LEGABIBO

39

Lessons Learned

A comparison of urban and rural LGBT support groups in Botswana

SUMMARY

This LEGABIBO lessons learned assessment focused on evaluating the effectiveness, efficiency, functionality and relevance of the LGBT support groups. The assessment compares and contrasts support groups in rural and urban areas, focusing on;

i. The methods they use to mobilise and retain members despite the lack of resources

ii. The kind of creative interventions and activities they engage in

iii. What makes support groups function efficiently and effectively

iv. The internal and external factors that shaped the development of the groups

v. Experiences and changes that had occurred

vi. Challenges and successes in keeping the group together

vii. How the groups deal with stigma and discrimination, cultural and religious marginalisation and how these factors have shaped their groups.

These indicators were used to assess the functionality, efficiency and effectiveness of the structure. Data was collected through observation, oral interviews and questionnaires. The results showed that homophobia is more prevalent in rural areas than in urban areas; however support groups in rural areas seem to function more consistently than those in urban areas. What helps keep the structure together is the sense of belonging, togetherness, bridging the isolation gap, safety and security. Support groups in the urban areas are well positioned to function a lot better than those in rural areas given that they have access to resources, there is high tolerance but they do not seem to make use of these available resources.

BACKGROUND

In 2013 LEGABIBO started the LGBTI support groups as informed by the results of the 2012 *LGBTI Health and Wellness Needs Assessment in Three Locations in Botswana (Gaborone, Palapye and Francistown)* that was funded by COC.

With the support of the COC Lessons Learned intervention, LEGABIBO embarked on an evaluation process of the LGBTI support groups; to assess whether the structure has worked for LGBT, how they negotiated the challenges they encounter given the discriminatory environment with a specific focus on the rural and urban areas.

The exercise covered:

a. A review of all support group reports since its inception to identify which support groups are still operational.

b. Prioritized four locations Gaborone, Mochudi, Francistown and Maun.

c. Conducted individual and group interviews and focus group discussions.

d. Observing support groups activities and documenting them using video.

LEGABIBO chose to evaluate the functionality and the effectiveness of support groups to find out if the support groups are achieving their initial mandate of providing support for LGBT individuals, are they efficiently functioning as LEGABIBO chapters in districts and if they benefit the LGBTI community and the extent to which they can be improved as informed by members.

The assumption is that LGBT support groups in urban areas are expected to function better than those in the rural areas. It is assumed so because they have access to resources and are also in an environment where according to the Afro barometer there is more tolerance[1]. The Afro barometer Round 6 revealed that stigma and discrimination is higher in rural areas as compared to urban areas. The objective of this activity is also to find out if support groups experience these findings.

We collected data between August and September 2015. This was so because this was the periods where the support groups were active and implemented their activities. It was very crucial to see the support groups in action and finding ways to reach out to others.

CONTEXT

In 2013 LEGABIBO as a result of the 2012 COC needs assessment which revealed that the LGBTIQ persons continue to face rejection, stigma and discrimination from their families, friends, the society that they live in, religion and culture, formed LGBT support groups.

The support groups were initiated as a support system guided by LGBT needs in Botswana where they can openly express and explore their identity without judgment.

1 Six in 10 Batswana say they would report people involved in same-sex relationships to the police or other authorities, regardless of their relationship to the people involved. Intolerance levels were lower among urban residents and younger Batswana, indicating a potential for increased social acceptance of same-sex relationships in the future.

The LGBT formed support groups to empower individual LGBT people, create a sense of community for mutual support, and mobilize service providers to help change the mindset, laws, and culture of Botswana regarding LGBTI rights.

By the end of 2013 LEGABIBO had established support groups in 5 locations; Maun, Palapye, Francistown, Mochudi and Gaborone. By 2015 the support group had increased in numbers and LEGABIBO has expanded support groups to new locations. These places include Ghanzi, Selibe - Phikwe, Lobatse, Kanye and Ramotswa.

