Building bridges

Towards mainstreaming of sexual and gender diversity in SRHR organisations

Lessons learned in Africa and Asia
Five countries have the death penalty for homosexual behaviour

- In 18 countries marriage is open for same-sex couples; civil partnerships are recognized in 10 countries
- 75 nations have laws that criminalize same-sex conduct
- In 118 countries same sex sexual acts between adults in private are legal
- In 19 countries joint adoption by same-sex couples is legal
- 4 countries criminalise the ‘propaganda of homosexuality’, 11 countries are discussing this today
- 31 countries prohibit incitement of hatred based on sexual orientation
- 5 countries have a constitutional prohibition to discrimination based on sexual orientation. South Africa was the first country to include this in the constitution
Acknowledgements

This acknowledgement is to express appreciation to all who have contributed to the work done to mainstream sexual and gender diversity in the Unite for Body Rights programme of the SRHR Alliance. A special appreciation goes towards those who have been willing to share their experiences as input for this publication, and for those of you who assisted in linking the writing team to the right people. Without them, this publication would not be possible today. For their commitment and their expertise a special thank you for; Sri Agustine, Emily Rowe, Chika Noya, Andre Susanto, Monique Soesman, Talimba Bandawe, Michael Kaijatsa, Nyatuwe Phiri, Teun Visser, Joline Schellhout, Willem Reussing, Judith Westeneng, Lara van Kouterik, Johnstone Kuya, Serafina Mkuwa, Miranda van Reeuwijk, Manon Heuvels... and all partner organizations who have been involved over the years, and who are mentioned in the cases. They deserve compliments for sharing their successes and pitfalls, but especially for their courage and inspiration for all of us who want to join into the fight for the quality of life, for justice and for “protecting the rights of everyone, everywhere”.

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Utrecht, January 2016

The Dutch SRHR Alliance and the UFBR programme (2011 - 2015)

The Alliance for Sexual and Reproductive Health and Rights (SRHR Alliance), is an international alliance working with partner organizations in nine countries in Africa and Asia, funded by the Dutch Ministry of Foreign Affairs. Member organizations of the SRHR Alliance in the Netherlands are Rutgers, the African Medical and Research Foundation (AMREF), dance4life, CHOICE for Youth and Sexuality, and Simavi. The Alliance works in collaboration with over 60 local partners in Africa and Asia, who are united in their national in-country SRHR Alliances. In line with the Millennium Development Goals, the International Conference on Population and Development (ICPD) Programme of Action and other international agreements, the SRHR Alliance identified the following key priorities in their programme ‘Unite for Body Rights’ (UFBR):

1. improved sexual and reproductive health services
2. comprehensive sexuality education
3. combating sexual and gender-based violence
4. freedom of expression of sexual diversity and gender identity

The SRHR Alliance follows a multi-component approach: improve access and quality of SRHR education, access and quality of SRH services and to influence an enabling environment that is more positive towards young peoples’ sexuality and diversity. The reduction of sexual and gender based violence (SGBV) and the acceptance of sexual and gender diversity (SGD) have to be mainstreamed in all these areas.
Mainstreaming sexual and gender diversity in SRHR perspective

This is a publication of the international ‘Sexual and Reproductive Health and Rights’ Alliance and looks back at five year implementation of the ‘Unite for Body Rights’ Programme (2011-2015). It zooms in on one specific area of this comprehensive programme: the mainstreaming process of sexual and gender diversity in their SRHR organizations, and in the way they do this.

Partners in this international Alliance work specifically with women, young people and marginalized or sexual minority groups like: survivors of violence, lesbians, gays, bisexuals and transgenders/transsexuals (LGBT), men who have sex with men (MSM), people with disabilities, people living with HIV/AIDS and people living in remote areas.

In many countries where the Alliance works, the voices of LGBT are not heard. They face discrimination, exclusion and stigmatization, and as a result are excluded from the public debate. They often also have limited access to SRHR information and services. Numerous studies concluded that non-heterosexual men and women were more often in poor health (including mental health) and yielded evidence for more suicidal thoughts and attempts, more substance use, a higher degree of (sexual) victimization and greater sexual health risks than the general population or comparable heterosexual groups.

It is therefore essential to provide organizations working on SRHR with opportunities to learn how to be more inclusive of all those within the communities they serve. Only by sensitizing ourselves to the issues concerned, and gaining the experience, information, attitudes and skills necessary to address these issues, we will be able to reach our wider goals of ensuring sexual and reproductive health and rights for all. Therefore, the Alliance decided to create a ‘learning agenda’ as an opportunity to systematically learn about this mainstreaming process. The learning agenda aimed to answer this question:

“What are successful approaches towards mainstreaming (...) sexual and gender diversity in SRHR interventions?”

This publication reflects the work of strongly motivated, courageous and mostly non-LGBT Changemakers, who have proven to be strong advocates and frontliners. They took part in the learning process of mainstreaming sexual and gender diversity (MSGD) and helped their own organizations and networks into becoming more LGBT-inclusive. This magazine shows the tools they developed, the results achieved and the lessons learned from SRHR Alliances in Indonesia, Kenya, Malawi and Tanzania. It is supported by an online knowledge file, where studies, tools, reports and Q&As from these countries are stored. They are there to adapt, adopt, share and possibly improve by you: http://www.rutgers.international/what-we-do/sexual-diversity. The references used in this publication are available on request. This magazine is an invitation to all SRHR professionals to get in touch and to share your knowledge, your skills, your tools and experiences with us as well. Our aim is to further build on an international movement to protect the rights of everyone, everywhere and to promote the quality of lives, enjoyed in safety with dignity.
Learning question

‘What are successful approaches towards mainstreaming (...) sexual and gender diversity in SRHR interventions?’
Sexual and gender diversity: what do we mean?

Sexual and gender diversity refers to the broad variation in identities, expressions, behaviours and feelings of attraction we see in sexual orientation and gender identity (SOGI) worldwide. Not everyone is attracted to the opposite sex, not everyone feels comfortable with the gender role they live in. These ‘sexual minorities’, who do not conform to predominant heterosexual and gender norms, are often faced with marginalization, stigmatization, discrimination and even criminalization. This affects their well-being and their health, and limits their access to sexual health services, information and support. Therefore, every provider has to know and be able to non-judgementally talk about SOGI in order to provide affirmative and inclusive education and health care.

A same-sex orientation can manifest itself in three ways: attraction, behaviour and/or identity. But not all people with a same sex attraction and/or behaviour want to or can identify as homosexual (lesbian, gay) or as bisexual and be open about this. In this case people are often categorized as MSM (men who have sex with men) or WSW (women who have sex with women).

Beside variances in sexual orientation, people can vary in their gender identity. Sometimes their felt gender identity does not correspond with the gender/sex (male or female) assigned at birth. One can deeply feel and experience belonging to another or indefinite gender or somewhere in between. Some of these people wish to live in the other gender role, in expression only, or also physically through a bodily transition to the other gender with hormones and/or surgery. We speak of transgender people, or when surgery is done transsexual people, to refer to this gender variances. Transgender people can have every sexual orientation, and hence can identify either as heterosexual, lesbian, gay or bisexual, but also as transgender or queer, or without any such label.

In talking about the impact of sexual orientation and gender identity and advocating for the human rights and needs of lesbian, gay, bisexual and transgender people, this group is often referred to by acronyms like LGBT, LGBTI (where the I stands for people with an ‘intersex’ condition), LGBTIQ (where the Q stands for questionable or queer). Also the acronym SOGI is sometimes extended to SOGIEB, adding expression and body. For an instructive visualization of all variances possible regarding SOGIEB we refer to the tool that is shared in the online file, the so-called ‘genderbread’. Although not comprehensive, in this brochure we will use the term LGBT to cover them all.

Why mainstreaming?

Mainstreaming means the integration of attention for specific groups, or specific themes in organizations and their regular programmes, to ensure that these become inclusive in policies and programming. Internal mainstreaming refers to mainstreaming of (in this case) sexual and gender diversity in the organizations’ policies, and staffs’ knowledge, attitudes and practises. External mainstreaming refers to mainstreaming of the needs and rights of LGBT in the programmes, for example in comprehensive sexuality education, service provision, community mobilization and lobby and advocacy. In the cases mentioned in this magazine, three approaches to stimulate mainstreaming have been applied: the rights-based, the public health and the morality (or ‘learn to unlearn’) approach. Improving sexual and reproductive health and rights implicates a rights-based approach and addresses the wellbeing and health of all people, including LGBT. It also addresses values and norms. Many SRHR organizations - even those with a strong human rights vision – do not fully apply their rights-based vision in practice and leave sexual and gender diversity untouched. Although sexual and gender diversity and same-sex practices are a part of traditional cultures in many countries, it is often a too sensitive and contentious issue
for policy makers and civil society to speak about. Despite many SRHR organizations feel sympathetic towards the principle of LGBT people deserving equal treatment, their experience and technical capacity is often limited. Mainstreaming into more inclusive programming needs a change of management systems and organizational policies, and – most of all – a change of staff’s attitudes at all levels.

