How LILO Connect contributes to reducing stigma and discrimination towards Key Populations in Ivory Coast

Stories on the most significant changes

LILO CONNECT in Ivory Coast - An Impact Evaluation
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INTRODUCTION

Background

In 2012, the Demographic and Health Survey (DHS) found that the HIV prevalence was 3.7% in Ivory Coast, making it among the most affected countries in West Africa by HIV and AIDS. However, the prevalence rate hides disparities in populations at high risk of infection (Key Populations) including Sex Workers (SW), Men who have Sex with Men (MSM) and People who inject Drugs (PWID) and there is recognition that Key Populations (KPs) must be central to the HIV response in Ivory Coast. Stigma and discrimination is one of the key drivers of HIV/AIDS transmission in Key Population groups.

Stigma and discrimination in Ivory Coast

Stigma and discrimination expose KPs to a greater risk of physical and mental health issues, and lead to unhealthy behaviour such as unprotected sex. They also represent substantial barriers to effective and equitable healthcare for Key Populations in Ivory Coast. According to the data from the integrated bio-behavioural surveys on STI and HIV (IBBS) of 2014, in Abidjan, 35.8% of sex workers reported experiencing sexual violence and 47.9% had suffered physical violence mainly by clients and law enforcement officials. In the 2015 IBBS, 22.98% of men who have sex with men (MSM) reported suffering violence and being arrested and detained during nightly random checks by law enforcement officials. Stigma and discrimination prevent individuals from seeking HIV prevention, treatment and care services that can improve their health, or, in some cases, save their lives. In fact, according to the IBBS 2015, 22% of MSM surveyed reported avoiding health services for fear that providers would discover their sexual practices.

Until 2015, stigma and discrimination towards KPs remained seriously challenging issues, in part because of a lack of effective tools and methodologies for stigma and discrimination reduction. To effectively respond to the epidemic, Ivory Coast has developed, with technical and financial support of development partners, programmes for people affected by HIV especially Key Populations. Through KP Connect programme, the Alliance Nationale de Lutte Contre le Sida (ANS-CI) was introduced to LILO Connect in 2015 and realised that it was a great tool to reduce stigma and discrimination towards Key
Populations especially MSM, Sex Workers and people who use drugs. ANS-CI has successfully advocated for the inclusion of LILO in the national HIV/AIDS programme and they have carried out several LILO workshops throughout the country.

The Looking in, looking out approach (LILO)

LILO Connect aims to assist participants to move towards more positive levels of attitude (support, admiration, appreciation and nurturance) towards LGBTI people, sex workers and people who use drugs. It is a personalised approach to exploring gender identity and sexual orientation, issues faced by sex workers and a harm reduction approach to drug use. In other words, LILO Connect aims to deepen understanding of the people behind the issues through identification and empathy.

As such, the workshop is intended to be of value at two levels for participants:

- To come to grips with Key Population issues in a more grounded and human way – i.e. getting in touch with people’s experiences and beyond seeing Key Populations as statistics;
- To provide an additional tool for engaging in advocacy with other institutions: the workshop (or elements of it) could be applied with any institution that could respond more effectively and constructively to any of the Key Populations in their work (e.g. police, judiciary, parliamentarians, religious leaders).
LILO Connect puts a strong emphasis on personal exploration of stigma and discrimination to bring about changes in behaviours towards Key Populations. For programmes that focus on shifting perceptions and attitudes, a qualitative approach becomes crucial to measuring progress and positive changes and to understanding the subjective processes at work.

To understand the impact of LILO Connect in Ivory Coast, in-depth interviews of 15 individuals who had experienced LILO Connect and a focus group were conducted in Abidjan from 2 - 12 November 2017. Among interviewees were Key Populations including members of the MSM, LGBTI, Sex Worker and Drug User communities and organisations; the Alliance Nationale Contre le Sida en Côte d’Ivoire (also referred to as Alliance Côte d’Ivoire and ANS-CI) staff members, healthcare practitioners (Espace Confiance); members of a religious leaders network (L’Alliance des religieux pour la lutte contre le VIH/Sida et les autres pandémies - ARSIP); and the National HIV/Aids control program (PNLS) staff members. A questionnaire was developed to help participants tell their stories by exploring the most significant changes LILO Connect brought about in their personal and professional lives.

Among these stories, four domains of change were identified. This report aims to explore:
- change at individual level;
- change at family and community levels;
- change at organisational level; and
- change at structural levels.

LILO Connect participants shared passionate and enthusiastic testimonies. Much of the feedback has promising implications for the improvement of attitudes towards KPs and, in consequence for the improvement of their mental, physical and social health. This is the virtuous cycle of change that LILO Connect aims to foster and that this report will explore.
LILO CONNECT IMPACT - THE MOST SIGNIFICANT CHANGES

Individual level impact

At the individual level, many interviewees explained how LILO Connect helped them to break down their prejudice against members of Key Population groups and to access a deeper knowledge of Key Populations, even for those who had been working with them for many years - they learnt that they had to go further than just interacting with Key Populations at a professional level.

