. These are outlined below each standard.

Our organisation promotes and/or provides the linking and integration of SRHR and HIV in policies, programmes and services.

This means that we do or will do the following:

> Use a rights-based approach for activities and programmes integrating SRHR and HIV;
> Map existing linkages and integration between SRHR and HIV in policies, programmes and services;
> Identify strengths, weaknesses and gaps, including organisational capacity;
> Review ways to optimise synergies between HIV policies and programmes and SRHR policies and programmes;
> Develop an integration plan for SRHR and HIV activities, and allocate financial and human resources to implement it;
> Adapt or develop protocols and guidelines to support integrated activities;
> Conduct staff training in SRHR and HIV linkages;
> Offer to support the government to establish SRHR and HIV linkages, for example, through training;
> Develop an advocacy strategy to promote integration of services within the public health system.

Our organisation promotes and advocates the sexual and reproductive needs and rights of all people.

This means that we do or will do the following:

> Form strategic partnerships with networks and organisations promoting sexual and reproductive rights;
> Identify human rights commitments ratified by the government related to SRH;
> Review, promote and monitor their implementation at all levels;
> Gather evidence and use it to challenge harmful policies and laws (for example, criminalisation of HIV transmission, sex work or same sex practice);
> Use evidence in advocacy with key community, district and national targets;
> Measure and document changes in attitudes, laws and policies, and their enforcement.

Our organisation ensures that the people most affected by issues related to HIV and SRHR are meaningfully involved in an ongoing way and at all stages of the project cycle.

This means that we do or will do the following:

> Identify and mobilise those most affected to participate in an ongoing process of assessment, objective setting, design and planning, implementation, monitoring and evaluation;
> Establish networks of affected people linked to stakeholders with access to resources, such as midwives;
> Use participatory tools that enable those most affected to express their ideas, talk about their lived experience, analyse their lives and play an active role throughout the life of the programme;
> Document assessments, plans, guidelines and evaluations in ways that key populations and most affected people can understand, use and keep in the community;
> Build the capacity of those most affected to participate meaningfully in an ongoing way;

> Carry out mentoring and leadership development of potentially strong and interested spokespeople.

Our organisation promotes and/ or provides the use of sexuality education that is comprehensive, and that increases knowledge, self-esteem and skills.

This means that we do or will do the following:

> Engage ministries (for example, education, health or gender) and/or national civil society organisations in the process of curriculum and materials development from the start, to ensure support for scale up and quality;
> Engage communities (for example, young people, parents, traditional counsellors, teachers and leaders) in participatory assessment of beneficiaries' needs, and seek agreement on what they need to learn;
> Assess existing curricula and materials with beneficiaries and key stakeholders;
> Develop or adapt content as needed, based on participatory assessment and the local situation;
> Use the findings to sensitise communities more widely on the need for sexuality education before starting the programme in new areas. (The 'community' may be groups of men who have sex with men, transgender people, people living with HIV, or sex workers, for example);
> Use a curriculum for sexuality education which is tailored to the reality of people's lives, their age, gender and sexual identity, reproductive situation, needs and opportunities, cultural, social and

economic environment and rights, and has clear learning objectives for knowledge, attitudes and skills;
> Test the curriculum and learning sessions and get feedback on the process and outcomes. Revise if necessary before scaling up;
> Produce tools and resources for wider distribution.

Our organisation promotes and/or provides access to information, education, counselling and services on HIV that are integrated with reproductive concerns and options.

This means that we do or will do the following:

> Ensure programmes reach people with HIV interventions that include information about their reproductive rights and choices;
> Include information and counselling on reproductive issues, including planning a pregnancy, contraception, safe abortion, post-abortion care and fertility concerns (if available);
> Include information on contraceptives, quality of condoms and the benefits of triple protection (infection, unintended pregnancy and infertility);
> Provide or refer people to family planning, safe abortion services, post-abortion care, infertility services and prevention of HIV transmission to children, as available and required;
> Ensure that people attending SRHR services are provided with information, education and counselling on HIV and reproductive health and provided with or referred to HIV services;

> Advocate for supportive policies for integrating HIV and reproductive concerns and for providing information and services for all the reproductive options.

Our organisation promotes and/or provides education, diagnosis and treatment for sexually transmitted infections (STIs) and condoms, either directly or through referral.

This means that we do or we will collaborate and coordinate our programmes at a site with the aim of providing universal access to STI education and services. This may involve joining up services, referral and reducing barriers such as stigma. This may include:

> Mobilising communities around the issue of STIs and carrying out a participatory assessment;
> Mapping and assessing all interventions and services related to STIs with beneficiaries and stakeholders and identifying entry points for integration;
> Identifying and addressing all the barriers to uptake of existing services, such as stigma, criminalisation, cultural and gender issues, cost and distance;
> Designing a strategy and plan to increase access and quality of services;
> Assessing capacity and designing training curricula for different cadres of community and health service providers;
> Designing integrated protocols, monitoring formats and evaluation;
> Promoting and referring people to specialised services.

Our organisation promotes and/or provides and refers users to quality, user-friendly services, collaborates with existing services, and builds their capacity.

This means that we do or will do the following:

> Work collaboratively with other organisations, networks and government services to ensure that services are joined up and their value enhanced by these linkages and referrals;
> Map and assess all SRHR and HIV programmes and services in the site and district with beneficiaries, providers and stakeholders;
> Design and plan a strategy to maximise linkages in the most cost-effective way;
> Build the capacity of staff and community workers to implement the plan;
> Link with government-approved training and support government efforts;
> Promote the SRHR and HIV services available to the community, specific groups and organisations;
> Establish communication procedures between services to monitor and enhance the effectiveness of referral.

Our organisation works with others to promote and/or implement programmes that address gender and sexuality as an integral component of the SRHR and HIV response.
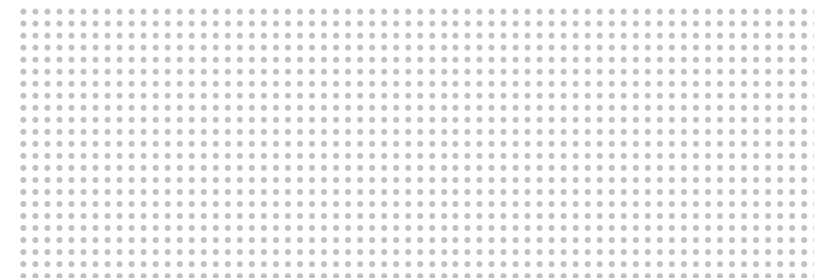
This means that we do or will do the following:

> Establish a description of local gender, sexuality and rights issues synthesised from participatory site assessments and other data sources, and validated with stakeholders;
> Include in the description the diversity of experience and needs related to gender, sexuality and rights of all people, including those who are marginalised or criminalised;
> Individuals and groups are encouraged and supported to talk openly about these issues in a safe environment;
> Action plans include gender sensitive activities, activities to change harmful gender norms, increase gender and sexual equality and empower those who are stigmatised and marginalised.

Our organisation promotes and/or provides interventions to address gender-based and sexual violence and abuse in its HIV and SRHR response.

This means that we do or will do the following:

> Implement programmes that enable communities to address gender-based and sexual violence and abuse. Assess the causes and effects of vulnerability to sexual violence;
> Design activities to reduce violence and support survivors of violence;
> Provide information and services or referrals for post-exposure prophylaxis, emergency contraception and treatment, or prophylaxis for STIs to survivors of sexual violence who arrive within 72 hours of the incident (preferably within 24 hours);
> Provide ongoing psycho-social support to survivors of violence;
> Increase knowledge of rights and laws and access to justice.
>

Our organisation promotes and/or provides the delivery of the essential elements of prevention of parent to child transmission (PPTCT).

This means that we do or we will collaborate and co-ordinate our programmes with the aim of providing all the components of PPTCT in an effective way. This may involve joining up services, referral, or reducing barriers such as stigma. This may include:

> Mobilising communities around the issue of PPTCT, and carrying out a participatory assessment;
> Mapping and assessing all interventions and services related to PPTCT with beneficiaries and stakeholders, and identifying entry points for integration;
> Identifying and addressing all the barriers to the uptake of existing services such as stigma, criminalisation, cultural and gender issues, cost and distance;
> Designing a strategy and plan to link up components and services in ways that increase access and quality of services;
> Assessing capacity and designing training curricula for different cadres of community and health service providers;

> Designing integrated protocols, monitoring formats and evaluation;
> Promoting and referring people to specialised services.

Our organisation has a policy and programme to address stigma and discrimination, which act as a barrier to protective behaviours, support, and access to SRHR and HIV prevention and treatment.

This means that we do or will do the following:

> Monitor discrimination and respond to findings;
> Conduct participatory learning sessions to enable stigmatised people, communities and service providers to understand rights and reduce and respond to stigma and discrimination. This might include facilitating group work and providing testimony;
> Conduct participatory learning sessions to enable people living with HIV and stigmatised groups to understand their rights and respond to discrimination and its consequences;
> Establish partnerships with human rights institutions, legal services and unions to promote and protect the rights of stigmatised communities.

(Source: International HIV and AIDS Alliance (2010) *Good Practice HIV Programming standards for use in the design, implementation and evaluation of Alliance programmes.)*
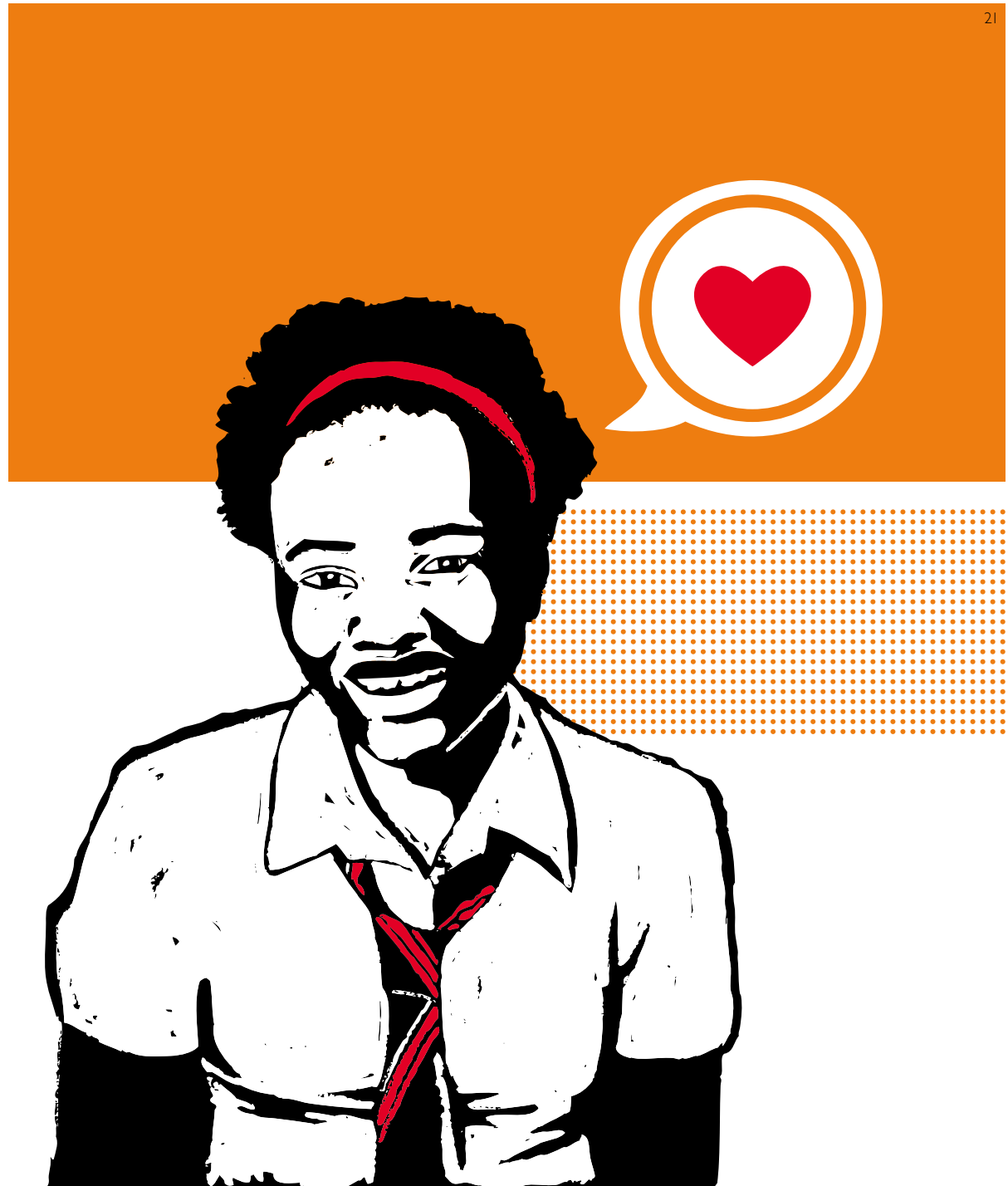
PART 2
ORGANISATIONAL DEVELOPMENT

The objective of this section is to provide a short introduction to organisational development and its relevance to SRHR for children and Child Rights Programming. This section provides a broader picture of what organisational change involves, and aims to encourage change by providing tips and advice on managing this process successfully.

THE NEED FOR ORGANISATIONAL CHANGE

The background and research presented in the introduction to this Toolkit suggests that organisations working on SRHR for children need to be able to respond appropriately to the call for a more comprehensive, rights-based and child-focused provision of sexuality education and services to children.

This requires that heads and senior managers of organisations need to move towards a more holistic and comprehensive approach that involves reviewing the whole organisation's ethos, including its mission, vision, and a range of operational aspects, to ensure that children's real needs are met through their programmes.

This Toolkit suggests an organisation-wide process for organisations to increase their focus on and to integrate children's sexuality and gender within their organisation and within their SRHR and HIV prevention programmes.

This is a process that requires an understanding of what change involves, as well as a commitment to change within and outside organisations. In this section we look at the basics of organisation development and change, and how a broader understanding of these concepts can help senior managers and heads of organisations in their efforts towards realising this goal.

1. DEFINING ORGANISATIONAL DEVELOPMENT

"Every organisation must have enough stability to continue to function satisfactorily and still prevent itself from becoming too static or stagnant to adapt to changing conditions" (Harvey and Brown, 2006:37).

There have been many attempts at defining what organisational development is, and what it entails. Brown and Harvey define organisational development (OD) as "... efforts and programmes aimed at improving an organisation's ability to survive by changing its problem-solving and renewal processes" (2006:2).

OD is not a random or ad-hoc introduction of change, but is a systematic process that involves organisation-wide change that is strategically planned, managed, and designed to increase an organisation's effectiveness.

This Toolkit proposes that heads and senior managers of partner organisations need to embark on a planned strategy that seeks to ensure that organisation policies, missions, visions, operational processes and programmes are reviewed to ensure that there is integration and mainstreaming of children's sexuality and gender within their organisation and within their SRHR and HIV prevention programmes.

2. MANAGING ORGANISATIONAL CHANGE

THE CHALLENGE OF CHANGE

Heads and senior managers of organisations need to anticipate that change brings with it many challenges. When planned change is implemented in an organisation, it inevitably has consequences. The change can serve to transform the organisation and improve its efficiency and effectiveness; while on the other hand, change can bring about chaos and confusion.

A comprehensive, rights-based and child-focused approach to dealing with children's sexuality and gender issues may be in conflict with people's own personal values, and sometimes even legal stipulations in the organisation's locality. These are real challenges that heads and managers of organisations need to take into account when planning and implementing change within their organisations.

Managers of the change process need to be aware of the dangers of too much change in too short a time. This can lead to chaos and uncertainty, and may affect the change process negatively. In addition, change that is uncoordinated, arbitrary, or poorly planned may produce undesired results that can further harm the cause towards a more integrated approach to sexuality and gender education and services for children.

OVERCOMING RESISTANCE TO CHANGE

The most serious challenge to change efforts within an organisation can be resistance to the change itself, both from within and outside the organisation.

The previously mentioned standards for SRHR programming may be seen to challenge existing political, legal, cultural, and other strongly held beliefs around issues of sexuality in general, and for children in particular. Heads and senior managers need to anticipate this resistance, and employ the use of specific strategies for dealing with and overcoming such resistance.

Brown and Harvey (2006:157-158) suggest that managers should adopt an approach that looks at resistance to change as going through some sort of life-cycle: from outright resistance, through partial resistance, to partial acceptance, and finally, to complete acceptance. Some people go through these phases quickly, while others may be slower in progressing through these four phases. Effective leadership is then required to move people smoothly through the various phases, from denial to commitment.

