

MAKING ACCESS REAL

**Building community capacity
to promote access to health**

Trans* and Intersex Rising Zimbabwe
(TIRZ)





Title: Building community capacity to promote access to health

Name of Organisation: Trans* and Intersex Rising Zimbabwe (TIRZ)

Country: Zimbabwe

Date: December 2017

Who are we?

TIRZ is a newly formed youth, trans* and intersex-led organisation. We are funded by a small programme grant from the Other Foundation. We consist of an advisory committee of Zimbabwean trans* and intersex activists based around the globe, a management team of four queer persons based in Harare, and a team of twelve trans* and intersex identifying volunteers (known as Community Advocates), spread across Zimbabwe. We focus on strengthening the trans* and intersex communities and their allies, so they can advance themselves. We do this mainly through community-level interventions in the sectors of religion and culture, information development and sharing, health, personal support structures, and livelihoods. We are guided by the principle that arming the community and its allies with relevant information and psycho-social support will give them the personal and organisational power to advocate for their own rights in the relevant spaces.

What was the issue?

Zimbabwe's trans* and intersex community is a hidden one (even within the national queer movement). Very little accessible data exists to guide and motivate the work that needs to be

done around promoting access to health for this community. In addition, members face several barriers that limit their ability to access health care: (i) lack of understanding of themselves as

trans* and intersex persons, and their unique health care needs; (ii) lack of supportive personal and community structures to encourage and promote their access and adherence to health care; and (iii) health services and service providers (SPs) that are not equipped to provide trans* and intersex specific health care.

What was the change we wanted to see?

We wanted to see trans* and intersex persons equipped with an understanding of their identities and the unique health issues that come with these identities. We wished to see trans* and intersex people having the self-assurance to advocate for, and seek, health services because they have supportive allies in their families, friends, and other personal structures; as well as service providers who offer the desired services.

What did we do?

We began with planning, and establishing our project values and targets. Our guiding principle for this work was that it had to be trans* and intersex led. It had to be collaborative, participatory, inclusive, focused on quality not quantity, and grounded in the community.

We decided on a three-pronged method: (i) build trans* and intersex people's knowledge about their identities through generating and disseminating information; (ii) create and claim spaces for trans* and intersex activists to build

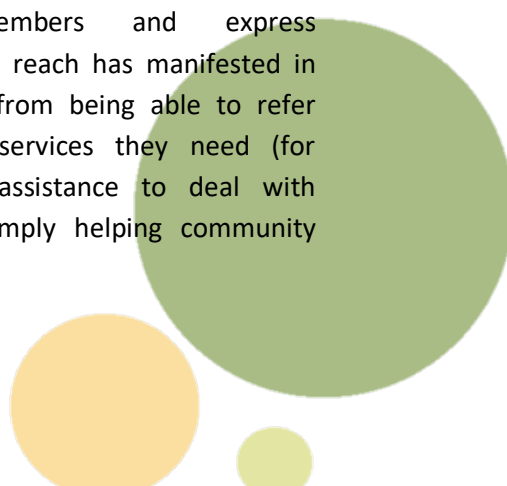
their capacity and well-being to do advocacy work; and (iii) empower service providers to collaborate with and offer services to the trans* and intersex community.

We implemented this method in the following way:

- We identified key health information that the trans* and intersex community needed and, working with supportive partners like Gays and Lesbians of Zimbabwe (GALZ), Queerstions (an online trans* magazine) and SAfAIDS, distributed this information to the community in ways that would make it accessible to them, such as audio-visual and written means. We found that this not only increased uptake, but also opened up information to those community members who live with disabilities.
- We trained some trans* and intersex identifying volunteers to be community advocates (CAs), equipping them with knowledge and skills to engage others around trans* and intersex issues.
- In October 2017, we hosted a workshop in Harare for a group of pre-identified implementing partners – including SAfAIDS, GALZ, Wilkins Clinic, the Zimbabwe Civil Liberties and Drug Network (ZCLDN), and religious leaders – to sensitise them on trans* and intersex identities and needs.
- We generated a peer-model support group manual that we piloted at the Southern African AIDS Trust (SAT) Youth Hub. This manual provides practical frameworks and processes that we use to create safe spaces for trans* and intersex persons to engage on their issues with their loved ones. It also serves as a powerful advocacy tool, in that it

has become both a starting point and guiding document for many of our partner organisations – like ZCLDN – regarding trans* and intersex needs. We are in partnership with SAfAIDS to edit and publish it for wider distribution.

What did we achieve?

