Report on the Learning Journeys: IN COUNTRY #3. What works in advocacy for access to health?

1. Background

Centre for the Development of People (CEDEP) in partnership with Coalition of African Lesbians (CAL) are implementing the Access to Health program through the KP Reach Grant in Malawi. The project is being implemented under the KP REACH Learning component in 8 countries; Malawi, Botswana, Lesotho, Zimbabwe, Namibia, South Africa, Zambia and Swaziland. The Coalition of African Lesbians is a feminist, pan Africanist membership-based network working for transformation in power relations and to create a world where everyone can live in dignity and freedom. CAL two main programming areas are Advocacy and Learning and Development.

The Project Coordinator welcomed the participants to the meeting. The meeting had 23 participants present. The age disaggregation was 3 were aged between 18-25 years old, 12 were between the age of 26-35 years, and 8 were aged between the age of 36 – 45 years old. Despite the age differences all the participants actively participated in the sessions. The participants were asked to define what they are proud of based on their sexual orientation and gender identity. The following were the adjectives that they were able to define with as divas, sexy ladies, mother, proud mothers, sex worker, confident young women, man, pleasure consultant, friend, queen mother, granny of 2, boss lady and Rastafarian. The meeting content was divided into 3 conversation sessions: sharing on the recent human rights violations that have affected women in Malawi, conversation on what is working for access to health in, conversation on what is it working now with regard to access to health services and finally Conversation: What is solidarity, and why do we need it?. The conversation on each day ended with a Yoga Session as part of the health wellbeing component.

2. Contents

The first conversation was on sharing on the recent human rights violations that have affected women in Malawi. The following were the cases raised that needs immediate attention from any organisation that supports women issues:

2.1 Case of Female Sex Workers Murdered in Mponela, Dowa.

Victim was a female sex worker, bar tender, village banker member, and aged 48 years old. The form of violence experienced were being stubbed to death (by a knife) it is assumed it is her client or maybe a member of the village banker. The knife was left in her chest. Her bleeding wound were covered with cotton and packets of condom. It is assumed that the client was the perpetrator. The police responded by providing safety and security training for all the sex workers and the case is still being investigated. The dead body was taken to the public hospital were a post-mortem was conducted and the leadership of the Female Sex Workers Association (FSWA) reported the case to Malawi Human Rights Commission (MHRC). MHRC is currently investigation the case.

2.2 Case of Female Sex Worker in Kasungu Harassed in the Police.

In Kasungu a sex worker reported a thief suspect to the police station and instead of the police arresting and investigating on the suspect she was arrested by the police and was harassed while in police custody. Issue is why harassing the sex worker when she had gone to report on the suspected thief? The movement agreed to proceed and produce a press statement to question the reason why the State are harassing a citizen that has reported on a suspected thief to the police.

The key results from this conversation was the proposal for the movement to have a press statement that should focus on addressing the discussed issues and the presser can be finalised on the WhatApp group of the movement. The following is the contents for the proposed Press Statement to present the 2 cases above and other cases to reach the general public and the State:

The press statement background will have the following summaries

1. Previous incidents identified in the petition that was presented during the demonstration.
2. The current incidents were there have been recent murders of the sex workers in Mponela and Kasungu. And no findings have been given on the investigations.
3. Following up on the previous petition that the movement submitted to the Ministry of Gender on 14th September 2017. The State did not provide any feedback.

The following are the proposed demands to be included in the Press Statement:

1. For the arrest of the perpetrator.
2. Police to investigate and arrest.
3. Assurance on the safety and security for the women who report suspects to the police stations.
4. Politicising LGBTI needs in the campaign period.

The second conversation was on sharing what is working so far in advocacy for access to health in Malawi? In Advocacy for access to health in Malawi what has worked is at different 2 levels. At the 1st level is the approval of the amendment of the Malawi HIV and AIDS Bill. It was a victory for public health advocates and the Feminist Movement in Malawi on 23rd November 2017 when parliamentarians voted to reject coercive and criminalizing provisions in a long-deliberated HIV Bill that endangered human rights and had the potential to negatively affect the HIV response in the country.