Heads and senior managers can overcome resistance to change by employing the following strategies:

> Developing a systematic plan, including all concerned stakeholders through education and communication of the proposed changes;
> Providing support and promoting attitudes of respect, understanding and communication;

> Negotiating and promoting the participation of all concerned stakeholders, including staff, concerned community groups, government and other stakeholders throughout the design, implementation and evaluation of the change process.

3. AN INTEGRATED APPROACH TO CHANGE

Heads and senior managers need to be aware that this process may do more harm than good if it is done in a piecemeal fashion, and focuses on just one aspect of the organisation, for example programming. The change process needs to reverberate throughout the entire organisation, and must be seen in policy documents, vision and mission statements, partnerships, programming, long-term strategic plans of the organisation, including advocacy and monitoring and evaluation efforts of the organisation.

Managers, therefore need to recognise that the change process will require significant structural, technical, and behavioural changes within the organisation. There must also be an anticipation of second-order consequences, where a change in one aspect will have an effect on other aspects within the organisation.

The process of change can bring about conflict within the organisation, and you will need to manage this accordingly. Careful management of the change process will help to minimise the internal conflict brought about.
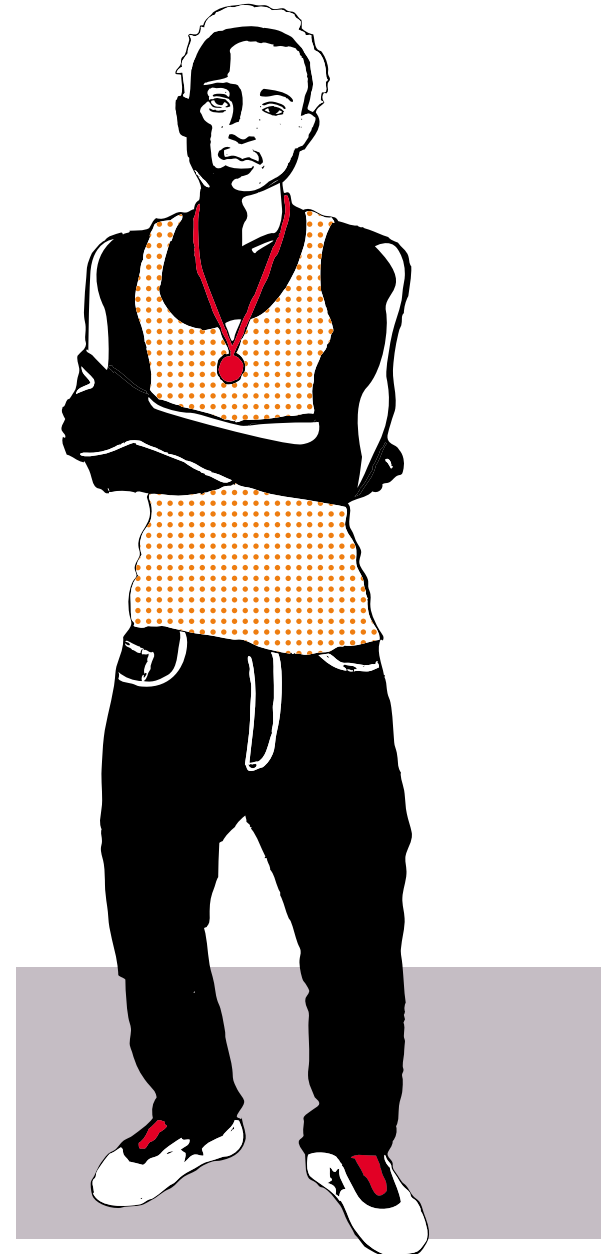
4. KEYS TO SUCCESSFUL CHANGE

Pendlebury, Grouard and Meston (1998) have set out what they call 'the ten keys to successful change'. These are mentioned below, with an interpretation of specifically how these will affect your organisation with regards to the changes that will happen in the process of integrating and mainstreaming issues of gender and sexuality in HIV programming.

KEY 1: DEFINING THE VISION

To guide the change process, you should have a vision of what you want to be like after the process of change, and for why you need to change. The formulation of this vision should follow these five steps:

> Spell out the need for change;
> Identify the critical issues;
> Generate a number of optional visions;
> Choose the most suitable vision;
> Formalise the vision.

KEY 2: MOBILISING

Mobilising the staff within your organisation creates the dynamic for change to take place. The objectives of this are:

> To sensitise organisation members to the need for imminent change;

> To reinforce the critical issues identified in Key 1;
> To select the appropriate change initiatives;
> To overcome the initial inertia and maintain the necessary momentum thereafter.

KEY 3: CATALYSING

The process of catalysing aims to fight resistance, overcome inertia, create support, and reaffirm the validity of the proposed changes. A number of key groups may be involved in this process, including: senior management, change steering committee, change facilitation teams, expert groups and support teams.

You need to consider who the catalysts are in your change process, and what their roles will be. The qualified Master Facilitator and other trainers can play a significant role as catalysts within your organisation.

KEY 4: STEERING

Change must be steered towards your vision by leadership within the organisation. The steering process involves a number of activities:

> Creating a structure for the entire change process;
> Planning the process;
> Day to day maintenance of the process and avoiding entropy;
> Facilitating and expediting change;
> Offering objective suggestions and recommendations;

> Monitoring the receptivity to change of key staff within the organisation;
> Identifying and providing key resources, tools and methods to staff;
> Initiating and following up on relevant training;
> Ensuring the appropriate application of the entire change programme.

KEY 5: DELIVERING

Delivering real change consists of five phases:

> Putting together a comprehensive analysis of the status quo, and identifying all of the opportunities for change;
> Compiling a detailed implementation plan for each change initiative, and spelling out the improvements to be realised in each case for the vision to be attained;
> Doing pilot runs and testing where necessary;
> Putting the results of testing to use by a more general application of the change process;
> Putting systems in place that will ensure that change is lasting.

KEY 6: OBTAINING PARTICIPATION

The active involvement of all organisation members is an essential element to the success of the change process. It enables the organisation to utilise the full diversity of employee expertise and experience and helps to overcome resistance to change by directly involving employees and making the change enduring.

KEY 7: HANDLING THE EMOTIONAL DIMENSION

Change often involves an unsettling feeling of discomfort for those undergoing it. The fact that change may have an emotional impact on the staff of your organisation must be recognised. The priorities in handling the emotional dimensions of change are:

> To identify the emotional factors which have a bearing on the change;
> Evaluating the dysfunction created by resistance and psychological barriers during the implementation phase;
> Effectively treating these emotional dimensions.

KEY 8: HANDLING POWER ISSUES

Change frequently upsets the balance of power within an organisation. Typically, an organisation will consist of an official power structure and, in addition, several power coalitions that exist in parallel with the official structure. Change tends to disturb these coalitions and the objective of this key is to ensure that the balance of power evolves in line with the vision of the change process. There are three stages that need to be addressed:

> Recognising the power issues;
> Dealing with the power questions effectively;
> Modifying the balance of power in line with the change objectives.

KEY 9: TRAINING AND COACHING

A change programme often requires that all organisation members acquire not only new skills, but also new ways of thinking and behaving. An important part of the change process, then, is the training and coaching issues. These include:

> Carrying out a needs analysis to establish training and coaching needs;
> Developing a role for trained and qualified Master Facilitators in the training and coaching of other staff within your organisation;
> Identifying and presenting training for the acquisition of the following:
  > Technical job skills and responsibilities;
  > Interpersonal and change support skills;
  > Coaching and mentoring and instruction in such techniques;
  > Self-improvement methods and techniques to support the change initiative and gain maximum benefit from it.

KEY 10: COMMUNICATING ACTIVELY

Effective communication throughout the entire change process is absolutely essential to its ultimate success. This involves informing people about the progress of change initiatives to keep them motivated and reassured, as well as facilitating the proliferation of ideas needed to enhance and accelerate the process. The various roles, methods and responsibilities for communication must be defined not only to facilitate the process, but also to put a lid on possible negative influences.

Having discussed the change process and how to manage this effectively in this section, the following section goes on to provide you with tools to guide you through this process of transformation, to increase your capacity to integrate and mainstream issues of sexuality and gender into all of your organisation's activities.

PART 3
TOOLS FOR ACTION

The objective of this section is to encourage broader thinking in relation to the organisation and the dynamics that need to be considered before embarking on internalising, integration and mainstreaming of sexuality and gender issues. This section also provides practical tools to measure your organisation against the suggested standards.
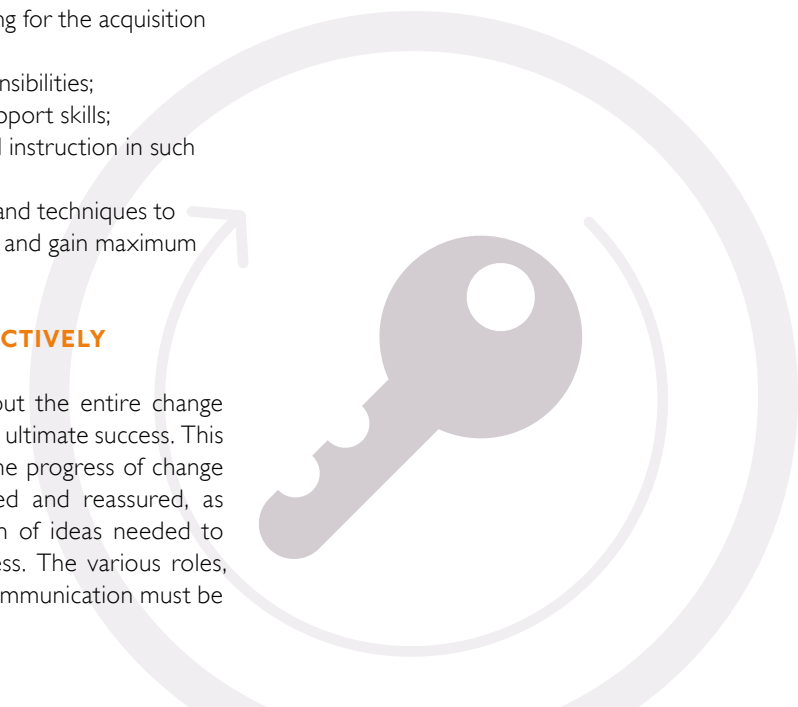
As a starting point, and informed by the process-oriented approach to exploring issues of sexuality and gender, we recommend that you begin by looking at a SWOT analysis tool to assess your staff's strengths and weakness, opportunities and threats with regards to the internalisation, integration and mainstreaming of children's sexuality, gender and SRHR issues. You should also reflect on how to turn the weaknesses and threats into opportunities.

Strengths	Weaknesses	Opportunities	Threats

STEP 1: AN ORGANISATIONAL OVERVIEW

A. CONDUCTING AN ENVIRONMENTAL SCAN

This section encourages you to think about some of the influences that currently act upon your organisation and will affect your change and development process towards the integration and mainstreaming of SRHR, sexuality and gender issues within your organisation. It helps to provide a 'bird's eye-view' of the situation, before embarking on action and the change process.

You should use the questions as a way of stimulating your thoughts, and as a starting point for discussions with your board and staff members. You may involve external invited guests that will shed more light on these issues, for example: legal experts or NGO coalition organisations.

FORCES AND ISSUES THAT EXIST IN THE INTERNAL ENVIRONMENT

Once you have looked at the external environment, the next step is to look at your organisation internally. Some of the questions can be answered individually and then shared, while others require a group effort to discuss and answer.

The questions assess three broad categories, namely: conceptual capability, social capability and technical capability.

ANALYSING FORCES AND ISSUES THAT EXIST IN THE INTERNAL ENVIRONMENT

Conceptual analysis

What are the things that the organisation does best? What are the strengths and assets that may influence and aid change with regard to SRHR, sexuality and gender issues for children?

How relevant are the ideas, strategy and vision of the organisation to current issues involving children's SRHR, sexuality and gender?

How much are these ideas, information and knowledge used to vision, plan and forecast?

Are there mechanisms to learn from, and to feedback experiences into ongoing work?

Are the programme strategies appropriate? Do they have an impact on the problem areas?

How much is child rights programming demonstrated in the organisation's programmes?

How much are sexuality, gender and SRHR issues demonstrated in the organisation's programmes?

Are the staff comfortable with dealing with issues of sexuality, gender, SRHR, HIV and AIDS with children?

Social analysis

How effective is the organisation in building, maintaining and managing relationships internally and externally?

How visible is the organisation in its locality? How is the organisation perceived by partners, government, donors, and other stakeholders?

How adaptable and flexible is the organisation to change?

How is staff potential realised within the organisation?

What are people's knowledge of SRHR, gender and sexuality and staff levels within the organisation?

What is the capacity and effectiveness of staff and volunteers in the organisation with regard to dealing with issues of SRHR, sexuality and gender?

What are the beliefs of the staff regarding homosexuality?

What are the beliefs of the staff regarding some of the existing gender norms?

What are the beliefs of the staff on children's rights to information on sexuality?

What are the perceptions of the staff regarding children?

Technical analysis

How effective are the organisation's support systems for communication, administration and finance?

How effective is the process of designing, monitoring and implementing activities/projects?

How effective is the organisation in recording, storing, sharing, and accessing its own information?

What is the level of access and use of technology, e.g. computers, email, internet and phones?

What is the level and quality of the assets owned, e.g. vehicles, equipment, property, systems, publications and financial resources?

What are the length, continuity, diversity and levels of funding sources?

FORCES AND ISSUES THAT EXIST IN THE EXTERNAL ENVIRONMENT

You need to understand the context in which you are working, so that you can understand the needs of the target groups that you are working with, as well as the specific challenges that you might face that are related to sexuality, gender and SRHR education. You need to ask yourself what reality exists in the external that your organisation operates within.

ANALYSING FORCES AND ISSUES IN THE EXTERNAL ENVIRONMENT

What is the country's legal frame-work in relation to SRHR for children and the provision of rights-based, child-focused sexuality, gender and HIV and AIDS education and services?

What are the socio-cultural factors that exist in the communities within which you work, and how do they influence sexuality issues for children?

Which religious influences in your locality may affect your work in promoting comprehensive sexuality, gender, SRHR and HIV and AIDS for children?

What civil society actions or organisations exist, that could advance or promote your cause?

What civil society actions or organisations are there, that could or do work against your envisioned cause?

(Adapted from: *A Rights Based Approach to Strategic Planning: A guide for Southern African Civil Society,* Save the Children, 2008).

B. ISSUES AND PROBLEM IDENTIFICATION

This section looks specifically at issues that affect children in terms of their sexual and reproductive health and rights. The focus is on identifying current and relevant issues that may need to be addressed more effectively in terms of children's sexuality.

AN ANALYSIS OF THE ISSUES AND PROBLEMS THAT AFFECT CHILDREN IN RELATION TO SRHR

What are the key problem areas that children are faced with in relation to HIV, those are most prevalent to your setting/locality?

What are the key problem areas that children are faced with in relation to SRHR, that are most prevalent to your setting/locality?

What are the key problem areas that children are faced with in relation to sexuality, that are most prevalent to your setting/locality?

What are the key problem areas that children are faced with in relation to gender, that are most prevalent to your setting/locality?

These problems could include any of the following:

Teen maternal mortality, early marriage, early pregnancies and their termination, multiple and concurrent sexual partners for children who are already sexually active, virginity testing', female genital cutting, male circumcision, gender roles and stereotypes, power dynamics, disabilities, access to SRH services and education, access to condoms and consistency of condom use for those considering sexual activity or who are already sexually active, economic issues, polygamy, social activities and other traditional practices.

C. STRATEGIC PLANNING

This section looks at your own strategic plan as an organisation.

AN ANALYSIS OF THE ORGANISATION'S CURRENT STRATEGIC PLAN

How much does the current organisational strategic plan address issues and problems that affect children in relation to their lived experience of SRHR issues? Where are the gaps? What are the areas that are already being fulfilled?

How much does the current organisational strategic plan address issues and problems that affect children in relation to their lived experience of HIV and AIDS issues? Where are the gaps? What are the areas that are already being fulfilled?

How much does the current organisational strategic plan address issues and problems that affect children in relation to their lived experience of sexuality issues? Where are the gaps? What are the areas that are already being fulfilled?

How much does the current organisational strategic plan address issues and problems that affect children in relation to their lived experience of gender issues? Where are the gaps? What are the areas that are already being fulfilled?

