DiDiRi

Summative Evaluation

Submitted by Singizi
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Table of Contents

1 Introduction ........................................................................................................................................... 1
2 Methodology .......................................................................................................................................... 1
3 Findings ................................................................................................................................................ 3
   3.1 Result: An enabling environment for LGBTI rights including the provision of HIV and other health interventions is promoted and strengthened ................................................ 3
   3.2 Result: Organisational capacity of LGBTI-led CSOs to support implementation and to lobby and advocate for human rights and access to medical services is strengthened ................................................................. 13
   3.3 Result: Health services provided to LGBTI at select sites in the region are improved ........................................................................................................................................ 24
   3.4 Result: Capacity of stakeholders in the region is expanded to promote and implement LGBTI interventions ................................................................................................................................. 31
4 Reflecting on the Programme ............................................................................................................... 37
   4.1 Results .............................................................................................................................................. 37
      4.1.1 Result: An enabling environment for LGBTI rights including the provision of HIV and other health interventions is promoted and strengthened ................................................... 37
      4.1.2 Result: Organisational capacity of LGBTI-led CSOs to support implementation and to lobby and advocate for human rights and access to medical services is strengthened ................................................................. 39
      4.1.3 Result: Health services provided to LGBTI at select sites in the region are improved ........................................................................................................................................ 40
      4.1.4 Result: Capacity of stakeholders in the region is expanded to promote and implement LGBTI interventions ................................................................................................................................. 41
   4.2 Contribution to the Goal ................................................................................................................. 42
5 Management of the programme: value of the collective ..................................................................... 43
6 Innovations and Learning ....................................................................................................................... 47
7 Sustaining the Momentum: Building the movement ............................................................................. 52
List of Figures

Figure 1: Survey Respondents ........................................................................................................... 2
Figure 2: Extent to which Advocacy and Awareness-Raising Interventions Assisted ................................................................. 5
Figure 3: What advocacy and awareness-raising work have you been able to do since 2012 with support from DiDiRi? ......................................................................................... 6
Figure 4: Did advocacy and awareness-raising activities result in increases in your profile? ................................................................................................................................. 6
Figure 5: Number of organisations that undertook LILO ID .................................................................... 14
Figure 6: Extent to which LILO helped .................................................................................................. 15
Figure 7: Other Organisational Support ............................................................................................... 17
Figure 8: Perceptions of improvement because of organisational support ............................................ 17
Figure 9: Types of Grants ..................................................................................................................... 20
Figure 10: Efficiency of grant making ................................................................................................ 21
Figure 11: Have you received other funds since the start of the DiDiRi programme? ............................................. 22
Figure 12: DiDiRi and the impact on ability to fundraise ..................................................................... 22
Figure 13: HIV and SRH Services ...................................................................................................... 24
Figure 14: HCWs confidence in talking about clients’ sexual health needs ............................................ 25
Figure 15: Regional meetings/workshops ............................................................................................ 32
Figure 16: Perceptions of impact of regional sharing and learning......................................................... 32
Figure 17: Quality of information ........................................................................................................ 33
Figure 18: DiDiRi and building partnerships ......................................................................................... 36
Figure 19: Extent to which IP's interventions were complementary .................................................... 45
Figure 20: Value of a Consortium of Partners ..................................................................................... 47
1 INTRODUCTION

This report provides a summative evaluation of the Dignity, Diversity and Rights (DiDiRi) programme implemented by four Implementing Partners (IPs), the AIDS and Rights Alliance for Southern Africa (ARASA), COC Netherlands, Humanist Institute for Cooperation with Developing Countries (Hivos) and Positive Vibes (PV). It outlines the changes that have been realised through the programme and the extent to which it has contributed to the intended impact. It explores this through the four result areas contained within the DiDiRi framework and then considers how this is contributing towards the goal of the DiDiRi programme. The report also assesses the way in which the programme has been managed and the degree to which the consortium worked collectively to enhance the value of the work of each IP.

Finally, it reflects on the key lessons and innovations emerging from the programme and whether these appear to be sustainable, and highlights issues emerging from the programme.

2 METHODOLOGY

An initial inception meeting was held with Implementing Partners to reflect on achievements and challenges, and to discuss key evaluation questions. During this session, the countries that would be visited were identified and a process was agreed upon to identify other potential interviewees across the remaining countries in which the programme was implemented.

The team undertook a review and analysis of all the different reports, documents and products produced by DiDiRi. This allowed it to deepen its understanding of what had taken place in the programme and provided a basis for determining areas for further probing in the evaluation.

The team then undertook four immersion country visits (Botswana, Lesotho, Zimbabwe and Zambia) in which members of the Singizi evaluation team engaged with community based organisation (CBO) country partners, as well role players in the country who have been affected by the programme. It is noted that it was initially intended that the team would also visit Namibia, however this was not possible because the organisation was undergoing changes at the time of the fieldwork (October 2016) and there were challenges with respect to scheduling the visit.
In addition to the immersion visits, telephonic interviews were conducted with key role players affected by the programme in countries that were not visited, as well as with regional partners, as identified by IPs. These included:

- Geraldine Van Wyk responding about the relationship of the programme to the ombudsman (note the team tried to contact the ombudsman’s office but it was not possible to secure an interview)
- Southern African Development Community Parliamentary Forum (SADC PF) – Boemo Sekgoma
- MANARELA – Allie Mwachande
- Centre for Human Rights and Rehabilitation (CHRR) – Michael Kaiyatsa
- LILO Consultant – Patsy Church
- Fit4Purpose Consultants – Ricardo Walters and Desiree Paulsen

Finally, a survey (that included closed quantitative questions, as well as some open-ended qualitative questions) was administered to all CBO partners (including those visited). As evidenced in Figure 1 below, 18 of the 22 partners completed the survey and in 16 of these organisations, the person filling in the survey was the director (or a similar designation). The average time that the respondents had been with their organisation was 5.2 years.

![Figure 1: Survey Respondents](image-url)
The evaluation findings were presented to the DiDiRi Implementing Partners, CBOs, a member of the Embassy of the Kingdom of the Netherlands, and other guests at an Evaluation Learning, Sharing and Validation Workshop. This was held on the 28th and 29th of November 2016. The engagements that took place at this workshop, as well as the feedback received, are also reflected in this report, as relevant.

3 FINDINGS

This section of the report provides the findings of the evaluation against each of the result areas that the programme sought to achieve to contribute to its intended goals. It should be noted that the results are presented in accordance with the DiDiRi programme logic, to enable the Singizi evaluation team to reflect the iterative nature of the programme, rather than in their numerical order in the DiDiRi monitoring and evaluation framework.

3.1 RESULT: AN ENABLING ENVIRONMENT FOR LGBTI RIGHTS INCLUDING THE PROVISION OF HIV AND OTHER HEALTH INTERVENTIONS IS PROMOTED AND STRENGTHENED

This section considers the extent to which DiDiRi has contributed to a more enabling environment for lesbian, gay, bisexual, transgender and intersex (LGBTI) rights and, specifically, the ways that advocacy activities have resulted in increased access to health interventions, including HIV services. The findings of this result area show both how the programme has created safe spaces for LGBTI people and the wider advocacy work that has taken place to transform the environment. It should be noted that many of the programmatic interventions discussed here are also discussed in more detail under other relevant result areas.

Across countries, beneficiaries of the CBO partners involved in DiDiRi reflected on the extent to which the focus on personal identity has contributed to their ability to increase the number of safe spaces for LGBTI people to convene. This was viewed as a crucial aspect of creating an environment in which LGBTI people could access services and learn about their rights. Respondents stated that PV’s Looking In Looking Out (LILO) has been powerful and transformative to both the organisations and their members.

LILO consists of different curricula components, including LILO Identity (which focuses on exploring gender identity and sexual orientation, and is “designed to
unpack feelings, needs and desires, and to help participants make choices and plans for themselves going forward”¹) and LILO Voice (LILO Voice is designed to pick up from where LILO Identity finishes and “is a participatory community intervention which generates power in the individual and the group to: stand up and say ‘no; influence others; and, to build social movement”²). LILO also includes organisational development components, such as LILO Leaders, LILO Core Skills: these are discussed in section 3.2.

An example of how LILO was perceived is provided by a CBO partner from Lesotho who stated that the various exercises have enabled young LGBTI people to look inwards and, subsequently, feel much more comfortable with who they are. Comments included: “I became more comfortable with who I am”; “It was when I really came out to myself, and subsequently to others”; “I knew I was different, but how was unclear. It was a light bulb moment”; “I was in denial of my sexual orientation and gender identity (SOGI). Knew I was different. I even went to the church to get those demons out of me … got them to pray for me. The training was very powerful in giving me a voice and also a home”. These comments were echoed by CBO partners and members across all of the countries in which the programme was implemented.

Through this personal growth, members of the LGBTI community were able to create safe spaces and articulate their views to their families and to the wider community thereby contributing to a more enabling environment. This has led to LGBTI people feeling an increased sense of self-confidence and a reduction in self-stigma. One beneficiary observed that “my mother was very homophobic. By having the confidence and courage to talk it through with her, she has gone on her own journey. Today, she’s a champion for gay rights”.

With respect to wider advocacy, CBO partners indicated that, since 2012, they have participated in a range of advocacy and awareness-raising training and capacity strengthening support from DiDiRi. Survey respondents specifically commented about their involvement in the skills exchange programmes (13 respondents) facilitated by ARASA, as well as the ARASA Train the Trainer programme (9 respondents). Three respondents indicated other forms of interventions that

supported their advocacy capacity, including LILO, health training with COC, as well as the SADC and East Africa exchanges, dialogues, forums, workshops and training. Only two respondents indicated that they had not received advocacy and awareness training support through the DiDiRi programme.

Respondents commented on the effect that these advocacy and awareness-raising interventions have had on the organisations’ capacity to undertake advocacy/awareness-raising work. These findings are reflected in Figure 2 below:

![Figure 2: Extent to which Advocacy and Awareness-Raising Interventions Assisted](image)

As evidenced, the clear majority of respondents stated that this capacity building has helped “a lot” and they are now either “very confident” or “quite confident” about this work. One CBO partner from Zimbabwe commented on the value of the skills exchange for developing their capacity in this area:

> A number of our staff members did interact with skills exchange and allowed us to evaluate our own work and come up with new ideas about how to do the work and so on. Most times, you don’t get that kind of support.