Key Populations’ testimonies were key to helping participants question their values and attitudes. They put a human face on people who are often seen as only targets, beneficiaries or “those people” - them versus us. LILO Connect participants identified with KPs who agreed to share their personal stories. They appreciated their openness and felt more connected emotionally which was crucial to creating a greater sense of acceptance and commitment towards KPs.

For Key Populations, LILO Connect also had a major impact. It encouraged them to be more self-accepting, thus strengthening their self-esteem. But they also realised that despite facing regular discrimination, they had been stigmatising other KP and non-KP groups as well. LILO Connect helped them develop better understanding and acceptance of others which in turn motivated them to restore trusting relationships with people they originally saw as threats.

“You can’t force a left-handed child to become right-handed” - Accessing knowledge

For F.*, the director of an organisation advocating for gay rights in Abidjan, stigma and discrimination towards Key Populations are deeply rooted in ignorance. He noticed that many participants who attended LILO Connect workshops and were not part of the LGBTI community were lacking in basic information about gender and sexual orientation. “LILO helped me see the way others were looking at me. That’s when I started to understand why they were stigmatising me: they were judging me out of ignorance. They didn’t have the right information about us. Had they learnt about my situation, had they attended a LILO workshop before they would have never judged me.”

F.*’s point is borne out by non-KP participants who also identified the lack of knowledge as an important obstacle that LILO Connect helped them overcome. The story of W.*, staff member at the Alliance Côte d’Ivoire (ANS-CI), is very revealing of the difficulty he had in accepting people whom he knew little about. Before attending the workshop, he knew about sex workers but had no idea MSM existed. “I found out about the existence of MSM through my work, that’s when I started to interact with them professionally. But it was impossible for me to accept them, it just didn’t sit well with me.

1 Names of participants interviewed for this report have been modified to protect their identity, with the exception of participants speaking in their professional capacity about changes pertaining to the structural level.
LILO was the trigger, it helped me understand that being homosexual was not a choice, that people were born that way. It was a discovery, I had always been told that being gay was a choice, a lifestyle that people choose to adopt; LILO taught me that we shouldn’t force gay people to become heterosexuals, just like you can’t force a left-handed child to become right-handed.”

“I was the problem and I needed to make a step towards KPs” - Identifying discrimination

This was echoed by B.* a staff member at the Alliance Côte d’Ivoire. He remembered how shocked he was when he realised that homosexuality was not a choice. There was one LILO Connect session in particular that worked as the main trigger. “In one exercise, I could identify where I was on the levels of attitudes towards KPs. And what I thought about homosexuals meant that I was at the bottom. I realised that if I stayed at such low level I would never understand KPs. That’s why the methodology is so unique: you can see yourself going on a journey to acceptance.” When B.* saw he had a long way to go to reach the top level of appreciation of KPs, he took it in his stride to “move forward, understand better, and bridge the gap. I was the problem and I was the one who needed to make a step towards KPs. Today I have close friends who are gay - I’m here to defend them!”

Going down memory lane

At school, we had a classmate who was very effeminate, and with my group of friends we gave him derogatory names when he wasn’t around. When he was hanging out with us, we’d be kind to him, but little did he know that we were in fact hypocrites: as soon as he would turn his back, we would imagine all sorts of stories about him and start criticizing him! Why did we do that? He was happy to spend time with us and all we did was reject him. With LILO, I looked in the rear-view mirror, into my past and I saw my behaviours. It’s a difficult process, but that’s how I understood that I had discriminated against others. I have to admit that I was very skeptical and wary of the LILO workshops at first. I wondered where these people coming from outside the country were taking us to? We thought they’d impose things on us, but LILO is only here to help you explore your attitudes and your past. The lessons you draw from this workshop come from you, this is why it works.

B.*, staff member, Alliance Côte d’Ivoire

The deconstruction of homosexuality as a choice was key to changing many participants’ perceptions. This was particularly striking in the story of C.* who works for ARSIP, a network that mobilizes religious leaders to fight HIV/Aids. “Before LILO, when I saw a homosexual person, I immediately rejected him, he recalls. I didn’t want to be anywhere near them, I was very reluctant. When we had to introduce ourselves to them, I was struggling to greet them, I didn’t want to shake their hand. I would eventually do it but with great difficulties. The first day of LILO, I avoided any contact with homosexuals, the second day when people testified I was moved, I really started questioning my attitudes, LILO changed my
attitudes towards key population entirely, especially MSM, now we can communicate, spend time together and shake hands.”

