



# Lessons Learned

Identifying gaps to focus on in future work through community dialogues with law enforcement, healthcare workers, students and rural villages in Lesotho

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## SUMMARY

The activity that Matrix focused on in this Lessons Learnt process was a community dialogue programme with the specific purpose of identifying gaps in the services that Matrix provides in Lesotho. The programme was a two-part process which involved facilitated film screenings and dialogue discussions, and then returning to target groups for feedback approximately eight months later. The programme targeted four groups (healthcare workers, police, high school and university students, and rural villagers) between December 2014 and October 2015. Dialogues took place at a local university, local schools, a police station, health clinics and rural villages across Lesotho. Matrix learnt that all groups were receptive to engaging in conversations about LGBTI, however they lacked information and knowledge about LGBTI. With this Lessons Learnt document, Matrix aimed to discover which gaps to focus on in their future work.

## DESCRIPTION OF ACTIVITY

With the support of COC Netherlands and strategic partners, Matrix implemented a community dialogue programme at grassroots level in North, South, East and Central Lesotho. Matrix's intent was to evaluate the work they had been doing since 2013. Although the aim was to implement the program at a national level, resources were limited. Instead, 7-8 key areas at a local level were identified<sup>1</sup>. The community dialogues consisted of a free film screening followed by a facilitated discussion between December 2014 and June 2015. Matrix then returned in October 2015 for further discussions and to administer a questionnaire for data collection purposes.

### The Community Dialogue Programme consisted of the following activities

- Identifying areas where LGBTI live and where homophobia is likely in North (villages), South (schools), and Central (police stations, schools and villages) Lesotho.
- Screening a 15-minute documentary which featured a religious leader, a grandmother, a gay man and a bisexual woman talking about LGBTI issues.
- Facilitated discussions about issues provoked by the documentary.
- Returning to target groups in October 2015 for further discussions and to administer a qualitative questionnaire.

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<sup>1</sup> Locations included: Leribe, Mophale's hoek, Maseru, Roma, Ha 'Mants'ebo and Botha - bothe

Within the context of Lesotho's current political instability, Matrix is struggling to access officials who would be able to advocate for a review of the sodomy laws. When Matrix has approached government about instituting protective laws for LGBTI, some parliamentarians indicated they would be willing but were unsure of whether there was community buy-in to support changes in law. On the ground, culture, tradition and religion are often used to resist greater acceptance of LGBTI. For instance, claims of LGBTI people being possessed by the devil were reported in the media, causing unrest in communities.

Over the past three years, Matrix has attempted to conduct advocacy and sensitisation through activities such as LILO<sup>2</sup>, occasional film screenings, media presentations and informal community visits. In partnership with more established gender-equality organisations, they helped implement marches such as the IDAHOT march (International Day Against Homophobia & Transphobia). When accompanying these organisations on visits to talk about gender equality within communities, Matrix conducted ad hoc sensitisation and became increasingly aware that communities lack sufficient information and knowledge about LGBTI people.

In the past, Matrix planned activities based on assumptions about what the community needed. Matrix decided to formally evaluate its work by conducting facilitated discussions about LGBTI issues, and then returning for feedback. It was interested in discovering the extent to which communities are already capacitated and what aspects of programming need adjustment. This would ensure that resources are not being wasted and work is not being duplicated. It would also allow partnerships with communities to be strengthened by ensuring future engagement is meaningful and relevant.

## IMPLEMENTATION AND ACHIEVEMENTS

Steps included:

- a) Targeting key people in communities who could act as gate-keepers and asking them to mobilise people to attend the community dialogues.
- b) Communicating with the Ministry of Health who invited healthcare professionals on Matrix's behalf.
- c) Writing a letter inviting law enforcement to convene for a dialogue at their respective institutions.