CBO partners indicated that this increased capacity and confidence enabled them to undertake several activities, including the International Day Against Homophobia and Transphobia (IDAHO) events, community dialogues, policy dialogues and campaigns (such as “Proud to Serve”). The spread of these activities is represented in Figure 3 below.
What advocacy and awareness-raising work have you been able to do since 2012 with support from DiDiRi?

CBO partners stated that undertaking these advocacy and awareness-raising activities has, in turn, resulted in an increase in their organisational profiles (see Figure 4 below).

Figure 4: Did advocacy and awareness-raising activities result in increases in your profile?
CBO partners stated that implementing events which involve policy makers, such as IDAHOT, has created an enabling environment. A CBO partner from Zimbabwe observed that IDAHOT had helped them to create safer spaces in the community:

We are the only ones to take the commemorations to the communities. [Such events] used to be at an embassy space and we said we want to have a community event with the people who should be celebrating and we had an event in the community.

The respondents also showed how these initiatives have contributed to shifting views of some religious leaders and even a few traditional leaders, stating that they are now more supportive.

Respondents also expressed that the community dialogues have been very important in encouraging non-LGBTI organisations as well as key individuals (lawyers and health workers) to work with the LGBTI sector and in creating spaces in national forums for the LGBTI community to participate. Another CBO partner, from Zambia, stated that the dialogues have been very valuable and had created a space for them to engage with policy makers. A respondent from a CBO partner in Zambia commented that it “helped us with community dialogues through road shows. This had been a dream in the air and it became possible.”

Respondents also indicated that this work has enabled them to increase their capacity to work with the media and to ensure that they win allies in the media in order to improve media coverage of LGBTI issues.

Further examples from specific countries include the following:

**Botswana** provides an example of the kinds of changes that have taken place in the environment. The Lesbians, Gays & Bisexuals of Botswana (LeGaBiBo) has been registered and respondents from the organisation indicated that there is more openness to working with the organisation. The *Daily Maverick* observed that the High Court and Court of Appeal both affirmed the right of freedom of association and explained why it was so fundamental for the achievement of true democracy. In last week’s judgment, Judge Kirby rejected the Attorney-General’s

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argument that because same-sex sexual acts are still criminalised in Botswana, any group seeking to advocate for the rights of LGBT individuals would be encouraging the commission of criminal acts. The court dismissed this reasoning, and upheld the democratic right of individuals to lobby politically for legal reform.

Furthermore, the National Council of Churches offered a theological acceptance of LGBTI and it is the view of beneficiaries from LeGaBiBo, that some traditional leaders have reportedly stopped shaming, as well as in cases even beating, people.

LeGaBiBo also provides an example of the process that organisations undertook to engage with the media. In the knowledge-sharing and networking meeting, LeGaBiBo reflected on the week of activities and on the negative media coverage their press release on funding for LGBTI organisations received. Through this process, they realised that it is better to build allies in the media and target specific media houses for coverage to ensure that they have greater control over how the issues are presented in the media.

In Lesotho it was found that there is now more openness to talking about LGBTI issues and beneficiaries and members of the CBO there stated that it is no longer “hush hush” to talk about LGBTI people. The respondents from the CBO partner indicated that “ministers talk about the fact that there is an LGBTI sector for the first time”. Other respondents, including health workers and lawyers, stated that, through meeting LGBTI individuals and hearing about their issues, they realised that they “don’t have horns … realising people don’t choose this path.”

Malawi also shows evidence of change. Respondents stated that the dialogue meetings between communities and religious leaders have started to change the view that “LGBTI is a Western thing”. They indicated that religious leaders are now more open and able to talk about LGBTI and HIV than before. The CBO partner also stated that formal partnerships have been established with a local media house and a radio station, indicating that this ensures that sexual minority rights issues are aired. Respondents also indicated that their increased capacity also saw the inclusion of the LGBTI sector, working together with allies from the non-LGBTI sector, on the National Technical Working Group that was responsible for considering how government should honour its commitment to adhering to human rights obligations with respect to the LGBTI community. Their recommendations were incorporated

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4 Knowledge-sharing and networking meeting, 2-3rd April, 2014, ARASA.
into the National Human Rights Action Plan (2016-2020). As indicated to the team by a respondent from the Centre for Human Rights and Rehabilitation, it is significant that, in 2015, the media reported that the President “wants gay rights protected”. The President’s Press Secretary, Gerald Viola, then reiterated Mutharika’s message of increasing tolerance for LGBTI people, saying, “these people are human beings” and expressing concern about reports that gay Malawians were being “beaten”, emphasising that this is wrong, as government is there to look after everyone. This approach has been pursued in meetings with the Police Commissioner who then also made supportive statements in public about the need to respect the LGBTI community. Early in January 2016, this view was reaffirmed by the Minister of Justice, who confirmed the Executive’s commitment to the advancement of human rights as enshrined in the Constitution of Malawi. He also declared that there would be a review of the Penal Code’s criminalisation of same-sex practices. He further stated that

the Constitution of Malawi represents the collective wisdom and values of the people of Malawi … Malawi as a member of the international community is also committed to adhere to universally accepted human rights standards … Government has also consistently invited civil society to carry out intensive sensitisation campaigns on gay rights, as the concept is alien to Malawian culture since the previous two attempts to change the law met with stiff resistance from the general public.

As part of these changes, the Singizi evaluation team found that, at the time of the previous field visit undertaken by the team (for the mid-term review in 2014), the Malawi Human Rights Commission was silent on LGBTI issues and, in the same year, had refused to join a case to review the constitutionality of sodomy laws. Yet, through the constant engagement of the Commission by CHRR and the Centre for the Development of People (CEDEP), the team issued a press statement in December 2015 affirming that LGBTI rights are human rights. Since then, the Commission (through the Directorate of Civil and Political Rights) has been co-facilitating workshops and participating in activities on LGBTI rights.

Zambia CBO partners reported that there has been a change in attitudes of many members of society. They indicated, for example, that since DiDiRi they have increased safe spaces for members of the LGBTI community (through interventions enabled by Hivos, as well as ARASA), supported a safety and security programme for their organisation, been able to work more effectively with lawyers and police and
have also been able to support the provision of para-legal services. This was confirmed by CBO beneficiaries who emphasised the increased levels of openness from individuals within these professions. They stated that this has resulted in an increased awareness of rights, which has meant that police recognise that they need to work in accordance with the law and cannot simply abuse their powers. The CBO partners also stated that there has been a process of engaging parents and trying to “encourage them to understand their children ... how is it going for them? How do they relate to their children and what information do they need?” They indicated that they are having some success in this regard and that there are increasing numbers of family members who are willing to talk to their children. The respondents from the CBO partners also indicated that there has been a change in the perceptions of a few traditional leaders and some religious leaders through the support of DiDiRi stating that the work that has been done by ARASA, in particular the community dialogues, has helped with this engagement. This change was confirmed by a respondent from the Zambia Network of Religious Leaders Living with or personally affected by HIV and AIDS or ZANARELA+. The CBO partner and its beneficiaries further indicated the positive changes shown by the medical professionals who, in turn, advocated for this (this is discussed further in result 3). Finally, they also indicated that events like IDAHOT, which have involved policy makers, have been important for creating awareness, an acknowledgment that there are LGBTI people in the country and that they need to be involved in certain processes, such as those of the National AIDS Council.

In Zimbabwe, there was evidence that religious leaders, healthcare workers and other (non-LGBTI) young people had begun to shift their knowledge of, attitudes towards and, where relevant, practices towards LGBTI people. A reverend from the Lutheran Church in Harare indicated that he had been working with the Gays and Lesbians of Zimbabwe (GALZ) for several years and that he considered it important to champion the rights of the LGBTI community, both in communities at large, as well as amongst his religious peers. He indicated that, while the government remained repressive with regards to LGBTI rights, he wanted to believe that down on the ground, there are a lot of things happening. There are new organisations and dialogues and theological colleges [that engage with LGBTI rights issues] and there is a lot happening on the ground.
This respondent, as well as other religious leaders interviewed in Zimbabwe, indicated that they were able to leverage the space that had been created by international imperatives and monies focused on achieving the 90-90-90 targets, including the 90-90-90 key population’s targets, to discuss LGBTI rights. One respondent commented that

if you look at HIV, there are cultural and religious barriers that we need to break down to reach 90-90-90 … HIV is my entry point [to breaking down stigma towards LGBTI people].

Some members of GALZ and the Sexual Rights Centre (SRC) suggested that young people tended to be more open to LGBTI rights than older people and GALZ indicated that, at its IDAHOT event in 2015, it organised a dialogue with different youth organisations. GALZ respondents indicated that the dialogue went well, and that it was evident that many young people are “shifting notions of culture” and questioning the values of the older generation. Respondents also indicated that, since the dialogue, they had been invited to a lot more youth spaces by these organisations.

Members of the SRC and GALZ indicated that they increasingly had access to health services that took the needs of LGBTI people into account. For example, the SRC has done a significant amount of work under the DiDiRi programme around healthcare workers. This is discussed in more detail later in this report.

Mozambique, where DiDiRi worked with a CBO called LAMBDA, also made important legislative changes. Until the enactment of the new Criminal Code, the legal status of same-sex sexual activity was ambiguous in Mozambique. On March 2011, the Minister of Justice declared during the UN Human Rights Council’s Universal Period Review that homosexuality is not an offence in Mozambique. However, the Criminal Code did contain an offence of “practices against nature”. This clause could potentially be interpreted as including male and female same-sex sexual activity, even though it was unknown to what extent the law was enforced. In December 2014, President Armando Guebuza signed the new Criminal Code, which does not contain any provisions regarding same-sex sexual activity, into law. It was published in the country’s official journal on 31 December 2014 and took effect 180 days later (i.e. 30 June 2015).
Overall, respondents from CBOs and other parties across countries concurred that DiDiRi has contributed to the changes mentioned above. They also indicated that this has been supported by the increased use of research in the sector and suggested that they have been able to leverage the commitments that governments have made with respect to the UNAID’s 90-90-90 targets citing the role of the Global Fund in this regard to highlight LGBTI rights.

