



# STORIES TO ACTION

Amplifying voices for change

## Episode 4: SOGIE Rights and Violence

- Kwem:** Stay home, be safe. This has been the message that we've been receiving since the onset of the COVID-19 pandemic. But is home really safe for everyone? This is especially true for LGBTQI folk. You know, home not being the safest place that one can be. The COVID-19 pandemic has exposed the already existing state of inequality that exists. We've seen this in how others have been left more vulnerable than others. Cases of violence towards sexual and gender minorities have really gone up during this pandemic period, given that in most countries globally, LGBTQI folk are either criminalized or shunned by society and discriminated upon. Many have been afraid to report or seek medical treatment because of stigma.
- Kwem:** Additionally, again, because of criminalization and stigma there exists, few economic opportunities for LGBTQI folk and with the pandemic, this has not been a group that has been primarily considered when economic recovery measures are made by governments and relevant institutions. This can be termed as economic violence because it is not exactly care. I cannot fail to mention that in a number of cases within fundamentalist spaces and ideas, LGBTQI folk have been blamed for the pandemic. All these issues among others have meant that LGBTQI folk have continued to fight and find ways of navigating through the pandemic. Today's episode explores more on this. Let's dive right in.
- John:** Talking about things that make you uncomfortable and awkward is what we do. We break the ice so that you can freely talk about them. This is Not Your Usual Subjects Broadcast with your host, Kwem.
- Kwem:** In today's episode, we get to hear from two guests, Grace from Zimbabwe, and Kalisi from Fiji. With violence having gone up during this period, we're experiencing a mental health crisis within the LGBTQI movement. We've lost many to suicide. Folks continue to suffer from depression and anxiety. There is a continued need for ensuring that dedicated mental healthcare is made available. We also explore how sexual and gender minorities have been navigating access to sexual and reproductive health services and information. With healthcare centers, prioritizing COVID-19 cases and given the already existing stigma for LGBTQI folk, we learn how hard it was for LGBTQI persons in Zimbabwe to access SRHR services and information.
- Kwem:** Additionally, GALZ, which is gays and lesbians of Zimbabwe, demonstrate the importance of ensuring that we honor folks' liberalities. If any shifts are to be made following the report, the commission called Community Voices, that help them understand how best they can support their communities of care during this period. In Fiji, following the already existing reduced funding towards LGBTQI programming, including HIV programming. And now the prioritization of COVID-19 cases in medical centers, accessing SRHR services has further been limited given that many LGBTQI friendly centers have been shut down. All in all LGBTQI folk, continue to find ways to anchor their resistance in joy and dream of a future where one is not a statistic, but celebrated for the fullness of their life.
- Kalisi:** I woke up in the morning, ready to face the day, excited for what could unfold. I couldn't wait. Indeed, it was the month of November, where rainbows shine and there's no shades of red. I walked out of the house, telling myself, need to chill out. Who am I to be radical, to be loud and proud. I tried to lay low blaming the crowd. Trying so hard not to make a sound walking down the street. I hear [foreign language 00:04:15].



Kalisi: I think I heard, I give myself a pinch. Bloody [foreign language 00:04:22] sucking on our land. Oh, goodbye. I lay here lonely and cold. No one's had to reach out the hole for, I got punished tonight for both the devil and my soul. My soul ran down my overly decorated casket. Like cotton flowers laid down in a basket. You beat the Pharaoh, the Rings of Tears, promising to stand up and fight for the queers. But hold on, I picked it up for a second. Where were you when my car was broken? And where were you a harsh word would be spoken, when I was used a snap as a token, as I laid down in my resting place? And you blessed me with a present and grace while I exit from this earth without a single trace. Will you promise to love and respect and embrace the gates?

Kwem: Our next guest is Kalisi. Kalisi identifies as a [foreign language 00:05:22], which is an indigenous identity referring to persons who identify as that gender. Kalisi goes by the pronouns, they, she. She is an advocacy engagement officer at Youth Voices Count, original network of young lesbian, gay, bisexual, transgender, queer and intersex individuals in Asia Pacific. Kalisi shares with us some of Fiji's responses to COVID-19 pandemic and the shifts it brought for LGBTQI youth in the country. She also talks about how violence remains imminent as well as shares with us, the dreams that they have for themselves as a queer person.