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<sup>2</sup> LILO, a Positive Vibes product, stands for "Looking In, Looking Out" and is a facilitated process to support LGBTIs to reflect on their lives, to develop a positive LGBTI identity, and to enable collective action through nurturing self-esteem so that LGBTIs feel they deserve to advocate for and claim their own rights

- d) Writing to schools to request permission to visit and speak with the students.
- e) Travelling to locations to implement the facilitated dialogue (film screening and discussion). Three Matrix staff members implemented the programme in the field.
- f) Returning to target groups for a second round of facilitated discussions and the administration of a questionnaire.

**What was the strategy or chosen approach?**

Matrix conducted facilitated film screenings that would provoke discussion about the community's attitudes and knowledge about LGBTI. The facilitated film screening created a constructive, mutually-beneficial platform to provide participants with a better understanding of the LGBTI community, and Matrix with a better understanding of target groups. The strategy included partnering with organisations that already had traction in communities, such as Sesotho Media. These organisations established Matrix's credibility until they could continue implementation by themselves. Matrix would then be able to return for feedback on gaps, having already initiated a dialogue with target groups.

**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 were your operational assumptions?**

An entertaining and relaxing film screening would create a more conducive environment for discussion. The film also acted as a useful drawcard to attract people to the dialogue as film screenings are rare in rural communities. The content of the documentary film highlighted the daily concerns of LGBTI people and provided stories to which communities could easily relate. As religion is often used as a defence for discrimination, Matrix included a religious leader and an elder speaking out about LGBTI rights. The key assumption was that, by providing a non-threatening and personalised catalyst, people would be more likely to engage in discussions about perceptions which could then be formally captured during the feedback phase of the programme.

Resources needed were:

**a. Financial resources:**

Funding was secured through COC to cover the cost of transport, food, and accommodation.

**b. Human resources:**

Matrix needed staff to organise and facilitate dialogues, as well as gatekeepers and champions amongst target groups whom they could trust.

**c. Competencies and knowledge:**

Facilitators needed an understanding of SOGIE and facilitation skills.

**d. Material resources:**

Matrix needed the documentary film, audio-recording devices (provided by PSI Lesotho), as well as printed questionnaires and IEC.

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

- a) To overcome issues of access, Matrix needed to engage with international and national human rights organisations, as well as Chiefs, who could negotiate on their behalf. As a result, communities were more trusting of Matrix as a major key population organisation, which allowed Matrix to continue engagement on their own.
- b) In areas where there was no electricity, screening the film was not possible. Instead, Matrix began dialogues by talking about HIV and slowly moved into issues around MSM and LGBTI.

**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.**

The most significant shifts in this process were:

- a) Films were not initially part of the programme, but were added when facilitators realised that target groups were reluctant to engage when the word LGBTI was mentioned.
- b) Matrix prematurely moved away from working with Sesotho Media to gain access into communities. As a result, Matrix struggled to secure dialogues and dates had to be postponed. They had to continue using Sesotho Media until they had built their own networks.
- c) One of the facilitators left in the middle of the process to pursue another job opportunity, increasing the workload on the remaining staff. Further, this loss resulted in a loss of capacity as inexperienced replacements had to be trained from scratch.
- d) After LILO was implemented in communities, people were more open-minded and held more positive perceptions of LGBTI and LGBTI people felt more comfortable being visible. This provided a more fertile environment for the dialogues to take place.

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

Problematic internal factors that shaped the dialogue programme include the team feeling time pressure to complete the programme with limited staff and budget. Beneficial internal factors included the passion of the team and the use of a religious leader in the film which enabled a discussion of the bible in terms of human rights awareness.

External problematic factors included organisations/ individuals not responding when Matrix invited them to a dialogue. Some postponed and wanted to reschedule the dialogue to already booked days. As a result of scheduling changes, Matrix held multiple sessions on the same day which was logistically difficult and tiring for facilitators. Some locations had no electricity so Matrix was unable to do a film screening. A positive external factor was help provided by community members and gate-keepers in organising and ensuring attendance of dialogues in rural locations.

