ADVOCACY GUIDE ON ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH RIGHTS AND SERVICES FOR LGBTI PERSONS IN UGANDA

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FOREWORD

This SRHR Advocacy Training Guide has been developed for young LGBTI persons to engage in advocacy for the inclusion and visibility of specific SRHR needs of LGBTI persons in their diversity. It contains conceptual and practical tips on SRHR advocacy that ensure effective advocacy interventions. The guide is intended to be used as a tool to aid comprehensive training on SRHR advocacy as well as support efforts of targeted advocacy for access to SRHR services for LGBTI persons in Uganda at both district and national level and to inform a diverse audience of potential advocates about ways SRHR advocacy for LGBTI persons.

The Guide should be useful to people in all sectors who wish to improve SRHR policies and programs for LGBTI persons in Uganda through advocacy.

Potential users may be:

- LGBTI persons and SRHR advocates
- Professional institutions, associations, and networks
- Researchers interested in promoting their findings
- NGOs or community organisations
- Training institutions or groups that work with potential SRHR advocates.

Although the Guide is written primarily for use in training sessions, it can also be used by potential advocates as a tool to help them start their advocacy journeys.

Selected chapters can be used for one or two-day sessions that can be added to meetings or conferences to give a general orientation on SRHR advocacy for LGBT persons.

Institutions, networks, or associations can use it with their staff and members as a guide to help plan particular advocacy campaigns.

Researchers can use it to plan the dissemination of findings on particular SRHR issues.

We hope that this advocacy guide will be an important tool for advocates to participate more effectively in efforts and interventions that challenge laws, policies, and programmes to ensure they are more responsive to and inclusive of the diverse and dynamic needs of LGBTI persons in Uganda.

Dr. Adrian Jjuuko

Executive Director

ACKNOWLEDGMENTS

ABBREVIATIONS AND ACRONYMS

AHA	Anti-Homosexuality Act
APA	Anti-Pornography Act
ART	Anti-Retroviral Therapy
CPR	Contraceptive Prevalence Rate
DICs	Drop-in-Centres
EOC	Equal Opportunities Commission
FARUG	Freedom and Roam Uganda
FSW	Female Sex Workers
GGR	The Global Gag Rule (Mexico City Policy)
HELMS Amendment	Helms Amendment to Foreign Assistance of 1973
HRAPF	Human Rights Awareness and Promotion Forum
HTC	HIV Treatment and Care
IBU	Ice Breakers Uganda
IDI	Infectious Diseases Institute
KCCA	Kampala Capital City Authority
KP	Key Populations
LBQ	Lesbian, Bisexual and Queer
LC	Local Council
LCIII	Local Council Three
LCV	Local Council Five
LG	Local Governments
LGBTI	Lesbian, Gay, Bisexual, Transgender Plus Persons
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer
LGBTIQA	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and Asexual
MARPI	Most at Risk Populations Initiative
MARPS	Most at Risk Populations
MDAs	Ministries Departments and Agencies
MoES	Ministry of Education and Sports

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MoFPED	Ministry of Finance Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MoIA	Ministry of Internal Affairs
MoLG	Ministry of Local Government
MSM	Men who have Sex with Men
NDPIII	Third National Development Plan
NHRIs	National Human Rights Institutions
OURS	The Observatory on the Universality of Rights
PEP	Post-Exposure Prolaxis
PrEP	Pre-Exposure Prolaxis
PWIUD	People Who Inject and Use Drugs
S&Gs	Standards and Guidelines for the Reduction of Morbidity and Mortality due to Unsafe Abortion
SDGs	Sustainable Development Goals
SMUG	Sexual Minorities Uganda
SOB	Sexual Offences Bill
SOGIE	Sexual Orientation, Gender Identity and Expression
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SW	Sex Workers
TNU	Tranz Network Uganda
UKPC	The Uganda Key Populations Consortium
UN	United Nations
UPR	The United Nations Universal Periodic Review
WSW	Women who have Sex with Women

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Introduction

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- Process of developing the guide
- How to Use the Guide

1.1 Introduction to the Guide

This SRHR Advocacy Training Guide has been developed for young LGBTI persons to engage in advocacy for the inclusion and visibility of specific SRHR needs of LGBTI persons in their diversity. It contains conceptual and practical tips on SRHR advocacy that ensure effective advocacy interventions. The guide is intended to be used as a tool to aid comprehensive training on SRHR advocacy as well as support efforts of targeted advocacy for access to SRHR services for LGBTI persons in Uganda at both district and national level and to inform a diverse audience of potential advocates about ways SRHR advocacy for LGBTI persons.

1.2 Purpose of the Guide

Human Rights Awareness and Promotion Forum (HRAPF) invested in developing an advocacy guide that is intended to guide sustained advocacy on access to SRHR services for LGBTI persons in Uganda. The Advocacy Guide will be used by young LGBTI persons to advocate for access to Sexual and Reproductive Health Rights services as well as a tool that can direct young advocates on how they can advocate for access to services at the district and national levels. In order to deepen the use and practical application of the Advocacy Guide, HRAPF undertook ongoing training of the LGBTI Community Members as Advocacy Champions to advocate for access to SRHR services for LGBT persons in Uganda as well as supported the development of Regional SRHR Advocacy Strategies that will guide advocacy at district and lower levels. This Guide, therefore, is used to inform advocacy as well as build skills of the advocacy champions who will pursue LGBTI Community advocacy goals as defined in the Regional Advocacy Strategies. It is envisaged that all these interventions will contribute towards strengthening the agency of LGBTI persons to demand SRHR services and enhance advocacy capacities towards increased access to SRHR.

1.3 Process of Developing This Guide

The Guide was developed through an inclusive and participatory process that involved: secondary data collection through review of relevant literature and; primary data collection through purposive interviews with 22 Key Informants. The key informants comprised of regional, national, and district LGBTI leaders; champions, and key field leaders within the LGBTI movement and the wider SRHR movement. The selected key informants were representative of the various diversities within the LGBTI movement and had a blend of national and regional representation from the 4 regions of Uganda – Northern, Central, Eastern and Western Regions (See Annex 3 and 4 for KII Tool and List of Interviewed Key Informants respectively).
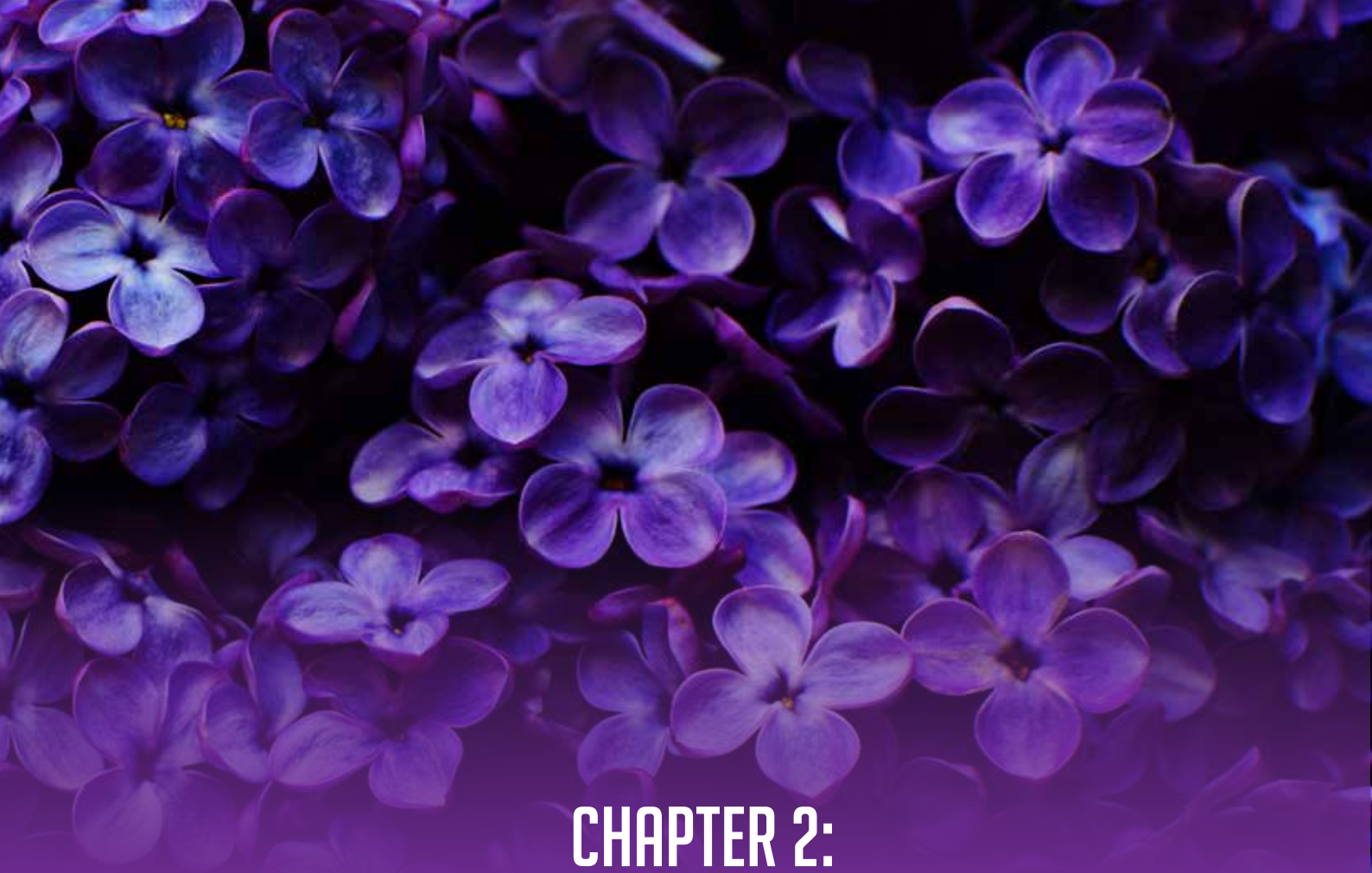
1.4 Using the Advocacy Guide: Who is it For?

This Advocacy Guide on Access to Sexual and Reproductive Health Rights and Services for LGBTI Persons in Uganda is intended to guide LGBTI persons in their advocacy for the pursuance of the highest level of Sexual and Reproductive Health Rights and Services in Uganda.

1.5 Structure of the Guide

This Advocacy Guide on Access to Sexual and Reproductive Health Rights and Services for LGBTI Persons in Uganda is structured in 12 major sections as summarised below:

CHAPTER 2:
Context of SRHR Organising in Uganda

The Chapter Contents

This Chapter has:
- Context of SRHR Movements and Organising in Uganda
- The State of LGBTI Movements and Organising in Uganda
- Realities of LGBTI Persons and Access to SRHR Services
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2.1 Context of SRHR Movements and Organising in Uganda

Sexual and Reproductive Health and Rights (SRHR) and services are a fundamental set of human rights and a core component of human existence. The last two decades have seen an evolution around SRHR especially on: legal and policy reform, advocacy, programming, capacity building, resourcing, and movement building that have yielded several milestones.

Key among these are the legal and policy milestones aimed at promoting and advancing SRHR at the global, regional and national levels including the following regional and international legal instruments: The Universal Declaration on Human Rights (UDHR); the Convention on Elimination of all Forms of Discrimination Against Women (CEDAW); the International Covenant on Economic, Social and Cultural Rights (ICESCR); the Convention on the Rights of the Child (CRC); Convention on the Rights of Persons with Disabilities (CRPD); the African Charter on Human and People's Rights (ACHPR); the Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol); the African Youth Charter; the Beijing Declaration and Platform for Action, 1995; and the Kampala Declaration on SGBV and the United Nations Security Council Resolution 1325, 2011.