LGBTI in Rural and Urban Areas

Botswana LEGAL environment on LGBT: Being gay, lesbian, bisexual or transgender is not a crime in Botswana; however, two provisions in the Penal code of 1964 criminalize same-sex sexual practices. Section 164 (a) and (c) classifies sexual acts between same sex couples as *'carnal knowledge against the order of nature'* to which the penalty is imprisonment not exceeding seven years. Section 167 of the Penal code also terms same-sex sexual practices as acts of gross indecency regardless of where it happens (private or public). There is also no law that allows for transgender persons to change their national identity documents after having gone through gender reassignment surgery. The recently amended Employment Act of 2010 states that one cannot be discriminated against in employment settings based on their sexual orientation, thus protecting the LGBTI.

Context in Rural Areas; According to the Afrobarometer Round 6 there is high intolerance against homosexuals in rural areas as a result of culture and tradition. For example in the village of Maun The Voice newspaper in November 2013 published an article titled "*Homosexual Recruitment Claims Rock Centre*". This came about after the support group in Maun conducted an LGBT camp. The incident nearly resulted in one member of the support group losing her job, being rejected by family and friends. However due to the alliances that the support group had created with the US Embassy, the individuals were protected. The Mochudi context however appear to be different from Maun. Though a rural area as well, Mochudi, one of the largest villages in Botswana is situated in the *Bakgatla* tribal region, in the Kgatleng district North East of Gaborone. The locals are very traditional and practice *bogwera* and *bojale*; these are traditional initiation schools where elderly men teach young boys the ways of men thus *bogwera* and young girls are taught the ways of women thus *bojale*.

These practices are very important for the people of Mochudi. It is where men are taught how to behave and be manly and where women are taught how to be a good wife and please their husbands.

These traditional practices have made the LGBTIQ persons to feel like societal outcasts. Despite these traditional practices, LGBT in Mochudi appear to experience less discriminatory environment. It is here where the support group has more parents and allies as members of the support group, LGBT feel empowered to react against acts of discrimination and aunts and sisters are more supportive of their children.

> *"It was hard to come out to my real mother... I found it easy to go and tell my aunt, and aunty told my mum. It looks like my mother already had some knowledge about homosexuality because there is a cousin of mine who is gay, so it was easy for her to accept me"*

Urban Area Context: According to the Afrobarometer Round 6, disapproval of same-sex relationships varies by locality, with urban residents reporting lower levels than their counterparts living in semi-rural and rural areas. There is also a clear generational pattern, with significantly higher tolerance among younger Batswana. People in the urban areas are more educated have knowledge about LGBTI issues and are accustomed to it. Francistown is the second largest city in Botswana with a population of about 100 000 and over 150 000 inhabitants for its agglomeration at the 2011 census. It is located in the North east of Botswana. Francistown people are cultural and patriarchal society dominated by people from the Kalanga tribe. The Francistown support group was formed in August 2013. It consists of 25 members. This group is mainly dominated by lesbian women. The Gaborone constituency has four support groups: Chatroom, The Link, Mogaka Power Network and Masa A Rona which in total have close to 200 members.

It is clear that the difference in social and cultural in rural and urban contexts affects the functionality of support groups whether negatively or positively.

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

Peer Education Training: there have been a several Peer Educators trainings that were implemented to increase the number peer educators and focal persons for the support groups.

Access to counselling services: Every support group has been assigned with a designated counsellor to offer counselling services when needed to the LGBTI persons.

Building partnerships: Support groups have also established partnerships with the Botswana Family Welfare Association (BOFWA) in their respective locations.

BOFWA offers counselling services, HIV/Aids testing, pap smears and condom distributions. There have also been further partnerships created with local clinics and the Botswana Police Service. All this is to help ensure the health and wellbeing of the LGBTI locally.

Community mobilisation and outreach: These have been conducted to mobilise MSM and LGBT. These include health expos, sports tournaments, and social gatherings. These are great platforms to help reach and creating awareness. It has become an effective platform to disseminate safe sex packages.