Kwem: Before we hear from Kalisi, I'd like to mention that in this part of the episode, you might need to turn up and down your volume as you find comfortable. So, as to not miss call is sharing, we acknowledge that we encountered audio quality issues during this recording. However, it is important to us that folks are able to share their stories. And that sometimes means that we will face connectivity issues. And so perfection, always our aim, a transcript will be available. That said, let's dive right in.

Kalisi: LGBTQI communities or families and sex workers are often excluded from evacuation centers. We're often blamed for the natural disasters. I noticed the discrimination in and growing up and also injustices happening also with the healthcare system. We cannot donate blood because that's how HIV will spread or AIDS. And with the stigma that have been associated and me being queer, being openly feminine and [inaudible 00:07:06] behavior, me being focused on now that it's just love for society, just for me.

Kalisi: And especially growing up in the church and being excluded and being laughed at, or made fun of being feminine. And I think my journey into the LGBT movement started through HIV work. And I used to work as a volunteer for various LGBT organization. And also with the Minister of Health of Fiji, where I went as a peer educator, talking about advocating around safe sex and contraceptives and doing counseling around mental health and suicide prevention with young people. Which led to me in the moment I was inspired of meeting many activists, especially non-LGBT people, queer people who are on the front line of activism and moving into the space of feminism and intersexual feminism.

Kalisi: And I was inspired and I was passionate about the work they were doing. When COVID-19 struck Fiji, it was a very difficult time for everyone. When the first case of COVID came to Fiji, the first patient was a flight attendant and he was an LGBT person. There was so much stigma around towards LGBTQI people because a person who got COVID also, the same month of March. Fiji was also preparing for the two tropical cyclones. It wasn't seen as a double pandemic or a triple pandemic. The tropical cyclone category five hit Fiji, which is a super cyclone a category five, which destroyed many homes. And many people have lost their homes, lost their life, their livelihood towards this tropical cyclone [inaudible 00:09:03].

Kalisi: And there was just so much stigma towards... And we were at the LGBTQI people who were blamed for bringing this natural disaster, to Fiji. It was quite scary because we are scared of going to evacuation centers because we were already blamed for bringing COVID to Fiji and also bringing this tropical natural disaster into Fiji. And one thing, I was amazed that many young LGBTIQ people were involved around human general response. Even though there's the stigma and



discrimination that the whole of Fiji was putting on LGBTIQ people, but LGBTIQ young people was at the forefront of providing humanitarian aid, working with the Civil Society Organization, [inaudible 00:09:53] with common ministries, the Fiji NDMO, the NDMO is from the department around RESPAC. They provide to work around disaster planners. And in many of these LGBTIQ people who were unpaid volunteers doing work the forefront, providing aid, doing fighting or more mobilizing resources to the people affected and even many other people.

Kalisi: Many of my friends were LGBTIQ people, were working with the Ministry of Health, risking their lives and working with the ministry health, even though the hospital staff, the doctors [inaudible 00:10:45] were understaffed and were needed assistance and was... And I see this, and many of my LGBTIQ people, friends here in Suva, actually were at the forefront of providing a helping hand with the Ministry of Health, to helping them with the screening, testing and also risking their lives, providing support to the Ministry of Health and NDMO and RESPAC. And some of the priorities has COVID habit has changed. And we have noticed that SRHR services has been reduced funding towards LGBTIQ people, maybe on programs rather having reduced. I think even before COVID when the global fund pulled out from the Pacific, or Fiji especially Fiji, I think they've even reduced work around LGBTIQ programs or funding LGBT led organization in Fiji, which has reduced fund programs.

Kalisi: And there've been programs on LGBTIQ and [inaudible 00:11:58] HIV respond because many LGBTIQ people are young people have been at the forefront of doing work [inaudible 00:12:09]. Most of the work has shifted because there's no funding of programs. And when COVID-19 happened, is that most the priorities have shifted to COVID where HIV clinic has been closed, or have reduced it services, which is like [inaudible 00:12:32] also with the current report by UN AIDS that in Fiji, with the reduced funding of program around LGBTIQ around HIV response in Fiji, that there's a rise in HIV infection amongst young people from ages 15 to 25, between 2010 to 2019. And that is very frightening because when there's no funding towards HIV response, which makes it even more difficult for young people to access resources.