These regional and international commitments have been incorporated in laws, policies, frameworks and strategic plans on SRHR including: The Constitution of the Republic of Uganda, 1995; the HIV Prevention and Control Act, 2014; the Human Rights Enforcement Act 2019, the Persons with Disabilities Act, 2010; the Domestic Violence Act 2010, The Prohibition of Female Genital Mutilation Act 2010; the Equal Opportunities Commission Act, 2007; the Public Health Act Cap 281; the Food and Drug Act cap 278; the National Development Plan III, Uganda Vision 2040, the National Gender Policy 2007; the National GBV Policy and Action Plan 2016; the Uganda Population Policy 2008; the National Youth Policy 2001; the National Disability Policy 2008; the HIV/AIDS and the World of Work Policy 2007; the Reproductive Health Policy; the National Health Policy; the Adolescent Health Guidelines and Service Standards 2012; the Adolescent Girls Vulnerability Index; the National Sexuality Education Framework; the National Policy Guidelines and Service Standards for SRHR 2011; the Standards and Guidelines for Reduction of Maternal Mortality and Morbidity due to Unsafe Abortions 2015; the Social Development Sector Strategic Plan 2020/21 – 2024/25; theNational HIV and AIDS Strategic Plan 2020/21 – 2024/25; the Health Sector Development Plan II 2020/21 – 2024/25; the National Condom Programming Strategy; The MOH Guidelines to Implement the Policy on Prevention and Response to Sexual Harassment 2018;, Roadmap to Accelerating the Reduction of Maternal and Neonatal Morbidity 2013 and Mortality in Uganda; and the District Costed Implementation Plans for the period 2018/19-2022/23 among others. These are complemented by several programmes in place to enable domesticating the standards and actualizing these legal provisions.

 In spite of these significant milestones, however, accessibility to SRHR information and services for sexual and gender minorities is still inadequate, harassment by law enforcement is rife, SRH commodities are majorly skewed towards maternal and reproductive health and hence do not prioritise LGBTI wider needs and resourcing for CSOs, and activists undertaking SRHR work is dwindling. This is exacerbated by global developments like the Global Gag Rule (GGR). All these have seen the country retrogress in several aspects including policy development and formulation; formation of retrogressive movements undermining the progressive efforts on SRHR; and shift in the funding of contentious SRHR issues like (abortion, commodities for LGBTIQ and sex work communities).

More generally, SRHR indicators are still poor in Uganda (as elaborated in Section 2.2 below). Further, healthcare services aren't affordable with out-of-pocket expenditure in the health sector contributing to up to 70% which exacerbates the vulnerability of those who cannot afford health care services. Though increased in the last year; the health sector budget increased by 9.1% (to Ug. Shs 2.589 trillion from Ug. Shs. 2.373 trillion in FY 2018/19)[1] though it remained at 7.2% of the total national budget which is below the 15% Abuja Declaration. This increase was majorly for the enhancement of salaries for medical workers and inflows from external funding.

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[1]   See The Republic of Uganda, Ministry of Health. *Annual Health Sector Performance Report Financial Year 2019/*2020.

In addition, a wide range of SRHR issues such as access to SRHR information and services, access to family planning information and services, access to SRH commodities for young people, access to SRH commodities for LGBTI youth, sexuality education, adolescent reproductive health, and rights, teenage pregnancies, unsafe abortion, maternal mortality and morbidity, sexually transmitted infections (STIs) including HIV, sexual and gender-based violence, continue to constitute serious public health, human rights and social equity issue that affects millions of young people in Uganda across the social class, geographical location, age, ability, sexual orientation, and gender identity diversities.

Young LGBTI persons and other sexual and gender minorities are more affected as regards access to SRHR services due to lack of awareness on LGBTI issues, unfavorable attitudes by healthcare and legal service providers, stigma and discrimination, the over-emphasis of only HIV/AIDS programming in reference to SRHR programming for LGBTI persons, existing SRHR programming majorly covers some sub-groups (especially MSM and SWs) leaving out other sexual and gender minorities, inadequate financing, inadequate infrastructure, coordination challenges, and limited information about LGBTI issues.[2] This not only creates a barrier towards their total enjoyment of human rights but makes sexual and gender minorities vulnerable and subject to violations.

Further, SRHR continue to be among the most controversial and contentious topics in Uganda's legal, policy, social, cultural, and economic environments as well as at collective, societal, and personal levels. This is attributed to a number of competing approaches, debates, and positionalities based on: religious, cultural, normative, moral, and legal-policy views and perspectives. This creates a huge divide between the visible ('acceptable', non-controversial safer SRHR issues)[3] and the invisible ('controversial', highly contested, polarising SRHR issues)[4]. The sharp divide between the visible and invisible SRHR issues creates undesirable outcomes for sexual and gender minorities especially LGBTI persons as more often their SRHR needs are located within the invisible and highly contested issues.

Therefore, if LGBTI persons are equipped with the knowledge and have agency to pursue SRHR goals, have the skills and knowledge to make safe and informed decisions about their SRH, are better prepared to prevent sexual health issues (STIs, HIV, Hepatitis B, unwanted pregnancies, post-rape services, etc), can seek accessible, available and affordable quality healthcare and legal services when needed, have the agency to demand and seek legal redress when their SRHR are violated and/or services are denied, practice more safe sexual behaviors, and are equipped with information and life skills that enable them to make safe and healthy life choices; then the total enjoyment of SRHR can be achieved.

2.2 An Overview of the state of SRHR in Uganda

Uganda's population is estimated at 42,382,888 and slightly more than 50% is below the age of 15 years and two thirds is below the age of 24 years. Uganda's SRHR indicators are still poor – some of which lagging behind global averages and Sub-Saharan Africa standards.

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[2] Human Rights Awareness and Promotion Forum, Baseline Analysis on the Policy Environment for Access to Sexual and Reproductive Health and Rights and HIV & AIDS Services by LGBTI Persons in Uganda , 2018.

[3] Visible Issues (non-controversial and safer issues) include: Sexually Transmitted Infections; Teenage Pregnancy; Gender Roles; Provision of health commodities and consumables (e.g., condoms); Sexual and Gender-Based Violence; HIV/AIDS; Voluntary Counselling and Testing; Puberty; Adolescent SRHR; Maternal and Child Health; Female Genital Mutilation; Reproductive health diseases (e.g prostrate and cervical cancer); Menstrual Health Hygiene Management and Family Planning and Birth Control.

[4] Invisible Issues (highly contested and controversial issues) include: Same Sex relations & LGBTIQ Rights; Sex work; Sex re-assignment surgery; Consent; Abortion; Sexuality Education; Sexual pleasure, eroticism and BDSM; Contraceptive access to adolescents and young people; Comprehensive abortion services; Mental health arising from sexuality; Sexuality for elderly persons; Disability and Sexuality; Sexual rights for elderly persons; Menopause and Andropause; Infertility (male and female); Reproductive Health Hygiene; Safe abortion services (Post Abortion Care, Comprehensive Abortion Care and SAC); Right to marry and found a partner; Marital Rape; Virginity; Reproductive Rights of Persons with Disabilities and Reproductive Rights of Elderly.

Reproductive Health, Contraception and Family Planning

The proportion of unmet need for family planning was 34%[5] in 2011 and 28% in 2016.[6] Among unmarried women, the unmet need for family planning in 2016 was 32% (UDHS 2016). The percentage rate for young women (15-19 years of age) who had already begun childbearing remained at 25% in 2011 and 2016 (UDHS 2011, 2016). Although there has been some reduction in the Maternal Mortality Ratio of Uganda, it remains persistently high at 336/100,000 live births, and; approximately half of all pregnancies among women aged 15–19 in Uganda are unintended, totaling an estimated 214,000 unintended pregnancies each year. The overwhelming majority (88%) of these pregnancies occur among adolescents with an unmet need for modern contraception (Guttmacher 2019).[7] 60% of pregnant women attend antenatal care (ANC) visits for at least four (4) or more times as recommended during their entire pregnancy, an increase from 48% in 2011. The infant mortality rate stands at 43 deaths per 1,000 live births down from 54 deaths per 1, 000 live births in 2011.[8] In addition, 2 in 5 married women have an unmet need for contraception[9], even though contraceptive awareness is almost universal, with 99% knowing at least one contraceptive method or pregnancy prevention measure. The Contraceptive Prevalence Rate (CPR) of Uganda is 26% (UDHS, 2016). Eighteen percent of married women use modern methods, while 6% use a traditional method. As expected, current contraceptive use is higher among sexually active, unmarried women (54%) than among married women (24%) and, in turn, among all women (20%). The likely consequences of low CPR include rapid human population growth resulting in overpopulation, poverty, increased incidences of maternal and infant mortality.

Adolescent Fertility, Teenage Pregnancy and Child Marriages

Uganda has one of the highest child marriage prevalence rates globally with 10% of girls married off before 15 years and 40% before the age of 18.[10] Adolescent fertility is an ongoing problem in Uganda at a rate of 115 in 2014.[11] The UDHS 2016 findings show that 25% of female teenagers had begun childbearing, 19% had already had a live birth while 5% were carrying their first child. Teenage childbearing is higher in rural areas and the UDHS (2016) shows that rural teenagers start childbearing earlier than their urban counterparts (27% versus 19% respectively). In Uganda, 1 in 4 adolescent women aged 15-19 years are already mothers or pregnant with their first child (with at least 25% of adolescents aged 15-19 years have started childbearing). The trend is worrying and, on the rise, as teenage pregnancy rates stood at 71.5 per 1000 in 2006 and 83.5 per 1000 in 2011[12] , and at the moment shooting by 2020 is at 25%[13]. One determinant of teenage pregnancy is the level of education where only 11% of girls with secondary education had begun their reproductive life compared to 35% of those with no education. These worrisome high teenage pregnancy rates may seem low compared to 28% in Sub-Saharan countries and West and Central Africa. Young mothers in Uganda risk poor maternal and child health, being isolated from social spaces, attempting and undertaking unsafe abortions, school dropouts, and failure to continue with school even with re-integration / second-chance programmes, and poverty. Yet;

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5   Uganda Bureau of Statistics, *The Uganda Demographic and Health Survey 2011*

6   Uganda Bureau of Statistics, *Uganda Demographic and Health Survey 2016.*

7   Guttmacher Institute 'Adding It Up: Investing in Contraception and Maternal and Newborn Health for Adolescents in Uganda, 2018' Fact Sheet December 2018, https://www.guttmacher.org/fact-sheet/adding-it-up-contraception-mnh-adolescents-uganda (accessed 27 April 2021).

8   Uganda Bureau of statistics (2021) 'International women's day celebrations March 08 2021' https://www.ubos.org/wp-content/uploads/2021/03/UBOS-WOMENS-DAY-BROCHURE-2021.pdf (accessed 27 April 2021).

9   Guttmacher Institute 'Abortion and postabortion care in Uganda', 2017. https://www.guttmacher.org/sites/default/files/factsheet/abortion-and-postabortion-care-uganda.pdf (accessed 27 April 2021).

10 The African Union, *African Women's Decade 2010-2020 Mid-Term Review Report, 2015.*

11   Above.

12 Byonanebye J, Brazauskas R, Tumwesigye N, Young S, May T, Cassidy L. 'Geographic variation and risk factors for teenage pregnancy in Uganda'. *Afri Health Sci.* 2020;20(4):1898-907 accessed at https://dx.doi.org/10.4314/ahs.v20i4.48

13   Nabugoomu, J., Seruwagi, G.K. & Hanning, R. 'What can be done to reduce the prevalence of teen pregnancy in rural Eastern Uganda? Multi-stakeholder perceptions'. *Reprod Health* 17, 134 (2020). Accessed at: https://doi.org/10.1186/s12978-020-00984-x

26% of unintended pregnancies end up in abortion[14] and 53% of pregnancies among adolescents aged 15 – 19 years were unintended in Uganda in 2013[15].

Cultural practices like: bride price and early marriages affect girls and women's self-image, sense of empowerment, and ability to control fertility and method of contraception[16] which exposes them to birth complications, unwanted pregnancies, unsafe abortions, and marginalisation in reproductive health decision making. On average only 53.2% of women had a post-natal check within 2 days after giving birth which shows that utilization of postnatal care is low. Maternal deaths as defined by WHO (2015) as the death of a woman while pregnant or within 42 hours of termination of pregnancy from any cause related to or aggravated by the pregnancy and its management represent 18% of all deaths among women aged 15-49 years and the maternal mortality rate is 336 deaths per 100,000 live births (UDHS 2016).

