

**CHALLENGING
GENDER INEQUALITY AND
SOCIAL EXCLUSION**



RESULTS FROM

LOOKING IN, LOOKING OUT

ABOUT FRONTLINE AIDS

Frontline AIDS wants a future free from AIDS for everyone, everywhere. Around the world, millions of people are denied HIV prevention, testing, treatment and care simply because of who they are and where they live.

As a result, 1.5 million people were infected with HIV in 2020 and 690,000 died of AIDS-related illness.

Together with partners on the frontline, we work to break down the social, political and legal barriers that marginalised people face, and innovate to create a future free from AIDS.

ABOUT POSITIVE VIBES

Positive Vibes is a non-governmental organisation that works towards health, equity and justice for all. Based in Namibia and South Africa, it supports programmes throughout Africa with a particular focus on LGBT+ people, sex workers, adolescent girls and young women and people living with HIV. Positive Vibes is a Frontline AIDS partner.

EVIDENCE AND COLLABORATION FOR INCLUSIVE DEVELOPMENT

Evidence and Collaboration for Inclusive Development (ECID) was a four-year programme that took new and innovative approaches to building civil society effectiveness in Myanmar, Nigeria and Zimbabwe. It sought to increase accountability, responsiveness and effectiveness to realise sustainable development for all, with particular focus on the most marginalised groups and individuals. The programme, which was funded by the UK Government, closed after 2.5 years due to budget cuts. For more, visit evidenceforinclusion.org.

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CONTENTS



ABOUT THIS PUBLICATION	3
GENDER INEQUALITY AND SOCIAL EXCLUSION	4
How gender inequality and social exclusion make people vulnerable to HIV	4
EXAMINING VALUES AND CHANGING ATTITUDES	5
What is personalisation?	5
Self-awareness training	5
PERSONALISATION: THE EVIDENCE	6
Increasing access to safe abortion	6
Reducing HIV-related stigma and discrimination	6
Increased access to sexual and reproductive health services	6
LOOKING IN, LOOKING OUT (LILO)	7
What is LILO?	7
What are LILO's objectives?	7
How does it work?	7
What's the evidence?	7
LOOKING IN, LOOKING OUT FOR INCLUSIVE DEVELOPMENT (LILO INCLUSION)	8
How LILO Inclusion was used in Zimbabwe	8
What LILO Inclusion achieved	9
Lessons learned	10
REFERENCES	12

ABOUT THIS PUBLICATION

An effective way to challenge gender inequality and social exclusion is to support people to examine their personal values. This approach is called 'personalisation'.

This publication analyses the effectiveness of participatory personalisation approaches. It focuses on one such approach, Looking In, Looking Out (LILO), and a related self-awareness training tool called LILO Inclusion, which has been used in Zimbabwe with promising results.

The findings presented here are based on a desk review of research on personalisation interventions, plus a review of the use of LILO Inclusion, consisting of workshop reports and evaluations, interviews with LILO Inclusion workshop facilitators and programme implementers, and focus group discussions with people who participated in LILO Inclusion workshops.



GENDER INEQUALITY AND SOCIAL EXCLUSION

When someone judges, discriminates against, abuses, exploits or attacks someone else because of who they are or what they do – including on the basis of their gender – the consequences can be far reaching.

This is stigma and prejudice in action. And when people experience these things repeatedly, and from whole communities or groups, a process of social exclusion or marginalisation occurs.

Someone who is socially excluded or marginalised may find themselves rejected or mistreated by family, friends, partners and the wider community, unable to work, find housing, access healthcare or education, express their feelings and identity, experience satisfying intimate relationships, and fear for their safety.¹

But no one is born with prejudice. People form stigmatising and discriminatory attitudes from the social, cultural and political environments in which

they live. At the heart of this process are something called social norms. These are shared values, often based on unequal power structures, which govern how people 'should' behave and how we see ourselves and our potential. These norms are based on different aspects of identity and behaviour, such as gender, sexuality, age, social standing, profession, income level and health status.