- **Service providers** began to promote trans* and intersex collaboration in their work – we have been able to facilitate the safe and meaningful participation of our CAs and other trans* and intersex persons in health spaces where their voices were previously unheard, or represented by other people. This achievement was best exemplified by the inclusion of TIRZ in the strategic planning process of Zimbabwe Young Positives, the newly formed youth organisation under the Zimbabwe National Network of People Living with HIV (ZNNP+). Not only were they receptive to TIRZ, but they have actively and visibly incorporated trans* and intersex sexual and reproductive health (SRH) service provision in their strategic plan.
 - **Increase in the capacity of community members** to make use of everyday technological tools and channels to share, and advocate for, their health issues. This is particularly true of the CAs, who have begun to use social media and instant messaging services to reach out to their fellow community members and express themselves. Such reach has manifested in various ways – from being able to refer people to the services they need (for example, legal assistance to deal with blackmail), to simply helping community
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members in rural settings feel like they have someone who can appreciate their experiences.

What were the key lessons learnt?

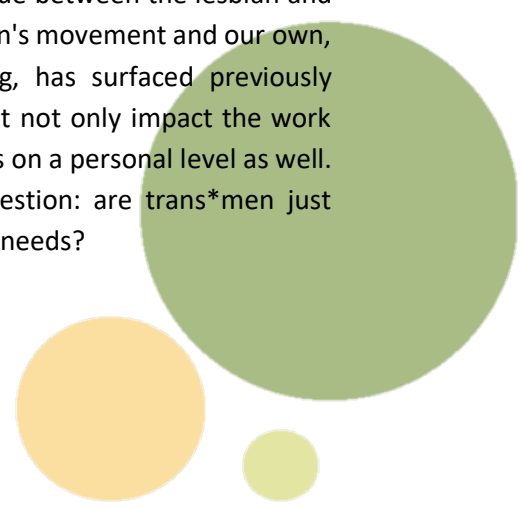
Responsive innovation: As a fledgling organisation, we found that we often had to work with very limited resources to engage with our community. This encouraged us to be innovative, like using online platforms to train the CAs. This approach is proving to be both successful and challenging, with CAs reporting that they are more informed, and better able to engage with the community; but that they feel the need for in-person follow-up training to further empower them.

Relationships and wellbeing: Limited resources often create environments that are prone to poor work relations and activist burnout. Having experienced conflict and burnout within the organisation during this project, we have learnt to create time and spaces during the work week to focus on wellbeing and to work through conflict. Through having reflective, personal discussions, making use of breathing, massage, dance and yogic practices, and by utilising recreational resources in the workplace (like the pool table), we have endeavoured to create a safe working space that allows us to openly address and resolve the personal and identity-related issues and stressors that could hinder our work.

The power of the creative approach: Our engagements with service providers and partners made use of the creative method to sensitise them to trans* and intersex needs. This included such processes as “Gingerbread People”, where participants use drawing to

identify and reflect on the various stereotypes that influence societal attitudes, and give rise to the stigma, misinformation, and misunderstandings that plague the trans* and intersex community. They found this so effective in encouraging their active participation and reflection throughout the process, that it has inspired them to utilise similar methods in their own work.

Solidarity: This project would not have been possible without the positive working relationships we had built with other people and organisations. These relationships are grounded in the reality that the trans* and intersex communities’ needs and wants can be achieved if the needs and wants of allies are also being met in a mutually beneficial way. So we make sure that we are just as visible and vocal in supporting the advocacy and harm reduction work of other marginalised or forgotten communities as we are on our own issues. For example, we have invited organisations who work with People Who Inject Drugs (PWIDs) into strategic health spaces to which they had no access before. In turn, they have raised our concerns in spaces where we had not been before, like a drug policy conference in Geneva. Nonetheless it is a continual struggle to find balance between our issues and those of our allies, and to ensure they are not subsumed by each other. We have found, for instance, that regular, open dialogue between the lesbian and bi-sexual (LB) women's movement and our own, although challenging, has surfaced previously unspoken issues that not only impact the work we do, but impact us on a personal level as well. One such is the question: are trans*men just women with special needs?



Vulnerabilities: The trans* and intersex community sits at the intersection of different identities that expose members to many threats (both internal and external). For example, we grappled with the question of how best to train CAs who lived with serious health or economic disadvantages. We found that it is important to ensure adequate resourcing, as well as to make available the information needed to begin speaking to these vulnerabilities.

Safe spaces: Our communities felt that any space that: (i) provided an opportunity for them to openly and visibly express their identities without fear of stigmatisation; (ii) allowed for frank and open verbal and non-verbal social interaction; and (iii) gave them the power to determine who came into their physical area, constituted a safe space – a space where vulnerabilities could be addressed, or at least momentarily put aside. Such spaces have not only served the community, but have served TIRZ staff as well.

Asset-based community development (ABCD):

We should not focus excessively on acquiring funds to implement programmes, when it is possible to work just as efficiently, if not more freely and successfully, with the non-financial resources in hand. Some of our best work under this project was carried out before we received our first grant!

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