What support and resources are required to develop an organisation-wide strategic plan? What is already available? What needs to be sourced?

The organisational planning process is explored further in the following sections.

STEP 2. ORGANISATIONAL ASSESSMENT AND ACTION PLANS

This section provides you with the practical tools to assess different aspects of your programmes and to advise on how to develop an action plan, to work towards the integration and mainstreaming of SRHR, sexuality and gender issues for children within your organisation.

The content for this section is as follows for each topic:

> Articulation of the standard for SRHR and Child Rights Programming;
> Assessment of the organisation's alignment with the standard, and adherence to it;
> A tool and action plan for corrective action (where necessary);
> Identification of responsible persons for action;
> Mechanisms for follow-up, support, and monitoring of the plan.

A. VISION, MISSION AND VALUES

Your VISION is the most powerful motivator in an organisation. An organisation's vision statement articulates **why** the organisation is doing what it is doing. The vision statement is forward-looking and articulates the ideal picture that the organisation is striving to achieve. The vision needs to be for the community which the organisation is working with or servicing.

A vision statement for an organisation that aims to offer comprehensive, child rights-focused SRHR education and services should communicate what the community will look like as a result of its actions and programmes.

Some of the aspects that the vision should speak to are:

> The status of women, girls and other vulnerable groups;
> The involvement of boys and men;
> Access to information and services;
> Discrimination, stigma and HIV;
> The sexual and reproductive health rights of children;
> Comprehensive sexuality education and services for children;
> Gender issues.

Your **MISSION** is the reason your organisation exists. It articulates **what** the organisation will do to achieve the 'ideal' expressed in its vision statement.

A mission statement for an organisation that aims to offer comprehensive, child rights-focused SRHR education and services should communicate what the organisation will do to achieve the ideal expressed in the vision statement.

Some of the aspects that the mission should speak to are:

> The sexual and reproductive health rights of children;
> Violence, stigma and discrimination;
> Early pregnancy;
> Protection from abuse;
> Information and services;
> Gender issues for males and females;
> SRHR education and services content;
> The provision of comprehensive, positive sexuality education for children

Your **VALUES** help to guide your organisation. Values articulate **how** the organisation will achieve the things that it stipulates in its mission statement. Values then manifest in everything that the organisation does, not only its public programmes, but also how members of the organisation operate. Articulating your values provides everyone with a guide and ways of choosing among competing priorities and guidelines about how people will work together.

A values statement for an organisation that aims to offer child rights-focused, comprehensive, positive SRHR, sexuality and gender education and services, should communicate how the organisation will do the actions expressed in the mission statement, in order to achieve the ideal expressed in the vision statement.

Some of the aspects that the values statement should address are:

> Participation and communication;
> Diversity and acceptance;
> Partnerships;
> Attitudes towards children and their SRH and rights;
> Attitudes towards beneficiary communities;
> Attitudes towards issues of gender and sexuality.

The above three statements work together in an organisation to give direction and focus, and to ensure that all efforts by staff, volunteers and other stakeholders are co-ordinated and have a positive and lasting impact on the beneficiaries. They must be re-examined and refreshed periodically if an organisation is to remain dynamic.

ANALYSIS FOR ACTION

Analyse your organisation's vision, mission and value statements, using the table over the page, and formulate a plan of action, where necessary. Go through the action plan for each aspect (vision, mission and value statements) separately. For the standards against which you should measure your own vision, mission and values, refer to the bullet points above. There may be other points that you can think of to add to these.

Identifying the answers to these questions for your vision, mission and values will also inform your approach to project planning, management and evaluation, as discussed in the following sections. **(See table page 33)**

B. TARGET GROUP AND STAKEHOLDER PARTICIPATION AND MANDATE

Sometimes heads and managers of organisations will embark on programmes targeting and servicing particular groupings based on their own ideas of what those communities need, and how and when it should be offered. In such instances, these organisations do not have a clear mandate from the communities themselves, or a clear justification for working in those communities.

Successful programmes are those that have consulted extensively with all concerned groupings and stakeholders, and continue to involve stakeholders in the planning, implementation and evaluation of its programmes. In other words, these organisations are continuously engaged with beneficiary communities at all stages of the programme life-cycle, to ensure that their programmes remain relevant and respond to the real needs of the beneficiaries. This engagement informs various aspects of an organisation's programming, including content, timing, frequency of the intervention, as well as the duration.

An organisation that aims to integrate and offer comprehensive SRHR and HIV education and services for children, continuously seeks the participation of children and other relevant stakeholders and ensures that their input is sought, acted upon and its effectiveness evaluated periodically. Organisations should have policies and procedures for the involvement of children and other stakeholders and should keep records and documentation of this consultation.

Organisations may have to consult the following groups of people:

> Children and youth;
> Women;
> Men;
> Traditional leaders;
> Leaders and teachers of initiation schools;
> Faith groups and leaders of faith schools
> Traditional health practitioners such as herbalists, diviners, prophets and other traditional health practitioners, some with overlapping roles;
> Children and adults who express non-heterosexual sexuality and gender identity (LGBTI);
> Sex workers and others involved in prostitution – buyers, sellers and mediators;
> Children and adults living with HIV or personally affected by HIV and AIDS;
> Children and adults with disabilities;
> Other groups who are affected by your programmes;
> Others who have influence over the way your programmes are received in the community.

The standard For internalising, integrating and mainstreaming sexuality, gender and SRHR into HIV programmes:	Where we are Where are we in relation to the standard for this aspect?	Where we want to go What do we want to achieve in relation to the standard?	Key activities What do we need to do to get there?	Resources What kind of support do we need to achieve it? What are the resource, cost and time implications for the organisation?	Time-frame When will we do it?	Follow-up How and when will we follow-up to see if we achieved what we want to achieve?
VISION						
The status of women, girls and other vulnerable groups;						
The involvement of boys and men;						
Access to information and services;						
Discrimination and stigma and HIV;						
The sexual and reproductive health rights of children;						
Comprehensive sexuality education and services for children;						
Gender issues.						
MISSION						
The sexual and reproductive health rights of children;						
Violence, stigma and discrimination;						
Early pregnancy;						
Protection from abuse;						
Information and services;						
Gender issues for males and females;						
SRHR education and services content;						
The provision of comprehensive, positive sexuality education for children.						
VALUES						
Participation and communication;						
Diversity and acceptance;						
Partnerships;						
Attitudes towards children and their SRH and rights;						
Attitudes towards beneficiary communities;						
Attitudes towards issues of gender and sexuality.						

The standard For internalising, integrating and mainstreaming sexuality, gender and SRHR into HIV programmes:	Where we are Where are we in relation to the standard for this aspect?	Where we want to go What do we want to achieve in relation to the standard?	Key activities What do we need to do to get there?	Resources What kind of support do we need to achieve it? What are the resource, cost and time implications for the organisation?	Time-frame When will we do it?	Follow-up How and when will we follow-up to see if we achieved what we want to achieve?
Identify and mobilise children and other stakeholders to participate in an ongoing process of assessment, objective setting, design and planning, implementation, monitoring and evaluation;						
Establish networks of children and youth linked to stakeholders with access to resources;						
Use participatory tools that enable children and youth to express their ideas, talk about their lived experience, analyse their lives and play an active role throughout the life of the programme;						
Document assessments, plans, guidelines and evaluations in ways that children and other affected people can understand, use and keep in the community;						
Build the capacity of children and other stakeholders to participate meaningfully in an ongoing way;						
Carry out mentoring and leadership development of potentially strong and interested spokespeople;						
Ensure that stakeholders are sensitive to gender issues;						
Ensure that stakeholders are sensitive to the concept of comprehensive, positive sexuality for children.						
Attitudes towards issues of gender and sexuality.						

ANALYSIS OF PARTICIPATION OF STAKEHOLDERS WITHIN YOUR ORGANISATION

Take time to assess the participation of relevant stakeholders in your organisation, and formulate a plan of action, where necessary.

This exercise will also inform your later discussions and planning for capacity building within the organisation. **(See table page 32)**

C. DIVERSITY AND ACCESS

Diversity, and the need to embrace it are entrenched in the various instruments that deal with human rights, both internationally and within the African region. Organisations that work in the field of SRHR and HIV are compelled to recognise the diversity that exists in people's values, religions, cultural beliefs, sexuality and sexual expression, preferences, abilities and a variety of other aspects.

In many instances we see examples of gross injustice due to the refusal of people to accept diversity and to embrace it. The criminalisation of LGBTI in some countries, the intolerance towards people who identify themselves and behave differently from the community norm, and the stigma associated with this, may result in discrimination, exclusion, violence, arrest and even death.

An organisation that seeks to integrate and mainstream SRHR, HIV, and sexuality and gender issues in its programmes for children embraces diversity and promotes access through:

> Policies and procedures that embrace diversity;
> Promoting and advocating for equal access to SRHR services and education for children, and other marginalised groupings such as people with disabilities;
> Supporting and, where possible, actively participating in civil society actions that promote tolerance and acceptance of various forms of diversity within the sexual and reproductive health arena;

> Lobbying government and other relevant bodies to increase access to sexual and reproductive health services;
> Promoting policies, procedures, and programmes that uphold children's rights, gender equality and positive sexuality, and that seek to eliminate stigma, discrimination and violence that may be a result of lack of tolerance for diversity;

ANALYSING YOUR ORGANISATION'S POLICIES, PROCEDURES AND PROGRAMMES TO ASSESS WHETHER DIVERSITY AND ACCESS ISSUES ARE IN ALIGNMENT WITH THE STANDARDS FOR INTEGRATION OF SRHR INTO HIV PROGRAMMING

Take time to assess your organisation's performance with regard to how issues of diversity and access are dealt with in the organisation by going through the steps outlined in the table. **(See table page 34)**

The standard For internalising, integrating and mainstreaming sexuality, gender and SRHR into HIV programmes:	Where we are Where are we in relation to the standard for this aspect?	Where we want to go What do we want to achieve in relation to the standard?	Key activities What do we need to do to get there?	Resources What kind of support do we need to achieve it? What are the resource, cost and time implications for the organisation?	Time-frame When will we do it?	Follow-up How and when will we follow-up to see if we achieved what we want to achieve?
Policies and procedures exist that embrace diversity;						
Promoting and advocating for equal access to services and education for children;						
Promoting and advocating for equal access to services and education for people with disabilities and other marginalised groupings;						
Support and, where possible, active participation in civil society actions that promote the acceptance of various forms of diversity within the sexual and reproductive health arena, especially LGBTI issues;						
Lobbying of government and other relevant bodies to increase access to sexual and reproductive health services;						
Promotion of policies and procedures, as well as programmes that uphold children's rights, gender equality and positive sexuality, and that seek to eliminate stigma, discrimination and violence that may be a result of lack of tolerance for diversity.						

D. HUMAN RESOURCES

Any organisation relies on its human capital in order to achieve its objectives. The best laid plans are not sufficient if there are not people to execute and bring them to life. The mission, values, policies and procedures of organisations are brought to life through the actions of staff, volunteers and other personnel within and outside of the organisation.

An organisation that has successfully integrated SRHR, gender and sexuality into HIV programming has the following attributes:

> Staff and volunteers with the relevant skills and capacity;

> Staff and volunteers who have adequate training to help them address issues of sexuality in a non-judgemental, child-friendly and rights-based manner;

> Staff and volunteers who are trained in and a wide range of sexuality and SRH issues;

> Staff and volunteers who are trained in gender issues;

> Staff and volunteers who are trained in Child-Rights programming;

> Staff and volunteers who are trained in human rights, children's rights, and the legal framework for these internationally, as well within their own country/locality;

> Staff and volunteers who are confident to tackle complex issues of violence, abortion, LGBTI, gender, sexual organs from a pleasure perspective and other 'difficult' issues with communities that they work with; (a full and comprehensive list can be found in Part 1 on this manual in the section on background issues);

> Staff and volunteers who are trained in the process-oriented approach;

> Staff and volunteers who are trained in documenting, reporting, and acting on findings from the field;

> Staff and volunteers with easy access to technology for improvement in knowledge, reporting and acting on findings from the field;

> Resources to train and sensitise staff, volunteers and other stakeholders, on issues where they have not been previously trained;

> In the case where these resources are lacking, the organisation has identified ways and means to mobilise these resources so that staff and/or volunteers are trained (fundraising, partnerships, etc.);

> A mentoring and support plan and system to support staff and/or volunteers, and to ensure sustainability;

> A code of conduct for staff to follow that is based on child rights principles and that guides their approach to working with children in this field.

EXAMINING YOUR HUMAN RESOURCES

The standard For internalising, integrating and mainstreaming sexuality, gender and SRHR into HIV programmes:	Where we are Where are we in relation to the standard for this aspect?	Where we want to go What do we want to achieve in relation to the standard?	Key activities What do we need to do to get there?	Resources What kind of support do we need to achieve it? What are the resource, cost and time implications for the organisation?	Time-frame When will we do it?	Follow-up How and when will we follow-up to see if we achieved what we want to achieve?
Staff and volunteers have adequate training to help them address issues of sexuality in a non-judgemental, child-friendly and rights-based manner;						
Staff and volunteers are trained in Child Rights Programming;						
Staff and volunteers are trained in sexuality issues;						
Staff and volunteers are trained in gender issues;						
Staff and volunteers are trained in SRHR;						
Staff and volunteers are trained in HIV issues;						
Staff and volunteers are trained in human rights, children's rights, and the legal framework for these internationally, as well as within their own country or locality;						
Staff and volunteers are trained in the process-oriented approach;						
Staff and volunteers are confident to tackle complex issues of abortion, LGBTI, gender, sexual organs from a pleasure perspective and other 'difficult' issues with communities that they work with;						
Staff and volunteers are trained in documenting, reporting, and acting on findings from the field;						
Staff and volunteers have easy access to technology for improvement in knowledge, reporting and acting on findings from the field;						
Resources are used to train and sensitise staff, volunteers and other stakeholders, on issues where they have not been previously trained;						
In the case where resources are lacking, the organisation has identified ways to mobilise these resources so that staff and volunteers are trained (fundraising, partnerships, etc.);						
A mentoring and support plan and system is in place to support staff and/or volunteers, and to ensure sustainability, exists;						
A code of conduct is formulated for staff to follow, that is based on child rights principles and that guides their approach to working with children.						

EXAMINING YOUR AVAILABLE FACILITATORS FOR THIS WORK

Not every trainer or member of your organisation may be suitable for facilitating this work with other groups. Working with the process-oriented approach that guides this work requires a person with particular attributes and attitudes. You should identify the person or people within your organisation who are best suited for this work. Further training, sensitisation and development programmes for your staff can ensure that you expand the pool of appropriate people for this task.

Below is a checklist for facilitators of this work:

Does the facilitator have an understanding and experience of the process-oriented approach?

Does the facilitator have a non-judgemental manner?

Does the facilitator have a good understanding of a wide range of sexuality issues?

Does the facilitator have a good understanding of gender issues?

Does the facilitator have a good understanding of Child-Rights programming and children's rights?

Does the facilitator have a good understanding of human rights?

Does the facilitator have a good understanding of a wide range of areas concerning HIV and AIDS?

Does the facilitator have a good understanding of SRHR?

Does the facilitator have a curious mind, and is he or she genuinely interested in other people's lives?

Does the facilitator know the living conditions, including religious and cultural backgrounds, of the target group?

Does the facilitator have experience of working with the target group in other areas?

Is the facilitator flexible when it comes to adjusting the programme to the needs of the target group?

Is the facilitator able to translate this knowledge into lived practice?

Is the facilitator sensitive to those with different needs and abilities?

Is the facilitator sensitive to and accepting of diversity with regards to sexual and gender identity, gender expression and sexual practice?

Has the facilitator been through a personal process of exploring issues around sexuality before working with others?

E. PROGRAMME PLANNING AND EVALUATION

The mission of an organisation finds expression in the organisation's programmes, and how these are designed, planned, executed and evaluated.

Specific tools to assist you with planning and evaluating your programmes are included later. The following standards relate to your organisation's programmes and should help you to recognise the gaps and how to fill them.