Some of the most dominant social norms relate to **gender** – the characteristics that societies give to the notions of 'masculine' and 'feminine' – which help to create and perpetuate **gender inequality**.

Gender inequality is expressed in damaging and restrictive attitudes, behaviours, practices, policies and laws about how heterosexual cis women and girls should behave. It also helps to drive the social exclusion of people who are lesbian, gay, bisexual, transgender, intersex or gender non-conforming (LGBT+), and contributes to the marginalisation of sex workers, people living with HIV and people who use drugs, who often experience multiple layers of stigma and discrimination.

HOW GENDER INEQUALITY AND SOCIAL EXCLUSION MAKE PEOPLE VULNERABLE TO HIV

Gender inequality and social exclusion can restrict people's right to make decisions or exert control over their bodies and their lives. This loss of agency can make them vulnerable to HIV, sexually transmitted infections (STIs) and unintended pregnancies. They may be unable to choose how and with whom they have sex, or experience sexual exploitation, yet be unable to access services to protect their sexual and reproductive health and rights (SRHR), including HIV testing and treatment. Gender inequality and other forms of social exclusion also increase people's vulnerability to sexual, gender-based and intimate partner violence, which negatively affects their SRHR.

These experiences can also affect people's mental health, leading to things such as low self-esteem and depression.² This can push people further away from support and services and into situations where the risk of getting HIV rises.

The enforcement of social and gender norms is often expressed through judgements about 'improper' or immoral behaviour, and people then blame this behaviour and the groups they associate with it for the spread of HIV. This stigma can stop people from taking an HIV test, even if they are at an increased risk of getting HIV or have symptoms. It can also stop people living with HIV from accessing or staying on lifesaving treatment.

Not only does HIV-related stigma affect an individual's health and life, it also drives HIV transmission. This is because HIV can only be transmitted when someone with HIV is virally unsuppressed, and the only way for someone to suppress HIV is to be on effective treatment. On top of this, stigmatising myths about how HIV is passed on can stop people telling others they are living with HIV, including healthcare professionals, or lead to further social exclusion if someone's HIV-positive status is made public.^{3,4}

The result is a vicious cycle in which people are made more vulnerable to HIV because they are socially excluded, and people with HIV face further social exclusion because they have the virus.

And that's why challenging gender inequality and social exclusion is critical to ending AIDS.



EXAMINING VALUES AND CHANGING ATTITUDES

One effective way of challenging gender inequality and social exclusion is supporting people to examine their personal values. This approach is called 'personalisation'.

WHAT IS PERSONALISATION?

Personalisation strategies work by identifying then deconstructing the core values and belief systems that drive individual attitudes and behaviours.⁵

Personalisation aims to give people more choice and control over their lives by identifying their strengths, preferences and aspirations.⁶ It is based on the idea that individuals can make positive decisions if they have access to the right information, advice and advocacy. Personalisation means listening, understanding and responding to people's unique histories, perspectives and needs⁷ and ensuring that every individual is treated with the same level of dignity and respect.⁸

SELF-AWARENESS TRAINING

Self-awareness training is a key personalisation strategy. The idea is to connect people intellectually and emotionally to their own emotions, attitudes and behaviour and the experiences of others to reduce any conscious and unconscious bias they hold.^{9, 10}

The aim of this type of training is to ensure that people tasked with delivering personalised care and support are providing it in effective and non-stigmatising ways, and that those with the power to influence other people's values and attitudes are able to reflect upon the values that they themselves hold and promote. It can also be used to address self-stigma among people who have been marginalised.

Self-awareness training is participatory as it encourages people to become aware of, and reflect upon, their own values. Doing this can increase individuals' acceptance and tolerance towards people who they may have previously been prejudiced against, either knowingly or unknowingly. As a catalyst for transforming individual values and beliefs it can spark wider social change, when people whose attitudes have shifted go on to influence others at work, at home and in the wider community.¹¹



PERSONALISATION: THE EVIDENCE

The evidence suggests that personalisation approaches are particularly effective at reducing stigma and discrimination.^{12, 13} Here, we outline key findings from our review of the current research on personalisation.