Respondents also noted that, whilst there have been positive developments; there are still continued areas of challenges. For example, in Zimbabwe, it was found that there is still very little acceptance of the LGBTI community and that the stigma in the country remains high. Moreover, the office of one of the CBOs in Harare is constantly raided by police and staff and members arrested. The CBOs in Zimbabwe have also failed to develop relationships with the national AIDS council or any local AIDS council because of stigma.

In most of the countries in the region, the laws are still problematic and, whilst there have been changes in the manner in which some service providers engage with the sector, there are continued challenges because of the nature of the legislation. For example, in Malawi, a respondent commented that

we are all aware that Malawi is one of the homophobic countries, which makes it obvious that the work we’re doing is not without challenges. The service providers are in a dilemma being personally okay working with LGBTI, but the laws are standing in their way. Although in their oath they pledge to provide services, personal values overtake professionalism (CEDEP at a Building Bridges Regional Round Table III – 4/5 May 2016).

It is also evident that, even with the changes that some police and individual lawyers have made, there is still discrimination and violence in many countries – even in South Africa, where the legislative environment is open. The final section of this report reflects on the different contributions that have been made to positive changes, as well as the challenges that exist. It also points to ways in which the initiatives that DiDiRi has supported will be sustained so as to continue to contribute to change.
3.2 RESULT: ORGANISATIONAL CAPACITY OF LGBTI-LED CSOs TO SUPPORT IMPLEMENTATION AND TO LOBBY AND ADVOCATE FOR HUMAN RIGHTS AND ACCESS TO MEDICAL SERVICES IS STRENGTHENED

The achievements of this result area are reflected in the changes that have taken place in the CBOs supported by DiDiRi. The evaluation found that respondents from most of the CBO partners reflected on the development of their organisations through an initial focus on individual identity awareness (through, for example, LILO Identity and Voice), which led to an environment that supported the growth of the organisation (through interventions such as LILO Leaders and Core Skills, which includes mentoring and coaching in specific areas in the organisation, as well as PV’s Fit4Purpose organisational development tool described later in this section).

The individual growth was supported through the implementation of LILO as outlined above), which evolved during DiDiRi. CBO partners indicated their participation in these processes and commented on the value of this approach.

For example, in Zimbabwe, respondents spoke of the need to complete LILO Identity, before moving onto other LILO programmes, as it was respondents’ view that there is a need to address issues of personal identity before moving onto LILO programmes that focus on the community and social mobilisation (LILO Voice) and/or into one or more of the LILO key population programmes (the LILO Key Populations programme, was not developed as part of DiDiRi though it built on the learning from DiDiRi and extends the LILO offerings). One respondent, who had just completed LILO Key Populations, explained:

I wish that I went through the first two [LILO ID and LILO Voice]. I was raw [after LILO KP], and the others who were with me [who had done other LILO programmes] had healed in a way that I had not.

In Zambia, a member of a CBO observed that the programmes are iterative:

... both LILO Identity and LILO Voice were helpful to me at a personal level. LILO Identity created a space where I probed myself and got to know myself and understand myself and my internal landscape, and then Voice gave me a sense of how I can be more helpful to the community ... use my power to create a positive impact.
In the survey, respondents indicated their participation in LILO Identity as well as in the Master Trainer Training. As evidenced in the figure 5 (below) only five organisations that responded to the survey did not receive LILO ID training, while 10 organisations were trained in LILO ID and 12 organisations had one or more Master Trainers trained in LILO ID. These Master Trainers, in turn, rolled out the training to their constituencies with grants from Hivos. Of import is that the evaluation found that many organisations and Master Trainers continue to roll out this training (in its original and adapted forms) without financial support from the DiDiRi programme. Beneficiaries across countries indicated that this roll out process, has ensured that a wider pool of individuals have been able to benefit from LILO.

**LILO Identity Training**

![Figure 5: Number of organisations that undertook LILO ID](image)

- No
- Yes, our organisation was trained in LILO Identity
- Yes, our organisation has one or more LILO Identity Master Trainers trained
As evidenced in Figure 6 below, all of the respondents indicated that LILO assisted to create safe spaces for LGBTI people to a greater or lesser extent. None of the respondents indicated that LILO had not helped at all.

![Figure 6: Extent to which LILO helped organisations](image)

These findings reinforce those expressed in a previous evaluation of LILO, which found that there were many positive changes reported by individuals who had participated in LILO. It was found that a larger percentage of individuals felt that they could make changes after the LILO training compared to those who had just completed the training. The previous evaluation suggested that this finding reflects the fact that the previous workshop participants had had time to reflect on and actually implement these changes, whereas the post-workshop attendees were only able to anticipate the changes they might make in the future. Regardless of whether they were intended or actual changes, the results clearly demonstrate that attending a LILO Identity workshop had a positive impact on effecting change in workshop attendees' lives.²

The strong views that were expressed about LILO are best captured in the comment made by a health worker (noting that while LILO focuses on the LGBTI community, some organisations invited non-LGBTI people that they had relationships with onto the training, including health workers and religious leaders) who commented that “LILO is a must. Anyone who has gone through LILO is passionate about having more people experience this for themselves”. Beneficiaries who had participated in LILO commented that, through LILO, they have become more confident about their

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² Changing my life under my own skin, LGBTI issues and impact analysis of LILO identity workshops in four Southern African countries, Evaluation, Suzanne LaFont
ability to interact with other people as they “realise they don't need to hide their identity”. Comments from beneficiaries who underwent LILO training include:

It [LILO ID] really helped shape how I felt about my sexuality and in terms of coming out. It was one of those crucial tools. It really worked for me.

LILO ID has made me not look at my sexuality only, and it dealt with my internal feelings. All along I used to feel sorry for myself, and it made me feel confident.

Personally, it groomed me to become someone who is resilient in terms of having to bounce back and face challenges in my life.

Some members indicated, though, that there is a need for the duration of LILO to be extended so that there is enough time “to deal with issues it brings up” as evidenced by a comment from an individual who had just completed LILO Key Populations but was not fully part of the DiDiRi interventions. This was particularly true for individuals who were not able to move through the different LILO programmes in an iterative manner.

Many of the respondents emphasised the extent to which LILO impacted on the development of their organisations. In Swaziland, for example, respondents indicated that LILO was crucial in creating a space for issues that are seldom discussed. Others emphasised that it had contributed to organisational development and to their ability to engage and support others, form support groups and work in the community more widely.

In Zambia, both CBO partners reflected real organisational growth, emphasising that the change started from within themselves and that, through LILO, they had learnt to “look at yourself and how you can add value” and that this had, in turn, strengthened the organisation as members learnt “to deal with issues in the organisation and how to work together”. One respondent commented that they now have master trainers in LILO and thus “in our in-house workshops we have a LILO aspect” which helps in discussions about how “we play our roles” and addresses issues in the organisation.

In Zimbabwe, both organisations also indicated that they had also adapted the LILO methodology and concepts for various other interventions and projects. For example, the SRC used concepts from LILO Identity in an intervention to encourage movement building. SRC members indicated that this process “empowered us in our
movements. Before LILO, I had that thing like ‘I am a leader and this is my thing’ but, on reflection, a struggle is not something that I can do myself”. SRC members indicated that they had also started a “Solidarity Circle” to bring their different organisations together (sex worker organisations and different LGBTI organisations) so that they can share learning and plan events together. At the time of the fieldwork, the Circle was planning an event in Bulawayo for the upcoming 16 Days of Activism.

Respondents commented on the other areas of organisational support that they received as indicated in Figure 7 below:

Areas of organisational support

- 14 respondents indicated that they received support, in four core areas
- Almost all had received support in Management & Planning (11 each)
- 8 indicated that they had received support in M&E and 5 in planning

Figure 7: Other Organisational Support

Figure 7 above shows the areas where organisations received support. Figure 8 below reflects the extent to which respondents believed that this has had a positive effect on the performance of the organisation.

Figure 8: Perceptions of improvement because of organisational support
Figure 8 illustrates that respondents stated that there was “a lot of” or an “enormous amount of” improvement in the areas of policies and procedures. There were some challenges in other aspects where support appeared to have been uneven, notably in “planning” where 27% of survey respondents reported no improvement, 18% indicated enormous improvement and the majority, 55%, suggesting some improvement. The figures show that there is room for improvement with respect to monitoring and evaluation (M&E) with the vast majority stating that there has only been some improvement (63%) and no respondents stated that there was an enormous amount of improvement.

These views were echoed by the findings from the immersion visits, which showed that organisations found several interventions very valuable. These included LILO Core Skills, LILO Leaders, ad-hoc training, mentoring and coaching and, most recently, LILO Fit4Purpose (F4P). The LILO organisational development interventions all utilise the methodologies developed, tested and enhanced by Positive Vibes. The most recent of these interventions, developed by PV, is that of LILO F4P. F4P, was developed by PV working alongside CBOs in the Southern African region during the no-cost extension of the DiDiRi programme and served to extend its approach to organisational development and capacity strengthening. This resulted in the development of the F4P OD toolkit and accompanying facilitator’s guide in February 2016, and the piloting of the toolkit and guide in April and May 2016 with four organisations.

One respondent in Malawi revealed that, since receiving the training, they are better able to manage their organisations. In Zambia, both organisations have strengthened their strategic planning capacities. They explained that they received LILO Core Skills that have enabled them to “get a sense of where we are heading as an organisation, what we need to address … and this was very mind opening. [It] brings the team together. Even if people come in and leave, there is continuity”. This institutional memory has been supported by the development of a written set of systems and processes. One respondent stated that, as a result, “the process of recruitment has been transparent and hiring processes [are] better and this has helped to motivate the staff”. Respondents indicated that this was supported through the mentoring and coaching that was provided during the programme.

Of the two organisations in Zambia, only Trans Bantu Zambia (TBZ) was involved in LILO F4P. Respondents from TBZ believed that the process was valuable because it
developed the capacity within the organisation to focus. They believed that this process was built on the support that they had previously received through DiDiRi and that they will be able to utilise the assessment for their on-going development. These views were confirmed by external partners who had seen growth in the organisation. One respondent, from a non-LGBTI partner, observed the growth in the leadership of the LGBTI movement since the programme was implemented. Also, the movement has gained more allied organisations. Beneficiaries concurred and stated that the organisations had grown in their capacity to create networks and specifically mentioned the value of the relationships that the organisations have been able to create with religious leaders. Respondents also indicated that the training has also helped them to find spaces in broader movements, for example, a respondent from TBZ observed that “trans are often excluded from the feminist movement” suggesting that, because of their growth as individuals and, as an organisation, "we are educated in this and are now seeing how we can be more involved [in the feminist movement] and this is serving to strengthen the organisation".