“I realized it was possible to prioritize values differently” - Questioning our own values

Despite the aversion he originally felt towards KPs, C.* was able take a step back and reassess his religious values to look at KPs as human beings first: “Before LILO, one could easily say that a man who has sex with another man is an abomination, that is part of our religious principles. But I had overlooked the fact that faith is supposed to make us more compassionate. It can’t be a constraint or an obstacle. C.* holds his Christian values very dear but realised they no longer matched the judgments he had been casting on KPs, particularly homosexuals and sex workers. “We must use faith to help these people. Given my Christian principles, when I read the holy scriptures thoroughly, when I see the love that Christ asks us to share, logically we need to go towards Key Populations.”

L.* works for the same network of religious leaders. She conceded she had a negative opinion of KPs the first day she attended the LILO workshop. She also assumed homosexuals had chosen their gay lifestyle. “On the second day, gays and sexual workers shared their experiences with us. I didn’t sleep a wink that night, I cried because I had made no effort to listen to them in the past! Knowing that people were suffering because of the way they were born broke my heart”. With other participants who were also shaken by the testimonies, L.* apologised to participating KPs the next day. “We then started sharing ideas on how we could help. I had realised that despite being religious we shouldn’t discriminate.”

Values can inform the way we look at people and can impact whether we accept them or decide to ignore or even reject them. G.* works as a technical adviser on gender-based violence for an organisation that provides health care to Key Populations at risk for HIV/AIDS and sexually transmitted infections, including men who have sex with men, sex workers, and their partners. Through her work, she is in regular contact with Key Populations. After attending the LILO workshop she was surprised to see that her attitudes to some KP groups especially people who use drugs were not as empathetic as she had expected: “I really enjoyed the session about drug users. I thought to myself that maybe I also had a problem with medication. It affected me deeply because it felt close to home. I realised that we are all potential drug users.” G.* thought she had an advanced level of understanding KPs and assumed she had a positive attitude towards all groups. “I have gay friends and I get on with many sex workers but during LILO when we started talking about PWUD, I suddenly felt a bit uncomfortable, I realised that I had a negative attitude to PWUD. This experience encouraged me to be more receptive to what PWUD were going through.”
A number of Key Populations interviewed for this report spoke highly of the LILO Connect process. They reported a significant improvement in their self-acceptance and self-esteem through exposure to new information and narratives similar to theirs, thus reducing their feeling of isolation.

For H.*, a staff member at a clinic providing services to Key Populations, LILO Connect helped him identify with the LGBTI community, something he would have found impossible in the past. “LILO helped me go where I don’t often go, for example I explored my childhood to identify all the elements that prevented me from accepting myself. Messages we received from our parents and society are homophobic messages, so it’s very hard to accept oneself as a gay person. LILO helped me accept that I was gay even if today I still struggle to live fully as a gay person. Every time I attend a LILO workshop, I accept myself a little more.”

At first many KPs were afraid to share their experiences with people they saw as hostile but LILO Connect seemed to have created a space for dialogue. “It was so strange to hear people tell me I was a thief, a bad person, a junkie, all these terrible names they identified me with! said I.*, the chairperson of a drug user organisation. I thought: Do all these words represent me? I tried not to take it personally but sometimes I wanted to start fighting! (laughs) But after engaging with all the participants, I ended up accepting myself even more, I knew I wasn’t any these of words. And to see other people also come to that conclusion was liberating! There is still a lot to do, but we have to start somewhere.”
R.*, a female sex worker, followed a similar path towards self-acceptance by discovering that other people had the same sexual practices as her. “With LILO I realised that my sexual practices were normal, that I am like other people, that I’m not weird. For example, using sex toys to get pleasure or to pleasure someone else is normal. During the workshop, I shared my stories and discovered that other people were going through the same thing. It made me feel so good, and I stopped judging myself.”

“I put a more fraternal face on other KP groups” - Accepting other KP groups

Acceptance among KP groups was another spin-off effect of LILO Connect. By sharing their experiences, KP groups were exposed to new information related to other vulnerable groups and overcame their prejudices towards each other. I.*, a drug user, recognised the value of listening to other KPs experiences: “In the community, we have different sexual orientations. Drug use can lead to many sexual practices which are subject to stigmatisation [of MSM]. When one would go and sell sex to be able to afford drugs, we would stay away from him, we’d be afraid to get AIDS. I am only a drug user so I considered myself superior to MSM, as in: I am good, but MSM bring us diseases. Now with LILO, I put a more fraternal face on other KP groups. P.* [an MSM] has become a good friend of mine, we share a lot together, we like to hang out.”
LILO was like a therapy for me

Since 2010, D.* and his organisation advocate for LGBT rights in Ivory Coast. He was attacked in 2014 by people from the surrounding communities. This is his story - a story of reconstruction made easier by LILO Connect.