INCREASING ACCESS TO SAFE ABORTION

Ipas' values clarification and attitude transformation (VCAT) workshop aims to change people's attitudes towards abortion. The workshop's aim is to move participants along a continuum from being resistant to the idea of the right to safe abortion towards tolerance, acceptance and support for it, ultimately creating advocates who campaign for access to comprehensive abortion and sexual and reproductive health and rights.^{14, 15}

What's the evidence?

This approach has positively affected the attitudes and behaviours of a variety of stakeholders.^{16, 17} In South Africa, Planned Parenthood Association reported that many healthcare providers shifted to supporting access to safe abortion and aftercare after participating in a VCAT workshop.¹⁸ Similar findings were reported in another South African study, when a three-day VCAT workshop increased safe abortion knowledge, changed attitudes and inspired advocacy to support reproductive choice.¹⁹ In the United States, this approach was used as part of a Catholic training programme and led to an increase in participants endorsing or accepting patient scenarios involving abortion.²⁰

REDUCING HIV-RELATED STIGMA AND DISCRIMINATION

Participatory self-awareness training has been used to successfully address healthcare providers' stigmatising attitudes towards HIV. The aim of this training is to provide healthcare workers with a safe space to reflect on the underlying values that lead to shaming and blaming people with HIV. Workshops are designed to help individuals disassociate people living with HIV from behaviours often associated with HIV transmission that may be considered socially improper or immoral.²¹

What's the evidence?

In Vietnam, researchers compared two types of training for hospital staff. The first group were trained on general precautions to take to reduce their and other people's fear of getting HIV, while the second

group received this training plus training on social stigma relating to HIV that used a personalisation approach. Although both training courses reduced discriminatory behaviour at the hospital, the impact of the personalisation training was greater.²² In South Africa, researchers provided family members, community members and spiritual leaders with self-awareness training on HIV stigma.²³ This led to community members acting in less stigmatising ways and people with HIV experiencing less stigma. Other studies in low and middle-income countries have found personalisation strategies are effective in reducing HIV-related stigma and discrimination.²⁴

TRAINING TOOLKITS

International Center for research on Women (ICRW) and other organisations have developed training toolkits with various participatory exercises that can be used to raise awareness, change attitudes and promote action to challenge HIV stigma.

ICRW's Understanding and challenging HIV stigma: toolkit for action is available at www.icrw.org²⁵

INCREASED ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Personalisation approaches are widely used in interventions to change gender norms, such as those that aim to reduce female genital mutilation, child marriage and gender-based violence. Using a rights-based approach, individuals and leaders are challenged to examine and assess their value system and empowered to make meaningful and sustainable changes.²⁶ This approach aims to increase people's understanding of the power inequalities that constrain marginalised women and girls (and men and boys) and to actively challenge discriminatory norms.²⁷ To achieve this, many exercises are designed to help participants express the feelings that often lie behind these attitudes.²⁸

What's the evidence?

These approaches are effective in reducing different types of violence against women and girls and in changing attitudes towards gender-based violence and child marriage.^{29, 30} Personalisation approaches have also been effective in increasing adolescent girls' access to contraceptives by supporting healthcare providers to recognise and avoid personal bias when counselling their clients about family planning, regardless of their client's age.³¹ It has also helped young people overcome cultural, religious and other barriers to accessing contraception.³²

LOOKING IN, LOOKING OUT (LILO)

WHAT IS LILO?

Looking In, Looking Out (LILO) is Positive Vibes' flagship participatory personalisation methodology. It supports personal and organisational development to address stigma (including self-stigma) and discrimination. LILO is based on the idea that personal and social transformation begins with the self and seeks to activate personal voice and agency to create change.

WHAT ARE LILO'S OBJECTIVES?

To sensitise, raise awareness and elevate people's consciousness on the personal values, attitudes and beliefs that have a bearing on actions and behaviours.

