

Women's Leadership Centre

**Coalition of African Lesbians
(CAL)**

CO-CREATING CONSCIOUS LEARNING CULTURES

Namibia Conversation 2018 Report

Table of Contents

	Page
1. Introduction and Background	3
2. Who was in the room	3
3. Conversations on Day 1	4
4. Conversations on Day 2	6
5. Feedback from participants	9
6. Recommendations	10

1 Introduction and Background

This report outlines key conversations that took place during the **Co-Creating Conscious Learning Cultures Conversation** facilitated by the Women’s Leadership Centre under the KP REACH Learning Programme of the Coalition of African Lesbians (CAL). The 2-day Conversation was held Heja Game Lodge outside Windhoek, Namibia, from the 26th- 27th September 2018. The Conversation was part of the 3-year Key Populations – **Representation, Evidence and Advocacy for Change in Health** (KP REACH) programme, which aimed to reduce HIV infections and HIV-related deaths among key populations in Southern Africa through improved access by KPs to HIV prevention, testing and treatment services. The project facilitated analysis, documentation and the sharing of good practice of working models and approaches from within the Southern Africa region.

The Women’s Leadership Centre only joined this programme in 2018, with the aim of broadening the understanding of Key Populations to include rural women living under customary law and exposed to harmful cultural practices that expose them to high risk of HIV infection. For example, the HIV prevalence rate has been close to 50% over the past ten years among women in Zambezi Region in Namibia, as indicated in the national bi-annual sentinel surveys of the Ministry of Health and Social Services.

Objectives

The objectives of the conversation were:

- To share our experiences and challenges with advocating for the right to health / access to health by Key Populations in Namibia.
- To share lessons we have learnt.
- To strengthen strategies for intersectional organising / movement building, including ensuring our safety and security as activists, and the promotion of our mental health.

2 Who was in the room

The meeting had a diverse representation of local organisations, networks and activists from seven regions in Namibia: Khomas, //Karas, Omaheke, Otjozondjupa, Erongo, Kunene and Oshana regions.

The following is a list of attendance with their organisations:

Name	Organisation	Region
Ernestine Draghoender	Voice Of Hope Trust	
Samantha Kruger	Healing Wounds	
Shirley Beukes	Mpower Trust	
Beyonce Garoes	Rainbow Reflections	Erongo
Fiona Uiras	One Billion Rising	Erongo
Florence Khaxas	WLC	Erongo
Irene Garoes	WLC	Erongo
Ayesha Forbes	Y-Fem Namibia	Otjozondjupa
Majoy Tsaes	Activist	Otjozondjupa
Dez Haman	Kaibasen project	//Karas
Verona Johannes	Activist	Oshana

Rosa Kaheka	Activist	Kunene
Role Goagoses	Activist	Omaheke
Nathali	Activist	
Nadia April	WLC	Khomas
Tanya Daringo	CAL	Khomas
Gabriel Augustus	Legal Assistance Centre	Khomas
Makena Henguva	Namibia Women's Health Network	Khomas
Delaine Sikerete	Lifeline / Childline	Khomas
Shamyn Louw	Lifeline / Childline	Khomas
Andre Kloppers		
Abigail Solomons		
Nicodemus	Rights Not Rescue Trust	Khomas
Friedel Dausab	Outright Namibia	Khomas
Jholorina Timbo	Wings to Transcend	
Rivelina Sheryn		
Brandon Humdu	Activist	Erongo

3 Conversations on DAY 1

Session 1 Introductions

After check-in and a round of introductions, we went through the programme and the objectives of the conversation. The Women's Leadership Centre, CAL and the Diversity Alliance of Namibia of Namibia were introduced to the group as the organisations hosting the Conversation. We then introduced the CAL KP Reach Learning Project.

Session2 Ways of working in the space: culture, ethics, consent and wellbeing

This session was facilitated by Florence /Khaxas. The conversation started with group work on what self-care and well-being mean to us as activists.

Feedback from the group discussions was as follows:

Self-care refers to a person mental, physical and emotional wellbeing of a person.

Consequences of lack of self-care can be:

- Stress
- Burnout
- Depression suicide
- Being emotionally unstable
- Physical illnesses
- Inactivity
- Self-doubt

Expectations towards activists:

- To be strong all the time (cant seek help)
- To stay longer hours at work and put clients first before your own needs
- To always get work done even if it means over working

What do activists need?

