

Lessons Learned

Health Care Providers' sensitization and capacity development; and community mobilization through arts and theatre in Lusaka (Zambia)

SUMMARY

Trans Bantu Zambia's (TBZ) lessons learned focussed on Health Care Providers (HCP) sensitisation on the health needs and appropriate services for Trans and Intersex, and also on educating and empowering community members to uptake available services. The HCP sensitization and community capacity development project aimed to address the knowledge, attitudes and practices of health care providers when providing services to trans and intersex persons seeking medical assistance. TBZ learned that proper scoping and planning for project activities is essential. During implementation, it was assumed things would go as planned and left little room for re-planning and no contingent budget. Negative or unexpected results were not foreseen and planned for, and when the activities were abruptly stopped TBZ staff had no backup plan. TBZ also learned that community members were accessing available services without problems as they did not disclose their identity to HCP.

DESCRIPTION OF ACTIVITY

TBZ with the support of COC, Hivos and SAIH conducted a needs assessment among trans and intersex (T&I), sensitised HCP on T&I health needs and mobilised community members on availability and uptake of services. The survey covered:

- Mapping and needs of trans and intersex individuals;
- Perceptions and attitudes towards trans and intersex clients in the health sector; and
- Attitudes and legal knowledge of trans and intersex issues among legal practitioners.

The Programme consisted of the following activities:

Needs assessment - Trans Bantu interviewed 17 healthcare providers, including 4 doctors, 4 nurses, 4 midwives, a clinical officer, a psychosocial counsellor, a pharmacist and a scientist.

HCP sensitization - Twenty HCP from four health centres increased their knowledge on standards of care for trans and intersex.

The HCP sensitization activity provided basic understanding of T&I health issues, offered skills strengthening based on the needs assessment TBZ carried out in October 2013.

The project identified specialists to work closely with head nurses and T&I community for referrals and psychological support.

Community mobilization - TBZ raised awareness on health services in local communities through sports and arts, and provided psychosocial support for holistic well-being for trans and intersex community.

Community members often self-discriminate, thereby making the assumption that HCP discriminate and make it a reason not to seek health services. TBZ undertook this activity to help identify friendly HCP, find how best to interact, sensitize and collaborate with HCP. The KAP study showed that 80% of the HCP were willing to learn about trans and intersex issues. The needs assessment showed lack of understanding of SOGI issues, risk reduction measures, lack of basic life skills, alcohol and drug use among trans and intersex communities which needed to be addressed.

Country context

Legally and culturally, Zambia does not recognize trans and intersex identities. The laws of Zambia are silent on the issue of variant gender identity and the government has no official position on the matter. However, because Zambian law criminalizes consensual same sex sexual conduct among adults and cultural attitudes are decisively homophobic, trans and intersex individuals face legal risk, stigma, and pressure to conform to normative behaviour. Criminalization is an issue for many trans and intersex individuals as they personally do not identify as gay or lesbian, and are often perceived to be homosexual. Zambia regards itself as a Christian nation and public attitude perpetuates violence and hostility.

What other activities were implemented already in the past to work on this specific problem(s)?

New members were recruited and information from workshops shared through outreach activities in Copperbelt and Lusaka. Safe space to meet and interact were provided, football and other recreational activities were in place e.g. pool table, monopoly and other during TBZ games day.

IMPLEMENTATION AND ACHIEVEMENTS

The steps and phases included:

1. Needs Assessment - KAP study – knowledge, attitudes and practices

2. Prioritisation of needs
3. Sensitization of Health Care Workers
4. Community mobilisation (Arts and Theatre)

Describe how you thought this strategy would contribute to solving the problem. What was your line of thinking, what was your 'theory of change' and which were your operational assumptions?

TBZ anticipated to reach out to 58 of its registered community members in Lusaka through arts and theatre which the organisation see as a more effective way to facilitate behavioural change. Drama, arts and theatre helped depict challenges that the community face and through personal reflections they were able to share a positive narration of T&I stories and experiences

TBZ assumed that HCP were hostile and not willing to provide services to its constituent and through the KAP study conducted it revealed that HCP were not discriminatory and that more LGBTI people were accessing services.

What were the essential resources needed for implementation of the activity? (Financial, material, human resources, specific competencies or knowledge)

Financial resources

COC, Hivos and SAIH provided funding for programme activities to cover for development of training/IEC materials, cameras/recorders, venues, football kits, logistics, meetings and travel (transport reimbursements) costs.

