



Submission by Rock of Hope Eswatini

The organization is here to build a society in Eswatini that is free from the stigmatization, discrimination and the oppression of gay, lesbian, bisexual and transgender people (this also includes prisoners and sex workers who fall under the listed categories). The organization through its activities aims to create a very strong and proud society of gay, lesbian, bisexual and transgender people in the entire kingdom of Eswatini.
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Report to the UN Human Rights Council on the realisation of the right of persons affected by violence and discrimination based on sexual orientation and gender identity to the enjoyment of the highest attainable standard of physical and mental health, in relation to SDG3.

1. Research: understanding the health care needs of LGTBI and GNC people

- i. Does the State (or other stakeholders) gather data, including data disaggregated by sexual orientation and/or gender identity, on:
 - access to and/or delivery of health services
 - the number of new HIV infections per 1000 uninfected population?
 - The suicide mortality rate?
 - Coverage of treatment interventions for substance use disorders?
 - Harmful use of alcohol?
 - Access to sexual and reproductive health care?
 - Coverage of essential health services?

Stakeholders such as FHI 360, State departments such as the Eswatini National Aids Program (ENAP) collects information of key populations. Key populations are categorized as being; men who have sex with men, transgender women amongst others. Therefore, there is no clear description of sexual orientation and gender identity under the data collected. Data collected narrates access to;

- access to and/or delivery of health services
- the number of new HIV infections per 1000 uninfected population
- The suicide mortality rate (on general or broader populace perspective)
- Access to sexual and reproductive health care
- Coverage of essential health services
- and delivery of health services

- ii. What steps have been taken to research and understand the health care needs of LGTBI and GNC people of all ages at the national level?

None. The key population groups covered in this spectrum neglects LGTBI groups such as lesbian women, transgender men and intersex persons.

Is this data analyzed through an intersectional lens, such as by disaggregating data by sexual orientation and/or gender identity, as well as intersecting identities including social or geographic origin, ethnicity, socio-economic status, nationality or migration status, minority, disability, and indigenous or other identity or status?

No. The data neglects segregation by SOGIE and does not consider indexes such as socio-economic status, disability, ethnicity etc.

2. Inclusion: LGTBI and GNC people in the decision-making process

- i. What measures have been put in place to consult with and include persons affected by violence and discrimination based on sexual orientation and gender identity in law and policy making in relation to the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and in relation to realising the SDGs?

None that are specific to the LGTBI community. Initiatives are always Key populations based such that lesbian women, transgender men and intersex persons are left out.

- ii. What support or technical assistance is needed to ensure that the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity people are comprehensively addressed and included in relevant laws, policies, and practices?

- Comprehensive SOGIE curriculum in schools and tertiary institutions.
- Trainings on effective Advocacy for NGOs working in sexual and reproductive health and rights (SRHR), trainings on effective lobbying skills for NGOs and stakeholders, and the involvement of institutions such as the Deputy Prime Ministers Office.
- Empowerment programs for persons affected by violence and discrimination based on Sexual Orientation and Gender Identity

- iii. What are the main barriers, in law or practice, for persons affected by violence and discrimination based on sexual orientation and gender identity to receive care that meets their physical and mental health needs and rights?

- The Stigmatization and Discrimination based on SOGIE prevalent in the country tends to prevent the person from accessing services.
- Reportage of cases is very minimal as persons face discrimination from duty bearers¹.

¹ LGTBI LEGAL SURVEY-OUTANDPROUD 2021

- The existence of the 1907 common law of Sodomy Act (which criminalizes consensual same-sex relations between adult males) tends to propagate stigma against LGBTI persons. LGBTI persons therefore cannot exercise rights afforded to them in the Bill of Rights.

3. Access: ensuring that LGBTI and GNC people have access to health care

- i. What measures have been taken to ensure access to affordable non-discriminatory health care services for persons affected by violence and discrimination based on sexual orientation and gender identity?

Stakeholder initiatives under the HIV programming have brought about two clinics which are LGBTI friendly. The TRUE clinics provide services for free and can be accessed by all LGBTI persons. Violence and discrimination services also include Psycho Social therapy. Although this is greatly welcomed, there are still shortfalls in the mental health program initiatives.

- ii. What policies or programmes exist to address the mental health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity, specifically around depression and anxiety, suicidal ideation, and substance abuse?

Online psychosocial initiatives are offered under stakeholder programs. However, these are not as comprehensive as they don't tackle issues such as anxiety and substance abuse amongst others.

- iii. What policies or programmes exist to assist the health care needs of persons affected by violence and discrimination based on sexual orientation and gender identity following the experience of assault or gender-based violence?

None. Immediate initiatives include the Crisis Fund under the Out and Proud project which offers immediate assistance to affected persons. There are no existing long term projects.

- iv. Have adequate human and financial resources been allocated to implement those policies and/or programmes?

Not really. Since the initiatives are project based, the resources allocated are minimal.

4. Training and Education: health care professionals and educational institutions

- i. Are sexual orientation and gender identity, and the specific health needs of persons affected by violence and discrimination based on sexual orientation and gender identity, included in training and education of health care professionals?

The training is usually based on Key Populations and thus does not cover the whole LGBTI spectrum.

- ii. What measures are being taken to provide age-appropriate comprehensive sexuality education inclusive of sexual and gender diversity in educational institutions?

None by the state. NGOs working in the field try to deliver this service.

- iii. Are evidence-based and up-to-date guidelines that include SOGI issues available? How are they used to influence health related decisions on policy, programming, services including diagnostic manuals, and practices within the health care institutions?

No, they are not available. The Rock of Hope Eswatini, one of the local LGBTI led organizations in-country conducted a study based on the bullying of young children in schools. The organization continues to use this in its advocacy measures.

5. Sustainable Development Goals

- i. Where the State measures its progress against SDG3, does it make reference to the health outcomes and needs of persons affected by violence and discrimination based on sexual orientation and gender identity?

No.

- ii. Does the State measure progress against any of the following SDG3 indicators for persons affected by violence and discrimination based on sexual orientation and gender identity? If so, please comment on whether health outcomes are improving or declining:

- Indicator 3.3.1: Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations;

This data is collected through the Ministry of Health (MoH), it presents data for new HIV infections across sex, age and key population through Eswatini National AIDS Program. This data is presented on Technical Working Group which involves all key stakeholders on a yearly quarterly basis.

- Indicator 3.4.2: Suicide mortality rate;

This kind of indicator is not shared by the state.

- Indicator 3.5.1: Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders;

Coverage of treatment intervention is presented more, especially psychosocial support services and substance use which is through People Who Inject Drugs (PWIDs).

- Indicator 3.5.2: Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

This is not available.

- Indicator 3.7.1: Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods, including lesbian and bisexual women, and trans persons;

Lesbian, bisexual women and trans persons are not presented in the SRHR which include family planning.

- Indicator 3.7.2: Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women and trans men in that age group, particularly among LBT and GNC young individuals;

No.

- Indicator 3.8.1: Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population); and

Coverage of essential health services through funded programs, covers for key populations. FHI360 is one of the partners providing health service delivery at cost free.