Kalisi: And it is... And also the priorities have also shifted because... And program has also shifted away from the HIV around HIV response. I noticed that most of the work around and most of the funding is just work around climate justice, disaster risk reduction, or DRR and around climate justice. And which also meant that programs and priorities have been shift shifted and it's quite sad because the [inaudible 00:13:57] priorities, many young people and LGBTIQ people are exposed to the rise in new HIV infections. And with the COVID-19 many other services have been reduced as many young people are unemployed because so many young people are involved in the tourism sector. And the pandemic has really affected through our, the livelihood. And with COVID-19 also having many other people who engage in sex, it has been also affected. And then we in with contraceptives and been running out in some safe houses, many young people have been engaging in, having unprotected sex, especially for young people who engage in sex work.

Kalisi: And as they look for money and as to find a source of living, they risking their life. I had a friend who said that, "I'd rather contract COVID than go hungry." Because she mentioned that it's been pretty tough on sex workers. They've been risking their lives to provide food on the table for their families. And those are the realities of what people come to be facing. And then, yeah. So, I started my work with where this started in the middle of the pandemic, actually after I was like reduced hours. And later when I was not employed I lost my job as a radio announcer. And I got was given this opportunity to work for YVC. I think the LGBTIQ organizing also changed during the pandemic is that YVC had to change its programming and we had to [inaudible 00:16:03] our work and most of it involved face-to-face meeting in Bangkok, in Thailand and, and Philippines.



Kalisi: And with the new normal of working from home park was also change. And especially the work has also increased, especially around the bridge of the high level political forum around HIV for UN AIDS, I think. And I see many young people, we strategize many youth led organization and many young people has been recruiting, reach, strategize the work around HIV response and the worker and inclusion. So you've always had this... Also have this program called the IGNITE! Empowerment Grant where LGBT is committed in supporting LGBT youth led initiative especially in the region. And also with the pandemic, there was a rise in gender-based violence it's currently 64% of women and girls have experienced intimate partner violence. And it has also increased during the pandemic, whereas people with disability experience, 10 times higher of gender-based violence, intimate partner violence.

Kalisi: And whereas LGBTIQ people, there was a current research by Dinner For Equality in the report indicate that 84% of LGBT women has experienced intimate partner violence. And in just early this year, I lost a dear activist and a dear friend Poli Kefu who was brutally murdered in just a few meters away from her home in Nuku'alofa, Tonga. I would say Fiji has a progressive law towards LGBTIQ conclusion under the 2013 Constitution Section 26 of the future politic issue that talks about protection towards LGBT... Is a law part of the Constitution, protection of and protection away from discrimination of LGBTIQ people. Even though the law is there, many young people are being exposed to horrific violence and two LGBTIQ people have died to homophobia and transphobia.

Kalisi: One was murdered, a law student who was LGBTIQ who was murdered near her home here in Suva. Iosefo Magnus, who was just returning back from work and he was murdered. And also there was violence that happened to a, [inaudible 00:19:16] from who was murdered in the capital city in Lawaki and still there's no justice being done. And the person who murdered... The fellow brother, and sister, who are my LGBTIQ activist family who still justice has been seven served. As great people we still cared that many young LGBTIQ people have also died of type of suicide. And that is been frightened that I'm still feeling scared that we do not want to become statistic. LGBTIQ cases are still [inaudible 00:20:09] there's murder cases.

Kalisi: Cases always never been solved because we mean the justice system is against us, even though we be protected by the law this progress by the law it's always implemented [inaudible 00:20:23] also actually accessing the justice system becomes even more scary that sometimes the police force or the armed force becomes the perpetrator itself too. Because the political landscape in Fiji is such because the current government, who also started the 2006 coup who is currently his second term of government. And so there's police intimidation and military intimidation that existed in Fiji and such that it becomes very scary for LGBTIQ people to access justice system. I dream of the world where I don't become a statistic, where I don't die, like become a number of who died of suicide, who died in the hands of violence. My fantasy every night is to live in a world where I don't become statistic. And I live free without fear, without discrimination, where I don't feel judged, where I'm accepted and where I'm celebrated for who I am.