Since the launch of our organisation, we never had a problem with people living in the surrounding community. As we say in Africa, as long as things stay taboo you don’t run into trouble. But three years ago, the French Embassy came to our offices to organise a big event to celebrate the CFA 30 million grant they’d given us. Many ambassadors and journalists came to cover the event. People from the community were surprised to see so many important people. It was at a time when France was legalising same sex marriage, so the community started to put two and two together, and assumed that France had given us the money to promote homosexuality and impose same sex marriage in Ivory Coast. People started to say that I was bringing homosexuality into their district and that I was going to contaminate their children.

One evening, I went home with my children. I lived around the corner from our offices. As I arrived, I suddenly heard loud whistling and people banging pots and pans. They were yelling at us: “Pédés, pédés” (derogatory word for homosexuals), brandishing placards: “Faggots out, you will be thrown into Hell!” I managed to take cover at home, but people started throwing Molotov cocktails to burn the house down. They wrote all sorts of obscenities on my door. I called someone to inform the police. The crowd had grown dramatically, it was like a movie. The police eventually came to our rescue. We tried to file a complaint but the police insulted us and warned us not to press charges. For the next three nights, people vandalised our offices and the police did nothing. Eventually I called the French Ambassador. He talked to the Minister of Home Affairs – they sent three tanks to sort out the situation!

In the end, some of the people who had taken part in the protest were interrogated and will be prosecuted. The case is still ongoing. I had to leave the community and we couldn’t go to our offices for more than six months.

This story was a real blow for me, I cried a lot even though I tried to look strong. LILO was the first time I had opened up to people to tell my story. I had reached a mental block after the attack and it’s as if LILO had helped me release everything. I was more comfortable talking, and wasn’t panicking as much when I’d hear whistles. LILO was like a therapy for me, I expressed things that were lying deep within me. I felt stronger. We have even organised activities in the community to reach out to them and make sure this doesn’t happen again. Things are looking up and people have also now understood that impunity is no longer possible.
The above-mentioned story by D.* illustrates how group influence can have a disastrous impact on the life of Key Populations. LILO Connect not only works towards personal change, it also encourages participants to create a virtuous cycle of change by reaching out to their family and communities to reduce stigma and discrimination.

After attending LILO workshops, many participants reported going home “transformed” and more committed to KP issues. They expressed the need to engage with families and communities “to spread the message” and “share the journey”- they felt it was necessary to take action and use their voice to change attitudes around them.

While many reported first opening a space for dialogue and discussion with their close relatives at home, others went as far as engaging with members of their community. Some KP participants also felt emboldened to talk more openly about their identity with their relatives and tried to re-establish better relationships with their immediate surroundings.

“With LILO you can’t bury your head in the sand” – Taking actions

Several participants commented that LILO Connect had helped them become more aware of their surroundings. They felt better equipped to notice when a member of their family or community was being treated unfairly and they were able to offer support.

When G.* went back to her community after attending a LILO workshop, she noticed one of her neighbours’ children was being mocked by other children and adults of the community. “One night, this child was busy playing outside. Children and adults alike were bullying him because he was effeminate. I thought: if this continues, this child is going to be in a lot of trouble. G.* decided to take charge of the situation. She sat down with her neighbours and started a discussion: “You have to be aware that this behaviour can have serious consequences on him. Why do you care he likes to play with girls?”, she asked them. They had a long debate and talked about the use of the word “pédé” (faggot) which most people from the community used regularly. “Before LILO I would only warn against using it, but now I have forbidden people in my own home to use it. I do not want younger children to hear it and reproduce discrimination over and over. G. said LILO Connect helped her feel more comfortable to have these debates with people because she had realised that body and verbal language could hurt. “The fact is that I had already seen that child being bullied in the past, but I had most certainly ignored him. I did not want to take side in the community. Before LILO I was afraid my neighbours would discriminate against me if I said something, especially because I’m in my forties, unmarried and have no children... With LILO, there is simply no way back, you realize you have to take actions, you can’t bury your head in the sand.”
W.*, a staff member at the Alliance Côte d’Ivoire, is called upon to work with MSM. He had noticed that his family wasn’t comfortable with his professional activities. He used his experience of LILO Connect to talk about discrimination with them. “My family often accused me of encouraging homosexuality in my work, they even thought I had a problem because I don’t have many children”. After LILO, W.* organised a family reunion and sensitised them on discrimination and stigma that homosexuals face. “I told them they were human beings, that we should support them. The whole family was deeply moved including my parents, and everybody now wants to help MSM. My parents do not reject them anymore. LILO helped me and my family reach a more positive level of attitude towards MSM. Now I often watch documentaries on homosexuality with my children, I want them to support young homosexuals and help relieve their suffering.”