Right to Abortion

Uganda has one of the highest rates of unsafe abortion in Eastern Africa. The estimated rate of 54 abortions per 1,000 women of reproductive age is far higher than the average of 39 abortions per 1,000 women for East Africa.[17] Unsafe abortion is one of the leading causes of maternal morbidity and mortality in Uganda. It contributes approximately 26% of the estimated 6,000 maternal deaths every year and an estimated 40% of admissions for emergency obstetric care.[18] It equally places a huge cost on the public health system; approximately Uganda Shillings 7.5 Billion spent annually to treat complications.[19] Uganda's restrictive abortion laws permit termination only to save the life of a pregnant woman**.** However, there are conflicting and restrictive interpretations of the abortion provisions under the 1995 Constitution of Uganda, the Penal Code Act, and National Reproductive Health Policies. These have created confusion about the exact legal status of terminating pregnancies. The government has not operationalised Article 22(2) of the 1995 constitution of Uganda as a way of clarifying the parameters for legal abortions. This has made healthcare providers unable to provide safe and legal abortion services. Law enforcement and judicial officers too do not effectively enforce or implement laws that permit abortion.

HIV/AIDS

Overall, Uganda has made much progress towards the national and global targets and commitments to the treatment targets of 90-90-90 by 2020 as part of an effort to fast-track the end of the HIV epidemic by the year 2030. Uganda has made tremendous progress in the scale-up of combination HIV prevention services over the past 5-10 years with HIV testing is currently estimated at 89% and 89% of the diagnosed HIV infected individuals linked to care, with 89% virally suppressed. Service delivery for key populations has increased through facility-based and community-based models, expansion of Drop-in-Centres (DICs). Nevertheless, young women account for 73% of the new infections among young people.[20] This is compounded by a high adolescent pregnancy rate that stands at 25% and a high unmet need for family planning estimated at 30.4%.[21] Sexual and gender-based violence is also a key driver of HIV infection and negatively impacts access to services among women generally and especially Adolescent Girls and Young Women (AGYW).[22]

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[14] Guttmacher Institute (2017), n 9 above.

[15] Above.

[16] TARSC Et Al, *Women's Health and Sexual Reproductive Health In Uganda: A Review Of Evidence, 2013.*

[17] Guttmacher Institute (2017), n 9 above.

[18] Uganda Bureau of Statistics (UBOS) n 5 above.

[19] Vlassoff M et al., *The health system cost of post-abortion care in Uganda, Health Policy and Planning,* 2012. Available at: http://heapol.oxfordjournals.org/content/early/2012/12/28/heapol.czs133.full.pdf

[20] The Republic of Uganda: Uganda AIDS Commission. *The National HIV and AIDS Strategic Plan 2020/21-2024/25 "Towards Ending Aids By 2030".* March 2020

[21] Uganda Bureau of Statistics (UBOS) n 6 above., 19.

[22] Ministry of Gender, Labour and Social Development *Violence against Children in Uganda: Findings from a National Survey,* 2015, 24.

Nonetheless, HIV prevalence is high among key and priority populations including female sex workers (31.3%) and partners of female sex workers (18%), men who have sex with men (12.7%), and among men in uniformed services (18.2%).[23] FSWs account for 20.2% of new HIV infections in Uganda, with clients of FSWs contributing 12.2%. Inspite of the high risk among key populations, significant variances, and inequities exist in HIV service coverage and interventions, with these populations experiencing the greatest human rights barriers and limitations to service utilization and poorer HIV prevention, care, and treatment outcomes.[24] Uganda has recently developed an Equity Plan[25] which provides a clear plan and priority interventions to address human rights, gender and other barriers to HIV, TB, and Malaria service access and utilisation.[26] In Uganda, HIV prevalence amongst key populations has been found to be significantly higher than the general population[27], ranging from 13.7% to as high as 37%. These HIV prevalence rates included sex workers (35-37%), fisher folk (22-29%), long distance truck drivers (25%), uniformed services personnel (18.2%), men who have sex with men (13.7%), and boda-boda taxi-men (7.5%). According to the Modes of Transmission Study of 2014 (UAC, 2016), female sex workers, their clients, and their partners contributed a total of 20% of new infections; men who have sex with men and their female partners contributed 0.6% while people who inject drugs contributed 0.4% .[28] And overall, stigma and discrimination against PLHIV is high[29].

Comprehensive Sexuality Education (CSE)

CSE is still a far-fetched reality in Uganda. While at the Moment Uganda has the National Sexuality Education Framework (NSEF), its rollout has been halted with demands for further consultations as well as challenges with its implementation given structural realities that most schools are owned by religious institutions who generally oppose sexuality education for young people.

LGBTI and Sex Work

Stigma, discrimination, and violence targeting LGBTI people and sex workers is very high that affects their enjoyment of their human rights. Both internal and external stigma is still prevalent although reducing in varying magnitudes. A stigma index survey conducted among HIV positive sex workers[30] showed that among HIV positive sex workers: 38.5% experienced self- blame, 17.9% blamed others, 5.3% felt they wanted to kill themselves and 0.8% felt guilty about their HIV status. Also due to their HIV-positive status, 28% had stopped working, 16.3% avoided going to the hospital, 11.4% chose not to attend social gatherings, and 10.6% avoided getting children. None of them had avoided having sex but were very fearful of sexual rejection, 48% feared being gossiped about.

The 2019 PLHIV Stigma Index indicated that 33.65% of transgender participants, 24.24% of gay or bisexual participants, 28.78% of sex worker participants, and 28.92% of persons who inject drugs had reported recent negative experiences related to their HIV status and identities[31]. This is corroborated by a 2017 Needs Assessment undertaken by Tranz Network Uganda that found out that 36.3% of

[23] Uganda AIDS Commission & UNAIDS *Synthesis, Consolidation and Building Consensus on Key and Priority Population Size Estimation Numbers in Uganda, 2019.*

[24] The Republic of Uganda: Ministry of Health. *Uganda Population-Based HIV Impact Assessment (UPHIA) 2016-2017: Final Report*. Kampala: Ministry of Health; July, 2019

[25] The Republic of Uganda *Leaving No One Behind: A National Plan for Achieving Equity in Access to HIV, TB and Malaria Services in Uganda 2020—2024, 2019.*

[26] UAC & UNAIDS (2019), n 23 above.

[27] UNAIDS statistical estimates (2019) put HIV prevalence at 7.1% for women and 4.4% for men; 2.8% among young women and 1.1% among young men, and also show that 53,000 people were newly infected with HIV (45,000 adults aged 15 and over; 26,000 women aged 15 and over; 19,000 men aged 15 and over; 7,500 children aged 0 – 14). Amongst older adolescents and young people, prevalence is almost four times higher among females than males.

[28] UAC & UNAIDS (2019), 23 above.

[29] The International Community of Women Living with HIV Eastern Africa (ICWEA) *Community Scorecard (CSC) for Community Based Monitoring of Health Service Delivery*, 2020.

[30] WONETHA *Stigma Index Survey among HIV Positive Sex Workers*, 2020.

[31] NAFOPHANU et al. *The People Living with HIV Stigma Index: Uganda Country Assessment Report 2019*, 2019, 42-48.

transgender people had ever been harassed, abused, or discriminated by police because of their gender identity, 34.4% have been prevented by police from accessing public space, 27.6% have ever been arrested because of gender identity, 27.6% had ever experienced many forms of harassment from members of the public because of their gender identity and expression, including physical violence[32].

LGBTI persons and sex workers are subject to human rights violations including structural legal and institutional barriers that affect access and utilisation of health, SRHR, and HIV-related services.[33] Existing data sources indicate there are high rates of stigma and violence faced by key populations and PLHIV faced at the family level, community, law enforcement, and health service provision that affect access to services. A 2018 report by Sexual Minorities Uganda and REAct (Rights Evidence Action) found out that gender identity and sexual orientation lead to health disparities as LGBTI persons are more likely to face barriers accessing appropriate health care on virtually all measures of health risks, have high unmet sexual health counseling needs and are continuously underserved by health service providers[34]. Similarly, The Global Fund 2019 Baseline Assessment found out that stigmatizing attitudes and discriminatory practices towards key populations are common in health[35]. This is validated by the Stigma Index 2019 which reports that PLHIV who were members of key populations *(gay, bisexual and other men-having-sex-with-men, transgender people, sex workers of all genders, and people who use or inject drugs)* face unique experiences of stigma, discrimination, and violence. For example, 33.65% of transgender participants, 24.24% of gay or bisexual participants, 28.78% of sex worker participants, and 28.92% of PWID participants reported recent negative experiences related to their HIV status and identities.[36] Likewise, in the 2017 Crane Survey Report undertaken amongst a sample of 596 MSM respondents in Kampala, 52.8% had experienced some form of verbal harassment, mostly from family and friends, and 73.6% had been blackmailed. For sex workers, amongst a total of 1,487 respondents, 48.5% had been raped at least once in the previous 12 months and 75.8% had experienced some form of verbal, physical, or sexual harassment or abuse, often from their sexual partners. In addition, amongst the 357 female respondents, 48.5% had ever been raped, usually by someone they knew *(*Makerere University School of Public Health et al. (2017) *Crane Survey Report: Bio-Behavioral Surveys Among Groups at Increased Risk for HIV in Kampala, Uganda* pg. 27, 31, 39, 53 and 59). Overall, there is an intersectionality of stigma, discrimination, and normalized violence prevalent within various sub-sections even within the LGBTI and Sex Worker Communities. For instance, PLHIV who are either LGBTI persons or sex workers face more stigma and discrimination just as transgender persons or transgender and male sex workers.

The above is compounded by the restrictive legal and policy environment that criminalises same-sex relationships and sex work as defined in Sections 136, 137, 138, 139, 145, and 146 of the Penal Code Act.[37] The Narcotic Drugs and Psychotropic Substances (Control) Act 2015 stifles programming, outreach, advocacy and access to SRHR services hence limiting the reach and effectiveness of SRHR services for PWUIDs.[38] Additionally, issues of Sexual and Gender Based Violence (SGBV) targeting sexual and gender minorities (for instance sex workers, transgender persons, and LBQ women) are largely neglected in SGBV interventions yet they are often targeted, violated, and little redress moreover the Sexual Offences Bill 2019 recntly passed by Parliament has the potential to increase stigma, discrimination and violence against women, sex workers, transgender persons, and LBQ women. Though the Sexual Offences Bill 2019[39] has some positive provisions, the restrictive definition of a sexual act, making of HIV an aggravating factor, the criminalisation of buying and selling of sex, the provision on unnatural offenses,

32 Tranz Network Uganda *Exploring the Needs, Challenges and Experiences of Transgender People in Accessing Basic Social Services in Uganda: Needs Assessment Report* 2017, 19 – 21

33 Human Rights Awareness and Promotion Forum (HRAPF) (2019). *The Uganda report of human rights violations based on sexual orientation and gender identity, 2018.*, 2019.

34 SMUG and REAct *"Even if they spit at you, don't be surprised": Health Care Discrimination for Uganda's Sexual and Gender Minorities 2018*, 11 – 12

35 The Global Fund *Scaling up Programs to Reduce Human Rights-Related Barriers to HIV, TB and Malaria Services Baseline Assessment – Uganda.* Draft: 31st January 2019, 8

36 NAFOPHANU, n 31 above, 42-48.

37 The Penal Code Act, Cap 120.

38 Ministry of Health '*National HIV and AIDS Strategic Plan 2020/21 – 2024/25*, 11 and 20.

39 The Republic of Uganda (2015). *The Sexual Offences Bill 2015*, 11th December 2015.

and provision on on the establishment of a database of sexual offenders will only serve to drive sexual and gender minorities further underground, making it even more unsafe for both those who do sex work and those who choose to pay for sex[40]. The Sexual Offences Bill is under debate in the Parliament of Uganda with no schedule yet of being approved by Parliament.