## What were the results?

### Outputs

- a) Conducted facilitated film screenings in Leribe, Mohale's shoek, Maseru, Roma, Ha 'Mants'ebo and Butha buthe
- b) Conducted 10 facilitated follow up dialogues:
  - 2 high schools (St Bonny Face and St Johns High School; 121 pupils)
  - 1 university (The National University of Lesotho; 26 students)
  - 1 police station (Maseru Central; 28 officers)
  - 2 private health clinics (AHF and Qoaling Filter Clinic)
  - 5 rural villages (Ha Sebipela, Ha Shepeseli, Ha Mpo, Ha Thamae, Ha 'Mants'ebo)

### Outcomes

- a) Target groups were sensitised. For instance, one participant was initially aggressive about being called 'gay', but after the facilitation he was more accepting of who he is. Some participants also came out during dialogues. For instance, one well respected woman came out as a lesbian which helped to diffuse tensions and encouraged people to see the topic as personal rather than abstract. One religious nurse distinguished between her personal beliefs and professional duty as a health care worker.

- b) Matrix collected data to review their work and conduct a gap analysis on community needs through audio-recordings of the second round of dialogues and the collection of 83 completed questionnaires (7 healthcare professionals; 9 police; 41 students; 26 villagers) and 6 audio-recorded interviews.
- c) Matrix was able to get community feedback and strengthened relationships within communities. For instance, many communities indicated they want more information and invited Matrix back to conduct more activities.

## Were there any unexpected results? If so, which?

Matrix initially thought that accessing rural villages would be challenging due to high levels of homophobia. However, communities were eager and willing to engage on LGBTI issues, and indicated a desire for more information and support. Unexpectedly, Matrix realised urban, rather than rural areas, are key sites for discrimination. Having a mixed group of participants was also incredibly helpful as issues raised by one kind of participant could be addressed by another. Finally, communities reported the negative impact of LGBTI people becoming upset when other people misgender or deadname<sup>3</sup> LGBTI people, and asked for more patience and understanding in the learning process.

## Which results or targets were not reached?

- a) Matrix originally planned to target Anglican and Roman Catholic schools as they are rife with homophobia. However, the schools refused to allow Matrix access.
- b) Matrix was unable to reach the Media, due to limited budget, staff and time. Matrix managed to organise a few meetings but the media did not attend. Matrix is currently unaware of the reason for low attendance.
- c) Matrix was unable to reach the government, due to political instability.
- d) Only a few activities were not implemented because of postponements, most of them went forward as planned.

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<sup>3</sup> To deadname someone is to use the name they were assigned at birth rather than their chosen name. Particularly, this references transgender individuals who commonly choose a name that reflects their gender and who may experience dysphoria when their birth name is used instead.

## What were the main difficulties faced?

- a) Limited budget to retain staff, extend engagements in areas, cover the cost of accommodation for the sound technician, and to fund the translation of English IEC material into Sesotho.
- b) Due to limited financial resources for transport, Matrix was unable to access all the districts they wanted to and they were not able to document work as it unfolded through photography.
- c) Some locations were very far or difficult to find and took a lot of time for the team to reach. Participants likewise struggled to find where the dialogue was happening.
- d) Insufficient IEC materials to distribute to all locations and facilitators felt they were not knowledgeable enough about country laws and the constitution to address all related questions.
- e) When Matrix could not take advantage of an existing relationship with a Chief, they struggled to access rural communities and galvanise sufficient attendance.
- f) It was a struggle to access healthcare professionals through the Ministry of Health. This was a long and arduous process which only enabled access to private health clinics and hospitals.
- g) Schools were very difficult to access because of the perception that Matrix was promoting sodomy or recruiting students to the LGBTI 'agenda'.
- h) When facilitators approached university students and mentioned the word LGBTI, some students would walk away.
- i) Some participants were extremely homophobic and disruptive. For instance, one participant said he would kill his child if they were gay, which incited other participants into an argument.
- j) When participants asked inappropriately personal questions (about the facilitator's sex life for instance) the facilitators did not always know how to respond in a professional manner.
- k) The timeline for the program clashed with villagers needing to do farming, or students writing exams. As a result, some participants could not attend or needed to leave early.
- l) When dialogues were cancelled or postponed, precious resources were wasted which could not be recuperated.
- m) There were a number of challenges with data collection tools: Questionnaires for health workers were given to students; translating questionnaires from Sesotho into English for analysis was difficult as certain words are not easily translated; non-response as a result of poorly worded/loaded questions or lack of willingness to answer, and some people did not give serious answers, responding with jokes or sarcasm instead. Police were unwilling to be audio-recorded.