HOW WAS IT DONE AND WHAT IT HAS ACHIEVED

Implementation

A series of steps were taken to form support groups:

a. Needs Assessment – this was conducted through the support of COC. It revealed that LGBTI people need support from fellow LGBT, health care workers, family, and the society. After it revealed the need for LGBT support groups in the country, LEGABIBO through the help of focal persons from different districts mobilized individuals into groups where members were officially registered to show commitment. The members also mobilised others. The LGBT that helped in mobilizing were people that we have worked with together when conducting studies, trainings and dissemination of data.

b. The organisation came up with support group guidelines. These outlined the management, operations and expectations on the support group leadership. It also stipulated the rules and protocols of the structure. Then LEGABIBO developed a support group training curriculum. During the formative stages, it was very flexible on what support groups can do. There was no specific funding for activities, later on as funding became availed activities became more formalized and support groups did monthly reports and activities.

c. The formalization of support groups included drawing up plans, conducting regular support group meetings, identifying support group leaders and peer educators and have a more formalised disciplinary structure.

d. For capacity building, we began to strengthen the capacities of focal persons, peer educators and members so that they would be able to lead the support groups. They all received training on human rights, treatment literacy and financial management. We also linked support group leaders to opportunities for further training by linking them up with regional and internal groups to see what other support groups do as a way of further strengthening their capacity.

e. Implementing through support groups, once the peer educator's capacity had been strengthened, we started doing work in the districts. The support groups started functioning as LEGABIBO chapters and became more resourced.

f. Access to services: Support groups provide services for the LGBT. They offered the minimal safe-sex packets (MSP), mobilized and created allies, educated one another and strengthening each other and there was also movement building through the support groups.

What was the strategy or chosen approach?

1. Mentoring and support – The support groups which are already established mentor the new ones so that they are able to initialise and be on their own. The Maun support group helped in the formation of the Ghanzi support group.
2. Using existing LGBTI focal person to mobilise new members.
3. Snowballing; a friend telling a friend about the support and having them join the support group.
4. Community social gatherings such as parties and sporting events.
5. Later we used services to mobilise the LGBTI, e.g. through offering lubricants and condoms and that became a major attraction.
6. Social media such as Facebook and WhatsApp was also used to mobilize people.
7. Mobilisation through monthly meetings – Groups meet once a month on Sunday when everyone is available.
8. Personal experiences and testimony as mobilisation techniques – some support group leaders use their own personal stories and being openly gay to bring others to the support group. It helps others to accept their realities and come out as well.
9. Using T-shirts as mobilisation tools – peer educators and focal persons wear t-shirts with organisational logo and messages on LGBT and speak to service providers when they are doing their own personal day to day errands.

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?

These strategies worked very well for the support groups because LGBT were approached confidentially and that encouraged participation. LGBT were isolated, faced violence, loneliness, stigma and discrimination. We thought that LGBTI should provide support for each other. They could come together, provide a safe space to talk about their experience, and together we can came up with solutions to our problems. The support groups were a gateway to access to health services and MSP, we believed that as a group it was easier to get services instead of going alone to access these services from health practitioners and other services providers.

What were the essential resources needed for implementation of the activity?

a) *Financial Resources:* COC had provided financial aid for the support group capacity building such as peer educators training, support group meetings and outreaches. Support groups needed resources to conduct meetings, and to get to the meetings places. There was also a great need for safe spaces; no safe space meant that they became vulnerable to violence. They needed safe spaces where they can hold meetings, do testing, and build the movements. Because of lack of space they experienced a great loss in membership and a lot people were not comfortable in meeting in public arenas.

b) *Human Resources:* The support groups are led by a focal person who is chosen by the support group members. The support group members also have peer educators whom they chose to go for peer education trainings. They needed leaders which comprised of focal persons, peer educators and members. All these were identified and approved by the whole group.

c) *Competencies and Knowledge:* Focal persons and peer educators were needed to help in addressing certain issues in relation to the support groups. For leadership skills, focal persons and peer educators needed to be equipped to lead and mobilize the support groups. Peer educators needed to be trained to provide LGBTI informed friendly services.

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

The support groups' growth and expansion changed and reinvented itself as informed by change of leadership and movement. The successes of support groups were measured based on the interventions that were implemented by support groups over a long period of time.

1. Support group meetings: These were conducted monthly and led by the focal persons. Each support group provided a report which included the agenda, minutes and the list of people attending. This was an indicator that support groups were very active and were able to identify advocacy issues.
2. Outreaches: These were done by peer educators and focal persons in LGBTI hotspots, during these outreaches the peer educators and focal persons mobilised LGBT and told them about the support group. They mobilized allies, distributed the MSP and talked about prevention methods and educated the general community about the LGBT.
3. Hosting LGBT events; these were to combat stigma and discrimination. They include the Rainbow Explosion carwash which was one popular event where LGBTI felt that they needed to raise money for their meetings or support the needy and less advantaged with the proceeds made.