Human resources

Needed a consultant to facilitate the needs assessment, document the report and a project coordinator to implement activities.

Was the activity adapted over time, were measures and solutions taken to overcome previous difficulties and challenges?

Art and drama practise sessions and Chikondi (a word meaning "love" or referring to "lover" in Chewa) class increased traffic to TBZ office which caused security concerns as neighbours started to complain and the situation became worrisome. Increased traffic was not foreseen and planned for and it became a challenge to bring everyone to the office at the same time. There was fear of hostility and backlashes from the general public and neighbours. Chikondi classes and other discussions were introduced just before football practice sessions.

Transport reimbursements became a challenge as growth in participation was not budgeted for which lead to some participants not affording to attend practice sessions. This led to activities being abruptly stopped.

What were the major turning points in the process? These are the most significant changes taking place during the chosen period of time which had a direct influence on the activity.

During the KAP study some members of staff got threats and their pictures were shown in a local newspaper including those of other Zambian LGBTI advocates and activists. The newspaper depicted them as being funded by the Western countries to promote homosexuality. The study had to stop because community members were scared of their names being revealed. TBZ website was shut down and still not functioning at the time of writing this report. Facebook account which the organisation used to interact with its constituent and partners was deactivated, staff members were afraid and they too deactivated their social media accounts. TBZ had to burn all printed materials in their library in fear of being raided. Staff members felt disheartened, had a feeling of loss, fear of backlashes and their workflows were affected as they were forced to work from home and in isolation. Some members learnt the importance of working as a team and appreciated better each member's contribution.

What were the major internal and external factors which shaped the development of the activity?

Internally, staff experiences and knowledge on the community shaped the development of the activities.

The positive response and turnout at activities by community members allowed TBZ to reach out to more members. The ideas of art, drama and theatre were suggested by staff members which the community members supported and showed buy in. Community members showed commitment and seriousness because they participated in large numbers at rehearsals and showed interest in their participation at Day of Remembrance event. The support from local embassies and donors who funded these activities helped motivate staff members to implement.

What were the results?

Some results are:

Health Care Providers sensitisation

- HCPs in two private clinics were sensitized on SOGI, legal status of trans and intersex persons and on specific health needs of trans and intersexed individuals

- Information packs were disseminated to HCP i.e. IEC materials developed by TBZ
- International trans medical doctor started sharing experiences with local HCP
- Local and qualified clinical psychologist was hired by TBZ to attend to referred patients requiring psychosocial support especially for HRT (Hormone Replacement Therapy) and surgery. The support offered by the psychologist for surgery is in line with Harry Benjamin standards of care and will aid patients when seeking surgery in other countries such as South Africa for those that can afford.
- Two HCPs were sponsored to attend the Gender Dynamix Trans Health medical conference in 2014 for a peer to peer skills sharing
- TBZ project coordinator was hired and works in establishing partnerships with clinics and facilitation of workshops

Wellness programme

- Football was successful because it brought at least 15 participants per session
- About 20 participants showcased at the Day of Remembrance main event, 15 to 20 community members showed up at rehearsals
- Knowledge on HIV and AIDS/TB increased among community members and misconceptions on STIs/TB/HIV were reduced through Chikondi classes
- There was noted reduction in alcohol consumption among those who played football
- Community members discovered talents among themselves which they thought they never had through creative arts, drama and modelling
- The platforms created offered an opportunity for community members to be more open to each other.
- Theatre and sports empowered community members and they were made more aware and more interested in taking care of their own health and seeking health care. There is noticeable healthy and productive living among community members.

Were there any unexpected results? If so, which?

The needs assessment showed a low number of those that felt discriminated at health facilities and the number of people who received quality services was high which was not expected.

Which results or targets were not reached?

- Legal practitioners were not reached as planned

- Had planned to do more classes like business development, financial literacy and yoga for the empowerment of the community which never took off
- Chikondi HIV and AIDS class was completed but there was no certification issued to participants to prove knowledge gained and their participation

What were the main difficulties faced?