The Bill, which was tabled earlier in 2017, included provisions to make HIV testing and treatment mandatory for select populations on a discriminatory basis, and that would criminalize HIV exposure and transmission, amongst others. The achievement was largely a result of coordinated advocacy efforts by national as well as regional civil society organizations including the Female Sex Workers Association, CEDEP, and LGBTI members. A week prior to the debate in parliament, on 23 November 2017, ARASA and the Global Network for People Living with HIV supported the Centre for Human Rights Education, Advice and Assistance (CHREAA) to host several interventions in conjunction with Malawi civil society organizations and women's groups to challenge the problematic provisions within the HIV Bill. These activities included the convening of a consultation between parliamentarians, human rights organizations and representatives of women living with HIV civil society groups. Civil society and activists argued that these provisions would violate the Malawi Constitution, be at odds with international best practice, and compromise the country's efforts to advance HIV treatment and prevention. The provisions ran counter to recommendations of the landmark 2012 report of the Global Commission on HIV and the Law, an independent body convened by UNDP which examined links between legal environments and HIV responses. The Commission found that punitive laws and human rights abuses are hindering HIV responses, costing lives and wasting resources.

The new Malawi HIV Bill is a victory for the Malawian people whose efforts were supported by strong civil society organizations in the country. It is also a victory for evidence-based law reform and is an

example for other African countries that continue to have similar provisions criminalizing HIV transmission.

The inclusion of the transgender in the next National HIV Prevention Strategy of 2020 to 2024, currently the transgender initiatives are being implemented in the new Global Fund to support this new government development.

At the second level, there is the provision of access to sexual reproductive health services for women and these are accessible for free in all the public health systems. Within the public health, the following are the available services; Family planning services, testing, counselling and treatment on HIV and AIDS services, Sexual transmitted infection screening and treatment including PEP, TB screening, Cervical cancer screening and other services: Dental etc.

The most important stride is the ability to have access to female condoms available in the public hospitals after advocacy initiatives as previously only male condoms will be available. The key findings from the conversation is that the engagement lobbying meetings have contributed to the positive strides in the access to health in Malawi. Despite these strides, Malawi needs to provide the unavailable services and there is a need of more engagements meetings to ensure that the services are delivered and are accessible. In summary the following are the unavailable services and the importance of each service that when conducting the advocacy engagement meetings with the state they can be addressed:

Unavailable Services	**Why the service is needed and for who and Challenges to access to health**
Lubricants:	1. Lubricants reduces friction during sexual intercourse and helps to stimulate and mostly used during anal sex. 2. The product is used by heterosexuals, sex workers, bisexuals and used by anyone. 3. The demand on this product is the product to be available in public hospital. 4. Lubricants are essential for sex workers because we don't have natural wetness and we want to prevent lubrications. 5. Prevention from STIs and also being hurt from the anal and also vaginal. 6. For enough pressure and stimulation, it works. 7. Some penis is big. 8. The lubricants to be available and accessible. 9. **The challenge** is that lubricant has a bad picture – labelled as a gay commodity. The messaging on the lubricant has to change in its marketing – the best is water based. The cost for lubricants is expensive
Female condoms	1. Not accessible mostly are bought on the counter. But in some hospital, they are free and accessible. The female condoms are expiring as women are not accessing them in public hospitals. 2. Issue of empowerment, most times the women are not empowered to have the female condoms and using the female condoms represents a form of empowerment. 3. There is a need of modification of the female condoms this can be shared with the donors and also the user being a global commodity -----funders / suppliers as a form of advocating for the good quality condoms …. this also is the same with both external and internal condoms. Most women don't use the female condoms because of the fear of inserting the female condom, the condom looks scarily.