“Like many of my generation, I did not grow up talking about these issues. But I learned to speak out because lives are at stake, and because it is our duty […] to protect the rights of everyone, everywhere.”

(UN Secretary-General Ban Ki-moon to the Human Rights Council, 7 March 2012)

Sexual and gender diversity exists everywhere in the world and is from all times. There is substantial anthropological evidence that same-sex practices and patterns were “traditional” and “indigenous” in all continents, including in Asia and Africa. In Asia the ‘third’ gender played and still plays important roles in cultural and religious rites, dance and theatre and sexual and gender diversity are depicted on historical temples in more countries. Anthropological studies give numerous historical and cultural reports of how gender-variant individuals were honoured as special, gifted, and highly spiritual with a connection to the deities. In Africa boy-wives are known in many parts of historic Africa. In fact, homosexuality has been a “consistent and logical feature of African societies and belief systems”. Sexual and gender diversity existed before colonialism, even though some argue that it is a ‘Western product’. However, it was colonialism that imported regulation, legislation and punishment on same-sex practices and relationships. Current legislation is often still based on legislation introduced during colonials times. In the seventies of last century, emancipation in many ‘Western countries’ and international movements led to a paradigm shift where there is a call to be more open and a call to endorse LGBT-rights as human rights. Human rights’ movements and in-country LGBT organizations can benefit from such international support. However, when courageous local organizations increase visibility of LGBT and stimulate openness on the topic, this also might cause resistance. There are many in-country human rights and local LGBT organizations that undertake their own activities to promote equal rights and services for all. This magazine aims to map out some of their practises. Examples stem from Indonesia, Kenya, Tanzania and Malawi. Although there are examples from many countries, these were chosen for their diverse approaches, systematic way of working and structural documentation of lessons learned.
Mainstreaming by collaborating with LGBT organizations and working with trained ‘Changemakers’

Country context

With 234 million people Indonesia is the 4th populous country in the world with enormous social and cultural diversity in terms of ethnicity, religion, gender expressions and sexual behaviour and norms. Indonesia has a long history of acceptance of certain forms of transgender and same-sex behaviour. Homosexuality was never criminalised in pre-colonial or colonial times. However, the rising tide of Muslim fundamentalism has resulted in some forms of criminalisation, particularly in regional bylaws and since 2014 in anti-pornography laws. At the same time LGBT groups are active in many parts of the country to advocate for sexual rights, and combat the stigmatisation, criminalisation and marginalisation LGBT people have to face.

LGBT groups organized themselves more effectively in the past decade and they are now reaching out to allies. The Yogyakarta Principles are widely used by LGBT groups. Some support is provided by the National Human Rights Commission and the Women’s Rights Commission. Progressive groups that deal with SRH issues are also reaching out to the LGBT communities. Important women’s organizations are collaborating with LBT groups and defend victims of lesbophobia. Through SRHR and HIV programmes and events like the International Day against Homophobia and Queer film festivals, the visibility of MSM, Male-to-Female transgenders (waria), Female-to-Male transgenders and lesbian women has increased lately.

Although mainstreaming sexual and gender diversity is not a totally new concept for many Indonesian NGOs, it remains a highly sensitive and contentious issue. The delivery of appropriate information and support to LGBT, MSM and WSW is hindered by deeply entrenched biased and hetero-normative social and personal norms. Building experience and technical capacity to translate equal treatment into LGBT-inclusive management systems, organizational policies, and programming is greatly needed.

Starting up the mainstream process

In 2011 the Dutch organization PSO (‘capacity building in developing countries’) started a Thematic Learning Programme (TLP) as part of the Unite for Body Rights Programme. This learning programme wanted to ‘better understand how staff, management and volunteers can be capacitated to ensure effective inclusion of sexual diversity issues into their policies and programmes’. Such a thematic learning programme works according to a couple of principles. It values research as an intervention strategy to analyse current patterns, it values action-learning and recognizes that there is a need to ‘learn to unlearn’. It recognizes that for adopting new approaches, one needs to unlearn existing practises and should be willing to revise current belief systems, norms and values. The TLP started in November 2011 in the Netherlands with a kick-off meeting, attended by: representatives of dance4life, Rutgers, the Indonesian SRHR Alliance called ‘Aliansi Satu Visi’ (ASV, ‘One Vision Alliance’), the Centre for the Study of Adolescence (CSA) of the SRHR Alliance of Kenya and academic researchers from the
Universities of Amsterdam and Kenya. The aim was to decide on the thematic focus for Indonesia and the one for Kenya. It was decided that four members of the Indonesian Alliance ‘Aliansi Satu Visi’ - two LGBT and two non-LGBT organizations - participated in this learning programme to learn more on how to mainstream sexual and gender diversity. The rationale for choosing the combination of these two kinds of organizations was that the non-LGBT organizations needed to be mainstreamed, while the LGBT organizations needed to be empowered and develop their own capacity to mainstream. By learning together, it was expected they could deepen their collaboration into a gay-straight alliance and greatly facilitate each other in their mainstreaming efforts.

**Activities employed during the thematic learning programme**

The TLP started with a desk review. It focussed on contemporary research, documents and data on sexual and gender diversity, the local context as it is understood and lived in Indonesia, and relevant national and local policies in the archipelago. When the desk review was completed, the first participatory four-days TLP workshop in Indonesia was held in January 2012. Managers and programme heads of the four organizations, staff of Rutgers Indonesia and academic researchers attended. The aim was to build understanding of the programme, its key terminology and components, and to explore barriers and opportunities for mainstreaming sexual and gender diversity. A brainstorm to get ideas for tools and methods for future training was carried out, as well as TLP exercises such as on personal reflection.

It was also decided that a baseline study would be conducted. The baseline study in Indonesia was an organizational assessment. It focused on the extent to which sexual and gender diversity issues were integrated at staff, organizational and institutional level. The methodology was based on the use of a scoreboard to measure organizational performance relevant to SGD mainstreaming, and was supplemented by in-depth interviews to gather data regarding knowledge of and attitudes on SGD from individual staff members of the two non-LGBT organizations.

In April 2012, findings and recommendations of the baseline study were presented and discussed. The study demonstrated differences between LGBT and non-LGBT organizations in addressing SGD and a differentiated need for capacity building. Topics identified for capacity building were religion and homosexuality; traditional forms of gender diversity; sexual politics and theories of sexuality. Based on the baseline results each organization formulated strategies and short-term actions plans to carry out jointly and individually. These action plans included descriptions of the planned activities, approximate time frames, roles and responsibilities, as well as moments for reflection and documentation. Both individual and joint organizational action plans were made. Individual actions from organizations ranged from internal meetings to share the baseline findings and discuss policy changes, to reflection classes and workshops to sensitize staff, management and board, and to the creation of information, education and communication materials.

A joint activity that resulted from the TLP 2012 was the training of Changemakers; two per participating organization. The joint training of MSGD Changemakers, was attended by staff members from each of the four TLP organizations. The overall objective of this training was capacity strengthening of the participating Changemakers to enable them to (assist to) mainstream sexual and gender diversity in their own organizations. They were trained in concepts of sex, gender & sexuality, in discussing sexual orientation, gender identity, gender expression and bodies, and in working on value identification and clarification. The training directly demonstrated the use of adult learning methods to address sensitive topics of sexuality and gender, giving partici-
pants the chance to practice and receive feedback on their facilitation skills to effectively share with their colleagues back home what they had learned. In all workshops described above Rutgers and dance4life offered technical support. A process facilitator was contracted to facilitate exchange between Changemakers, and to document the lessons learned.

As a follow-up to the Changemaker training, mainstreaming actions per organization and joint plans were undertaken. Some examples of follow-up actions from participating organizations are: PKBI Jambi and Rifka Anissa ran internal MSGD training workshops. GWL-INA conducted internal staff meetings to make changes to explicitly include sexual and gender diversity and rights in their statutes, and revise their personnel policies. GWL-INA also held an informal MSGD refresher workshop to raise staff awareness and explore more deeply their own values around the issues. Some existing services were planned to extend: SGBV services to lesbian and Female-to-Male transgender by Rifka Annissa, and SRH services to LGBT by PKBI Jambi. Ardhanny staff developed a comic book about LGBT for the general public. A number of Changemakers, especially those working in already SOGIEB sensitive organizations, could involve other stakeholders in the Changemaking process. The joint activities included also internships: opportunities for each organization to send staff members to other organizations for a period to advise and learn from each other’s areas of strength and expertise.

**Regional dissemination workshop**

To share experiences and lessons learned with key stakeholders (other Alliance members, SRHR and LGBT organizations), a two-day dissemination workshop took place in August 2012. Lessons learned were shared and discussed with 30 participants of 16 organizations that were linked to the Alliance. On the second day an additional 20 key stakeholders (e.g. relevant NGOs, ministries, UN organizations) were invited to get them involved as well. On both days representatives from the Rutgers field offices in Pakistan and Vietnam participated, as well as the CEO of CSA Kenya, who had been leading the Kenyan TLP. The regional meeting informed the next steps moving forward from internal mainstreaming into external mainstreaming of sexual and gender diversity in SRHR programming. The meeting led to intensified collaboration and linkages between health, rights and advocacy organizations to collectively addressing problems of acceptance and equal rights for LGBT.