Kwem: It is such a pleasure to have you join us today. Folks, I'm so excited to have Grace join us. Grace is a counseling psychologist and works with GALZ that is gays and lesbians of Zimbabwe. GALZ, which was established in 1990 in Harare, Zimbabwe is a membership based organization providing services to the Zimbabwean LGBTI community. Grace, I'm very sure my introduction did not cover all the wonderful parts of who you are, you personally and GALZ as well. Would you please share some more?

Grace: True, I'm a counseling psychologist. Just to correct that GALZ is an association of LGBTQIA people plus in Zimbabwe, it is membership based. So, Grace leads the Counseling and Psychosocial Support Unit, which is in Harare, Mutare, Masvingo and Bulawayo, so we have expanded since 2018. I'm passionate about my work. I work 24 over 7, but of course I don't forget my me-time.



Kwem: Now, you co-created with your community members a research called Community Voices, which highlighted the lead realities of LGBTQI folk at the onset of the pandemic from the public health messages. A lot of conversations asked people to stay at home and be safe, but for a number of LGBTI, I folk home isn't safe. So, from your research, this came out quite a lot with increasing cases of violence that also included intimate partner violence. Those also a spike in STI infections. So, please share with us why you, GALZ commissioned the research and what came out of the research... Rather, what came out of the Community Voices report?

Grace: GALZ commissioned the research because GALZ is people centered. GALZ is LGBTI centered. It believes talking with the grassroots is where you get a lot of narratives, is where you get a lot of stories. That is why GALZ commissioned that, to hear what the communities say. To listen and observe from their lived realities. That is where you get the so many truths that came out from the report.

Kwem: And so, what are some of the things that were coming out from the report given that you commissioned the report during the onset of the pandemic, and there are different things that the report covers. So would you please share with us some of the overarching issues and shifts that happened during the pandemic and how it was affecting the communities that you work with.

Grace: They said that the country was shadowed. The country went into darkness. The announcement of the COVID-19 brought the community back to 1980, where first HIV case was diagnosed in 1980. They said that we could envision people dying. We could envision people being carried in black body plastic bags. There were so much surrounded by fear. There was so much surrounded by they alone because they didn't understand this COVID. They didn't understand what it meant for the whole country to look down for organizations for different sectors in agriculture, in health to close down. So, that was the fear that was in the community. This also led to a lot of depression because people were quarantined, people were isolated. People were staying at home. People had to stay home, but what is home? Those homes might be home for other people, probably who are heteronormative, but for the community that lives double lives at home and outside, it was a nightmare. It was very difficult for them to pretend, to be homosexual, to pretend to be heterosexual at home and to pretend to have a girlfriend at home.

Grace: It did not all go very well. It was like they were acting. And some of the issues that came out with that, there was invasion of privacy. Some of their WhatsApp apps were opened by their relatives, by their family. In that process, it was involuntary outing of their sexual orientation. You also noticed that there was increased intimate partner violence, because if you look at most of the voices of the narratives that are in Community Voices, they live in high density suburbs and they would scramble for space. Probably it's a two-roomed house or probably it's a four-roomed house. So, there was not so much space and there was no privacy. Some of them would go and sit by bridges those are the youths because most of them are employed in the informal sector. So, you realize that they had nothing to do. And there was an increase in use of alcohol and substances.

Grace: They would sit by the roads and this also led to a lot of public violence from the heteronormative society where they would comment to say, "Boy-girl or girl-boy, walk properly, walk nicely. Who do you think you are?" Those things are not wanted in Zimbabwe. So we also recorded a number of gender-based violence in the communities, especially by those youths that sit by the bridges abusing crystal meth, abusing Musombodhiya, packed beer that comes in small bottles. And in the family also, there was domestic violence where we also realized that families would gang up a homosexual person and they would beat them up. And they would also threaten to report them to the police because already this follows precedence by the former president of Zimbabwe, Robert Mugabe who said, "We don't want homosexuals, [foreign language 00:28:25] in Zimbabwe. They are worse than dogs and pigs."