HOW DOES IT WORK?

LILO is a facilitated workshop that differs from traditional sensitisation workshops. It goes beyond information provision to change attitudes through a personalisation approach. Each LILO training curriculum is customised to a specific audience and is delivered as a minimum three-day workshop facilitated by master trainers. The workshops have been developed with and for people who are socially excluded, including people living with HIV, LGBT+ people, sex workers and people who use drugs, and the organisations and institutions that engage with them.³³

All LILO facilitators have been through the LILO training and are on their own LILO journey. LILO also has a principle of ensuring there is a gender balance on workshop facilitation teams, and where possible representation of marginalised groups.

Here are some examples of LILO interventions that have been used in several African countries, mainly in eastern and southern Africa (for a full list of LILO interventions see [Positive Vibes' website](#)):

- **HIV & Me** workshops and self-help groups address self-stigma among people living with HIV. It aims to build agency and voice among people living with HIV and encourage movement building.
- The **LILO Identity** workshop is designed for LGBT+ people. It explores sexual orientation, gender identity and expression and supports participants to reflect on their feelings, needs and desires. Its aim is to give participants the psychological tools they need to make their own choices and exert control over their lives and futures.
- **LILO Connect** is for staff and volunteers from HIV, SRHR or health organisations. Its goal is to support participants to better understand and support LGBT+ people, sex workers, people who use drugs and others who are socially excluded. The workshop engages participants at an emotional

ECID consortium partner

“ Much of gender work focuses on the technical bit, but 98% of good practice is thinking about needs of the other person, putting yourself in their shoes and engaging meaningfully. LILO helps with this – on how to engage meaningfully in inclusive programming at a person-to-person level and shift from a technical piece of work to human, sensitive work. ”

level, tapping into their hearts as well as their minds to encourage empathy. It also aims to be an advocacy tool as participants are encouraged to engage others influential actors, such as policymakers, civil society leaders, journalists and religious leaders.³⁴

What's the evidence?

LILO not only transforms values and attitudes towards people who are socially excluded or marginalised, it also changes the way marginalised people feel about themselves.

Evaluations of LILO approaches that have been used in various countries found participants from marginalised groups increased their self-acceptance and self-efficacy, became more aware of their rights and how to assert them, improved their communication, negotiation and conflict resolution skills, strengthened their advocacy movements and increased their access to improved services, particularly legal and health services.^{35, 36} In Botswana, Lesotho, Zimbabwe and Zambia, LILO Identity led to better health and well-being for people living with HIV, transgender people and men who have sex with men.^{37, 38}

Among service providers, duty bearers and other influential actors, LILO has increased people's understanding of the issues and experiences faced by those who are socially excluded and changed judgemental and hostile attitudes to attitudes of acceptance.^{39, 40, 41, 42, 43} An evaluation of LILO Connect in Kenya and Zimbabwe, for example, found a 'transformative shift' in values and attitudes towards sex workers and transgender people.⁴⁴

“Whenever I'm in a discussion with someone I'm now taking time to reflect where they are coming from and what they are thinking...I've learnt to give space to others to make contributions. I'm sure this is something that is improving my relations with other people.”

LILO facilitator and workshop participant

LOOKING IN, LOOKING OUT FOR INCLUSIVE DEVELOPMENT (LILO INCLUSION)

Looking In, Looking Out for Inclusive Development (LILO Inclusion) was developed by Positive Vibes and Frontline AIDS for the Evidence and Collaboration for Inclusive Development (ECID) programme as a key intervention to support the programme's gender equality and social inclusion strategy.

ECID took a new and innovative approach to building civil society effectiveness in Myanmar, Nigeria and Zimbabwe. Its aim was to realise sustainable development for all, with a particular focus on people that are socially excluded or marginalised.

Research carried out at the beginning of ECID found that women, adolescents, people with disabilities, ethnic minority groups, LGBT+ people, sex workers and people who use drugs were the most important groups to support in each country.