> Its programmes are clearly targeted and are reaching the target audience;
> Its programmes are periodically monitored to ensure relevance, and to respond to new issues that come up;
> The curriculum for sexuality education is tailored to the reality of people's lives, their age, gender and sexual identity, reproductive situation, needs and opportunities, cultural, social and economic environment and rights, and the curriculum has clear learning objectives for knowledge, attitudes and skills;
> The curriculum addresses issues of gender imbalance and promotes gender equality;
> The curriculum for sexuality education is presented in a way that is positive, non-judgemental, realistic, re-current and affirmative;
> The curriculum also ensures that topics are covered in a series of sessions, in a logical sequence, and depending on needs may include topics such as growing up, relationships, love, pleasure, values, sexuality and gender, life-skills, pregnancy, STIs and HIV, sexual choices and violence;

> Interventions and services include education and access to reproductive choices, counselling, contraceptives, safe abortion services, post abortion care and good quality condoms;
> Interventions and services address gender-based and sexual violence and abuse by assessing causes and effects, designing activities to reduce violence and support victims, providing information, referrals, and ongoing support to survivors, and increase knowledge of rights and laws and access to justice;

> People are given information and skills before they need to use them, e.g. children learn about conception and how people get HIV before, they become sexually active;
> People have opportunities to work in smaller peer groups which allow for trust building and deeper discussions;
> Skill-based, interactive learning methodologies are used and based on local situations;

> Safety guidelines are developed with vulnerable people, including protection guidelines and confidentiality;
> The curriculum is inclusive – for example, it speaks to people living with HIV and those who don't know their status, not just people who are negative. Sexual and gender diversity is accepted and celebrated.

EXAMINING YOUR PROGRAMME PLANNING

The standard For internalising, integrating and mainstreaming sexuality, gender and SRHR into HIV programmes:	Where we are Where are we in relation to the standard for this aspect?	Where we want to go What do we want to achieve in relation to the standard?	Key activities What do we need to do to get there?	Resources What kind of support do we need to achieve it? What are the resource, cost and time implications for the organisation?	Time-frame When will we do it?	Follow-up How and when will we follow-up to see if we achieved what we want to achieve?
Programmes are clearly targeted and are reaching the target audience;						
Programmes are periodically monitored to ensure relevance and to respond to new issues that come up;						
The curriculum for sexuality education is tailored to the reality of people's lives, their age, gender and sexual identity, reproductive situation, needs and opportunities, cultural, social and economic environment and rights, and has clear learning objectives for knowledge, attitudes and skills;						

The curriculum also ensures that topics are covered in a series of sessions in a logical sequence, and depending on needs may include topics such as growing up, relationships, love, pleasure, values, sexuality and gender, life-skills, pregnancy, STIs and HIV, sexual choices and violence;						
The curriculum addresses issues of gender imbalance and promotes gender equality;						
The curriculum for sexuality education is presented in a way that is positive, non-judgemental, realistic, re-current and affirmative;						
People are given information and skills before they need to use them, e.g. children learn about conception and how people get HIV before they become sexually active;						
People have opportunities to work in smaller peer groups which allow for trust building and deeper discussions;						
Skill-based, interactive learning methodologies are used and based on local situations;						
The curriculum is inclusive – for example, it speaks to people living with HIV and those who don't know their status, not just people who are negative. Sexual and gender diversity is accepted and celebrated;						
Safety guidelines are developed with vulnerable people, including protection guidelines and confidentiality;						
Interventions and services include education and access to reproductive choices, counselling, contraceptives, safe abortion services, post abortion care and good quality condoms;						
Interventions and services address gender-based and sexual violence and abuse by assessing causes and effects, designing activities to reduce violence and support victims, providing information, referrals, and ongoing support to survivors, and increase knowledge of rights and laws and access to justice;						

This section has provided a range of tools to give you an overview of how your organisation matches up to best practice standards.

You should have explored the following areas and made action plans in the following areas:

> Your organisation's vision, mission and values;
> Stakeholder participation;
> Diversity and access;
> Human resources;
> Programme planning and evaluation.

The tools provided in the following section will assist you to improve in areas which may need attention.

STEP 3: STRENGTHENING THE INTERNALISATION, INTEGRATION AND MAINSTREAMING OF SRHR

This section explores the concepts of advocacy, monitoring and evaluation and sustainability; to highlight their importance as components in your efforts to mainstream and integrate issues of children's sexuality and gender in SRHR and HIV programmes within your organisations. It also provides practical tools to assist you in achieving this end.

A. ADVOCACY

Advocacy is the act of supporting a cause or an issue in order to bring about change. In your field of work you might be involved in advocating for behaviour change, for changes in attitudes, for the redistribution of resources, for changes in laws and policies to support the needs of children, or for other sexuality and gender-related issues. Many of these issues are complex and are affected by family relationships, community mores, cultural practices and national laws. This means that they need to be addressed at all of these different levels. Reaching all of these levels requires working with a range of people, and advocating amongst them.

There are a number of different forms of advocacy. Advocacy may be on behalf of one person or on behalf of a family or community group, where you support them to claim their rights. Advocacy can be seen as:

A set of organised activities designed to influence the policies and actions of others to achieve positive changes for children's lives, based on the experience and knowledge of working directly with children, their families and communities.

(Source: *Getting it Right for Children:* Save the Children, 2007).

It is important that advocacy is based on the experience of your organisation and what you see happening in the communities in which you work. Advocacy involves identifying and defining a problem, putting that issue on the agenda for attention, providing solutions for the problem, and networking and mobilising others to build support for your cause so that you can address the issue.

Your organisation may already be involved in various advocacy efforts on issues related to HIV and children. The following issues are particularly relevant to SRHR, sexuality and gender education and services for children, and may still need a more concerted advocacy effort from your organisation.

> Child-friendly SRH services (non-judgemental, at times and places suitable for children, and including STI treatment, contraception, abortion services, VCT, ARV treatment, PPTCT and other related services);
> Children and adults who express non-heterosexual sexuality and gender identity (LGBTI);
> Female genital cutting;
> Abortion laws and procedures;
> Early marriages;
> Child sexual abuse;
> Sexual and reproductive health rights of children;
> Virginity testing;
> Gender discriminatory practices and laws related to SRHR;
> Disability and access to SRHR.

ANALYSING YOUR ADVOCACY EFFORTS TO ENSURE THAT THEY DEAL WITH COMPREHENSIVE SRHR, SEXUALITY, GENDER AND HIV EDUCATION AND SERVICES FOR CHILDREN

The table over the page is designed to assist you to identify advocacy issues that may have been neglected in your organisation's efforts, and to formulate a plan of action to deal with them. They may not all be relevant to your situation or locality. You should select the ones that are applicable to your situation. You may also add others that have not been mentioned here, but which are applicable to your situation.

SRHR issue	Current status in your locality	Your desired outcome	Target audience for advocacy efforts	Possible partners and their role	Advocacy strategy and implement-ation plan	Time-frame	Required resources and cost and time implications	Responsible person(s)	Monitoring of advocacy efforts	Indicators for success
People who express non-hetero-sexual sexuality and gender identity (LGBTI);										
Female genital cutting;										
Abortion laws and procedures;										
Early marriages;										
Child sexual abuse;										
Sexual and reproductive health rights of children;										
Virginity testing;										
Gender discriminatory practices and laws related to SRHR;										
Disability and access to SRHR;										
Other SRHR issues relevant to your situation and locality.										

Organisations that aim to provide comprehensive sexuality, gender, SRHR and HIV education and services need to ensure that the following advocacy efforts are made:

> Form strategic partnerships with networks and organisations promoting sexual and reproductive health rights;
> Identify human rights commitments ratified by the government related to SRH;
> Review, promote and monitor their implementation at all levels;
> Gather evidence and use it to challenge harmful policies and laws, (for example, criminalisation of HIV transmission, sex work or same sex practice);
> Use evidence in advocacy with key community, district and national targets;
> Measure and document changes in attitudes, laws and policies, and their enforcement.

THE ADVOCACY PROCESS

The recognised steps in planning for advocacy work are to:

> Understand child-rights based advocacy;
> Understand gender advocacy;
> Know your issue and analyse the situation;
> Know your aims and what you want to change;
> Identify the stake-holders in the process;
> Conduct a stakeholder analysis;
> Develop a strategy;

> Plan the activities;
> Identify and mobilise the required resources;
> Implement your strategy and plan of action;
> Monitor the campaign's progress;
> Adapt the programme and make changes where necessary;
> Evaluate your approach, your efficacy and the impact of the programme.

It is important that you do not do this advocacy work in isolation as an organisation, but that you involve children and their families and communities at every opportunity. This builds their own ability to speak up for themselves, and also ensures that your work is appropriate for those who it aims to help.

ADVOCACY TOOLS

While each specific instance of your work will determine what you need to do to advocate for an issue, it is recognised that some valuable tools for advocacy include the following:

> Information: knowing as much as you can about the situation;
> Research: finding out more about the problem, its causes and effects;
> Raising awareness: letting people know what you are advocating for;
> Media: knowing what media can be effective in supporting your cause;

> Social mobilisation: getting support from communities around you;
> Lobbying: working with decision-makers who have the power to implement change;
> Litigation: using the courts and legal system to support your cause;
> Networks, alliances and coalitions: getting others to add their voices to your cause.

In your advocacy efforts it is important to take into account the rights of children, the best interests of the children that you are working with, and the principles of non-discrimination and participation. All of your advocacy efforts should be guided by the need to mainstream sexuality and gender issues in your programmes.

B. DEVELOPING PARTNERSHIPS AND NETWORKING FOR REFERRAL AND PROGRAMME ENHANCEMENT

As mentioned earlier, because advocacy and change for children's rights works at many levels, it is easier to advocate for change if you have allies and partners who work at these different levels. Similarly, advocating for the integration and mainstreaming of gender and other sexuality-related issues requires allies and support from other organisations. Working with partners can increase the impact of your interventions. Local partners can provide in-depth knowledge and a greater understanding of the local culture and environment; they can also ensure the sustainability of your efforts.

Partnerships can create networks and build the capacity of all partners. Partnerships may help your organisation in various ways, including referrals, specialised expertise and services and other support. When working with other groups, a shared understanding of your purpose is vital to the success of the partnership. Your organisation may already be involved in various partnerships with other organisations on some aspects of children's sexuality, gender, SRHR and HIV education.

The following table helps you to assess whether your current partnerships enable you to deal effectively with all issues involved in a comprehensive, integrated programme on sexuality, gender, SRHR and HIV education and services for children.

SRHR/Sexuality/HIV issues	Organisation that you can partner with for this issue	Nature of partnership (referral, expertise, advocacy etc.)	Time-frame to establish partnership (if not already in place)	Required resources and cost and time implications	Person(s) responsible	Success indicator
General gender issues;						
Men and boys' involvement;						
LGBTI issues;						
Legal and safe abortion;						
Child sexual abuse and rape;						
Gender-based violence;						
Child-rights programming and other child rights issues;						
Sexual anatomy from a pleasure perspective;						
Sexual anatomy from a reproductive perspective;						
Contraception;						
HIV issues including STIs, condoms, PPTCT, VCT, ARVs;						
SRHR;						
Social norms and religious influence;						
Disability and different functionality;						
Other relevant issues;						

THE FOLLOWING QUESTIONS CAN SERVE AS A GUIDE FOR FURTHER DEVELOPING PARTNERSHIPS:

What is the aim of finding partners for this project?

Who are the most suitable partners?

Are these partners on board with all aspects of CRP?

Do these partners share your approach to sexuality and gender issues?

How can you gather contributions from children regarding suitable partners?

What can each partner bring to the project?

How will you approach these partners?

How can you ensure a common understanding amongst partners about the problem and the approach that you will take to addressing it?

How will you share and define the responsibilities of each partner?

How will you communicate with your partners?

After this programme, how will you continue to work with the partners?

Do these partnerships take into account the rights of children, children's best interests, the principles of non-discrimination and participation?

C. MONITORING AND EVALUATION

The concepts of monitoring and evaluation (known as M&E) are often conflated, although these are two different processes. In short, monitoring is the process of checking on the activities of your programme, whereas evaluation is checking to see whether the programme has been effective.

Monitoring and evaluation processes are important because:

> They provide a consolidated source of information that showcases the progress of your projects;
> They allow you to learn from experience, building your expertise and knowledge;
> They generate reports that contribute to the transparency and accountability of your organisation;
> They allow for lessons learnt to be shared easily;
> They offer paths for learning and improvement;
> They provide a basis for questioning and testing assumptions;
> They allow you to incorporate experiences into policy and practice;
> They provide a way to assess the link between implementers and beneficiaries on the ground and decision-makers;
> They assist in the retention and development of institutional memory;
> They provide a robust basis for raising funds and influencing policy.

MONITORING

Programme monitoring involves the regular and systematic examination of your programme's implementation activities and administration. Monitoring is a continuous management function, with the aim of providing programme managers and key stakeholders with regular feedback and with an early indication of progress or the lack of progress in achieving your targets. Monitoring tracks the actual performance against what was planned or expected for your project. Monitoring involves collecting and analysing data on your programme's processes and results, and recommending corrective measures if necessary.

EVALUATION

The purpose of conducting an evaluation is to collect information that will allow you to make informed decisions about the future of your programmes. Evaluations allow you to verify what you are doing, and can also be a useful public relations exercise, where you can show others what your programmes have achieved. Evaluations can cover all aspects of your programme, including your goals, your outcomes, and your processes.

It is important to include planning for monitoring and evaluation into your overall programme design from the inception of the programme, and not to add it on as an afterthought at the end. This allows you to integrate monitoring and evaluation processes with understanding your objectives and planning your activities.

Most programme funders have very specific requirements regarding monitoring and evaluation processes and reporting. Examples of possible indicators are provided below. They will assist you to strengthen your current monitoring and measuring processes, and to consider improvements to your reporting and the dissemination of your monitoring and evaluation.

Your organisation may currently have a monitoring and evaluation system and tools in place. However, if your programmes do not currently address comprehensive sexuality education for children, it is possible that your systems and tools have gaps, where some components are not catered for. It is therefore important to review your organisation's monitoring systems and tools to ensure that they allow managers of programmes to monitor progress towards achieving the standards set in this Toolkit.

The following section will outline some examples of M&E indicators at three levels; the classroom/session level, the individual behavioural level and the social health epidemiological level.

MONITORING AT THE SESSION OR CLASSROOM LEVEL

These may be sessions with children, religious groupings, community members/parents, policy makers and other groups that you work with on comprehensive sexuality education for children, using the process-oriented approach.

The following is a list of knowledge, skills and attitudes that you need to monitor when taking participants through learning in the process-oriented approach, or any other comprehensive sexuality education programme. The list provides examples and is not comprehensive. Indicators of success need to be developed in conjunction with your overall programme goals and objectives.

Your organisation's areas of focus in its programming will also inform which indicators to monitor, how often and what tools will be used in monitoring.

Areas that need to be monitored include:

KNOWLEDGE AND UNDERSTANDING OF:

> Male and female sexual anatomy from both a reproductive and pleasure perspective;
> Different methods of contraception and how they work;
> Abortion laws, procedures and facilities;
> HIV and other STIs (types, treatment options, services);
> PPTCT, ARVs, VCT (information, services and protocols);
> Using condoms;
> Sexual abuse and rape.

SKILLS RELATED TO:

Negotiation, assertiveness, communication, decision-making and other relationship skills necessary to enable participants to enjoy safer sex and avoid risky behaviour.

ATTITUDES AND VALUES REGARDING:

> Children's sexuality;
> Solo sex (masturbation);
> Children and adults who express non hetero-sexual sexuality and sexual identity (LGBTI);
> Female genital cutting;
> Early marriage;
> Early pregnancy;
> Children's sexual and reproductive health and rights;
> Masculinity, femininity and gender roles;
> Gender-based violence;
> Safe and legal abortion;
> Prostitution;
> Pornography.

In facilitating the process-oriented approach, there is constant monitoring involved throughout the process. Facilitators need to devise various ways and means to ensure that effective monitoring takes place at reasonable intervals throughout their workshops. Some of the tools that can be used are recaps and round-up sessions at the beginning and end of each day of training. Facilitators can also use recaps and round-up sessions to check if participants are moving at the right pace, and are absorbing what they are learning. Other tools that can be used are quizzes, questionnaires, values games and other interactive methodologies. The facilitation team also needs to constantly monitor each other and give each other feedback on their facilitation.

While monitoring is an ongoing process throughout the training, an evaluation of the effectiveness of the training

can be conducted at the end of the process. Written evaluations can be used as a way of checking to see if the outcomes of the entire learning process have been reached, and this can be done at the end of the specific learning process.

MONITORING AT THE INDIVIDUAL BEHAVIOURAL LEVEL

It is helpful to monitor changes that take place at the level of the individuals who participate in your programmes. Some of the issues that you might monitor include the following:
> Participants seeking sexual and reproductive health services;
> Condom use at last sexual encounter;
> Ability to communicate effectively with sexual partners and to negotiate safer sex.