2.3 Existing SRHR Interventions for LGBTI Persons in Uganda

In Uganda, state interventions targeting sexual and gender minority is majorly lumped within 'Key Populations' as HIV/TB programming supported by Global Fund, PEPFAR / US Government, UN Agencies and other development partners. This has registered milestones such as: articulation of the political commitment towards HIV programming for KPs through a National Action Plan[41], provision of services through differentiated service models like Drop-in-Centres at public facilities and within communities as well as Guidelines to regulate the DICs,[42] outreaches, and use of peer-to-peer models that have HIV prevention and treatment for KPs. In addition, human rights barriers to access to HIV services have been supported as well as strengthened access to justice and advocacy initiatives. There has also been a cross range of interventions targeting building robust movements and organisations within the LGBTI movement; Access to justice and provision of pro-bono legal services, Advocacy, and Capacity enhancement supported by a cross range of allies/actors within and outside of the LGBTI and Sex Work Movements. Nonetheless, this is affected by challenges such as: overly focusing LGBTI and Sex Work to HIV/AIDS framing which limits engagement on wider issues beyond pathologising their human rights as only addressing HIV 90:90:90 targets; stockouts of essential SRH commodities like condoms and lubricants; increased stigma and discrimination by duty bearers and communities; continued illegality of homosexuality and sex work that; and high rates of arrests and violations by law enforcement. In addition, most of the sex work programming in Uganda mainly targets female sex workers (FSWs) and excludes male, bi-sexual, lesbian, and transgender sex workers.

Best Practices: The Existing Interventions
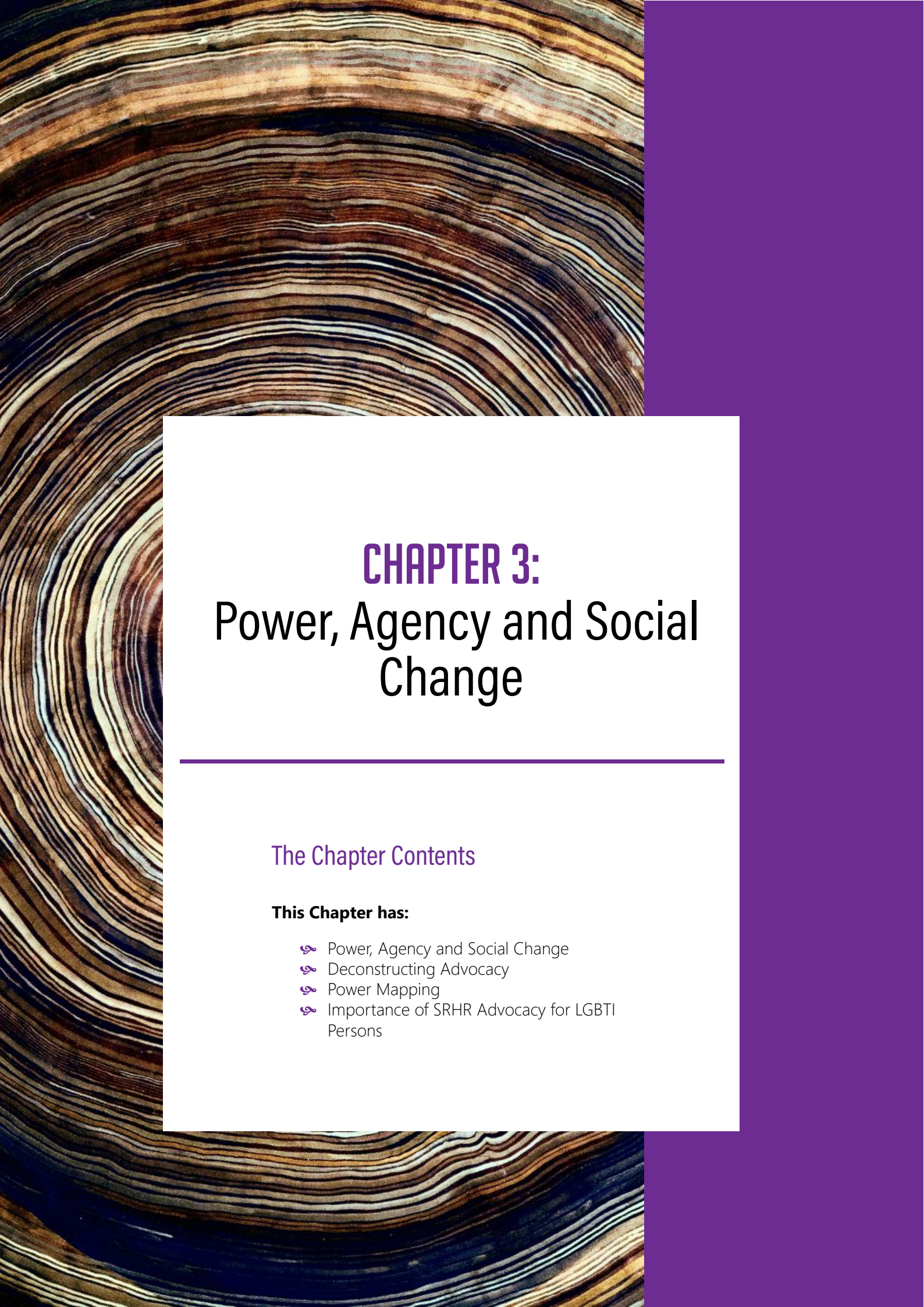
There has been some progress in expanding a cross range of SRHR services for LGBTI persons in Uganda. Key among the interventions being undertaken are:

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[40] Human Rights Awareness and Promotion Forum (HRAPF) 'Analysis of the sexual offences act, 2021 and its implications on the human rights of criminalised minorities' https://www.hrapf.org/index.php/resources/legal-policy-analyses/190-hrapf-legal-analysis-of-the-sexual-offences-act-2021/file (accessed 26 May 2021). For an ealier discussion of the Bill, see CEPA (2016), *An Analysis of the Sexual Offences Bill, 2015: A Possible End to the increasing sexual offences in Uganda* http://cepa.or.ug/analysis/an-analysis-of-the-sexual-offences-bill-2015-a-possible-end-to-the-increasing-sexual-offences-in-uganda/ (accessed 26 April 2021).

[41] The Republic of Uganda: Uganda AIDS Commission *The National HIV Priority Action Plan for Key and Priority Populations 2020/2021 – 2022/2023., 2020.*

[42] The Republic of Uganda: Ministry of Health *Draft Guidelines for Establishing and Operating Drop-in-Centers for Key Populations in Uganda.* MOH, Kampala: December 2019

SRHR Awareness Raising

- Community outreach and awareness raising on GBV, IPV, HIV, TB, STIs
- Identification of community members that need SRHR services and undertaking referrals to healthcare providers
- Provision of LGBT+ tailored SRHR information to community members e.g: Hope Mbale, Triumph Mbale, FARUG and UKPC
- Media advocacy - newspaper articles, radio talk shows, etc
- Sensitization for the wider community and duty bearers e.g: Spectrum Uganda Initiatives convenes health workers on table to discuss SRHR for the LGBT community; IBU and TNU have also undertaken trainings and sensitization for a cross range of stakeholders e.g: police officers, healthcare providers, judicial officers; While HRAPF has trained judicial officers, laws enforcement, healthcare providers, DHOs and LCs among others.

Research & Publications

- Various researches undertaken across the ange of SRHR issues e.g by SMUG, Trans Network Uganda (various researches on transgender persons), Fem Alliance (Research on IPV), HRAPF (legal analyses and various researches for LGBT+, MSM, PWUID, Intersex etc)
- Documentation of Violations e.g: Annual Human Rights Violations Reports by HRAPF and SMUG / ReACT
- Production & Dissemination of Brochures, Magazines, Newsletters, Policy Briefs, Booklets, etc
- Toll-Free Lines, Websites, Blogs, Social Media, and Zoom Webinars.
- The Key Populations Size Estimate (KPSE 2019)

Health Service Provision & Drop-in Centres (DICs)

- Government of Uganda provision of free SRHR commodities and consumables – like condoms, lubricants, PrEP, PEP, ART as well as; STI testing kits and treatment among others.
- Facility-Based DICs (e.g: Infectious Diseases Institute facility within MARPI, MARPI Mulago and the MARPI DICs in various Regional Referral Hospitals) and LGBT+ Community DICs (e.g: at IBU, TNU, LMB, FARUG, HRI, ERWEO, Mbarara AIDS Foundation, Kampus Liberty, etc) providing HIV/AIDS screening, treatment, care and support
- HTC outreaches and case finding and peer support mechanisms for LGBT+ persons
- Nurturing strategic partnerships with private health facilities that provide KP-friendly SRHR Services e.g: ARK Wellness, TASO, MARPI, etc
- SRHR services outreaches by district-based LGBT+ groups and organisations e.g: EREWEO providing services such as health commodities, VCT, trainings, peer support mechanisms for LGBT+ persons; Resilience Uganda based in Gulu that works with LBQ and FSW on SRHR, mental health and livelihoods; WERRAIN in Arua working on LGBT+ rights across West Nile Region; MAHIPSO in Masaka and Rainbow Foundation in Mbarara undertakes outreaches and referrals for SRHR health and legal services.; Kampus liberty through their DIC providing counselling, distribution of commodities like condoms & lubricants and undertaking referrals to Serere HCIV and Soroti Hospital

SRHR Leadership Devt

- Development of SRHR Training Modules and Curriculum
- Training Institutes e.g Ice Breakers Uganda Peer Academy for LGBT+ community members, FARUG SRHR Institute for LBQ womxn and TNU Gender and Sexual Diversity Trainings for Police and Health Workers
- Mbarara Rights Foundation partnership with TASO Mbarara to train peer leaders to give out SRHR services to the community in Western Uganda
- SRHR Services Referrals, Support & Linkages - MARPI STI Clinics in various Regions; different peer leaders are assigned to provide health cacare services to LGBT+ persons

SRHR Movement Building

- Paralegal Training, Refreshers and Mentorship
- Building a pool of Peer Educators / Peer Leaders who are linkages to health services esp. HTC, PrEP, PEP, STI clinics and ART and undertake outreaches to LGBT+ Communities
- Engagement with other SRHR movements and coalitions like: SRHR Alliance, RHRN, JAS Program and CSMMUA
- Growth and expansion of LGBT+ SRHR service provision beyond Kampala. E.g: Hope Mbale provides health information, Triumph Mbale works on legal and policy on SRHR; HRI Lira supports comprehensive work in HIV/AIDS through its 3 DICs in Gulu, Arua and Lira; Kampus Liberty Uganda provides health services at their DICs in Soroti and Serere Districts; Mbarara Rights Foundation undertakes door-to-door heath care service provision and moonlight and day light service provision

LGBT+ Shelters

- Shelter services for LGBT+ persons such as: The COSF Shelter, RELLA Women's Shelter, etc
- RELLA Women's Foundation Shelter undertakes SRHR training, self-care and wellness and economic empowerment skills development for economic empowerment of LBQ women

Safe Spaces

- Growth and expansion of the LGBT+ Movement and organisations with key actors engaging at the national, district and lower levels providing safe spaces to organise, provide information and services and a sense of safety and community
- Using LGBT+ spaces to initiate conversations on SRHR e.g: FARUG Social Fridays used to have conversations on various SRHR topics

Legal and Policy Advocacy

- Strategic Litigation e.g: HRAPF, SMUG, and Taala Foundation
- Lobbying and engaging key power holders such as: Ministry of Health, Uganda Police, District Local Governments, Religious and Cultural Leaders / Initiatives towards influencing policy change and development and decision making
- Membership of key decision-making spaces such as the Uganda CCM Board and other MOH / UAC Technical Working Groups (TWGs)
- Joint initiatives towards influencing SRHR policy change, development and decision making on SRHR Policies like: HIV NSP, NSEF, SHP, SRHR Policy among others.
- Engaging with regional and international human rights mechanisms like ACHPR, UN CSW and UPR processes.

Strategic Partnerships and Networks

- Partnership with other Progressive SRHR Movements e.g: Between LGBT+ Movement and Sex Work Movement; Between LBQ Womxn Movement with the Abortion Rights Movement; Between the LBQ Loose Network and Feminist Movements and; Between LGBT+ Movement and HIV/AIDS Movements; etc
- Identifying key partners and nurturing strategic partnerships that increase access to SRHR Services e.g. TASO, MARPI, Ark Wellness
- Coalition building in terms of SRHR advocacy by engaging with new and existing actors in the SRHR movement
- Piloting innovative service delivery programs for SRHR commodities with various partners using social media and technology though this is challenged by not reaching LGBT+ persons at the grassroots
- Expanded provision of LGBT+ friendly services by various SRHR partners e.g: MARPI Regional DICs in various Regional Referral Hospitals; IDI supported DICs in various districts; RHITES North Lango and RHITES North Acholi through the DREAMS project working with adolescents incl. young LGBT+ persons and; the SRHR legal services provided by HRAPF, East and Horn, Chapter 4, CEHURD and private legal professionals.

