KNOWING BETTER, DOING BETTER

KEY LESSONS AND INSIGHTS FROM THE REGIONAL AMPLIFY CHANGE PROJECT 2016-2018
From 2016 to 2018, Positive Vibes applied an Amplify Change Regional Networking Grant to support action between two Centres of Learning for Health and Rights of Key Populations – hosted on behalf of the International HIV/AIDS Alliance at Positive Vibes and ANCS (Senegal) – and Alliance Linking Organisations in Africa.

The two-year project facilitated broadened understanding and deepened thinking about sexual and reproductive health of sexual and gender minorities – including LGBTQ people and sex workers – and the ways in which sexual and reproductive health constituted human rights.

For Positive Vibes, the project was its first explicit venture into specific SRH-R themes and discourse, although the organisation’s person-centric work has always been human-rights based. Consequently, the project generated substantial learning for the organisation, a selection of which is represented in this document.
The project generated at least three distinct types of learning related to sexual and reproductive health and rights (SRH-R), and to effective strategies for response to advance those rights.

- Some learning described and defined central CONCEPTS
- Some learning identified PRINCIPLES and mechanisms for effective practice
- Some learning framed the social, legal, political, economic ENVIRONMENT for realising rights of sexual and gender minorities in Africa, identifying opportunities for engagement for influencing.
ORGANISING LESSONS LEARNED

Significant project learning can be organized around EIGHT fundamental elements or themes:

- Human Rights
- SRH-R: Human Rights applied to Sexual Orientation and Gender Identity
- Integrated Theory of Change
- Analytical Framework
- Messaging
- Individual Agency | Dignity of Personal Choice
- Movement building vs. Communities of Practice
- Religious institutions, secular states and constitutionality
Bringing to the forefront of a generic, sometimes over-familiar “human rights” terminology a set of specific rights that are of special relevance and consideration to discourse on sexual and gender minorities: the right to **DIGNITY**; to **NON-DISCRIMINATION**; to **EQUALITY** under the law; to **PRIVACY**; and to **FREEDOM** from degrading treatment. Rights are constructed to protect individuals (especially minorities) against unwarranted use of power by the State to limit, restrict, or regulate personal freedom.

Describing the nature and relationship of human rights to one another: that they are **UNIVERSAL** (for all, equally); **INALIENABLE** (cannot be removed); and **INDIVISIBLE** (interdependent; no one right singly more important than another).

Recognising that Human Rights are not simply issues of personal preference, subjective morality or compassion: they are matters of **INTERNATIONAL LAW** through ratification of various treaties and conventions by United Nations Member States and, subsequently incorporation into domestic law by each country.

Identifying the **STATE** as the entity legally responsible to guarantee and guard human rights, with obligations under international and domestic law to **RESPECT**, **PROTECT**, **DEFEND**, **PROMOTE** and **FULFIL** human rights.

Clarifying a definition of **HUMAN RIGHTS VIOLATION**: action by the State or by a person or agency working on behalf of the State that undermines the right of an individual to, amongst others, equality, dignity, non-discrimination, privacy, freedom from degrading treatment. The State can also be held accountable for failing in its legal obligation to protect human rights where those have been violated by a non-state actor, or by failing to pass into law adequately protective legislation. Importantly, Human Rights violations are not the same as crimes (e.g. assault; sexual assault); they are actions uniquely perpetrated by the State to directly compromise rights, or to passively fail to defend and protect rights.
Confirming the Right to Health as a universally accepted, virtually uncontested Human Right recognizing the right of everyone to the enjoyment of the highest attainable standard of physical and mental health necessary to live with dignity, and placing obligations on governments to adopt laws and policies to ensure equal access to healthcare and associated services.

Recognising that comprehensive human health includes, of necessity, Sexual Health and Reproductive Health.

Identifying that a universal right to health (for everyone, without discrimination) coupled with other fundamental human rights (to dignity; to equality; to non-discrimination) links sexual and reproductive health, indivisibly, to Sexual Rights and Reproductive Rights. This requires, amongst other considerations, an inclusive perspective on human sexuality (such as, for instance, the right to a sexual identity and to intimate choice); it requires respect for the autonomy of individuals to make choices for reproduction and family; it requires health services that respond to a diverse spectrum of identities, practices and behaviours in order to satisfy standard obligations -- around dignity, around equality, around non-discrimination -- while providing a universally acceptable standard of care for typical human bodies.