**After the TLP: follow up of mainstream activities and actions plans**

After revising the training of trainers manual in 2013, a second group of 22 Changemakers from 11 partners of the Alliance joined in 2014. At the start they conducted the SOGIEB scale to assess initial knowledge and attitudes towards LGBT. In the training, Changemakers developed action plans to follow up once they returned to their own organization. A new process facilitator was contracted for design, support and follow up on the TLP. She facilitated exchange between Changemakers, and documented the lessons learned. To facilitate exchange and linking and learning a Facebook page for Changemakers was initiated. That way the Changemakers really became a team.

All these organizations re-examined internal documents of their own organization to explore where and in what capacity SOGIEB related issues could be better addressed and mainstreamed in organization’s policy and programming. In various meetings, like the write and validation workshops, and in regular Alliance (ASV) meetings, reflection on progress, renewal of action plans and possible joint activities were addressed. Activities in this period included:

- Joint activities among ASV members on LGBT Rights Campaign during the International Day Against Homophobia and

- Advocacy to Ministry of Health for Youth Friendly Services that include young LGBT.
- Advocacy for LGBT issues to be included in the Comprehensive Sexuality Education curriculum and teacher training implemented by Indonesian schools.
- Adaptation of programmes for male counselling and counselling of girls and women affected by SGBV to include sexual and gender diversity issues (by Rifka Anissa WCC and Yayasan Pulih).
- Mainstreaming SGD into youth-friendly health services to accommodate young LGBT people’s needs and in other SRH and HIV-related health services.

A Most Significant Change (MSC) Writeshop was conducted in September 2015. This three-day writeshop was facilitated by the consultant in collaboration with the Ardhanary Institute, with input from Rutgers Indonesia and Rutgers the Netherlands. The MSC approach was used as a method to uncover unforeseen and unexpected consequences of the Changemakers project, and to provide insight into the change within the Changemakers themselves. In a concluding Validation and Dissemination Workshop in November 2015, partners discussed and articulated their understanding of the findings and made further recommendations for future planning.

One of the participants explained the influence of her involvement as changemaker on herself as follows:

“The range of opinions of others made me even more uncertain, because to be honest the values instilled in me, both religious and cultural norms, explicitly forbid homosexuality. So it was very difficult for me to accept something of which I had always considered to be outside of norms, but over time this changed.”

The Alliance is looking for ways to further build upon these approaches in future programmes.

The initial organizations involved:

**RifkaAnissa WCC**
a Yogyakarta-based women’s empowerment organization and GBV crisis centre.

**PKBI Jambi**
a branch of the Indonesian National Family Planning Association based in Jambi, South Sumatra, which has a strong focus on youth-friendly SRH services.

**The Jakarta-based national secretariat of GWL-INA**
the National Gay, Transgender and MSM Network of Indonesia; a HIV-advocacy focused network with 68 member organizations.

**The Jakarta-based Ardhanary Institute (AI)**
an LBT women’s research publications and advocacy organization which has also recently established a domestic-violence crisis centre.

New organizations’ change makers that joined in 2015: Rumah Sakit Bethesda, PKBI (-DIY, -Jawa Timur, -Lampung, DKI Jakarta), SIKOK Jambi, WCC Cahaya Perempuan Bengkul, Yayasan Pelita Ilmu, Aliansi Remaja Independen, RAHIMA, Yayasan PULIH

**Resources for practitioners:**

- The TLP programme at a glance
- Final report on the TLP in Indonesia
- The MSGD Changemakers experience in Indonesia
- Baseline staff survey
- SOGIEB-scale
- MSGD Changemakers Most Significant Change Stories
- Training of Trainers Manual
Indonesia has a long history of acceptance of certain forms of transgender and same-sex behaviour.
### Steps taken in Indonesia to build support for LGBT

#### What

<table>
<thead>
<tr>
<th>Year</th>
<th>Activity</th>
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<tbody>
<tr>
<td>2011</td>
<td>Joint design Thematic Learning Programme in the Netherlands</td>
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<tr>
<td>2012</td>
<td>Desk review, dissemination and planning workshop</td>
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#### Why

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<tr>
<th>Year</th>
<th>Activity</th>
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<tr>
<td>2011</td>
<td>Involve a.o. the Indonesian SRHR 'One Vision' Alliance in MSGD</td>
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<tr>
<td>2012</td>
<td>Discuss desk research, identify tools for capacity building</td>
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#### How

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<th>Year</th>
<th>Activity</th>
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<tbody>
<tr>
<td>2011</td>
<td>With PSO, University of Amsterdam, 4 Indonesian organizations</td>
</tr>
<tr>
<td>2012</td>
<td>With programme managers, research institutes, LGBT and non-LGBT organizations</td>
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Organizational assessments, incl. use of scoreboards
Training of change makers of 4 part. organizations

Regional dissemination workshop

Involvement of a second group of change makers

Most Significant Change workshop

Change makers address mainstreaming in their organization

Need for collaboration to collectively address LGBT-acceptance and - rights

Increase leverage, make use of materials created in the TLP

Voice & share personal stories, document lessons

Training of trainers’ manual, developed in Indonesia

Sharing experiences, linking with alliance members and other stakeholders as health-, rights- and advocacy-organizations

Revised training of trainers’ manual for change makers

External facilitator with change makers

Comic books to inform about LGBT

Internships

SOGIEB-scale
LIFE
SEXUAL
PLEASURE
IS A
HUMAN
RIGHT
Influencing perceptions and attitudes of partner organizations staff by using personal testimonies in collaboration with LGBT organizations and Changemakers.

Country context

Kenya is one of the largest African countries with more than 45 million people and about 42 ethnic groups living in the country. More than 80% of the Kenyan population live in rural areas with only 19% living in urban areas. The Kenyan health sector is continually faced with numerous challenges resulting in poor health indicators in its population. One of the population segments largely underserved by the health sector are lesbian, gay, bisexuals and transgender people. Despite the fact that homosexuality is criminalized, several Kenya-based organizations are working to protect and advocate the interests of LGBT populations, with technical and financial support of national and international institutions.

The process of making a new Constitution (begun in 2010), started a national dialogue on the topic of sexual diversity. Many Kenyans felt the proposed constitution opened a free space for LGBT practices and were against it. However, the new constitution still criminalized homosexuality by excluding same sex marriages in Kenyan society, leaving the old Kenyan Penal Code on homosexual behaviour and attempted homosexual behaviour untouched with penalties of 5 to 14 years imprisonment. Although few people have legally been arrested under these laws, LGBT people are continuously harassed and extorted by police forces under the guise of fulfilling the law.

The killing of Ugandan gay activist David Kato in January 2011, and the heated debates in national media after the first celebration of the International Day against Homophobia in May 2011, highlighted how far homophobia can go. It stressed the need for addressing sexual diversity within the SRHR Alliance. The report of the Kenya National Commission on Human Rights (2012), documented high levels of discrimination against the LGBT community – including police abuse, sexual assault, blackmail and harassment. The report asserted that LGBT rights were human rights, and therefore constituted an important policy reference document to support research and interventions on sexual and gender diversity in Kenya. Whilst the new constitution does not endorse same-sex relationships, it prohibits discrimination based on gender or sexual orientation in service provision. This is a crucial legal pillar in support of the SRHR work and the fight against HIV of the SRHR Alliance of Kenya.

Starting up the mainstream process

In 2011 the Dutch organization PSO (‘capacity building in developing countries’) started a Thematic Learning Programme (TLP) as part of the Unite for Body Rights Programme. This learning programme wanted to “better understand how staff, management and volunteers can be capacitated to ensure effective inclusion of sexual diversity issues into their policies and programmes.” The TLP started in November 2011 with a planning meeting in the Netherlands. The meeting was attended by representatives of the Centre for the Study of Adolescence (CSA) from the SRHR Alliance of Kenya, the Indonesian SRHR Aliansi Satu Visi (ASV), along with academic researchers from...
the Universities of Amsterdam and Nairobi and staff of dance4life and Rutgers. In this kick-off meeting the concept for a thematic learning programme (TLP) on mainstreaming sexual diversity was introduced and the focus in mainstream programmes for Kenya as well as Indonesia were defined. In Kenya seven SRHR Alliance partners joined this TLP in 2012. An external learning facilitator supported the reflection, learning and documentation components of the programme.