Before LILO Connect, C.*, who works for a religious leaders network, said he wasn’t able to shake hands with a gay person. LILO Connect helped him overcome his aversion to the extent that he thought it important to share his experience with his sisters. “Some of them were listening to me, and I took the opportunity to tell them that anyone, even they, could end up in this situation. While speaking, one of C.*’s sisters remained silent and looked sad. “So I asked her: look at your own situation, are you married? No, you’re not and you have children from different fathers, so let us not judge these people.” C.* says it will take more time to convince his sisters but proceeded nevertheless to also share his experience with his housemate. “My housemate asked me details about the workshop and I showed him the document, and step by step I explained to him what I had learnt. He understood that we shouldn’t talk badly about these people. He asked me questions for instance on how many people who were born men felt like women so I explained to him what transgender means. My housemate used to reject these people, but now he sees them differently.”

People at the receiving end of discrimination also felt empowered by the LILO Connect process. By becoming more self-accepting, they felt emboldened to engage their families and people who had rejected them.

M*, chairperson of an organisation supporting people who use drugs.

“I gave my family a chance to know me” — Engaging relatives

Before I took part in the LILO workshop, I was in conflict with my son because he was using drugs. LILO, in particular the sessions that dealt with prejudices, helped me assess the situation. I changed the way I looked at my son. He had left home and I asked some of my friends to help me search for him. And I eventually found him. He came back home, and we had an open conversation. He told me that he had been taking drugs since the age of 10. Thanks to LILO, I have now become the chairperson of an organisation supporting drug users in Ivory Coast.
Before LILO, D.* who identifies as gay, refused that any member of his family come and stay at his place. “I was very fearful of how they would react to the fact that I lived with a man. At the time I resorted to rent a house for them in a different neighbourhood. With LILO, I realised that I was prejudiced. I had to give them a chance. I had assumed that if someone doesn’t know anything about homosexuality they were automatically homophobic”. Today, D.*’s sisters and brothers come and stay at his place during the holidays. “I live my life normally and we try to know each other better. They know for instance that I share a room with my partner.”

F.* took the bold step of talking to his family who had made his sexual orientation a taboo. “My family sort of guessed I was gay but they never talked about it. They were always asking me: Where is your wife, when are we going to meet her? F.* says he knew he “needed to explain, but how? With LILO I had the tools I needed to explain, and I found the courage to tell them what sexual orientation was. And I said to them: before judging, you need to understand, to understand you need to accept, and to accept you need to love.”

Organisational level impact
LILO Connect workshops brought about significant change within KP and non-KP organisations which developed a deeper commitment to KP issues. These organisational changes were largely believed to stem from a deep transformation at personal level.

Participants who were interviewed picked up on shifts in attitude, language and thinking across their organisation. Buy-in from the Senior leadership and Board was key to fostering this organisational culture change and aligning values among staff.

“It was important to include KPs in our board” - Capacity building

The ANS-CI was introduced to LILO Connect in 2015 and realised that it was an effective tool to reduce stigma and discrimination towards Key Populations. Since the first workshop, ANS-CI undertook to offer its leadership and staff members the opportunity to benefit from the LILO methodology.

Out of 9 board members, 5 participated in at least one LILO Connect workshop. The ANS-CI decided to go a step further and elected a female sex worker to the board in 2016. A member of the LGBT community also holds a position in its General Assembly. “This was an important step to include Key Populations in our Board, says Madiarra Offia-Coulibaly, ANS-CI Executive Director. She is the voice of Key Populations. I thought that having someone from a key population would contribute to sustaining change. To be exposed only once or twice to KPs is not the same as working side by side with them on a daily basis.”

Once the ANS-CI obtained buy-in from the leadership, it proceeded to progressively expose its staff members to the LILO methodology. “I knew from experience that even if people tried to hide their prejudices against KPs, they would eventually display discriminatory attitudes, said the Executive Director. It would be sad that a big organisation like ours that strives to fight stigma and discrimination fails to sensitise its staff properly.”

“There was a wall between us that no longer exists” – Improving work relationships
Appreciating the value of positive and inclusive attitudes at individual levels encouraged ANS-CI staff members to improve their work relationship with Key Populations. They were no longer confining themselves to their professional duties and were able to see KPs as equals.

“Before LILO, I just had to be professional in my work, that was it, says B.*, a staff member. I’d help MSM access services but my attitude towards them had to be the same as that of my friends or my family. This is now the case, we speak as equals.” W.* another staff member had also sensed a separation between the staff of his organisation and KPs. “Before LILO, when we worked with MSM, there was a wall between us, he says. It was very embarrassing to be seen with them. Now when we meet MSM at the office or during field trips, we get along a lot better. The whole Alliance team who benefitted from LILO shrugged off their prejudices on MSM.”

ANS-CI staff members also reported a significant change in language. “Before LILO, when partners came, we were asked to adapt our language to partners so as to not hurt them, remembers B.* Nobody tells you that what you think is false, but only: don’t say it on such or such a day when partners are around. Today, nobody needs to warn anyone. When someone tells me: “Please be careful don’t say anything discriminatory, I respond: Me? You think I could still say this kind of thing?”