## ANALYSIS AND LESSONS LEARNT

The community dialogues worked as intended: The dialogues created a fruitful platform for discussion about LGBTI issues and provided an opportunity to foster relationships with communities, conduct sensitisation, and gather information about what target groups are most in need of. The team reported that the dialogues succeeded in changing some perceptions and they now understand target groups want more information. For instance, some participants wanted Matrix's contact details to access information and support for their LGBTI family members.

The theory of change and operational assumptions for the community dialogue programme were valid. The team felt the programme worked better than intended. The film screening provided a subtle approach to hosting LGBTI discussions. Firstly, the film was a successful drawcard which promoted interest in the activity. Secondly, people were more willing to stay for the discussion afterwards. Third, during the dialogues, participants were more willing to be challenged on assumptions and misperceptions, enabling Matrix to conduct sensitisation. Fourth, the second round of dialogues allowed Matrix to administer questionnaires and record discussions to collect data on community needs and gaps. Fifth, the dialogues helped foster working relationships with target groups as they invited Matrix to return for future activities. Finally, as a result of the dialogues, many people showed a willingness to treat LGBTI equally.

The key factors for the success of the dialogues included:

- a) Making use of strategic partnerships with organisations such as Sesotho Media and gatekeepers (such as Chiefs) to gain access to communities.

- b) Use of a film which included a religious leader, an elder and LGBTI people, attracted people to the dialogues, pre-empted common objections and defences, and helped to create buy-in for the credibility and legitimacy of the discussion.
- c) The passion, knowledge and team spirit of the facilitators/peer educators contributed to the activity's success in the absence of monetary incentives. They were collectively invested in and motivated by a shared vision for Matrix's future.
- d) The feminine appearance of the Peer Coordinator was a tangible demonstration of how lesbian women do not always present as masculine.
- e) The general willingness of communities to engage on issues and to reduce stigma was helped by the current trend for prominent individuals in Lesotho to speak openly about LGBTI.

A key factor for failure was the failure of target groups to timeously communicate confirmation for a community dialogue. They phoned the Matrix office after 5pm when the office was already closed to confirm the dialogue for the following day. As a result, the following day would be rushed and Matrix did not have sufficient time to contact the entire facilitation team and some members would be left behind.

The community dialogues were a success and Matrix was interested in capturing data to interrogate gaps which could inform future programming with target groups.

## PROCESS

To answer questions around gaps in how Matrix services communities and community perceptions of LGBTI people, Matrix distributed self-administered questionnaires at the close of dialogues when they returned to target groups approximately four months later. The questionnaire probed for demographic data, as well as qualitative responses, around the acceptance of LGBTI individuals. Matrix then contracted a consultant who conducted a focus group discussion with the team of facilitators as well as in-depth interviews with the Peer Co-ordinator and the Director of Matrix. The consultant analysed the questionnaires, audio-recorded dialogues and the notes from the in-depth interviews for common patterns and themes.