In Zimbabwe, over the course of the DiDiRi programme, both the CBOs received various forms of organisational support, including Positive Vibe’s LILO Core Skills and Fit4Purpose, which seek to support organisational development in core skills’ areas such as policy, planning, management, processes and procedures, and monitoring and evaluation. Both organisations reported that this support had assisted their organisations to develop and grow. A respondent from one CBO indicated that this support was appreciated as many donors only made programmatic funds available and did not consider issues such as organisational capacity. This respondent commented that “most times you don’t get that kind of support. If it is not linked to their project, then they are not that keen”.

A respondent from another CBO noted that it was unfortunate that the DiDiRi programme ended before there was an opportunity for the full implementation of the Fit4Purpose process (relating to the point made previously that F4P was developed by PV, together with CBOs, during the final phase of DiDiRi in a manner that built on the learning from the programme). The respondent indicated that it would be challenging to implement the findings from the assessment process outside of DiDiRi as the Fit4Purpose process “requires time and is expensive”. The respondent noted, however, that, in their strategic planning session in 2017, they would consider what aspects of the Fit4Purpose tool they could use to define the organisation’s scope of work for the next period.
In terms of building capacity in advocacy and awareness-raising, which has also been discussed in the other result areas, the organisations also had the opportunity to be involved in ARASA’s skills exchanges. The CBO indicated that the skills exchanges with LGBTI and non-LGBTI organisations “allowed us to evaluate our own work and come up with new ideas about how to do the work and so on”.

With respect to grant making, respondents stated that the grants allocated through DiDiRi were central to their ability to grow their organisations. There was also evidence that the grants were well used. Figure 9 below indicates the types of grants that organisations received.

While respondents were very positive about the grants, concerns were raised about the type of grants received that related to the specific nature of most of the grants, which some respondents felt undermined the ability of partners to implement different aspects of the programme in an integrated manner. In addition, respondents from a few of the CBO partners stated that they would have preferred a core grant throughout the duration of the programme and then specific grants allocated especially for defined interventions. This would have allowed them to build the organisation whilst engaging in specific activities. DiDiRi noted that while these concerns are recognised, there were efforts to ensure that some of the grants were awarded to the same organisations over up to three years in order to ensure that work initiated could be built upon and sustained for a meaningful period of time.
With respect to the efficiency of the grant process (see Figure 10 below), eight respondents viewed it as “efficient” and a further one as “extremely efficient” while four respondents indicated that it was “quite efficient”.

![Figure 10: Efficiency of grant making](image)

It is noted that no respondent selected the option of “not at all efficient” hence it is not shown in this diagram. Respondents generally indicated that they believed that the process was well managed, with one respondent commenting that “I loved the way that the grants manager worked. When clarity was required, there was that checking and engagement. You learn from that”.

There were, though, concerns about the size of the grants and the extent to which this created onerous requirements for reporting. There were also specific issues that were raised, for instance, one CBO partner stated that the timeline of the grants was a challenge suggesting that the period the grants were given for was too short. Another explained that they felt that the number of individual grants created too much work (though, interestingly, the value of this is highlighted below). One CBO partner also indicated that there had been some breaks between the six-month disbursements, which created certain challenges for the organisation.

Respondents then reflected on the extent to which DiDiRi programme has impacted on their ability to fundraise, manage and report on funds. In response to the question about whether they have received other funds since working with DiDiRi, the following responses were received (as illustrated in Figure 11 below):
Figure 11: Have you received other funds since the start of the DiDiRi programme?

The figure highlights that 12 out of 17 CBO partners have been able to raise additional funds since they became part of DiDiRi. These respondents were then asked about the extent to which DiDiRi has assisted them to access these additional funds. As per Figure 12 below, nine respondents indicated that DiDiRi helped or helped a lot, while one indicated it assisted a bit and two indicated that it did not assist.

Figure 12: DiDiRi and the impact on ability to fundraise

Some of the respondents interviewed in the course of the field visits indicated that the funds received through DiDiRi enabled them to attract other funding. One respondent commented that “DiDiRi was our main funder and, through this process, we have attracted other funders”. Others suggested that their increased ability to attract funds was because of their improved capacity to write proposals and reports. As indicated by a respondent, this increased capacity was gained “because we did it
consistently … and so capacity was developed this way”. This highlights that, whilst there were concerns about the number of small grants, there was value to their frequent repetition.

Overall, this section has highlighted the extent to which respondents valued the interventions received through DiDiRI. The section has also demonstrated the contribution that LILO has made to the development of individuals’ identity, their ability to engage with others in their organisation, their sector and in the community more widely. It has also highlighted that this has created a solid foundation for the organisational development interventions that followed. Respondents particularly valued the support that they received to develop systems and processes and these interventions, coupled with others, served to build the institutional capacity and memory of the CBO partners. They also highlighted the importance of the grants to their capacity to grow and stated that this funding and the support that they received has, in turn, enabled them to grow their funding base.

There were, though, a few issues that emerged. Some respondents suggested that they would like LILO to be for longer. It was also noted that although the continuum from identity through to organisational development has been very powerful, there have also been challenges with the formation of new organisations in certain countries where “breakaway” organisations have been formed. This has happened as individuals engaged with identity issues and identified the need for organisations that recognise these identities. During the immersion visit the Singizi evaluation team found though that there was evidence that, through DiDiRI, these organisations have found new ways of collaborating, with respondents from these CBOs suggesting that this has contributed to a strengthened LGBTI movement. Participants attending the Evaluation Learning, Sharing and Validation meeting agreed that these collaborations had been encouraged through DiDiRI but indicated that this would have been dealt with more quickly if DiDiRI had identified conflict, where this arose, and supported conflict resolution mechanisms and interventions. It was also found that some of the partners are concerned about the need for on-going organisational development, given the emerging nature of many of the organisations in the sector and that a few respondents were unsure as to whether they would be able to implement the findings from F4P without support, given the complexity of the process. However, during the Evaluation Learning, Sharing and Validation meeting in November 2016, organisations explored ways in which they could, despite the challenges created by the closure of DiDiRI, collaboratively take forward this work.
3.3 **RESULT: HEALTH SERVICES PROVIDED TO LGBTI AT SELECT SITES IN THE REGION ARE IMPROVED**

This component reflects on the extent that DiDiRi has supported increased access to health services. The evaluation found that there have been real successes in this result area and that all countries now minimally have health care workers who effectively provide services to LGBTI individuals. The results of the survey are provided below:

![Figure 13: HIV and SRH Services](image)

These results highlight that there is increased access to HIV and SRH services, which are more respectful and less prejudicial for LGBTI people. They also highlight that there is an increased number of LGBTI people who are seeking HIV and SRH services.

Throughout the country visits and telephonic interviews, respondents agreed that the programme has resulted in real changes in the health system. There were a few CBO respondents who stated that, before DiDiRi, they had not focused on health, but that this is now core to their work. They agreed that this engagement has been very valuable to growing their organisations and in enabling LGBTI individuals to access holistic support.

All participating countries indicated that there is now at least one facility that offers services in a manner that is relevant to the needs of the LGBTI community and that is accessible to the LGBTI community. In most cases, countries showed evidence that
there are individuals in public facilities who are able and willing to offer services to members of the LGBTI community. In addition, all countries have either private or NGO facilities that are providing such services.

CBO partners across countries have also put peer educators in place to encourage LGBTI individuals to demand these services. These peer educators have also supported the provision of condoms, lubricants, dental dams and information, education and communication IEC materials.

Respondents across CBO partners and health workers suggested that these changes have been realised through the training that has been provided through DiDiRi, citing, in particular, the regional training and learning workshops supported by COC. Health workers were particularly positive about the value of having had health workers together with LGBTI individuals in the same workshop, suggesting that this had been transformative.

The more recent work in the “Serve Proudly” campaign, supported by COC through DiDiRi, was also seen as critical to creating a referral system that improves the quality of access and retention. In an evaluation of the campaign, it was found that health practitioners reported real changes in their levels of comfort in the provision of health services for LGBTI, as illustrated in Figure 14 below.

![Confidence in terms of talking about clients' sexual health needs (HCWs)](image)

*Figure 14: HCWs confidence in talking about clients’ sexual health needs (extracted from evaluation of “Serve Proudly”)*)
These findings highlight the extent to which healthcare workers (HCWs) perceive that there has been change and report a far increased level of confidence in talking about clients’ sexual needs (evidenced, in particular, by the fact that 12 stated that they were not confident before whilst no one indicated that they were not confident after the intervention).

Further, CBO respondents suggested that the LILO process had provided individuals with the courage and confidence to undertake the peer educator work, which had been guided through the peer education workshops supported by COC and funded through the Hivos grants.

These changes are further evidenced in the following examples:

In Zambia, CBO partners reported that DiDiRi has been “instrumental in helping us bridge this gap in the sector”. One partner commented that

we were not talking to health care providers … always the rhetoric that they are not friendly and would not talk to us, but we found that there was a willingness to learn more and engage with the community. We built our alliances with the health care persons and clinics and now have a referral system.

CBO partners stated that “Serve Proudly” was particularly important in this regard. They observed that it was the first road show to highlight these issues and that it received media attention. This motivated them to “push these health aspects more intensively”. Health workers indicated that they participated in this information dissemination process, utilising IEC materials such as the COC 7Ts brochures, “and we did a campaign – hate is not an African value and we are proud to serve” that created “a lot of openness”. Health workers also indicated that they have since formed a network and, with the support of the training that they received from COC in Johannesburg, which they have shared in Zambia, they are developing health workers’ capacity to address areas that are new to them. This includes “hormonal therapy for trans and intersex individuals” or addressing sexually transmitted infections (STIs) in different phases. Respondents also reflected on the enthusiasm from LGBTI community members with respect to “Serve Proudly” stating that, during this process, they provided “condoms, information, testing and entertainment and counselling, and people came out to test and wanted a t-shirt”. Organisations interviewed commented that these efforts were also complemented by ARASA’s ToT
programme, which helped to create a broad base and enabled them “to work with others in the community that have resources”.