CHAPTER 3:
Power, Agency and Social Change
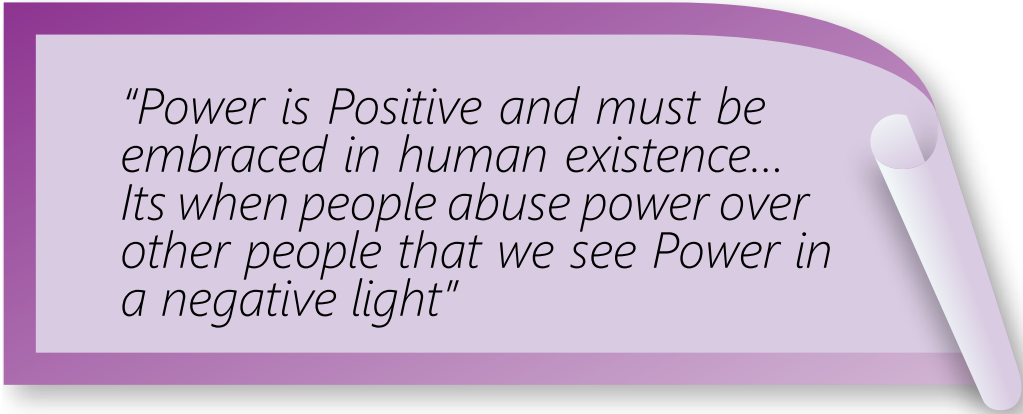
The Chapter Contents

This Chapter has:

- ❧ Power, Agency and Social Change
- ❧ Deconstructing Advocacy
- ❧ Power Mapping
- ❧ Importance of SRHR Advocacy for LGBTI Persons

3.1 Power, Agency and Social Change

In its basic definition, power is using or exercising one's influence over something or someone. Power is positive and must be embraced in human existence. It is when people abuse power over other people that we see the power in a negative light. Power over is not, by definition, bad.

Power can be defined as the **degree of control over resources** by an individual or a group of people. Resources include financial, human, intellectual, influence, political, information, etc.

> *"Power is Positive and must be embraced in human existence... Its when people abuse power over other people that we see Power in a negative light"*

Types of Power

There are many types of power:

1. **Power Over** - Control over, making decisions on behalf of another/others.

2. **Power Within –** Ability or agency that comes with believing in one self, one's sense of worth.

3. **Power With –** Collective strength, mutual support and greater ability created by finding common ground with others (usually for a common purpose).

4. **Power To –** Ability of every person to shape their life and the world around them.

5. **Power Of** – The knowledge, information and access, etc that enables one to make informed choices.

6. **Power Under** – Exercise of power by people that have been disempowered and when they gain power (esp. power to and power over), they themselves become abusive, authoritarian, violent and oppressive to self and others.

LGBTI Persons need to talk about and engage with Power because:

▸ **Our Own Empowerment -** Due to homophobia, stigma, discrimination, and exclusion; we are often disempowered and hence must stand up and push for our rights.

▸ **Empowerment of Others** – We often work with communities and people who are or feel disempowered and we accompany and support them in their process of empowerment.

▸ **Transformative Leadership** - We as LGBTI activists have a role in supporting our people's efforts to access and exercise their rights and power. But also, being conscious of our own power and how it empowers and/or disempowers others.

▸ **Conceptual Clarity and Positive Use of Power** - Having conversations about power, in a way that makes power transparent and conscious, is a good way of helping people to appreciate the power they have, tap into their agency, and to use it more positively.

- **For Effective Advocacy** – Unless LGBTI champions can understand and come to terms with power, it becomes impossible for them to do effective advocacy.

Note on Power

Talking about power is difficult and, in some cultures, almost impossible.

- *Power* is often associated with *coercive*, *power over*, and so we often prefer to ignore it as sexual and gender minorities.

- We lack the language and the courage to discuss power because we are afraid it will threaten or disturb our relationships with others or appear to challenge the status quo.

- Like any difficult issue; it is good to create space and time for activists to talk about power.

- Unless we as LGBTI Activists, Organisations, and Movements understand power, how its exercised, and how to engage with it, we can't successfully engage in advocacy.

- Power can be limited, unlimited, or shared.

- The people that do advocacy seek to share the power so that they are involved in the making of decisions that will affect people's lives.

Power is always changing – it has two sides to it. In any particular situation, you are powerful and powerless at the same time.

Power is rarely given or yielded it is fought for - power must be won through resistance or struggle and thus the need to constantly engage those people with power.

- Not all power relies on threats, coercion or force, command, or having huge amounts of money. Some power is negotiated (hence lobbying)

- Power can be got through taking strategic actions **(such as advocacy)** that engage public problem-solving processes by being innovative and using people's knowledge, experience and stories.

3.2 Deconstructing Advocacy

Defining Advocacy

- Advocacy is a strategic action that influences decision making (for or against) in order to improve the social, political, economic, or cultural environment of the community or group of people.

- Advocacy is about bringing positive changes at all levels of society through the identification of issues, taking a position, mobilisation of resources, organisation of structures and mechanisms and implementation of strategies.

- Advocacy also refers to a process, initiated by citizens or groups of citizens, such as non-governmental organisations (NGOs), leaders, and other groups to bring about change.

- Advocacy can also be defined as speaking up, drawing a community's attention to an important issue, and directing decision-makers toward a solution.

- Advocacy is working with other people and organisations to make a difference.

Therefore, Our Definition of Advocacy is....

A deliberate planned and sustained effort to advance an agenda for a change.

Types of Advocacy

There are different types of advocacy and they are categorised in different ways, and each has advantages and disadvantages.

1. Self-Advocacy v Peer Advocacy

Type of Advocacy	Self-Advocacy	Peer Advocacy
Description	Focuses on changing the situation for an individual and protecting their rights. In the context of LGBTI rights, the individual LGBTI Community Member speaks out or takes action on their behalf.	This is the opposite of self-advocacy that involves taking action to represent the rights and interests of someone other than oneself. Such persons may be simply persons interested in the plight of a particular group, or experts who have studied the particular issues. Legitimacy - Speaking for self
Advantages	⚭ Commitment – It's your issue ⚭ Empowerment of LGBTI Champions - Build voice, agency, and confidence	⚭ Skills & Expertise - Brings on board skills and expertise that may be lacking within the group. ⚭ Opening Doors - Brings on board people with experience and power to access areas that may not be easily accessed by LGBTI persons
Disadvantages	Objectivity- The downside of self-advocacy is the possibility of one being too emotional to the point of being overwhelmed	☙ Lived Experiences – Peers may not deeply understand the issues and might not be very easily believed since they have not experienced the issues themselves. ☙ Hijacking – Sometimes peers & allies may highjack the LGBTI persons agenda and run off with it.

Advocacy Guide on Access to Sexual and Reproductive
Health Rights and Services for LGBTI Persons in Uganda

2. Individual v Systems Advocacy

Type of Advocacy	Individual Advocacy	Systems Advocacy
Description	Individual advocacy is when one takes action to change only one's situation. For example an gay man teaching their parents about his sexual orientation in order to gain acceptance.	Systems Advocacy refers to efforts to change policy and practice at the local, national or international level, to change the situation for groups of individuals who share similar problems. Systems may be social, political, cultural, or economic. Systems advocacy works to improve the *system* to the benefit of individuals, it is a long-term approach to problem solving requiring sustained effort.
Advantages	✆ Commitment – It's your issue ✆ Empowerment of LGBTI Champions - Build voice, agency, and confidence ✆ Results - This type of advocacy is usually at a small scale and would usually lead to the desired result in a short time.	✆ Impact – The impact of Systems Advocacy is usually structural change that makes it very sustainable and affects large groups of people ✆ Deep engaging with power – Systems advocacy engages both visible and invisible power
Disadvantages	✆ Limited impact – its impact is only felt at the individual level	✆ Sustained Efforts – it is a long-term approach to problem solving requiring sustained effort. ✆ Doesn't Directly Change Individual LGBTI persons lives - Whereas it leads to broad structural changes, systems advocacy may do little to change the life of the individual members LGBTI persons and as thus may not address their practical and strategic needs.

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3. Legal Advocacy

This is sometimes called *"Litigation" / "Public Interest Litigation" / "Strategic Litigation*

	Description	**Advantages**	**Disadvantages**
Legal Advocacy	Often done through Litigants / Lawyers and courts of law. This kind of advocacy often identifies strategic cases that question the legality or procedures, constitutionality or rule of law, or violations of fundamental human rights or conformity with regional and international standards, among others.	☙ Legalese - Lawyers speak the same language as the judges or the people who sought to be influenced. They can thus easily articulate the issues and cause the desired goals. ☙ Leads to Systemic Change / Impact – If it is a Strategic Litigation case *(like in Constitutional Court or High Court, the ruling may influence the changing of laws).*	☙ Detachment from Lived Realities - In most cases the lawyers are not members of the communities that they represent, and even if they were, they would usually be very detached from the day-to-day suffering and life of the other members of the group. ☙ Legal Outcomes - Legal outcomes may not necessarily be in the form that LGBTI persons want or even understands them. ☙ Slow Pace of Legal Reform – Even with winning some strategic litigation cases, the slow pace of legal reform in Uganda and impunity by duty bearers affect the enjoyment of rights.

Advocacy strategies

Advocacy strategies can be divided into two main categories - informal and formal advocacy strategies.

Informal advocacy strategies are those that involve direct engagement with the decision makers. It is where one directly reaches out to the decision makers and engages them on the particular issues.

The advantage of these strategies is that they are less technical, require less time and money and are usually highly effective as they involve one on one engagements.

The disadvantage is that they may not provide lasting and durable solutions and also the solutions are at individual level.

Formal advocacy strategies are typically those that involve third party interventions, usually in the form of a lawyer, a court or an arbitrator. These are preferred where the problem is serious or urgent. Examples are: following grievance procedures, taking court action or arbitration.

One of the advantages of using formal strategies is that they send a 'serious' message as they are usually backed up by force of law. Another advantage is that these procedures give a third party a chance to investigate and decide on the issue and come up with an unbiased opinion.

The disadvantages are that these procedures are usually technical, need more investment in terms of money and/or time and can be scary. They are also adversarial and tend to permanently damage the relationship between the parties, where the issue is interpersonal.

The benefits of Advocacy

1. **Putting issues on the agenda** which raises the status of such an issue and it becomes one of the discussion issues.

2. **Increased visibility of issues and persons.** This is especially important for criminalised minorities.

3. **Promotes understanding** as most people are ignorant about what is unfamiliar. As such bring out the issues makes people to understand more about them and perhaps change their attitudes.

4. **Skills acquisition as advocacy itself is a skill.** By engaging in advocacy one acquires many more new skills especially as regards communication, writing and documentation.

5. **Building networks and allies** as advocacy usually involves networks and creating allies. .

Disadvantages of advocacy

1. **Risk of bodily and emotional harm** as the work comes with risks especially for members of marginalised and criminalised groups. Advocacy work usually comes with risks of personal harm. Issues like LGBTI rights greatly polarise and LGBTI activists are at risk of getting physically or emotionally attacked or hurt.

2. **Long-term results** as advocacy sometime takes a long time for its impact to be realised. Usually a person with a challenging issue needs an immediate solution which advocacy may not be able to provide.

Policy

There are several definitions of policy. For the purposes of this guide, we define policy as a high-level plan or set of action points that provide general goals and procedures to a government body or public institution. These can include, laws, policies, statutes, regulations, standards, guidelines, operational procedures that impact on health outcomes, and the human rights environment. Policies in Uganda can be made at different levels - national, local government, institutional, or professional. Policies are necessary to ensure that all stakeholders understand the common objectives and are working towards them.

For the purposes of this guide, <u>policies in the broadest sense of the word includes</u>:

a. <u>National Level Policies such as:</u> Legislation, Policies, Action Plans, National Development Plans, Sector Development Plans, Strategies, Agendas, Frameworks, Protocols, Procedures, Standards, Guidelines, Regulations, National Budgets, National Budget Framework Papers (BfPs), Budget Circulars, Ministerial Policy Statements, Medium Term Expenditure Framework (MTEF), Sector Strategic Plans, NPA Sector Development Planning Guidelines, Gender and Equity Compacts; Certificates of Gender and Equity, etc.

b. <u>Local Government / District Level Policies such as:</u> Ordinances, Bye-laws, District Development Plans, District Management Improvement Plans, and the Local Government Framework Papers / District Budget Framework Papers.

