



Lessons Learned

Creating access to health services for LGBT
Community in primary health care settings
in the four regions of Swaziland.

SUMMARY

DESCRIPTION OF THE ACTIVITY ITSELF

The project that Rock of Hope (RoH) is focussing its lessons learned on is strengthening access to health care as part of their overall advocacy strategy. The activities were supported by Hivos, COC, amfAR and OSISA, were implemented from 2012 to June 2015 and some activities are still ongoing.

The goal of focusing on this activity is to document and reflect on the organization's strategies in advocating for equitable health care. This process will help the organization to take stock of what has worked and what has not worked and share best practices with other organizations in the region. The activities addressed issues of social justice, by advocating for equal access to health care for sexual and gender minorities to foster tolerant democracies, a step towards advocating for total recognition of sexual and gender minorities in Swaziland.

In Swaziland, as a result of the lack of involvement of Men who have sex with other Men (MSM) in health related issues, there is general lack of access to basic health needs among the population. Stigma and discrimination directed towards these MSM and Lesbians, Gays, Bisexuals, Trans, Intersex (LGBTI) exacerbate HIV infection among the population. It is therefore critical that health care institutions in Swaziland are properly sensitized on issues of access to health care for sexual and gender minorities.

The objectives were:

- To get the Ministry of Health (MoH) to acknowledge the needs of LGBT through their recognition of MSM as an entry point and start conversations about LGBTI issues so that they are included in major policy documents.
- To get the MoH and other non-state health care providers to mainstream the needs of the MSM and the LGBTI community.
- To convince the Country Coordinating Mechanism (CCM) secretariat to include MSM and LGBTI in their planning sessions and Technical Working Groups (TWG).
- To have LGBTI people capacitated in advocacy and have a strong voice to represent themselves.

The activity anticipated results were:

- Extended strategic framework to include LGBTI/ MSM, Sex workers (SW) and Injecting Drug Users (IDU) – now it includes MSM, SW and IDUs

- Explicit mentioning of MSM and LGBTI needs in communiqués from the Ministry of Health
- Positive feedback from the MSM/LGBTI community on access to quality health care and non-discriminatory treatment at health care facilities
- Establishment of a MSM/LGBTI technical working committee within the CCM and MSM/LGBTI representation within the CCM
- More LGBTI people capacitated and involved in advocacy
- Integration of LGBTI health services within the primary health care through sensitisation of Health Care Workers (HCW) for LGBTI people to access services without prejudice
- Provision of safe sex commodities in the country through major primary health care centres

The project was targeted at health care providers and MSM/ LGBTI population in Swaziland. Rock of Hope's constituency consist of mostly young MSM/LGBTI under the age of 35, currently RoH has about 100 members. The activities also benefitted Ministry of Health and organisations that implement HIV-related work. The activities were implemented in all 4 regions (Manzini, Hhohho, Lubombo, and Shiselweni)

Context (social, political, cultural, geographical aspects and other factors)

Consensual same sex among male adults (Sodomy) is prohibited as a common law offence punishable by a minimum of two years imprisonment or a minimum fine of E5000 Emalangeni (about 320 euro). Only sexual acts between men are prohibited under Swazi law. In 2005, the Swazi government planned to include a prohibition of all same-sex acts in the Sexual Offences and Domestic Violence Bill, with proposed penalties of a minimum 2 year imprisonment or mini fine of E5000. This reform was not adopted, however. The common law offence of sodomy has not recently been used to arrest gay men.

While the Swazi government advised the Human Rights Council that no one has been prosecuted for sexual orientation offences to date. Societal discrimination against LGBTI populations is widespread, thereby compelling LGBT persons to conceal their sexual orientation in the country, according to the some country reports. Gay men and lesbian women who are open about their identity face censure and exclusion from the chieftom patronage system, which can result in eviction from one's home. Chiefs, pastors and members of government are hostile to LGBTI persons and refer to same-sex sexual conduct as neither Swazi nor Christian, according to reports from Swazi Civil Society Organisations.

According to Pambazuka News, Swaziland's Prime Minister, Barnabas Dlamini, described homosexuality as 'an abnormality and a sickness'.

Activity implementation (steps and phases and other actors involved);

Activity 1: Meetings with MoH officials were held and provided relevant information on developments within the LGBTI Community on a regular basis and details of how the needs of MSM could be incorporated into policy documents.

Activity 2: Meetings with health care providers within the country regions to sensitize them on issues of the MSM/LGBTI community and share the problems MSM/LGBTI face regarding access to quality health care and non-discriminatory treatment at health care facilities.

Activity 3: Meetings with the CCM secretariat were conducted to discuss how the LGBTI community can be represented in the CCM.

Strategy or chosen approach

RoH used a human rights approach to health as critical to address Swaziland health inequalities for MSM/LGBTI as they are vulnerable groups and the need to be incorporated into public health planning.