- It was difficult to get central, affordable, secure and safe venue for the football practice, rehearsals and for focus group discussions.
- TBZ at some point couldn't afford to reimburse participants on transport which caused low turnout for activities and especially for those that stayed far.
- TBZ decided to conduct rehearsals at its office which increased traffic and raised the neighbours' suspicions of illegal or promotion of homosexuality. TBZ then feared being reported to authorities and being raided by police.
- The country has gone through four Presidents in a very short period of time which made the political environment unstable and disrupted TBZ programmes implementation.
- The consultant safety was an issue during the needs assessment process and he couldn't engage with Ministry of Health (MoH) on LGBTI programming which also raised fears that his license would be evoked.
- During the needs assessment target key informants didn't want to participate as they were not comfortable responding in fear that they would be traced back.
- Getting HCP to fill in the questionnaires was difficult as they suspected the interviewers were part of Zambia MoH or from secret services and didn't want to be seen as providing services to communities they shouldn't. They feared losing their jobs or acting against the government and politicians.
- There was notable antagonism among participants as some of them did not get along well which disrupted sessions. Those involved were counselled and encouraged to work as a team and a community.
- Equipment, books, outfits, football kits and other materials went missing during the implementation of activities.
- TBZ failed to keep the community team leaders interested and motivated to volunteer their time as funds could permit to consistently pay stipends and transportation. Team leaders failed to report and

also some submitted fake reports.

- It is still a challenge to get some of TBZ stakeholders on board or to attend events i.e. despite inviting a large number to the Day of Remembrance only a few attended.

ANALYSIS AND LESSONS LEARNED

To which extent has the activity worked as intended?

TBZ intended to:

- Build bridges between the Organization's purpose and already existing health centres
- Enable its future innovative strategies that targets public health centres
- To influence positive attitudes within the medical circles
- To broaden its networking ability and invest in building alliances with other activists to help with designing interventions and strategies for trans and intersex
- To encourage its membership to have health seeking behaviours, stop self-medicating, access health services, live healthy and productive lives.

The activities worked as intended because:

- HCP at 2 clinics are more friendly and are more aware of LGBTI health issues;
- More community members are reporting accessing health care services;
- Referrals are now done through one doctor, less people are involved in the handling of referrals to instil confidence and trust of the community members or clients;
- Interactions with HCP are better and now know how to approach them;
- Providing safe space to discuss issues of faith (spiritual, emotional, physical and mental health) worked. Most of the community members are Christians and feel discriminated at churches and by meeting, discussing these matters and being able to share knowledge about their faiths was a good opportunity to meet as one group from different religions.
- Members are more aware of their rights to access health services and are creating a demand for the services;

- One doctor was trained and upgraded on endocrine services and now provides specific services to trans and intersex;
- Platform to discuss trans and intersex issues with National AIDS Council was created using public health approach and HIV as an entry point;
- TBZ now keeps a record of arbitrary arrests, unlawful medical exams by law enforcement to check for and prove anal sex although there are a lot of cases that go undocumented.

What were the key factors for success or failure? These could be internal factors related to the work of your organization or other factors related to the context of the activity.

The key factors for success were:

- Teamwork among staff and community members;
- Effective communication, identifying from the team who would be able to do what job roles and responsibilities based on skills and experience;
- Adequate funds for activities.

The key factors for failure were:

- Not being able to get central, affordable, secure and safe venue for the football practice, rehearsals and for focus group discussions;
- Community members not buying into the idea, lack of interest and commitment;
- Hostility from the general public, government and politicians;
- Arrests and staff intimidation by law enforcement;
- Budget deficit

What have you learned?

TBZ learned never to make assumptions because not everything is as it seems. TBZ assumed that all HCP had a negative attitude towards LGBTI and in practise they showed empathy.

The activities were implemented using the proposals submitted to the funders and therefore no proper scoping of the activities was done and no documented work plans were developed.

During implementation, it was assumed things would go as per plan and left little room for re-planning and no contingent budget. Proper planning is vital for implementation of activities and projects.

TBZ assumed that once health care providers were sensitised people would access health services and didn't foresee HCP not being able to deliver certain services for LGBTI due to lack of certain skills and resources e.g. treatment of anal warts.

HCP work well if its peers sensitising them of LGBTI health needs (Doctor to doctor and nurse to nurse).

More community members were accessing services from public health institutions without those clinics and hospitals being sensitised because people did not disclose their identities or sexual orientation

There are other better strategies of sensitising HCP that could be used e.g. holding symposiums on LGBTI issues at different venues, hold talk shows for HCP and medical students as these gives them an opportunity to attend as individuals if they fear being victimised at work.