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 turning points in this project were:

a. Winning the LEGABIBO court case helped to bring back hope to the LGBTIs that have given up hope. It livened up the LGBTIs and the revival of support groups came about. It gave people a sense of belonging hence the formation of other support groups, thus movement building.

b. Access to services – The project that worked on HIV prevention among MSM. This project brought a new energy to the support groups; there were more lubes and condoms available. This project led to the formation of MSM support groups. It also enabled peer educated and focal persons to do more outreaches and community services.

c. The provision of dental dams and fingers cots provided legitimacy towards supports groups. This led to more members joining and also the retaining of current members.

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

Internal Factors include:

a. Composition of the groups – The membership comprises of friends and built on friendships and that ensures that people stay in the groups.

b. Creating alliances – The support groups mobilise allies who ensure that the group grows and maintains stability.

c. Service provision – Support groups have become one-stop shops to access minimum service package that includes condoms, lubricants and dental dams.

d. Safety in numbers – Being a group brings a sense of protection and knowing that one is not alone.

e. Belonging – Individuals feel accepted and normal when they are within the group and therefore group strength addresses isolation and loneliness. Volunteerism and giving back to the community – The groups also do some charity work for the disadvantaged such as the elderly, orphans and PLWHIV.

External factors include:

a. Elimination of stigma and discrimination in accessing health services – As a group LGBT are able to challenge stigma in health care settings, this has strengthened the groups to stay together.

b. Building partnerships with NGO's that provide services – The support groups especially those in rural areas have created partnerships with BOFWA to ensure access to services. They have also created partnerships with individual police officers and police stations to make sure they are protected.

c. Technology: technology plays a vital role with the support groups. They have created Facebook groups and WhatsApp groups as a means of communication and even sharing information amongst each other.

What were the results?

The evaluation assessed LGBT support groups in four locations of Gaborone, Francistown, Mochudi and Maun representing rural and urban areas respectively, focusing on 4 support groups. Data collection was done using face-to-face one-on-one interviews with a total of 4 focal persons, 6 peer educators; 14 members of support groups' focus group discussions. Data was also complemented by observation of events (meetings, car wash, health expo, peer education training, sports events) implemented by support groups. A total of 24 people were interviewed and 5 events were observed.

The following are some of the major themes that show similarities and differences between support groups in rural areas and those in urban areas:

Composition: Membership comprise mainly of gay and lesbian orientation. However in one of the support groups in one of the urban areas, membership is pre-dominantly female. This could be influenced by the friendships with the group, the gender of the focal person and or peer educator.

Beyond friendships the groups are brought together by common interests i.e. football, netball and sexual orientation.

Allies: Support groups mobilise allies to be part of their group to promote learning and tolerance. These allies are in the form of prominent members in the society such as counsellors, traditional leaders, church leaders, teachers and nurses. Although this is a fantastic way of linking LGBT to the community, some turn to betray the trust and leak confidential information, names, and support group plans to the media. However there are allies who can provide safety, protection and defend LGBT.

Participation in support groups: The discussions showed that in both rural and urban areas not all members attend meetings and events as expected. But it is evident that LGBT in rural areas take the support group initiative with a lot more seriousness and dedication that those in urban areas. They use their meetings to address violence they face in the community; there has been a lot of violence and rape cases that members of the support group have faced.

Benefits: Members view support groups as safe spaces where LGBT can be free to share their stories; learn from each other; deal with the isolation and depression; interact with one another; deal with rejection, belonging to a 'family' that understands one's struggles; breaking the silence on homosexuality; and openly talking about the violence individuals' experience in the hands of family, society, schools, churches and the general public. This sense of togetherness is however often negatively impacted by issues of class, competition between lesbians and gays, internalized homophobia, girlfriend or boyfriend snatching, lack of resources to ensure there is transport money for members to attend meeting and for snacks. Focal persons who are mostly women feel that gay men do not participate because they do not see the value of support groups.

Conflicting priorities: All the support groups are battling with the question of appropriate age of inclusion into membership. Focal persons feel that LGBT children under 18 years of age need support and information so that they understand themselves.