There has also been increased sensitisation of health care workers in Lesotho across public and NGO facilities. Health workers indicated that it was an eye opener, and one doctor observed that he attended the COC training in Pretoria in 2015 and after that “I feel I am a different person now than before. I didn’t understand gay people and always thought it was a choice. Now I know they are born that way and it’s normal.” Another health care worker confirmed the changes that sensitisation training has had observing that “Now I have better understanding about our sexuality. Nobody is an expert on their own sexuality. We cannot explain why we are hetero or homosexual.”

In Zimbabwe, one CBO partner’s work regarding access to health services has involved sensitising healthcare workers from the psychosocial to the biomedical in both government and non-government institutions. The CBO provided sensitisation training to all the counsellors at the Bulawayo-based Contact Family Counselling Centre and, because of this intervention, can refer LGBTI persons there for psychosocial counselling and support. The counsellors interviewed for this case study reported that the sensitisation training had made significant changes in their mind sets and that this, in turn, assisted them to provide a better service to LGBTI persons. As one respondent commented, “it is a rights-based approach. Once you embrace rights, it is all about respecting rights and rights are indivisible and apply to all”. The CBO also sensitised nurses and doctors from public hospitals and clinics, as well as private facilities. This sensitisation was the start of an engagement process that included their involvement in the COC “Building Bridges” workshops that sought to bring together LGBTI people and healthcare workers and their participation in the International Conference on AIDS and STIs in Africa (ICASA) in 2015. A doctor who participated in the ICASA event with the CBO indicated that

... we went there. There was a tense atmosphere. A number of people were stopped at airports and a number of people were turned away, and we had a session where we said we would work with the SRC. As much as it was in the capital [the 2015 ICASA was held in Harare], and the head of state in against key populations, we took the risk. And nothing happened to us! If you decide to sit back and relax, everything gets shrouded in a veil of dust.
For the “Serve Proudly” campaign, the CBO brought together healthcare workers from the public and private sectors, including 30 doctors and nurses who had previously received sensitisation training, in order to set up a simulated clinic at the CBO offices. Health services available on the day included HIV testing and counselling (HTC), treatment services, STI screening, counselling services through Contact Family Counselling Services and condom and lube distribution through PSI.

The CBO also invited sex workers and LGBTI to the event so that they could, firstly, access the full array of services available in a LGBTI and sex worker-friendly environment and, secondly, so that sex workers and LGBTI could then provide feedback on the services that they received and on the environment in general.

During the feedback session at the end of the day, some of the female clients indicated that cervical cancer screening would have been an additional service that would have been appreciated but, on the whole, sex workers and LGBTI reported high levels of satisfaction with the simulated clinic. Healthcare workers, in turn, had an opportunity to see – in practice – what inclusive service provision for sex workers and LGBTI would look like – the ultimate vision for the CBO.

Respondents from Botswana indicate that relationships have been built with health facilities, stating that for example in Block 8 Gaborone there is a large clinic and LeGaBiBo has formed a relationship with the head nurse and so they are able to confidently refer their clients to this facility. One respondent observed that, “The LGBTI community now knows where to go when they need health services.” The respondent observes though that there is a need to expand the availability of services and explains that they are currently in the process of getting more clinics to come on board. They have also assisted with the establishment of support groups which play an important role in encouraging LGBTI persons to access these health services.

Respondents from Malawi reported that there is better access to health services for the LGBTI community through providers like the Family Planning Association and that there has also been some inroads made into the public health system. One non-LGBTI CBO indicated that “some very good stories are coming out where, for example, clinics and hospitals targeted through the work and the data show that provision of health service improved. It’s also friendlier services”. They also indicated that they worked with District Health Officers, who interface with health services.
delivery and the Department to address issues that cannot be addressed at this point (e.g. lubricants plus reviewing their information materials).

There were also interventions that focused on the needs of LGBTI people in a more targeted manner. For example, one respondent stated that,

> We trained [health care workers and members] to be champions [of health issues], to talk about trans issues. LILO master trainers, and also others in the organisation, had been trained to provide [trans health]. There are lots of workshops that are general health so we wanted trans specific health together with psychosocial skills [that had been gained as part of ARASA training of trainers].

The programme also focused on ways to institutionalise the changes and to integrate the training of health services for LGBTI people into the formal curriculum for training health workers. A notable success was found in this regard in Swaziland. The Ministry of Health in Swaziland, with the support of COC and stakeholders, commissioned a manual to sensitise health workers on key populations which, for the first time in Africa, includes transgender individuals. A respondent from the Ministry in Swaziland commented that the Ministry emphasised its commitment to utilising this manual in the training that is rolled out, stating that “we will be using [the manual] in the future. It will be a manual for the Ministry of Health. We will be using it to train health workers”. They indicated that they are, in fact, already using drafts of the manual in training sessions that they are undertaking (and one such training for health workers was being held as the interview for this case study was being conducted).

There is, though, the recognition that there is a journey to travel to make these changes institution-wide and countrywide, as well as to continually deepen levels of sensitisation amongst health workers. For example, one CBO partner commented that, in some cases, “attitudes have changed in terms of giving service” but that there is still some animosity towards the LGBTI community. They also indicated that some health care workers “see this as money making” and they “offer service but still gossip”. One of the members of the Singizi evaluation team also noted that some of the health workers interviewed for this evaluation still spoke of LGBTI persons as “those people”, thus positioning them as “other”. Another CBO partner commented that, whilst there has been progress, it is also true that “attacks on the LGBTI people happen [at health facilities that provide services to LGBTI individuals]”.

29
A health worker from Botswana highlighted the relationship between this work and the need for changes in the environment stating

I am a clinical psychologist in Gaborone, Botswana. For me, it was a deliberate move realising how, having worked in a hospital for the previous ten years, how talking on issues of LGBTI, no one was comfortable talking about it. I said I was going to be that one odd person who will be there for key populations (KPs). Institutionally, one of the reasons KPs are not openly helped in our health system is because of legal issues. So nobody has been very open and vocal about what they do when they help KPs out of fear of not wanting to be stigmatised like KPs. We had a breakthrough recently when LeGaBiBo was legalised. I hope that, with its registration, that it will open doors and windows for KPs to be helped openly and so that in the training curricula we will have rigorous training to help KPs. This institutional change is very embryonic.

**Overall**, it was found that, across respondents, there is a view that there is increased uptake of services, more so in certain geographical areas. It was found that the training provided through the DiDiRi programme assisted this increased uptake, as health workers understand and can play a role in encouraging individuals to access the services. This is further supported by the role that members play, through the combined interventions of all DiDiRi Implementation Partners, in encouraging others to test, take up services and utilise condoms, dental dams and lubricants.

However, there are several challenges that still exist. Respondents cautioned that the programme has “created a demand” and there is a now a danger that, with the completion of the programme, this demand can no longer be served. There is also a challenge that the provision of services in the public sector is still linked to individual care workers and not whole institutions even though there are a few private institutions and NGOs which are open that have strong relationships with the organisations. Respondents commented that “institutions are not yet fully transformed and there is still a lot that must be done”. Health workers also stated that, even if they work in the public sector, much of their work must still take place in private facilities because, for example,

if someone comes with anal warts, these are only seen in women and so can only find the machine in the maternity ward so you can’t take a man to maternity ward where quarterisation is there. They will ask why a person has anal warts and this would put the clients at risk and so won’t be safe.
Health workers also indicated that they come under pressure from other health workers but they assert that,

I would say I need to work with this person because they have rights. My duty is not to discriminate against anyone. That is a patient regardless of their sexual orientation or gender identity. Should I send someone away because I am HIV negative? It’s the same thing.

They also indicated that, whilst condoms are supplied by the Ministry in the public facilities, there is a challenge with respect to lubricants, as they are not in public facilities and “importing lubes requires a lot of justification to get the import permit, this is a complex process”. These issues all relate to the points made previously with respect to the legislative environment and the acknowledgment that the laws of most of the countries in Southern Africa regarding LGBTI people will continue to make the provision of responsive health services more difficult. Respondents all agreed that this is an area that needs to be taken further to broaden and deepen this work. Health workers, specifically, indicated that they would value follow up support and access to continuous professional development.

3.4 RESULT: CAPACITY OF STAKEHOLDERS IN THE REGION IS EXPANDED TO PROMOTE AND IMPLEMENT LGBTI INTERVENTIONS

This report focuses on the work that was undertaken at a regional level and the extent to which this developed the capacity of stakeholders in the region to expand, promote and implement LGBTI interventions. Many of the findings in this regard have already been addressed with respect to other result areas. This includes participation in regional ARASA Train-the-Trainer initiatives and COC health and peer educator workshops. In addition, other training such as LILO and safety and security training also had both regional and national dimensions. These processes, as well as the provision of regional resources and guidelines, contributed to other result areas, as well as this final result. This section, though, primarily addresses those regional findings that are not addressed elsewhere in this evaluation report, and focuses particularly on the changes that have taken place since the mid-term evaluation (in 2014), as this has been an area where change has really begun to happen and where respondents indicated that there have been important shifts to which DiDiRi has contributed.

DiDiRi offered many opportunities for stakeholders, key role players and CBO
partners to participate in regional events. In the survey, 15 respondents indicated that they had participated in a DiDiRi regional meeting with other partners. These respondents then commented on the value of participating in regional forums. Their responses are illustrated below.

![Figure 15: Regional meetings/workshops](image)

Respondents in the interviews reiterated the view that these regional meetings have been very valuable and that they have allowed them to learn from other countries. In the interviews, respondents commented that this was particularly true for “countries with shared contexts, where you learn from each other”. In response to the question about what contribution DiDiRi has made at a regional level, the following was found:

![Figure 16: Perceptions of impact of regional sharing and learning](image)
As evidenced in Figure 16 above, respondents indicated that there was improved sharing and learning between LGBTI and non-LGBTI organisations, improved coordination amongst LGBTI organisations, improved regional level learning and sharing, improved advocacy and some changes in policies/protocols.

A respondent from a Malawian CBO partner indicated that, through the regional meetings, they were kept abreast of developing issues and could issue joint statements and collectively bargain at the United Nations, the African Commission and other international forums.

Related to the above, respondents were also asked about the quality of information. CBO partners and other role players stated that it played an important role in providing parties with up-to-date information.