The integration of human rights approaches into Swazi health and social policies offer MSM/LGBT opportunities for addressing key challenges like access to quality and non-discriminatory health services. RoH wanted to challenge Swazi MoH's practice of public health to rethink how population approaches to health can respond to MSM/LGBTI public health inequalities and exclusion, and to devise new ways to integrate human rights into public health. During implementation of activities a plan was developed and followed although there was no explicit 'Theory of Change' formulated nor followed.

RoH managed to sensitise HCWs from 18 government, 4 private and 3 mission hospitals and clinics and are now able to share with their peers and colleagues within their institutions. HCWs showed the need and ownership of providing quality services and buy in was achieved.

Major turning points in the process

The HCWs understood the need to include all staff in MSM/LGBTI sensitisation meetings i.e. The Good Shepard hospital.

The inclusion of MSM in the Extended National Strategic Framework and in the CCM was an opportunity to work with MoH on MSM programming and start conversations on broader LGBT issues.

The factors that shaped this activity were:

- The Behavioural and Biological Surveillance Study in 2011- MSM/Female SW
- Issues of stigma and discrimination among MSM/LGBT
- Lack of access quality health services and health seeking behaviours among MSM/LGBT
- High HIV/STI prevalence among MSM
- Reported discriminatory treatment experiences at health care providers (couple counselling for LGBTI and testing by service providers)

The results achieved are:

- Explicit mentioning of MSM and LGBT needs in communiques from the Ministry of health
- Positive feedback from the LGBT community on access to health care
- Establishment of a LGBT working committee within the CCM and LGBT representation within the CCM
- 18 government, 4 private and 3 mission hospitals and clinics were sensitised

Unexpected results

Negative attitudes were experienced as RoH was seen as promoting homosexuality in Swaziland. RoH was turned away at Institute for Health Sciences by the administration when they wanted to sensitise student nurses on gender and sexuality. The office cited protocol not being followed by RoH. RoH had conversations with the Institute board and some lecturers to try and get entry point that does not undermine protocol.

RoH did not manage to produce IEC materials to cover health issues, STIs, safety and risk reduction as planned.

The following challenges were faced:

- There was no transport to distribute or deliver condoms and lubricants to focal persons
- The peer educators programme is not fully developed and not properly running
- The general population and the LGBT community members spoke negatively about LGBT and there is need to write positive narration on LGBT stories. A committee has since been formed to represent and speak on behalf of the LGBT in Swaziland.

ANALYSIS AND LESSONS LEARNED

The activities worked as intended because:

There are positive results as community members know from which health facilities to seek health services and where commodities (condoms, dental dams and lubes) are available.

Key factors for success or failure were:

- Number of clientele accessing health services at the identified clinics
- The Vusela monitoring visits to identified clinics to assess provision of health services to LGBT
- Explicit mentioning of MSM and LGBT needs in communiques from the Ministry of health

RoH learned:

- How to interact and network effectively with stakeholders which includes working through identified champions within institutions
- Government bureaucratic process taught ROH to be patient. It took a lot of time to arrange meetings with Ministry of Health and this affected deadlines. Meetings with relevant health care workers and stakeholders were conducted to seek advice on ways to speed up the process without undermining procedures.
- The need to empower LGBT to form a strong LGBT community so that it's capable and mobilised as a movement in Swaziland.
- The general community are ignorant of homosexuality because they lack knowledge and understanding of LGBT issues and needs. There is need to work with families first.
- Proper planning and inclusion of all relevant stakeholders is paramount to achieving results.
- With more of our LGBT community being students and others working, we have learnt that we need to improve our planning and scheduling of trainings so that they minimally affect school and work while we maintain good attendance and participation in our trainings. Initially it was not a problem to conduct most of our trainings mid-week, but now we may have to consider having most on weekends, or target school breaks and communicate with those that work well in advance.
- There is need to give the health centres notice of at least 3 weeks before visiting them as they have processes that take time for certain visit approvals.

- The LGBTI community is very eager to learn and participate in advocacy.

Swaziland is developing an integrated manual to train and sensitise health care providers on SWs, PWIDs and MSM and the manual will be government owned. RoH will support the roll out of the manual and focus on sensitising MSM/LGBT community with more focus on addressing trans* issues.

ORGANIZATIONAL BACKGROUND

Background

Since 2012, The Rock of Hope has been supporting, fostering and celebrating the LGBT community of Swaziland. Through its work, The Rock of Hope uses trainings, advocacy and communication strategies to influence changes in policy and social practices. In recognition of the role that society plays in the creation of barriers to access to services, The Rock of Hope addresses human rights issues for the marginalized people and is dedicated to the building of a healthy and empowered LGBTI community in Swaziland.

Vision

A society in which every LGBT individual attains full health rights, freedom to be themselves and social well-being resulting to a high quality life.

Mission Statement

The organization is here to build a society in Swaziland that is free from the stigma, discrimination and the oppression of gay, lesbian, bisexual, transgender and intersex people (this also includes prisoners and sex workers who are a part of these groups). The organization through its activities aims to create a very strong and proud society of gay, lesbian, bisexual, trans* and intersex people in the entire kingdom of Swaziland.

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