Membership retention: For both rural and urban areas, the findings show that the number of members has reduced considerably because members move as per the dictates of employment and educational pursuits. It became very clear that support groups in rural areas are affected by migration/mobility more than those in urban areas. Some members leave the group because they had been threatened by parents after they found lubricants or pamphlets on homosexuality.

Inclusivity: Within some groups, particularly in rural areas where being out can present rejection, there are non-LGBT peer educators. The strategy helps to create tolerance among non-LGBT, reaching MSM and defend members of the support group when they are being attacked within the community.

Socio-cultural contexts: Support groups in rural areas operate in contexts riddled with homophobia, stigma and discrimination based on manner of dress, speech, walking and gestures, LGBT being beaten in bars because they make sexual advances towards straight men. All these make them stand out within the community and they become the target of sneers and exclusion. As a result they prefer to run their support groups confidentially, avoid *'easily identifiable'* lesbian or gay and avoid conducting events that will draw attention to the support group.

Traditional initiation schools: In rural places where traditional initiation schools are practiced such as *Bogwera* (traditional initiation school for boys) or *Bojale* (traditional initiation school for girls). LGBT are excluded and for those who manage to enrol, tomboys and effeminate boys get beaten so that they behave as women and men are traditionally expected to. *"If you go to traditional school as a gay boy or lesbian woman you need to play it safe..."*

Pflag: In both rural and urban areas, parents and friends of members of support groups have joined the groups and help to promote tolerance within the community. In Mochudi, where traditional initiation schools are popular, there is visibility of parents of members of the group who support their child, participate in workshops to deepen the understanding of their child. This is different from those in urban areas, where although there is the visibility of Pflag, it is only friends of the members of support groups rather than parents.

Safe spaces: The support group provides a platform where individuals are not only free to associate but can also be free to be themselves and being open about their individual struggles relating to violence. However the lack of safe places to meet where there is confidentiality and privacy discourages members, particularly gay men to attend meetings.

The meetings are held in public places such as in parks and under trees. One of the themes that came out clearly is that support groups create a safe space to access safer sex services such as information, lubricants and condoms without too many questions being asked.

Giving back to their communities: This theme comes out clearly from all the support groups. Members have plans to hold events where they can contribute to the community and help the needy, volunteer in shelters, feed the elderly.

Community mobilization: In both rural and urban areas, support groups mobilize members using various forms of social media that includes: Facebook, WhatsApp and SMS. Focal persons, peer educators and members use their social circles and friendships to invite members to events and meetings so that they are able to meet regularly and form a community. However, social media seems to be more popular and easily accessible among people in urban areas than those in rural areas. The support groups in rural areas find the SMS method, though costly, to be more convenient.

Leadership: All the support groups have a focal person and a peer educator who ensure that the groups meet regularly and get relevant information. As it is, the functionality of the group is determined by the presence of the focal person and or peer educator. The leadership influences have a following who are usually their friends, relatives or allies they have mobilized and when the leadership moves, their following are very likely to also leave the support group.

Addressing violence: Focal person also play the role of handling issues of violence that are experienced by members of the group. When a member has been violated, they sit together and think about ways to help one another, they accompany the victim to the police station, they discuss measure on how to keep safe which include ignoring stigmatising and homophobic statements.

Building Partnerships: Support groups in both rural and urban areas are able to create partnerships with NGOs, individual police officers, religious leaders, service providers. These partners provide spaces to hold meetings, clinical services and protection against violence. However some partners compromise the safety and security of individual members by exposing their sexual orientation to the media; some NGOs and local businesses refuse to partner with the sub-groups because they do not want to be associated with LGBT, they are judgemental, and define LGBT only in terms of sex.

Media exposure: Some support group leaders had to face exposure by the media after being accused of recruiting school children to homosexuality. This happened after the support group held an awareness raising camp for all the members.

Safety and security: The support groups in rural areas' safety and security is threatened by lack of venues where they can meet, especially since they meet in public places. While in the urban areas the safety of the support group members are not compromised.

Were there any unexpected results? If so, which?

Volunteerism: We found that the LGBT support groups do more than providing one another support. They do volunteer work at home-based care for HIV/Aids orphans and the elderly. They are doing more than claiming their rights, are also giving back to the community and want to be seen as more than their sexuality by members of the community.