Bringing everyone together through art, drama and theatre is a strong support system as it created a sense of oneness as a community, people were very expressive and comfortable to participate.

Many of the community members know how difficult it is to find doctors who would prescribe HRT and those that do charge outrageous fees leaving many of the trans with no option but to self-medicate. The self-medication is now checked by a psychologist using the Henry Benjamin standard of care.

TBZ learnt it would do the following differently in the future:

- Community Outreach work would be strongly linked with HCP sensitization for easy referral of community members to HCP.
- Include community members, HCP and other stakeholders from the onset and especially during planning stages.
- Have a few manageable, within the budget and planned classes and sessions at a time.
- Safe, secure and easily accessible venues will be identified first, to minimise or divert attention or raise suspicion i.e. some of the TBZ football team members play for the Zambia national team which TBZ can use to negotiate for a venue.
- Re-branding of activities and not recognise as LGBTI group but rather general community initiative.
- Document and share personal stories to show positive narration and use it for advocacy.
- Increase geographical coverage to Copperbelt, Southern and Eastern province.

- Plan better, include scoping and planning exercise with a diverse group of stakeholders
- Mobilising small groups of team leaders that will continue with implementation of activities in the event that TBZ staff are not available.
- Work with renounced artists to showcase talents (drama, modelling, painting etc.) for LGBTI and participate at Zambian calendar events with other groups.
- Identify mentors and champions within the community.
- Increase Outreach activities to reduce costs.

WAY FORWARD

Ideas for future actions are:

HCP have shown to be more responsive when facilitated by other medical professionals and not by TBZ staff. This has led TBZ to design phase 2 in such a way that the sensitization and capacity development process will be led by a professional medical consultant with expertise in research. LGBTI binary and boxes methodology will be used. The doctor is a renowned health rights advocate and speaks on issues of MSM and now transgender after being sensitized by TBZ.

There is need to do proper project/activity scoping to document work plan for easy monitoring of time, scope, budget, risk and issues when implementing. There is need to pause and re-plan during implementation.

There is need to revive most successful activities in art and drama, design better strategies, regroup and look at the issues/challenges being faced. Football practise was less risky because even the general public were interested and took part.

Zambians love football therefore TBZ could use football as a face of TBZ, plan activities like health talks and discussions around football practice sessions. Even if police or other law enforcement were to interfere, it would be seen as a health club.

TBZ will work with the media to write positive narration by documenting the stories at the football games.

Look at the consequences to applying these learnings. What will happen when you apply this learning?

The Zambia National AIDS Council has not shown their support, approval or permission on trans and intersex interventions and there might be backlashes emanating from the friction that exist and TBZ will face possible closure by government.

Many people are accessing health care services from the identified clinics and there is fear that people may be outed as a result and identified clinics that LGBTI access services might be targeted as promoting homosexuality. The identified medical practitioners that TBZ is working with maybe targeted and their licenses evoked by government.

TBZ might work with embassies and sports clubs for suitable venues but these could still be targeted as promoting homosexuality by government.

TBZ plans on inviting the society at large especially youth and neighbours to be part of its activities (football) who are not necessarily members of the community to make some of its activities sustainable and inclusive. They could also ask for youth grants from the government. This has implications if the general public discover some participants are from the LGBTI community and report to the authorities.

TBZ would work towards making drama and paintings commercial by improving their quality so that they can sell to the general population. Some of the drama messages and images on paintings may depict trans and intersex which may attract backlashes.

Do you identify any blocks that may occur to stop you applying the learning?

TBZ may face possible closure by government because National AIDS Council and the general public view TBZ as promoting homosexuality and the organisation also distributes safer sex commodities which is morally seen as promoting promiscuity in Zambia.

To which extent has this lessons learned documentation process been useful and relevant for your organization?

The benefits of documenting a reflection of these activities ensures effective monitoring of interventions and evaluating feasibility of these activities. The reflections will also be used for future referencing when solving problems in future programming.

The whole process ensured TBZ staff and community members to reflect on programmes, their impact and look at what could be done differently. TBZ had not done reflections or documented success or failure, usually just moves on to the next project, what works better and documenting is a form of archiving.