- Time out
- Self-reflection
- To take care of their health, and reboot their mental health
- Self-isolation from the community to heal, recharge and activate mental energies
- Finding happiness in little things such as watching series, spending time with loved ones
- Read light hearted books

Prioritizing ourselves

- Remembering ourselves, learning to put yourself first
- Healthy minds help others
- Having coping mechanisms
- Peer support and family
- Creative expression such as singing, writing, painting, dance

Importance of having safe spaces

- Affirmations from within yourself and from the space
- To avoid mental and physical harm
- Sensitisation of human rights
- Teaching tolerance and respect
- Being open minded and flexible

Ways of working together in this space, shared values and creating safe spaces

- Respect
- Self-love
- Mental health
- Confidentiality and trust

Session 3: Realising Rights – A Case Study

Presented by Andre Kloppers of Positive Vibes

The presentation covered one of the projects conducted by Positive Vibes called Realising Rights. The project seeks to improve awareness, access and uptake by MSM and SW to HIV services, and to promote the adoption of relevant risk reduction behaviours. The project also seeks to address community, service-provider and self-stigma against and amongst MSM and SW. Its overall goal is to ensure that the health rights of MSM and SW in Namibia are met in the context of the local HIV epidemic.

Key Learnings from the Presentation

It is important to work with different organisations to reach the beneficiaries of the project. The methodology used by Positive Vibes, LILO (looking-in-looking-out) can be employed by all organisations to gain in-depth information one is seeking from peers.

Session 4: Meditation

Facilitated by Julia Hango

After lunch, most participants took part in a meditation session led by Julia, while a few were reluctant to join this activity. For most this was their first experience with meditation, and many felt that it could be a useful tool for self-care and well-being: just to take off a few minutes and focus on one's breathing.

Session 5: Mental Health and Counselling

Facilitated by two staff from LifeLine/ChildLine: Delanie Sikerere, Social Worker and Shamym Louw, Helpline Counsellor

After an introduction of the various types of counselling services offered by Lifeline/Childline, the conversation quickly turned to the importance of mental health. The participants shared stories of mental health issues they and their peers faced, and wanted to know how the organisations can be supported. Contact details were shared.

Some of the comments were:

“Self-testing HIV testing kits are contributing factors to an increase in the suicide rate. The Ministry of Health and Social Services has guidelines to self-testing after receiving counselling. However, the Kits just came into the country through pharmaceutical companies without guidelines.”

“Mental health is very important”

“There is stigma on mental health, NGOs should address the issue of stigma, homelessness, unemployment, lack of information.”

“Lack of diagnosis and burnt out.”

“What platforms are available to breathe?”

“NGOs are mainly based in Windhoek, we need to decentralise as regions are neglected.”

“Do we inform people on the downside and side effects of medication of mental illnesses?”

Recommendations from this session:

1. The referral system needs to be strengthened.
2. LGBT community leaders need to be trained in order for them to be able to counsel their peers.

To conclude the day, the following is the feedback that was given

- Importance of partnership within the movement
- I could express myself

4 Conversations on DAY 2

Session 1: Meditation

Day 2 started with an outdoor meditation and yoga session with Julia Hango. After meditation many people felt relaxed and could breathe easier. People were then asked to name one thing they are grateful for. Some of the responses were:

“I am grateful for WLC to invite me to this space.”

“I am grateful for the love surrounding me.”

“I am grateful for the solidarity and friendships.”

“I am grateful for my body.”

“It is my first time doing meditation and I am grateful for that.”

Session 2: Sexual and Reproductive Health Rights / LGBT Health Rights and Law in Namibia
Facilitated by Abigail Solomons of Positive Vibes and Gabriel Augustus of Legal Assistance Centre

The presentations started with looking at how various laws in Namibia have an impact on our lives, and how we are able to access legal remedies. There was also an emphasis on the right to health, and how general stress adds on to minority stress that key population activists experience, and the impact thereof.

Participants vented their frustrations in engaging politicians with regard to LGBT people and the law in Namibia. One remembered an activity hosted by the WLC before the 2014 elections, where activists from marginalised groups including lgbt people and sex workers were able to address political parties on their issues, and suggested that this format be taken up again before the next elections in 2019. Participants also noted that activists and organisations have not been engaging the current state president on the repeal of the sodomy law criminalising sex between men, and inclusiveness of sexual orientation and identity issues in the law. Some of the participants said:

“We had high hopes when Geingob became President, but allies close to him advised us to wait for his second term, and that was a mistake.”