Differences between rural areas: Although we set out to compare the support groups in rural and urban areas, there is also difference in the support groups in the two rural areas. In one rural area the LGBTIs are free to express themselves while in the other rural area they are very much hidden and do not want to be identified. There is a great sense of pride and expression in one rural area while in the other secrecy is of utmost importance.

Which results or targets were not reached?

Retention membership – Some support groups started with a large membership, however during the time of the evaluation, the membership had reduced hugely.

Parents as members – Some support groups have not been able to mobilise parents to be members of support groups

Mentoring and support – The LEGABIBO office in Gaborone and the more experienced focal persons were expected to mentor others. However due to minimal mentoring some support groups have not been able to grow and remained with few member.

Nurse/counsellor per support group – Each support group was expected to have a counsellor or support group. However we were not able to mobilise people with these skills because they were not willing to work with us.

What were the main difficulties faced?

I. Building trust amongst the members and creating an environment where confidentiality was cherished. We had to allow the support group members to build that element of trust amongst themselves which was a challenge as different people who do not know each other had to be content with each other and learn how to confide and keep support group affairs confidential. The support groups were very much made of friends of friends, so those who were not friends did not trust the others present. We had to bring in a counsellor conduct group counselling sessions and conduct trust building activities so that members can trust each other.

II. It is difficult for support groups to operate in an environment where homophobia and transphobia is high and it has become very difficult to maintain members. The support groups have had to hide their meetings and that compromised the sustainability of the support groups.

III. LEBAGIBO could not always provide resources for members. This led to a lot of them losing confidence and trust in the organisation.

IV. Lack of safe venue places made the support groups vulnerable to being beaten and ridiculed by the pubic and they could not discuss their issues freely.

V. Migration of support group members: with support group members moving from rural to urban and vice versa frequently, this hinders the stability and functionality of the group. This puts the effectiveness and efficiency of the support groups under great strain as the membership frequently changes because of members' moving locations.

VI. LGBTI and Class: There is a lot class segregation within the LGBTI support groups. Butch lesbians prefer to hang around other butch lesbians while feminine gays prefer to hang with other feminine gays. There is very little interaction amongst the two and for the support groups this causes great strain between members.

VII. Employment and school: This also has an effect on the support groups. In the rural areas where most members are unemployed or not attending school, they are usually the ones which are the most active in the support groups. However, in the urban areas support group members are usually very occupied with work and school commitments and the support group is not a priority for them. This can also attribute as why support groups in the rural areas are more flourishing than the support groups in the urban areas.

ANALYSIS AND LESSONS LEARNED

To which extend has the activity worked as intended?

The formation of the support groups has worked to a significantly large extend. They formed and continue to form partnerships and allies with service providers including health care practitioners and police officers. They also engage in community building activities and awareness raising activities such as the health expositions and rainbow carwashes.

These activities have been a great initiative in community mobilization of the LGBTIs and the community at large. The support group peer educators also do referrals to the clinics and Botswana Family welfare Association (BOFWA) for HIV and STI testing and treatment and even psycho-social counselling.

1. Build a very strong LGBTI movement in Botswana particularly in areas where LEGABIBO has never worked. One knows where to go.
2. Have enabled us to build a strong lesbian movement and bring them into the movement.
3. Allowed LEGABIBO to expand and develop a support system and divide it into different convenient thematic groups, thus the MSM, WSW, PLWHIV support groups.

To which extent did actual practice follow your theory of change, and were your operational assumptions valid?

The way we operated it was in line with our theory of change. We were able to train Peer Educators, mobilize the LGBTI and enable services to them. Expanded the membership however, we experienced a drop in membership in 2014. But in other ways we expanded to newer areas where we had not been functioning before. We were able to collect advocacy issues and used them for advocacy. There was also an increment of trained Peer Educators which was in line with our theory of change. Support groups became safe spaces where LGBTI can access services though the MSP.

What were the key factors for success or failure?

1. Lack of resources to maintain support group activities, such as financial resources.
2. Mobility of the support group leadership that has been trained.
3. Lack of safe convenient meeting spaces.
4. Stigma and discrimination and violence from the public.
5. Lack of consistent monitoring and evaluation from the LEGABIBO office in Gaborone.
6. The members and leadership understand the role of the support group. Support groups have made it possible for them to bridge the isolation gap and has sustained the support group and made members understand the value of the support groups.
7. The foundation of the support group is amongst friends and that has sustained the support group to a great extend.