- Grace: So all those threats, all that gender-based violence, all that physical violence was come coming from the community, as well as the family, friends and relatives. You would also realize that in terms of food and all nutrition to those that were taking ARVs, some of them defaulted because there was not food in the home. Their source of lead livelihood had been cut off because of the informal sector. They were employed. Everyone had to stay at home. So there was no food at home. They would scramble for food at home. And for them to take ARVs, you also needed to have a healthy diet where you need vitamins, where you'd also need protein for the medication to work very well. You also realized that... You highlighted increased the number of STIs.
- Grace: The country was in total lockdown. The health services also had to reduce staff. So you realize that they had no way to access condoms and lubricants. And for the older advocates, which we call peer educators here in Zimbabwe, they were also in shock. So primarily the country came to a halt or to stop. No one had a perfect plan. There was no plan. It was a disaster. So, you realize that there was an increase in number of STI, even up to date, we are still battling to treat those because they're at an advanced stage. The other reason is also that to those who could access medication, it was not safe for them to keep that medication in the house for fear of that me medication being discovered. So they would rather not take that medication. That's why you realized, that some defaulted taking their ARVs and also some defaulted not taking their STI treatment. Because they feared that once discovered at home, it'll be another story. It'll be something else. So those that are some of the community narratives, those are some of the community voices.
- Grace: One innocent said to me, "Grace, when my ARVs were discovered, they were shifted down the drain in the toilet. I don't know whether they wanted me to survive or not." The other one said to me, "Grace, when they discovered my ARVs, they put them in the oven and they baked them, then they me back. I wonder if they have any impact, even if I still take a tablet." So those are some of the community voices that came after GALZ commissioned the research.
- Kwem: Thanks so much for sharing that Grace. That was quite a light into the lived of realities of a number of LGBTQ! folk living in Zimbabwe. And that GALZ have interfaced within their work along community organizing and movement building in the region in the country. And while you are speaking, Grace, I know that there has been a number of innovations that have taken place in terms of just shifting into what the realities have been. So, for example, I know that with different approaches, organizations or community organizing within the region have found ways to safely store ARVs for folks who'll be needing them. So, I wonder what have been some of the opportunities and the ways in which you have been able to adapt to the realities that have been coming up as a result of the pandemic.
- Grace: What we have done is we have a database, like I told you, GALZ is a membership based organization. In our database, what we then did with our communications, we had to constantly and consistently update our members with information on health, with information on COVID-19. That we would use WhatsApp groups, messaging. And also in those platforms, we conducted discussions. Discussions were coming from the qualitative data that we're collecting online as counselors. Then we could analyze the data and see what are the dominant narratives or the dominant issues that are coming out. They would then come out with the topics to address issues that were coming out, some of the issues that were coming out, like I highlighted increasing STIs, increasing abuse of people who use drugs, blackmailing and so forth. So those are some of the interventions that we did. But when we realized that we had our community that was on ARVs, they're jobs had been interrupted.
- Grace: We also came up with a COVID-19 food package that could sustain them for a month, so that they're also able to take their medication. So we had a COVID-19 basic social welfare package that they picked up from the office, or we could use our vehicle to take to their communities. What we also did, because we also had a



COVID center where most people... This one is the first model clinic that we had in Harare. And everyone is used to it. It was moved from Wilkins Hospital to Parirenyatwa. And Parirenyatwa did not have trained healthcare workers. What we then did, one of the interventions having noticed that, and there were complaints that came from the community. We then in liaison with Wilkins, which is a municipality hospital, cancer hospital, we then had to ask healthcare workers. We had to set up a satellite clinic here, at GALZ to operate on Tuesdays and Fridays.

Grace: And that way we had to send out flyers and advertise to say, the clinic is now at the GALZ resource center. If there are people who are wanting drug resupply, if there are people who are wanting access to health services, if there are people wanting access to the internet, then they could come to the clinic. Because it was open on Tuesdays and Friday. So those are some of the mechanisms that we did. But again, when the COVID announcement came in there were restrictions, there were travel restrictions. Who ever had to travel had to have some form of documentation to allow them to travel. Those were only given now to frontline defenders. And you realize that our community did not have those travel letters. So, for them now to travel from point A to point B, to access their treatment or to access their drug resupply was a challenge.