“We need the right language to engage with the politicians. We need to tell the President that he calls us luxuries but we are criminalised. In the focus group discussions we had for the Human Rights Violations Research the general public sees us as criminals.”

“It’s the personal story that matters.”

The last comment started another conversation critiquing human rights violations documentation that has been done by LGBT organisations, where informants never see the results or how they are used.

“What happened to all the documentation that has been done before, and how will the the on-going documentation be used? Is it just collected for “numbers” or proposals, to collect dust in offices, or is it used for advocacy purposes? Because people on the ground don’t know what is done with it.”

Outright Namibia responded that cases collected are mostly confidential and follow-up action has to be taken with care and the agreement of the respondents.

The WLC shared how it does participatory research with different groups of young women, and publishes the findings in educational and advocacy booklets which the community facilitators in the different programmes use for training their local women’s groups and community members.

Examples of engagement with international human rights mechanisms such as CEDAW and the African Commission on Human and Peoples Rights through country visits and NGO Shadow Reports was shared by the WLC and the Diversity Alliance of Namibia. With regards to African Commission there were also questions and concerns about why the Observer Status of CAL was withdrawn, and what the way forward is regarding that.

There was some discussion on the pros and cons of using the courts versus the parliament for attempts at law reform, with many agreeing that we must use the courts, as parliamentarians are stuck in their own traditional and religious beliefs. It was also noted that the climate has changed regarding the judiciary. The Legal Assistance Centre said they are willing to support litigation if gay

men come forward to challenge the sodomy law. It was commented that legal and social reform must work hand in hand.

“As a gay man, it does not help if I have a right to marry my husband and we can’t walk hand in hand in the street.”

Recommendations from this session were as follows:

1. In order to fight the law, we need to learn from cases that happened before, e.g. the Frank Case
2. Human Rights Documentation should be done collectively with all Key Populations and KP focussed organisations to co-create knowledge so that everyone does not do their own thing
3. Although some documentation is used on the strategic advocacy level, the information needs to come down to the community nicely packaged.
4. Instead of concentrating too much on the high level politicians we need to look at how we can engage local authorities, traditional authorities and local councillors.
5. Legal and social reform must work hand in hand.
6. Legal trainings need to be coordinated so that the same activist doesn’t do the same training with different organisations.

Session 3: Histories of forced sex and health outcomes among Southern African Lesbian and Bisexual women - A cross-sectional study

Presented by Friedel Dausab of Outright Namibia

The presentation focussed on the vulnerability of lesbian and bi-sexual women to HIV infection, relating this to forced sex, which is prevalent in Southern Africa, and which leads to negative outcomes such as alcohol abuse, drug use, and mental distress. The presenter argued that lesbian women need to be included in HIV prevention strategies and campaigns in Namibia.

The conversation that followed indicated that the Ministry of Gender Equality and Child Welfare does not want to engage with the vulnerability that lesbian women face with regards to HIV infection. Violence in same sex relationships is specifically excluded from protections in the Combating of Domestic Violence Act.

The WLC noted that there is also government denial of the role of harmful cultural practices in the extremely high HIV prevalence rate in Zambezi Region, which is double the national average among older women and triple the national average among young women. This was followed by a discussion on the need to abolish polygamy and other harmful cultural practices.

Some of the lesbian women in the room shared that if they seek for help at the public hospital they always feel discriminated against as they are asked a lot of questions, and thus opt to avoid going for any services.

The session concluded that many lesbian or bisexual women think that they are not at risk and secondly there is forced sex.

Session 4: Painting Our Portraits

Facilitated by Julia Hango

The participants used painting as an art form to express themselves and what their genitalia mean to them. The session was lively and brought out most participants' creative energy and a lot of love and laughter, a great way to end the conversation with a more personal sharing of who we are / identify as.