The project supported the development, definition and deepening of the concept of Sexual and Reproductive Health and Rights; including
Problematising or troubling traditional or conventional understandings of “SRH-R”:

“SRHR” unpacked to suggest “sexual and reproductive HEALTH rights”, as opposed to “sexual and reproductive health, AND sexual and reproductive rights (SRH-R)” is problematic. It makes possible an emphasis on public health without recognition of human rights in the context of sexual and gender diversity. SRH-R has FOUR DISTINCT DIMENSIONS – interconnected, but not interchangeable: sexual health; reproductive health; sexual rights; reproductive rights.

Integrated Sexual and Reproductive Health and Rights have traditionally been narrowly applied to CISGENDER WOMEN in a HETERO Normative Paradigm to focus on fertility, pregnancy, family planning, contraception, protection from sexual violence and HIV. This focus has invisibilised diverse sexual and gender identities of people who, equally, have reproductive systems, sexual interactions, rights to consent and bodily autonomy, desire for family (or not to reproduce) and vulnerability to violence. Most notably, transgender men and women and lesbian, bisexual and other queer-identifying women are frequently marginalised and excluded from policy-related discourse and services necessary for them to achieve the highest attainable standard of health necessary for a dignified life.

Confirming the advocacy position and messaging that, especially for sexual and gender minorities, where human rights are not protected, health outcomes are not achieved. NO RIGHTS; NO HEALTH. Public health, public policy and law are intimately and dynamically connected.
INTEGRATED SYSTEMS
THEORY OF CHANGE
The project contributed to the development of a Systemic Theory of Change for Positive Vibes, with significant implications for a Comprehensive Programming approach to achieve The End of Othering. Learning accumulating around SRH-R for sexual and gender minorities suggested that:

- Poor sexual and reproductive health and rights for sexual and gender minorities are effects of **INEQUALITY** and **INJUSTICE** that contribute to marginalisation, exclusion and stigma (as is consistently true for most minorities).

- Inequality and injustice are, at once, **PRODUCTS** (the result), **SYMPTOMS** (a manifestation) and self-perpetuating **ORIGINS** (the cause) of an unequal socio-cultural and socio-structural system, framed between two intersecting axes: the individual-collective axis (social); and the informal-formal axis (structural).

- Achieving high-impact, sustainable change requires **COMPLEMENTARY ACTION** across **MULTIPLE DOMAINS** in the integrated system:
  - to strengthen **individual awareness** of identity and rights and individual agency (individual-informal);
  - to engage and transform social, cultural and traditional **attitudes and norms** (collective-informal);
  - to ensure access to **appropriate services** delivered in respectful, dignified ways (individual-formal);
  - to promote inclusive **policy and law** within a rights-enabling environment (collective-formal).

- Healthy civil society organisations and communities, effectively connected and coordinated, are a foundation for “joined-up” **MOVEMENT** that advances change in the integrated system.

- To achieve scale of impact, and sustain transformation, it is necessary to engage the **WHOLE SYSTEM**, across its constituent components, not only an isolated selection of its parts.
1. SYSTEM OF GOVERNMENT (by state): secular government; constitutional government; constitutional supremacy

2. CONSTITUTIONAL PROVISIONS ON HUMAN RIGHTS (by state): does the constitution make provision for the right to equality under the law; dignity; privacy; non-discrimination; freedom from degrading treatment? Is sexual orientation a listed grounds for non-discrimination?

3. CONSTITUTIONAL PROVISIONS ON THE RIGHT TO HEALTH (by state): is the State a party to the International Covenant on Economic, Social and Cultural Rights (ICESCR)? Is the Right to Health an expressed or inferred right under the Constitution? What are the stated Constitutional provisions under the Right to Health?

4. RATIFICATION OF INTERNATIONAL TREATIES RELATED TO SRH-R (by state): has the State ratified or acceded to the ICCPR; the ICESCR; the CEDAW; the Maputo African Women’s Protocol; the SADC Gender Protocol?

5. NATIONAL STRATEGIC FRAMEWORKS ON HIV/AIDS (by state): are “Key Populations” recognised as vulnerable? Does “Key Populations” include “Men who have sex with men”; “Trans men and women”; “sex workers”; “women who have sex with women”? Does the Strategic Framework include “SRH” as well as “HIV”? Does the Framework include “Sexual Rights” or “Reproductive Rights”? Are there stated intentions for legal reform?

6. CRIMINALISATION OF SEXUAL AND GENDER MINORITIES (by state): Are specific groups recognised as distinct “Key Populations” under National Health Strategies and Frameworks [e.g. MSM; Trans; LBQ; Sex workers]? Is homosexual conduct criminalised under the Justice system? Is sex work criminalised? Are trans identities prosecutable under the law?