It's an eye opener for the organisation, reflective of the journey we undertook, this process will benefit on other activities we are carrying out and TBZ could continuously do it for other projects.

What would you do differently in a next lessons learned documentation process?

Better communication within TBZ so that staff members have enough time to prepare and give better input.

With whom are you planning to share your lessons learned (documents)? How are you planning to do this?

TBZ will share the report with various stakeholders which includes community members, Health Care Providers, COC Netherlands, other donors, National Aids Council, TBZ secretariat and the Board, Rainbow Identity Botswana, Transgender Intersex Africa, Gender DynamiX, Matrix, Transgender Education Africa –Kenya.

ORGANIZATIONAL BACKGROUND

Trans Bantu Zambia supports primarily young trans and intersex community in Zambia through outreach and practical support including peer support groups, counselling and emergency shelter. It aims to build a strong trans and intersex movement through training and capacity building and advocates for policies and institutional practices that respect the human rights of trans and intersex people.

Vision of the organization:

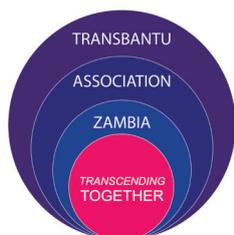
A just world, in which rights for all are upheld; where equality and equity are the norm while justice is equitably accessed, claimed and enjoyed by all.

Mission of the organization:

The organizations main aim is the promotion of a human rights approach to HIV/AIDS and youth empowerment. TBZ is a Zambian Not for Profit organization that undertakes evidence based advocacy and other related interventions to promote and protect human rights through legal and policy reform thereby contributing to the attainment of a just world in which rights for all are upheld. TBZ is run by motivated youths and its activities are based on community needs.

<http://www.transbantu.org/>

<https://www.facebook.com/transbantu.zambia>



Lessons Learned publications in this series:

33. Health Care Providers' sensitization and capacity development; and community mobilization through arts and theatre in Lusaka (Zambia)
32. Moving beyond individual counselling of LGBTI people to address central psychosocial issues on community level in Tshwane (Pretoria)
31. Bonela Challenging structural barriers through the Gender and Sexual Minority Rights Coalition in Gaborone (Botswana)
30. CEDEP Advocacy Approaches in Malawi
29. GALZ Lessons learnt amongst MSM in the uptake of Male Circumcision (Zimbabwe)
28. Uptake of Post-Exposure Prophylaxis (PEP) by Men who have Sex with Men in Tshwane (Pretoria).
27. OUT's Peer Education Programme for MSM / LGBT's in Tshwane, Pretoria
26. The Pink Ballot Agreement
25. Peer Education Programme (Malawi)
24. Schorer Monitor
23. Health, culture and network: Interventions with homosexuals living with HIV/AIDS at Rio de Janeiro polyclinics
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13. Interactions between young multipliers and young gays and bisexuals in internal and external activities in Rio de Janeiro (Brazil).
12. Information Stands: Prevention Project aimed at young gay men from Tegucigalpa (Honduras)
11. Ndim'lo (This is me) Photovoice with lesbian and bisexual women in the Western Cape, South Africa
10. Me&3 Campaign for lesbian and gay individuals in Pretoria (South Africa)
9. Sensitization of the National Police by transgender organizations in Ecuador
8. Exercising 'Knowledges': Implementing training and prevention activities.
7. Public Incidence Activities: In search of public spaces accessible to teenagers with same sex feelings in the Greater Metropolitan area of Costa Rica. "Specific Case: Incidence with the National Institute for Women - INAMU - Costa Rica"
6. My body, your body, our sex: A Sexual Health Needs Assessment For Lesbians and Women Who Have Sex With Women, Durban, South Africa
5. Working with buddy groups in Zimbabwe
4. 'MAN TO MAN', a joint approach on sexual health of MSM in the Netherlands via the Internet
3. Lessons learned from project "Visual information on sexual health and the exercise of citizenship by the GLBTI beneficiaries of the Organization in Quito, Ecuador".
2. Coffee afternoons: Prevention Project aimed at young gay men from Tegucigalpa (Honduras)
1. Womyn2Womyn (W2W) quarterly open day, for lesbian and bisexual (LB) women at the Prism Lifestyle Centre in Hatfield, Pretoria (South Africa)

available at:

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ISBN: 978-90-6753-043-9