For example, policy can refer to Uganda's Third National Development Plan (NDP III), a law such as the Registration of Persons Act, 2015, the National Gender Policy, or operational guidelines for administering ART or contraceptives used in a healthcare facility or standards and guidelines on unsafe abortion or an LC III bye-law on loitering or a Municipal bye-law on GBV or an LC V ordinance on the closure time for salons/bars/entertainment places/beauty spas.

Table 1 Below gives examples of some of the types of policies that impact on SRHR and which LGBTI

Champions can target at different levels. Understanding the level at which a policy is crafted and implemented is important for deciding the type and level of advocacy that is needed.

Table 1: <u>Examples of Policies that Impact on SRHR that LGBTI Champions can Target to use to promote SRHR Advocacy and/or Challenge</u>

Policy	Summary Provisions	Impact on SRHR for LGBTI Persons
Progressive Policy		
The Constitution of the Republic of Uganda 1995	Lays the overall framework and foundation of human rights in Uganda	Reinforces the fact that fundamental rights and freedoms of individuals are inherent and not granted by the State; obliges the State to promote, protect and safeguard rights of all.
The Registration of Persons Act 2015	Makes provision for the change of names (Section 36 and Section 38)	These two provisions enable transgender and intersex persons to change their names which enhances access to services including SRHR services.
The NGO Act of 2016	Under Section 29 that makes provisions to the effect that any person or group of persons incorporated as an organisation can be registered with the NGO Bureau	LGBTI groups and collectives working on SRHR and other issues can register and operate as NGOs.
The Companies Act (Cap 110)	Provides for registration of companies limited by guarantee and not having share capital.	Affords LGBTI organisations the opportunity to develop memoranda and articles of association, formalise their presence and activities and register formally hence according them legal legitimacy. This serves as a regulatory mechanism, enables for rolling out of SRHR programmes and enhances partnerships and funding.
The Human Rights Enforcement Act 2019	Gives effect to Article 50(4) of the Constitution by providing for the procedure of enforcing human rights under Chapter Four of the Constitution	Ensures personal liability borne by public officials that abuse rights hence penalizes duty bearers that violate the Human rights of LGBTI persons including SRHR.
The Equal Opportunities Commission Act, 2007	In Section 15, provides for the role of the EOC to investigate actions of discrimination and marginalisation and denial of equal opportunities	Challenged the EOC on its mandate to ensure equal opportunities – e.g: during the Children of the Sun (COSF) case and the previous case of Adrian Jjuuko Vs Attorney General on Section 15(6)(d)
The Employment Act 2006	Section 6 prohibits any form of discrimination in employment including those based on gender and sex.	Advocacy on unfair dismissal, endemic workplace stigma, and discrimination of LGBTI persons based on their sexual orientation, gender identity, and expression.

Policy	Summary Provisions	Impact on SRHR for LGBTI Persons
Penal Code (Amendment) Act 2007	Section 129 expounds on the defilement of persons under 18 years.	Addresses challenges of paedophilia in the LGBTI movement and helps manage the backlash with detractors who view the work of the movement as that of 'recruiting minors into homosexuality'.
	Section 129 on aggravated defilement where the offender is a parent or guardian or a person in authority over the victim, the offender is HIV positive, the offender is a serial offender or the victim is a child under 14 years or a person with a disability.	This section addresses defilement, serial sexual offenders; purposive infecting others of HIV/AIDS, and abuse of power on community members that is prevalent within some of the leaders in the LGBTI movement in Uganda
	Section 8 on the definition of sexual organs and sexual acts to include: penetration of the vagina, mouth or anus,	Though minimal, of any person by a sexual organ; and the unlawful use of any object or organ by a person on another person's sexual organ; protects the sexual rights of LGBTI persons.
Retrogressive Policy		
The Equal Opportunities Commission Act	Section 15 (6)(d) stipulates that the EOC shall not investigate any matter involving behavior considered immoral and socially harmful or unacceptable by the majority.	This ambiguity not only excludes LGBTI persons from accessing the EOC which in essence should be a space they seek justice from in instances of rights violations and exclusion from accessing SRHR services.
The Registration of Persons Act 2015	The Act provides for the registration of individuals, the establishment of a national identification register, and provides for the issuance of National Identification Cards.	The Act does not accept change of gender markers for transgender persons and only allows for intersex children who have under gone an operation. The issuance of National Identification Cards without the preferred gender markers negatively impacts LGBTI persons through curtailing: the right to vote, processing passports, opening and operating bank accounts, registration and use of mobile money banking as well as accessing some health facilities where the national ID is required at registration.
	Provisions under Section 38 only provides for change of sex for intersex children under age 12	Curtailment of the rights of adult intersex persons to change sex

Policy	Summary Provisions	Impact on SRHR for LGBTI Persons
The Penal Code Act Cap 120	Various retrogressive provisions such as: ➢ Section 145 on carnal knowledge against the order of nature; ➢ Section 146 on attempted carnal knowledge; ➢ Section 148 on indecent practices; ➢ Section 160 on common nuisance; ➢ Section 167 on idle and disorderly; ➢ Section 168 on rogue and vagabond and ➢ Section 381 on Impersonation	Misrepresentation of LGBTI persons as sexual deviants and further frustrating conversations on SRHR. These various provisions have been used to curtail the enjoyment of a cross range of human rights incl. SRHR, persecute and imprison members of the LGBTI community; justify unfair arrests, extortion, and denial of other rights.
The NGO Registration Act of 2014	Section 44 that prohibits organisations from engaging in acts considered prejudicial to the laws of the land and the dignity and interests of Uganda	The fact that homosexuality is criminalised in Uganda implies that LGBTI organisations and activists, as well as SRHR service providers providing KP-friendly services to the LGBTI community, may be targeted for deregistration and/or witch-hunt.
The Companies Act of 2012	Section 36 gives the registration authority (Uganda Registration Services Bureau) and Registrar General the powers to reject a proposed company name.	The Registrar may cite this article to deny reservation/ registration of company names for LGBTI organisations. For example: the case of SMUG vs. Attorney General where the petitioner (SMUG) was denied registration/reservation of the Sexual Minorities Uganda – SMUG name on the basis that the company was meant to promote LGBT Rights issues which are contrary to the laws of Uganda)
The Marriage Act Cap 251	Does not provide for same-sex marriages and transgender persons	Violation of SRHR like: the right to marry a partner and found a family
The Divorce Act Cap 249	Section 4 lists sodomy as grounds for divorce.	Increasing stigma, discrimination, and violence of LGBTI persons.
The Children Act Cap 59	Section 4 provides for the rights of children to live with their parents or guardians. It also provides that a child may be taken away from their parents.	LGBTI persons may be denied their reproductive rights or denied access to their children on the basis that it is not in the interest of the child to stay with openly LGBTI parents.

Policy	Summary Provisions	Impact on SRHR for LGBTI Persons
KCCA maintenance of Law-and-Order Ordinance of 2006	Operates at Local Government Levels defining: hours of opening and closing businesses, vending and petty trade, loitering, etc.	LGBTI persons often work in the informal sector, creatives, and entertainment industry which are targeted by local government ordinances and bylaws especially those concerning hours of work for bars, loitering, and vending.

Note: More generally, though there are a number of progressive provisions in Uganda's Constitution and laws; these haven't been fully utilised by the LGBTI community in Uganda to pursue greater rights. The only instances where these rights have been invoked has been through strategic litigation and case management. This, therefore, implies that rights, as guaranteed, aren't fully enjoyed.

Defining Public Policy

Policy advocacy is a type of formal advocacy and legal advocacy. It is the process of taking action, using a series of strategies, to influence the creation and development of public policy. It makes use of multiple targeted actions directed at changing policies, positions, or programmes. Specifically, policy advocacy seeks to:

▶ Establish new policies;

▶ Improve on existing policies and/or;

▶ Challenge pieces of legislation that impact negatively on particular individuals or groups:

Policy advocacy looks specifically at public policy, which is a set of laws (or other types of legislation) taken by the government, or other governing bodies that have a local, national, regional, or international reach. Its development involves a system of courses of action (or inaction), regulatory measures, legislative acts, judicial decisions, and funding priorities concerning a particular issue. In summary, policy advocacy is directed at shaping public policy.

Table 2: Types of Policies in Uganda

Type of Policy	Definition
At National Level	
Constitution	The Constitution is the primary document that sets out the fundamental principles that a country has agreed to be governed by. In many countries, the Constitution is the highest law of the land and all other laws and policies must conform to its provisions. Generally, most Constitutions contain a section on human rights, this is referred to as the Bill of Rights. Uganda has a 1995 Constitution and its Amendments.
Legislation	Laws and other documents enacted or made by the law-making branch of government (by Members of Parliament) – in the case of Uganda, The Parliament of Uganda.
National Policies	High level documents issued by the executive branch of government (cabinet), such as the president, prime minister, and other cabinet ministers. Includes edicts/proclamations, presidential or ministerial decrees, ministerial guidelines, national strategies, plans, and programmes.

Type of Policy	Definition
Legal Decisions and Judicial Precedents	Within the separation of power between the various branches of government, the judiciary has the responsibility of interpreting the laws made by parliament as well as other **official policies** made by the executive branch. Legal decisions and the rationale that guide interpretation and implementation of specific provisions of law become policy to the extent that they provide clarification on the specific document that they are interpreting.
Regulations	Documents issued by government ministries, departments, and agencies that specify how laws, decrees, and other high-level policies should be put into practice, this includes orders, resolutions, and rulings.
Standards and Guidelines	Documents developed, issued, and published by government ministries, departments, and agencies that specify the content and delivery of health services.
Guidelines and Protocols	Published documents prepared by professional associations [e.g., medical, pharmacy, nursing, and dispensaries] that specify the content and delivery of health services.
Operational Plans / Agendas	Published documents prepared by government departments and programmes [e.g., National AIDS Control Programme ACP under MoH, Department of Gender and Community Development under MOGLSD], usually on an annual or biennial basis, that specify the type and number of program activities to be conducted, such as training events, supervision schedules, commodities, and/or purchases.
Action Plans / Frameworks	Action Plans often accompany Government National Policies and specify their implementation e.g: The National GBV Action Plan attached to the National GBV Policy 2016
National Development Plans (NDPs)	The National Development Plan (NDP) stipulates the Country's medium-term strategic direction, development priorities, and implementation as well as strategies. It also details Uganda's current development status, challenges, and opportunities. Uganda is currently rolling out its 3rd NDP (The Third National Development Plan 2020/21-2024/25) which, is a series of 6 NDPs that builds on progress made and lessons learnt from NDP I and NDP II and seeks to address some of the challenges faced.
Sector Development Plans (SDPs)	Sector Development Plans (SDPs) are strategic documents developed by various sectors aimed at providing strategic directions of the sectors over their planned period which has to be consistent with the time frame and horizon of NDP i.e: five years. SDPs further ensure that the sectors are capable of fulfilling the sector roles defined in the National Development Plans and spell out the interventions, including detailed inputs and target indicators, to achieve each objective identified in the sector. Ministries, Departments, and Agencies (MDAs) are required to prepare their respective SDPs which are consistent with the long-term national development goals and objectives.
National Budgets	A national budget is a document prepared by the government and/or other political entity presenting its anticipated tax revenues and proposed spending/expenditure for the coming financial year.