Important aspects to consider at this level are confidentiality, anonymity and the safe storage of feedback from participants. Programme managers need to work out realistic intervals of evaluating participants' behaviours as a result of going through a specific learning process.

MONITORING AND EVALUATING AT THE SOCIAL HEALTH EPIDEMIOLOGICAL LEVEL

The long-term effects of your programme can be monitored on an ongoing basis, and can feed into the evaluation of the efficacy of your programmes.

Questions that can be asked at this level may include the following:
> Are STIs decreasing?
> Is the average duration of STIs decreasing?
> Are health services accessed more or earlier?
> Is the age of first pregnancy increasing?
> Is the age of first marriage increasing?
> Is the incidence of HIV decreasing?
> Are those affected by HIV and AIDS healthier/living longer (than before)?
> Are more children affected by HIV and AIDS staying at school?
> Are children reporting improved access to education and services?
> Are children's sexual and reproductive health and rights respected and upheld more widely than before?
> Is sexuality viewed as a positive aspect of life for children?
> Are society's views on gender equality and related issues changing?

DATA AND INFORMATION GATHERING PROCESSES

There are a number of different methods that you can use to gather information for your evaluation processes. These can include questionnaires, interviews, focus group discussions, observation, video documentation, examining documents, and a range of other methods. What remains the same is that whatever method you choose, the information collected should be carefully analysed to understand *what* it means and *how* it can inform your future planning.

The following table provides some information that might assist you to determine which method is best suited to your needs. It provides an overview of popular methods used for collecting data during evaluations.

Method	Overall Purpose	Advantages	Challenges
Questionnaires, surveys, checklists	When you need to quickly and/or easily get lots of information from people in a non-threatening way.	- can be completed anonymously; - inexpensive to administer; - easy to compare and analyse; - can be administered to many people; - can get lots of data; - many sample questionnaires already exist.	- might not get careful feedback; - wording can bias the responses; - are impersonal; - in surveys, you may need a sampling expert; - doesn't always get the full story.
Interviews	When you want to fully understand someone's impressions or experiences, or explore their answers to questionnaires.	- get full range and depth of information; - develops relationship with respondents; - can be flexible with respondents.	- can take a lot of time; - can be complex to analyse and compare; - can be costly; - interviewer can bias the responses.
Documentation review	When you want an impression of how a programme operates without interrupting the programme, you may review of applications, finances, memos, minutes, etc.	- get comprehensive and historical information; - doesn't interrupt programme or respondents routine in the programme; - information already exists; - few biases about information.	- often time-consuming; - info may be incomplete; - need to be quite clear about what you are looking for; - not flexible means to get data; data restricted to what already exists.
Observation	When you want to gather accurate information about how a programme actually operates, particularly about its processes.	- can view operations of a programme as they are actually occurring; - can adapt to events as they occur.	- can be difficult to interpret seen behaviors; - can be complex to categorise these observations; - can influence the behaviors of the programme participants; - can be expensive.
Focus groups	When you want to explore a topic in depth through group discussion, e.g., about reactions to an experience or suggestions, understanding etc.	- can quickly and reliably get common impressions; - can be efficient way to get range and depth of information in a short time; - can convey key information .	- can be hard to analyze responses; - need good facilitator for safety and closure; - difficult to schedule the necessary six to eight people together.
Case studies	When you want to fully understand or depict client's experiences in a program, and conduct comprehensive examination through cross comparison of cases.	- fully depicts client's experience in programme input, process and results; - powerful means to portray program to outsiders.	- usually quite time consuming to collect, organise and describe; - represents depth of information, rather than breadth.

(Adapted from: Carter McNamara (1997) *Basic Guide to Program Evaluation)*

MONITORING AND EVALUATION ETHICS

Children should be at the centre of your monitoring and evaluation efforts, to improve your understanding of whether your work has an impact on their lives, and to assist you in decision-making for future projects. In your monitoring and evaluation efforts it is important to take into account the rights of children, the best interests of the children that you are working with, and the principles of non-discrimination and participation.

If you are going to include any personal information about those participating in the evaluation, then you need to gain their consent to do so. The participants should understand what you are going to ask in the evaluation, and how you are going to use and disseminate this information. You should clearly convey terms of confidentiality regarding access to the evaluation results. Participants should have the right to participate or not, and to withdraw from participating at any time. They should also have the opportunity to review and sign an informed consent form.

ANALYSING YOUR ORGANISATION'S MONITORING AND EVALUATION SYSTEMS AND TOOLS, IN LINE WITH THE PROVISION OF COMPREHENSIVE SEXUALITY EDUCATION FOR CHILDREN

The following questions will assist your organisation in ensuring that components of a comprehensive sexuality education and services are incorporated into your existing monitoring and evaluation systems.

Does your current M&E system allow your organisation to monitor and evaluate all the aspects involved in comprehensive sexuality education and services for children?

Does your current M&E system allow your organisation to monitor and evaluate all the aspects involved in SRHR for children?

Does your current M&E system allow your organisation to monitor and evaluate all the aspects involved in gender equality education for children?

Where are the gaps?

Formulate a plan of action to revise/adapt/modify your current tools/systems.

Work out a realistic time-frame for the action plan.

Identify person(s) responsible for the task of adapting tools and systems.

Are additional resources required to adapt your processes, and are there time and cost implications for the organisation?

MONITORING AND EVALUATING YOUR EFFORTS TO MAINSTREAM AND INTEGRATE ISSUES OF SEXUALITY AND GENDER INTO YOUR PROGRAMMES:

All of the processes above can be used both externally and internally, to examine your programmes and policies. If you are embarking on a concerted programme to integrate issues of sexuality and gender into your programmes then these should specifically be monitored and evaluated. You will need to keep a record of what you are doing in an effort to mainstream these issues, and how this has an impact on your programmes. The tools provided in this Toolkit are a starting point. Measuring your organisation against the standards that are given can provide you with an idea of where you are currently, and where you want to be. The action plans for change that you create should be used to set goals with specific milestones that you can measure.

After a period of time, you can evaluate whether these changes and improvements to your programmes have made an impact on your organisation internally and on the work that you do externally.

D. REPORTING

Reporting is a vital function for your organisation, as a tool for both internal and external use. Reports can ensure that your own staff and managers are kept informed about your progress and your programmes, as well as to

inform funders, partners, beneficiaries and other stake-holders. Reports are used as a record of evaluation and of compliance. They can also be a place to record your successes and any challenges faced in the implementation of your programmes.

The following questions should guide your reporting:

Why do we report?
How often do we report?
What is the purpose of each report?
What should the report contain?
Who should the report be given to?
Work out a realistic time-frame for the action plan.
Identify person(s) responsible for the task of adapting tools and systems.
Are additional resources required to adapt your processes, and are there time and cost implications for the organisation?

REPORTING ON YOUR EFFORTS TO MAIN-STREAM AND INTEGRATE ISSUES OF SEXUAL-ITY AND GENDER INTO YOUR PROGRAMMES

It is important for you to keep a record of the processes of integrating and mainstreaming sexuality and gender issues into your programmes. The checklist that follows is based on the tools provided in this Toolkit, and can be used as a basis for this measuring and reporting:

Have you evaluated and adjusted your organisation's vision, mission and values to meet the accepted standards?
Have you evaluated and adjusted your approach to stakeholder participation to meet the accepted standards?
Have you evaluated and adjusted your approach to diversity and access to meet the accepted standards?
Have you evaluated and adjusted your human resources capabilities to meet the accepted standards?
Have you evaluated and adjusted your processes of programme planning and evaluation?
Have you evaluated and adjusted your advocacy efforts?
Have you evaluated and adjusted your approach to developing meaningful partnerships?
Have you evaluated and adjusted your approach to monitoring and evaluation?
Have you evaluated and adjusted your approach to reporting?
Have you evaluated and adjusted your approach to ensuring programme sustainability and the sustainability of your internalisation, integration and mainstreaming efforts?
Have you evaluated and adjusted your approach to capacity building, mentoring, and follow-up with regards to the internalisation, integration and mainstreaming of sexuality and gender issues?

Have you evaluated and adjusted your approach to project planning in order to ensure that sexuality and gender issues are integrated into your programmes?
Are additional resources required to adapt your processes, and are there time and cost implications for the organisation?

E. SUSTAINABILITY

Sustaining your programmes is vital for the long-term state of children's rights and SRHR for children. Often the issue of sustainability is linked to that of long-term funding; however, financial strength should not be equat-ed with organisational strength. There are a number of factors other than funding that need to be taken into account for building a strong organisation, including your programme's infrastructure, your systems and processes, your communication strategies, your stakeholders and the people involved in the programmes.

A community-driven approach to sustainability looks beyond your organisation and focuses primarily on the reason that your organisation exists: to benefit children in your community. This approach to sustainability aims to build on the community's strengths to create strong programmes with which your organisation interacts.

STEPS TO ENSURING YOUR SUSTAINABILITY

STEP 1: IDENTIFY THE REAL GOAL OF YOUR PROJECT

Agree on what the target community that you are working with will look like if the project is sustained and successful in reaching your goals.

Building a sustainable project rests on defining realistic goals for the organisation, and more importantly, for the community itself. If the project is clearly of benefit to the community (rather than existing for the sake of the organisation), then it is likely that the target community will support it and so encourage its sustainability.

STEP 2: BUILD A STRONG INFRASTRUCTURE

Strengthening the infrastructure of your organisation involves drawing together all of the available resources from across the target community and other partners.

For every aspect step of every project, you should look at what already exists in the areas in which you work, and with whom you can partner to address these aspects. Building programmes on this base of shared resources increases the strength of your infrastructure, and builds a spirit of co-operation in the community that will help to sustain your programmes.

STEP 3: ENGAGE OTHERS FOR SUPPORT

Support for your programmes should not only be financial. Engaging partners in delivery and the target community involves commitment to a two-way relationship. This involves you asking others for their ideas and experience. This can again help to build strong, sustainable projects. Engagement is a vital action step in programme planning, and should not be included as an afterthought.

You need to consider who you should engage, and how this engagement can strengthen your efforts. Genuine engagement should not only be with partners and other organisations but also with the target community. This engagement not only builds organisational strength, but also empowers the community with which you work and can transform them into a force for change.

STEP 4: EXPLORE HOW YOUR ASSETS CAN BUILD YOUR ORGANISATION

Building your infrastructure, sharing resources, and developing support through engagement means that you can do more with less. However, all organisations need money to survive. It is a good idea to explore what assets you do have, and how you can use these to keep your programmes running, as well as to generate income for your organisation.

This kind of asset based planning means thinking about all of the resources that are either of material value or usefulness to your organisation. They may include the following:

> Mission-related assets & resources (your mission and all of the operational things you are already doing to achieve your goals);
> Physical assets & resources (your facilities and equipment);
> Human assets & resources (your staff, board, volunteers, partners, supporters, and the participants in your programmes);
> Community assets & resources (everything and everyone within your community that is in some way related to your programmes).

All of these resources can be used in a resource development plan for making the most of what you have, and for bringing more money into the organisation. You should consider how each asset can provide more benefit to the programme that it is currently providing.

Source: Hildy Gottlieb (2002) *Asset-Based Resource Development: How to Build and Sustain Strong, Resilient Programs.*

Each of the points above should be considered when you embark on the process of integrating and mainstreaming sexuality and gender issues within your organisation.

THE FOLLOWING QUESTIONS CAN BE USED AS A GUIDE FOR PLANNING FOR SUSTAINABILITY RIGHT AT THE START OF YOUR PROGRAMME:

What will your target community look like if you meet your programmes goals in relation to comprehensive sexuality, gender, SRHR, and HIV and AIDS education and services for children?

Why are your goals important and worth sustaining the project for?

What benefits does this programme have for the target community?

What effect can a sustainable project have on the community?

What effect does a sustained project have on the children with/for whom you work?

What happens if the project is not sustained?

How is trust between your organisation and the community affected by the failure to sustain a project?

What role does each person in your organisation play with regards to sustaining your projects and programmes?

How can you engage the target community to increase the likelihood of your project's sustainability?

How can you engage with children to increase the likelihood of your project's sustainability?

How can you engage with other partners to increase the likelihood of your project's sustainability?

Have you considered how all of your current assets can help sustain your programmes?

Do you have a work-plan as the basis for sustainability?

Are steps for sustainability integrated into your project planning and implementation?

Are your efforts to internalise, integrate and mainstream issues of sexuality and gender into your programme sustainable?

Do you have the necessary resources, time and finances to sustain your programmes?

BUILDING ORGANISATIONAL SUPPORT

Effective organisational support is vital for the sustainability of your programmes. A key component of this is training and building capacity within the organisation, and amongst your partners. To ensure that your efforts towards integration and mainstreaming sexuality and gender issues are sustained, you should make sure that you build support for this within your own organisation.

Developing support within your organisation can come about through information-sharing, training, and coaching. These processes should be considered in your initial planning to ensure that they are part of your project development strategy.

BUILDING PEER SUPPORT

Building support amongst other organisations is another factor that enhances the sustainability of your programmes. This support can be built through the sharing of information and experiences, and through shared observations about your work. For example, you should consider how you can work with other partners who have been trained in using the process-oriented approach, and in internalising, integrating and mainstreaming gender and sexuality issues into their programmes.

This support can help you to address common challenges that you have in the field with implementing your programmes, and can build morale amongst your staff as they feel that they have a community with which to share their experiences.

The following are suggestions for your organisation in building and sustaining a vibrant peer support network for trained and qualified Master Facilitators and trainers as well as other committed staff within your organisation

> Qualified and personally interested and proactive Master Facilitators and trainers within your organisation can be supported and allowed to mobilise their peer Master Facilitators and trainers within and outside of your organisation by using the internet through e-mail, a face-book group or web-page to connect periodically and exchange information, evaluations and experiences from their work, and to give tips on addressing challenges in their work.

> Periodic meetings for qualified Master Facilitators and trainers in your country could be organised to share experiences and plan for joint activities.

> Potential new Master Facilitators and trainers and already qualified Master Facilitators and trainers can be supported and allowed to draw upon their peer group of Master Facilitators within and outside of your organisation. Their peers can assist in planning, designing and co-facilitation of workshops and sessions so that they gain experience from working with your target groups, including children. This process can also build their skills towards qualification as a Master Facilitator or trainer in the process-oriented approach to sexuality, gender, SRHR and HIV and AIDS.

It is important to note, however, that any kind of network depends largely on its members having a genuine interest to participate in it. Your organisation needs to encourage staff involved to be more pro-active, and to take a keen interest in the system of peer support as it prevents stagnation and promotes growth in their work.

CAPACITY BUILDING WITHIN YOUR ORGANISATION

Beyond simply training, capacity building should be seen as providing new knowledge and skills, and ensuring that these can be applied in the work that you do. When dealing with personal issues such as gender and sexuality, staff members need to be enabled to internalise this and make changes in their own lives, and the working environment should support these. Where staff members are trained but the organisation is unable to accommodate and support new skills and ideas, this training is wasted. Building genuine capacity therefore means ensuring the organisation itself is equipped to facilitate and support the implementation of these new ideas. This is linked to the notion of organisational support mentioned above.

Capacity building happens at three levels, the individual, the organisation, and the environment in which they work.

At the level of the **individual**, capacity refers to the will and ability of an individual to set objectives and to achieve them using their own knowledge and skills. At the level of the **organisation**, it refers to the human, physical and intellectual resources of the organisation that influence its performance. **Environmental capacity** refers to the environment and conditions that are necessary for demonstrating capacity at the individual and organisational levels. This is influenced by the institutions and infrastructure that the organisation works within.

The following table includes questions that you can use as a guide to build capacity within your own organisation in your efforts to sustain a strategy to integrate and mainstream SRHR, gender and sexuality into your HIV programming.

THE FOLLOWING QUESTIONS CAN BE USED AS A GUIDE TO BUILD YOUR STRATEGY FOR CAPACITY BUILDING:

Does the organisation provide an environment conducive to allowing your staff to build their capacity, and to demonstrate their competence?
What is needed to make this environment more conducive?
Does your staff have the necessary knowledge about CRP, SRHR, sexuality and gender issues to be able to contribute to the overall achievement of the organisation's goals?
How can you expand this knowledge?
Does your staff have the necessary skills to work with others on these issues?
How can you improve on these skills?
Does your staff have the necessary non-judgemental attitudes to work with these issues effectively?
How can you work with staff attitudes regarding CRP?
How can you work with staff attitudes regarding issues of gender?
How can you work with staff attitudes regarding sexuality?
Do staff members support each other and share information and skills?
Is there a long-term programme in place to ensure that these capacity-building efforts are sustained?
Are additional resources required to build this capacity, and are there time and cost implications for the organisation?