The TLP started with a desk review that analysed the local context of sexual diversity: the way it is understood and practised in Kenya, and an analysis of relevant national and local policies in the countries. Following this study, a first four-days TLP workshop took place in Nairobi, January 2012. The first day managers and programme heads of all organizations in the UFBR Alliance of Kenya, academic partners as well as representatives of Kenyan LGBT organizations participated. Preliminary results of the desk review were presented and the framework for the baseline study was introduced and planned. Much attention was paid to choosing the right LGBT terms that would not be offensive (where the information from the website - www.othersheep.org - was very useful), and to personal stories on experiences with sexual diversity regarding difficulties in addressing it. Most importantly, participants could interact with people of different sexual orientations, and experience sexual diversity within the group. One of the methods, the so-called Olson Stairs of Tolerance, also used by IPPF, was used to jointly assess the current and desired situation in Kenya. The following three days a smaller group worked on refinement of tools and guidelines for the baseline survey.

The baseline study in Kenya was primarily an assessment of staff attitudes, complemented with in-depth interviews with senior management of seven organizations to collect information on organizational and programmatic levels. It assessed internal mainstreaming issues like staff’s awareness, attitudes and beliefs, and organizational policies, as well as external mainstreaming activities addressing sexual diversity in programming.

In the second four-days TLP workshop, March 2012, findings and recommendations of the baseline study were discussed.

“The baseline results came as a shock to all.”

The study demonstrated that many staffs of the organizations of the Kenyan SRHR Alliance – which are supposed to embrace sexual and reproductive health and rights – had highly discriminative, fear-based attitudes towards the LGBT community. The study showed huge policy gaps regarding sexual diversity in the organizational structures, partly because national policies on non-discrimination of LGBT in SRH programming were lacking.

Staff sensitization was considered to be a first crucial step: without staff support it is hard to make changes at organizational and programme levels. Each organization made their own action plans for this, based on the level of acceptance within their organizations. Activities varied from one-on-one dialogue with colleagues, to training sessions, and to field visits to LGBT organizations. Some organizations developed plans to review their existing educational materials to see how material on sexual diversity (SD) could be incorporated, and planned to include SD topics in community dialogues. All organizations made plans for board sensitization and sharing the baseline findings internally. Next to these individual action plans, joint plans were also formulated. The first joint action was to develop and pilot a four-day sexual diversity sensitization training. The second was a managers meeting to develop a long-term sexual diversity mainstreaming strategy, beyond the six-month period of the TLP.
Training of changemakers, managers meeting and mainstream activities per organization

In May 2012 the sexual diversity training for Changemakers was held in Nairobi. Staff members from six of the seven Kenyan Alliance member organizations participated, together with three members of LGBT organizations, added with a facilitator from the Centre for the Study of Adolescence. The Changemakers – three persons of each organization – were identified by the management and asked to participate in the training. As Changemakers, these programme officers would be critical in implementing TLP results by acting as links in the dissemination of information and handling of issues related to sexual and gender diversity in their organizations.

The topics covered included an overview of the TLP and SRHR principles in the standards of the International Planned Parenthood Federation (IPPF), highlighting various issues touching on sexual rights; sexuality and attitudes towards sexual diversity in Kenya; and LGBT health needs and problems in dealing with health services. The terminology and forms of homophobia were explored in depth, which generated a lot of questions and formed a platform for shared learning and increased understanding of the whole concept of sexual diversity. The training also included a field visit to one of the LGBT organization’s office. The training was a critical moment on several levels. Firstly, it helped build the capacity of the Changemakers in the various organizations, so they could in turn sensitize other programme staff on sexual diversity issues. Secondly, it had – again – a powerful personal impact on participants who never had met with LGBT people before and initially hold strong negative attitudes about them. After the Changemaker training mainstreaming actions per organization were undertaken. Actions included support and mentoring for Changemakers by LGBT organizations, follow-up visits of LGBT facilitators to discuss issues and myths with staff, assessment of staff’s knowledge and attitudes followed by sensitization trainings, and Focus Group Discussions with peer educators to assess level of tolerance and acceptance.

At the managers’ meeting, May 2012, UFBR programme managers reviewed the progress of each organization through the course of the TLP, and reflected on the elements of the TLP that had most influenced their own attitudes. They discussed and agreed upon an outline of objectives for a long-term future strategy, to be refined and confirmed in the regional dissemination workshop to be held in July 2012.

The action-learning cycle of the TLP itself was completed in a write shop, June 2012, led by the TLP learning consultant, in which participants reflected on and documented the learning and change process of the TLP. Participants worked in pairs to interview each other and wrote the stories of change of each participating organization. Working in groups they reflected on their shared learning: What worked and what didn’t work around the sensitization of the boards, training of Changemakers, and sensitization of staff? What changes had occurred? What could others learn from this?

In all workshops described above dance4life and Rutgers offered technical support and an external process facilitator documented the lessons learned.

Dissemination of TLP results and formulating follow up

To share experience and learning in the TLP, a regional dissemination meeting was held in July 2012. Staff from all the Kenyan Alliance organizations participated, as well as representatives from 4 other African countries that are part of the SRHR Alliance (Malawi, Tanzania, Uganda and Ethiopia), making a total of 50 participants. The Kenya team shared the findings and outcomes, supported by testimonies from various participants, which created similar critical moments as in the
TLP process itself. The dissemination meeting ended with formulating the long-term strategy for mainstreaming sexual diversity among partners of the UFBR Alliance in Kenya. There was agreement on the following objectives:

- Contribute to improve knowledge and understanding of sexual diversity;
- Improve access to LGBT - SRH services;
- Identify and disseminate advocacy messages on issues of sexual diversity;
- Train change agents within organizations;
- Establish linkages/partnerships with LGBT organizations;
- Strengthen policy framework to support sexual diversity.

For each objective potential activities on capacity building, service delivery, advocacy, policy and linkages were identified and a timeline to 2015 was designed.

**After the TLP: follow up actions**

Some organizations made progress after the TLP, especially on staff awareness and sensitization. However, initially almost all Changemakers had to deal with fierce resistance and opposition towards inclusion of sexual diversity in policies and programming. This created impediments on internal mainstreaming and hindered a shift towards external mainstreaming. These insights, and the fact that various organizations had recruited new staff or had become a new Alliance partner, led to a demand for a second Changemaker training. This ‘refresher’ course took place in October 2013, and was attended by 30 participants, of whom 6 were involved before, coming from 15 different organizations.

As in the first training, the main topics were definitions and terms used around LGBT, myths and misconceptions, various forms of homophobia, the legal and social context of LGBT, and ways of mainstreaming LGBT issues inside and outside the work setting. Likewise, the main barriers for participants to accept LGBT were religious and cultural values, personal prejudices and fear of the unknown. It proved beneficial to bring new participants together with participants who had already gone through a process of accepting LGBT. Also in this training, exercises on value clarification and hearing personal testimonies of LGBT themselves, helped participants to become more sensitive to learn to unlearn and receptive to acceptance of LGBTs. Following this second training all organizations undertook internal and external mainstreaming activities at organizational and programmatic levels. To support and strengthen their mainstream activities, all Kenyan partner organizations were offered an in-house training on sexual diversity in 2015, which has been done in one organization so far.

**Planning and review meeting**

During the planning and review meeting in December 2015, all partners of the Kenyan Alliance took part in a group discussion on sexual diversity. Discussion topics were the state of affairs on mainstreaming sexual and gender diversity in each organization, collaboration with LGBT organizations, barriers in mainstreaming and the way forward.

At organizational level almost all organizations made further progress, though in different degrees, but always by continuous efforts and sensitive pushing through. Common results were further: staff sensitization and dissemination of information and knowledge about sexual diversity, special training on sexual diversity for staff and community health workers and/or the inclusion in other capacity building activities. One organization, Amref Health Africa, developed a position paper on sexual diversity that included implementing sexual diversity in programmes and human resources, and implications for donor relations and approach of government. Another organization (CSA/WAYAN) incorporated sexual diversity as a key area in their revised advocacy strategic plan. At programmatic level most organizations were able to include sexual diversity, especially when working with young people, for example in Comprehensive Sexuality Education and related teacher training and trainings on youth-friendly health
services. In addition, more organizations are now willing and able to answer questions and to do referrals with respect to sexual diversity. Collaboration with LGBT organizations is considered for the next stage of the programme.

The SRHR and LGBT organizations involved:

Centre for the Study of Adolescence (CSA), an organization that promotes adolescent sexual health and development.

Africa Alive!, a youth-serving organization, with a vision to build and empower a healthier HIV/AIDS-free generation.

Support Activities in Poverty Eradication and Health (SAIPEH), works on the advocacy of HIV prevention and home-based care for people living with HIV/AIDS.

Great Lakes University of Kisumu (GLUK), works with vulnerable groups (youth, women of reproductive age and children under five) and engages community units in accessing and owning health services.

NairoBits Trust works with young people from slum areas within Nairobi and uses information and computer technology (ICT) to empower them to make their own decisions, through knowledge, attitude and skills development.

Amref Health Africa Kenya Country Office, founded in 1957, is Kenya’s largest NGO working on improving health in marginalized communities.

Network of Adolescents and Youth of Africa (NAYA) a Youth Network that advocates for the implementation of policies and legislation on adolescent and youth SRHR through dissemination of information, championing and promoting their rights at national and community level.