What have you learned?

The following lessons were obtained from the activity:

Incentivisation: to keep peer educators, focal persons and members active in the support group, there is need to incentivise and acknowledge their efforts. Incentives are not only monetary; they are also in the form of for example t-shirts and caps.

Site visits: these will help to ensure that support groups in rural areas do not feel neglected and not cared for.

Movement building: support groups are a great way to build an LGBT movement in Botswana and enable LGBT who do not want to associate with LEGABIBO access to support and service provision. However if not carefully managed and information on individuals is not safely kept the groups can render LGBT vulnerable to exposure.

Source of information: support groups, particularly those in rural areas have been linked with NGOs that provide services, the group's leaders and members feel that they are being used as target for mobilising resources and generating statistics.

Leadership: support groups leadership affects individual leaders' personal, professional and social lives especially

Mobilisation of allies: it is important to keep the privacy and confidentiality of LGBT by separating meetings of allies and LGBT.

Support group visibility: In certain situations linking support groups to partners and hosting public events does not always work in more rural contexts, therefore there is need to respect members' knowledge of the context to hold events confidentially to protect the groups against exposure.

What would you do differently in the development and implementation, if you were to start it over again?

1. Allow support groups to come up with their own ideas on how they want to run support efficiently.
2. Building the capacity of support group leadership to run the support group.
3. Making resources available for support group initiatives.
4. Ensuring safety and security for members and the focal persons.
5. Building and strengthening partnerships on behalf of the support groups.

WAY FORWARD

What are your ideas for future actions?

To put in place simple non complicated ways of communicating with support groups and the focal persons communicating with the members as well. This will make planning and implementation process easier and more effective thus getting the best results.

There is need for media training for support group members and leadership so that they know how to react to the media

There is need for safety and security training

Device strategies on how best to assist children under age so that the organisation and support group members are not accused of recruiting children into homosexuality.

We will use the results for advocacy for particularly amongst NGOs that have newly started working with LGBTI.

The lessons learned documentation has informed us on how to improve the support group structure as well as review the current structure and find out what other options are there in terms of defining a support group based on membership or access to services.

It has also helped us to realize that support groups do not function on one size fits all approaches, approaches must be informed by context even within the same country.

ORGANIZATIONAL BACKGROUND

LEGABIBO (Lesbians, Gays and Bisexuals of Botswana) is the first LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) organization in Botswana.

It is currently housed by the Botswana Network on Law and HIV/Aids – BONELA. BONELA is a non-governmental organization that supports human rights initiatives in the area of HIV/AIDS and to facilitate mainstreaming of network of concerned organization and individuals committed to protecting and promoting the rights of all people affected by HIV/AIDS. LEGABIBO is human rights organisation that advocates for the rights and wellbeing of the LGBTIQ persons in Botswana.

OUR MISSION

To build an independent non-partisan organisation that promotes the recognition, acceptance and equal protection of all human rights of the LGBTI community in Botswana.

OUR OBJECTIVES

- to create a community that is educated and sensitized on LGBTI issues
- to promote a non-discriminatory legal framework for the LGBTI community
- to recognize same-sex relationships for the purpose of:
- accessing social benefits
- same-sex marriage and its benefits
- child adoption
- to create a safe space where the LGBTI community can interact
- to empower the LGBTI community so as to advocate for their rights
- to promote sexual health amongst the LGBTI community

We hope to participate in an international network of LGBTI organizations to be able to work together and gradually overcome the many obstacles homosexuals still encounter on a daily basis in their lives, not just in Botswana but elsewhere in the World.

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Lessons Learned publications in this series:

43. Raising awareness of stakeholders and mobilization of transgender and intersex communities
42. LGBTI refugee programme
41. Advocating against draft anti-LGBT legislation in Kyrgyzstan
40. Integrated Training for Health Care Providers in South Africa
39. A comparison of urban and rural LGBT support groups in Botswana
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 withhomosexuals 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 bisexualwomen in the Western Cape, South Africa
10. Me&3 Campaign for lesbian and gay individuals in Pretoria (South Africa)
9. Sensitization of the National Policeby 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)

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ISBN: 978-90-6753-043-9