ANS-CI has now fully integrated LILO into its practices and programmes and used it to develop a stronger human right agenda into their strategic plan. “We used to only have one or two lines on human rights in our past strategic plan, explains B.*. LILO emboldened us to take time to explore the human rights aspect of our plan. We needed knowledge that came from us, from what we had experienced, from looking back into your past. This was key to prevent us from writing some laconic paragraph in our plan. We now have two action plans to reduce stigma and discriminations: a campaign and LILO Connect which has a national scope. We don’t always have guarantees on the results of our campaigns. LILO is the only approach that gives concrete results: when you leave the workshop, you think: I wasn’t doing the right thing, I need to change my attitudes toward KPs.”
“We drew on LILO to sensitise health care providers” – Improving access to services for KPs

Beyond the sensitisation of their own staff, organisations also work towards integrating LILO Connect in their programmes to reach out to key players in the community – health practitioners, religious leaders, media or the judiciary. LILO Connect helped organisations identify and bridge gaps in their programming.

H.* works on gender-based violence for an organisation providing. In her daily activities, she makes sure that HIV prevention activities for KPs are the least discriminatory and stigmatizing possible. In the 5-year action plan of her organisation, she insisted on drawing on LILO to implement activities aiming at sensitising health practitioners, especially on gender diversity.

“Before LILO, we only wanted health care providers to be friendly but now we want them to be sensitised so that they understand that diversity should not be an obstacle to providing services. We had noticed that some health practitioners had been sensitised in the past, but still had homophobic attitudes. We do not want them to be agents of discrimination.”

““We found equilibrium for collaborative work” – Pooling forces amongst KP groups

LILO has also had a significant impact on KP organisations by strengthening their capacities. It helped KP groups overcome their own prejudices towards one another, leading to more collaborative work. I.* runs a drug user organisation in Abidjan and he is the chairperson of a KP network: “After attending LILO, my relationship with other KP groups improved. I am now the chairperson of a key population network. As MSM, Sex workers, drug users, LGBT people, we now work together and try to protect each other. LILO taught us how to find equilibrium amongst us for collaborative work. This symbiosis helped us join forces and create this KP network and gain in independence. After LILO, we even produced a leaflet on gender-based violence. We also organised an event with the police to have a conversation with them. We actually used LILO as our inspiration and asked them what they thought of KPs. At the beginning, they were full of hatred, but later they became more compassionate.”

Other KP groups have managed to re-establish trust with officials who once stigmatised against them, as was the case for R.*, a female sex worker and deputy-president of a Key Populations network. “LILO broke the barriers between the general population and Key Populations. We sometimes have meetings
with health service providers, justice officials, police officers and religious leaders in the context of our HIV work. Before LILO, we didn’t get on well, they considered us like aliens, social outcasts, they kept reminding us that religion and traditions condemn our practices. But since LILO, we are on friendly terms. We now have activities with the police school, we eat with police officers, we talk, we watch soccer together. This is such an extraordinary tool to fight discrimination and stigma.”

Structural level impact

The ANS-CI sees in LILO Connect an important sensitisation and advocacy tool that can help create a more favourable environment for Key Populations, not only in the capital Abidjan, but across the country. To fulfil their national ambitions, they approached the National HIV/Aids control program (PNLS), in charge of strategies at the national level in the fight against AIDS. For ANS-CI, having a national institution on board which understands the relevance of LILO Connect is a way to reinforce
this approach and have a deeper impact on the well-being of KPs facing discrimination and high HIV/AIDS prevalence at country level.

“Members of the PNLS were invited to take part in a LILO workshop, and this marked the beginning of our partnership, Madiarra Offia-Coulibaly, ANS-CI Executive Director remembers. “It is very important for us to have struck this partnership to sustain LILO and its impact at a national level. We wanted the national stakeholders to take ownership of the methodology and include it in their national tools. The idea is that when the national programmes equip health care centres to deliver services to KPs, LILO must be part of the package offered to these public structures across the country. We have a pool of 17 trained LILO facilitators, and they must be used by all partners.”

The ANS-Ci efforts to make LILO Connect a tool with national scope to tackle stigma and discrimination against KPs paid off. In the PNLS’s concept note, many LILO Connect workshops are planned and LILO Connect will be integrated in their Global Fund programme.

“Key Populations are the most affected by HIV/AIDS and they are interacting with the general population, so we need to do everything we can to give them access to services, says Dr Ahoba, deputy-director of the PNLS who sees LILO as a method that play an important role in their discrimination and stigma programming. We had no other tool to reduce stigma and discrimination against KPs. LILO is very important because people have different opinions on KP issues, so it is vital to include such a singular methodology that can progressively expose key players to KP issues and allow them to better work with them.”