The intention was to implement LILO Inclusion at different levels in all three countries, including with people from each identified marginalised community. But ECID's activities were disrupted by COVID-19 and the programme was then cut short due to reductions in UK overseas development assistance. As a result, LILO Inclusion was only implemented in Zimbabwe.

HOW LILO INCLUSION WAS USED IN ZIMBABWE

The initial LILO Inclusion training took place in November 2020 with 11 staff from ECID's consortium organisations. Of these, seven went on to attend a training of trainers' course to become LILO Inclusion facilitators.

Between March and June 2021 these facilitators ran two three-day workshops in Matebeleland North (in the districts of Lupane and Binga) and two in Manicaland (in the districts of Mutare and Mutasa) for provincial- and district-level civil servants and civil society organisations working on gender equality and social inclusion with marginalised groups.

The workshops' aim was to support participants to develop more positive attitudes towards people who are highly excluded and marginalised due to one or more overlapping identity, including gender, ethnicity, disability, health status, sexual orientation and age.

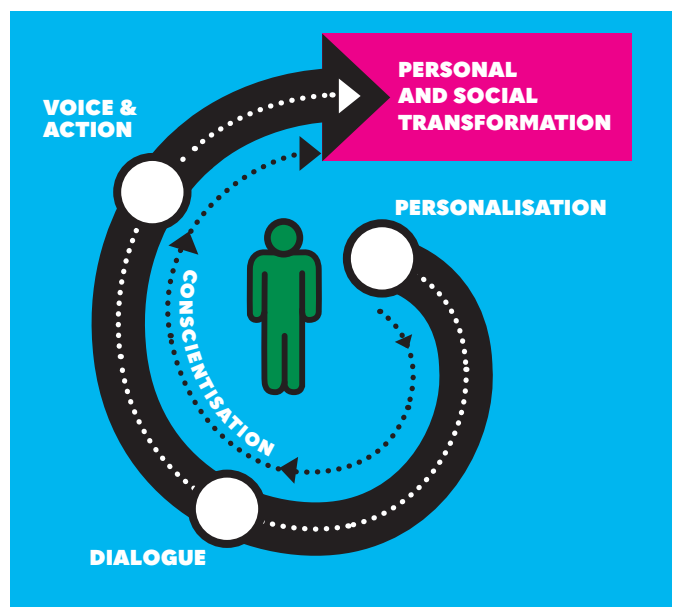
Participants were invited to:

- Examine their personal values and attitudes
- Examine their experiences of marginalisation and 'mattering' (feeling valued)
- Think about gender and power and explore how gender power relations affect different people
- Consider navigating a 'disabling' world
- Build empathy skills

There was a strong emphasis on disability as a form of social exclusion, with consideration of other marginalised groups woven into exercises throughout the workshop.

Participants were taken through a process that begins with unpacking what values underpin their attitudes and judgements about others. By considering their own experiences of exclusion and its impacts, participants were able to explore the experiences of those who are regularly excluded, why they are marginalised, and the psychological impact of extensive, long-term and pervasive exclusion.

Follow-up sessions and exercises encouraged participants to identify and empathise with others and to listen to them. Participants were asked to reflect on where they stood on an 'attitude scale' in relation to each of the groups covered in the workshop. This pivotal moment encourages people to move towards adopting more positive and inclusive attitudes, and ultimately appreciating and celebrating diversity.



This figure illustrates the process of personal and social transformation that LILO Inclusion is based on.

“ People were realising that there are things they had done traditionally that they never thought [of] as exclusion or inequity. But all of a sudden they became aware of their contribution in perpetrating some of those inequities without realising it. ”

LILO master trainer

The workshops end with individuals making plans outlining what action they would like to take back home, into work and to the wider community, based on what they now know and understand, with the intention of growing a community of champions and allies.

“When we talk of behaviour change...we [usually] don't give the people we are targeting the opportunity to reflect upon themselves...in most cases people say that if you are doing behaviour change it's a long-term [process], you need 5 to 10 years ...but using LILO I think you will be done in 2 years.”