![Figure 17: Quality of information](image)

As evidence in the figure above, most respondents indicated that they got high quality information from DiDiRi in all or most of the areas they considered important. Only one respondent indicated that they did not receive information that they required.

Moreover, respondents pointed to what was also considered an innovation in the programme: the introduction of regional spaces for CBO partners to come together and help shape the tools and guidelines that were developed as part of the programme. They indicated that there has also been real value in the opportunities
that they have been provided to jointly engage and comment on products developed under the auspices of DiDiRi. For example, one respondent stated that,

We have been involved in commenting on LILO leaders … within the region the level of expertise for programming is different and so this is a useful platform. It helps us to learn about how things are being implemented – builds synergies.

In another example, the COC led a process to develop a Peer Education Process Manual that focuses on how to set up and maintain a peer education process, and practical ways of initiating and managing a peer education programme. In order to develop this manual, the COC brought together its CBO partners with experience in the area, as well as other experts in the field of peer education. The manual process allowed CBO partners to reflect on practice and share experiences and based on this learning and insights from the additional experts the manual was co-developed. As a result the product spoke directly to LGBTI-related peer education programmes in a manner that took the experiences and lessons of CBOs across the region into account and the process developed the capacity of partners to utilise the manual in their own contexts.

Related to the example above, respondents spoke positively of the initiative that was introduced later in the DiDiRi programme to create opportunities for leaders to come together, stating that “it is useful. Firstly, it’s a platform for leaders to learn and share.” At the Evaluation Learning, Sharing and Validation Workshop with CBO partners, participants reiterated the value of such spaces and observed that there is a need to sustain such initiatives.

Respondents also highlighted the work ARASA has undertaken bringing activists together with SADC parliamentarians. In an evaluation report compiled after a dialogue session, the findings of a pre- and post-survey (which was distributed to participants of the meeting) provided evidence of a real shift in the understanding of SOGI issues among parliamentarians and key stakeholders who attended the session. Members of Parliament described the dialogue as “an eye-opener to understanding gender identity and basics on LGBTI” and indicated that they appreciated the practical illustrations and personal testimonies from LGBTI participants and felt “empowered with knowledge on the reality of LGBTI”. Both parliamentarians and civil society organisations described the dialogue as being “a space created for everyone to engage”. During this evaluation, a CBO partner stated
that these sessions are very useful as the parliamentarians shift their attitudes and “come back home slightly more open”. They stated, though, that these parliamentarians still do not consistently communicate “with you openly at home” and, when they see you out of the country, “they say ‘nice to see you, long time’”. This view was reiterated by a SADC respondent, who confirmed that the programme helped open dialogue spaces at a regional level at parliament/SADC and also acknowledged that the integration of the discussion at a country level is not dependable. The respondent commented, “you see it here and there”, citing, for example, the changes in legislation in the Republic of Seychelles, where same-sex acts are no longer illegal: it is noted here that the Seychelles was not a country that DiDiRi directly engaged with beyond this regional work. The respondent also indicated that knowledge sharing over the last years improved the quality of the debate around LGBTI issues at SADC level. Religious leaders also indicated that the SADF Parliamentary Forum has begun to engage with them as faith leaders to talk about LGBTI, because the Zambian government “has to toe the line of SADC”.

Another way in which regional events have been found useful was highlighted by Malawi, where a respondent indicated that “a big win” was the Resolution 275 on Protection against Violence and other Human Rights Violations against Persons on the basis of their real or imputed Sexual Orientation or Gender Identity, which was adopted by the African Commission on Human and Peoples’ Rights during its 55th Ordinary Session held in Luanda, Angola, from 28 April to 12 May 2014. Respondents suggest that this had come about because of collective lobbying and advocacy by regional LGBTI partners and allies: these include the CBOs that DiDiRi worked with in the course of the programme.

Finally, it was also indicated by a respondent, a CBO partner in Lesotho, that “meeting people on the same journey is powerful towards regional movement building”. This was specifically evidenced in the contribution that DiDiRi has made to the formation of the Southern African Trans Forum (SATF). Members of the forum indicated that it was initiated because of the LILO ID and Core Skills and then subsequently supported by DiDiRi through a grant from Hivos. One respondent observed that “LILO was one of the reasons that we realised we needed a trans forum. We realised we needed to have our own movement that spoke to our issues run by us and for us”.

The role of the programme in movement building was emphasised across
respondents, regarding both national and regional level engagement. CBO partners emphasised that it has enabled them to build partnerships across the LGBTI sector and between LGBTI organisations and non-LGBTI organisations. This is illustrated in Figure 18 below:

![Figure 18: DiDiRi and building partnerships](image)

As evidenced, most CBOs indicated that DiDiRi supported the formation of partnerships to a greater or lesser extent. Only one organisation indicated that DiDiRi had not resulted in the formation of any new partnerships.

Respondents explained that, through working together, engaging in action, and sharing learning, the partnerships have been deepened and that, consequently, the LGBTI sector is now part of wider initiatives – at different levels – such as the feminist movement, civil society initiatives and human rights coalitions.

Overall, these findings point to the value of the regional engagement and learning that took place through DiDiRi. They also point to the importance of the information that was shared at this level. Further, they emphasise the importance of the work that was undertaken by ARASA, through DiDiRi, with the SADC Parliamentary Forum, as well as with the submission of shadow reports from South Africa (a transgender and intersex shadow report) and Namibia (a key populations shadow report) to the 58th Ordinary Session of the African Commission of Human and People’s Rights (ACHPR) in April 2016. Finally, respondents spoke of the importance of this work for the formation of partnerships and, ultimately, the growth of the movement, citing, in particular, the formation of the Southern African Trans Forum.

There was, though, a view that there were many meetings and that not all the
meetings were optimally coordinated. It was also acknowledged that change is slow and needs persistent engagement which is particularly the case with respect to translating regional agreements to country level agreements. In addition, there was a concern that regional information does not consistently filter through to the country level and some respondents stated that this is an area that requires on-going thought and support. Further, there was a view, reflected at the DiDiRi Evaluation, Learning, Sharing and Validation Workshop, that, whilst there was engagement with other regional structures, this needed to be strengthened.

4  REFLECTING ON THE PROGRAMME

This section reflects on the findings from respondents, provides an evaluative perspective on the extent to which the results were achieved and the contribution that these achievements have made towards the goal.

4.1  RESULTS

4.1.1 Result: An enabling environment for LGBTI rights including the provision of HIV and other health interventions is promoted and strengthened

This result has been achieved. The environment has been changed in a manner that supports improved LGBTI rights that support the provision of HIV and health interventions.

The evaluation has found that there are real achievements with respect to changes in the environment. This is evidenced by:

LGBTI organisations are now working closely with non-LGBTI organisations. This represents an important change and allows for advocacy work to be undertaken that reaches a range of sectors.

In many countries, LGBTI organisations now have representation in national forums relating to HIV and related health interventions, such as the national AIDS councils. In addition, health workers are providing services and support to enable the promotion of health interventions and CBO partners can promote these health interventions and support referrals.
The evaluation also found evidence that some community leaders, including religious leaders and traditional leaders, are more open and that there is greater willingness to accept LGBTI people as part of the community. There are also legislators who are more open and who recognise that there are LGBTI individuals whose human rights should be protected.

In a number of countries, it was found that, whilst LGBTI people continue to be harassed and even arrested, there is also evidence that individuals are not being charged and are being released because the police recognise that they do not have evidence to charge them. This suggests that LGBTI people are more aware of their rights and how to assert these, that they have lawyers that they can turn to and that the police – including those unwilling to change – are aware that they cannot charge individuals without proof that any laws have been broken.

However, whilst these changes are positive, it is recognised that there are still discriminatory laws and policies which remove LGBTI individuals’ right to justice. This makes it more difficult for those health workers, lawyers and police who recognise the need to ensure the dignity of LGBTI individuals. Whilst there are some positive changes in countries such as Mozambique and, to a lesser extent, Malawi, and respondents highlighted how DiDiRi has contributed to some of these changes, it is also recognised that, without changes to the law, there is a risk that the increased space that has been opened in the environment could be reversed. This is viewed as a particular challenge if the pressure coming from institutions such as Global Fund, which is seen to be critical to many of these changes, is removed. The need to sustain this collective advocacy – from the LGBTI sector as well as its allies – is viewed as vital to ensuring that these changes are sustained and expanded.

This evaluation has highlighted the extent to which the complementary work undertaken within DiDiRi with respect to identity work, encouraging dialogue and supporting advocacy across LGBTI and non-LGBTI organisations has been found to contribute to these successes. Further, the focus of DiDiRi on encouraging shifts in attitudes and behaviours at a local level to complement advocacy work at other levels is also seen as vital and there is a need to ensure that, even with the closure of DiDiRi, this work continues. This is discussed in more detail in Result Two.
4.1.2 Result: Organisational capacity of LGBTI-led CSOs to support implementation and to lobby and advocate for human rights and access to medical services is strengthened

This result has been achieved in that the organisational capacity of LGBTI-led community partners has been strengthened and, with this, their capacity to support implementation and advocacy work has been strengthened.

This evaluation has found evidence that organisations have been strengthened and that the approach utilised by DiDiRi has been very effective. That is, community partners appreciated the continuum approach (from LILO ID through to other forms of OD support) and it was found that beginning with identity work created a foundation for organisational development. Partners highlighted the ways in which their organisations have been strengthened and, in particular, pointed to the improved leadership, systems and processes. They also emphasised their increased ability to undertake advocacy (as discussed in the previous result area) and to undertake activities that supported their members (with a focus on health and rights) and to create safe spaces. External partners, who highlighted the changes in the organisations, confirmed that there has been considerable development.

However, it was found that partners received different degrees of support (as illustrated in the results of the survey) and, as a result, some of the organisations felt that the OD support was not sustainable enough to effectively develop their capacity in certain areas. Respondents who were part of the F4P pilot were very positive about it and, whilst there was feedback that this assessment will help the organisation continue with the development process, there were organisations that were concerned that it would be difficult to implement the findings from F4P without future support.

A number of the partners also indicated that they will need support to define their relationship with members. In the Evaluation, Learning, Sharing and Validation Workshop, some partners commented that the balance between operating efficiently and including members is complex. Partners observed that this is made more difficult by the reality that they are operating in areas where there are few economic opportunities and so there are tensions about how resources are allocated.
There was also a recognition that new organisations have emerged, which is generally a response to the different needs and identities of individuals in the sector. It was found that this created challenges for the organisations, but that there was also a view that, through DiDiRi, it has been possible to create collaborative arrangements which have addressed some of the tensions between strengthening existing organisations and forming new organisations. There was, though, a view that DiDiRi should have played a more direct role in identifying and resolving conflict where this emerged.

There was a concern about what will happen as DiDiRi ends and, across the board, respondents highlighted that organisations are generally still relatively new and still require support to mature. The importance of strengthening LGBTI organisations that work in the community is seen as critical to ensure a community systems response, which is important both to creating an enabling environment at a local level, as well as to support advocacy efforts at national, regional and global levels.

4.1.3 Result: Health services provided to LGBTI at select sites in the region are improved

This result has been achieved in that LGBTI individuals can now access health services at private/NGO facilities and even with individuals based in public facilities in most of the countries in the region.

The evaluation found that there is a strong view that the focus on health services has been new for many partners and that this has been very powerful because this both served to create a demand amongst members and has increased the capacity of LGBTI organisations to offer support and information to members of the community. This focus on health has been strengthened by the increased sense of identity and confidence of LGBTI individuals and, therefore, their willingness and ability to undertake peer education work.

It has also resulted in the increased sensitisation of health workers in public and other NGO/private facilities. Health workers indicated that they appreciated being part of a COC collective and that the training that they received through the programme (COC) has enabled them to have access to the knowledge that they require to competently provide services to LGBTI individuals. Health workers also indicate that the sensitisation that they received from other DiDiRi partners complimented this training and served to enhance their competence.
The evaluation has also found that there is a commitment to share this learning with others, which is seen as important for strengthening these changes. However, the evaluation found that, whilst these changes are important, they are still focused on individuals and are generally geographically limited. Further, there are challenges in providing services in the public sector (linked to legislation), as well as in ensuring on-going access to lubricants and dental dams.

The work that has been done to institutionalise these changes into the health worker curriculum, as in the case of Swaziland, is seen as vital to growing the reach of these changes and deepening the knowledge and understanding. There is a need to explore ways to continue to support this work as it is recognised that, until the legal environment has changed, health workers will come under real pressure in implementing this work and, even where the law has changed, there is still a need to address the levels of discrimination and stigma that serve as barriers to access to health care.

4.1.4 Result: Capacity of stakeholders in the region is expanded to promote and implement LGBTI interventions

This result has been achieved to the extent that there is evidence that the voice of the LGBTI community has been expanded at a regional level and that there is increased awareness. However, it is recognised that there is still work that is required to ensure that regional changes impact on national processes.

The evaluation found that DiDiRi has created several forums that operate at a regional level and that encouraged the sharing of learning and the building of relationships, which has both supported capacity development and movement building.

DiDiRi has also contributed to the concept of “regionality” in that it has supported the “grouping of countries and interests with a view to ensuring efficiency and effectiveness in regional change processes”. It has also begun to “use the concept of ‘regionality’ as a lens to guide network expansion, while also guiding thinking on strategic grouping countries to gain traction in particular focal areas”. In doing so, it

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has contributed to movement building through its focus on solidarity across non-LGBTI groups, whilst supporting the development of identity and voice. This has given expression to regional movements, such as the Southern African Trans Forum, and has also enabled the LGBTI sector to increase levels of solidarity with human rights movements more widely.

It was also found that there has been some progress made in key regional forums, such as the SADC Parliamentary Forum, and, whilst it is still early days, there is recognition, by members of the SADC forum, that these engagements have begun to shift attitudes. More recently, there has also been work undertaken to develop shadow reports at the ACHPR which shows that there is recognition of the potential of this work.

The value of this work in building regional movements and increased solidarity is evident. Further, the importance of this work for regional learning and sharing has been very important for the work that has been undertaken at a country level. However, there is the recognition that there is a need to focus on who attends these forums to ensure that this is not centralised in only a few individuals and that there is support to enable the learning from these processes to be more widely shared.

There is also a need to maintain pressure from the community level (through the work with community partners) and sustained work at a regional level – both with respect to building regional LGBTI movements (such as the work on the Southern African Trans Forum) as well as solidarity movements – to create the impetus for decision makers to translate the safety that they feel about talking about LGBTI and human rights issues outside the country into discussions within their own countries.

4.2 CONTRIBUTION TO THE GOAL

There is a need to understand the extent to which these objectives were achieved and contributed towards the overall goal of the DiDiRi programme, which is to contribute to the improved recognition of human rights and sexual and reproductive health of the LGBTI community in Southern Africa.

It is the view of the Singizi evaluation team that the interventions supported by DiDiRi and implemented by community-based partners have contributed to this goal. Despite a repressive legal environment, LGBTI community-based partners have
been strengthened through building a sense of identity and the confidence of the individuals, such that LGBTI individuals feel a greater sense of dignity and connectedness. This, in turn, has supported the growth of organisations and an increased ability of partners to develop strategic plans and manage the organisation in terms of structure, processes and finances. The evaluation has highlighted the increased capacity of the organisations to work more effectively with other non-LGBTI organisations at a national level, to grow their ability to undertake advocacy work and play a role in key national forums. Interventions have also supported access to improved services and, in particular, legal and health services. These efforts were all supported by a strong emphasis on regional solidarity, learning and the collective development of resources and interventions. Further, the beginning of conversations at a SADC level, as well as in other key forums, may ultimately support improved legislative frameworks as well as efforts to institutionalise the rights of LGBTI persons through initiatives such as the integration of LGBTI health rights into the national curricula for health. This report has noted that there are still risks in this environment and there is a need to sustain efforts. This is seen as particularly important as the environment changes and the roles of key players, such as Global Fund, change.

Ultimately, it is the view of the Singizi evaluation team that, whilst there is much work to be done, and there are considerable legal challenges, continued stigma and discrimination, this work has contributed to the improved recognition of human rights and sexual and reproductive health of the LGBTI community in Southern Africa.

5 MANAGEMENT OF THE PROGRAMME: VALUE OF THE COLLECTIVE

The mid-term evaluation focused on the complexities of managing a programme across four Implementation partners that had little experience of working together, have different ways of working and are located in different countries and/or provinces. It highlighted the difficulties that were experienced in ensuring the programme was managed collectively in a way that recognised the contributions of the respective partners. This was expressed well by a participant in the Evaluation, Learning, Sharing and Validation Workshop on the evaluation, who stated that “a forced marriage takes time and there is a need to factor the time required to build trust and learn ways of working and communicating”.
Over the period of the programme, management arrangements shifted from ARASA to Positive Vibes, though financial reporting remained with Hivos. Within Positive Vibes, the Programme Manager responsible for DiDiRi also changed, though it remained with someone who had been actively involved in DiDiRi and so this transition appears to have been smoothly managed.

Implementing Partners suggested that, at an operational level, the programme management arrangements improved over time, as the individuals learnt how to work together. There is evidence from workshop reports that regional meetings convened by one IP provided other IPs with a chance to share updates on programme developments. It was also found that mechanisms to share information about when each IP would be implementing an initiative reduced the challenges of competing events that had initially been experienced. There were, however, on-going issues in this regard and communication over a number of these issues remained a real area of concern (for example, with respect to the financial reporting arrangements between the IPs).

In addition, in-country CBO partners suggested that, whilst events were more coordinated, it would still have been preferable for events to have been integrated so that they could attend a single event facilitated by all partners. This would have improved levels of integration and could have reduced the number of meetings. They also commented that there were times “when you needed all [of the Implementing Partners] to be present in an engagement, but you only got one active partner (during the particular event)” and that things were not always as streamlined as the consortium arrangement would suggest. In particular, respondents suggested that workshops should have been run in a more integrated manner, which would have reduced the time demand on partners and increased the inter-linkages between the interventions.

It was, though, noted that there were attempts to coordinate visits to partners so that more than one IP would visit a country and a partner at the same time to minimise disruption. Individuals from the IPs indicated that this was difficult to achieve but many felt that it would be valuable.

Whilst joint management has required on-going work and attention, the evaluation found evidence that there has been a real value add related to bringing together these four partners into the consortium. This represents a real change since the mid-
term where there was little evidence that the involvement of all four partners was resulting in more than the individual parts.

The evaluation offers evidence of the importance of the collective within DiDiRi and the extent to which different interventions have complemented each other. In response to a question about whether CBO partners found the support that they received from the various DiDiRi partners complementary, the following responses were offered:

![Figure 19: Extent to which IP’s interventions were complementary](image)

The figure above illustrates that the vast majority of CBO partners suggested that the interventions are either complementary or very complementary.

One CBO partner observed that,

> PV would train identity and self-actualise – you know who you are and why you do this work and that’s how you become the activist. COC will build capacity: data collection, surveys and you have already done your master training and can talk to your members and ARASA will come in and do advocacy. Because you know who you are, and have you the data, and so now you can influence policy in these dialogues. Each one brought something to the table – and Hivos was there to assist us with the money to help us do this work as well as to learn to manage the funding and fundraising.

Others provided additional examples of the way in which the different elements of the programme were complementary. They indicated that the emphasis on identity (introduced by PV) was then built on by COC, which could work with individuals with an increased sense of self, and enabled these individuals to play the role of counsellors and participate and support activities in the “Serve Proudly” campaign.
The advocacy work (supported by ARASA) then assisted to ensure that non-LGBTI organisations strengthened the advocacy efforts for increased access to health. Finally, the work relating to safety and security (supported by Hivos) was crucial in ensuring that LGBTI members had a greater understanding of their rights, thereby growing their sense of confidence to engage and participate in these processes. Another CBO partner stated that

I think all of these partners brought a certain energy into the process. It was good to bring them together … it created a different mix, cut down on red-tape and expanded reach and impact.

There was, though, a view that, in practice, there were a few elements of the programme that were not implemented in a complementary manner: for example, as indicated previously, it was stated that the specific nature and small size of the grants meant that partners had to use each grant to implement a specific activity for a defined period of time, as opposed to receiving a single grant that would be for a longer period of time, and would have allowed partners to design a programme with a number of complimentary interventions drawing on the different elements of DiDiRi. It is though the view of the Singizi evaluation team that whilst this concern is important, the evaluation found that the number of small grants have been very important in building the capacity of CBO partners to fundraise and to manage and report against funds received and this would not have been possible with a single grant. Further, the conditions that would have been required for a large grant may have precluded many of the partners from accessing these funds. Thus on balance it is suggested that this approach still allowed CBOs to implement the different activities in accordance with the programme logic and that the challenge with respect to integrated balanced was outweighed by the positive results achieved through the small grants.

**Overall** these views were further evidenced by the responses received by respondents in the survey, which indicated that the DiDiRi consortium added real value, both in terms of what it focused on and how it approached this work. This is reflected in the figure 20 where, in response to the question about the value in having a consortium of partners, it can be seen that only positive responses were selected.
Respondents emphasised that given the value of the programme and the innovations it introduced, there is a need to consider how to take the learning forward from this consortium and strengthen it.

6 INNOVATIONS AND LEARNING

There were several innovations and points of learning highlighted in this evaluation. Some of these are captured in the reports as well as guidelines and studies produced by DiDiRi, and will be widely shared by all Implementing Partners. This section provides a brief synopsis of specific areas of innovation and learning that can be utilised by other support programmes. It also points to initiatives for Development Partners as well as Implementation Partners that should be sustained and strengthened and to consider how this can be achieved.

Building organisations in the LGBTI sector

DiDiRi has highlighted the importance of working with organisations responsively, in terms of their needs, whilst building a sense of cohesion towards a shared goal. This is an area where DiDiRi has grown through the programme as the initial focus was on structured training which evolved into individualised support for each organisation. The evaluation also highlighted that, for this to be effective requires a “long-term accompaniment of the organisation” (by the support programme) which integrates a number of different interventions. The evaluation found that inputs to develop the
core skills related to organisational development coupled with interventions to develop advocacy, health and legal services, and increased capacity for fundraising and reporting, are all vital to the growth of an organisation. This form of “longitudinal” support has – of course – resource implications and, for DiDiRi, this meant that not all the partners received the same level of support. However, the organisational development work done highlights the real value of an approach that moves from identity through to organisational development, that focuses on the specific needs of the organisation and provides support over a sustained period that responds to these needs.

The evaluation has also highlighted that new organisations, which recognise and address specific identities, have been formed during this period and that whilst this is considered to be a very positive development there was an acknowledgment from participants in the Evaluation Learning, Sharing and Validation Workshop that this could carry with it the danger of fragmentation. However, the evaluation has found that DiDiRi created a basis for organisations to work together and collaborate, which has meant that the collective voice has been strengthened. Participants in the Evaluation Learning, Sharing and Validation Workshop suggested though that a key learning from this process is that initiatives such as DiDiRi should build into the programme the capacity to address these tensions where they arise. This includes, though is not limited to, the complexities associated with managing membership-based organisations. The need to address fractures, where they are identified, is seen to be a key lesson emanating from these processes.

**A holistic approach to public health**

The DiDiRi programme addressed public health in a manner that was holistic: it developed the confidence of LGBTI individuals to engage with members of the LGBTI community to generate demand for health services (through LILO (implemented by PV) and the peer education programmes (supported by COC and HIVOS grants) and encouraged relationships between the LGBTI community and health workers through creating spaces where individuals could share experiences such as the COC regional training and the Proud to Serve campaign. This was strengthened by the advocacy work undertaken by LGBTI partners together with non-LGBTI allies (supported by ARASA) and efforts to institutionalise changes through the transformation of the health worker curriculum. These efforts allowed for the “personalization” element, which is typically left out of other “public health” interventions and has contributed to change that can be sustained and that is built on
strong relationships across the LGBTI partners and individuals in the public health system.

**Identity and Advocacy**
The evaluation also found that the focus on individual development and the confidence to speak out as an LGBTI person (through LILO supported by PV) coupled with the dialogues (supported by ARASA) also built on this “personalization” element and created spaces where religious and traditional leaders could engage with LGBTI individuals in a manner that created a greater sense of openness. This was complimented by the approach to advocacy work that was adopted in this programme, which created spaces for LGBTI organisations to work with non-LGBTI organisations in a manner that further opened up spaces for engagement that previously had excluded the LGBTI community.

**Focus on leadership**
Participants in the Evaluation, Learning, Sharing and Validation Workshop emphasised the value of the leadership forums that had been created, suggesting that spaces for leaders to come together and reflect are very valuable. This was seen as particularly crucial in this sector where, given the repressive legislative context, there is significant pressure on leaders and the need for a space to address burn-out was seen as critical for the individuals and for the strengthening of the organisations.

**Building allies**
The importance of working with LGBTI/non-LGBTI organisations, the manner in which to build such inclusive partnerships and the role of dialogues and skills exchanges (as supported by ARASA) in forging these relationships, was clearly identified in this evaluation. The value of bringing these role players together in forums, which create a safe space to share experiences on particular areas of priority (such as LGBTI individuals with health care workers in the COC forum), was also seen as a key achievement of DiDiRi.

Whilst there was initially some resistance to this approach and a concern that non-LGBTI organisations might dominate, this evaluation has found that this has allowed for a strengthening of LGBTI organisations and for both an increased capacity for advocacy and engagement, as well as an increased ability to form partnerships that support access to health and legal services. This was well expressed by one respondent who observed that
coordination of the movement was the best learning ever. Putting LGBTI organisations and leaders first in leading and implementing the projects was the best strategy and avoiding blanket approach in all country was the good shot!

Participants in the Evaluation Learning, Sharing and Validation Workshop argued that this work needs to be emphasised, sustained and strengthened and that the scale of the work with parents, other community members, professionals and policy makers is increased through the relationships that have been established through the DiDiRi process.

**Working on “regionality”**

With respect to building “regional capacity”, it was found that the spaces that were created for LGBTI partners to come together, share experiences and enable peer learning supported the development of a real “regionality”. This happened as individuals from different countries came together to learn from each other in order to enrich their own practices and to agree on a shared platform. Further, as these processes developed, there were opportunities for engagement of organisations from countries where issues were similar (specifically, though not exclusively, in a legislative context) such that sharing of strategies was particularly valuable.

The regional learning forums, which also included non-LGBTI organisations, were also seen as vital to building alliances which supported key changes within countries. This was particularly the case with respect to health services where health workers went back to countries committed to supporting improved health services for LGBTI individuals and to working with LGBTI organisations to both advocate for access and to support an improved referral network.

The focus on work with the SADC Parliamentary Forum was seen as innovative and yielded some initial openness amongst parliamentarians. It was recognised that ensuring these shifts in attitudes will result in changes at a country level will take time and that there is a need for resources to sustain this work.

Key lessons from these regional processes were that organisations need to be supported in order to determine who should attend meetings, to ensure that the relevant individuals attend and that such forums do not disrupt the work of the organisation. This should be coupled with the need to ensure that there is effective planning of regional events so that they do not overwhelm individuals and
organisations. In addition, the need for this work to integrate more directly into the plans of existing regional stakeholder organisations was highlighted and there were successful attempts to work with these regional structures in DiDiRi, which resulted in joint activities taking place. However, it was felt that it would be valuable to map these regional players and focus efforts to integrate work at a regional level with the work of these structures.

**Evidence based approach**
The evaluation points to the efforts that were made by DiDiRi to recognise, and take into account, the context in which its support was provided. To enable this, DiDiRi undertook a number of processes to gather evidence about the context in which its work was to take place, this includes: the regional literature reviews (undertaken by Hivos); the needs assessments and situational analysis (supported by COC) which determined the health interventions required in a community; the analysis of individual organisational needs (by PV); and, the assessment of advocacy capacity (ARASA).

Participants in the Evaluation Learning, Sharing and Validation Workshop agreed that this was central to the success of DiDiRi and provided a basis for determining the actions that were required and the level of support associated with this.

**Participative approach**
The evaluation found that the approach adopted by partners in DiDiRi to involve individuals from LGBTI organisations in the development of products (guidelines and tool kits) both enriched the quality and relevance of the products, and built the capacity of individuals who had participated in these processes to engage on these issues and to grow their skills to design and implement such programmes. This is considered a very important best practice emerging from DiDiRi.

**Multi-level and multi-sectoral approaches**
A key aspect of DiDiRi was the focus on working at different levels (regional, national, community, and including organisations and LGBTI individuals) whilst ensuring that the lens of the community and community based civil society organisations, permeated and influenced engagement at all of these levels. This allowed for the effective prioritisation of issues to be addressed – through support, training and advocacy – and created the space for LGBTI civil society organisations to grapple with the challenges and possibilities such that these translated into access
at a local level – to sexual and reproductive health services, legal support and safe spaces.

The DiDiRi consortium highlights the value of bringing together Implementing Partners with distinct areas of expertise and practice, which contributed to this multi-level and multi-sectoral approach. In doing so, it highlights the value of what can be achieved by combining complementary strategies and the importance of joining forces with other implementers towards shared objectives.

7 SUSTAINING THE MOMENTUM: BUILDING THE MOVEMENT

Throughout the evaluation, the value of the work undertaken has been highlighted and, in particular, the increased ability of LGBTI individuals to both advocate as a movement and work with other non-LGBTI organisations (such as in the feminist movement, civil society initiatives, human rights coalitions and other related areas) as part of wider initiatives.

A key message throughout the evaluation is that “the organisations are strong enough to take [this work] forward, because it’s passion-based. It’s not about waiting for getting a pay cheque. It’s about wanting the world to be safer”. This was reiterated by other respondents who indicated that the work under DiDiRi will be sustained, as DiDiRi has developed the capacity of health workers and LGBTI individuals and, as such, “this work will continue. It’s a sustainable model”. The programme has highlighted the value of leveraging changes with respect to the health sector to advocate for wider changes in terms of rights.

It is clear that, through this programme, spaces have been won. It will be important to consider how these gains and innovations will be sustained and that efforts are made to consolidate the work that has begun to ensure that the achievements made in this programme are consolidated and strengthened. Further, it is recognised that DiDiRi was not able to reach all potential partners in the region. There is therefore a need to consider how to both deepen, as well as expand, the work that has begun through these initiatives. As indicated in this evaluation, it will be valuable if both Implementation Partners and Development Partners, such as the Embassy of the Kingdom of the Netherlands, consider how best to enable this.