Gay and Lesbian Coalition of Kenya (GALCK) is the National Body and Secretariat of organizations dealing with sexual orientation and gender identity health, rights and welfare issues in Kenya.

Nyanza Rift Valley and Western Kenya Coalition (NYARWEK), a membership-based organization, is working on: coordination and linkages; ensuring security and reducing stigma and discrimination towards LGBT people; organizational development for member groups; research and documentation; and human rights advocacy.

Resources for practitioners:

- The TLP programme at a glance
- Final report on the TLP in Kenya
- Baseline survey report
- Olston stairs of tolerance
Steps taken in Kenya to build support for LGBT

<table>
<thead>
<tr>
<th>2011</th>
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<td>Joint design</td>
<td>Dissemination and planning workshop</td>
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<td>Thematic Learning Programme</td>
<td>Identify legal pillar for SRHR work on LGBT and health</td>
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<td>Baseline study, dissemination of findings, organizational and joint action plans</td>
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<td>Identify legal pillar for SRHR work on LGBT and health</td>
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<td>Prohibits discrimination in service provision based on gender identity or sexual orientations</td>
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<td>Assessment of staff attitudes</td>
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<td>Involve a.o. the Kenyan SRHR Alliance in MSGD</td>
<td>Discuss desk research, design baseline survey for staff</td>
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<td>With PSO, University of Amsterdam, 7 Kenyan organizations</td>
<td>Prohibits discrimination in service provision based on gender identity or sexual orientations</td>
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<td>Assessment of staff attitudes</td>
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<td>Kenya National Commission on Human Rights identified as legal pillar</td>
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<td>Baseline survey, interviews, organizational analysis and programme assessment</td>
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<td>Olson stairs of tolerance</td>
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Capacity building change makers & managers’ meetings

Regional dissemination meeting

Refreshers’ training and involvement more change makers

Planning and review meeting

Gain knowledge and stimulate reflection on own beliefs

Share experiences, spark exchange with other countries, launch long-term strategies

Change makers experience resistance in their organizations: create support

Identify state of affairs of mainstreaming sexual- and gender diversity

IPPF standards

Exploration of terminology

Field visit to LGBT organizations

Presentations

Personal testimonies

Guests from Malawi, Tanzania, Uganda & Ethiopia

Training materials

Focus group discussion

2013

2015

Kenya
 UFBR in Malawi: Addressing LGBT rights in health care

Country context

Malawi is a landlocked country in southeast Africa, bordered by Zambia to the northwest, Tanzania to the northeast, and Mozambique on the east, south and west. Malawi is among the smallest countries in Africa, and among the world’s least-developed countries with an estimated population of nearly 17 million people.

In 2009, Steven Monjeza and Tiwonge Chimbalanga were arrested by the police after holding the first same-sex traditional engagement ceremony ever in Malawi. They were sentenced to 14 years in prison. Early 2010, police arrested Dunker, an office worker of one of Rutgers’ partners, for possessing what police suspected to be ‘pornographic gay material’.

The currently suspended Malawi Penal Code describes legal punishment for what is called in the Code ‘indecent practices between males and females’ (5 years imprisonment) and ‘unnatural offences’ (having carnal knowledge can lead to imprisonment for fourteen years). The attempt to commit ‘unnatural offences’ can lead to seven years of imprisonment. In the words of the LGBT community, ‘We are singled out, seen as abnormal, are discriminated against and publicly not recognised as human beings with human rights, not worth [living our lives] and we are criminals due to our identity’.

The norms and values around sexual and gender diversity in Malawi are grounded in vested ideas about the importance of a traditional family life, the religious value attributed to marriage and the claim that sexual orientation is a choice. These values that are deeply rooted in society, cause lesbian, gay, bisexual, and transgender (LGBT) persons in Malawi to face legal challenges that non-LGBT residents are not subjected to.

In Malawi, the law especially criminalises same-sex behaviour. However, the actual legal framework has been under discussion for several years. There was international pressure: Mr Ban Ki-Moon (UN Secretary-General) spoke with the President of Malawi Bingu wa Mutharika about human rights’ principles right after the arrests in 2009: the couple mentioned above, was then pardoned. The UNFPA provided space to people from the LGBT-community to publicly share their personal stories about being gay and lesbian in Malawi in 2010. And an important national development was the suspension of all laws that criminalized homosexuality in 2012, by President Joyce Banda, followed by the announcement by the Malawi High Court to review the constitutionality of the law in 2013.

While these were hopeful developments for the LGBT-community, the debate is far from being concluded. In July 2014, the Justice Minister said that pending a review of the law, Malawi would no longer arrest people for same-sex sexual activity. However, when religious leaders strongly opposed this announcement, he reversed that statement. As of October 2015, the Malawi High Court has not yet reached a decision on the law. The Marriage Act that came into force in April 2015 however, banned all same-sex marriages and unions and was condemned for its language as it linked gay sex to rape and sexual harassment. On December 9th (2015) two men were arrested.
by neighbourhood watches in Lilongwe, under the suspicion of ‘having carnal knowledge’ of each other. First they were released on bail, waiting to be taken to court. However, the Malawian government announced on the 22nd of December that the couple would not be prosecuted, and in fact that it will not arrest and prosecute inhabitants on this legal ground awaiting the forthcoming law revision. The release of the couple came with the following statement: ‘The Government acknowledges the views expressed by the international human rights bodies that the inclusion of offenses prohibiting homosexuality in our statue books /within our legislation may be at variance with the views held by such bodies. Consequently, the government has committed itself to review the penal laws on homosexuality under the Penal Code, but this is done in consultation with the people of Malawi, as described by the Constitution […] While Government welcomes an open discussion of the issue by all concerned, the use of inflammatory and derogatory language being made by some of those contributing to the discussion is counter-productive and serves only to divert proper focus on the issue at hand’

Addressing LGBT rights, health and services in the UFBR programme

In this context the UFBR-programme started in 2010 with a specific aim to reach the ‘marginalized groups’ of LGBT people: it was one of the aims of the programme to realize LGBT-friendly clinics where LGBTs can expect to be treated in a non-judgmental and non-discriminatory manner. In Malawi five partner organizations worked together in the SRHR Alliance. Some of them benefitted from an earlier SRHR programme (the ‘Youth Incentives Programme’) where conservative attitudes of partners and the health system had already been mapped during the baseline survey. That provided an important trigger to conduct discussions with managers and directors around their own and their staff’s values and norms. Value clarification exercises took a rights based approach. It also called for recognition of sexual citizenship: meaning that citizens of any identity should be recognized in such a way that they are able to declare their sexuality. Not only privately, but also publicly, without fear of persecution or bullying due to sexual orientation. Support of managers and managing directors to provide health services to LGBT, was indispensable for the implementation of the programme.

However, partners in the Alliance noticed lack of information about available health services for LGBTs, and also restricted accessibility to condoms and shortage of lubricants. Although health providers should have professional ethics related to non-discrimination, members of the LGBT-community experienced negative attitudes:

A Mangochi respondent stated: “I went to a hospital where a doctor kept asking me why I wore earrings like a woman. It was clear he didn’t like me. He gave me Paracetamol and told me to get the rest of the medication from the pharmacy.”

To address this issue, the human rights’ organisation CHRR approached health facilities and district authorities. The health workers were encouraged to have their say and they discussed how to align personal values with the Hippocratic oaths, in which they were committed to treat all. Health workers recognized the need to talk about LGBT issues and said if LGBTs were excluded in access to treatment and/or health care ‘it would be a disaster’.

A comprehensive approach

Relevant training to health service providers was also an important pathway to get service-providers to understand the reality of sexual diversity, sexual orientation, gender identity and the unique sexual and reproductive health needs of the LGBT community. CHRR met with members of Civil Society Organizations, mother support groups, young people, life-skill-based education teachers, traditional and religious leaders, and health workers wor-
king in Mangochi across eleven health centres. Through community meetings, human rights aspects were emphasised and attitudes were challenged to increase tolerance and acceptance towards same-sex relationships. During such sessions community members were trained in violence prevention in their community. In the media, articles were published. CHRR had an all year round radio programme that dealt with issues concerning LGBTI in a forum called ‘Nkhani zikuluzikulu’ (translated as ‘sensitive issues’).

All interventions were in harmony with LGBT needs and with partners’ capacity. One can say the UFBR-programme took a comprehensive, integrated approach addressing many stakeholders at the same time with different interventions to create a more enabling environment for LGBT rights and acceptance. The organizations involved in the SRHR Alliance guaranteed confidentiality, safety and privacy: it took time to build trust, but over time a growing number of LGBTs attended counselling meetings. They shared their experiences on stigma and discrimination, aggression and violence, but also sought counselling to address self-esteem, relationships and the ‘coming out’ process. At the same time, a survey on ‘alternative SRH services for LGBT in Malawi’ was conducted by Chiwoza Bandawe. They wanted to learn more about the need for specific services for LGBT-people in Malawi, and thus increasing knowledge among health service providers and partners on how to provide appropriate services.

