

MAKING ACCESS REAL

Access to health care services

House of Our Pride
(HOOP)





Title: Peer Education Programme –
Access to health care services

Organisation: House of Our Pride

Country: Swaziland

Date: January 2018

Who are we?

House of Our Pride (HOOP) is a lesbian, gay, bisexual, transgender and intersex (LGBTI) organisation working in the Manzini region of Swaziland. It is membership-based, and makes every effort to be democratic and accountable. We strive for the meaningful participation of all members of the community in influencing policy towards achieving equity, and attaining full and equal human, social and economic rights for the LGBTI population.

HOOP's mandate is to provide practical support, guidance and assistance to LGBTI persons in relation to various matters, including (but not limited to) law, security, health and general wellbeing. We implement education, counselling and other programmes to empower the LGBTI community; as well as support – and take, when required – direct action to protect its vulnerable members. We work to minimise HIV/AIDS prevalence among our community; and we address other health issues, such as STIs and Transgender wellbeing.

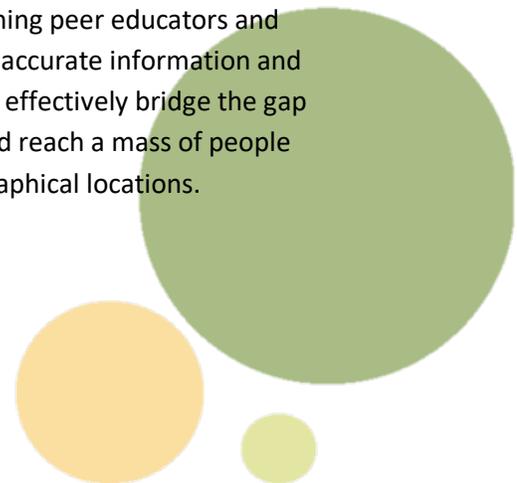
What was the issue?

LGBTI people in Swaziland are discriminated against by their families, their communities and society at large, and so are isolated, with nowhere to turn when they need help. They are so marginalised that even those whose duty is to serve the public refuse to attend to them. Members of the community have faced this discrimination when seeking health services, not getting any help from health care workers. For this reason, many would not go to health care facilities when sick; and even if they did reach out, were not honest about their sexual behaviour and would not say what the real issue was – with the result that they did not get the help they needed. In either case, they would end up staying home, getting sick, getting worse and even dying – alone, and without help.

Another problem was a lack of knowledge – on the part of our community, about sexuality and sexual health; and on the part of the wider society, about LGBTI lives.

What was the change we wanted to see?

We sought to address the discrimination, not only in the communities we come from, but within the psyche of the Swazi nation. We believed that by training peer educators and providing them with accurate information and resources, we would effectively bridge the gap we had identified and reach a mass of people across various geographical locations.



We also wanted to provide services to, and promote healthier behaviours and attitudes amongst, the LGBTI community.

What did we do?

From 2013 to 2015, we led a peer education programme, supported by COC Netherlands, to help the community access health services. 20 young LGBTI individuals – 15 males and 5 females – went through an intensive, week long training to become peer educators. They were equipped with information, not just about HIV/AIDS and STIs but also about the lives of LGBTI people in both urban and rural areas. Other aspects of the programme were: the distribution of safe sex commodities, mostly condoms and lubes, to the entire LGBTI population of Swaziland; and health talks, designed to both educate, and get feedback on how people access health services, and how they are affected, and treated, when they do.

What did we achieve?

We partnered with one health care facility in Manzini and trained the health care workers there on how to be most supportive to LGBTI clients. Through the assistance provided by COC Netherlands – working with our peer educators and the NGO, Swaziland for Positive Living (SWAPOL) – we got the chance to collaborate with the Key Populations Unit of the Ministry of Health, under the Swaziland National AIDS Programme (SNAP), on the development of two manuals. These are: the Health Care Workers Manual and the Peer Educators Manual. These manuals are used by our peer educators when out in the field; also, the health care workers we trained use them when engaging with key

population clientele in their facility. The peer educators also managed to distribute condoms and lube to their local communities.

What were the key lessons learnt?

Some significant lessons were learnt throughout this programme:

- Without a **system for the delivery** of safe sex commodities to our peer educators, the amount that they could distribute was limited to what they were physically able to carry from our monthly meetings, and we were not able to replenish their supplies if they ran out.
 - We had a number of challenges due to **funding constraints**: supporting IEC materials that cover the very health issues the peer educators were identifying within the field were not made available, making it harder for beneficiaries to have reference material; we could not provide transport and refreshments for our health talks which significantly restricted their quality and frequency; the funds our peer educators received could only cover their transport and communication costs, which meant they had insufficient incentive to do the work on a sustainable basis. From all this we learnt the importance of diversifying our funding sources, so as not to depend on one donor alone.
 - There was no mechanism for **tracking** the number of clients referred to the health care facility with which we had partnered, and so valuable data was not captured.
 - Because **we were only able to work with one facility**, in only one of the four regions of the country – namely, Manzini – the number of people we could reach was severely limited. In future, we would want
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to work with three to four health facilities in each region, to properly sensitise health care workers.

- Another solution would be to build **partnerships** with other organisations, for example Rock of Hope, that work in regions we do not yet cover.

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