Type of Policy	Definition
National Budget Framework Papers (BfPs)	The National Budget Framework Paper is the Government's overall strategy document for the budget and provides the link between the Government's overall policies (identified in the National Development Plan), the annual budget for a particular financial year by laying out planned interventions. In Uganda, Section 93(3) of the Public Finance Act 2015 (as Amended) requires that every financial year, The Minister of Finance Planning and Economic Development should prepare a Budget Framework Paper that is consistent with the National Development Plan and Charter of Fiscal Responsibility.
Budget Circulars	Often issued around September of each year, Budget Circulars are official communications from The Minister of Finance Planning and Economic Development to Accounting Officers (Central Government, Local Governments, Missions Abroad) and Chief Executives of State Owned Enterprises and Public Corporations to: communicate budget calendar; announce the budget consultative processes; sharing strategic policy and administrative guidelines to be taken into consideration during the budgeting process; Budget strategy and proposed interventions per sector as per the NDP; preliminary resource envelope, sector ceilings and indicative local government planning, etc, etc.
Medium Term Expenditure Framework (MTEF)	The Medium-Term Expenditure Framework (MTEF) sets out three-year spending plans of the government (both at national and local governments). It aims to ensure that budgets reflect Government's social and economic priorities and give substance to Government's reconstruction and development commitments. MTEF also sets out the medium-term expenditure priorities and hard budget constraints against which sector plans can be developed and refined. MTEF also contains outcome criteria for the purpose of performance monitoring.
Ministerial Policy Statements (MPS)	Ministerial Policy Statements set out the performance and plans of spending agencies, linking them with their policy objectives. They summarize the past performance of the sector and the plans for future expenditure and activities. They outline anticipated sectoral challenges and strategies to overcome them.
Sector Planning Guidelines	These are guidelines issued by the National Planning Authority (NPA) to guide Sectors and MDAs in the process of developing the Sector Strategic Plans.
Local Governments Development Planning Guidelines (LGDPG)	Local Government Development Planning Guide (LGDPG) is produced by the National Planning Authority (NPA) to guide the process of preparing local government development plans in order to operationalise the local government development planning functions, roles, and mandates as enshrined in the 1995 Constitution of the Republic of Uganda.

Type of Policy	Definition
Certificates of Gender and Equity (CGE)	The Certificate for Gender and Equity (CGE) is in line with provisions of the Public Finance Management Act, 2015 that obliges MDAs and Local Governments in Uganda to Gender and Equity (G&E) guidelines and commitments upon which their Certificates of Gender and Equity (CGE) are issued. Ministries, Departments, and Agencies (MDAs) are mandated to obtain a Certificate of Gender and Equity, issued by the Ministry of Finance Planning and Economic Development (MoFPED) in consultation with Equal Opportunities Commission (EOC), as confirming that their Ministerial Policy Statements / Budget Framework Papers are fit to be tabled and passed in parliament. The Gender and Equity Certification requires that any MDA seeking appropriation of the National Budget meets the minimum requirements of gender and equity.
At District Level	
Ordinances	An ordinance is a law, statute or regulation enacted by a local government. In Uganda, ordinances are enacted at District LC5 Council Levels.
Bylaws	A by-law is a rule or law established by an organisation or community to regulate itself. In Uganda, ordinances are enacted at Municipal Council, Town Councils, and LC3 Levels.
District Development Plans (DDPs)	The five–year District Development Plans are a legal requirement for all higher and lower local governments in Uganda. They form a baseline tool for tracking the implementation of government programs and the basis of controlling the pace and direction of development investment. It is in these plans that stock of what is identified at lower local governments is elicited and integrated into the district expectations to inform the National Development Plan as required by article 190 of Constitution of the Republic of Uganda 1995, which is further operationalized in the Local Government Act, cap 243 section 36 and 78.
District Management Improvement Plans (DMIPs)	A strategic framework that guides districts to develop or improve comprehensive governance structures and systems for sustainable service delivery.
Local Government Budget Framework Papers / District Budget Framework Papers	Under the Local Government Act Cap 243, Local Governments are required to plan and budget. In the initial stages of the planning-cycle every Local Government is required to prepare a Budget Framework Paper (BFP); formulated through a consultative process and in line with the issued guidelines of the investment priorities for the particular financial year; the five-year District Development Plans (DDPs) and NDP III Strategic Direction. For example, in Uganda; this financial year Local Government Budget Framework Papers should connect District Development Plans 2020/21-2024/25 and NDP III 2020/21-2024/25.

## 3.3 Importance of LGBTI Persons to Engage in SRHR Advocacy

- To ensure that the rights of LGBT+ persons are upheld and respected.

- To ensure that our constituencies are involved in policy processes and governance.

- To give authority-to LGBTI persons and citizens to the govern their communities and countries.

- To hold government and policy makers accountable to their commitments at national, regional and international levels.

- To build voice and agency of LGBTI persons, their issues and demands to be part of the public policy making continuum.

3.4 Benefits and Challenges of Advocacy

Benefits of Advocacy

1. **Putting issues on Public Agenda:** When an issue is raised through advocacy, the status of such an issue is raised and it becomes one of the discussion issues.
2. **Increased Visibility:** It is only when one takes action that one is noticed. Advocacy thus helps to ensure visibility for hitherto unseen groups/ activists / progressive social movements.
3. **Appreciation of Issues and Attitudinal Change:** Advocacy promotes understanding and appreciation. Most people are ignorant about what is unfamiliar. As such, advocacy surface issues and makes people understand them and perhaps change their attitudes.
4. **Building Strategic Partnerships, Networks, and Alliances:** Advocacy is key in building networks and creating allies. One meets many people and groups during the course of advocacy. These groups greatly expand one's networks and allies, who may come in handy for other causes.
5. **Skills Building**: Involvement in advocacy makes one acquire more skills like: networking, public speaking, transformative leadership, effective communication, negotiation skills, writing, documentation, planning, budgeting, self-confidence building, and self-esteem.

Challenges of Advocacy

a) **Risk of Bodily & Emotional Harm:** Advocacy comes with a risk of personal harm because LGBTI issues are highly controversial and polarise society. So, LGBTI activists are often targeted for hate crimes.
b) **Increases Visibility = Increasing Homophobia:** Advocacy exposes activists hence increases homophobia, harassment, and hate attacks.
c) **Long-Term Results:** More often, the fruits of advocacy take a very long time and may not effectively respond to now and current.
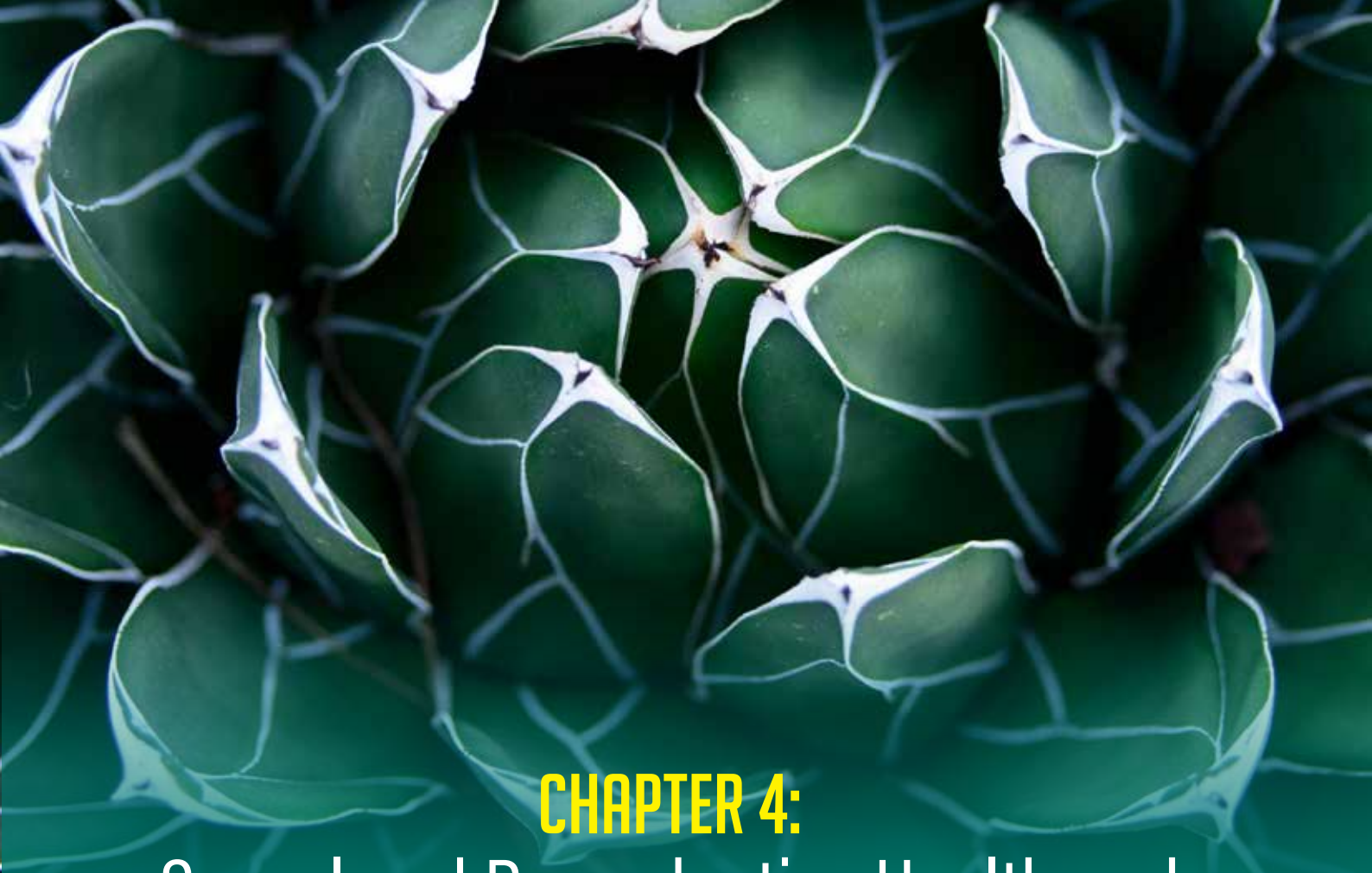
CHAPTER 4:
Sexual and Reproductive Health and Rights

The Chapter Contents

This Chapter has:

- SRHR: Unpacking the Terminologies
- Human Rights
- Sexual and Reproductive Health and Rights
- National, Regional and International Standards and Guidelines in SRHR
- SRHR Priorities for LGBTI Persons in Uganda
- Barriers of LGBTI Persons to Accessing SRHR Services in Uganda

4.1 SRHR: Unpacking the Terminologies

See attached Annex 1 that unpacks the various SRHR Terminologies and Annex 2 that unpacks the Sexuality and Diversity Terminologies.

4.2 Human Rights

Definition of Human Rights

- Human rights are the rights one has because one is human.

- They have moral (here, meaning compelling, deep, and personal) as well as legal components.

- They are often described as being made up of *'rights to'* as well as *'freedoms from'*

- Therefore, in their basic definition; Human Rights are what a person is entitled to have, to do, or to receive from others, and which are enforceable by law.

- Human Rights are universal legal guarantees protecting individuals and groups against actions and omissions that interfere with fundamental freedoms and human dignity.

- Human rights law obliges governments (and their agents) to do some things and prevents them from doing others.

- Human rights belong to **every human everywhere**; they are **inalienable**.

- Human rights are **minimum conditions** for a *"dignified life."*

- Human rights contain elements of **ideals, realistic practices**, notions of **human potential,** and concepts of **human nature**.

- Human Rights are both **Supply Driven and Demand Driven**

  o Supply - The "Giver / Guarantor" like Government

  o Demand – The one who negotiates them – you the person wanting to have the rights respected. That is me and you as a global citizen.

- Everyone is a **rights-holder and a duty-bearer**; thus, the rights and responsibilities of one person are directly related to the rights and responsibilities of the other.

- The exercise of the rights of one person should **not violate** the rights of the other.

- Rights belong both to people in societies that **value individualism** and that those based on **collective identities**.

- Rights imply some component of **social obligation** and participatory **partnership** between people all working together in a social context.

- Rights involve **reciprocal relationship** between two or more humans; they imply corresponding **responsibilities**.

The 3 Generations of Human Rights

- **1ˢᵗ Generation Rights** – First-generation human rights, often called "blue" rights, deal essentially with liberty and participation in political life. They include civil and political rights such as: the right to life, equality before the law and freedom of expression.

- **2ⁿᵈ Generation Rights** – Second-generation human rights are related to equality and began to be recognised by governments after World War 2. They include Economic, Social and Cultural rights such as: the rights to work, social security, housing and education.