LILO facilitator and workshop participant

“LILO is a well thought process to help participants do introspection. It pushes one to reflect on their own experience, attitudes and values, beyond the 'technical bit'. You personalise the process.”

LILO facilitator and workshop participant

WHAT LILO INCLUSION ACHIEVED

In Zimbabwe, LILO Inclusion showed promising results in changing values, attitudes and programming relating to gender equality and people with disabilities. Workshop participants reported making changes, not only in the course of their work but also in how they treated colleagues, family members and people in the wider community.

Changing attitudes

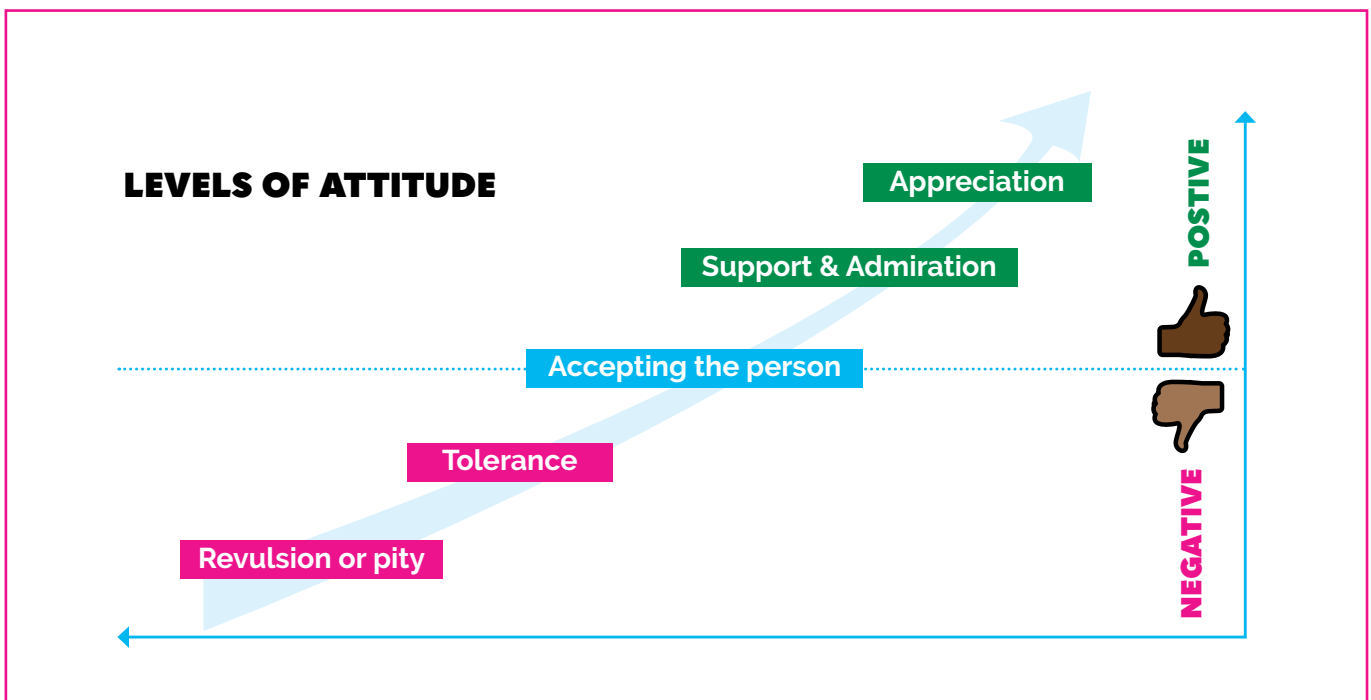
Following the 3-day workshop, 63% of participants (27 out of 43) reported having an appreciation for people with disabilities, compared to only 4% expressing this attitude when the workshop began. All participants ended the workshop feeling acceptance or support for people with disabilities rather than pity or tolerance.