Grace: What we then did is we used a GALZ vehicle, of course, following the SOPs for COVID-19 we would pick them up at a central place from their homes to get to the clinic there after we would then drop in town. So coming into town was very difficult, but going back home was not a challenge. So, they'll be dropped in town, then they find their way back home. So those are some of the interventions that we brought forward for the LGBBTI community to try and limit or reduce the challenges that they were having. On emergencies we set up an online platform, counseling platform where the counselors and the GALZ react team had data and airtime allowances to be able to attend to the communities that had challenges or that needed a rapid response.

Grace: So those are some of the mechanisms that we had to put in place to cater for our community. So, our approach actually was a tailor made according to the challenges and the issues that were raised. So, we had to develop and tailor make. We could say this was a differentiated service delivery where then would try to suit each and every client's needs.

Kwem: I appreciate you sharing with us, Grace. This just reminded me of feminist solidarity or solidarity building within the LGBTQI movement. And the feminist movement in general because it reminds me of the principle of mutual support between individuals, groups, organizations, allies, to work towards centering care and offering support to folks who need it.

Kwem: The other thing that I have to ask Grace is: now, mental health and care as a way of wellbeing was important before the pandemic. And also now during the pandemic. So as a counseling psychologist, would you please affirm why this is important and maybe also share some of the ways in which we can care for ourselves and as well, some of the ways in which we can extend care to the collective as well, because some of the ways in which we can care for ourselves include extending that care within the collective so that we are also centering collective care within our solidarity work that we are centering collective and self care within our ways of living and working, because these are hard times. And so, yeah. What are some of your thoughts around that?

Grace: Perfectionism and Coronavirus don't mix that's one thing, and during this pandemic, you need to be kind to yourself. So whilst you're doing this work, you'll suffer burnout. So, it is very important that you observe healthy days. Right now, we are even advocating that stuff gets at least one healthy day a month. And because you suffer fatigue. That is very important for you to be effective the next day or tomorrow. Me-time is very important, how somebody takes their me-time is different. Somebody would like to take me-time through music.



Some that would like to take their me-time through nature, going in the bush and just looking at animals, or just looking at the vegetation, the greenery. Zimbabwe is very blessed with beautiful fauna and flora, also to be able to ask yourself, "Am I eating well? Am I sleeping well?" A bit of exercise will work the trick.

Grace: Take leave. Some of us don't want to take leave from January to December that leave time is very important so that you take away yourself from work. And also, again, you need to set boundaries. "Can I do this? Can I not do this? Are these targets realistic?" You also need to question yourself that. You also need to reconnect with things that you enjoy such as sailing, such as farming. I, myself love farming. So every weekend part of my me-time and part of reconnecting to the things that I enjoy doing is, to go to the farm and just see the green that I'm growing and plug one or two, three weeks. And that really helps.

Grace: I would also say to the LGBTI community, it is very important that they need to reach out for help when it comes to health issues. And also again, counseling helps. You need to have a conversation with somebody. Talk therapy, in Shona we say, "A problem shared is a problem solved." So those are some of the things that I could also recommend to the LGBTIQ community. It's unfortunate that because of COVID-19, we have been restricted in socializing or in making contact with the people that we love. It is also encouraged that, visiting friends, visiting relatives, visiting the countryside, or visiting home, the grassroots where your grandfather or your grandma is, just reconnecting with the old folks. It's something that can also be good therapy to one.

Kwem: We invite you to pick some of what Grace has shared that resonates with you and add it onto your daily, or just your general practice in your ways of being and living. Grace, I know that there are usually different narratives that expand across different areas in our lives. And because we're talking about collective care and self care, let's talk about queer joy. Because a lot of times we tend to see in a lot of narratives, this gray cloud that is hanging over folk and LGBTQI identifying people. So would you please share with us some of the queer joy that at you've seen or that you enjoy being part of within your work in Zimbabwe and at GALZ?