**Laws and regulations**

Besides having to deal with their own values and norms, there was great hesitation and concern amongst many health providers that if they would serve the LGBT population, they might be acting illegally. For that reason, the Alliance, with Alliance member Centre for the Development of People (CEDEP), decided in 2012 to conduct a desk study on Malawi’s legal and policy documents, to identify how the latter impacted the implementation of HIV and other health related interventions for men who have sex with men (MSM) and other sexual minority groups in Malawi (LGBT and sex workers).

The documents illustrated a widespread denial of the presence of sexual minorities and their human rights and the acute failure of policies to address sexual reproductive health and rights of LGBTs. The report thus looked from a health perspective but also took a rights-based angle to the topic. The researcher posed that Malawi cannot fight HIV/AIDS comprehensively if it does not resolve to separate the Constitution and recognizing human rights from the Penal Code. In the recommendations, the report urged the Malawi’s laws to stop criminalising sexual minorities and to outlaw all homophobic and hate laws that are discriminatory. However, the report also concluded “Whilst there is room for change in the Malawi Law Commission’s HIV/AIDS Prevention Amendment Bill, it is important to note that it is an improvement in the legal discourse on HIV/AIDS and sexual minorities in Malawi, especially when read along the lines of the Penal Code. The bill has a section on HIV and AIDS and Human Rights. It takes a stand against mandatory testing. It has weaknesses, especially when one voices its recommendations and MSM denial but on the whole, those who passionately care about sexual minorities and value the importance of an SRHR approach to HIV/AIDS interventions, know that recognising baby steps of a human rights approach to HIV/AIDS interventions in Malawi, is one way to improve the situation.” Dr. Jessi Kabwira, now member of Parliament is still a strong advocate for LGBT-rights, however also experiencing personal threats because of her work.

**Position paper**

The participation of Alliance members in the closing dissemination workshop of the Kenyan SRHR Alliance, July 2012, where lessons learned were shared of the TLP in Kenya and Indonesia, gave a boost to choosing the best way forward.

In 2013, the five partners of the SRHR Alliance wrote a position paper on LGBT in which they
expressed that “LGBT individuals in Malawi live in fear of arrest, are subjected to blackmail, abuse and violence, including sexual violence; they are unable to get the protection of police or community leaders when they are victims of crime, and currently have no way of achieving their sexual health rights. The criminal law is generally a society’s strongest expression of disapproval of an action, and in this case the existence of LGBT individuals”. In this position paper the Alliance emphasised that the Constitution of Malawi prohibits discrimination of any kind, but “sexual orientation” is not included among the enumerated grounds for non-discrimination. What the Alliance partners aim for is a society in which all citizens, including LGBT individuals, are able to go to school, to work and to access health care, just as heterosexuals do; a society in which services meet the needs of all citizens, without being judgemental; a society in which rejection, hatred and violence concerning LGBT individuals are replaced by acceptance, tolerance and unconditional love’. The Alliance calls upon members of the government, court and judges to look into the punitive laws that are discriminating against fellow Malawians in order to guarantee all rights and to enjoy sexual citizenship and be protected by the same laws. Obviously to step forward can be experienced as risky and challenging: for example, when the above mentioned Marriage Act was published, the Alliance did not yet act as one in its’ response, while CHRR and other human rights organizations took a stance. The fact that Alliance members agreed on this position paper can be seen as ground-breaking.

Steps are taken by the Alliance to give a press release of their LGBT position paper, as the SRHR Alliance, in which they advocate to end human rights discrimination of LGBT communities and to modify the existing laws or develop new laws and policies. This work is still needed: end line outcome measurement of the UFBR programme showed that although steps were taken, there is still a lot of work to do around values and norms of health staff, as well as in the enabling environment towards acceptance of LGBT. The process above was guided by the country lead of Rutgers who linked the initiatives to relevant activities of the Dutch SRHR Alliance.

**Participating organizations were:**

**FPAM,**
Family Planning Association of Malawi: Gender-Based Violence, comprehensive sexuality education, service delivery and enabling environment.

**YECE,**
Youth Empowerment and Civic education: SRHR information, early and forced marriages, youth friendly health services and meaningful youth participation.

**YONECO,**
Youth Net and counselling: Access to services, youth empowerment, child protection and human rights.

**CAVWOC,**
Centre for Alternatives for Victimized Women and Children: Capacity building, gender mainstreaming, maternal health, HIV and AIDS, comprehensive sexuality education, Sexual- and Gender Based Violence, youth friendly health services.

**CHRR,**
Centre for Human Rights and Rehabilitation: Human rights, gender and governance, Gender-based violence, HIV and AIDS and LGBTI.

**Resources for practitioners:**

- Baseline survey report
- Exercise on diversity and related discrimination
- Training materials
- Desk study policy and legal documents
- Position paper by Alliance members
- Survey on alternative SRH services for LGBT in Malawi
- KAP-survey
- Towards Sexual Citizenship, a case study on LGBT in Malawi
The government has committed itself to review the laws on homosexuality under the Penal Code.
Steps taken in Malawi to build support for LGBT

**Steps Taken (2008-2010)**

**What**

- Baseline survey & discuss values with partners’ leaders
- To include LGBT as target group for their service-and education programmes

**Why**

- Approach health facilities and district authorities
- To discuss treatment for all. Fear of health providers they act illegally
- To come to a common understanding of (il)legality of services to LGBT

**How**

- Desk study Malawi’s legal and policy documents
- Tools: - Baseline survey
  - Training: Powerpoint
- Tools: - Exercise on diversity and related discrimination
  - Building knowledge on sexual diversity
- Tools: - Study report
2010
TLP regional dissemination meeting Kenya
To learn how other countries address values, and what they learned on LGBT
Tools:
- Personal testimonies of peers and LGBT

2012
Position paper by alliance members
Members state sexual orientation is no claim for discrimination
Tools:
- Position paper

2013
Survey on alternative SRH services for LGBT in Malawi
To explore alternatives available if SRH services to LGBT are not provided by government
Tools:
- Survey and study report

2014
Outcome measurement
To measure change in attitudes
Tools:
- KAP-survey

2015
Malawi
Tanzania is a country in East Africa, within the African Great Lakes region. It is bordered by Kenya and Uganda to the north; Rwanda, Burundi, and the Democratic Republic of the Congo to the west; Zambia, Malawi, and Mozambique to the south; and the Indian Ocean to the east. Tanzania is one of the poorest countries in the world. Tanzania’s population of almost 52 million people is diverse, composed of several ethnic, linguistic, and religious groups. Laws against homosexuality are documented in the Penal Code of 1945 revised by the Sexual Offences Special Provisions Act of 1998. In this document sexual acts and contacts between males are called “acts of gross indecency” and “carnal knowledge against the order of nature”. Same-sex relationships are punished by imprisonment of 10 years or more. In the laws of mainland Tanzania same-sex acts between women are not mentioned specifically, but in Zanzibar, a semi-autonomous region, they are punished by a maximum penalty of five years imprisonment and a 500,000 shilling fine.

Despite a number of studies that show the presence of people who engage in same sex relationships in Tanzania, homosexuality and same sex relationships are huge taboo – as is sexuality in general – and until the last decade it was not discussed openly. Homosexuality is highly stigmatized and same-sex sexual acts are criminalized and punishable by the state. Moreover, the influence of religion is very strong in Tanzania. A major part of the Tanzanian population is Catholic or – as in Zanzibar – Muslim. Both religions unite in their rejection of homosexuality, put pressure on the government to make stricter laws against homosexual acts and protest against reviewing existing anti-homosexual laws.

These homo-negative and moralistic beliefs also dominate the country’s politics, as recently seen in public protests against homosexuality, gay rights and same sex marriages. In 2011 Great Britain’s Prime Minister David Cameron pledged to cut foreign aid of countries with anti-gay rights records, and to impose ‘fines’ if persecution of gays continued. The Tanzanian government directly condemned Cameron’s pledge, as did the president of Zanzibar. The news led to a public debate in favour of the government: it seemed better to remain poor than to accept aid with such conditions. In 2013, a similar public debate started after some uproar in Parliament, when liberals were accused of supporting homosexuality and same sex marriages. To avoid fights the debate was adjourned. This news also initiated heated discussions, particularly on on-line social platforms. However, two months earlier, in response to a CNN question whether it was time to decriminalise people in consensual relationships, President Kikwete replied “it will take time for our people to accept the norms that the West accepts”. Pressed further on whether he himself wanted to see that happen; he replied “I cannot say that now”.

LGBT people’s daily lives are covered by social stigma and discrimination in a whole range of areas of life such as employment and educational institutions. Homophobia is rife. Police feels free to use violence against homosexu-
als in the form of rape, assault, harassment as well as arrest of LGBT people; when they become victims of crime police refuses to help them. Fear of being exposed to police prevents LGBT people from using health services which puts them to even greater risks, despite the inclusion of MSM as a ‘key population’ in the national HIV/AIDS strategy since 2010. In the hospitals LGBT face verbal harassment, public humiliation, abuse and are often denied services.