7. DOMESTIC HEALTH EXPENDITURE (by state): to what extent are African Union Member States complying with their respective commitments under the 2001 Abuja Declaration to an annual allocation of 15% GDP to Health? How are African states funding their HIV-responses from domestic sources? What percentage of total HIV Response financing per country is allocated to Key Populations?

8. INTERNATIONAL, MULTINATIONAL and BILATERAL HEALTH FINANCING (by state): To what extent is the international development community complying with its 1970 commitment of 0.7% Gross National Income on Official Development Assistance (GNI/ODA)? Trends and thematic priorities of international bilateral donors? UN classification of developing countries; SRH-R donor mechanisms, geographical and thematic footprint.

9. NATIONAL CLINICAL GUIDELINES for SRH-R (by state): Do National Guidelines exist to inform service standards and clinical protocols for public health service providers for care, examination, treatment and support of sexual and gender minorities? Is there any provision for the development of these national standards and guidelines?


An ANALYTICAL FRAMEWORK

In generating information, knowledge and intel for learning and advocacy, the project facilitated the development of a broad analytical framework through which to image, understand and track POSITION and MOVEMENT within the socio-structural ENVIRONMENT surrounding SRH-R for sexual and gender minorities in Africa. Data points include:

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A set of SRH-R Messages for Advocacy and Communications
Individual awareness of SRH-R as a human right, along with general understanding about civil, political and economic rights, are critical requirements of achieving change for sexual and gender minorities in society. People who understand their rights – to dignity, to consent, to choice – are better able to exercise and express their personal AGENCY. Accompaniment of a Learning Location exercise in Zimbabwe surfaced principles and practices useful for promoting individual awareness and agency, including:

- Time for reflection, introspection, recognition and celebration of the personal – of agency, of rights, of journeys of change and growth – is necessary to generate evidence; to share not only pain, but optimism and hope and inspiration. STRENGTH, APPRECIATION, AFFIRMATION and REMEMBRANCE – rather than reaction to limitation and denial – can be the cause and at the emergence of engagement, discourse and action.

- Agency and self-determinism – the capacity for choice – may be innate, but the potential to claim agency and express choice is limited by the external environment. In order to promote the claiming of agency – to make potential a reality – environments and consequences cannot be punitive. Conversely: IF ENVIRONMENTS ARE ENABLING AND AFFIRMING OF CHOICE WITHOUT FEAR, THEN INDIVIDUALS CLAIM AGENCY AND MAKE CHOICES FOR THEMSELVES.

- Enhanced individual awareness and knowledge do not automatically translate into greater opportunities and spaces for people to safely claim their agency and realise their rights. Social and legal environments in which people live and make choices often limit their potential. Only an SRH-R approach that focusses, simultaneously, on health AND fundamental human rights – not simply “SRH” (exclusive public health focus) or “SRHR” (health-related rights) – allows space for agency to be authentically considered and supported and, ultimately, claimed. WHEN HEALTH AND RIGHTS ARE JOINTLY, BUT DISTINGUISHABLY ADVANCED (not simply health rights) PEOPLE CLAIM AGENCY, NOT BECAUSE OF THEIR UNIQUE IDENTITIES, BUT IRRESPECTIVE OF THEM.

- Achieving and activating individual agency are linked to the evolution of an often implicit goal: not to achieve HEALTH FOR ALL; but instead to aim to achieve HUMAN RIGHTS FOR ALL.

PRINCIPLES and PRACTICES
promoting individual awareness and agency

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**PRACTICES TO PROMOTE AWARENESS AND AGENCY:**

1. Participation and involvement of communities in all spaces and aspects of a response; not losing community-voice (or substituting it with organisational representation).

2. Documentation is a practice that generates evidence, stimulates energy and direction, promotes accountability, and fosters memory amongst individuals who are becoming a part of a movement.

3. Be visible in all spaces, as the environment and circumstances allow. Under safe conditions, visibility builds confidence and voice that are foundations for agency and choice.

4. Be sensitive to and aware of other voices and identities that are, often inadvertently, marginalised and silenced, or overshadowed (for instance, LBQ women)

5. Individual agency does not mean isolation. Single, isolated voices – especially in hostile environments – are quickly silenced or alienated. **Collaborate to amplify; don’t isolate.**

6. Engaging at community level – where exclusion is most experienced and manifested – is as important as engaging with service providers and law makers.

7. Identify the gatekeepers who – formally or informally, structurally, socially or culturally – exert power to maintain a repressive or punitive environment that, consequently, suppresses agency and choice: who are the people acting to preserve the status quo?