One of the ways to ensure that capacity is built within the organisation and that knowledge and skills are retained is to ensure that new learning is incorporated into the rest of your organisation.

Where qualified Master Facilitators have been trained in the application of the process-oriented approach to sexuality, gender, SRHR and HIV issues, they are well placed to build capacity amongst the rest of your staff. The following section will provide you with ways to incorporate this learning into the rest of the organisation, as well as ways to support and mentor trained facilitators and other staff.

BUILDING ON PRIOR LEARNING: ACTIVITIES AFTER THE TRAINING AND QUALIFICATION OF MASTER FACILITATORS

The following are suggested activities that managers can undertake to support and strengthen the qualified Master Facilitators and the rest of the organisation:

> Schedule a staff sensitisation meeting with all relevant staff, which will be led by the qualified Master Facilitator(s). This should be as soon as possible after the training; preferably within two weeks;
> Allocate a day for this sensitisation meeting and plan a day's programme with the qualified Master Facilitator(s). The following is a suggested programme, with activities taken from the *Making it Personal* facilitator's manual:
  > Linking gender and sexuality to HIV education;
  > The concept of sexuality;

> Basic gender;
> Children's views on sexuality;
> Create opportunities and allocate time for the qualified Master Facilitator(s) to interact with children and your organisations target groups in order for them to gain experience from working with them, to inform their work in training other facilitators;
> Work with the qualified Master Facilitator(s) to develop and refine an action plan for incorporating new learning into programme activities;
> Agree on a plan to monitor the execution of the action plan;
> Schedule site visits to observe, monitor and offer support for the implementation of new learning.

MENTORING

Mentoring is a personal development process which involves a personal one-on-one relationship between more experienced and skilled personnel (the mentors) and people who are newer to your organisation or less experienced in the field (the mentees). The mentoring process should be a partnership that is based on trust and respect. Rather than teaching or training, mentoring is about the mentor providing guidance and encouragement, and challenging and questioning the mentee to find solutions to their problems. Mentoring allows the mentee to explore new ideas and should build their confidence.

Some of the facilitators and trainers within your organisation have been trained by Save the Children Sweden in the process-oriented approach to sexuality and gender issues. It is important to note that initially, they will need the support and guidance of management at all levels in applying this approach to existing practice within your organisation.

A mentor and coach who is external to your organisation is available for use on the training programme, and has valuable experience and knowledge in the process-oriented approach and its application to sexuality, gender, SRHR and HIV and AIDS. It is therefore important to develop a mentoring programme within your organisation for trained and qualified Master Facilitators as the mentees, together with new staff.

As part of your mentoring programme for trained staff and qualified Master Facilitators and for new staff involved in sexuality education and services programmes, your organisation needs to ensure that the following is in place:

> A mentoring programme that is long-term;
> A reporting system where the observations of the mentor are recorded and used for improvement;
> A reporting system where the observations and learnings of the mentee are recorded and used for improvement;
> Opportunities for the trained and qualified Master Facilitators to co-facilitate with the mentor as part of the mentoring programme;
> A budget set aside for the mentoring programme;
> Time for feedback and debriefing for the mentor and the mentee.

Mentoring is a special skill that requires patience, empathy and understanding. Not every experienced member of your organisation or every trained and qualified Master Facilitator is cut out to become a mentor. Mentors should receive continuous training that is made available both internally and externally to further refine strategies and skills for mentoring and coaching and to develop effective strategies for addressing mentee relationship problems which may emerge during the mentoring process.

THE FOLLOWING TOOL CAN BE USED AS A GUIDE FOR PLANNING FOR MENTORING WITHIN YOUR ORGANISATION:

The standard For internalising, integrating and mainstreaming sexuality, gender and SRHR into HIV programmes:	Where we are Where are we in relation to the standard for this aspect?	Where we want to go What do we want to achieve in relation to the standard?	Key activities What do we need to do to get there?	Resources What kind of support do we need to achieve it? What are the resource, cost and time implications for the organisation?	Time-frame When will we do it?	Follow-up How and when will we follow-up to see if we achieved what we want to achieve?
A mentoring programme in place that is long-term;						
A reporting system where the observations of the mentor are recorded and used for improvement;						
A reporting system where the observations and learning of the mentee are recorded and used for improvement;						
Opportunities for the trained Master Facilitator to co-facilitate with the mentor as part of the mentoring programme;						
A budget set aside for the mentoring programme;						
Time for feedback and debriefing for the mentor and the mentee.						

FOLLOW-UP

Following up on the capacity that you have built is an important part of ensuring that people are competent and enabled to use new knowledge and skills. As organisational management, you should be aware of following up on the training and capacity building programmes that you have implemented.

A list of questions follows, that can help you to ensure that your follow-up supports your efforts to integrate sexuality and gender issues within your organisation.

THE FOLLOWING QUESTIONS CAN ASSIST YOU IN INVESTIGATING ANY PROBLEMS ENCOUNTERED, AND EXPLORING SOLUTIONS TO THESE:

Are the group encountering any problems with implementing their action plans with regards to sexuality and gender issues internally within the organisation?

Are the group encountering any problems with implementing their action plans with regards to sexuality and gender issues from outside the organisation?

What are these problems?

What are the roots of these problems?

How do these problems affect the delivery of SRHR information and services?

What are some of the possible solutions to these problems?

What is the most appropriate solution in this context?

How do these problems affect their reporting, funding, community engagement and potential sustainability?

What are some of the possible solutions to these problems?

What is the most appropriate solution in this context?

Is there further training or mentoring necessary that might alleviate these problems?

F. PROJECT PLANNING AND PROJECT MANAGEMENT TOOLS AND TIPS

Strategic planning is discussed in an earlier section. In this section, we explore some management tips for planning and managing projects. Appropriate planning can help you to manage projects and for your organisation and activities to run smoothly. Planning can save you time, money, and problems. Careful planning can result in blueprint for your programme, which is then easier to manage.

There are a number of different planning models. Below is a simple 4-step approach to project planning:

STEP 1: PLAN YOUR GOALS

You need to have clear and definable goals for your project, which are based on the needs of your target community and other stakeholders. These needs should be ascertained through engagement with the various stakeholders. It is important to check that these goals are SMART (see below). These goals should then be recorded in the project plan.

STEP 2: PROJECT DELIVERABLES

Using the goals that you have defined, you should then create a list of things the project needs to deliver in order to meet those goals. It is important to specify when and how each item must be delivered. These deliverables (or mile-stones) should be added to the project plan.

STEP 3: PROJECT SCHEDULE

Once you have determined your deliverables (the activities of the project), you should create a list of tasks that need to be carried out for each deliverable identified. This should include who will carry out each task, and how long it will take.

STEP 4: SUPPORTING PLANS

You can now put other plans into place to support your project plan. These include plans with regards to human resources, a communications plan for the duration of the project, and a risk-management plan.

Some of the common risks that project run in to can include the following:

> Time and cost estimates were unrealistic in the planning process;
> There is an unexpected reduction in the budget;
> There are unclear roles and responsibilities;
> Stakeholder input is not sought, or their needs are not properly understood;
> Stakeholders change their requirements after the project has started;
> Poor communication resulting in misunderstandings, quality problems and rework;
> There is a lack of resources for the project.

Although projects often run into unexpected problems, the above risks can be mitigated through careful planning.

THE FOLLOWING QUESTIONS CAN ASSIST IN YOUR PROJECT PLANNING PROCESS:

Who are the project stakeholders with regard to SRHR, sexuality and gender education and services for children?

What are the needs of these stakeholders with regard to SRHR, sexuality and gender education and services for children?

How can these needs inform your goals?

What are these goals?

Are issues of gender and sexuality integrated into these goals?

Are these goals specific?

Are these goals measurable?

Are these goals achievable?

Are these goals realistic?

Are the goals time-bound? When should they be reached?

How are you going to measure meeting these goals?

Are the project goals in line with CRP principles?

Are these goals informed by consultation with and contributions from children?

Do these goals enhance your work in sexuality, gender and SRHR?

What needs to be done to meet these goals?

What are all of the activities that need to be undertaken?

Who will do each activity?

How will they do it, and with what resources?

When will these activities commence, and when will they be completed?

What happens if these dates and milestones need to be changed or renegotiated?

Are your efforts to integrate and mainstream sexuality, gender and SRHR issues going to require specific further fundraising?

Are there additional resources that you can draw on to make the project a success?

How will the process of the project be communicated internally?

How will the process of the project be communicated externally?

What are the potential risks to the project?

How can you be prepared to deal with these risks if they become reality?

SUMMARY OF THE TOOLS

This section has provided a range of tools for you to examine your own organisation, and to make plans for further integrating and mainstreaming sexuality and gender into your organisations programmes and processes.

You should have explored the following areas and made plans for your programmes in the following areas:

> Analysing your advocacy efforts;
> Developing meaningful partnerships;
> Monitoring and evaluation;
> Reporting;
> Ensuring programme sustainability;
> Capacity building, mentoring, and follow-up;
> Project planning.

WORKING WITH DIFFERENT TARGET GROUPS

In this section, we discuss some of the groups with whom you might work.

To bring about change, it is important that the messaging regarding children's rights and SRHR and internalising, integrating and mainstreaming sexuality and gender is taken beyond the boundaries of your organisation and shared with others. Disseminating this information may prove challenging. You may find that you need to constantly explain and justify your programmes. However, your approach must be informed by the group with which you are working.

1. A CULTURALLY SENSITIVE APPROACH TO YOUR WORK

Working with other groups demands that you take a culturally sensitive approach. People have a human right to have their cultural knowledge and interests included in the development policies and programmes that concern them. This means that you must take their cultural beliefs and practices into account in programmes which include them. This may require adopting a different approach with each specific group that you work with.

It is important to avoid generalisations about culture, and to recognise the heterogeneity within cultural and geographic communities. Not all people accept all the cultural values of their own societies. People who share the same culture can, and do, disagree about values, customs, norms, objectives and courses of action.

Cultural awareness recognises this diversity and the fact that women and men, boys and girls are not homogenous groups. There are stratifications with respect to race, class, sex, age, language, ethnicity, and other variables which can lead to different development processes and which may affect the outcomes of your programmes.

A gendered approach to your work studies the experiences of men, women, boys and girls in different social contexts and explores the ways that different variables such as class, race, ethnicity, faith and age cut across gender and affect people's experiences of rights and culture. It is important to have an understanding of how gender affects power relations and may further impact on the work that you do with different groups.

A culturally sensitive and gendered approach can provide insights on how to effectively align the human rights that are central to your work with the cultural practices of the target community with which you are working.

2. WORKING WITH COMMUNITY GROUPS

Viewing the target community as active participants in your programme rather than passive beneficiaries can help to build local capacity, boost local responses to the epidemic and build support for your efforts. Community members must be engaged on sexuality and gender issues in order to better understand the causes of HIV and the AIDS epidemic.

Certain community groups may hold on to cultural values and ways of thinking that contrast with the ethos of your work. In many communities, sex is taboo, and there may be resistance to your efforts to open up frank and honest discussion about sexuality and gender issues. It is important to be accepted by the communities in which you work in order for your programmes to have any positive effects, and to take a local-centric approach that adapts your work to the local context. It is also important that you adhere to the principles guiding your approach, and do not allow these to be undermined by local cultural belief systems which may perpetuate stereotypes, stigma and discrimination.

If you are working in restrictive communities, you will need to double your efforts in consciousness-raising and awareness programmes. If your programmes are based on a needs-analysis conducted in the community, then it is easier to justify your work. You will have to provide a strong motivation for why your work takes the particular approach that it does, and how this can be of benefit to the community. Bringing the community on board as a partner right at the beginning stages of your programme can help to ensure that they understand the implications of the work you are doing, and the consequences of not doing this work. This may encourage them to be more open to new ideas.

Working with parents may provide particular challenges, as parents are often concerned that exploring issues of sexuality with their children may encourage them to be sexually active. On the contrary, early sexuality education

has been shown to delay sexual debut. It is a good idea to familiarise yourself with local studies and statistics to support your call for these issues to be explored with their children. Bringing parents on board with your programmes can leave a valuable resource in the community once your programme has withdrawn, as children can then discuss these issues with other adults.

The following guidelines may assist your organisation in working effectively with communities, including parents:

> It often works best to go to parents and other community members where they are rather than expecting them to come out to a workshop or event that is "targeted" to parents. Try offering workshops or forums "on site" in locations where community members already are;
> When you meet with community members, share some of the questions that children ask around issues of sexuality to demonstrate the need for children to receive comprehensive education and services in sexuality issues;
> Share statistics on children and STIs, including HIV, which are relevant to their locality, in simple terms, so that they understand the bigger picture and the importance of a comprehensive approach to sexuality education and services;
> Invite community members to children's events where they get to hear and see their children's 'voices' around issues of sexuality;
> Demonstrate understanding and respect in tangible ways, by ensuring convenient scheduling, accessible

locations, translation or multilingual facilitators, refreshments, child care and a friendly environment;
> Consider the establishment of parent support groups where parents can share and support each other;
> Identify well-known and respected members of the community and create relationships with them, and then work together with them in reaching other members of the community;
> Network with existing community groups and mobilise their support in helping you reach the wider community;
> Recognise that some communities may have particular dress and speaking codes, which may affect your ability to connect during discussions at workshops and other events. Do thorough research and make the necessary adjustments in your approach;
> Encourage a partnership relationship, where the community members feel that they are active participants in your programmes, as opposed to being just beneficiaries;
> Above all, be a learner as well, and build on existing community knowledge and practices. When you understand why people behave in the way that they do, it is only then that you can effectively challenge existing norms and practices which may be harmful to children's sexual and reproductive health.

It is important to note that community involvement takes time and effort, and there may be many challenges along the way. However, the benefits that your programmes will get from working effectively with communities far outweigh any challenges that you might encounter.

The UNFPA (2004) further provides the following guidelines for involving communities as change agents:

Invest time in knowing the culture in which you are operating

Understanding how values, practices and beliefs affect human behaviour is fundamental to the design of effective programmes. Nowhere is this understanding more important than in the area of power relations between men and women and its impact on reproductive health and rights.
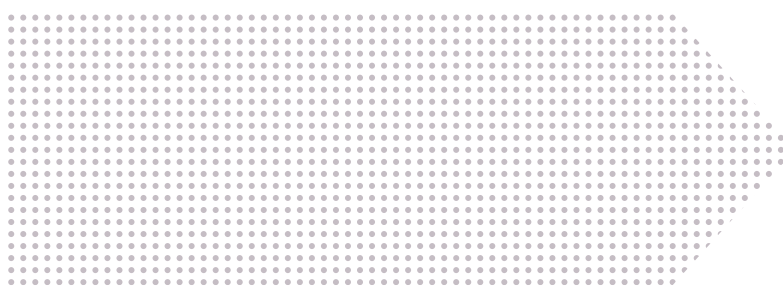
Hear what the community has to say

Before designing a community project, find out from community members what they hope to achieve. Soliciting their views on different aspects of a project, from the overall strategy to specific advocacy messages, can foster local acceptance and instil a sense of ownership.

Demonstrate respect

Make an effort to show that you understand and respect the roles and functions of community leaders and groups, avoiding attitudes or language that may be perceived as patronising.

Show patience

A great deal of dialogue and awareness-raising may be needed to persuade others to accept new ways of thinking,

especially ones that challenge beliefs closely tied to individual and social identity. Invest as much time as necessary to clarify issues and address any doubts. If questions are not resolved, they may resurface later and derail progress.

Gain the support of local power structures

Winning over those who yield power in a community, whether they are NGOs, women's groups, religious leaders or tribal elders, can be a crucial first step in gaining acceptance at the grass roots. Make sure your first encounter sends a positive message.

Be inclusive

The best way to dispel mistrust is through a transparent process of consultation and negotiation involving all parties.

Provide solid evidence

Using evidence-based data you can show what programme interventions can achieve, such as saving children's lives. In addition to advocacy, such information can be used to clarify misconceptions and obtain support from policy-makers and local power structures, including religious leaders. Credible evidence is especially important when the issues under discussion are controversial.

Rely on the objectivity of science

Addressing culturally sensitive issues in the context of reproductive health can help diffuse the strong emotions that may be associated with them. A technical or scientific perspective can make discussion and acceptance of such issues easier.