Mainstreaming sexual and gender diversity in Tanzania

In Tanzania four members of Pamoja Tunaweza Alliance (Amref Health Africa, NIMR, HAPA and Restless Development) addresses sexual diversity within the context of the UFBR programme, building upon a previous programme, the Youth Incentives Programme. Through that programme in 2009 youth volunteers of SRHR organizations succeeded in gaining small-scale experience in addressing sensitive issues such as violence, abortion and sexual diversity. The course included a study tour and subsequently 3 regional meetings (Asia, West Africa, East Africa) with youth volunteers (84 in total) on the topics of sexual violence, unsafe abortion and sexual diversity. Sexual diversity proved to be the most controversial of these, mainly due to religious arguments. Many participants changed their personal views from intolerant or even hostile to tolerant and even more accepting. Most effective methods were those that provoke empathy and reflection, in combination with factual information. The fact that homosexual feelings are not a choice proved to be a strong argument to accept sexual diversity. An evaluation study showed that it is possible to change people’s attitudes and opinions in a short time and to motivate youth volunteers and partner organizations to address sensitive sexuality issues.

The UFBR programme (2011-2015) addressed sexual diversity by starting extensive discussions between partners about the best strategies for Tanzania. At first it was thought that a prevalence study on homosexuality was necessary as justification for addressing this issue, while later a more qualitative approach was proposed. However, both research proposals were not carried out, mainly because of prioritizing other important issues to be addressed within the programme. At the same time, also the lack of knowledge and capacities around sexual diversity hindered the start-up of activities.

In 2012 one of the partner organizations, Restless Development, initiated a community and a staff survey on knowledge of and attitudes towards same-sex behaviour, homosexual relationships and transgenders. The community survey among 968 young people showed that 80% had never heard of same sex relationships or homosexual behaviour, 76% were negative and 0% would allow a sibling to continue such a relationship or behaviour. Many mentioned they would physically assault a person with a non-heterosexual orientation or report him/her to the police. A similar survey among Restless Development staff, showed all Tanzanian staff opposed non-heterosexual relationships. Main reasons were that it was against religion or culture; it was a sin; it was exported from Western countries. Harsh and hostile comments were often made. Eleven staff said ‘no’ to whether sexual diversity should be addressed by Restless Development, versus seven who said ‘yes’. However, the majority of the staff said ‘yes’ to the question if they would like to know more about sexual diversity.

To discuss progress and explore possible approaches to mainstreaming sexual diversity a mini-workshop was organized in May 2012 during a regular UFBR planning meeting. Participants were staff from Restless Development, NIMR and Rutgers, together with the national programme coordinator of the Tanzanian SRHR Alliance. In the workshop the results of the survey done by Restless Development were discussed, and information about the results of the Thematic Learning Programme in Kenya was shared. In Tanzania

Must read!
one seemed more conservative than in Kenya, and therefore a health approach was believed to be more suitable than a rights-based approach. It was first decided to focus on an assessment of staff attitudes and an orientation training on sexual diversity, before addressing it in the communities served by the partner organizations. To plan the next steps and align with Alliance activities, Amref Health Africa and HAPA got involved.

In July 2012 staff of the Tanzania Alliance got further introduced to the work of the Kenyan SRHR Alliance on sexual diversity during the regional TLP dissemination workshop in Nairobi. This resulted in further planning and fine-tuning of the staff survey to be done, and the preparation of a sexual diversity training.

**Baseline survey and training**

The staff survey was done in 2013, using a adapted version of the Kenyan TLP questionnaire, and was published in April 2014. In total 29 staff members took part in the study, the number of respondents per organization ranging from five to eleven. The report concluded that negative opinions and attitudes towards sexual diversity were widespread and could be attributed to the influence of cultural and religious beliefs that were widespread and deeply-rooted in Tanzania, even by staff working in an Alliance based on the concept of “rights”. Despite a high prevalence of negative attitudes towards sexual diversity, there was also tolerance and eagerness to learn about sexual diversity. This would provide an opportunity to engage staff in changing attitudes towards sexual diversity. The study recommended capacity building in order to address UFBR staff members’ knowledge and attitudes on sexual diversity. Building on tolerance showed by some of the staff members, such trainings will be able to change attitudes on sexual diversity of many more staff. This will help them to plan incorporating sexual diversity in their intervention programmes. The sexual diversity training took place in November 2014, and was facilitated by CHRR Malawi together with two co-facilitators of the Tanzania Community Empowerment Foundation (TACEF), one of the few LGBT organizations in Tanzania, and a co-facilitator of Rutgers. Main objectives were to explore attitudes of staff, disseminate correct information and share approaches for addressing sexual diversity in sensitive settings. The participation of TACEF members, who shared their life experiences, proved to be important in changing values and attitudes. However, it was also concluded that the current and political situation in Tanzania was not in favour of LGBT people. It made it very difficult to address sexual diversity in organizations, let alone reach out to LGBT people who could not be visible and could only come together in small groups.

In the discussions about a follow up on the training, it was concluded that capacity building of health care workers was vital and more research on sexual diversity and LGBT in Tanzania was strongly needed. The best entry point for addressing sexual diversity in Tanzania seems to be the health approach, using HIV programmes that are targeting key populations like MSM and sex workers. In future planning of interventions it is important to contact local LGBT people first in order to understand and estimate the consequences of such interventions because they are the people who would have to face the consequences.
Organizations involved

**Amref Health Africa.**
a non-profit, international operating NGO is involved in health development programmes countrywide in Tanzania. They aim to empower disadvantaged people in Tanzania to improve their own health as a means to escape poverty and enjoy better lives.

**NIMR**
(National Institute for Medical Research) is an institution under the Ministry of Health and Social Welfare, mandated to carry out, promote and coordinate health research in Tanzania. Its mission is to conduct high quality and diversified research focusing on the priority health problems of Tanzania and Africa.

**HAPA**
(Health Actions Promotion Association) is a local not for profit NGO. The organization aims to improve the social economic livelihood of women, children and youth.

**Restless Development**
is a local NGO working to empower young people to make informed choices about their sexual and reproductive health, their livelihoods, and to increase participation and leadership of young people in community development.

**Since 2014:**

**Médicos de Mundo**
is an international operating NGO with the sole mission of promoting and reinforcing the fundamental right to health and the enjoyment of a dignified life for the people, especially the most vulnerable groups.

Resources for practitioners:

- Community and staff survey of one of the partners
- Sexual Diversity Survey Report, 2014
‘Despite a high prevalence of negative attitudes, there is also eagerness to learn more about sexual diversity.’
Steps taken in Tanzania to build support for LGBT

**What**
- Youth Inc. programme: youth volunteers & sensitive issues
- Address personal views: from intolerant to more accepting
- A study tour (the Netherlands) meeting organizations working on sensitive issues
  - Regional meetings with other youth volunteers
  - Among SRHR

**Why**
- Recognition difficult context in Tanzania
- Discussion on how to include MSGD in the Tanzania programme
- Understanding the context and possible needs for capacity building

**How**
- Survey (by one organization), shared in an alliance mini-workshop
- Community and staff survey on knowledge on-and attitudes towards LGBT
- Alliance members, as part of the discussions about programme strategies
- Among SRHR
Regional dissemination
Thematic learning programme Nairobi

Learn from experiences from partners in neighbouring countries

Regional meeting with participants from Kenya (host), Malawi, Tanzania, Uganda and Ethiopia

2013

2014

Staff survey (alliancewide)

Understanding the context and possible needs for capacity building

Survey adapted from the Kenya-context

Sexual diversity training for the SRHR alliance members

Answer eagerness to learn about sexual diversity

By CHRR Malaw and one of the LGBT organizations in Tanzania; co-facilitation by Rutgers
‘Accepting and celebrating this diversity is hindered by the focus on sexual acts and gender roles instead of love’
Facilitate human interaction

Human interaction is key. Bringing people together from different communities, with different sets of norms and values, had a huge impact on personal beliefs, attitudes and behaviours. Personal storytelling by LGBT people helped others to reflect on their own norms and attitudes, and to tell their own stories about sexual and gender diversity. So, working towards awareness-raising and changing of attitudes starts with the "ME" in people: touching people personally in order to ‘learn to unlearn’ and ‘know the unknown’. Story-telling is also important as accepting and celebrating gender and sexual diversity is often hindered by the focus on diversity in sexual acts, and gender roles, instead of love. Hearing personal experiences can change this understanding.

Being a Changemaker

Staff sensitization is the first crucial step for internal mainstreaming of sexual and gender diversity. Mobilizing and training of Changemakers, as ‘champions’ and experts on sexual and gender diversity, played a vital role in this. This magazine as well as the background documentation, illustrate how Changemakers often have made the difference within their organizations, and sometimes also in their programmes. The role of a Changemaker is not an easy one. The process is often difficult and fraught with challenges. Resistance of staff, management or board, next to restrictive religious, conservative doctrines and restrictive gender ideologies are hard to overcome. Also, heavy work-loads and staff regeneration can frustrate change progress. The majority of Changemakers’ activities were carried out internally, within their organizations, but sometimes small steps could be made in making programmes of services more inclusive for LGBT. To perform such external mainstreaming activities internal support from superiors has proven to be crucial and a precondition, but is often limited. Being a Changemaker is not restricted to any particular gender or age group. However, a more mature and hence convincing Changemaker might be better in influencing senior staff, while a younger Changemaker is more able to influence peers and is arguably more enthusiastic. It is evident that Changemakers must be open to change themselves and preferably come forward voluntarily as candidates.