Grace: I love the Jacaranda Queen. This happens almost every year when we have beauty pageants, dragging in different outfits and because homosexuality is not legal in Zimbabwe, but we are challenging that narrative. We are challenging that narrative through celebration of the right to [inaudible 00:42:47], to embrace sexuality. So, that I've seen it, it's beautiful, it's amazing. And at some point I remember three years back when it was held in a place outside Harare Town, where we had almost all the LGBTQI people coming from the whole of Zimbabwe. We had the police then coming the following morning when the Jacaranda Pageant had just finished off and people had just left and people loved it that, and they were saying, "Wow, we've done it. We need to do this again."

Grace: We also have the billboards. We have said that, "Yes, we might rush to go and say, the law should change. The law should change." We mounted billboards in Harare and in Bulawayo something that is new to celebrate Pride Month, and the billboard would say, "[foreign language 00:43:43] a person is a person, dignity, respect, and rights."

Grace: And I'm telling you the Twitter pages, the Instagram pages, the Facebook pages are watched with a beautiful comments. And some people are saying, "I never saw this day coming." So, that visibility alone in Zimbabwe it's a celebration. Unfortunately, Kwem, one of the billboards in Bulawayo was destroyed after having been mounted after three days, we had a team of youths. We don't know whether it's political, because for us in Zimbabwe SOGIE issues, sexual orientation is not a political issue. It's a social issue.

Grace: So, they destroyed the billboard in Bulawayo. We have said all that, the constitution of Zimbabwe said we the people of Zimbabwe in all our diversity,





they're looking at race, at religion, at ethnicity, at sexual orientation. So, there should be no discrimination. So, what we've done with reported to the police, and we are expecting justice. We are expecting those people to be arrested. We are expecting them to do thorough investigation, so that alone is a celebration. That alone is what we are seeing is that alone, that transformation that we are seeing.

Kwem: Thanks so much, Grace, it's always so yummy to hear and soak in, into what queer joy or LGBTI joy is. And since we began speaking about joy and extending that also to pleasure. Our first episode, we talked about pleasure. And my question is even surrounding the topic of sexual pleasure and thinking about access to sexual and reproductive health services and information. What has that been looking like and what are some of the opportunities that have revealed themselves during this period?

Kwem: I know that you mentioned that you adopted ways of working online using social media tools or communication tools, such as WhatsApp in a bit, to reach out to folks and ensure that they're well supported in terms of accessing sexual and productive health and sexual and productive health information. So, what are some of the things and how are some of the ways in which that has been looking like during the pandemic period? And what does the future in terms of maybe programming when it comes to SRHR programming, what has that shifted within GALZ?

Grace: Yes, during the pandemic, we had a lot of inquiries, a lot of requests on MSM and WSW, women have sex with women wanting to have to start a family. When you look at that SRHR component that as the reproductive connotation in need, means that the laws in Zimbabwe are not so good to allow adoption by a single man to have a child or by a single woman to adopt a child. So these are some of the SRHR issues that have been coming in to say, "How can GALZ assist us to have families?" We vet clinics, but they're very expensive where they are conducting IVF. You would realize that IVF would cost something like between 5,000 and 10,000 and the community is not able to afford. There are also other methods through stakeholders and partnerships, such as Population Services Zimbabwe, where they've been offering such kind of services where on your ovulation dates, then you can come and they can do checks.

Grace: And they would say, "Bring your partner, then we can check for STIs and we can do HIV tests, and that you can go and do at-home insemination." So that has worked out very well, but they come for counseling. We've been providing counseling on those couples that have identified as a male. They can have a... They would want to sire their baby. And we have also provided ongoing counseling and psychosocial support. In the meantime, what we've also done, we've conducted sensitization workshops, especially with the Health Portfolio Committee, which is a thematic committee in Zimbabwe, to sensitize them on issues that are coming out from the LGBTI community, such as adoption, like I've highlighted, such as artificial insemination, such as surrogacy to also say that is a ministry of health and childcare in Zimbabwe. We don't want citizens of Zimbabwe to be taught by YouTube or Google, because everything that comes out from Google or YouTube is not true, but we expect healthcare workers, or sensitized the health professionals to be able to offer these services.