When asked what prompted this attitude change, participants said it was due to having an increased knowledge of the impact of discrimination and marginalisation on people, plus an understanding of the prejudices and values that – consciously or unconsciously – could have driven them to hold discriminatory views.

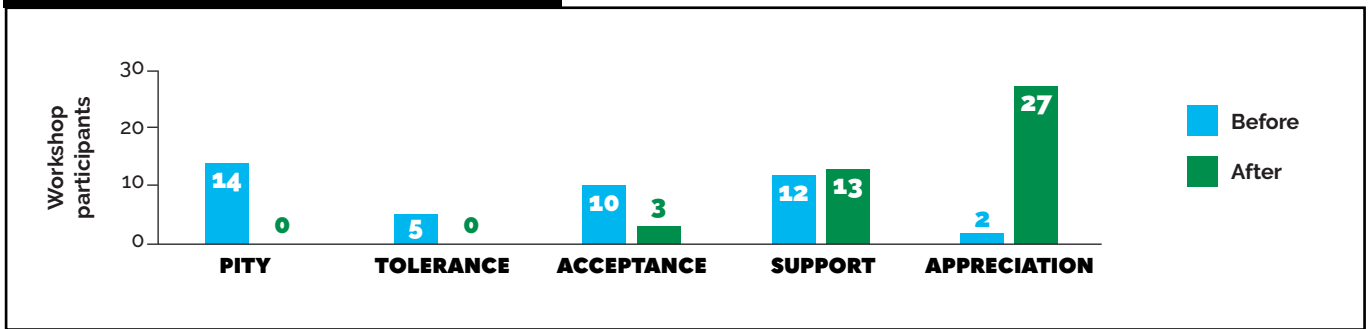
“The idea of reflecting on disability at a close range of a family member makes the understanding more real and meaningful.”

LILO workshop participant, Zimbabwe

This graph shows the different levels of people's attitude and how it changes over time. It is used in LILO Inclusion as a basis for discussion of how participants' attitudes have changed.



ATTITUDE TOWARDS A PERSON WITH DISABILITY



This graph shows the change in attitudes towards people with disabilities after the LILO Inclusion workshop, based on post-workshop evaluation reports.

Changing values and behaviour

A post-activity review found that going through the LILO Inclusion process had led participants to reflect on how their own values and social norms about gender and power created conscious and unconscious bias. Participants reported becoming increasingly aware of their own prejudices during the workshop and how they had reflected on times when they had unknowingly contributed to stigma and discrimination. Some described this as having a lasting effect on their lives. The focus on empathy and listening was seen as something that had helped participants become more accommodating of diversity or even embracing of it.

These attitude changes translated into changes in behaviour in various ways.

At work: The majority of workshop participants displayed a commitment to gender equality and social inclusion practices in their work, educating their colleagues and including the perspectives of people with disabilities into their activities. Some said the workshops changed the way they approached their job and had led them to make significant changes that made their work more effective.

At home: Workshop participants reported changes in their attitudes and behaviour towards family members. Some had talked to their families about the issues raised in the workshop or made changes in the way they interacted with family members.

“ Before the workshop I had an attitude that was not very good towards sex workers... I learnt to treat them equally after the workshop. Before we used to ignore them... now we have learnt to incorporate them in our programmes...and try to reach out to them to hear their concerns and how we can help them as a ministry. ”

LILO workshop participant, Zimbabwe

In the wider community: Some participants saw the workshops as a viable and powerful advocacy tool that they would use in their sensitisation sessions with duty bearers and other individuals who work with people who are socially excluded.

“I started to realise how privileged I am in terms of domestic work and labour. There are many things that women take up that I wasn't taking as a burden, I took it as if it was their duty as women.”

LILO facilitator and workshop participant

“After interacting with the police and healthcare workers and other duty bearers I could tell there is a strong resentment towards female sex workers ...[so] we [have] decided we need to take them the LILO way... I'm planning to run three LILO workshops with police and I'm sure they will not remain the same.”