Involve senior management to stimulate ownership

Senior management of all participating organizations and later their board members were involved in the Thematic Learning Programme (TLP), and in the activities to stimulate the mainstreaming of sexual and gender diversity. It proved to help create ownership as well as legitimacy for all staff to participate in these activities openly and increases the likelihood
that SGD would be mainstreamed at higher strategic levels within individual organizations. The fact that the TLP was jointly formulated at the start, has been crucial for saving time later on. Any process design is only as good as the working relationships between people chosen to execute it, so this issue needs ongoing attention. What remained central in all countries was the commitment to learning. Stimulating ownership may take a long time, but once it is realized, it proves likely to remain.

Best practices: Internships and involvement of LGBT and human rights organizations

Internships between LGBT, non-LGBT and human rights organizations are an effective method to establish sensitivity towards mainstreaming sexual and gender diversity for Changemakers as well as other staff members. Affiliation with LGBT community members, in the form of friendships and new colleagues, proved to be crucial in facilitating shifts in opinions and attitudes. Direct involvement of LGBT groups in sensitization and training activities for non-LGBT organizations is important to let staff get to know LGBT as real people.

It is, therefore, an advantage if a local LGBT organization is structurally involved with the Alliance, preferably as an Alliance member. This will make it easier to contribute with capacity building, to build personal bonds with other organizations and staff, to build on experiences gained, and to function as a centre of expertise within the Alliance. Furthermore, LGBT organizations will be able to continuously bring forward the SRHR needs of this vulnerable community. At the same time, their own capacity can be strengthened by the other Alliance members, for example in the areas of health, sexual rights, research, public campaigning or applying for funding. Especially, mainly HIV focussed policies and approaches can be broadened towards a more empowering and comprehensive sexual rights approach. Being embedded in a network of well-known and larger SRHR organizations, can also provide a safety net for LGBT-organizations. Together, it is safer to address sensitive issues, than when to do so ‘alone’.

All cases described in this publication have paid attention to human rights issues, and have linked up with relevant institutes. SRHR is a rights issue, so is discrimination, violence and exclusion. As many LGBT have no voice, or are limited in their ability to speak out, it is important that others take up this role as a gay-straight alliance. Different SRHR Alliances have linked up with National Commissions on Human Rights (Kenya and Indonesia) to back up their interventions. The CHRR in Malawi is a human rights’ organization and as such advocates for equal rights and health treatment for all. It is important that such a human rights organization is also a member of the Alliance: they follow the news, policy developments, debates in Parliament and so on, and can as such be a valuable source for the local SRHR Alliances. In addition, they are strong in advocacy and can strategically embed the sensitive ‘gay’ rights in human rights for everyone. Some organizations and Alliance members also became more outspoken themselves over the years: the SRHR Alliance in Malawi developed a position paper on LGBT-rights, and Amref Health Africa and Simavi explicited their policies on LGBT in human resources, programming, and donor relations.

Furthermore, it can help to have linkages with international (multi-lateral or well-connected international) NGOs such as Human Rights Watch and UN organizations. They can put pressure from the broader perspective of human rights, and can give support especially during crucial times, such as when activists or gay couples have been arrested, as happened in Malawi.

Invest in technical capacity and work with a learning agenda

Strategies to enhance mainstreaming sexual and gender diversity should be adapted to the specific country context, as well as to the
nature of each organization involved. This may be an LGBT or a non-LGBT organization, an organization as single entity or a network, no matter what the focus of the organization’s work is, and which size and experience the organization might have. Efforts to mainstream sexual and gender diversity should be divided into short-term, mid-term and long-term goals and include engagement with other civil society organizations to assure a broader impact.

The experiences with the TLP in Kenya and Indonesia showed that a certain amount of urgency and time pressure can create momentum and produce a lot of results in a very short time. The considerable attention paid to the process during workshop preparation and its facilitation played an important role in making a controversial topic negotiable in a safe, reliable and empowering environment. Continuous focus on action learning ensured that lessons were systematically recorded and documented. Reports of these lessons learned have secured the dissemination of knowledge and the practice of working on sexual and gender diversity in-country and abroad.

Adequate and sufficient capacity is needed to work with a learning agenda - on whatever topic - within a standing programme with its own goals and objectives. Other priorities and targets can limit the necessary time and attention available for the learning agenda. Too little capacity stimulating and monitoring learning progress will hinder the realization of full ownership.

Know the legal environment one operates in and make use of facts and knowledge

It is very important to know in what legal context the programme operates. Conduct desk reviews, and collect common knowledge: many countries know of some sort of criminalization of homosexuality. Know what is legal and what is illegal and ensure that [progressive] lawyers are involved in the programme, who can give the right estimates about what is possible and what is risky to address. Also, when staff or young people get into trouble by their involvement in the programme, it is important to provide the necessary legal support.

It is important that one’s interventions for capacity building are facts-based. One can discuss values and norms, and that is also needed, but changing these attitudes can take a very long time, while often short-term responses are needed. Baseline surveys on staff attitudes, and/or organizational assessments that were conducted in all countries, have shown that results can stir a discussion and can provide a good entry point for value clarification exercises. This, combined with operational or academic research can provide entry points for attitude change of staff and for organizational development.

Combining three approaches: rights, health and morality

Mainstreaming of sexual and gender diversity starts with commitment of management and board, followed by the sensitization of staff and influencing their personal and professional opinions and attitudes. Learning to understand the necessary separation between personal and professional attitudes is the key for being able to work in a non-judgmental and non-discriminative way to effectively reach all who deserve our care. Three approaches proved instrumental in attitude change: a right-based, a health-based and a morality-based approach. The use of these approaches should be combined while the dominant approach has to be defined on the country context and organizational characteristics. Stressing LGBT rights as human rights is not always possible in environments where the issue of sexual and gender diversity is highly politicised and surrounded by stigma and hostile reactions. Bringing forward and addressing the specific health issues of LGBT can then be a better entry point. This can be especially of value in high HIV endemic contexts due to the urgent need of supporting the LGBT in protecting themselves and preventing transmission from an often severely infected
homosexual scene to the general public. If the professional principle of health workers to provide treatment for all is recognized, a lot is already gained. The morality-based approach, in which concepts like ‘learn to unlearn’ and ‘know the unknown’ are central, should be used always and everywhere. For, the underlying reason for most homo- and transphobia is that people tend to keep up the safe, secure and comfortable (and confining) world they have created for themselves, and avoid situations in which their traditional beliefs are questioned.

**Align with supportive policies and general discourse**

Part of addressing sexual diversity effectively involves entering into the general discourse on sexual diversity and linking to policies such as on women’s rights and the Most At Risk Population strategy in the fight against HIV, that acknowledge LGBT people as part of the solution. Depending on the cultural and religious context this can lead to (sometimes even aggressive) resistance. Religious and other controversial issues cannot be ignored and can be addressed in dialogue with religious representatives with a favourable attitude and opinion on sexual and gender diversity. It is therefore important to together (country-specific), decide upon the right wording and terms to use in your capacity building and interventions such as was done in Kenya. This also means the involvement of religious leaders and the need to respect diversity in opinions, beliefs and attitudes.

Finally, the main issue in mainstreaming sexual and gender diversity in all countries has been openness for correct knowledge and evidence, while human interaction is key in unlearning and getting to celebrate the diversity in sexuality and gender can bring us, in enjoying that people love each other who ever they have as partner and treat others the way one wants to be treated themselves.

**Abbreviations**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IPPF</td>
<td>The International Planned Parenthood Federation</td>
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<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, Transgender</td>
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<td>MSC</td>
<td>Most Significant Change</td>
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<td>MSGD</td>
<td>Mainstreaming Sexual and Gender Diversity</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>NGO</td>
<td>Non-Governmental Organization</td>
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<td>SD</td>
<td>Sexual Diversity</td>
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<tr>
<td>SGBV</td>
<td>Sexual and Gender-Based Violence</td>
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<tr>
<td>SGD</td>
<td>Sexual and Gender Diversity</td>
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<tr>
<td>SOGI</td>
<td>Sexual Orientation and Gender Identity</td>
</tr>
<tr>
<td>SOGIEB</td>
<td>Sexual Orientation and Gender Identity, Expression and Body</td>
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<tr>
<td>SRHR</td>
<td>Sexual and Reproductive Health and Rights</td>
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<tr>
<td>TLP</td>
<td>Thematic Learning Programme</td>
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<tr>
<td>UFBR</td>
<td>Unite for Body Rights</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>WSW</td>
<td>Women who have Sex with Women</td>
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