8. Person-centred (human; personhood; identity) approaches – as opposed to service-centred interventions (systems; commodities) – keep agency central. Rights-programming is person-centred first.
Action for deep, sustained social transformation – serious impact – requires that actors act in collaborative and connected ways to change individual and system-level attitudes, behaviours, mental models, social dynamics, protocols, policies and laws. CHANGE (a system in dynamic movement) BOTH SUPPORTS AND REQUIRES the FORMATION OF MOVEMENTS (SELF-ORGANIZING CONSTELLATIONS OF INDIVIDUALS, COMMUNITIES AND ORGANIZATIONS WORKING TOWARDS A SHARED GOAL).

Movements form as various stakeholders collaborate towards a shared vision or goal. But, a shared goal may, in itself, not be strong enough to keep an emerging movement coherent and cohesive; that goal may be possible to reach through many diverse channels and approaches. MOVEMENTS BENEFIT FROM, ADDITIONALLY, A COMMON ORGANISING PRINCIPLE – A COMMON STANCE, A POSITION – AROUND WHICH DISCOURSE AND ACTION COALESCE (e.g. ‘public health’ is an organising principle; ‘human rights’ is an organising principle). Incompatible or misaligned organising principles – despite common goals – may undermine the integrity, sustainability or effectiveness of the Movement.

Whilst, in a complex system, action is needed – at comparable levels of intensity – across all dimensions of the socio-structural (formal) and socio-cultural (informal) system, considerable energy is applied by nongovernmental organisations to service-provision and, to a lesser extent, strengthening consortia (an approximation of “Movement”). Less attention is typically paid to BUILDING AWARENESS of the interaction between health AND rights (CONSCIENTISATION); to confronting SOCIAL ATTITUDES AND NORMS; to challenging EXCLUSIONARY POLICIES AND LAWS. Consequently, despite high levels of activity in the system, the system itself does not experience sufficiently distributed DISTURBANCE (DISRUPTION) to cause it to move.
PRACTICES TO BUILD MOVEMENT:

1. **Establish the correct incentive.** Movements that “move” are powered, first, by will, conviction, experience, and personal leadership. Organisations alone cannot make a movement: it requires ordinary people, activists and leaders who, themselves, are moved by a vision for change.

2. Effective movements have **nurtured a collective vision** for change: they have defined and described a cause. That cause is movement – not simply service – that challenges and disturbs the present, the status quo.

3. Organisations cannot own Movements; to control it is to dampen it. Organisations can, however, support the efforts of diverse players to **be aligned through connection and coordination**, without usurping leadership and drive. Coordination is not simply administration or supervision; it is supportive facilitation of connection; of convening; of holding space (often relational and labour-intensive).

4. Organisations can find a **stance of solidarity** and a role that enables them to **amplify the effects and effectiveness of the Movement.** Service to the Movement need not be leadership or supervision. Participation is a valid midway option between leadership and abdication.

5. **Adopt an ecological, whole-systems perspective to** recognise gaps, opportunities, contextual dynamics. A contextual analysis can aid in identifying key players, advantages and limitations, and enable planning.

6. The motive force for movement – the energy and urgency to act – is often greatest from those most affected. **Work closely with communities to stimulate their participation and contribution to** – and leadership in -- an emerging movement.

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**PRINCIPLES and PRACTICES**

**movement-building to deepen collaboration on SRH-R**

Impacting a complex, multi-dimensional socio-structural system requires action that is of sufficient intensity and magnitude to make a noticeable impression on the prevailing status quo. Small, localised changes may be intrinsically meaningful and valuable, but may be insufficient to shift the system. Complementary, coordinated, **CONNECTED** action across stakeholders operating in different dimensions of the system is a strategy to amplify change at scale. Accompaniment of a Learning Location exercise in Zambia surfaced principles and practices useful for building Movements (structural) capable of effective movement (dynamic), including:
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*Conscientisation*  
*Continuity*  
*Complexity*  
*Common purpose*  

**CONFIDENTIALITY**  
Building social capital  
Creating and holding safe spaces together  
Communication; connectivity  
Clarity  
Collaboration  
Complementarity  
Cross-fertilisation  
Capacity  
Call  

**CHANGE**  
**CORE**  
**COMMUNITY**  
**CONVENING**  

21 Cs
PRINCIPLES and PRACTICES

spirituality and sexuality: faith, religion and SRH-R

Despite most African states being SECULAR constitutional democracies, faith and religion play an integral role in the public and private lives of sexual and gender minorities. Religion influences law and policy. It powerfully shapes social norms and attitudes. It profoundly affects psychosocial health and self-concept for individuals whose marginalisation it frequently legitimises. It also represents home – an aspect of identity and belonging. Conversations with LGBTQ+ people of faith from Uganda, Zimbabwe, South Africa, Namibia, Lesotho and Botswana surfaced principles and practices useful for engaging with faith and religion in pursuit of universal access to sexual and reproductive health and rights, including:

The vast majority of African States are NOT THEOCRACIES; they are SECULAR, CONSTITUTIONAL DEMOCRACIES with SEPARATION OF CHURCH AND STATE. Nevertheless, 24 and 16 African countries have more than 70% of their population affiliated with Christianity and Islam, respectively. Religion and faith are indelibly intertwined with personal identity, with cultural and social belonging (and determinations around exclusion and othering), and in the shaping of public policy and law.