Matrix learned the following from data collected from target groups and Matrix staff:

## TARGET GROUPS

**a) Knowledge of LGBTI:** Respondents were unable to distinguish between anatomy, gender expression, sexual orientation and sexual behaviour. A few respondents knew that LGBTI was an acronym, however many thought it referred to same-sex attraction or that LGBTI was an organisation or support group. Although quite a few respondents felt that being LGBTI is not a choice, a very small number of respondents felt LGBTI were different and abnormal, sinners and un-African. Further, some felt that while intersex is not a choice, being gay is. Most respondents reported little to no knowledge about LGBTI.

**b) Human Rights awareness:** Many respondents expressed acceptance for LGBTI, believed LGBTI should be treated fairly and were aware that LGBTI are discriminated against. Most groups were unaware of any rules, regulations or policies on human sexuality and gender diversity. Police were aware that sodomy is a crime and same sex marriage is prohibited.

**c) Visibility of LGBTI:** All target groups reported knowing or seeing LGBTI individuals in their communities or institutions. Very few individuals in each target group reported knowing no LGBTI individuals.

**d) Integration of spirituality and sexuality:** The majority of respondents believed that integration is necessary as everyone is deserving of a spiritual connection with a higher power, it promotes acceptance, non-judgement and equality, it provides opportunities for community support and inclusion, and because sexuality and spirituality are always integrated. One respondent felt integration would be an opportunity to redeem LGBTI individuals. Of those who did not feel integration is necessary, a large majority believed that LGBTI will be excluded and humiliated in religious settings. A few felt integration was not important, not possible or problematic because LGBTI is a sin. Most target groups reported that the Bible prohibits LGBTI, although university students did not feel this was true. Some respondents pointed out that the Bible could be interpreted in different ways. A small number of respondents believed one could 'pray the gay away'.

**e) Challenges with LGBTI:** Respondents felt LGBTI people are difficult to approach or engage because respondents do not understand their needs, expectations or how they want to be addressed. Consequently, respondents avoid or feel uncomfortable engaging out of fear of offending. Respondents did not feel comfortable asking others about their gender/correct form of address. Police, for instance, believe the onus is on LGBTI people to state how they want to be addressed, and were unsure of which holding cell (male/female) to place LGBTI in when they are arrested.



Health care professionals were unsure of which name to use or whether a client was LGBTI in the first instance. Some respondents felt LGBTI are annoying, attention-seeking, easily offended, impatient in queues and do not want to engage with people in communities. Many villagers felt that gender appropriate clothing should be worn, particularly in church, and were concerned about the division of labour for LGBTI with regards to traditional tasks. School and university students, as well as villagers, were fearful that LGBTI people were interested in seducing and recruiting heterosexual people into homosexuality. School pupils reported that LGBTI classmates always go to the bathroom alone, whilst university students were concerned about being judged after associating with LGBTI people.

**f) Comfort with transgender or gender non-conforming people:** Most people indicated comfort with trans and GNC people - particularly among school students and villagers. Those who were uncomfortable cited fear of offending and not knowing how to address trans and GNC people as major reasons for their discomfort. Health care professionals feel ill equipped to address the hormonal and surgical needs of trans patients.

**g) Recommendations:** Despite the above gaps, all groups are interested and willing to learn more. They recommended that the number of LGBTI workshops, trainings and information sharing should be both increased and expanded to include the whole of Lesotho. Community dialogues are more useful than IEC in rural villages as they overcome the issue of illiteracy. Some participants felt that laws and policies need to change to reduce discrimination and that there should be more media coverage of LGBTI issues. Health care workers suggested Matrix issue colour coded cards on referral so LGBTI clients are easier to identify, and requested sufficient sensitisation training to be able to sensitise others (like the receptionist). Villagers suggested that Matrix give leaders a platform to talk to and learn about LGBTI communities. They are more able to reach the general population, but priests need more familiarity with LGBTI people otherwise they want to come and 'pray the gay away'.

## MATRIX STAFF

- Target groups were more receptive to engaging with and learning about LGBTI issues than initially expected. Often facilitators misjudged communities as homophobic when, in reality, communities do not have access to information or knowledge. Many participants reported they "love the gays".