Avoid value judgements

Don't cast judgement about people's behaviour or beliefs. Rather, put your own values aside as you explore other people's thoughts and dreams, and how they think they can best achieve them.

Use language sensitively

Be cautious in using words or terms that may offend. Instead, frame issues in the broader context of reproductive health and healthier societies.

Work through local allies

Rely on local partners that have the legitimacy and capacity to influence and mobilise a community. Such partners have the added advantage of knowing what local people are likely to accept. The importance of women's groups should not be underestimated.

Assume the role of facilitator

Don't presume to have all the answers. Give up control and listen to others express their experiences and from their own ideas and plans. In an environment charged with ethnic or religious differences, assuming the role of facilitator sends a message of neutrality.

Honour commitments

Doing what you say you will do is a powerful way to build confidence and trust.

Know your adversaries

Understanding the thinking of those who oppose your views can be key to successful negotiations. Analyse the rationale on which they base their arguments and be ready to engage in an ongoing and constructive dialogue.

Find common ground

Even within seemingly monolithic institutions there are different schools of thought. Look for areas of common interest - reducing maternal and infant deaths, for example – that can provide entry points for working with non-traditional partners.

Accentuate the positive

When addressing harmful traditional practices, you should emphasise that both harmful and positive practices are found in all societies. This can help to diffuse tensions around especially challenging issues, such as female genital cutting.

Use advocacy to effect change

Legal action by itself is usually not enough to bring about change. Though essential, legislation should be buttressed

by a broad advocacy campaign, involving opinion makers and local power structures. Well-planned advocacy campaigns are particularly important when project goals are likely to provoke religious or cultural controversy.

Create opportunities for women

Give women the opportunity to demonstrate their capabilities through various development programmes. This can help diminish false, culture-based beliefs about stereotypical gender roles.

Build community capacity

Reinforce a sense of ownership and ensure sustainability by strengthening the skills of community members, including health-care providers and peer educators.

Reach out through popular culture

In many parts of the world, music and dance are popular cultural expressions. Use them to communicate new ideas, and be sure to involve young people in the creative process.

Let people do what they do best

Often, an appropriate role for traditional or religious leaders is mobilising or helping reshape public opinion. Seek their engagement in these areas, while letting health workers manage the technical aspects of reproductive health programmes.

Nurture partnerships

Cultivating relationships requires an investment of energy, patience and time. Don't allow them to disappear just because a project has ended. Sustaining partnerships beyond a single programming cycle allows trust to develop and relationships to mature, increasing the chances for positive results over the long term.

Celebrate achievements

Bringing accomplishments to the attention of others and publicising success can create a sense of pride and reinforce community involvement.

Never give up

Changing attitudes and behaviours can be an excruciatingly slow process, especially in closed societies. Don't expect to accomplish everything at once. Even small changes are significant, and may be more enduring over the long term.

Source: UNFPA (2004) Guide to working from within: 24 tips for culturally sensitive programming.

3. WORKING WITH RELIGIOUS LEADERS

Communities of faith play a significant role in influencing people's behaviour and attitudes, and in providing care and support for people living with AIDS. These faith-based organisations (FBOs) and religious leaders are important partners for your organisation. According to a WHO report on working with faith-based communities, "health, religion and cultural norms and values define the health-seeking strategies of many Africans. The failure of health policy makers to understand the overarching influence of religion - and the important role of FBOs in HIV treatment and care - could seriously undermine efforts to scale up health services" (WHO, 2007).

Religious leaders are seen as the moral centre of a community, and play a role in preventing violence within families, and in mobilising communities to use available health services. Many community members seek guidance from their religious leaders on social, medical and psychological issues. It is important then that we work with these leaders to sensitise them to the issues of sexuality and gender that impact on HIV prevention and mitigation.

However, working with religious leaders can be challenging, as they may have deeply-held beliefs that prevent them from being able to accept the ideas that you are putting forward. This is particularly evident in work with issues of sexuality and gender.

Sex is a subject proscribed by most religions, and different faiths have different rules regarding when sex is appropriate, how it is appropriate, and between who. There are times that these rules may clash with a rights-based approach, specifically with regards to the sexual rights of individuals, and the rights to freedom of association and freedom of expression.

Many religions also have particular views about issues of gender, and gender roles. In some cases, the roles ascribed to women may keep them in positions of subordination, which affect their rights and their ability to take decisions regarding their own lives, which may affect their SRHR.

Some religions may hold views that are clearly contrary to the principle of non-discrimination which should guide your work. This is often the case with LGBTI issues. Where this is the case, you will need to put forward the human-rights approach that promotes acceptance of all people and practices.

When working with religious groups, it is important to be respectful of their beliefs, but to point out where these might place women, children, or other adults in a position of danger, and where they may be at higher risk of contracting HIV or may be denied access to SRHR services and education.

Some of the common areas for working with religious leaders include:

> Prevention education in schools, hospitals, clinics, temples, mosques and churches;

> Home-based care for families affected by HIV;
> Care for orphans and vulnerable children (OVCs) in homes and extended families;
> Advocacy to influence political decisions on HIV and AIDS, funding priorities, public policy and access to anti-retroviral drugs and services;
> Mapping exercises to document the extent and scope of faith based responses to HIV;
> Theological reflection leading to teaching that helps the clergy address stigma and discrimination;
> Leadership development, engaging religious leaders to speak out on stigma and discrimination.

The following guidelines may assist your organisation in working effectively with religious leaders:

> Seek to create lasting and mutually beneficial relationships with religious leaders, so that you enter into a relationship of partnership;
> Source research data in your locality which gives a picture of the magnitude of the problem. You may even source research data that speaks specifically to the extent of the challenge amongst members of their particular faith;
> Do not allow "culture", "tradition" or "religious doctrine" to be used to justify limiting access to comprehensive sexuality education and services for children;
> Collect information on "best practice" examples of other faith-based organisations that are providing comprehensive sexuality education and services for children;

> Familiarise yourself with the scriptures that support your cause, and read up on the usual scriptures that are quoted to justify limiting access to comprehensive sexuality education and services for children, so that you are able to respond effectively to them;
> Promote the idea that human rights, including those of children are inalienable and indivisible;
> Focus your intervention on positive and concrete steps that can be taken by religious leaders to promote your cause.

The UNFPA (2009) further sets out the following principles for working with faith-based organisations:

Strategic, issue-based alliances

This means focusing on common ground (instead of divisive aspects), as this is a critical building block for such partnerships. It has been found that leaders of faith-based and inter-faith based organisations are open to discussing reproductive health if issues are handled with sensitivity and care. It is important to rally those within the faith-based communities who are already supportive of the common goals and targets of your programmes, and already have ongoing programmes to that effect. One effective strategy is to use scientific evidence to tap into issues such as infant and maternal mortality, early pregnancies, female genital cutting, and HIV prevalence rates, for instance.

A level playing field

While we recognise that there are differences between your organisation's mandate and approach and that of FBOs, you must nevertheless co-operate as equal partners, depending on your comparative advantage and respective strengths. Partnering as equals also means that neither side is utilised or perceived as a means, but both are relevant agents of action, based on your different and complementary strengths. While your organisation's partnerships with FBOs are expected to share the same objectives, you need to respect and accept that FBOs may reach these objectives differently, using their own language, networks and modus operandi.

Diversity of outreach

Ensure that your organisation's outreach is multi-faith and balanced according to the religious diversity within the communities within which your organisation works. This must be made explicit in the terms of reference of such programmes. Operating in this multi-faith approach also allows organisations to identify like-minded partners and serves to enhance programme delivery.

Clarity, accountability and consistency

It is important to clearly set out the concrete outcomes expected of the joint endeavours between your organisation and the FBOs that you partner with. Moreover, the engagement with FBOs needs to be consistent, and not a one-off, event-oriented alliance which creates false expectations.

An engagement that is designed with a collective sense of ownership and responsibility for specific outcomes in mind is also one that is sustainable. Together, clarity, accountability and consistency are essential for building the trust necessary to establish a legacy of realistic partnerships.

Source: UNFPA (2009) Guidelines for engaging Faith Based Organisations (FBOs) as agents of change.

4. WORKING WITH POLICY MAKERS

Part of your work is to advocate for changes in access to comprehensive gender, sexuality, and SRHR education and services. This means engaging with policy makers such as governments and other institutions that have the power to make decisions that affect the communities in which you work. However, working with these groups provides particular challenges for your work. These institutions usually have very specific policies that may be counter to the ethos of your work and the principles of CRP. This is particularly in the case of the principle of participation. By nature, many institutions are based on power relations that may be challenged by the notion of participation.

Policy-makers often have particular ideas about how programmes that affect children should be run. These seldom take into account the best interests of the child, or encourage children to voice out what is in their own best interests. It is your responsibility to uphold children's rights, especially in relation to SRHR, HIV, sexuality and gender

issues, and you will need to provide convincing evidence of the success of programmes that are informed by children's own views and opinions to influence these policy-holders.

The following guidelines may assist you in working effectively with policy makers:

> First seek to establish a partnership relationship with policy-makers, where they see benefit for themselves as well in the process;
> Present authentic evidence, based on research, which provides a picture of the extent of the challenge and the need for comprehensive sexuality education and services for children;
> Come prepared with success stories from your organisation and others, which show the effectiveness of providing comprehensive sexuality education and services for children;
> Conduct prior research on the status of your country in terms of the ratification of child rights treaties and other documents pertaining to the rights of children, and be ready to quote these when the need arises;
> Emphasise the policy maker's obligation to uphold and protect children's rights;
> Present a well-thought out and well-planned proposal for action from the policy-maker, and how the broader society aims to support such action;
> Ensure that your organisation is not seen by the policy-maker as presenting their own case, but a case for the wider community, so garner support beforehand and get other sectors of society on board, who support your cause.

Policy-makers may be sensitive to power issues, and may be defensive at first. It is important to establish a relationship of mutual respect with them so that they do not view you as an opponent, but as a valuable partner who can help them succeed in their duties to the state and the children.

5. WORKING WITH CHILDREN

Children have to have knowledge; they need to be empowered to make good decisions about their bodies. Good sexuality education is an entry point for us to be able to talk about all the other difficult issues that children are faced with.

When working with children, the following principles are key to ensuring that children learn and discover, and become empowered to make decisions that affect their sexuality. Facilitators must ensure that they maintain the following:

A positive view on sexuality

Negative messages have proven that they do not work. Starting with a positive view does not mean that you do not talk about the negative consequences; just that you need to focus on the positive.

A non-judgemental approach

We need to work on ourselves first to become as non-judgemental as possible. We need to constantly explore our own values and understand that we do not need to impose them on children.

A realistic approach

You should work with children's real, lived experiences rather than the idealistic picture of how life should be for them.

A re-current approach

This work should be repeated and reinforced constantly. The ideal is to work over a sustained period of time with one group of children.

An affirmative approach

It is important to affirm children's thoughts and questions. There is no stupid question. You should allow children to ask the same question again if they need to improve their understanding. Involve the group again in answering questions.

HOW TO WORK WITH CHILDREN

Encourage equal treatment and respect

When working with children, try to treat them as your equals, see them as full human beings and respect their knowledge (even if they have a lot of gaps in their knowledge.) Children may lack the basic understanding of what love and sexuality is about. It is good to be curious when working with children, to be able to identify those gaps. One of the criticisms of the African Charter is that we are demanding that children automatically respect adults. This results in something that is not true respect, but rather, fear of adults. When children are shown genuine respect by adults and their contributions are respected, they are more likely to show respect for adults in return.

Break down all possible barriers to open communication

> Remember to continuously break down the power positions that you may have as facilitators;
> Remove desks and, if possible, sit down and be at the same level as the children;
> Be conscious of how you dress;
> Avoid all things that will boost your power positions;
> Give children the opportunity to call you by your name, but respect them if they call you Mr or Mrs/ Miss as sometimes their cultural context may not allow them to call you by your name;
> Try to be at their level both physically and mentally;

> Have fun with the children, and promote a fun but respectful approach to the exercises and discussion, but take their experiences and their questions and answer these seriously;
> Reassure them by mentioning that all confidentiality rules will be applied and adhered to.

Ensure that you have a physical environment conducive to open communication

It can sometimes be good to take children out of their ordinary classroom and organise an alternative venue. This can help them to open up.

Be aware of different group dynamics

> It is best to start by separating groups according to gender, where this is possible. Children can feel safer and more open when they are in same sex groups. It can be good for a man to work with boys and a woman to work with girls, but the best thing to consider is the character/personality of the facilitator, above their sex or gender;
> After some time of working separately, give the groups a chance to be mixed;
> It is good to have between 8 and 16 children in a group. The more you have in the room the more difficult it may be to get all of them to participate. This is the ideal situation, but it may not always be possible.

### Be aware of age differences in the group

Try not to have too wide a gap in age within one group. This may make it difficult to try and address all the varying issues that they may have. Maintain a gap of not more than two years in age range, where possible.

Allocate enough time per session

Try to allocate at least two hours per session, with short breaks in-between. Maintain a schedule of four to six sessions of two hours per week for maximum growth and continuity.

Be aware of various dynamics that may affect the learning

> In-school, it is sometimes not beneficial to have the teacher present as they may hinder children from opening up. However, sometimes it may benefit the children to have the teacher there (without limiting discussion) as they can gain knowledge and be able to address the questions that are likely to come up when you, as a facilitator, are not around. To further support this, it is a good idea to lobby that the teachers and leaders be trained so that they are sensitised and there to support the children. The key is to consider the best interests of the child in making this decision. Maintain the same confidentiality rules as you have with adults;
> It is not recommended that children go back to teach and educate their parents on what they have learned.
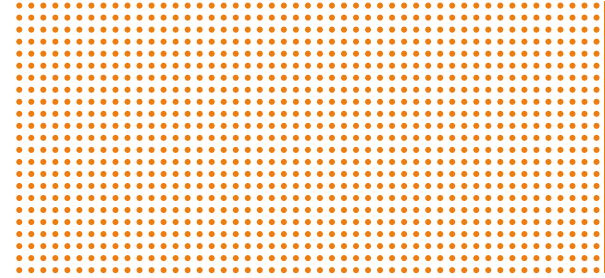
You should not put this pressure on them, because not all children have that type of relationship with their parents;

> It is important to sensitise gatekeepers so you do not run into resistance; when working with children making them understand why it is important to talk about these issues is key to a successful training. It is important to be clear that we are not encouraging or promoting any particular behaviour, or discouraging it (i.e. solo sex, same sex relationships, or abortion). It is not up to you to tell people what to do or not to do. Your aim is to uphold children's rights and to empower children to be able to make informed and healthy decisions about their own bodies, sexuality and reproduction;

> Ensure that you avoid a hetero-normative approach when dealing with relationship issues and be inclusive of different sexual identities;

> When working with peer education strategies where older children teach their younger counterparts, it is important to note that it may be difficult and overwhelming for older children to be fully confident and responsible for training younger children because of the wide range of issues that may come up. Peer education can work well to a certain point, but peer educators also need constant support and an adult trainer to talk to. A good support structure is essential for this to be successful;

> While there are age recommendations for different exercises and working with different groups of children, these recommendations should be handled with some sensitivity and you should always adjust what you do to the specific group that you are working with.

(Source: Janne Nordstedt Consulting.)

FOLLOW-UP WORK

When you work with other groups, you should follow-up with them to offer support, and to identify any problems that they are encountering with regards to sexuality and gender issues and integrating these into their own lives and working environments.

Where introducing topics such as gender and sexuality that are sensitive and may previously have been avoided, it is particularly important to follow-up with your target group to ensure that they do not revert to a situation where these issues are side-lined. Follow-up work is particularly important when working with children, as they often require additional reinforcement for new knowledge learned. One single session with children may create confusion and a number of questions, which can then be addressed in subsequent sessions.

Over the page is a sample workshop programme for working with groups from outside your organisation. The primary objective of this workshop is to sensitise others to working with issues of sexuality and gender. The workshop takes people through a process of examining their own lives and experiences with regards to sexuality and gender, and then planning how to include these issues in their own programmes and activities.

6. SELECTING APPROPRIATE FACILITATORS FOR THIS WORK

Not every trainer or member of your organisation may be suitable for facilitating this work with other groups. Working with the process-oriented approach that guides this work requires a person with particular attributes and attitudes. While training, experience and the tips offered on working with different groups can guide your facilitators and better equip them for working with other groups, there are personality characteristics that make them more or less suitable for this task.