	4. The demand is low, there is need of conducting more awareness raising on the usage that should not only target the women but also men using a similar approach like the male condoms where everyone is involved in the marketing strategies. The challenge is gender issues also matters when female condoms are being marketed. Behaviour change communications on the condom usage for the female condoms …..an advert on men encourage women. 5. The supply is also a challenge despite making it accessible. **Reflection:** The female condoms have an issue with our body anatomy and the issue of wearing a female condom has impacted our lives and we should be responsible to inform the other women on the usage. Patriarchy system have taken control over female condoms making them not accessible.
Dental dams	Prevention of STI and other infections. There is provision of enough pressure and stimulation during sex. These are for everyone and used in oral sex. Using the dental dam also provides Hygiene issue, Prevention of throat cancer. Therefore, need of provision of Screening of the throat cancer not only cervical cancer. There should also be public awareness on the throat cancer. The education talks should include more awareness on sexual pleasures and sexual behaviours----need more sensitization that there are some sexual positions. **Challenge:** Lobbying for the dental dams may also contradict with the personal attitudes and preconceived ideas. As it is associated as a WSW commodity.
Pre-Exposure Prophylaxis-PREP (PrEP)	This is not available and not accessible unlike PEP. According to the Minister of Health the drug will only be for the key population (MSM and FSW) but under a study research. "Much as it has been proven that PrEP is one of the great HIV interventions, we need to check and analyse all risks that come along before exposing our people to the PrEP drugs," Minister of Health in Malawi said. He added that the Ministry is aware that key populations in the country need to be protected, he was however quick to point out that "these key populations, as we are protecting them from the virus, we also need to ensure that in the process, we don't expose them to other health risks". **Key Points:** There is need of more awareness on the PrEP.
Legal Abortion Service	Post abortion results are costly to the government. Therefore, there is a need to legalise the abortion service in the public hospitals. The abortion services are made over counter and need to be done outside.

The third conversation focused on discussion of What is it working now with regard to access to health services. From the discussion the following are the responses from the participants:

1. There was a sensitization meeting that was happening with the health service providers, for instance ARV access the time has changed from 5 pm and now it is closing at 8 pm.
2. Informal meetings with the health service providers, as it is working at a small scale, if we are doing trainings we need more trainings with other districts. The coming out of the affected population should be the lead in the discussions at these informal meetings. Currently in there is reduced stigma and discrimination from the health service providers on the LGBTI and FSW. "The attitudes stopped and currently there is few cases "said one participant.

3. FSWA has done community engagement such as religious, traditional, enforcers and health services. Awareness meetings have been done, no group photo, not allowing
4. Networking and collaborations with other organisations such as FSWA as we are aware that some of the community members are also into sex work.
5. Consciousness raising on protection with the coming in of the association; FSWA does the following to ensure that female sex workers are being protected:
6. Capacity building on sexual and reproductive rights by CHRR, MANERALA , CHREA, IVY ,and CEDEP.
7. Using the networks such as MANERELA who are also working with the key population can contribute to lobbying for policy change such as the HIV AIDS Bill at parliament, New ART guidelines. These processes have contributed to the KPs being recognised in the policies.
8. MANERELA is a grouping of religious leaders and they did trainings and conducting awareness engagement meetings – most of the religious leaders are living and are being affected with the HIV.
9. Due to more advocacy work some Religious Leaders are conducting one on one visiting with sex workers in households in Mchinji, tailoring shop and start-up money for business.
10. Acceptance that there are issues happening for me as a woman, and being active and
11. As a lesbian "Being recognised in other women spaces as previously we would not be accepted in other women spaces has expanded our voices to be reached out – thanks to networking and partnership." Sammy said a Lesbian Activist working as the Executive Director for Ivy Foundation.

The final conversation was on What is solidarity, and why do we need it? According to the participants feedback from the group works, they identified the following challenges and these challenges to be addressed there is a need of working in solidarity in order to overcome the identified challenges.