5 Feedback from the participants

Kindly indicate your impressions of the items listed below:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
1. Overall organization of workshop was well done				7	9
2. The space was valuable/meaningful towards further developing my participation and analysis				7	9
3. There was adequate time provided for questions and discussion		4	1	10	
4. Participation and interaction were encouraged		1	1	7	7
5. The mode of delivery and methodology was good		1	2	10	3
6. The presenters were knowledgeable and accessible				9	7
7. The materials distributed were pertinent and useful			1	9	6
8. The overall structure of the Conversations supported the wellbeing of the participants				10	5
9. The workshop's structure reflected CAL's feminist mission			1	10	5

When asked what was the most impactful on a personal level, this is what the participants had to say:

1. The conversation about lesbians and HIV/AIDS.
2. I learnt about women's issues, I was never part of workshop/training with lesbians before and it was an eye opener for a gender diverse person that I am.
3. I learnt more about the importance of mental health and how we should influence donor funding to look at staff wellbeing. The different cases we deal with in our work capacity can have their toll on us.
4. The presentation of the HIV/AIDS prevalence among lesbian and bisexual women, the mental health session. We need more time to talk about these two topics.
5. Understanding LGBTI rights in Namibia and the health care session for women who have sex with women.
6. I loved the wellness aspects of the conversation: meditation & self-love.
7. I learnt that LGBTI people also have rights to legal assistance.

8. I got to know what channels one can take or go through to take actions for certain things.

What is most useful to take away for your ORGANISATION?

1. The session on Lesbians and HIV by ORN
2. The session on women's health
3. Tips for advocacy for SRHR at grass root level
4. I would like to start addressing the issue of mental health in my region, the session by Lifeline/Childline stood out for me in that regard.
5. I learnt about treaties ratified by Namibia.
6. Ways and means to partner up with other organisations and grow stronger.
7. Networking with other organisations, further creating stronger alliances within the movement.
8. The legal framework, sharing of experiences and challenges and learning from each other.
9. All the things but I learnt about the LGBTI community
10. Health care advocacy.

How will the Conversation impact/benefit the MOVEMENT in Namibia?

1. Knowledge is disseminated
2. The referrals system in the conversation
3. I will share the new knowledge with my peers
4. Understanding and knowing our rights will equip us on how to tackle the issues in country
5. It got the movement in order by working in a collective towards a common goal
6. Accountability of leaders
7. Basic services for lesbian and trans women that are not judgmental.
8. It will benefit greatly for the rights of lesbian and trans women with the LGBTI community at large, for them to get all the basic services without judgment.
9. We lit a candle for a new strategy.
10. We set a vision and a path to achieve it.
11. It gave clarity on LGBTI health & rights as well as the law in Namibia.
12. We should plan the way forward.

Recommendations of the Conversation

1. Educate donors on the importance of investing in wellness programmes.
2. We need more wellness spaces as activists.
3. We need more regional collaboration with grassroots movements to decentralise services.
4. We need more awareness on side effects of mental health medication.
5. More collaboration / dialogue with pastors and traditional healers.
6. CSO programme should be more visible to the KP communities.
7. We need appropriate messaging.
8. CSOs should involve the communities in the process of proposal writing for input.
9. We should develop an lgbti position paper to claim our rights and move beyond being vectors of disease and targets of treatment.
10. We should engage with the next round of target setting for the SADC Protocol on Gender and Development

11. Share the shadow report to the African Commission on Human and Peoples Rights developed by Diversity Alliance of Namibia.
12. Create visibility for the trained 12 champions of the African Sex Workers Alliance.
13. Dialogue with political parties before next election.
14. PV leading research on human rights violations to provide evidence to make issues visible.
15. Use policy language to engage - tell personal stories.
16. Utilise Office of Ombudsman, and the Law Reform and Development Commission
17. We need to focus on redress if our rights violated.

18. Challenge: in fighting
19. Need a strategy because documentation is not easily available
20. Research and documentation is done in isolation
21. Can't get hold of LAC If I can't make a case
22. Analyse need for informed programming
23. What channels are there for redress
24. We need more accountability
25. Do proper evaluation of training
26. Improve communication
27. Include advocacy on local level
28. We should plan together through DAN
29. There is a national strategy on litigation: soft cases, e.g. violence against transgender people (winnable) to build legal evidence
30. Advocacy - MPs
31. Educate the community
32. We need a security strategy
33. Action plan on the ombudsman report
34. Legal rights education
35. Develop a common language: equality agenda
36. First lady should include lesbians in GBV prevention
37. Points of service: health and police