- It is unrealistic for LGBTI people to expect others to know about or use the correct gender pronouns, or to have a nuanced understanding of LGBTI in general. However, when people fail to do so, LGBTI become upset and angry. This often leads to a vicious cycle, as expressions of anger, resentment or suspicion from LGBTI are taken as disrespect. When people feel disrespected they become less willing to engage with LGBTI people or to hold positive perceptions of the LGBTI community. Facilitators reported that respondents were more willing to learn when facilitators remained calm.
- When someone is not comfortable with who they are, they are more likely to take things personally or read hostility into comments. Facilitators felt that LGBTI people need opportunities for personal development to better handle their own resentment, anger and suspicion towards the general community.
- During the community dialogues, some participants told the facilitators that homosexuals have always been present in Lesotho, others associated LGBTI with Satanism or believed that LGBTI is a 'trendy' Western behaviour.
- LGBTI people are still highly sexualised. For instance, many villagers approached facilitators to ask informal questions about anal sex. Facilitators felt that anal sex is the initial thought that crosses the minds of participants in discussions about LGBTI. During dialogues in schools, facilitators noted that students were very interested in how LGBTI have sex. Others believed that gay men reduce the ratio of men to women and felt that there were now too many women that needed to be "served".
- When well respected figures either come out as LGBTI or speak positively about LGBTI, people are more willing to engage in constructive dialogue about LGBTI issues.

Matrix learnt it would do the following differently:

- a) Facilitators should be more capacitated before being sent out into the field. In particular, fieldworkers should be trained on managing and deflecting personal questions, and how to avoid using personal pronouns when facilitating discussions. Skills in maintaining boundaries between themselves and the work they are engaging would ensure that the door is not opened for participants to probe inappropriately into a facilitator's personal life.
- b) Matrix learnt that discrimination in urban areas is a bigger problem than discrimination in rural areas. In future, they would target urban hot spots.

- c) The community dialogues should be a long term project which would allow Matrix to monitor change through continuous dialogues and engagement on barriers to acceptance and change.
- d) Matrix needs to expand the team so there are sufficient human resources to handle the workload, and secure a larger grant so there is sufficient budget to implement dialogues across the entire country. Dialogues should also take place over two days; one day dialogues were over-attended. Hosting the same dialogue twice over two days with different groups of people would allow for smaller, more manageable discussions.

## WAY FORWARD

### What are your ideas for future actions?

Matrix would like to continue with community dialogues as a strategy for sensitisation, education, advocacy, relationship building and to increase the visibility of LGBTI people. Future dialogues should take place over two days rather than one to reduce the size of any one group. Permanent Matrix staff could be appointed to ensure sufficient staff are available for activities as rotating staff is not working. By using the same staff for future activities, the team is capacitated through past experience, expertise and growth.

Matrix would like to implement regular sensitisation training for health care workers and police to address the loss of knowledge when staff leave or are transferred. They would also like to conduct regular sensitisation and refresher trainings amongst students. Key champions amongst target groups should be identified who are able to expand on and sustain Matrix's work if there is a lack of funding for implementation in the future. Matrix would also like to capture stories of change amongst target groups in a documentary to inform future Lessons Learnt Document processes.

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

In applying these Lessons Learnt, Matrix hopes to be more organised and responsive to on-the-ground needs. Grassroots sensitisation enables top level advocacy – when the government asks the public about LGBTI rights, there will be public support to change laws and put protection measures in place for LGBTI people. Further, relationships with champions will ensure sustained advocacy amongst target groups.

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

Political instability may constitute a block to the application of learnings. Matrix is anxious about the future of parliamentarians currently interested in supporting LGBTI interests. They are also concerned that their relationship with particular Ministers could be seen as political support, which may backfire when a new party comes into power.