Grace: Because what we have said to them, we are saying, you are stuck up and the young generation are doing these things and they're consulting technology, whilst you people are there, so what is your work now? And what is the job that you're doing? So all those sensitization workshops that we've done is also to try and alleviate the challenges that are coming from the community, but also realize that the community is also being empowered to self organize themselves. For example, issues to do with surrogacy, they've managed to identify somebody who can carry the baby for them for nine months. Then they go to a legal person, or a lawyer who can then a draft contract, or who can draft a document for them and they sign in agreement. So, those are some of the things that actually have been... That GALZ has done, and that GALZ has put on table. On issues to do with the STIs that I

mentioned, what we have done is were also in partnership with health organizations, some of them Newlands Clinic, some of them are also PSI.

Grace: We've also managed to take our community there so that they can go for cryotherapy or laserization for those with advanced genital warts so that they get that needed treatment and their health does not deteriorate. So those are some of the things that we've set up when it comes to SRHR so that they have a comprehensive sexual education. It has been very difficult for us to penetrate the tertiary institutions. But what we have done also is that we have what we call order advocates. Order advocates are peer educators in tertiary institutions who are trained activists and advocates, who we also then are able to reach out to. And we also invite them for activities, especially on SRHR, because they're quite active in they live in campus or somewhere outside campus to try and reduce any other sexual reproductive health challenges they might be having in campus or in their daily lives.

Grace: So, we also have identified what we call guidance counselors in schools in primary and secondary. So we are also working with these guidance counselors informally to say, "I invite Kwem, I know John." We invite them so that we have these sensitization programs with them because they're able to see that the sexual orientation of a child when they're growing up, even from primary school, even from secondary education, but wherever.

Grace: We've also made use of LGBTI tertiary institutions and universities like, Africa University, in Manicaland. That is in Mutare, it's a Methodist church run it's LBGTQI+ friendly. We are also using that is a model university that is friendly to LGBTI people. So, we encourage. We've also noticed that they invite us to deliver workshops for social work classes or psychological classes where they want to understand about SOGIE issues. So, that it also MSU, which is Midlands State University is also LBGTQI+ friendly, where we also go. And recently they had a debate on LBGTQI+ in Zimbabwe. So, we have managed to also penetrate in those systems and they're friendly, and they freely invite us to come and be part of them. And also to be able to disseminate information to various populations.

Kwem: We're so grateful for the work that folks like Grace and Kalisi are doing. These are incredible life changing and life supporting efforts that community organizers are plugged in. We honor their work. It cannot be disputed that sexual and gender minorities have a lot to fight against. That's a big part of LBGTQIA experience. If you are experiencing violence and are in need of support, please check out chayn.co that is C-H-A-Y-N dot C-O for support. Follow us on social media for more resources as well. It is important to mention that LBGTQIA folk not only experience the heavy, but also the lightness of experiences such as joy, pleasure, play. Well, that's all we have for you today. I hope that you carry the different reflections with you. Join us next time, where we'll be talking about sexual reproductive health and rights in humanitarian settings, until then take care.

Kwem: The support of Not Your Usual Subjects podcast comes from staff and volunteers at Stories to Action, who are conjuring alongside young people, situated across borders all around the world. Together we envision a world where every young person's voice is heard on their sexual health and reproductive rights. Even in times of public health emergencies, like COVID-19. We would like to honor, thank and acknowledge all our contributors and guests for sharing their Stories to Action. Share-Net International Netherlands, who we are so deeply grateful for funding and resourcing this podcast, reminds us of the role that philanthropy in working with youth in that diversity should and can play in raising collective consciousness. Please head on over to [share-net@international.org](mailto:share-net@international.org) to find your regional hub. Please commune with us on social media to find out about our next episode and share your feedback, thoughts and reflections with us. This is on Facebook, Twitter, Instagram, [LinkedIn@Stories-to-Action](https://www.linkedin.com/company/stories-to-action). Links are available on the show notes at the podcasting platform of your choice that you listen to us from. Please share this episode with someone or someones you know, should have a listen. Goodbye.

