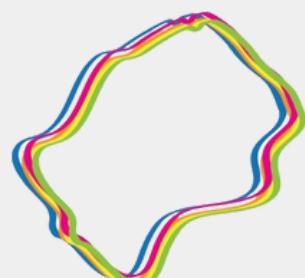




# LBQ Advocacy Priorities

## Lesotho

Presented By:  
**The People's Matrix**  
**2023 - 2025**



**THE PEOPLE'S MATRIX**  
ASSOCIATION

# Report Summary

This report documents the outcomes of district-level consultations with lesbian, bisexual, and queer (LBQ) women across Lesotho, capturing their lived experiences, priorities, and recommendations. Through community-based engagement, the report highlights how LBQ women navigate everyday life within diverse social, economic, and institutional contexts, and how these realities shape their exposure to violence, discrimination, and exclusion.

Findings across districts reveal that LBQ women's experiences are not uniform. Levels of safety, visibility, and acceptance vary significantly by geography, class, gender expression, age, and access to services. In some districts, LBQ women described relatively undisturbed lives characterised by social non-interference, while in others they reported persistent stigma, institutional harm, and threats of violence. Even in contexts perceived as more tolerant, acceptance was often described as conditional — dependent on silence, conformity, or access to private and formal spaces.

Schools, healthcare facilities, religious institutions, public transport, and domestic settings emerged as key sites where discrimination and harm are experienced. Gender expression, particularly for masculine-presenting, non-binary, and gender non-conforming individuals, consistently heightened vulnerability. Participants also identified intra-community stigma and rigid expectations around gender and sexuality as sources of tension and exclusion within LBQ spaces themselves.

Structural factors such as limited economic opportunities, lack of affirming sexual and reproductive health services, weak access to justice, and insufficient mental health and psychosocial support significantly shape LBQ women's lived realities. Economic marginalisation was repeatedly linked to forced migration, dependency, and increased exposure to risk, while gaps in healthcare and social services left critical needs unmet.

Despite these challenges, the report documents strong resilience and agency among LBQ women. Participants articulated clear priorities for change, including the need for inclusive education policies, affirming healthcare services, community-based support systems, economic empowerment initiatives, and strategies to address both institutional and intra-community harm.

Overall, this report provides a grounded, district-informed overview of the conditions affecting LBQ women in Lesotho. It is intended to inform advocacy, programming, and movement-building efforts that are responsive to lived experience, context-specific realities, and the diverse ways LBQ women define safety, dignity, and justice.

# Strategic Advocacy Consultations

## Movement Building Background

The People's Matrix has established a robust decentralized structure across all eight districts of Lesotho. This approach leverages movement-building projects to create self-governing community committees led by elected executives. These committees operate autonomously within The People's Matrix's framework, while collaborating with local partners.

This decentralized model empowers Matrix to tailor programs and capacity-building initiatives to address the specific needs of each community. Committees convene monthly, sometimes including local partners. It is through these structures that the organisations uncovered gaps - that affect particular identities- within our advocacy efforts and impact within the LGBTI+ community and therefore the need to strategically focus on mitigating those gaps and fulfilling the needs of the community.

Through this model, the organisation is in a process of developing strategies to address specific issues. To close the gap that the status quo of LGBTI funding and programming scope has created by focusing on GBQ and MSM individuals especially through the health lens, the organisation is currently in the process of developing a Transgender Advocacy Strategy and a Faith Advocacy Strategy. Continuous consultations and documentation of challenges within the community gave awareness to the need to strengthen efforts towards LBQ women as well as Intersex people. The organization. has now positioned itself to be strategical.

# Strategic Advocacy Consultations

## Context

Lesotho's LBQ women are facing a critical challenge due to a lack of coordinated advocacy efforts. Disjointed organizations and individuals working independently limit the movement's overall impact. This fragmentation is further worsened by the historical focus of LGBTI funding on supporting MSM and transgender individuals, leaving LBQ women and others significantly underserved.

This lack of a unified movement has severe consequences. Documented data shows a rise in gender-based violence (GBV) cases against LBQ women, both reported and unreported. Research by Matrix indicates that justice for LBQ women survivors of GBV is rare.

Several factors contribute to this: weak legal protections leave them vulnerable, a sluggish justice system fails to hold perpetrators accountable, inadequate support services fall short of their needs, deeply ingrained cultural norms create stigma and discrimination, and the dependence of survivors on their perpetrators creates a significant barrier to seeking help.

Furthermore, findings from The Ma'Box Project, a service delivery improvement initiative, reveal LBQ women's extreme dissatisfaction with available support services. The lack of a unified LBQ movement not only weakens advocacy efforts but also risks duplication of services and widens existing gaps in service provision. This fractured approach leaves LBQ women even more vulnerable and at risk of falling through the cracks entirely.

# Synthesis of Findings

## Introduction

Between 2023 - 2025, a series of district-level consultations were conducted with lesbian, bisexual, queer women, transwomen, and non-binary individuals across Lesotho. These consultations aimed to document lived experiences, identify structural barriers to safety and wellbeing, and generate community-led advocacy priorities. While each district presented unique contextual challenges, the consultations revealed strikingly consistent patterns of exclusion, harm, and resilience across both urban and rural settings.

This synthesis presents the **cross-cutting themes, structural drivers, and shared advocacy priorities** that emerged nationally, forming the basis for coordinated movement-building and policy engagement.

## 1. Structural and Social Drivers of Harm

### 1.1 Faith-Based and Cultural Violence

Across districts, faith institutions emerged as a central site of exclusion, moral policing, and psychological harm. Participants described churches as spaces where LBQ+ identities are framed as sinful, unnatural, or in need of correction. In some cases, religious teachings were directly linked to family rejection, forced secrecy, or threats of violence.

Importantly, faith-based harm was not limited to rhetoric. Participants reported coercive practices such as forced prayer, exorcism attempts, and spiritual shaming, contributing to long-term trauma and internalized stigma.

### 1.2 Healthcare Discrimination and SRHR Exclusion

Healthcare facilities were consistently identified as unsafe or unwelcoming for LBQ+ individuals. Participants across districts reported:

- Judgmental attitudes from healthcare workers
- Assumptions about heterosexuality
- Breaches of confidentiality
- Denial or delay of appropriate care
- 

Transwomen and gender-diverse participants faced heightened barriers, particularly in relation to respectful treatment and informed SRHR services. Fear of discrimination resulted in delayed healthcare seeking, self-medication, or complete disengagement from health systems.

# Synthesis of Findings

## 1.3 Economic Marginalization and Survival Vulnerability

Economic exclusion emerged as a critical underlying driver of vulnerability. Participants across rural and urban districts reported:

- High unemployment
- Limited access to skills development
- Workplace discrimination
- Dependence on hostile family structures

Economic precarity increased exposure to violence, exploitation, and unsafe living conditions, while limiting individuals' ability to leave abusive environments or seek independent housing and healthcare.

## 1.4 Criminalization, Policing, and Fear of Reporting

Participants expressed deep mistrust of law enforcement institutions. Across districts, LBQ+ individuals described fear of secondary victimization, ridicule, or inaction when reporting violence or abuse. As a result, many incidents—particularly intimate partner violence and sexual assault—remain unreported.