### Clarify your first steps in applying the new learning. What will you do next?

- a) Matrix plans to conduct a gap analysis and strategise ways to address these gaps.
- b) This will be followed by programme adjustments and implementation amongst the same target groups selected for the initial round of community dialogues.

### To which extent has this Lessons Learnt documentation process been useful and relevant for your organisation?

Matrix found the Lessons Learnt process to be very useful as a tool to learn about what is lacking in their work. Matrix is now able to make decisions about future programmes and how best to invest their resources. It provided an opportunity for Matrix to increase their visibility amongst target groups and to pave the way for more meaningful engagement in the future. It will also allow Matrix to attract funding as they will be able to inform donors about which gaps need to be addressed.

### What would you do differently in a next lessons learnt document process?

In future, Matrix will give the Lessons Learnt document process more time, to ensure that the organisation can give the process more attention.

### With whom are you planning on sharing your Lessons Learnt document? How are you planning to do this?

Matrix will make this Lessons Learnt document available to COC Netherlands and to both LGBTI and non-LGBTI partners and organisations in the region. Matrix would like to share the document with its constituents and supporters through its website and Facebook page. This document could also be shared with Government stakeholders and donors as an advocacy and lobbying tool. If funding is available, hard copies will be printed for dissemination, if not, dissemination will be electronic.



## **ORGANISATIONAL BACKGROUND**

Established in 2008, Matrix Support Group is the non-governmental organization focusing on promoting human rights approaches for Lesbian, Gay, Bisexual, Transgender, Intersex, men having sex with other men and women having sex with other women in Lesotho through capacity building and advocacy. In 2009, the organisation commissioned a cross-sectional study on MSM and WSW health and Human rights. In 2010, Matrix received legal recognition as the only organisation which promotes LGBTI human rights concerns with the National Law Office of Lesotho.

## **VISION OF THE ORGANISATION**

To build an environment in which all LGBTI people are able to enjoy their human rights and to meaningfully participate in the social, political and economic development of Lesotho.

## **MISSION OF THE ORGANISATION**

Matrix Support Group exists to: (i) Create safe social and developmental spaces for LGBTI; (ii) to promote LGBTI human rights in Lesotho through capacity building and advocacy; (iii) to reduce stigma and discrimination towards LGBTI by building leadership in order for LGBTI persons to have legitimacy and to speak out on their issues with the larger community of Lesotho; and (iv) to promote equal access to healthcare.

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## Lessons Learned publications in this series:

38. Identifying gaps to focus on in future work through community dialogues with law enforcement, healthcare workers, students and rural villages in Lesotho
37. Creating access to health services for LGBT Community in primary health care settings in the four regions of Swaziland.
36. Lessons learned at Equidad's HIV/STI testing centres for MSM in Ecuador
35. Raising awareness in the face of ignored deficiencies in the National Police Force of Panama
34. Safety for human rights advocates and defenders in the Central American context
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
22. Telling a story about sex, advocating for prevention activities – informational materials about safe sex and harm reduction for gay men and MSM from 14 to 24 years.
21. Mainstreaming of LGBTI/MSM/WSW issues in all areas of service provision: Empowering Service Providers and Policy Makers in Botswana through trainings
20. Now we are talking! – Developing skills and facing challenges.
19. Towards a Comprehensive Health Care Service Model for Transgender People in Ecuador
18. Comparative analysis and account of the outreach process to implement a method to change behaviors of youngsters with homo/lesbo erotic feelings in Costa Rica
17. Methodology for behavioral change in teenagers with same sex feelings, from the Greater Metropolitan Area, in Costa Rica
16. Breeding Ideas: building up a young peer educators' network.
15. Prevention Images: notes about a photography workshop with young MSM and people living with HIV/AIDS in Rio de Janeiro
14. Advocacy campaign to prohibit hate lyrics targeted at men having sex with men during a dance hall concert in Suriname.
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:

<http://lessons-learned.wikispaces.com/English>

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