Challenges to access to health services and that needs more advocacy strategies in Solidarity
• Negative attitudes of health care workers with the key populations • Poor health services where there is no adequate information on health issues affecting the clients in the health centres. • Consent and information on the contraceptives. • Issues of Confidentiality among health workers. • Health workers having power over us on choices that we make family planning services • Few Cervical cancer screening and treatment (radio therapy) in Malawi. • No provision of HIV testing for Same sex relationships – due to the couple counselling policy

In solidarity, since it's a networking and partnership work, there will be a provision of changes on the above challenges that women of diversity sexual orientation and gender identity face in accessing health services.

3. Qualitative and Quantitative Data Analysis of Evaluation Feedbacks

From the evaluation feedback of the participants, 35% strongly agree that the overall organization of workshop was well done and 65 % of the participants only agreeing. 65% strongly agree that the space was valuable/meaningful towards further developing their participation and analysis while only 13 % disagree and 22% agree. 4 % disagree that there was adequate time provided for questions and discussion while 43 % agree and 52% Strongly agree that it was provided. 57% strongly agree that

participation and interaction were encouraged during the sessions and 43% agreed. 74% agree that the mode of delivery and methodology was good while 26% strongly agree**.** 61 % of the participants agree that the presenters were knowledgeable and accessible while 4 % neither agree or disagree on this with 35 % strongly agreeing. 4% disagree that the materials distributed were pertinent and useful while 17 % neither agree or disagree and 39 % strongly agree with 39 % strongly agreeing on this. 48 % strongly agree that the overall structure of the Conversations supported the wellbeing of the participants with 35 % agreeing while 9 % disagree and 9 % neither agree or disagree. 61 % strongly agree and 30 % agree that the workshop's structure reflected CAL's feminist mission while 9% neither agree or disagree.

4. Personal reflections and conclusions.

From the participant's personal reflection, the most impact at personal level is being empowered through the conversation as a woman. The diversity of the participants in the meeting contributed to the learning and gaining new insights and knowledge on health needs for all women. Finally, the discussion empowered each at personal level to being empowered to be able to speak out and demand required health services in the public health centres as a feminist**.**

The most useful take away at organisation level is to being able to understanding the services available for the health and sexual needs of women in public hospitals even if you are a sex worker or a lesbian woman. Learning advocacy strategies used by other organisation to influence change and advance needs which will continue to influence advocacy work within my organisation and also increase networking. In solidarity as a movement during advocacy activities there is an assurance that there is progress in provision of required health needs for women based on the conversations.

Overall the conversation impact on the country movement is that the results from the conversation will assist in development of a joint Press Statement that will provide demands to the State as this is part of their responsibility to ensure that women have the required needs to access to health and justice services. The conversations provide more women involvement to discuss issues that affect them in an open and safe space, provides more opportunities to conduct more advocacy in access to health and other issues that are affecting women in general not only health issues. Finally, there is a space of recreation and developing health breathing space to share individual challenges and opportunities as activists and feminist.

The learnt knowledge will be shared through WhatApp and Facebook Organisation Page, Monday Morning Meetings at organisational level, during peer sessions, in other women spaces such as Women Human Rights Defenders Coalition who are in the National Human Rights Defenders Coalition to ensure that women issues are included. The information shared will be about CAL and its feminist concept, the idea of continuing the movement and conducting the advocacy strategies for women in access to health services for all without stigma and discrimination based on SOGIE or professional as a Sex Worker and also all the discussions that have been discussed. The sharing will be done to make sure that all the women have information they need.

Feedback on the venue and the conference facilities, the overall comment was that everything was perfect, the venue was safe and the environment was perfect. The food was awesome. The yoga session was an important session mainly for the wellness and healthy component it helped in the provision of safe space for the discussions. The informal set up also contributed to a round of open discussion in the room and there was a propose to have pillows and *chitenge* to make it more informal and present a woman space. The participants felt the importance of the meeting and did not miss the sessions and all had attended the sessions this was a positive turn out.

5. **Annexe 1**
    a. Participants List
    b. Evaluation Excel Sheet
    c. Audio