This lack of accountability reinforces cycles of impunity and normalizes violence against LBQ+ bodies and relationships.

# 2. Psychosocial and Mental Health Impacts

## 2.1 Trauma, Isolation, and Emotional Exhaustion

The cumulative effect of stigma, violence, and invisibility has resulted in widespread emotional distress. Participants described feelings of:

- Chronic fear and hyper-vigilance
- Isolation and loneliness
- Low self-worth and internalized stigma
- Unresolved trauma

These impacts were particularly acute in rural districts, where geographic isolation compounds social exclusion and limits access to support services.

# Synthesis of Findings

## **2.2 Intra-Community Challenges**

Consultations also surfaced tensions within LBQ+ communities, including:

- Limited solidarity across identities
- Competition for scarce resources
- Internalized stigma
- Silence around intimate partner violence

While these dynamics present challenges, participants also expressed a strong desire for healing, collective care, and stronger internal accountability.

## **3. Patterns Across Urban and Rural Contexts**

While urban districts such as Maseru offer greater visibility and proximity to services, participants emphasized that discrimination persists in more institutional and subtle forms. Rural districts face intensified stigma, limited anonymity, and extreme service gaps, but also demonstrated strong resilience and community-led survival strategies. The consultations reveal that visibility does not equate to safety, and access to services does not guarantee dignity or inclusion.

## **4. Community-Led Advocacy Priorities (National)**

Despite diverse contexts, participants across districts articulated shared demands for change:

### **4.1 Psychosocial Support and Healing Spaces**

- Safe, affirming spaces for trauma processing
- Peer-led support models
- Long-term mental health interventions

### **4.2 Inclusive SRHR Education and Services**

- Bodily autonomy and consent education
- LBQ+-affirming healthcare training
- Accessible SRHR information across districts

# Synthesis of Findings

## 4.3 Faith-Based Engagement and Accountability

- Dialogue with progressive faith leaders
- Challenging harmful religious narratives
- Community-level sensitisation initiatives

## 4.4 Civic Education and Legal Awareness

- Knowledge of rights and reporting mechanisms
- Support for engaging law enforcement and institutions
- Advocacy for accountability and protection

## 4.5 Economic Empowerment and Skills Development

- Livelihood opportunities for LBQ+ women and gender-diverse people
- Reducing dependency on unsafe family or partner structures

## 5. Political Significance of the Consultations

These consultations demonstrate that violence against LBQ+ communities in Lesotho is not incidental but structural and patterned, rooted in institutional neglect, moral regulation, and economic exclusion. At the same time, they reveal strong community leadership, political consciousness, and readiness for collective action.

The findings provide a robust evidence base for:

- National advocacy and policy engagement
- Movement-building and leadership development
- Strategic donor investment
- Cross-sector partnerships

## Conclusion

The national synthesis underscores an urgent need for coordinated, justice-centered responses that address both immediate harm and its structural drivers. LBQ+ communities across Lesotho are not only demanding protection and services, but recognition, dignity, and the right to live fully and safely.

These consultations affirm that movement-building is both a survival strategy and a political imperative.

# LBQ Advocacy Focus Areas



**Violence against LBQ\* Women**



**Access to Sexual and Reproductive Rights and Justice**



**Civic Education**



**Mental Health and Wellbeing**



**Economic Empowerment**



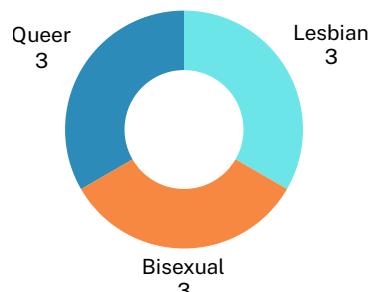
**Access to Health Care**



**Access to Community**

# Mohale's Hoek

## Overview



The Mohale's Hoek consultation convened 9 young adults, each representing a diverse range of gender identities and sexual orientations. The session created a safe and respectful space for participants to engage in open, thoughtful dialogue on the lived realities of LBQ+ individuals in the district.

Participants demonstrated a strong sense of community consciousness, expressing both the urgency of the challenges they face and a clear desire to grow as local advocates. Their reflections revealed not only the barriers to inclusion and safety, but also the resilience and readiness of the community to organize, lead, and shift the narrative.

## Key Highlights

**Faith Engagement:** Mainstream churches such as AME, Anglican, and Roman Catholic were seen as more tolerant, particularly around dress code and gender expression. These represent potential allies in inclusive faith-based advocacy.



**Supportive Families:** Many participants shared experiences of growing up in supportive two-parent households, often backed by extended family—especially when parents were accepting. This highlights opportunities for family-centered advocacy and support models.

**Community Leaders as Allies:** Village chiefs were described as open-minded and relaxed about gender expression, signaling potential for strategic community-level allyship.

**Service Access:** Health services are broadly accessible except for gaps at Ntsekhe Hospital. However, there is a clear lack of information on SRHR, reducing the impact of available services

# Mohale's Hoek

## Advocacy Priorities

### Faith and Community Spaces

Participants highlighted significant challenges posed by certain faith institutions, particularly Zionist and prophetic churches, which promote harmful practices such as “conversion prayers” and openly harass LBQ+ individuals. These churches propagate spiritual rhetoric like the “spirit of homosexuality,” contributing to public stigma and negative influences within families.

To address these challenges, it is proposed to engage more tolerant churches - such as AME, Anglican, and Roman Catholic - as allies in faith-based advocacy. Developing sensitization toolkits and dialogue models will support engagement with hostile faith spaces, while community-led documentation can help expose and counter spiritual violence.



### Mental Health and Intimate Partner Violence

There is a critical lack of accessible psychosocial support for LBQ+ individuals in Mohale's Hoek. Intimate partner violence within LBQ relationships is reportedly common yet remains unacknowledged and unaddressed. Safe, confidential mechanisms to disclose and respond to abuse are absent.

Recommended interventions include establishing peer-led psychosocial support networks and safe spaces, creating confidential reporting pathways for community violence, and training community leaders in trauma-informed responses and accountability measures.

# Mohale's Hoek

## Advocacy Priorities

### Access to Sexual and Reproductive Health Rights (SRHR) Services

While SRHR services are technically accessible in most areas, participants reported a significant lack of visibility, inclusivity, and proactive information-sharing by healthcare providers. Ntsekhe Hospital was specifically mentioned as a facility with restricted or uncomfortable access for LBQ+ individuals.

To improve this, LBQ-specific SRHR informational resources should be developed and distributed through trusted community channels. Additionally, healthcare workers, especially in underserved facilities, require inclusive training. Establishing regular feedback mechanisms between communities and health centers can help improve service responsiveness.

### Community Safety and Belonging

Community safety remains a concern, with young men identified as frequent perpetrators of harassment towards masc-presenting and lesbian women. Though village chiefs are generally welcoming, informal protections vary and lack formal structures. Moreover, bisexual identities suffer from invisibility and misunderstanding, even within the broader LGBTIQ+ community.

Interventions must include engaging village chiefs as strategic allies to promote respectful norms and protection, facilitating educational dialogues to increase understanding and inclusion of bisexual and LBQ+ identities, and developing community safety tools such as bystander intervention guides and rapid response protocols.

### Target Audiences

- Prophetic Churches
- Villages Chiefs
- Mohale's Hoek DHMT

### Priority Intervention

- Psychosocial Support
- Civic Education on CDMA



#### Violence

Cases of intimate partner violence

#### Mental Health

Counselling for GBV cases

#### Community

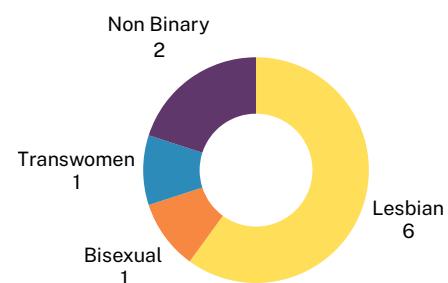
Unfriendly churches

#### Healthcare

Unfriendly healthcare providers

# Leribe

## Overview



The Leribe strategic advocacy consultation brought together a cross-section of LGBTIQ+ individuals from the district, engaging them in an open and reflective dialogue around lived experiences, identity, and social dynamics. The participants shared a strong willingness to engage in advocacy, while grappling with issues of interpersonal conflict, systemic discrimination, and the need for deeper community-level sensitization.

Discussions reflected complex realities around identity, social class, religion, and access to rights and services. The group emphasized the importance of collective healing, local leadership, and visibility - particularly through storytelling, community champions, and cultural engagement strategies such as “Lipitso” (community dialogues). Participants also noted how social inequality and faith-based exclusion continue to shape the experiences of queer and trans people in Leribe.

## Key Highlights

**Intra-Community Dynamics:** The consultation surfaced tensions and divisions based on gender identity (e.g., between trans men and cis-queer men; cis women and trans women), as well as class-based exclusion within queer spaces. These dynamics undermine unity and advocacy impact.

**Workplace and Educational Discrimination:** Transgender individuals shared experiences of workplace discrimination, especially within healthcare settings and factories. Participants also discussed being forced to conform to gendered school and church uniforms, with strict dress code enforcement acting as a tool of exclusion.

**Faith-Based Stigma:** Churches, including SDA and prophetic congregations, were flagged for perpetuating spiritual violence, including “prophetizing” practices and lack of psychosocial support for LGBTIQ+ members.

**Documentation and Visibility:** The importance of documenting personal stories, lived experiences, and resistance was raised, with a focus on community-produced narratives to counter erasure.

**Community Care Themes:** Conversations also touched on sanitation drives, menstrual hygiene access, and broader concerns around marriage, family acceptance, and belonging.

# Leribe

## Advocacy Priorities

### Identity, Class, and Intra-Community Conflict

One of the key issues raised was the presence of divisions within the LGBTQ+ community itself.

Participants spoke candidly about tensions rooted in gender identity and social class, particularly between trans men and cis men, and between trans women and cis women. These dynamics often lead to exclusion, competition, and the invalidation of lived experiences, which in turn fragment organizing efforts and limit solidarity.

To address this, participants recommended structured intra-community dialogues to build empathy, deepen mutual respect, and reduce horizontal discrimination. There was also a strong call to create more inclusive platforms for leadership and community visibility that reflect the full diversity of LBQ+ and trans experiences across all class backgrounds.

### Faith, Education, and Institutional Discrimination

Faith-based stigma emerged as a recurring source of harm, especially within the Seventh Day Adventist (SDA) and prophetic churches, which were described as sites of spiritual violence. Practices such as “prophetizing” - a form of religious shaming - are used to publicly humiliate queer and trans congregants, with no access to psychosocial support or affirmation. In educational settings, strict enforcement of gendered uniforms creates barriers for trans and gender non-conforming learners, often leading to distress, alienation, and absenteeism. Similar challenges exist in workplaces, particularly in Maputsoe’s clinics and factories, where trans people face ongoing discrimination and enforcement of restrictive dress codes.

In response, participants proposed engaging progressive churches like AME as allies in faith-based advocacy, while also developing campaigns that directly challenge discriminatory religious narratives. Legal and policy advocacy targeting gender-based dress codes in schools and workplaces was also identified as a priority, alongside broader community sensitization on dignity and inclusion.



# Leribe

## Advocacy Priorities

### Community Sensitization and Visibility

Participants emphasized that despite some progress, public awareness of LBQ+ and trans issues remains limited in rural Leribe. Traditional outreach methods were seen as insufficient, and many participants called for more culturally resonant, grassroots approaches to community engagement. This included reviving and expanding Lipitso - informal village-based meetings - as platforms for public dialogue and sensitization. The role of visible community "champions" was also discussed, with recommendations to train and support LBQ+ individuals as local educators and advocates. Storytelling was named as a powerful tool for visibility, healing, and countering stigma, with participants suggesting the development of local platforms to document lived realities, challenge stereotypes, and foster belonging.

### Mental Health and Social Isolation

Mental and emotional wellbeing surfaced as an urgent but often invisible issue. Participants shared painful stories of familial rejection, loss of friendships, and the psychological toll of sustained discrimination. Many expressed feeling isolated, with no safe or affirming spaces to process trauma or seek support. Within faith communities and schools, there are virtually no formal structures for psychosocial support - leaving individuals vulnerable and often forced into silence.

As a response, participants advocated for the creation of peer-led support groups focused on healing, affirmation, and collective care. These spaces could also serve as early intervention points for addressing interpersonal violence and promoting emotional resilience. Integrating psychosocial education into community dialogues and engaging faith-based mental health professionals were also proposed as long-term strategies.

### Target Audiences

- Industrial Firms
- High Schools
- Churches
- Communities in rural villages
- Leribe LGBTI community



### Violence

Intimate Partner  
Violence

### Mental Health

Lack of self  
acceptance/  
substance abuse

### Economic

Unfriendly work  
environments

### Healthcare

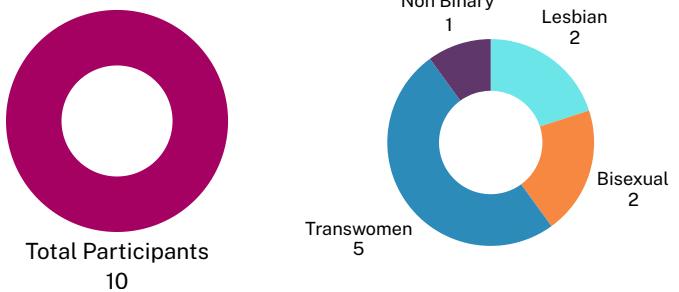
Unfriendly health  
services

### Priority Interventions

- Harassment of gender diverse persons in workplaces
- Addressing Biphobia in LGBTI community
- Strengthen GBV documentation

# Berea

## Overview



The Berea consultation convened a diverse group of LBQ+ and gender-diverse individuals to reflect on access to services, social inclusion, and leadership opportunities within a semi-urban context closely connected to Maseru. Discussions revealed both proximity to services and persistent barriers rooted in stigma, misinformation, and uneven community acceptance.

Participants described Berea as a district where visibility is possible but precarious. While some individuals experience relative freedom of expression, others face subtle but pervasive forms of exclusion within families, churches, and public institutions. The consultation emphasized the need to translate proximity to urban resources into meaningful access, dignity, and protection for LBQ+ people.

### Key Highlights

**Faith-Based Stigma and Spiritual Violence:** Participants identified local churches in Berea, particularly Pentecostal and evangelical congregations, as central sites of exclusion. Several recounted being publicly referenced in sermons as examples of “immorality” or “lost youth.” Transwomen described being denied entry to services or asked to leave due to clothing and gender expression, reinforcing spiritual trauma and social isolation.

**Family Surveillance and Conditional Acceptance:** Multiple participants shared that they were permitted to remain in their family homes only if they concealed their sexual orientation or gender identity. One participant described being told explicitly that expressing her identity would result in eviction. This conditional acceptance was described as emotionally violent and deeply destabilizing.



# Berea

## Advocacy Priorities

### Community Participation and Leadership

Participants noted limited opportunities for LBQ+ people to participate meaningfully in community structures. While overt violence is less visible, exclusion often takes the form of silence, erasure, or conditional acceptance.

### SRHR and Bodily Autonomy

There is a strong need for education on bodily autonomy, consent, and sexual and reproductive health - particularly for young LBQ+ individuals navigating relationships without affirming guidance.

### Education and Civic Awareness

Participants expressed limited knowledge of legal frameworks, accountability mechanisms, and avenues for civic participation, weakening their ability to challenge discrimination.

### Economic Dependency and Vulnerability

Participants recommended the establishment of skills-building and livelihood initiatives specifically inclusive of trans and gender-diverse individuals, as well as advocacy with local businesses to address discriminatory hiring practices.

### Target Audiences

- Community Leaders
- Family members
- Churches

### Priority Intervention

- Psychosocial Support
- Economic Empowerment
- Civic education



### Community

Community participation

### SRHR

understanding of bodily autonomy

### Economic

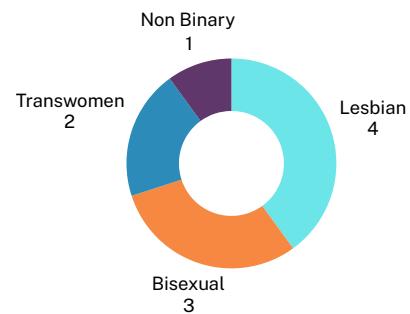
Skills building

### Education

Education on legislative frameworks

# Maseru

## Overview



The Maseru consultation reflected the contradictions of urban life for LBQ+ individuals. As the capital city of Lesotho, Maseru is often perceived as a comparatively more accepting environment for LBQ women. Participants confirmed that this perception holds some truth, but emphasised that acceptance in Maseru is uneven, classed, and geographically limited. Within the city centre and formal, professional spaces - such as banks, private medical practices, corporate offices, and commercial hubs - LBQ women reported relatively low levels of overt discrimination. In these environments, sexual orientation and gender identity were often described as “irrelevant” to service delivery, with experiences of care, efficiency, or neglect mirroring those of the general population.

However, this relative safety is fragile and conditional. Participants noted that once LBQ women move beyond the city centre - particularly through public transport systems and into peri-urban neighbourhoods - the risk of stigma, harassment, and discrimination increases significantly. These transitions expose LBQ women to community-based institutions such as public clinics, local bars or taverns, and neighbourhood churches, which were described as less exposed to diversity and more rigidly governed by conservative gender norms. In these spaces, LBQ women face heightened scrutiny, moral policing, and exclusion, revealing that Maseru’s perceived tolerance does not extend evenly across the district.

### Key Highlights

**Class-Based Safety and Conditional Acceptance:** Participants highlighted a clear class divide in experiences of safety and dignity. LBQ women who are able to access private services and remain within central business districts reported fewer incidents of discrimination. In contrast, those reliant on public services and community-based institutions experienced increased exposure to stigma and hostility. Acceptance in Maseru was thus described as contingent on economic access rather than rooted in structural protection.



**Public Transport as a Site of Harm:** Public transport was repeatedly identified as a site of vulnerability for LBQ women. Participants described taxis and buses as spaces where harassment, verbal abuse, and intimidation are common, particularly for those whose gender expression does not conform to feminine norms. Daily mobility through the city therefore becomes a source of anxiety and risk, limiting freedom of movement and access to services.

# Maseru

**Gender Expression and Hypervisibility:** Discrimination in Maseru was reported to be heavily influenced by gender expression. Masculine-presenting LBQ women were described as hypervisible and disproportionately targeted for harassment, questioning, and social policing in public spaces. This hypervisibility increases exposure to violence and reinforces rigid gender norms, even within urban settings that are otherwise perceived as progressive.

**Healthcare Interrogation and Identity Invalidation:** While private healthcare facilities in the city centre were generally experienced as professional and non-intrusive, participants reported markedly different experiences at community clinics. These included invasive questioning, interrogation about sexual orientation, and attempts by healthcare workers to invalidate or “correct” LBQ identities. Such interactions contribute to mistrust of public healthcare services and discourage LBQ women from seeking timely care.

**Conservative Community and Religious Spaces:** Local churches and community social spaces in peri-urban Maseru were identified as sites of exclusion and moral judgment. Participants described religious teachings and community norms that reinforce stigma against LBQ women, particularly those who do not conform to traditional gender roles. These spaces were reported to offer little protection and, in some cases, actively perpetuate harm.

## Advocacy Priorities

### Addressing Classed Inequalities in Urban Safety

Participants emphasised the need for advocacy that challenges the class-based nature of “acceptance” in Maseru. While private and centralised spaces offer relative safety, LBQ women should not be required to rely on economic privilege to access dignity and protection. Advocacy efforts should focus on extending non-discrimination standards to public services, transport systems, and community institutions.

### Transforming Public Transport and Community Spaces

Given the identification of public transport as a site of harm, participants called for targeted interventions, including public awareness campaigns, engagement with transport associations, and mechanisms for reporting harassment. Community-based initiatives are also needed to address stigma in peri-urban social spaces, including taverns and neighbourhood gathering points.

# Maseru

## Advocacy Priorities

### Challenging Gender Norms and Hypervisibility

Advocacy must explicitly address the heightened vulnerability of masculine-presenting LBQ women. Participants called for education and awareness initiatives that challenge rigid gender norms and reduce the policing of gender expression across public and institutional spaces.

### Improving Public Healthcare Accountability

Participants recommended systematic sensitisation of healthcare workers in community clinics, alongside the development and enforcement of clear non-discrimination protocols. Mechanisms to document and escalate violations within public healthcare settings were identified as critical to rebuilding trust and ensuring equitable access to care.

### Engaging Community and Faith Institutions

Participants proposed engaging community leaders and faith-based actors in dialogue to address stigma and exclusion at the local level. At the same time, they emphasized the importance of documenting harm within religious spaces and supporting alternative, affirming spaces for LBQ women who experience spiritual exclusion.

## Target Audiences

- Health Facilities
- Schools
- Churches
- Taxi Ranks

## Priority Intervention

- Psychosocial Support
- SRH & BAI education



### Community

Sensitising public and community area

### SRHR

Gender affirming healthcare services

### Healthcare

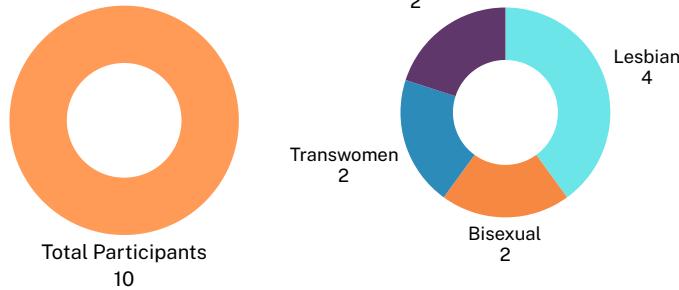
Accountability in healthcare institutions

### Economic

Addressing class inequalities

# Butha Buthe

## Overview



The Butha-Buthe strategic advocacy consultation brought together LGBTIQ+ community members to reflect on their lived experiences, identify structural barriers to health, wellbeing, and empowerment, and envision localized solutions that center dignity and inclusion. Participants engaged in thoughtful discussion around economic survival, access to health services, mental health, and leadership opportunities, with particular emphasis on transgender experiences and the importance of strategic resourcing.

The dialogue was marked by a forward-looking energy. Participants expressed a desire not only for safety and access, but for the tools to thrive, lead, and shape their futures. Skills development, innovation, and mental wellness emerged as foundational pillars for building a more just and empowered LGBTIQ+ community in the district.

## Key Highlights

**Gender-Affirming Healthcare Needs:** Participants raised urgent concerns about the lack of gender-affirming healthcare services, especially for transgender women. There is no access to Hormone Replacement Therapy (HRT) in public facilities, and trans individuals are often placed in inappropriate wards, compromising their dignity and safety.

**Vision for Economic Empowerment:** The consultation surfaced a strong interest in skills development and economic self-sufficiency. Participants emphasized the need for alternative trades training, entrepreneurship support, short courses, and diplomas, paired with mentorship and governance training. There was a shared vision of an Innovation Hub that could serve as a center for training, entrepreneurship, and leadership development.

**Mental Health and Substance Use:** Mental health emerged as a priority concern, particularly in relation to substance abuse, stress, and anger management. Participants linked these issues to trauma, discrimination, and lack of supportive spaces or services.

**The Role of Strategic Resourcing:** Across all discussions, participants noted that lack of funding is a persistent barrier to progress. Whether for healthcare, training, or psychosocial support, they stressed that resourcing is essential to move from vision to implementation for their community initiatives.

# Butha Buthe

## Advocacy Priorities

### Access to Reproductive and Gender-Affirming Healthcare

Participants identified that while some general reproductive health services are available in Butha-Buthe, they remain largely ill-equipped to meet the specific needs of LGBTIQ+ individuals – particularly transgender women. There is no access to HRT, no structured protocols for gender-affirming treatment, and concerns persist about the misplacement of trans patients in wards that do not align with their gender identity. These conditions create an unsafe and often humiliating healthcare experience.

Participants recommended advocating for the inclusion of gender-affirming healthcare in public health services, along with sensitization of healthcare workers and the development of clear placement and privacy protocols that protect the dignity and autonomy of transgender patients.

### Economic Empowerment and Leadership Development

The consultation surfaced a strong demand for opportunities that extend beyond survival.

Participants called for alternative skills training, including practical trades, small business development, and entrepreneurship education.

There was particular interest in short-term academic programs such as diplomas and certificate courses that could unlock further opportunities. In addition, participants expressed the need for mentorship, governance training, and structured platforms to grow leadership capacity within the LBQ+ and wider LGBTIQ+ community.

The idea of establishing an Innovation Hub - a shared space for learning, training, and economic development - was proposed as a long-term goal.

These initiatives require partnerships with education providers and private sector actors, alongside advocacy for targeted economic support.



# Butha Buthe

## Advocacy Priorities

### Mental Health and Substance Use Support

Mental wellbeing was highlighted as a silent but urgent crisis. Participants reported patterns of substance abuse and difficulties with anger management, often linked to stress, rejection, and trauma. These challenges are compounded by a complete absence of tailored mental health services or safe spaces for healing.

Participants emphasized the need for community-based mental health programs, including peer-led healing circles, professional referrals, and awareness campaigns to de-stigmatize help-seeking. Establishing early intervention tools and trauma-informed support systems was seen as essential to individual and collective wellbeing.

### Strategic Resourcing and Innovation

A cross-cutting theme throughout the consultation was the lack of funding to support LGBTIQ-led initiatives. Whether for healthcare, training, or mental health, participants underscored that even the most promising ideas remain dormant without resources. There is a strong call to mobilize sustainable funding streams, build partnerships with donors and community foundations, and support community members in developing fundraising, grant-writing, and project management skills. Investing in innovation—not only in ideas but in the people who carry them—is viewed as a pathway to long-term transformation.



### Target Audiences

- DHMT
- MOET
- Mental Health Professionals

### Priority Intervention

- Psychosocial Support
- Gender Affirming Care



#### Healthcare

Gender affirming and responsive healthcare

#### Economic

Platforms for personal and professional development

#### Mental Health

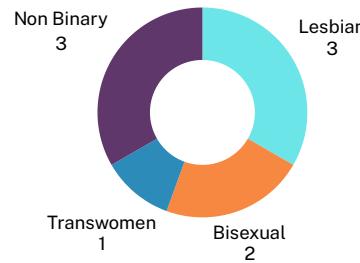
Address substance abuse and stress

#### Community

Partnerships to support community initiatives

# Mokhotlong

## Overview



The Mokhotlong consultation highlighted extreme vulnerability linked to geographic isolation, poverty, and rigid social norms. Participants described living in communities where deviation from gender and sexual norms is immediately noticed and harshly sanctioned. The lack of anonymity and limited institutional presence were identified as key drivers of fear, secrecy, and silence.

Despite these conditions, participants demonstrated resilience and a strong desire for connection, support, and justice. The consultation underscored the urgent need for outreach-based interventions that acknowledge the realities of rural life.

### Key Highlights

**Harassment and Community Surveillance:** Participants described being followed, questioned, and harassed in public spaces due to their appearance. One participant reported being denied service at a local shop after rumours circulated about her sexual orientation.

**Healthcare Avoidance Due to Confidentiality Breaches:** Local clinics were named as unsafe spaces, with participants fearing gossip and disclosure of their identities by healthcare workers. Several participants stated they would rather self-medicate than risk being exposed.

**Isolation and Emotional Distress:** Participants reported high levels of loneliness, depression, and fear, compounded by the absence of mental health services and safe spaces.



# Mokhotlong

## Advocacy Priorities

### Community Awareness and Acceptance

Participants emphasized the need for basic education on SOGI identities to reduce fear-driven stigma and harassment.

### SRHR Education and Access

Limited healthcare infrastructure means LBQ+ individuals often rely on uninformed or hostile providers, discouraging service uptake. Participants recommended mobile clinics and community outreach models to deliver healthcare and mental health support safely and discreetly.

### Civic Education

There is minimal understanding of rights, reporting pathways, or engagement with local governance structures. There was a strong call for education on legal rights, protection mechanisms, and how to seek support when facing abuse or discrimination.

### Mental Health Support

Isolation and rejection contribute to emotional distress, with no local psychosocial services available. Participants emphasized the importance of establishing peer-led support groups to reduce isolation and build collective resilience.

### Target Audiences

- Health Facilities
- Community dialogues

### Priority Intervention

- Psychosocial Support
- SRH & BAI education



#### Community

Understanding and acceptance of SOGI identities

#### SRHR

Education on sexual health and right to access services

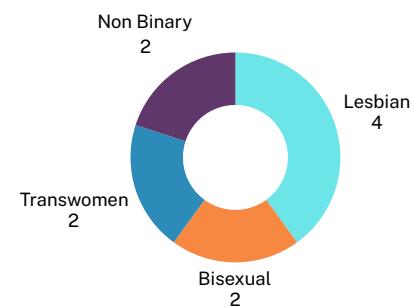
#### Mental Health

support groups

#### Education

Awareness on accountability mechanisms and civic participation

# Quthing Overview



Participants from Quthing consistently described their daily lives as generally undisturbed, characterizing the district as a community where people largely “mind their own business.” Overt discrimination based on sexual orientation was reported as relatively rare, and many LBQ women indicated that they are able to live without constant surveillance or harassment. This form of passive tolerance, however, does not translate into full social acceptance or safety, particularly in intimate and public relational contexts.

While LBQ women are generally able to exist openly as individuals, participants emphasized that public visibility as couples remains limited. Many do not yet feel comfortable expressing affection or openly acknowledging their relationships in public spaces. Beneath the surface of everyday calm, participants identified significant tensions within domestic relationships, particularly related to rigid heteronormative expectations of masculinity and femininity. These dynamics contribute to intimate partner violence (IPV), which is compounded by the absence of accessible and trusted mechanisms for reporting abuse and seeking justice through law enforcement institutions.

## Key Highlights

**Passive Acceptance and Limited Public Visibility:** Quthing was described as relatively peaceful for LBQ women, with minimal direct interference from community members. However, this acceptance is largely based on non-engagement rather than affirmation. Participants noted that while individual LBQ women can live openly, public visibility as couples remains constrained, reflecting lingering social discomfort with same-sex relationships.



## Intimate Partner Violence and Gendered Expectations

Participants raised concerns about IPV within same-sex relationships, rooted in toxic and rigid understandings of masculinity and femininity. These norms create power imbalances that contribute to emotional, physical, and psychological abuse. The lack of clear, accessible channels to report IPV - particularly within same-sex relationships - leaves survivors with limited options for protection or redress.

# Quthing

**Gaps in Law Enforcement Response to IPV:** Law enforcement institutions were identified as ill-equipped to respond to IPV involving LBQ women. Participants expressed mistrust in police responses, citing fears of dismissal, misunderstanding, or secondary victimisation. This gap exacerbates vulnerability, allowing violence within intimate relationships to continue without accountability.

**Visibility and Relative Safety of Trans Women:** Trans women in Quthing were reported to experience relatively safe public visibility compared to other districts, including participation in some church spaces. This reflects a degree of community tolerance toward gender diversity, though participants cautioned that this acceptance remains fragile and informal rather than institutionally protected.

**Ageing LBQ+ Population and Healthcare Gaps:** Participants highlighted the presence of a significant number of older LBQ+ individuals in the district, underscoring the need for age-sensitive and gender-affirming healthcare. Despite this demographic reality, healthcare services - particularly those that affirm the identities and needs of LBQ women and trans women - remain insufficient or absent.

## Advocacy Priorities

### Strengthening Responses to Intimate Partner Violence

Participants called for advocacy focused on recognising and addressing IPV within same-sex relationships. This includes sensitisation of law enforcement officials, the development of clear reporting pathways, and survivor-centred support mechanisms that do not rely on heteronormative assumptions.

### Expanding Safe Reporting and Justice Mechanisms

There is a critical need to establish trusted channels for reporting violence and accessing justice in Quthing. Participants emphasised community-based reporting options, partnerships with legal aid providers, and increased accountability within police services as essential steps.

### Improving Gender-Affirming Healthcare Access

Participants recommended targeted engagement with healthcare providers to improve access to gender-affirming care, particularly for trans women and ageing LBQ+ individuals. Training on SOGIESC issues and referral pathways to affirming services were identified as priority interventions.

# Quthing

## Supporting Public Visibility and Relationship Recognition

Advocacy efforts should aim to create safer conditions for LBQ women to exist openly with their partners in public spaces. Community dialogues and visibility initiatives were proposed as ways to gradually shift norms beyond passive tolerance toward meaningful inclusion.

## Sustaining Safe Faith and Community Spaces

Given the relative safety reported by trans women in some churches, participants identified opportunities to strengthen and expand affirming faith-based spaces. Engagement with supportive religious leaders could help model inclusion and challenge exclusionary practices within the broader community.



## Target Audiences

- Health Facilities
- Law enforcement
- Churches

## Priority Intervention

- IPV documentation and support
- SHR Service provision



## Community

Expanding safe community spaces and allies

## SRHR

Gender affirming services

## Violence

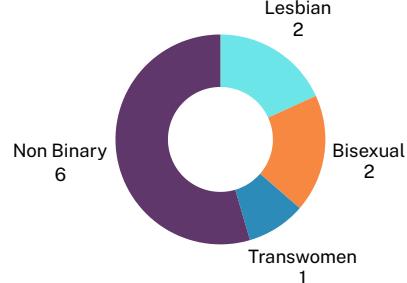
Intimate Partner Violence

## Health

Advocacy for robust and comprehensive healthcare

# Qacha's Nek

## Overview



The Qacha's Nek consultation brought forward some of the most deeply painful, yet essential truths shared during the district-level engagements. Participants - many of whom had experienced direct harm in schools, churches, healthcare settings, and even within their families - used this space to speak candidly about trauma, stigma, and the ongoing threat of violence that defines the everyday lives of LBQ+ individuals in this district.

Despite the heaviness of the themes, participants showed immense courage and clarity, with a strong call for healing, justice, and systemic transformation. The need for psychological support, inclusive education, safe healthcare, and faith spaces free from violence formed the core of the discussion. Their testimonies reflect not only the challenges they endure, but also their resilience and commitment to building safer, more inclusive communities in Qacha's Nek.

### Key Highlights

**Harm in Educational Institutions:** Participants recounted traumatic experiences at school, including verbal harassment and humiliation in the classroom by both teachers and staff. Specific individuals were named for their roles in public shaming, threats of expulsion, and isolating queer students.

**Alarming Reports of Corrective Rape Threats:** One of the most distressing issues raised involved threats of corrective rape, even from male family members, particularly in Tebellong. This reflects an extreme level of vulnerability faced by queer women and gender-diverse individuals in domestic spaces.

**Mistrust of Health Services:** Participants shared deep dissatisfaction with Machabeng Hospital, with some stating that they would *“rather die than get treated there.”* Recent experiences included denial of healthcare services and discriminatory treatment, contributing to a widespread fear of seeking medical attention.

**Religious Violence and Spiritual Abuse:** The church space - particularly institutions linked to Roma traditions - was named as a source of violence. Participants described being labeled as “demonic,” denied spiritual care, and rejected based on dress code and gender expression. Churches were reported to refuse help to queer people, reinforcing spiritual trauma and exclusion.

**Critical Need for Psychological Support:** Across all conversations, there was a desperate call for access to psychologists and mental health professionals. Participants, including those referenced by name (e.g., Me Nosi, Me Metsing), described the emotional toll of ongoing trauma, abuse, and social isolation, with no available formal support.

# Qacha's Nek

## Advocacy Priorities

### **Violence and Threats Within Educational and Family Settings**

Participants shared repeated experiences of emotional and psychological abuse in schools, often at the hands of educators entrusted with their safety. Teachers publicly shamed, threatened, and ostracized LBQ+ students, causing long-term trauma. These experiences are compounded by threats of violence from male relatives, including attempted or threatened corrective rape, particularly in rural areas like Tebellong.

To respond, participants called for stronger child protection measures, anti-bullying and inclusion policies in schools, and community-based interventions that address familial violence. Advocacy efforts must also target the Ministry of Education and teacher training colleges to introduce SOGIESC-sensitive education standards.



### **Lack of Mental Health and Psychosocial Support**

Participants expressed an overwhelming need for accessible psychological care, describing a mental health landscape marked by neglect, stigma, and silence. The trauma of school-based abuse, family rejection, and community hostility has created deep emotional wounds that remain unaddressed.

Participants proposed the establishment of mobile mental health clinics, partnerships with trauma-informed psychologists, and the creation of peer-led healing spaces that are safe and affirming for queer people. These interventions must be embedded within broader district-level advocacy on health and social services.

# Qacha's Nek

## Advocacy Priorities

### Healthcare Discrimination and Mistrust

Machabeng Hospital was singled out as a site of persistent discrimination, neglect, and service denial. Participants reported recent incidents of being refused care or treated with hostility based on their appearance or perceived identity. Such treatment has bred a culture of medical mistrust, leading individuals to delay or avoid seeking care altogether.

Participants recommended targeted sensitization of healthcare providers, the development of non-discrimination protocols within facilities, and mechanisms to document and escalate health rights violations. Long-term, partnerships with the Ministry of Health and local clinics are needed to improve patient dignity and accountability.

### Religious Stigma and Institutional Harm

Churches, particularly those connected to the Roman Catholic tradition, continue to perpetuate spiritual violence, including teachings that queer identities are “demonic,” and practices that exclude individuals based on dress or gender presentation. These institutions actively deny queer congregants pastoral support, prayer, or community belonging.

Participants urged for a dual-track approach: engaging progressive faith leaders as allies, while simultaneously documenting and challenging spiritual abuse. Faith-focused dialogues, interfaith coalitions, and affirming spaces for queer believers were proposed as part of a longer-term strategy for healing and inclusion.



### Target Audiences

- DHMT
- Churches
- Parents & Families

### Priority Intervention

- Psychosocial Support
- GBV Case Management



#### Violence

Documentation of threats and violations

#### Community

Parents, families and church sensitisation

#### Mental Health

Psychosocial support for trauma

#### Healthcare

Accountability and monitoring for healthcare

# Thaba Tseka

## Overview



Participants from Thaba-Tseka described their lives as generally stable and largely undisturbed by the broader community. Overt hostility or direct discrimination based on sexual orientation was reported as uncommon, with many noting that people tend to “mind their own business.” This relative calm, however, is shaped less by active acceptance and more by limited visibility, strong social conformity, and the expectation that individuals do not openly challenge prevailing norms around gender and sexuality.

Beneath this surface-level coexistence, LBQ individuals - particularly non-binary and masculine-presenting people - experience significant pressure within institutions and interpersonal relationships. Schools, intimate relationships, and intra-community dynamics were identified as key sites of harm. These challenges are further compounded by limited economic opportunities, a lack of affirming sexual and reproductive health services, and high levels of substance abuse, all of which exacerbate vulnerability and restrict access to support.

## Key Highlights

**Schools as Sites of Gender Policing:** Educational institutions were consistently identified as primary sites of discrimination. Strict gendered dress codes and disciplinary practices disproportionately target non-binary and masculine-presenting learners. Participants reported being reprimanded, humiliated, or pressured to conform, leading to emotional distress, disengagement from school, and, in some cases, early dropout.

### Economic Marginalisation and Out-Migration

Limited economic opportunities in Thaba-Tseka were described as a major driver of vulnerability. The absence of local empowerment initiatives pushes many LBQ individuals to migrate to Maseru in search of work and financial independence. This movement often disrupts social support systems and exposes individuals to new risks, including housing insecurity and exploitation.



# Thaba Tseka

**Lack of Affirming SRHR Services:** Participants reported that sexual and reproductive health services in the district are largely non-affirming and inaccessible to LBQ individuals, particularly gender-diverse people. Fear of stigma, lack of confidentiality, and limited provider knowledge discourage engagement with SRHR services, leaving critical health needs unmet.

**Substance Abuse as a Coping Mechanism:** High levels of substance abuse were identified as both a community-wide issue and a coping strategy for some LBQ individuals facing isolation, economic stress, and lack of support. Participants noted that substance use can intensify interpersonal conflict, increase exposure to violence, and further limit access to health and psychosocial services.

## Advocacy Priorities

### Reforming School Policies and Protecting Gender-Diverse Learners

Participants called for engagement with educational authorities to address discriminatory dress codes and gender policing in schools. Advocacy should focus on gender-inclusive policies, educator sensitisation, and safe reporting mechanisms for learners experiencing discrimination.

### Expanding Economic Empowerment Opportunities

Participants highlighted the urgent need for local livelihood and skills-development initiatives to reduce economic dependency and forced migration. Economic empowerment was framed as a key strategy for reducing vulnerability and increasing autonomy.

### Responding to Substance Abuse and Psychosocial Needs

Participants emphasized the importance of integrating mental health and substance abuse support into community-based interventions. Peer support, counselling services, and harm-reduction approaches were identified as critical components of a holistic response.

## Target Audiences

- Schools
- Health facilities



### Economic

Livelihood opportunities



### SRHR

Affirming SRHR services

## Priority Intervention

- Psychosocial Support
- Economic Justice



### Mental Health

substance abuse

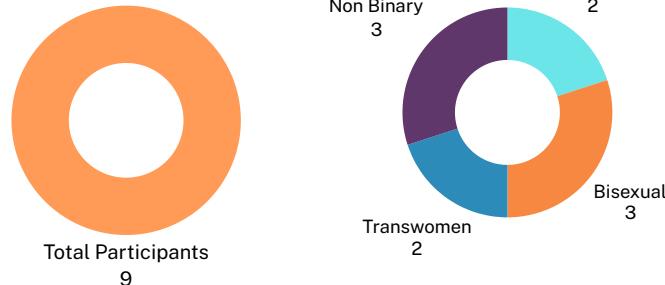


### Education

Gender policing in schools

# Mafeteng

## Overview



The Mafeteng consultation brought together a diverse group of LBQ+participants to explore the intersections of identity, health, expression, and community connection. Discussions were deeply reflective, centering both individual empowerment and the structural barriers that undermine LBQ+ and gender-diverse people in the district.

Participants emphasized the importance of consent, communication, and exploration as foundational to sexual health and bodily autonomy. At the same time, they reflected on challenges within families, schools, and healthcare settings that hinder safe expression and access to services. Despite these barriers, the session was hopeful—marked by creative thinking and a desire for healing spaces, leadership opportunities, and intergenerational dialogue.

### Key Highlights

**Sexual Health and Affirmation:** Participants emphasized consensual interaction, open communication, and the freedom to explore and assert sexual boundaries as central to wellbeing. These foundational principles were seen as particularly important for bisexual individuals, who often face invalidation or discomfort in relationships—especially with partners of the opposite gender.

**Healthcare Discrimination and STI Stigma:** Participants shared negative experiences of discrimination at Mafeteng hospital, particularly at the reception point, where LBQ+ individuals are met with hostility and judgment. When seeking treatment for sexually transmitted infections, including Syphilis, they reported being treated dismissively and encountering limited or unavailable treatment options.

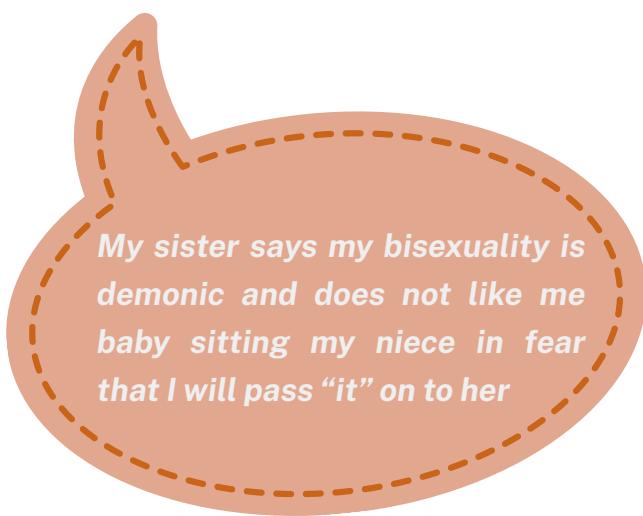
**Economic Justice and Personal Growth:** Themes of personal transition, including “Coming Out” and access to HRT, were linked to broader conversations about economic empowerment and the need for support systems that uphold dignity. This included calls for economic inclusion, recognition of identity-related expenses, and the importance of financial freedom in enabling authentic living.

# Mafeteng

## Key Highlights

**Community and Cultural Engagement:** The consultation reflected strong interest in youth-led initiatives, creative expression, and healing-centered social activities. Suggestions such as retreats, bonding spaces, movie nights, and investment in the creative industry were presented as ways to foster community resilience, joy, and solidarity.

**Intergenerational Dialogue and Institutional Reform:** Participants raised concerns about discrimination faced by masculine-presenting individuals, as well as broader cultural tensions with elders, parents, and traditional leaders. Education institutions, such as Mantoetsi High School, were flagged for rigid dress codes that exclude or police gender expression, highlighting the need for institutional policy change. A participant shared the distressing experience of family rejection, identity, and parenting.



**Violence in Intimate Relationships:** The group discussed patterns of intimate partner violence (IPV), identifying the presence of a typical abuse cycle often compounded by substance abuse. Participants highlighted that responses to IPV must go beyond survivor support to include accountability mechanisms for those who cause harm, along with community-based interventions that help shift behavior, strengthen bonds, and foster a shared culture of responsibility.

# Mafeteng

## Advocacy Priorities

### Sexual Health, Consent, and Affirmation

Participants called for a more open and affirming discourse around sexual health— one that centers consent, mutual respect, and the right to sexual self-determination. For bisexual individuals, in particular, the lack of societal understanding contributes to invalidation and unequal power dynamics in relationships. Interventions should include inclusive sexual education workshops, relationship literacy training, and peer-led support groups that explore healthy boundaries, negotiation, and intimacy for queer and gender-diverse communities.

### Economic Justice, Identity, and Transition

#### Support

Economic empowerment was tied directly to self-actualization and identity support.

Participants discussed how the costs of transitioning, accessing HRT, or even coming out can carry economic consequences, especially in unsupportive environments. The group emphasized the need for financial literacy, small grant or microenterprise support, and career development programs. There is also a call for donor investment in trans-inclusive livelihood programs and leadership pipelines for LBQ+ youth.



### Healthcare Discrimination and Access to STI Treatment

The consultation revealed systemic discrimination at the hospital reception and broader treatment areas in Mafeteng, where LBQ+ individuals feel unsafe or dismissed when seeking care. This is especially acute in cases of STIs/STDs, with Syphilis specifically mentioned as both stigmatized and under-treated.

To address this, participants proposed sensitization of healthcare workers, the integration of inclusive language and protocols into patient interactions, and advocacy for consistent availability of STI treatment. Health centers must also develop feedback and accountability mechanisms where LGBTIQ+ patients can report mistreatment without fear.

# Mafeteng

## Advocacy Priorities

### Violence in Intimate Relationships and Family Spaces

In addition to external discrimination, participants discussed the complexities of violence within queer relationships. Conversations around intimate partner violence (IPV) revealed recurring abuse cycles, often worsened by substance use, emotional manipulation, and lack of outside intervention.

Participants stressed that while support for survivors is vital, remedies to IPV must also include accountability structures - spaces where those who cause harm can be held responsible, and communities can challenge cycles of abuse together. This includes strengthening bonds of solidarity, offering restorative practices, and investing in education on healthy relationships within LBQ+ spaces.

### Community Building, Education, and Social Inclusion

Institutions like Mantoetsi School were also flagged for exclusionary dress policies, prompting recommendations for school policy reform and engagement with parents and elders to challenge stigma and affirm gender expression.

Participants envisioned a future where joy, creativity, and healing are central to community life. Social initiatives such as retreats, creative workshops, and movie nights were named as tools to restore connection, reduce isolation, and foster collective care. These spaces should be intentionally designed to include youth voices, celebrate queer identity, and challenge intergenerational tensions. .

### Target Audiences

- Healthcare Facilities
- Parents and Families
- Schools

### Priority Intervention

- SRHR Education
- Community Sensitisation
- Community support



### Community

Sensitisation  
with parents and  
schools

### SRHR

Education on  
sexual health  
and right to  
access services

### Violence

Support for  
violations from  
community and  
relationships

### Education

Increased  
education on  
SSOGIE