Facilitators of this work should be:

Non-judgemental and open-minded

Facilitators of the process-oriented approach to sexuality and gender will need to explore issues around sexual and reproductive anatomy, biological sex, gender, sexual orientation, sex drive and desire, sexual identity, sexual behaviour, desires, thoughts, fantasies, sexual pleasure, sexual preferences, sexual dysfunction, and values, attitudes, beliefs, and ideals about life, love, and sexual relationships. They need to allow participants in the group to be able to talk openly about how they view and experience these issues.

Self-aware

Facilitators need to have gone through an exploration of all of the issues mentioned above. They should be aware of their own values and attitudes to ensure that these do not prejudice their facilitation of the process with others. In particular, they should be aware of their own tendency to make assumptions, to discriminate and to generalise, which might influence or limit the participation of others.

Sensitive to the feelings of individuals

Facilitators should be able to create and maintain an atmosphere of trust and respect, which requires an awareness of how people are responding to both the topics under discussion and the opinions and reactions of others. Sensing how people are feeling and understanding how to respond to a particular situation is a critical skill of facilitation.

Sensitive to the feeling of the group

In any group, the whole is greater than the sum of the parts, and group chemistry generally reflects shared feelings. Perceiving and responding to the group's dynamic is essential to skilful facilitation.

Able to listen

Facilitators can learn to sense the feelings of individuals and the group through listening, both to the explicit meaning of words and also to their tone and implicit meaning.

Tactful

Sometimes the facilitator must take uncomfortable actions or say awkward things for the good of the group. The ability to do so carefully and kindly is critical. The subject matter of human rights, gender and sexuality can evoke strong feelings and painful memories. The facilitator needs particular tact in dealing with emotional situations respectfully and sometimes also firmly.

Confident

The facilitator needs to be confident in their own ability to lead a process and to communicate honestly and openly with the group. This self-confidence in their own knowledge and skills is important for the participants to be able to trust the facilitator.

Committed to collaboration

Collaborative learning can occasionally seem frustrating and inefficient, and at such times every facilitator feels tempted to take on the familiar role of the traditional teacher and to lead, rather than facilitate. However, a genuine conviction about the empowering value of co-operative learning will help the facilitator to resist a dominating role.

Flexible, resourceful and creative

Facilitators must be willing to adjust their plans to fit changing conditions and opportunities. Often the group will take a session in an unforeseen direction or may demand more time to explore a particular topic. The facilitator needs to be able to evaluate the group's needs and determine how to respond to these.

Adapted from: The Human Rights Education Handbook: Effective Practices for Learning, Action, and Change (2000)

You should identify the person or people within your organisation who are best suited for this work using the attributes above as well as the checklist for facilitators that has been provided earlier in the Toolkit. Further training, sensitisation and development programmes for your staff can ensure that you expand the pool of appropriate people for this work.

7. HOW TO EVALUATE YOUR WORK WITH DIFFERENT GROUPS

Your work and efforts with different groups outside of your organisation needs to be monitored and evaluated periodically to ensure that you are meeting your organisation's objectives. This work can be evaluated within a workshop setting, as well as from a broader community-wide perspective.

EVALUATING WITHIN A WORKSHOP SETTING

The primary aim of the three-day workshop that we have proposed for your organisation to conduct with different groups is to sensitise the participants to the various issues involved in the provision of comprehensive sexuality education and services for children.

While the suggested workshop topics may include new knowledge and information for participants, the main focus is on exploring people's values, and how these values influence the different aspects of comprehensive sexuality for children.

Your evaluation efforts at this level, therefore, should be aimed at exploring participants' values and attitudes about the issues involved. You should make an effort to address the following topics in your evaluation efforts:

Attitudes and values regarding:

> Children's sexuality;
> Solo sex (masturbation);
> Children and adults who express non hetero-sexual sexuality and sexual identity (LGBTI);
> Condom usage;
> Children who present at clinics and hospitals with STIs, including HIV;
> Early pregnancy;
> Children's sexual and reproductive health and rights;
> Masculinity and femininity and gender roles;
> Children's rights to access to comprehensive, rights-based, and positive sexuality education and services.

The *Making it Personal* pack of training materials, which is a companion to this Toolkit, has examples of values games and other activities that can be done by the facilitator to evaluate participants' values and attitudes towards these issues.

It is important to do a daily evaluation of the participants, as well as of your own facilitation successes and challenges as part of monitoring your progress, and ensuring that challenges are addressed in time.

It is important to carefully analyse the results of your evaluation, so that you isolate particularly problematic areas and make plans for future action on these. The results of your evaluation may mean that you need to go back to the drawing board and devise new ways of engaging with your target group. The important thing to note is that when you do not achieve your desired outcomes, you need to constantly review and innovate new ways of working with your target groups until you realise the desired outcomes and goals for your organisation's programmes.

EVALUATING AT THE BROADER COMMUNITY LEVEL

It is important to keep in mind that your work with different target groups is aimed at achieving longer-term objectives for the community within which you work. Your organisation needs to ensure that efforts at working with different target groups yield the desired results for the beneficiaries of this programme, the children. Your organisation needs to ensure that you have effective systems to evaluate the effectiveness of your efforts in the longer term. It is important that your evaluation efforts are always guided by your overall programme goals and objectives.

The following are issues that you may wish to evaluate after working for some time with a particular target group.

Evaluating your work with religious communities, including religious leaders

> Is acceptance of children's sexuality demonstrated visibly through the institution of sexuality education programmes for children within faith based institutions and other means?

> Is acceptance of condom usage demonstrated visibly through faith based communities providing fair and equal access to condoms and information on the use of condoms?
> Is sexual diversity accepted and celebrated visibly through campaigns and other means?

Evaluating your work with policy makers

> Are there visible changes in discriminatory policies, particularly in relation to abortion laws, female genital cutting, LGBTI, and other relevant issues?
> Are children able to access services and education on sexuality freely and without prejudice?
> Are there more effective programmes for teachers and other people who work with children, which aim to equip them with skills, knowledge and positive values towards comprehensive sexuality education for children?
> Are there laws and policies on gender equality and are there mechanisms to enforce them?

Evaluating your work with community members, including parents

> Are communities aware of the need for comprehensive sexuality education and services for children?
> Are harmful practices which interfere with SRHR for children decreasing?
> Are there active community groups, including women and children's groups, which advocate and campaign for children's SRHR?

The above questions are a guide only and are not exhaustive. You may adjust your evaluation based on the specific goals of your programmes within the communities where you work. You may require the use of specialists in conducting such evaluations.

RESOURCES AND REFERENCE DOCUMENTS

DISCLAIMER

Some of the resources mentioned below are developed by organisations other than Save the Children. While these are useful resources, they do not necessarily reflect Save the Children's child rights-based approach, or the process-oriented approach. The inclusion of these materials in this list is not an endorsement of the materials by Save the Children, but they are mentioned as references for this Toolkit, or offered as additional reading and for the provision of technical information on the related topics.

Adams, D. (2010) *The Pillars of Planning: Mission, Values and Vision.* Available from www.nea.gov/resources/Lessons/ADAMS.HTML

Gottlieb, H. (2002) *Asset-Based Resource Development: How to build and sustain strong, resilient programs.* Community Driven Institute.

Harvey, D. & Brown, D.R. (2006) *An Experiential Approach to Organisational Development.* Prentice Hall, Englewood Cliffs.

Human Rights Resource Centre (2000) *The Human Rights Education Handbook: Effective Practices for Learning, Action, and Change.* University of Minnesota

International HIV and AIDS Alliance (2010) *Good Practice HIV Programming Standards for Use in the Design, Implementation and Evaluation of Alliance Programmes*

Pendlebury, Grouard and Meston (1998) *The Ten Keys to Successful Change Management.* Chichester and New York: Wiley.

Project Smart (2010) *Project Planning: A step-by-step guide.*

Save the Children (2007) *Getting it Right for Children: A practitioners' guide to child rights programming.*

Save the Children Sweden (2008) *A Rights Based Approach to Strategic Planning: A guide for Southern African civil society.*

Save the Children Sweden & The Swedish Association for Sexuality Education (2007) *Tell Me More! Children's Rights and Sexuality in the Context of HIV and AIDS in Africa.* Save the Children Sweden – Focus Africa HIV and AIDS Group

The Planned Parenthood Association (2010) *Human Sexuality: What children need to know and when.* Available from www.plannedparenthood.org.

UNAIDS and WHO (2009) *AIDS Epidemic Update,* 2009.

UNESCO - International Institute for Capacity Building in Africa (2006) *Capacity Building Framework.*

UNICEF, UNAIDS, WHO and UNFPA (2009) *Children and AIDS: Fourth stocktaking report.* New York.

United Nations Population Fund (2004) *Guide to working from within: 24 tips for culturally sensitive programming.* New York. Available from http://www.unfpa.org

United Nations Population Fund (2009) *Guidelines for engaging Faith Based Organisations (FBOs) as agents of change.* New York. Available from http://www.unfpa.org

United Nations Population Fund (2010) *The Programme Manager's Planning, Monitoring and Evaluation Toolkit.* Available from http://www.unfpa.org

World Health Organisation (2007) *Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa,* sourced from - http://www.who.int/mediacentre/news/notes/2007/np05/en/index.html

FURTHER READING

You may wish to read further on a range of issues to support and further strengthen your efforts towards internalising, integrating and mainstreaming sexuality and gender issues within your organisation.

The following research areas may be useful for further development:

> Results Based Management (RBM);
> The Logical Framework Approach (LFA) to planning, including the use of SWOT analyses;
> Behaviour change communication and societal change;
> Different types of counselling, including individual counselling, group counselling and support groups;
> Conflict management.

APPENDICES

APPENDIX 1: A SUGGESTED THREE-DAY PROGRAMME FOR WORKING THROUGH THE TOOLKIT

APPENDIX 2: A SENSITISATION WORKSHOP WITH RELIGIOUS LEADERS, POLICY MAKERS AND OTHER GROUPS

APPENDIX 3: AN EVALUATION TOOL FOR THE SENSITISATION WORKSHOPS

APPENDIX 1

TOWARDS COMPREHENSIVE SEXUALITY, GENDER, SRHR, HIV AND AIDS EDUCATION AND SERVICES FOR CHILDREN

A SUGGESTED THREE-DAY PROGRAMME FOR WORKING THROUGH THE TOOLKIT

This three-day programme provides an outline to guide the process of working through this Toolkit, covering each of the different sections. Day One is centred on the issues that inform the need for integrating and mainstreaming sexuality and gender issues into your programmes, and can be facilitated as an information-sharing day, balancing presentations and discussion. Day Two and Day Three of the programme will involve a more hands-on workshop approach, where the group is involved in analysing their work and making plans for the future. You will need to have copies of the

questions and charts for each participant, or to have these copies on an overhead, PowerPoint, or flip-chart, where all participants can read the questions for themselves.

DAY ONE

1. Background statistics;
2. Children's sexuality;
3. SRHR for children;
4. A rights-based approach and Child Rights Programming;
5. The process-oriented approach;
6. Comprehensive sexuality education;
7. Children's views;
8. Standards for SRHR programming.

DAY TWO

1. Environmental scan;
2. Issues and problem-identification;
3. Strategic planning;
4. Vision, mission and values;
5. Target group and stakeholder analysis;
6. Diversity and access;
7. Human resources;
8. Programme planning.

DAY THREE

1. Advocacy;
2. Monitoring and evaluation;
3. Reporting;
4. Sustainability;
5. Working with others.

You will need to keep records of the assessments and action plans created at this workshop, to inform your process towards further integrating and mainstreaming efforts, and to evaluate your progress.

Note: If you cannot find three full days to work on this process, then you can apportion one day at a time, or half-day sessions. To ensure continuity, it is important that the time lapse between these sessions is not more than a few days. It is also important to work through these issues systematically, from the beginning of the process to the end and not to leave certain sections out. Even where you feel that your organisation is competent in a particular area, there may be some issues relating to the internalisation, integration and mainstreaming of sexuality and gender that have been overlooked.

APPENDIX 2

A SENSITISATION WORKSHOP WITH RELIGIOUS LEADERS, POLICY MAKERS AND OTHER COMMUNITY GROUPS

Below is a proposed workshop plan for a three-day sensitisation programme that you could run with the groups mentioned above.

The sensitisation programme has the following objectives:

> To make participants aware of the importance of sexuality education for young people;
> To promote an understanding of children's rights and how they are related to the provision of comprehensive sexuality education for children;
> To allow participants to personally go through the process-oriented approach to sexuality so that they become aware of different values and how they have an impact on the sexual and reproductive health and rights of children.

For sessions where you work with religious leaders only, it may be important to familiarise yourself with the scriptures, so that you may incorporate these into the workshop, where necessary.

DAY ONE

This first day should take participants back to their childhood, in order to understand the challenges faced by young people today.

Sessions to be covered:
> Linking sexuality and gender to HIV prevention;
> Sharing experiences from first sexuality education;
> Safari to your youth;
> Life line: sexuality and love: personal example and gender divided groups.

DAY TWO

The second day should aim at making them understand how gender leads to imbalances and injustices within their own communities and structures.

Sessions to be covered:
> The concept of sexuality;
> Basic gender;
> The sexual and gender continuum;
> Time table.

DAY THREE

The third day should highlight the reality around STIs and HIV and the importance of promoting condom and sexuality education even for younger children, as well as making plans to bring about change in their own communities.

Sessions to be covered:
> Facts on STIs and HIV;
> Condom line-up;
> Children's rights and sexuality education;
> Children's sexuality and statistical research, or a report such as Tell Me More to explain children's realities;
> An action plan for work in the participant's own organisations.

For details on these topics and exercises, see the *Making It Personal* training programme workshop manual. All of the topics mentioned above are based on particular exercises that are explained in detail in this manual.

If constraints of any nature prevent you from organising a three-day workshop, you will need to prioritise topics and exercises to work through over a period of one or two days. We suggest that you refer to the *Making It Personal* workshop manual regarding designing your own workshop based on the process-oriented approach and on adjusting the flow and process of the workshops.

A sample evaluation form for this workshop is provided over the page.

APPENDIX 3

EVALUATING YOUR SENSITISATION WORKSHOPS WITH OTHER GROUPS

This is a self-reflection exercise, for the facilitator to be able to measure their success in facilitating the sensitisation workshop. These questions relate to your ability to meet the objectives for the three-day workshop with other groups.

PRIOR TO THE WORKSHOP

> Were you aware of the composition of the group in terms of age, gender, dominant cultural and religious belief systems, etc?
> Did you have the necessary facts and information to support your approach with the group?

DAY ONE

> Were you successfully able to take participants on a journey back to their own childhood?
> Were you able to provide an opportunity for participants to reflect on their own sexuality?
> Were you able to facilitate an increased understanding of the concept of sexuality and how this is linked to HIV and SRHR?
> Were you able to contribute to participants' personal process of growth and internalisation?

DAY TWO

> Were you able to help participants to understand how gender leads to imbalances and injustices within their own communities and structures?
> Were you able to provide an opportunity for participants to reflect on their own gender roles?
> Were you able to facilitate an increased understanding of the concept of gender and how this is linked to HIV and SRHR?
> Were you able to contribute to participants' personal process of growth and internalisation?

DAY THREE

> Were you able to help participants to understand the reality of children's sexuality?
> Were you able to help participants to understand children's rights and the need for access to SRHR for children?
> Were you able to address attitudes that might prevent children's access to comprehensive sexuality education and services?
> Were you able to provide accessible facts on STIs, and HIV and condoms?
> Were you able to contribute to action plans for participants' own organisations?

OVERALL

> Were you inclusive, respectful and patient with the participants?
> Were you able to address values and attitudes in a non-judgemental way?
> Were you able to create an atmosphere conducive to open and honest communication?
> Were you able to make a difference for these participants in terms of how they understand the need for SRHR for children?
> Have you been able to find common ground and issues on which to advocate?
> Have you been able to pave the way for an ongoing partnership with this group?
> Were there any particular challenges that you encountered that require remedial action?

You should also refer to the facilitator's self-evaluation exercise in the *Making It Personal* workshop manual.

TO CONTACT
THE SAVE THE CHILDREN SOUTHERN AFRICA
REGIONAL OFFICE

Postal Address:
PO Box 13993, Hatfield
Pretoria 0028
South Africa

Street Address:
3rd Floor, SAQA House
1067 Arcadia Street
Hatfield, Pretoria
South Africa

Telephone +27 (0)12 342 0222
Fax +27 (0)12 342 0305