LILO facilitator and workshop participant

LESSONS LEARNED

It will take a long time to achieve gender equality and social inclusion, but personalisation is key to achieving this goal. Due to deep-rooted cultural and religious beliefs, levels of gender inequality and social exclusion are high in many countries. In Zimbabwe, workshop participants highlighted this reality by describing widely held beliefs that women should not own property or speak in public. But they felt that LILO could play an important role in challenging the status quo. They saw LILO's potential for changing individual values, which they felt could be carried through to the family and community and eventually speed up the transformation of social norms.

The challenge of achieving social inclusion came into sharp focus when the newly trained LILO facilitators in Zimbabwe unanimously agreed that the workshops should not include a specific focus on participants' attitudes to LGBT+ people. They felt a personalised discussion of LGBT+ issues could alienate participants and lead to a backlash against ECID's work. While the LILO training of trainers' process helped to open dialogue among participants and programme partners about gender and sexuality as linked factors

of marginalisation, the facilitators' resistance to raising LGBT+ issues is a clear demonstration that social inclusion remains far away.

The root causes of marginalisation should be identified and addressed if the goals of gender equality and social inclusion are to be achieved. It is important to involve the right participants in LILO Inclusion workshops; those with the authority and influence to persuade others to apply more inclusive approaches. This includes focal people within government who can cascade the learning down and 'custodians' of social norms, particularly traditional and religious leaders.

To realise LILO's full potential, it is important to introduce the process during a programme's early stages. In Zimbabwe, LILO Inclusion's potential was not fully exploited, partly due to COVID-19 disruptions. If the workshops had been implemented earlier, it is likely they would have had a bigger impact.

"We underestimated the impact LILO could have had. If we had that understanding from the beginning, we would have tried as much as possible to roll it out in the beginning of the project..."

ECID consortium partner

While LILO's effects are impressive, the momentum the workshops create could be erased if there is no follow-up. Although LILO has the potential for sustainability, the impact is likely to melt away in the absence of continued support for facilitators and participants. This limitation is linked to the early closure of the ECID programme.

"You cannot do a LILO workshop outside of a major programme – it is not a one-off, three-day workshop, it needs to be built in a comprehensive programme with continued support and accompaniment for facilitators. To really make the most of the shifts in attitude changes during the workshop is to have some kind of follow-up."

LILO master trainer

A conscious safeguarding approach is required throughout the LILO process, and a need to carefully consider vulnerability, risks and power dynamics. When developing a LILO tool there is a need to consider ethics and safeguarding, particularly as participants are invited to share private information and personal stories around potentially distressing topics. The quality of the facilitators, and ensuring there is a good gender balance and representation of marginalised communities among facilitators, is vital for encouraging these debates and ensuring safeguarding mechanisms work.

LILO inclusion contributes to sustainability as it can change values. But only a small number of people can participate in a workshop, while the specialist resources needed makes it a time-consuming and relatively expensive process. LILO requires several days of in-person, participatory training, which can be a challenge for busy organisations that cannot afford the staff absences. In addition, the process of training new LILO facilitators is intensive and therefore expensive, while the need to provide psychological support for participants also adds to costs.

These factors mean it is not advisable to make LILO part of other trainings as a technical 'add-on'. This could make it challenging to scale up LILO so that it reaches enough community members to transform social norms.

COVID-19 could pose a challenge to the rollout of LILO because workshops are designed to take place in person to create a safe and supportive space for participants. The current lack of a tried-and-tested online version of LILO could lead to implementation delays in places where COVID-19 restrictions are in place.

"LILO opened my horizon, especially in programming...in [our] women's empowerment [programme] we were targeting able-bodied women...after the workshop we are now reserving one quarter of the loans for people with disabilities. It was an eye opener in not discriminating... I realised that it was [an] attitude issue that we had that impacted our behaviour."

LILO workshop participant, Zimbabwe

If you would like to discuss using LILO in your work, please contact Positive Vibes or Frontline AIDS.



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