Abla Dom Kafui, in charge of Advocacy for highly vulnerable populations at the PNLS, was among the first to be introduced to the LILO methodology. “LILO is a remarkable advocacy tool to the extent that it makes it possible to change the perceptions of people vis-à-vis KPs. Unlike other methods, it is an approach that allows participants to question and challenge some of their values, behaviours and practices. I must admit that the task of reducing stigma and discrimination towards KPs is difficult given our cultural, religious and institutional values, however,, this approach could for sure hugely contribute to public health efforts to tackle HIV and AIDS.”

Currently, the PNLS and the ANS-CI are busy sensitising, religious leaders, journalists, and magistrates with LILO Connect in line with their ambitions to decentralize the method and expose all national key players to the need of reducing stigma and discrimination against KPs at country level.
LILO Connect has been used in Ivory Coast as a sensitization and advocacy tool to address issues faced by Key Populations. It arguably contributed to breaking down prejudice and stigma around Key Populations by putting human faces on people who are often seen as only targets or beneficiaries (MSM, LGBTI, Sex Workers and People Who Use Drugs). At the individual level, LILO Connect allowed people who work or interact with Key Populations to understand their diversity and the complex realities of their everyday lives. LILO Connect also allowed Key Populations to be more self-accepting, thus strengthening their self-esteem and empowering them. LILO Connect did not only work towards personal change, it also encouraged those who were exposed to the methodology to create a virtuous cycle of change by reaching out to their family and communities to reduce stigma and discrimination.
Some LILO Connect participants expressed the need to engage with families and communities “to spread the message” and “share the journey” — they felt it was necessary to take action and use their voice to change attitudes around them. KP participants also felt emboldened to talk more openly about their identity with their relatives and tried to re-establish better relationships with their immediate surroundings thus enhancing their sense of agency. LILO Connect workshops brought about significant change within KP and non-KP organisations which developed a deeper commitment to KP issues. These organisational changes were largely believed to stem from a deep transformation at personal level of staff and even board members. Beyond the sensitisation of their own staff, organisations and the Ministry of Health also work towards integrating LILO Connect in their programmes to reach out to key players in the community — health practitioners, religious leaders, media or the judiciary. LILO Connect helped organisations identify and bridge gaps in their programming.

This evaluation has shown that a shift at individual level is key for a collective change. An overwhelming majority of participants interviewed for this evaluation reported the LILO Connect methodology and testimonies shared by Key Populations as the most significant factors that led to changing their attitudes. Testimonies encouraged a process of identification among LILO Connect participants, helping them reassess their values and attitudes. The importance of having facilitators who fully understand the African context and whom participants could relate to was also crucial in the success of LILO Connect in Ivory Coast. The change at the structural level has been possible thanks to the leadership of the executive director of ANS-CI. This demonstrates that targeting leaders who have social/political influence and can act as “change agents” is essential to successfully shift attitudes towards Key Populations.

In the light of social behaviours which can be hostile toward KP groups in Ivory Coast, LILO Connect seems to be a unique and innovative solution to transforming values, attitudes, and approaches towards the so-called “other” in our midst. Participants’ stories revealed that it is possible to reverse attitudes and that starting with self-introspection is the fundamental basis for a sustainable change. As one of the participants explained: “Once you’ve done LILO Connect there is no way back, you can never bury your head in the sand again.”

These positive responses point toward the achievement of significant changes at family, community, organisational and structural levels, resulting in a deeper commitment of key players to the needs and rights of Key Populations with whom they work or engage with. This suggests that LILO Connect is a an important tool for stigma and discrimination reduction and is expected to contribute to the realisation of reduced infection rates and greater health precautions taken by Key Populations emerging out of the shadows of shame and secrecy caused by stigmatisation and discrimination.

For LILO Connect to sustain its impact, there is a need to broaden its scope thus requiring a commitment to integrate it in the national DNA of the country’s health policies. By deciding to include LILO as a key tool to reducing stigma and discrimination of KPs, and thus supporting the fight against HIV/AIDS, the PNLS is anchoring its commitment to the mental, physical and social well-being of Key Populations. This in itself epitomizes the success of LILO Connect in Ivory Coast. A continuous support
from “LILO Connect master trainers” and refresher training of trainers are also important to sustain the quality of the LILO Connect methodology.

ANNEX I - Questionnaire

LILO Connect Impact Collection Form

Name:

Position and organisation:

Date:

Introduction
First, we would like to thank you for your time. The purpose of this interview is to obtain information on the significant changes that have resulted from LILO. This will help us improve the LILO approach and allow us to celebrate LILO’s successes together.