Faith and religion are, collectively, one of the only dimensions of public and private life that impacts each of the four major quadrants of an intersecting socio-cultural and socio-structural THEORY OF CHANGE: individual awareness, self-concept and agency with regards human rights; social attitudes and norms; equal access to effective public services; public policy and law. ENGAGING WITH RELIGION may be one of the most strategic – although potentially complex and sensitive – influencing trajectories for supporting progressive social and structural change.

THREE FACTORS, amongst many others, play a pivotal role in the polarisation of sexuality and spirituality and, specifically, the alienation of LGBTQ+ people from faith community and religious life.

1. LGBTQ+ identities are UNDER-REPRESENTED in the commonly told Story of Faith or, more subtly, UNDER-IDENTIFIED. Subsequently, their identities are invisibilised and marginalised in the language and practice of every day religion.

2. Many initiatives to engage with and influence religious leaders approach from an intellectual, cognitive or educational perspective; or an emotional/affective perspective; or a human rights perspective. Few initiatives effectively engage with the element unique to religious thought and practice, and perhaps most compelling of behaviour in their definition of objective religious worldview: THEOLOGY and DOCTRINE.

3. A largely UNCHALLENGED PREVAILING NARRATIVE – actively and passively supported by the faith community and LGBTQ+ communities – that the two communities are exclusively and universally opposed to one another and irreconcilable; that the perspectives of each are homogenous.
1. For many LGBTQ+ people, personal faith is as much a part of identity as are sexual orientation or gender identity, aspects of self around which they may experience conflict and fragmentation. Engagement and reconciliation with faith communities requires doing the often difficult personal, individual work towards INTEGRATION.

2. Test and challenge the conventional narratives surrounding faith, religious communities and sexuality: that, for instance, the exclusionary, heteronormative, often violent positions of a portion of that community represents, universally, the position of the entire community. Expect that, as in all communities, diversity and plurality of perspectives exist.

3. Develop sound theologies around LGBTQ+ identities, alongside other theology on power, on gender, etc. so that engagement can be – beyond cognitive, affective, rights-based – persuasive in the unique worldview and familiar language of the religious community.

4. Tell personal stories. Language used to describe our private, embodied experience is a way to connect one human being to another.

5. There are many varied ways to communicate a position on spirituality and sexuality. Clear communication is a powerful tool for engagement, but benefits from identifying and refining a few clear, consistent messages.

6. Pay attention to the approach for engagement. Support an approach that encourages safe and inclusive dialogue, not necessarily debate. Contestation is not conversation, and escalates tensions when finding common ground may be preferable.

7. Prepare LGBTQ+ People of Faith for engagement with religious leaders so that all parties feel they have equal access to – and capacity and agency for – conversation. Do not make assumptions about equity or parity.

PRINCIPLES and PRACTICES

spirituality and sexuality: faith, religion and SRH-R

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➢ PRACTICES TO ENGAGE RELIGIOUS LEADERS AND FAITH COMMUNITIES ON ISSUES OF SEXUAL AND GENDER DIVERSITY:
PARALLEL TRACKS

Project learning about SRH-R across an integrated socio-cultural and socio-structural system developed in tandem with several complementary thematic trajectories and resources, focused around (i) human rights and the law; (ii) integrating spirituality and sexuality; and (iii) public monitoring and accountability.
1. **Sentinels: signs and signals in a changing environment**: A synopsis of sexual and reproductive health, and sexual and reproductive rights (SRH-R) for sexual and gender minorities (LGBTQ+ persons) and sex workers in the African context.


3. **SRH-R and Movement Building**: expanding ‘health’ and ‘rights’; deepening collaboration.

4. **Individual differences should not be a hinderance to life**: Agency and the concept of SRH-R.


7. **Suggested guidelines** for developing post-process Learning Location Knowledge Products.

**KNOWLEDGE PRODUCTS**

These summary lessons, principles and practices draw from substantial content generated throughout the course of the 2016-2018 Amplify Change Regional Network Grant, available from Positive Vibes as Individual Knowledge Products, including: