HRAPF
HUMAN RIGHTS AWARENESS AND PROMOTION FORUM

SEXUAL AND REPRODUCTIVE HEALTH (SRH) NEEDS FOR LGBTI PERSONS

AND QUALITY OF AVAILABLE SERVICES TO LGBTI PERSONS

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Human Rights Awareness and Promotion Forum (HRAPF)

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List of acronyms

ART	Antiretroviral Therapy
CSO	Civil Society Organisation
IBU	Ice Breakers Uganda
HTS	HIV Testing Services
LGBT	Lesbians, Gay, Bisexual and Transgender
PEP	Post Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
SRH	Sexual Reproductive Health
SMUG	Sexual Minorities Uganda
MARPI	Most at Risk Persons Initiative
MSM	Men who have sex with Men
FGDs	Focus Group Discussions

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EXECUTIVE SUMMARY

Human Rights Awareness and Promotion Forum aims to secure a future where the human rights of all persons including marginalised and most at-risk populations such as LGBT persons are valued and respected. The right to health is a justiciable right under Article 8A of the Constitution of Uganda, 1995 as such an obligation to promote and protect this right is imposed on the Government of Uganda. In addition to several other international and regional instruments such as the African Charter on Human and Peoples Rights that impose a similar obligation.

Uganda still maintains archaic colonial laws that criminalise consensual same-sex relations under the Penal Code Act, 120 section 145. As a result, LGBT persons suffer several forms of violence based on sexual orientation and gender identity or expression. Violence against LGBT persons is particularly in the form of societal stigmatisation, homophobic violence, and discrimination which limits access to SRH services. In the context of HIV, LGBT persons are more vulnerable to HIV infection which necessitates the need to ensure equitable access to sexual and reproductive health services to ensure equal protection for all people.

This study sets out to identify and explore the sexual reproductive health needs of LGBT persons and the nature of services available to them. The study further identifies the barriers faced by LGBT persons in relation to accessing SRH services.

The study utilised qualitative methods and techniques to collect data on the SRH needs, the nature and quality of SRH services provided for LGBT persons, and the barriers faced in obtaining SRH services in the districts of Kampala, Wakiso, and Mbale. Existing literature was reviewed and data collected through 15 focus group discussions and 29 key informant interviews involving LGBT persons, leaders of Civil Society Organisations, and health care service providers.

Key findings

1. The key SRH needs that cut across for all LGBT persons included;

    (i) SRH consumables/ products such as condoms, lubricants among others, HIV services including prevention and treatment such as screening and testing, ART, PrEP, PEP.
    (ii) Abortion rights
    (iii) Access to medicines and commodities
    (iv) An enabling environment for access to services tailored to LGBT person's needs such as having health workers that understand the needs of LGBT persons, a friendly environment at health facilities that enable expression of health concerns.
    (v) Sexuality education among the LGBT community particularly on SRH issues.

2. In regards to SRH services that are available to LGBT persons, some SRH services are particularly available to a specific group within the LGBT cluster while some are generally available to all persons. In particular, SRH services and products that relate to HIV prevention and treatment of STIs are readily available. There have been efforts to provide reasonable access to PEP and PrEP services for key populations although these services remain largely limited due to structural and institutional limitations.

3. SRH services are more accessible and available in urban areas such as Kampala and Wakiso districts. These services are limited in rural parts of the country.

4. Service providers of SRH services were public and private health facilities, drop-in centres, referrals, and social media. In some of the private and public health facilities, focal persons trained in the needs of LGBT persons are available. Additionally, trainings have been conducted by the Ministry of Health, Infectious Diseases Institute, and MARPI on the treatment of LGBT persons.

5. Most SRH services are provided through referrals to health facilities that are LGBT-friendly. Access to SRH services for LGBT persons is more of a chain referral network than regular processes of dropping in. The quality of services received depends on whether a focal person for key populations is readily available to ensure equitable access to SRH services.

6. Some of the barriers that hinder access to equitable and quality SRH services for LGBT persons include;

   (i) The unconducive environment at the health facilities.
   (ii) The failure of health service providers to understand the unique SRH needs of LGBT persons.
   (iii) The lack of information and the knowledge gap about the available SRH services available to key populations.
   (iv) Unavailability of services and stock-outs of SRH services are particularly needed by LGBT persons. Even where the SRH services are available, the costs of accessing such SRH services are prohibitive.

Recommendations

To the Government

1. Strengthen the policy framework with a focus on serving the needs of LGBT persons.

2. Undertake health worker training on attitude change about LGBT persons in partnership with Civil Society Organisations as a matter of policy.

3. The Ministry of Health should develop a non-discrimination policy to address discriminatory treatment of LGBT persons.

To Civil Society Organisations

1. Enhance community sensitisation efforts around LGBT persons, gender identity, and sexuality to enable communities to appreciate sexual and gender diversity.

2. Strengthen advocacy for the provision for LGBT-specific SRH needs to enable the unlearning of wrong attitudes and perceptions.

3. Develop advocacy that disaggregates LGBT to enable the unique needs of each category of persons to be effectively dealt with.

To LGBT persons

Establish and strengthen support networks that enable LGBT person's access SRH services.

To Health Service Providers

Enforce adhere to strict non-discrimination principles to ensure equitable and quality access to SRH services for LGBT person

1.0 INTRODUCTION

1. Introduction

In the context of the HIV/AIDS advocacy, there is a growing body of evidence recognising the challenges faced by LGBT persons in the process of accessing health services in general, and Sexual Reproductive Health Services (SRH) in particular. The HIV and AIDS advocacy agenda recognises that the *"war"* against HIV/AIDS cannot be won without clear focus on ensuring that minority groups such as LGBT persons have same level of access to SRH services and their SRH needs met. Yet, there is limited documented evidence on the unique and diverse SRH needs for various categories of LGBT persons. This study was undertaken in part to explore the SRH needs of LGBT persons and the nature of services available to them. It also sought to explore barriers faced by LGBT persons regarding access to SRH services.

This report therefore presents the findings of a qualitative study conducted in Kampala, Wakiso and Mbale districts between November and December 2020 among persons who self-identify as men who have sex with men, lesbians or women who self-identify as having sex with women, transgender women, transgender men and bisexuals. Some of the key SRH needs are identified as well as perceptions of what constitutes quality services. Key conclusions are drawn and recommendations made.

1.1. Background to the study

LGBT persons experience various forms of violence mainly because of their sexual orientation. Violence against LGBT persons is particularly in the form of societal stigmatization, homophobic violence and discrimination which impacts access to SRH services.[1] In several countries, low access to SRH services such as condoms, lubricants, HIV testing and treatment is attributed to stigmatisation and criminalisation policies against LGBT persons such as MSM.[2] As a result, this denies this category of people an opportunity to access health care services.[3] In Uganda, studies also show that HIV-related stigma, discrimination and the restrictive legal environment increase the vulnerability and further limits LGBT persons' access to services[4] [5].

Sexual Minorities face severe stigma and the violation of their rights within Ugandan society. Due to the fact that Uganda's Penal Code criminalises 'having carnal knowledge against the order of nature', LGBT persons are considered to be criminals who are out to destroy the very foundations of society.[6] Exclusion, discrimination and outright violation of rights of LGBT persons are justified on the basis of this criminalisation of same-sex sexual conduct.

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1 DA Targema, & EC Nomabandla, 'Violence, abuse and discrimination: key factors militating against control of HIV/AIDS among the LGBTI sector' (2018) 15 *Journal of Social Aspects of HIV/AIDS* No.1: 60-70. https://doi.org/10.1080/17290376.2018.1492960

2 S. Arreola, G Santos, J Beck. *et al.* 'Sexual Stigma, Criminalization, Investment, and Access to HIV Services Among Men Who Have Sex with Men Worldwide' (2015) 19 *AIDS Behav* 227–234 https://doi.org/10.1007/s10461-014-0869-x

3 Above.

4 R King et al; 'Men at risk; a qualitative study on HIV risk, gender identity and violence among men who have sex with men who report high risk behavior in Kampala, Uganda' (2013) 17 PLoS One.

5 W Hladik et al; 'HIV Infection among Men Who Have Sex with Men in Kampala, Uganda—A Respondent Driven Sampling Survey' (2012) 7(5) PLoS ONE

6 Penal Code Act sec 145. According to, more than 95% of Ugandans do not accept homosexuality, see report, Pew Research Centre 'The global divide on homosexuality: Greater acceptance in more secular and affluent countries' 2013 http://www.pewglobal.org/files/2013/06/Pew-Global-Attitudes-Homosexuality-Report-FINAL-JUNE-4-2013.pdf. (accessed 28 March 2018).

Interplaying with the severe discrimination and mistreatment which LGBT persons face, is the fact that certain LGBT sub-groups are more vulnerable to HIV infection than the general population. Men who have Sex with Men (MSM) and transgender persons in particular are vulnerable to HIV infection. HIV Prevalence rates are estimated at 13.7% among MSM and 20% among transgender women, compared to a prevalence of 6-7% in the general adult population[7]. LGBT persons have Sexual and Reproductive Health (SRH) needs beyond the needs of the general population[8]. LGBT persons have specific needs to enable sexual enjoyment, reproduction and protection against HIV and other sexually transmitted infections. Transgender persons also have particular needs in respect of healthcare services which enable gender transitioning such as hormone therapy and gender affirming surgeries[9].

In 2018, HRAPF conducted a baseline study on gaps in the policies concerning access to SRHR and HIV & AIDS services for LGBT persons in Uganda. The study focused on the policy regime and also considered the effects of the current legal environment. The study found that there are difficulties in reaching LGBT persons with SRHR services which emanate from the implementation sphere as well as a restrictive legal environment which instils fear in both LGBT persons and health service providers. Delivery of SRHR services to LGBT persons is also hampered by challenges such as lack of awareness about LGBT issues, stigma, poor financing and coordination, inadequate infrastructure and limited information about LGBT issues. The limited access of LGBT persons to SRHR as well as HIV and AIDS services obstructs the realisation of their human rights. The key rights affected are the right to a standard of living adequate for health and wellbeing; the right to health and reproductive health; the right to equal treatment and non-discrimination; the right to a family; the right to life and to dignity and personal integrity; the right to privacy and the right to freedom of expression, association, participation and assembly. The LGBT community is also 'left out' of policies, contrary to the principle underlying the Sustainable Development Goals, of 'leaving no one behind'. Overall, the study indicated a need for further research to be conducted on the particular SRH needs that LGBT persons have as well as the obstacles and barriers they face in obtaining these needed services.

Some scholars[10] have pointed out the critical need for including LGBT persons in the implementation of SDGs and "Agenda 2063: The Africa we Want" to be realised. They argue for discussions on what full social inclusion involves for LGBT persons. They guide the discussion by suggesting that it is important to know the needs of the LGBTI constituencies in order to include them in the current global and continental agenda. Expressing concern about reports that LGBTI people are being blamed and abused during the COVID-19 outbreak, the UNAIDS Director was quoted as noting that "HIV has taught us that violence, bullying and discrimination only serve to further marginalize the people most in need"[11]. The current study assessed the SRH needs and perception of quality of currently available services to LGBT persons in Uganda.

1.2 Study Objectives

The overall aim of the study was to assess the SRH needs of LGBT persons and the quality of available services to LGBT persons in Uganda. Specifically, the study considered the following critical aspects:

7 Crane Survey 'HIV Infection among Men Who Sex with Men in Kampala' (2010) 3; Crane Survey 'Bio-behavioural survey among groups at increased risk for HIV in Kampala, Uganda' (2017) 61.

8 HRAPF 'Baseline analysis on the policy environment for access to sexual and reproductive health and rights and HIV & AIDS services for LGBT persons in Uganda' 2018.

9 World Health Organization 'Sexual Health, Human Rights and the Law' (2015) 4, 24-25.

10 NK Poku et al 'Sustainable development and the struggle for LGBTI social inclusion in Africa: opportunities for accelerating change, Development in Practice' (2017) 27:4, 432-443, DOI: 10.1080/09614524.2017.1304894

11 UNAIDS and MPact 'UNAIDS and MPact are extremely concerned about reports that LGBTI people are being blamed and abused during the COVID-19 outbreak' 27 April 2020Joint United Nations Programme on HIV/AIDS (UNAIDS) and MPact Press Release 27 , April 27, 2020 Geneva https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200427_lgbti-covid. (accessed on 1July 2020).

1. Description of the SRH needs of LGBT persons
2. Perception of quality of available SRH services for LGTB persons
3. Assessment of barriers to accessibility to SRH services among LGBT persons.

1.3 Study methodology

1.3.1 Approach

The study adopted a highly participatory approach involving key stakeholders in preliminary planning phases. Preliminary discussions involved conceptualisation of key concepts such as quality and consensus on target group. The study team also undertook preliminary visits to the organisations supporting LGBT persons in Uganda with the aim of achieving consensus on sampling and key issues pertaining the study.

1.3.2 Research Design

The study was a rapid assesment. Qualitative methods and techniques were employed to collect data on the SRH needs and the nature and quality of SRHR services provided for LGBT persons including the obstacles and barriers they face in obtaining SRH services. Each unique need of the LGBT persons was explored and documented with the knowledge that each individual category has varying SRH needs.

1.3.3 Study Area and Population

Study sites were predetermined by HRAPF to be Mbale, Wakiso and Kampala. This was based on HRAPF's experiences working in these areas and interest in obtaining data from these specific areas. The study population included persons who self-identified as men who have sex with men (MSM), women who have sex with women (WSM)/lesbians, Transgender persons, Bisexual as key subgroups within the LGBT umbrella. The study also targeted the general population of service providers particularly staff in CSOs that serve LGBT persons, health workers in both private and public health facilities. Others included the population of staff in government departments and ministries that handle issues of SRHR in general and LGBT persons in particular.

1.4 Sampling techniques

LGBT respondents were selected through a range of chain-referral sampling techniques/ approaches particularly snowball, targeted sampling and respondent driven sampling (RDS) were employed. These were used to select specific institutions and respondents for inclusion in the study.

Service providers particularly health workers in public and private health facilities were interviewed as key informants. In addition, the study teams interfaced with staff from NGO's, and government departments that either interface with LGBT persons or are in charge of health services provision in their respective districts. Interviews with key informants were conducted at service delivery points such as health facilities and drop-in centres. The key informants were purposively selected for inclusion in the assessment based on their relevancy in understanding the nature of SRHR services available for the LGBT persons in Uganda.

1.5 Methods of data collection

As indicated earlier, this was a purely qualitative study. The following methods of qualitative data collection were employed.

***Focus Group Discussions*:** A total of five focus group discussions were conducted in each district with each of the identified categories of the LGBT persons. The FGD method was preferred to other methods because they help generate quick results and information about barriers and obstacles

to accessing SRHR services. An FGD guide tailored to particular LGBT groups was developed and covered topics around access to SRH commodities such as female and male condoms, contraceptives, STI medication, antiretroviral medication, HIV test kits, STI drugs, lubricants and other unique SRH needs for various groups of people. Questions around quality of services were designed following the WHO (2006) six dimensions of quality. Topics to interrogate barriers to accessibility SRHR services were also included. Discussions during FGD sought to discern those unique SRH needs for specific categories of LGBT persons. Separate FGDs were held for each category in each district.

Key informant interviews: Key informant interviews were conducted with both public and private service providers including staff in public and private health facilities. We also interviewed staff in health departments of districts visited and the CSOs that work with the LGBT persons. Interviews were conducted using interview guides that were developed to capture information on attitudes, values, understanding and practices.

(See table 1 for the categories of key informant interviews conducted).

Table 1: Summary of Key Informant interviews conducted with service providers

Category of participants	District and target per district			Total number
	Kampala	Wakiso	Mbale	
Public health facilities	4	3	2	9
Private health facilities	3	3	2	8
NGOs/CSOs affiliated providers of HIV services for LGBT	4	2	2	9
District health departments	1	1	1	3
Total	***12***	***9***	***7***	***29***

Document review: A review of documents was undertaken before and during data collection to understand not just context but also compare what has already been documented. For example, in 2018, HRAPF conducted a baseline study on gaps in the policies concerning access to SRHR and HIV & AIDS services for LGBT persons in Uganda. We consulted published sources on LGBT persons as well as non-published studies including government documents on SRH. This was intended to understand how issues of LGBT persons are catered for in the policies, programs and plans.

1.6 Data analysis

The collected data was transcribed, coded and reviewed in accordance with the objectives of the study. Qualitative interviews and FGDs were audio recorded to facilitate capturing the originality of views shared by study participants. All audio recordings were then transcribed verbatim and typed into Microsoft Word. Transcribed data processed through a qualitative data analysis

software for coding and further interpretation. The key themes were taken as parent nodes. After, within each parent nodes specific child nodes were developed to capture information on the unique issues that were coming out for each category. Texts were then coded accordingly. After, a narrative report was then developed on each theme capturing some views verbatim and presenting them with quotations whenever possible.

1.7 Ethical Considerations

Before commencement of the study the study protocol was subjected to ethical review at Makerere University School of Social Sciences Research Ethics Committee (MAKSS REC). The study also received ethical review by Uganda National Council for Science and Technology (under study number SS687ES). In addition, in all contact with study participants, the purpose of the study and the information sought were adequately explained to the study participants in order to secure their informed consent to participate. Their voluntary participation and right to opt out at any time were emphasised.

All the necessary ethical procedures and human subjects' protection were emphasised during the study and interaction with participants. Study participants were assured of confidentiality of the interview environment, information volunteered and documents shared as well as anonymity of identities of study participants. To ensure anonymity, the report does not include individual names of participants.

2.0 KEY SEXUAL REPRODUCTIVE HEALTH (SRH) NEEDS OF LGBT PERSONS

2.1 Introduction

LGBT persons are a diverse category. Each of these categories has got their unique needs as individuals. While some needs are cross cutting, some are unique and specific to each. For example, the SRH needs of transgender women are different from the SRH needs of transgender men. In our analysis, we try to tease out specific needs of the various categories of LGBT persons but also identified commonalities.

2.2 Cross cutting SRH needs

Discussions with the participants across the various LGBT categories indicate a range of specific SRH needs, most of which relate to stocking SRHR consumables/ products, HIV and AIDS services including prevention and treatment, abortion rights, access to medicines and commodities. With regard to HIV and AIDS, participants generally mentioned HIV screening, testing and other related services such as ART for positive persons. Other HIV prevention needs mentioned include PrEP and PEP. All participants also mentioned the need for creation of an environment that enables access to services that are tailored to their needs. This includes having health workers that understand their needs, friendly environment at health facilities that enable expressions of their concerns. In others cases, participants also mentioned the need for sexuality education among the LGBT community particularly on SRH issues. It was noted for example that the LGBT community and indeed general population experience body changes and that while some changes are unique and require specific attention including surgeries and therapies, the need for sexuality education is universal for LGBT community.

2.3 Specific SRH needs for LGBT persons

Some SRH needs are unique to particular categories of LGBT persons. For example, some of the SRHR products/consumables are unique to specific LGBT persons. Specific products such as male and female condoms, lubricants, anusols, tubes, specific types of gel, specific types of hygiene maintenance items like *V-wash, La-Wash* among others were more needed by some than others. For example, voice moderators were mentioned by transgender men and transgender women and not others. Body shapers were also mentioned by transgender men and women and not others. Other unique and specific needs like surgeries and hormonal therapies were mentioned by transgender and no other categories. In table 2 below, we try to tease out some of the specific SRH needs for various categories of the LGBT persons.

Table 2: Some of the SRH needs, consumables mentioned by participants for each category

SRH needs for lesbians or WSW	
• Family planning • Engage more lesbian health workers at some friendly health centres • V-washes • La-wash • Female condoms • Lubricants for sexual satisfaction • SRH counselling and guidance specific to the needs of lesbians • Abortion services in case raped • Dildos for sexual satisfaction	• Intimacy • Sensitization and awareness creation among lesbians about SRH issues to make informed choices • STI screening and treatment, • Confidentiality in providing of these services (self-testing kits for HIV are bow made available), • HIV Testing Services; HIV prevention services including PrEP and PEP,

SRH needs for MSM

- Screening for Hepatitis B
- ART for HIV positive LGBT persons
- We need lubricants
- We need condoms
- Douches
- Anusols
- Sex education before and after sex
- Health workers who understand the SRH needs of MSM
- Sensitization and awareness creation for MSM about SRH issues affecting them
- LGBT friendly services
- STI screening and treatment,
- Confidentiality in providing of these services (self-testing kits for HIV are bow made available)HIV Testing Services;
- HIV prevention services including PrEP and PEP
- Screening for Hepatitis B
- ART for HIV positive LGBT persons

SRH Needs for Transgender women

- Health facilities that are tailored to the needs of transgender women
- Hormonal therapies
- Gender affirming surgeries
- Family Planning services tailored to the needs of transgender women
- Oils that fight and remove beards and clears upVoice reducers or moderators
- Consumable like Female condoms; lubricants
- Information on use of female condoms
- Douching machines to clean after or before having sex with a man
- Need for intimacy, to fall in love and feel loved
- LGBT friendly services,
- STI screening and treatment,
- Confidentiality in providing of these services (self-testing kits for HIV are bow made available),
- HIV Testing Services; HIV prevention services including PrEP and PEP,
- Screening for Hepatitis B
- Counselling,
- ART for HIV positive LGBT persons
- Sexuality education talk tailored to the unique needs of LGBT persons

SRH Needs for Transgender men

- We need dental derms to protect one from getting infections as you lick your partner
- We also need things like hormones, safe abortion because most of the transgender men have been raped yet abortion remains illegal
- We need some preventive medical tubes.
- To avoid getting a sore mouth or throat in case the partner is infected, we need lubricants too as well as mouth wash for use
- We need to raise children, but how we are supposed to get them is also another concern to us
- We need binders resources that we use to compress our breasts so as to have a flat chest yet they are expensive
- We need specific health facilities for transgender men to avoid some form of discrimination
- We want hormones not therapies to transform fully, change voice and grow beard
- We need the la-wash to maintain hygiene during sexual intercourse
- Need for intimacy, marriage and reproduction
- Sperm donors
- Sexuality education particularly discussion around hygiene during sexual intercourse (maintaining cleanliness/ hygiene).
- Information and awareness on HIV and safe abortion for circumstances under rape to prevent unwanted pregnancies. Most transgender men have been reportedly experienced high cases of rape
- HIV Testing Services; HIV prevention services including PrEP and PEP

Bisexual persons

- Education and awareness creation about the sexual reproductive health issues reason
- Access to SRH information for LGBT including acquisition of sexually transmitted infections, accessing the services to some health centres,
- Health facilities and health workers that understand the need of Bisexuals
- Treatment for common STIs like genital warts
- Safe abortions given that majority of people are now accessing illegal abortions with high fatalities
- Consumables like Condoms, lubricants
- Access to services beyond HIV services, STI screening and focus on family planning, menstrual hygiene management.
- Sex education around body changes including experiences of young people during puberty
- Some bisexuals also wish to have surgeries to get the bums, hips
- Others need hormones
- Having a right to the body called during discussions body autonomy "I have a right to my body I can do what I want with my body and so I don't see it as a crime if somebody feels like transforming and is comfortable with it, to me I don't see it as a problem for example I am bisexual now and tomorrow and I wake up and you see me with beards, I have a right to my body and the constitution of Uganda clearly says that you have a right to your body"
- Hormonal therapy and gender affirming surgeries

2.4 Conclusion

Each group within the LGBT* spectrum has different SRH needs as enumerated above. As such a one size fits all approach cannot work. Deliberate efforts have to be taken to ensure that LGBT persons get the Sexual and Reporcdcutive health services that they need.

3. SRH SERVICES AVAILABLE FOR LGBT PERSONS

3.1 Introduction

This section covers the nature of Sexual and Reproductive Health services available to LGBT persons in Uganda, the service providers who can avail these services as well as the perceptions of quality regarding these services.

3.2. Access to SRH products/consumables/services

Participants mentioned a range of SRH products available. Some of the SRH products are available to specific groups while some are generally available to all. Some of the SRH products relate to HIV prevention and treatment of STIs.

i. HIV and AIDS prevention services/products available to LGBT persons

Participants mentioned access to HIV prevention and treatment commodities particularly access to condoms, PrEP and PEP for those who have been or are likely to have been exposed to HIV infection, particularly survivors of gender based violence, rape and other forms of violence.

> **R4:** For example, through offering us PrEP and PEP. For PrEP it is taken for 30 days as prescribed, and you are not supposed to miss any day. For PEP, my friend had unprotected sex so I just called (***name***) and he referred him to Kisenyi, got medication and now he is fine. It has helped us keep track of our health and hygiene. (**FGD Participant, FGD Lesbians Wakiso**)

Discussions with some of the service providers also suggest that there have been efforts to provide PrEP and PEP services for key populations where LGBT fall.

> We have been working with those partners (TASO and AIDS Information Centre) through our health facilities to provide PEP and Prep for these clients. **(Focal Person, Key Population, Mbale)**

> We have SRH services for adolescents (...) prevention methods like PrEP and PEP (...)For those who come for prevention like PrEP and other services, they come in, as long as you are not new and have a MARPI card it's easy for the doctor to retrieve your file and attend to you **(Key Informant Interview, Most At-Risk Population Initiative (MARPI)**

Although generally KPs including LGBT persons have some reasonable access to PrEP and PEP services, there are concerns that these services remain largely limited. Testimonies of the challenges LGBT persons go through to access PrEP and PEP point to generally low levels of access to these services. Some of these challenges however seem to be institutional and structural.

> There are places where you go and have taken your friends that need PrEP and they tell you that they do not have testing kits. You get surprised and wonder a whole Health centre IV, how can it lack testing kits. (**MSM Kampala**)

It was also mentioned some service providers serve only registered clients for some of these services implying that even when one needs a service which the facility has, one may not access it because of institutional policies.

> They told me, "you do not have a file here, we shall not give you PrEP". Then I said "it's okay but at least give us some lubricants", they said that "it's for (name of organisation)" which is

an organisation for LGBT that had booked the lubricants and that was the third time that we did not get, I felt hurt (**MSM, Kampala**)

During discussions with some of the service providers such as MARPI, HRAPF learnt that those who are registered and have files opened in their names may find it easy to be attended to. The study did not however establish whether or not the new clients are turned away. It was therefore difficult to corroborate this information. Despite the challenges faced in accessing PEP and PrEP, Uganda has prioritised access to PrEP and PEP especially for key population, where some of the LGBT persons belong (UAC, 2020). The National HIV AND AIDS Strategic Plan 2020/21–2024/25 calls for increased provision of services such as PrEP and PEP to reduce the risk of HIV infection among such groups (UAC, 2020).

ii. STI Screening and treatment

In most health facilities, it was noted that most LGBT persons are able to find services that enable them to manage and treat some of the STIs that they suffer from. What is clear however, as we note later is that some of these services are accessed under very difficult challenges including not just threats to privacy but also a total failure to understand the unique needs of the LGBT persons.

iii. SRH products for sexual pleasure

Participants also mentioned that they are able to access some products that are intended to increase sexual pleasure for some of the LGBT persons. Some of the services and products mentioned are intended to reduce friction say among MSM and Lesbians, when having sex. Some of these products mentioned include lubricants, condoms among others.

Related to services and products intended to increase sexual pleasure, some of the participants also mentioned specific SRH products that enhance personal and body hygiene for mutual pleasure. Other services that LGBT persons mentioned that are important include hormones, gender affirming surgeries that are specific to LGBT categories like Transgender women and men. However, it was reported that most of these services are not readily available.

Some participants also mentioned specific services and needs such as need for sex toys but also the use of sex toys was reportedly dangerous as it often times leads to damage to some vaginal walls.

> **R5:** People who use sex toys sometimes get damaged. And when seeking medical attention it is very hard, there is judging and discrimination. (FGD Participant, FGD with lesbians, Wakiso district)

Besides lubricants, MSM also mentioned some specific needs and services that include not just privacy but also access to specific products like “some tubes that are there to help on UTIs” because “some of our friends get UTIs”. Others like lubricants and anusols are specifically meant to help ease the pain.

> **R4:** Some tubes treat UTIs; others heal the pain, and others for making you clean.
>
> **R5:** For lubricants, if you don’t use you might get pain that even when they send you in the health facilities some don’t have it.
>
> **R4:** The douches help to clean yourself when you are going to have sex. Even after sex, you use them because you cannot remove everything. In addition, when you use lubricants, you might have had sex with a person living with HIV/AIDs so you might not get it. But if you don’t use it, remember it will be body to body and something like a wound comes out that is bringing blood, which ends up infecting you yet you wouldn’t have gotten it. So douches help us to clean**. (**FGD MSM, Kampala)

Some specific services/products like lubricants, tubes and anusols were reportedly not readily available in regular health facilities.

> **R5.** There is a friend of mine who got pain and was told to go to MARPI and I told this friend the medicines were not there. So I referred the person to where they are. They were supposed to be for free but they at least want a bribe even if it's small. I wish they could put them for us the "bisasii" because they help us a lot.
>
> R6: The anusols help like when there has been too much friction and they were only being given at MARPI but apparently not there. And if they are there they ask you a lot of questions as if you are a thief, or going to them, so you feel insecure due to the questions being asked.
>
> (FGD MSM, Kampala)

Some services are only available and accessible in Kampala and Wakiso and very limited in other parts of the country.

> **R4:** So where my concern is, is that we are many people under LGBT and we have some services in central but if you were to go to other parts of the country you find the services are not there. My plea is to extend these services to the other parts of the country. Because we have friends like in other parts who can share with you a problem and you tell the person to go to MARPI but he cannot access it due to transport cost. Remember the longer it takes to be treated the worse it gets, you can even lose life**. (FGD MSM, Kampala)**

For lesbians, participants also mentioned the need for V-washes, La-wash, female condoms, Lubricants for sexual satisfaction, SRH counselling and guidance as well as abortion services in case of rape.

> **R1:** We need STI drugs because it's a big challenge in the lesbians and people tend to undermine it because they are like how? And how? So we need those drugs at the centres.
>
> **R3:** Some lesbians, not me but some use dildos for satisfaction. Yet they are not readily available.
>
> **R1:** We also need lubricants, one can be like how but then it happens. There those who need them (...) we need more counselling and guidance about us. We need to know about what exactly we can do, how to feel. Some of us are shy and can't live in the society so we need more of the guidance and counselling.
>
> **R2:** Me I think in case its rape, abortion is needed and the other thing is that you take PEP (FGD participants, FGD with lesbians, Kampala).

Other services mentioned include lubricants, tampons, dildos, and sex dolls. Access to services was also reportedly dependent on the type of facility one visits or goes to for services. Indeed we learnt that some health facilities do not provide all the services. For example, in our discussion with Kamwokya Christian Caring Community, a private health facility, it was mentioned that they do not provide all the services.

iv. Abortion services

Access to abortion was reportedly inaccessible for most participants because abortion is still illegal in Uganda. However some participants mentioned that access to abortion services depends on the facility one goes to, suggesting that some facilities offer abortion services. While commenting on access to abortion services, one participant noted;

> **R4:** It depend on the facility you go to because it hasn't been legalised in Uganda but there is an option of Marie Stopes Uganda where you can go. But other facilities it depends maybe if you have a contact person like a peer to help you. But if you don't know anyone there it is very difficult for you. (FGD Participant, FGD with lesbians, Wakiso district)

As expected, access to abortion services is a challenge partly because it is illegal but also because for LGBT persons, there is added stigma to accessing the service.

3.3 SRH Service Providers for LGBT persons

Overall, SRH service providers for LGBT mentioned include use of public and private health facilities, drop-in-centres, referrals and social media including Facebook.

In some cases, the MSM also access services from public and private health facilities around Kampala. In some Kampala Capital City Authority (KCCA) health facilities, which are public health facilities, services such as HTS, condoms and general counselling are provided to the LGBT persons. Some of the public health facilities mentioned include Kawala Health Center, Komamboga Health Center, and Kisenyi among others.

> We serve all key populations including sex workers, gays, transgender, lesbian, bisexuals. Some of them come for safe abortion, some come for their drugs (ART) Services, some come for medical attention- infections which is their main challenge (STI Screening and treatment), lubricants, condoms. So as a health facility we have ART services, sometimes we carry out safe abortion but if the mid wife doesn't have the drugs we refer them. We offer condoms, STI screening and in case we don't have drugs we look for them. Then we also have PEP and PrEP (...) We have a counsellor who attends to them as well. (Interview Health Worker/KP Focal person, Kawala HC)

Besides, public health facilities, some private health facilities also offer similar services to the LGBT persons. As was the case with public health facilities, we also learnt that in some of these health facilities, there are doctors and nurses who have been trained on how to manage or handle the concerns and needs of LGBT persons. Trainings were reportedly conducted by either Infectious Disease Institute (IDI) or Ministry of Health and sometimes MARPI or all of them. We learnt however that due to COVID-19 restrictions, they haven't been able to attend some of the trainings.

> The health workers are told during the trainings that "in the community there are LGBTs, in case they come, don't abuse, give the necessary treatment because this person might be moving out with your son or daughter so handle with care". And normally the trainings are done by Either IDI, or Ministry, MARPI but due to COVID-19, this year we haven't had a training with them. (**Interview Health Worker/KP Focal person, Kawala Health Facility**)

> Several trainings have been going on and I have colleagues of that category (LGBT persons). I know them through those platforms and I always interact with them, and it is normal with me (....) we had a KP Focal Person. One of my staffs is trained and can easily look at them and know that they are LGBTI persons. We are now used to them (...). When we are doing the trainings we can get 2 or 3 people from a department to train in issues of LGBTI persons. Like in my department, it's me and another staff, we can easily deal with these people and help them (...) The in charge and assistant in charge trained and some few in antenatal. (**Interview Health Worker, Kampala**)

In some of these health facilities, there are also KP focal persons who are directly responsible for ensuring that the KPs receive services they need or as available within the health care setting. However, even when some of the facilities have trained staff, some of the MSM felt that as long as the service providers are not themselves gay, they are still capable of stigmatisation. There is a sense that the service is simply a transaction and that the persons who does not understand you as a whole is still capable of stigmatising you.

> **R6:** I hear that KCCA, where IDI put its clinicians that they train them. But to be sincere most of them (heath workers) are not gay; and a person who isn't gay, for them they are after money. But deep down his heart, he still stigmatises you. Sometimes they tell stories thinking no one is listening, for them they still stigmatise. (FGD MSM, Kampala)

The challenge mentioned with such services is that access to specialised services for LGBT persons at these public and private health facilities largely depends on the availability of the trained doctors or nurses and the focal persons. Once the trained doctors and nurses are not there, it becomes a challenge to access these services. It is therefore doubtable if all the health providers, even those where some staff have been trained are able to serve the LGBT persons without judging them.

> **R6:** I used to go to Kawaala, which is a KCCA health facility because the peers were my friends plus the doctors. So if I had a problem it was very easy for me to go there but now they were transferred even the system had already been changed, they stigmatise. I had actually stopped going there. Lately if I need any service, I just go to the pharmacy and foot the bill. (FGD MSM, Kampala)

Some of the MSM have avoided going to some of the regular public and private health facilities for fear of mistreatment, being stigmatised and looked at as a problem generally.

> **R5:** Apart from MARPI which is separate, all KCCA facilities are not secure you are mixed with general population. We sit with them but all eyes be at us and talking about us. Because they look at how you look like, they judge you from the way you look. **(FGD MSM, Kampala)**

Discussions with some of the health service providers also indicate that the trainings do not include all staff at health facilities yet when the LGBT persons go to facilities for services, they interface with all health workers or staff at the health facilities. Discrimination then happens within specific points within health facilities.

> When they (LGBT) come for STI treatment, as you know their type of sex is a bit complicated and the part they use I can't mention it here. So if they came and explain their issues to the doctor/senior clinical officer they can help them easily to access the services. But the challenge is that at the outpatient department (OPD), there are different people handling their information. That is where the issue comes from because majority there at OPD are not trained in LGBTI issues. When they see warts, they begin to judge, "oh, how did these come on a person like you? How could a girl or a boy get these warts?" then they task them "Tell me and explain everything to me" without knowing that this stigmatises them. (**Interview Health Worker, Kampala)**

Some agencies have mechanisms for addressing the concerns of their clients, especially LGBT persons. For example, at IDI which is largely a research institution that focuses on HIV prevention has several mechanisms in place to ensure that the KPs that come for services are well treated and receive the service they are meant to receive without any form of discrimination and harassment. Some of these platforms include regular meetings where the organisation receives immediate feedback from the service users, suggestion boxes, and social media channels such as WhatsApp, among others.

> **R:** We have different sections that our clients go to. If one is bad, at least there is another person you are going to see after. We always encourage them to give feedback to the next service provider. Also through their peers, we even have a suggestion box, our consent forms have the contacts of peers, in an event someone is not happy about the service, he/she has a number to call and give feedback. We have meetings every week with our supervisors and the peers (of LGBT persons we serve), in those meetings peers air out what they have received from the clients. We also use a lot of social media, our KPs have a platform on WhatsApp where we are part, so all that helps in giving feedback. (**Interview, IDI**)

Referrals: Most of the services are provided through referrals. Because of these referrals, most of the participants said they do not regularly visit other regular health facilities. In one of the discussions we learnt of an existence of a well-organised network where lesbians and other LGBT persons are able to reach out to their colleagues who need services and are given referrals to what they consider friendly service providers.

R3: I have received services from Ice Breakers Uganda (IBU) every time am sick and they are always there for us. Even if you want anything that they do not have, they can call someone to bring it for you. For example, I have a friend who is lesbian and was raped so she needed PEP. By then we did not have at the clinic and it was getting late but they had to call someone from far and were able to help the friend.

R4: My friend had unprotected sex so I just called Joel and he referred him to Kisenyi, got medication and now he is fine. When it comes to the STIs, if you want to do checkup for STIs, which is free, plus the medicines. It has helped us keep track of our health and hygiene.(FGD participants, Lesbians Wakiso district)

Belonging to a known KP network was therefore important for LGBT persons to not only get connection but also receive referrals to providers for these services.

R4: Usually as an active member of the lesbian society, you get the services when you are attached to an organisation. You cannot just come unexpectedly and just go for medication in these health facilities. You need a referral and the health workers know these different organisations. So you go and present yourself as someone from say Trans network Uganda. As long as you are from an organization that has KPs you can always access these services. (FGD participants, Lesbians Wakiso district)

Some of these LGBT networks or organisations mentioned where they receive services and/or are important as referral points include; Trans-Network Uganda, FARUG, Ice Breakers Uganda, among others. It's from these networks that referrals are provided to health facilities where they receive services. In a way it appears that access to SRH services for the LGBT persons is more of a chain referral network than a regular process of drop-in.

R2: Trans-network Uganda, they usually refer to Wakiso HC IV, Nabweru HC IV, Kasangati HC, Komamboga, Kisenyi, and MARPI. I have visited those ones and even if you are in a place like Entebbe, they can refer you.

R3: We also have Ice Breakers Uganda (IBU)

R4: FARUG (Freedom and Roam Uganda). (FGD participants, Lesbians Wakiso district)

Social media: Some organisations run social media outreach services. Ice Breakers Uganda runs a Facebook account for mobile services for clients. These bridge challenges related to geographical inaccessibility.

R2: For Icebreakers Uganda, it's on Facebook as Icebreakers Uganda. You can approach them through Facebook. They have a free call number which you can call and get any help. They have bikes where in case of a crisis, they can come and pick you. Even if you need drugs, you just give them a call and then you direct them where you are and then they reach you. (FGD Participants, FGD Lesbians Kampala)

Some lesbians are using smart phones, internet to look for places that provide services and reach out to those that are alike for bonding purposes and referrals.

R6: There is a time I had to come out and use google to look out for lesbians, so you cannot sit down and wait for them to look for you.

R5: I think even before you go to look out or google, at least now there are smart phones, you can use your status because personally am not ashamed about what I post. I whether I post what or video actually my parents are the first to view but they know what I am.

R6: Like sometime, I posted a rainbow and people started asking me do you know what it means and I was like of course. (FGD participants, Lesbians Wakiso district**)**

Drop in Centres (DICs): From discussions with the MSM, it was noted that services provided to the MSM are mainly available at the drop in centres. Some of the drop in centres are supported by organisations that are friendly to the KPs. Some organisations run drop in centres.

R1: For bigger issues like STI's, some of these organisations only have the dropping centres. For the case of IBU, at least for them they have a clinic but as for FEMA, we only have DIC so for further big issues, we do referrals. (FGD Participants, FGD with lesbians Kampala)

R6: Some of the Drop in Centres include Kuchu Shiners, IBU, COPTEK- Kansanga (...) They usually send their doctors in DICs but like twice in a week. (FGD MSM, Kampala)

However, there were concerns about the services provided at the DICs, mainly that DICs do not offer the much needed privacy and that sometimes the storage of the records is poor since most DICs are housed in spaces that do not offer much protection.

R6. And another thing we feel insecure when you go to the DICs, maybe you have gone there with an STI like syphilis it will become a story in the community. Even the person who did not know that you at some time got syphilis will know. Alternatively, maybe you have tested HIV positive, the moment you step out of the gate, everyone will know.

In addition, remember even the results remain at the DIC and there are those with DIC that rented like a residential house, so you find that the DIC is in the dining space. So all documents are stored there plus results. The storage is poor. **(**FGD MSM, Kampala)

Diseases that cannot be handled at the DICs are referred to other organisations for management. However, the referral process is fraught with significant limitations especially if the place where they are referred does not offer the services being sought.

R3: The problem with these DICs is that you find that even when the doctors come, you might find you have some other diseases and then are referred maybe to MARPI. So when you reach you don't even know where to find the person, so it would be necessary whenever they are to come to come with all the kits so that they are able to work on most if not all the health issues there and then or carry you specifically from that point to the hospital. Because they also work on time and cannot work up to evening. Telling me that you are doctor so and so yet, when I come am not going to access you or find that you have not worked that day does not help me. (FGD MSM, Kampala)

3.4 Perception of quality of SRH services accessible to LGBT persons

The measure of quality is often times subjective and may depend on the person's perception, i.e., service users and providers. Often times biases crop up when assessing quality of a service. Service providers may wish to portray the service they provide as very good while the service user may also wish to portray the service as bad, especially if personal biases are introduced. In our assessment, we used the World Health Organization (WHO, 2006)[12] six dimensions of quality to make an assessment of the perception of quality of services provided for LGBT persons. While the framework may not provide a comprehensive assessment, it provides a broad context within which an attempt to measure quality of service was made. In particular, the framework assesses quality by looking at effectiveness, efficiency, accessibility of the services; acceptability/patient-centred; equitability and safety of the service users. Our attempt to assess quality is informed by views gathered from service users—LGBT Persons— and service providers.

3.4.1 Perception of effectiveness of the SRH services for LGBT persons

One of the areas of assessments of quality is the extent to which the delivery of health care adheres to an evidence base and results in improved health outcomes for individuals and communities, based on need. Our discussions with the various stakeholders gives a sense that services provided in the public health facilities are not necessarily tailored to the needs of the LGBT persons compared to those that are provided through the drop in centres. Therefore the

[12] WHO, 2006. Quality of Care: A process for making strategic choices in health systems. Available at: http://www.who.int/management/quality/assurance/QualityCare_B.Def.pdf.

perception of effectiveness vary depending on the service provider. In most public and private health facilities, services accessible are of a general nature and not tailored to the specific needs of LGBT persons.

3.4.2 Perception of accessibility of the SRH services for LGBT Persons

Accessibility was defined to mean delivery of health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to need. By this criteria, our assessment of the nature of services provided to the LGBT persons appear largely inaccessible. For example, as to whether services are provided in a timely manner, discussions with the LGBT person's shows that there are high stock outs of services and products like lubricants.

> **R2:** Lubricants we can wait for like 5 months country wide where you ask those from Jinja and they do not have. What we do is to have to wait and buy from the pharmacy because it can be general. You go to Namuwongo, MARPI, FARUG in Ntinda when there is none. They have actually just brought them, they came last 2 days ago and we spent 3 months without them. R2: This time they laid a blame on COVID-19 but usually it takes long to bring it and when it comes, it gets out of stock quickly because many people demand for it and it gets done quickly. (Transgender men Kampala)

Others reported that some of the health facilities have very strict timelines. And that with the exception of drop in centres, some of the health facilities do not even have time slots reserved for LGBT persons. There are also reported delays making services at these health facilities largely inaccessible.

> **R 2:** To an LGBT person, it would have been better if these places could work on weekends because people are few and so the services would be convenient. No because of the big numbers of people a lot of gossip about you and the lines with the majority weekly hours are not good. No we can't get services at any time we want and the working hours are not flexible at all. One may, like in Namatala health centre mostly, when it clocks midday, every doctor minds their own business and make themselves comfortable; too bad I didn't carry my phone, but you should have watched clients waiting in service from doctors who were minding less(FGD Participants, Transgender men Mbale)

Some participants mentioned that some of the places due to delays, they are made to wait for long hours to attain services.

> **R7:** Even when you go for blood test, it's like a process, you know if you have gone there like at 10am, you will get the services like at 4pm that is if you are really patient. If you are not a patient person, the door is right there. I do not know they really need to work on that.
>
> So the awaiting hours are nasty for real. You going to reach there at 10am, I mean I have left home and have gone for a medical service; I am going to get it at 4pm. Do you guys expect me to wait, how about my work. My employer is going to fire me. We need this to be like a service, if I have come for this, let me get that. Let alcohol not be involved. Let nothing. These people just switch up and they make it like a party, I mean I thought it's a health awareness something which we need to be given. (FGD Transgender men Kampala)

Some participants also reported bureaucracy and suspicion that some products are meant to promote homosexuality in the general population.

> **R 2:** They always say that they were in the warehouse in Entebbe; and when You talk about the condoms and lubricants, they will tell you that the ministry of health is still investigating on it to find out whether it will not promote homosexuality
>
> **R 1: I**n line with what that lady said, that for us we are familiar with them that is why they tell us all that but to others such explanation is not given

R 2: We were in a certain dialogue meeting with the DHO and questioned them why some these stuff get scarce, especially the condoms and lubricants; they told us that the ministry of health is so keen in releasing consumables because they want to find out if they will not promote homosexuality (FGD Participants, Transgender men Mbale)

Some services are not readily available and therefore accessibility attracts an extra cost. For example among the transgender men who wish to procure an abortion in case of rape, such services are costly for most of them.

R5: We do but not from everywhere and its quite expensive. Sometimes we refer our clients to Marie Stopes. Now days they told us that the project got done and is a little expensive right now.

R2: But they always tell us that it is illegal to abort so even if you are pregnant and you are a trans- man, you have to endure to produce.

R6: Personally, they exist. It's allowed to do it but it comes at an extra cost. You have to pay so much and get what you want.

R5: But it is a bit of a challenge because first of all, you get stigma from your fellow friends, that is a trans-man how do you get pregnant and yet sometimes you really want to conceive and you know that you have given birth to your own child. But then the community perceives you in their way asking if you are really a trans-man. Some do not allow others to give birth on their own and yet some others who do not want cannot access the clinic because of the stigma they are going to access from the hospitals. (FGD Participants, FGD with Transgender men, Kampala)

In addition to stock outs, discussions with some of the LGBT persons show that the members of LGBT community are often given labels while accessing services in the health facilities, making accessibility to SRH services inaccessible to some.

R3: Mostly bottoms, I mean Trans women. One day I even slapped some one, am sorry about that because I found some and they were like but R3, those women you have sex with, don't they smell for you as a fish, I ended up slapping her and questioned her why the call lesbians, gays, trans men fish and it makes us angry.

R7: Sometimes we go for this cervical cancer screening and we walk in and we are like hello, I found a doctor, she was feminine and she said take off your panties and stretch out your legs and then she made a facial expression so I was peeping to see why it is like this, maybe I have cancer. Then she told her friends some things and I was like Oh my God who does that. These guys are really stigmatising and at the end of the day you just want to die or stay at home with your problems. (**Transgender men Kampala**)

3.4.3 Perception of acceptability and client-centeredness of the SRH services

Acceptability and client or patient-centeredness of the services is about delivery of health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities.

Several ways in which services are provided were mentioned to include use of drop in centres; public and private health facilities; social media channels; referrals among others. What has happened also is that in some of the health facilities, there has been a strong emphasis on training of health workers.

R 2: They have at least trained health workers on issues concerning LGBT, when one goes to a hospital with health workers who were in the trainings, they fairly treat them; they usually refer such doctors to us when we go to the hospital; we are grateful for that. Out reaches have also helped to bring us together and work with others.

Most health facilities have KP focal persons. However some participants expressed concerns about constant transfers of health workers including focal persons which creates challenges when the people they are used to are not around. Therefore even in health facilities where health workers are trained and indeed have focal persons for KPs, access to services is a challenge because of those critical limitations.

> **R2:** Just to add on what she has said like we had a nurse who was working on KP's at TASO and there is a time I went there I found when she had been transferred and the other health workers told me that the person who used to work on you is not a round and they kept on wondering and then I heard one of the health workers telling the friend that 'oh oh, I don't even want to look at those people because the one who used to work on them went away' so when I heard that, I felt very humiliated and I no longer go there personally I stopped long time ago to go there. (FGD participant FGD with bisexual Mbale)

> **R 2:** We have a focal person allocated on each of the friendly health centres; just like how I handled my case, I talked to the focal person and he handled the issue...Namatala health center, though some focal persons don't want to be engaged.... I don't make lines in Namatala HC I know where the laboratory is, I access it and tell them my problem, whether I have come with a client or my mother, they are offered the necessary service and we leave. **(**FGD Participants, Transgender men Mbale)

3.4.4 Perception of equitable access of the SRH services

Equitable access is about delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status. By this measure, SRH services that LGBT persons can be regarded as hardly equitable.

Some participants also were concerned with the distance to facilities

> **R6:** First of all there two facilities that am sure of that when you go there you get services but the unfortunate thing we have is someone who is far like in Nansana, it will not be easy for them to access MARPI, Alive, ACCESS Namuwongo and some other different referrals people go to so the challenge we have is in terms of transport because may be this person is being injured from Kawaala, Kawempe. Yesterday some guy called me and he needed health services as he had got issues in the intimate area, he needed a tube so I could not even help him because he was far and the other accessible services are here at IBU. So we need to get some hot spots in different villages where we know that the LGBTI community can access them while sick in those particular areas where they are. Let me give an example, Saalama road they go to IBU meaning people around Bunga, Entebbe road Saalama will be able to access so those ones so we need more hot spot areas around them. (FGD Participant, FGD with MSM, Kampala)

> **R2:** We have challenges because some of the health facilities treat you after knowing who knows you. Most trans-men are left behind, they are not getting treatment because they will ask themselves where to begin from, even if its Namuwongo still they will ask you who knows you here, you have to get a recommendation from either your friend or one of the health facility so that is the big challenge we are facing. (FGD Participants, FGD With transgender men, Kampala)

3.4.5 Perception of safety of the SRH services

Safety is about delivering health care which minimises risks and harm to service users. Discussions with the LGBT persons suggest that safety is a major challenge for most participants who mentioned discrimination and stigma at the points of service. The discrimination and stigma comes from those who are meant to serve them and the fellow patients.

R2: That's what I am saying; a place like Namakwekwe, the community itself won't be safe for someone especially transgender men and women (FGD Participants, Transgender men Mbale)

R7: Appearance, when you come dressed like a Trans gender, they are going to be like why she is dressed like a guy. That is what I want, you give me medicine and I go home. These people disrespect us, it is too much, it has lost meaning, and I feel like let's just seat home and embrace whatever we are and die with it. What kills me is that they are in the system.

R4: I wanted to talk about awareness. Majority of the health services should have awareness on Tran's men so that when a Tran's man comes in, you are aware on how to treat them, help them and also relate them and become friendly. People in health centre need to be aware so the majority of people are unaware about LGBT and Tran's people that is when they become weird and funny towards us. Facilities should educate their health workers. We know a few organisations that offer our services but still we know straight people we do not treat us the same way when they learn about our orientation. (Transgender men Kampala**)**

3.4.6 Environment in which services are provided

Providing quality services requires an environment that enables the recipient feel appreciated and valued. There are varied experiences from the participants of this assessment. For some, the services provided at the Drop in Centres appear to be favourable and in an environment that allows expression of who they are. However, others also felt that not all drop in centres are conducive enough for the services they need, particularly those who felt that because the doctors who serve them at these facilities are themselves not LGBT, there is a potential for stigmatisation.

In some cases, participants also complained of the delays in getting the services at the facilities. Sometimes, the medicines required to treat, say an STI, are not readily available and they are forced to buy in the pharmacies, privately. Delays and lengthy procedures were noted mainly at drop in centres.

R6: (...) The process of getting these services is long more than those days when IDI had just put some clinics. Right now you can go to a health facility and spend two (2) hours unlike those days when you would take maximum 30 minutes. (FGD Participant, FGD with MSM, Kampala)

Some concerns were also raised about the opening and closure time for some of the public health facilities which run a fixed schedule.

Like at KCCA facilities, they open at 8am and close at 3pm. So you cannot get any service after that time. For example, they say PEP is a 24/7 but you find that you have had sexual intercourse with someone whom you don't know the status and unfortunately the condom burst and maybe this happens on a Friday. Yet like that KCCA hospital doesn't work on a weekend. And they say PEP is effective with in 3days so by the time you open on Monday I'm already infected. (FGD Participant, FGD with MSM, Kampala)

We also learnt that MSM, it was not clear if this is a generally recommended strategy or just a coping strategy among MSM, are advised that if they are unable to get PEP on time, they can approach an HIV positive person for tablets and take until they are able to access the tablets.

So there is a new strategy where they tell you if you know any HIV +ve client to give you like two tablets of his dose until they (health facility) open. This is very insecure because how will I approach a positive living client to give me his/ her tablets? Maybe this person doesn't even know that I know (FGD Participant, FGD with MSM, Kampala)

Some of the public health facilities also have limited space to handle volumes of patients they receive in a day, which sometimes causes delays.

P: Currently Kawaala has little space, so we cannot put a room for them (LGBT). So we tell them to behave like humans. Although they are handled in a special way, they have no special room because the space is little. (Interview with Health Worker/Focal Person KP)

3.5 Conclusion

Many different aspects determine the availability, accessibility, acceptance and quality of Sexual and Reproductive Health Services. Unfortunately despite some steps taken to improve on the these, many of the SRH services available to LGBT persons are still inadequate to satisfy the expressed needs of these communities. The challenges mainly arise from criminalisation and lack of prioritisation of servie provision for these populations.

4. BARRIERS TO ACCESS TO SRH SERVICES

4.1. Introduction

This section covers the barriers that affect access to SRH services for LGBT persons.

4.2. Unconducive health facility environment

One of the main concerns raised by the LGBT persons that impact access to SRH services is that the health care setting/environment in which services are provided is devoid of comfort. Oftentimes, as we have noted, LGBT persons are served together with the general population especially in public and private health facilities.

> **R4:** The way we are handled by the doctors at the health facilities even when they are not KPs like us. They look at us as different people but we are all human beings.
>
> **R6:** The security in the health facilities, because of mixing with the general population all-looking at us and talking about us makes one insecure. (**FGD participants, gay men**)

While serving the LGBT population may not necessarily be the main concern, because of their unique lifestyle and physical appearance, some are often subjected to physical abuses and sometimes attacks even within the healthcare settings. This makes the physical environment unfriendly and unconducive for accessing SRH services. Some of the abuses were reportedly emanating from the healthcare workers themselves, inform of gossip.

> In other places when the service providers get to know the sexual orientation of some people, sometimes they talk about them yet they know they don't feel good when they get to know that there are people talking about them. They go and never come back for the services. (**Interview, KP Focal Person, DHO Mbale**)

In addition, health workers avoid serving LGBT persons once they discover that they are actually LGBT. Some health workers look at LGBT persons as "spoiled" or as people who need to be taken for rehabilitation instead of serving them.

> Once the service providers discover their (LGBT) sexual orientation, some of them begin avoiding them. They don't want to provide them with the services they need because to them, they look at them as "spoiled people." We even had health workers we would think they would understand but they weren't. **(Interview, KP Focal Person, DHO Mbale)**

Some LGBT persons mentioned that they were subjected to insults, stares, and uncomfortable glances from other patients who tend to look at them as different. Such experiences were commonly reported by LGBT persons who have attempted to receive services from public health facilities that serve the general population. This was compounded by the fact that none of the health facilities visited had separate days or hours designated for serving LGBT persons. Consequently, most of them never wish to return to such facilities for services. They suggested that if possible, there is a need to train health workers on issues regarding LGBT since they may feel free to access such facilities where they feel valued and treated well.

4.3. Failure to understand the unique needs of LGBT persons

Discussions with some of the LGBT persons indicate that failure to understand the unique needs of LGBT persons affects access to SRH services. As it is generally known, SRH services for most people are generally sensitive. Issues around sex and sexuality tend to attract high levels of sensitivity. For LGBT persons, the sensitivity increases with specific needs. This means that for such needs to be effectively met, one needs to understand these needs. Discussions with some of the LGBT persons indicated that most service providers hardly understand, or even appreciate their needs and concerns.

R4: The challenge we face you meet a health worker, trained and skilled, and s/he asks you whether you are a man or a woman.

(all-Chorus): Exactly talk about that

R4: One told me "are you a man or a woman"? And I answered her "do you want a specific gender to treat or what. A man or a woman?". She told me I should go back and dress well like a woman and then I come back. So I missed treatment.

R1: That is one of the things that angered me.

R3: Yah that is a big challenge to us. We go to these places for services, and they ask for names and you tell them and they will wonder that you look awkward which is not the reason why I have gone there. What I want is one thing, the service. I went to a health facility one day when my baby was sick. The health worker asked "are you her husband, brother, friend"? and so on. I told her take what you want but just give her good treatment and then I will settle the bill. **(FGD Participants, FGD with transgender men Wakiso)**

The idea that some health workers do not have favourable attitudes towards LGBT is well documented. Studies have also shown how sometimes members of LGBT fear visiting health facilities or seeking health care because of anticipated stigma and discrimination. For example, the 2019 Stigma Index Survey established that 12.1% of the participants felt afraid to seek health services because they were worried someone may learn they were gay/lesbian and 12.1% also have ever avoided seeking health services because they were scared that someone may learn they were gay/lesbian.[13] For most SRH services, we learnt that they can only be provided when one seeking the service goes with his or her partner.

Imagine I go to the hospital, I have an STD and the doctor will ask me "Where's your partner"? because they can't give you the service. Then they advise you to come with your partner, your husband for both of you to get the treatment. The fear is expressing that I don't have a man; that I have a woman. So do you think you will feel safe in that kind of setting? Is it safe to say that "I don't have a man, but yes I am dating a woman and this is my partner"?. So somewhere in hospitals which are not friendly, members can't go for such. **(KII, FARUG)**

In some cases, within the health care setting, some of the members of the LGBT face challenges identifying as record taking at health facilities almost without question frame patients as either male or female. This also applies to when they seek services. The service providers' questions often make it difficult to seek the services available.

R3: Some of us prefer the female condoms and know how to use them. When you reach a health centre and ask for the female condoms they will wonder and start to ask you why you use the female condoms when you are a man. **(FGD, Transgender Women, Kampala)**

4.4 Lack of awareness of the existence of SRH services

Discussions with sections of the LGBT persons suggest that some of the LGBT members lack information about existence of available services.

R1: Ignorance and that is why when one is abused they cannot report they don't know where to report and all that. Also lack of information you can be there and you don't know where to report there is one person I gave a lubricant and just drunk it. They don't know where to get services and also use them. We are also not engaged in things that concern us we should be involved in programs that concern us and our organisations (**FGD, Trans Women, Kampala**)

It was noted that one of the main reasons why a section of the LGBT have no access to information is partly attributed to lack of confidence to seek information and that often times agencies that

[13] NAFOPHANU 'The PLHIV Stigma Index, Country Assessment, Uganda. Kampala, Uganda' (2019).

provide services tend to work with same people/persons.

> **R2:** Also when you people are teaching us things about SRH, you keep involving the same people over and over again and again. When will the young generation learn about all these things?
>
> **R4:** There is also favouritism among the KP populations they choose so and so to be helped, and forget about others. So information is concentrated among few people (**FGD, Trans Women, Kampala**)

4.5. Unavailable services and associated stockouts

Some of the services needed by some sections of the LGBT persons particularly transgender persons are not available in Uganda. Particularly, transgender persons mentioned lack of access to hormonal therapies and affirming surgeries which are hardly accessible in Uganda.

> **R4:** We need things like affirming surgeries but we just hear about them social media
>
> **R2:** We don't have such services here but we need them too.
>
> **R3:** Yes, we need them, we need hormones for ourselves but they aren't available. If as a person, I need to fully transform but that's still a dream because those services are too expensive and not available in Uganda (**FGD participants, Transgender men, Mbale)**

As discussions with transgender men show, services that are critical to LGBT persons are not available. This makes it hard for them to access where they exist because of prohibitive costs. For some services such as condoms, lubricants that most LGBT persons need are also in limited supply. Particularly for the lubricants there were concerns that often times there are stock outs which hampers accessibility.

> You know some of them have wanted contraceptives and sometimes they go to our service centres and they can't get these services. Sometimes they go there and they find maybe there are stock outs. Some of them have wanted to get either condoms but sometimes, they come at our service points, the condoms are out of stock and definitely they can't be able to access them. (**Interview KP Focal Person, DHO Mbale**)

Stock outs are sometimes attributed to lack of rational and deliberate attempt to have such services available to those who need them.

> Sometimes we have the stock-outs in service points because we have not realised that there is a mass of people who need these services. So sometimes we have not bothered to ensure that these services are available. And definitely that one has also been a challenge to our clients accessing the services (**Interview KP Focal Person, DHO Mbale**)

When there are stock outs, some are forced to look out on the black market which makes it costly services.

In addition to stock outs, it was noted that not all health facilities provide services for LGBT. Consequently, the LGBT have to travel long distances to access some of these facilities. Some LGBT persons have improvised with social media connections and reaching out to one another but the challenge remains.

5. Conclusions and Recommendations

5.1. Conclusions

The study was conducted to assess the SRH needs of LGBT persons and the quality of services available to them. Discussions with the LGBT persons as well as the services providers reveal that the needs of LGBT persons can be very unique even when there are crosscutting issues. For example, while transgender persons have specific needs that concern aspects about their bodies, appearance which may not be the case for lesbians the need for SRH commodities such as condoms and lubricants is universal across the LGBT community.

Of particular concern was access to services that meet the needs of LGBT persons. This assessment found evidence of serious attempts to reach the LGBT population with key SRH services that meet their needs. There are attempts to ensure universal access to HIV testing services, STI screening and treatment as well as deliberate efforts to ensure that most health facilities have people trained in issues around LGBT. Some health facilities have focal persons known to the LGBT community who make access to services easier. There has also been a deliberate effort to have drop in centres where LGBT persons can access the services of their choice. At policy level, the National HIV/AIDS Strategic Plan for 2020/21-2024/2025 acknowledges and places a significant amount of emphasis on ensuring that key populations, where some of the categories of LGBT persons fall, have access to the required services including PEP and PrEP and lubricants. Therefore, it is plausible to argue that there are efforts to ensure that the LGBT persons have access to the much needed SRH services.

Despite such attempts, discussions with the LGBT persons revealed mixed concerns about availability of services, and the quality of such services. For services such as SRH commodities including condoms, discussions indicate that they are readily available and can be accessed. However, for some unique services such as hormonal and affirmative surgeries for transgender persons, they are hardly available and therefore accessible. Of particular concern was also the attitudes of health workers who are expected to serve the LGBT persons. While there are attempts to train the health workers, it appears that negative attitudes towards LGBT persons is hindering access to services. Where services are provided in facilities that serve the general community, the LGBT persons also experienced stigma and discrimination from the fellow service users. Therefore, based on the WHO (2006) quality of care framework, we found that there are a range of issues that the available services run short of. LGBT still face a lot of challenges and some of the services are actually inaccessible to them. Discrimination in health care settings is till rife despite efforts to train health workers and other service providers to ensure that services are tailored to the needs of the consumers including LGBT persons.

5.2 Recommendations

Based on the findings of the study, some recommendations can be made. These recommendations are specific to the LGBT persons themselves, the government, the CSO serving the LGBT persons and others to the service providers.

5.2.1 Recommendations for government

Strengthen the existing policy framework to focus on serving the needs of LGBT persons. Given that the current National HIV and AIDS Strategic Plan emphasises serving the key populations, there is to emphasize, as part of government priority intervention focus, training of health workers on attitude change. This should be made policy of government and not left to CSOs. We found that currently training of health workers on attitude change is taken on by the CSOs working with

the LGBT persons. Consequently some health workers do not get the training they need. Training of health workers should be a policy of government and emphasis should be on ensuring that all health workers receive the training.

5.2.2. Recommendations for CSOs working with LGBT persons

There is need to sensitise communities around LGBT persons, gender identity and sexuality. Particular training should focus on sexuality and diversity and ensuring that the general community appreciates diversity, particularly sexual diversity. Sensitisation of the community to generally increases acceptance of the needs. This has a strong effect on their behaviour to seek medical services. Even if service providers have and offer the best services, if the society still discriminates them, they will find it hard to access services. Even if health workers are trained, it will not be enough since there will be stigma amongst themselves and the community at large and consequently, they will still not access the services. People must appreciate that we are different and we have different values and this will help the LGBT persons to seek services.

Strengthen advocacy for specific LGBT persons. There is need to strengthen advocacy on issues that affect LGBT persons and particularly advocacy for services that are hardly prioritized by government. For example, some services are hardly available while for some products and SRH commodities like lubricants there were reported cases of stock outs due to failure to prioritise such services. Results show that sometimes government does not take availability of such services as priority and in other cases, there is a false belief that having these services available to the LGBT person's results in promotion of homosexuality. Through sustained advocacy, therefore, CSOs can help to challenge the position of government and the "laxity" about providing services as well as the misinformed attitude that availing SRH services to LGBT persons is the same as promoting homosexuality.

Pay attention to unique needs of LGBT persons. While the LGBT concept is used as an umbrella term to identify the general sexual minorities, results and studies have often shown that each category has unique needs. Lamping the LGBT under this broad umbrella risks masking unique needs of LGBT persons. Already there is a danger that where policy documents refer to LGBT persons under the umbrella of key populations limits understanding of the unique needs of specific categories. Consequently their SRH needs may not be attended to.

5.2.3. Recommendations for LGBT persons

Forming support networks and reaching out to each other is a critical step towards ensuring access to SRH services. During discussions the study team established that often times through their networks, some persons have been able to access services which they would have been unable to access. Therefore, it is important that LGBT persons not only know each other but also extend support to one another. These networks also become a source of social support. During the study, testimonies of LGBT persons who were helped by their LGBT friends to access services were a common example of how social support for one another cannot be discounted as a critical point of support to access to SRH services. The study team recommends that such support be strengthened.

5.2.4 Recommendations for service providers

Health service provider attitudes must change. One of the critical concerns by LGBT persons included the poor attitudes of health service providers, particularly health workers. Contrary to the expectation that health workers provide services regardless of one's sexual orientation, judgmental attitudes by health workers were reported to cloud access to SRH services for LGBT. Judging and labelling LGBT persons as "spoiled" persons not only pushes them away from accessing services, it also makes it difficult for health workers to provide the services as expected of them. One way of doing this is for health facilities to establish, enforce strict adherence to non-discrimination principles and hold health service providers to such principles.

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ABOUT HRAPF

Background

Human Rights Awareness and Promotion Forum is a voluntary, not for profit and non-partisan Non-Governmental Organisation. HRAPF works on the promotion, realisation, protection, and enforcement of human rights through human rights awareness, research, advocacy, and legal aid service provision, with a particular focus on minorities and disadvantaged groups. It was established in 2008 with a vision of improving the observance of human rights of marginalised persons in Uganda.

Legal Status

HRAPF is incorporated under the laws of Uganda as a company limited by guarantee.

Vision

A society where the human rights of all persons including marginalised persons and Most at Risk Populations are valued, respected, and protected.

Mission

To promote respect and protection of human rights of marginalised persons and Most at Risk Populations through access to justice, research and advocacy, legal and human rights awareness, capacity enhancement, and strategic partnerships.

HRAPF's Objectives.

1. To create awareness on the national, regional, and international human rights regime.
2. To promote access to justice for marginalised persons and Most at Risk Population groups.
3. To undertake research and legal advocacy for the rights of marginalised persons and Most Risk Population groups.
4. To network and collaborate with key strategic partners, government, communities, and individuals at national, regional, and international levels.
5. To enhance the capacity of marginalised groups, Most at Risk Populations and key stakeholders to participate effectively in the promotion and respect of the rights of marginalised persons.
6. To maintain a strong and vibrant human rights organisation

Our target constituencies

1. Lesbian, Gay Bisexual and Transgender (LGBT) persons.
2. Intersex Persons
3. Sex workers
4. Women, girls and service providers in conflict with abortion laws

5. People who use drugs (PWUIDs)
6. People living with HIV and TB (PLHIV/TB)
7. Poor women, children and the elderly with land justice issues.

HRAPF Values

- Equality, justice and Non-discrimination
- Transparency, Integrity and Accountability
- Learning and Reflection
- Quality and Excellence
- Teamwork and Oneness
- Passion and drive
- Networking and Collaboration.

Slogan

Taking Human Rights to all.

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