The interview is divided into four sections. In the first section, we would like to know who you are and what your commitment to Key Populations are. The second section will explore the significant changes that have resulted from LILO at the individual level. The third section will be aimed at the significant changes that have resulted from LILO at the professional level and finally, we will ask you some questions about your appreciation of the LILO approach.
Confidentiality
We will use your story to better understand the impact of LILO and help us improve the methodology:

Do you agree on the following:

Publishing your story anonymously:

Yes
No

Recording the interview (all recordings will be destroyed, they will only be used to transcribe your answers. No one outside our organisation will be able to access the recordings)

Yes
No

Questions

Section I
1. Please introduce yourself
2. Can you describe your work?
3. How were you introduced to the LILO approach?
4. Do you interact with KPs? In what context? (professional, personal, other?) Which ones?

Section II: Changes at individual / Family/ Community levels
1. How did you benefit from LILO at an individual level – give us an idea of a "before and after" LILO experience.
2. In this regard, what has changed in your situation? What did LILO bring you?
3. Among these changes, which is the most important in your opinion and why?
4. What is the impact of these changes at family/community level etc.?
5. What are the difficulties/barriers (personal or otherwise) that you have faced? And how did you overcome them?
6. What are the factors that made changes easier?

Section III: Changes at organisational and structural levels
One of LILO’s objectives is to improve the relationship between Key Populations and service providers, such as HIV prevention, diagnosis and treatment of STIs, legal support, etc. in this regard:

N.B: Changes are related to policies and practices
1. What has changed in your situation after LILO? What did it bring you? (changes may be related to service delivery, access to service and interaction with Key Populations or even in relation to health policies at the organizational or national levels)
2. In these changes, which are the most important? Why?
3. Why was it important to you?
4. What are the difficulties/barriers (personal or otherwise) that you have faced? And how did you overcome them?
5. What are the factors that facilitated changes?
6. Can you give examples of what happened? Specifically, what kind of change has occurred: health (or other) and/or practical policies, etc.?
7. What is the impact of these changes at organizational level?

**Section IV : Questions related to the LILO approach**

1. What parts of the LILO training have most elicited the changes you have mentioned?
   - At the individual level
   - Structural/Professional level
2. What parts of LILO have you enjoyed the most?
3. How can LILO be improved?

N. B Section II will be adapted to include more in-depth questions in focus groups, which will include the ANS-CI, Key Populations and the PNLS.

**ANNEX II – Focus Group**

Members of KP organisations and the PNLS took part in a focus group organised in Abidjan on the last day of the field trip. These are the main changes they identified:
At individual level:

- Make a difference between sexual practices and sexual orientation
- Strengthen my knowledge of KPs, clarify differences between LGBT and sex workers
- Strengthened self-esteem for KPs
- Changed my vision and attitudes towards non-KPs (from LGBT participant)
- Helped me with decision-making (from LGBT participant)
- Identifying my values (all participants)
- Helped me see my attitudes towards other KPs (from LGBT participant)
- Behaviour change towards myself and others
- KPs are people, human beings before being KPs
- Realize that our values can be different from other people's values and that's ok
- Acceptance of KPs and stakeholders
- LILO helped me discover myself further, and changed my opinion of KPs (LGBTI towards SW, PWUD)
- Get rid of my prejudices towards KPs (from non-KP participant)
- Feel more confident in myself, more proud (self-esteem) (from LGBT participant)
- LILO helped me understand that gays are born this way, they didn't make a choice.
- Strengthened active listening, and sensitized me to KP issues.
- Self-control; gave me the ability to take a step back in situations where I'd normally get angry. (from LGBT participant)

At family level
• helped me speak with my son about gender identity / open a space for dialogue (from non-KP participant)
• Helped me come out to my family
• Helped me clarify sexual orientation to my parents
• Put children at ease to facilitate dialogue
• Accept my family (I had too many prejudices on my family and I can live closer to them now) (from LGBT participant)
• Helped me accept my son who is a PWUD and integrate him into the family
• Breakdown existing stereotypes and prejudices on gender issues in the family (roles between men and women) (from LGBT participant)
• Better understand KPs’ needs (among KPs)
• Sensitizing members of family and communities on the right to be different
• Realised I didn’t communicate well enough with my children. Give more attention to my own children. (from LGBT participant)

At community level
• Strengthen self-esteem within the community
• Change in perceptions of non KPS towards KPs
• helped KPs outdo/surpass themselves (not afraid to speak out)
• KPs took ownership of LILO
• Strengthening community systems

At organizational level
• More patience towards my colleagues (from a KP point of view)
• More involved and interested in my colleagues private life and professional life
• Helped me run to become the chairperson of the board of an PUWD organisation (from a non-KP participant)
• Use LILO as an advocacy tool in my work (from PNLS participant)
• LILO helped me blend in with KPs ( I talk about US not THEM)
• Colleagues started accepting each other (straight and gay)
• Integration of LGBT into our programmes (not just HIV) (from PNLS participant)
• Collaboration with other participants attending the workshop (networking between KP and non KP organisations)
• Change in perceptions of general populations towards KPs
• Integration of LILO within the national structure
• Engage key players in the national response to HIV