- **3ʳᵈ Generation Rights –** Third-generation human rights are those rights that go beyond the mere civil and social, as expressed in many progressive documents. These include: the right to: development, environment, natural resources, self-determination, healthy environment, participation in cultural heritage, group and collective rights, right to intergenerational equity and sustainability, etc, etc.

The International Human Rights Normative Framework

- Civil Rights

- Cultural Rights

- Economic Rights

- Political Rights

- Social Rights

- Right to Development

Principles of Human Rights

a) **The Principle of Universality of Human Rights** - that human rights apply to all persons in the world.

- Human rights are universal; they don't discriminate against anyone across diversities e.g., sex, gender, sexuality, sexual diversity, age, race, color, social class, etc so that one has more rights and the other less. Thus, human rights are universal because they are present to every person irrespective of time, space, geography, gender, sexuality, and diversity.

- It is the duty of States to promote and protect all human rights and fundamental freedoms, regardless of their political, economic, and cultural systems.

- The principle of universality of human rights is the cornerstone of international human rights law.

- Article 1 of the UDHR 1948 recognizes that all human beings are born free and equal in dignity and rights.

b) **The Principle of Inherence of Human Rights -** That human rights are not granted; they are inherent to the nature of human beings. Article 20 of the Constitution of Uganda specifies that *'Human rights are inherent and not granted by the State'*.

c) **The Principle of Inviolability of Human Rights** - Human rights are inviolable (uninfringeable/ unchallengeable) because they are inherent in the human person and in the human dignity, and that it would be a disaster to proclaim rights if there were no guidelines/ effects made towards respecting these rights.

d) **The Principle of Inalienability of Human Rights -** That human rights cannot be taken away. In the same way that human rights are not granted, they cannot be taken away.

- They are inalienable in that no one can legitimately deprive another person, whoever they may be since this would lead to violation.

- Human rights are inalienable and cannot be taken away or withdrawn by a 'possessor'. The

- Preamble to the UDHR 1984 stresses the principle of inalienability.

e) **The Principle of Indivisibility and Interdependence of Human Rights -** That you cannot take away one right without infringing on all the rights of the individual.

- All human rights are inter-dependent and indivisible, whether they are civil and political rights or economic, social and cultural rights or collective/group rights; they are all indivisible, interrelated and interdependent.
- The improvement of one right facilitates advancement of the others. Likewise, the deprivation of one right adversely affects the others.

f) **The Principle of Equality and Non-Discrimination** - Non-discrimination is a cross-cutting principle in international human rights law.
- The principle applies to everyone in relation to all human rights and freedoms and it prohibits discrimination on the basis of a list of non-exhaustive categories such as: sex, gender, race, color,
- The principle of non-discrimination is complemented by the principle of equality.
- This principle is present in all the major human rights treaties and provides the central theme of some of international human rights conventions such as: The International Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).

Why Human Rights? The Importance of Human Rights

International human rights provide a framework of norms or rules upon which detailed global, national and community-level policies can be constructed. More specifically Human Rights are important because:

- They confront the most pressing problems of the day

- They provide legal accountability

- They challenge global inequality

- They are inseparable from human existence

- They transform needs into rights

- They build coalitions across borders

Characteristics of Human Rights

- Human rights are internationally guaranteed

- Human rights are legally protected

- Focus on dignity of the human being

- Protect individuals and groups

- Oblige states and state actors

- Cannot be waived or taken away

Sources of Human Rights

Sources of Rights: International Human Rights Treaties and Standards	Sources of Rights: African Regional Treaties and Standards	Sources of Rights: National Legal Framework (Laws and Policies)
o International Instruments like The United Nations Charter (1945); o Universal Declaration of Human Rights (UDHR) 1948 o Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) 1979 its Optional Protocol (adopted October 1999 and entered into force in December 2000) o The United Nations Declaration on the Elimination of Violence Against Women (DEVAW) 1993 o International Covenant on Civil and Political Rights (ICPPR) 1966 o International Covenant on Economic, Social and Cultural Rights (ICESCR) 1966 o The Beijing Declaration and Platform for Action (1995) o The Convention of the Rights of the Child (1990) o The Commonwealth Plan of Action on Gender and Development o UN Declaration on the Right to Development (1986) o The International Conference on Population and Development (ICPD) (1994) o The Millennium Declaration (2000) o The Yogyakarta Principles (2006) o The UN Resolution 70/1 - 2030 Agenda on Sustainable Development (The Sustainable Devt Goals)	o The African Charter on Human and People's Rights (ACPHR) 1981 o The Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (2003) o The AU Heads of State Solemn Declaration on Gender Equality (July 2004) o The East African Community (EAC) Treaty (2000) o The Protocol on the Prevention and Suppression of Sexual Violence against Women and Children of the International Conference on the Great Lakes Region ICGLR (2006); o The Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region (2008)	o The Constitution of the Republic of Uganda (1995) o The Registration of Persons Act 2015 o The NGO Act of 2016 o The Companies Act (Cap 110) o The Equal Opportunities Commission Act o The Employment Act 2006 o The Uganda National Gender Policy (1997) o The National Action Plan for Women o The National Action Plan on the UNSCR 1325 o National GBV Policy and Action Plan (2016) o Penal Code (Amendment) Act 2007 o The Human Rights Enforcement Act 2019 o And other laws as indicated in section 3.2 above as well as others that promote and protect human rights in Uganda

Limitations of Human Rights

It should be noted however that the enjoyment of human rights can at times be limited where:

a. The enjoyment of one's rights means that one will interfere with the rights of another / others.

b. The law of human rights isn't in context of social justice.

c. The rights contradict cultural, religious and personal norms.

Barriers to Enjoyment of Human Rights by LGBTI Persons

There are number of barriers that hinder the implementation and full enjoyment of human rights of LGBTI persons. These barriers include:

*   Ignorance of rights (by the rights holders and duty bearers)

*   Traditional norms, culture, customs and beliefs

*   Religion

*   Modernisation vis-à-vis westernisation paradoxes

*   Globalisation and its attendant capitalism

*   Homophobia, Lesbosphobia and Transphobia

*   Patriarchy and Sexism

*   Intersectionality of marginalisation and oppression - The multiple and systemic disempowerment of sexual and gender minorities throughout their lifetimes affects LGBTI persons. For example, an LBQ/WSW individual will be doubly marginalised as someone who identified as a woman (patriarchy) and as a LBQ/T (Heteronormativity). And if such an individual is also a rural-based sex worker, they are triply marginalised by classism and sexism.

Why Can't LGBTI Persons in Uganda enjoy their Rights?
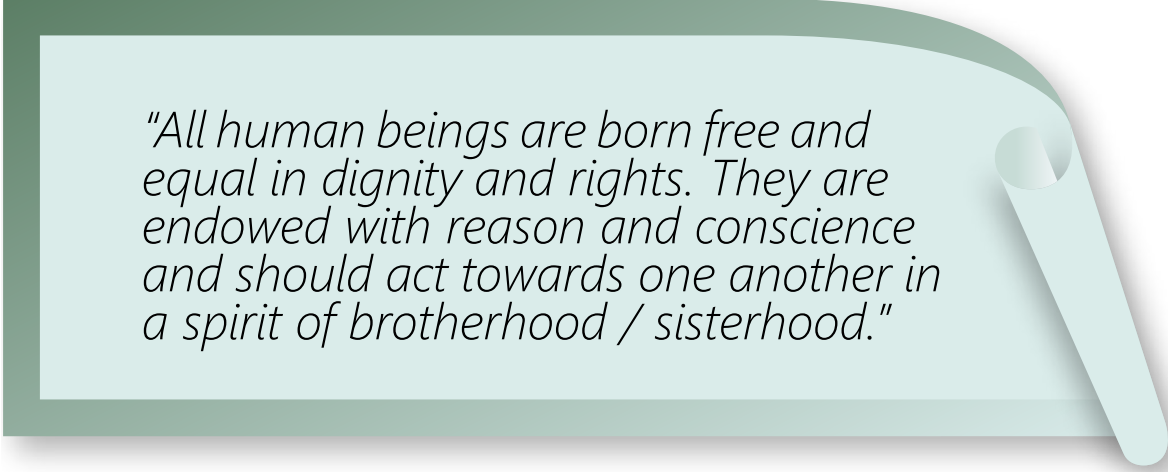
*   High rates of homophobia and the normalised stigma, discrimination and violence targeting sexual and gender minorities in Uganda

*   Flaws in the administration of the law, including physical access, cost, stigma, training and orientation of judicial staff and delays in the delivery of justice.

*   The differences in the burden of proof requirements that is given to women, sexual and gender minorities.

*   The low status is accorded to sexual and gender minorities in society.

*   Power imbalances in the household and public arena.

*   Inadequate knowledge and information about people's legal rights and the working of the legal system.

But Given the State of Affairs, Why Should We Pursue Human Rights for LGBTI Persons?

- LGBTI individuals are just like any Ugandan or Global Citizen whose rights must be protected.

- Sexual and gender minorities face more violations and exclusion even for the same rights enjoyed by other people like:

    o Equality before the law
    o Access to education and information
    o The right to be free from being locked up for expressing oneself
    o Right to health and access to SRHR information and services
    o Right to a violence free environment
    o Right to privacy
    o Human Dignity and Respect
    o Freedom of expression
    o Etc, etc, etc...

The Right to Equality and Freedom from Discrimination for LGBTI Persons

- Article 1 of the UDHR: All human beings are born free and equal in dignity and rights. According to the Universal Declaration of Human Rights (1948):

> *"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood / sisterhood."*

- Article 21(1) of the Constitution of the Republic of Uganda: *ALL PERSONS* are equal before and under the law in all spheres of political, economic, social and cultural life and in every other respect and shall enjoy equal protection of the law

- Article 21 (2) of the Constitution: Discrimination is prohibited on the grounds of sex, gender, race, religion, nationality, ethnic origin, age, etc

- Some jurisdictions also bar discrimination on the grounds of sexual orientation and gender identity

UDHR Art. 1
• All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood / sisterhood.

UDHR Art. 2
• Non discrmination on grounds of race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status...

The Yogyakarta Principles 2006 and the Yopyakarta Principles Plus

- Yogyakarta Principles on the application of international human rights law adopted at an Expert Meeting in Yogyakarta, Indonesia to talk about violations based on sexual orientation and gender identity that happen across the world.

- Held 6-9 November 2006, 29 experts from 25 countries met and developed the Yogyakarta Principles.

- The Principles clarify the obligations of States in relation to human rights and sexual orientation right

- Has 29 principles – all drawn from existing human rights documents that have already recognized human rights like:

- Principle 1: "All human beings are born free and equal in dignity and rights. Human beings of all sexual orientations and gender identities are entitled to full enjoyment of human rights"

- *Consider this phrase: "I am a Muslim/Christian/Buddhist therefore I can only support the rights which my religion allows. Those whose rights are violated outside what my faith allows should shoulder the responsibility for fighting for their rights"*

- Principle 2 – The rights to equality and non-discrimination

  o *How do LGBTI persons experience discrimination?*

  o *Which LGBTI persons experience this discrimination?*

- Principle 3 – The right to recognition before the law – the right to be recognized as a person of a particular gender identity and sexual orientation and be treated with fairness before the law

  o *Consider the phrase "LGBTI persons and Sex Workers cannot be raped."*

- Principle 9 – Right to treatment with humanity while in detention

- Principle 18 – Protection from Medical Abuses

State Obligations to Protect the Rights of LGBTI Persons in Uganda

The core legal obligations of States with respect to protecting the human rights of LGBTI persons include obligations to:

- *Protect* individuals from homophobic and transphobic violence.

- *Prevent* torture and cruel, inhuman and degrading treatment.

- *Repeal* laws criminalising homosexuality and transgender people.

- *Prohibit* discrimination based on sexual orientation and gender identity.

- *Safeguard* freedom of expression, association and peaceful assembly for all LGBTI persons.

These Principles have now been updated with the Yogyakarta Principles Plus 10 (YP+10) - Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression and Sex Characteristics to Complement the Yogyakarta Principles, adopted 10 November, 2017.

4.3 Sexual Reproductive Health and Rights

Basic Definition of SRHR

- Sexual and Reproductive Health and Rights (SRHR) is a concept of human rights applied to sexuality and reproduction.

- It is a combination of four fields that in some contexts are more or less distinct from each other, but less so or not at all in other contexts.
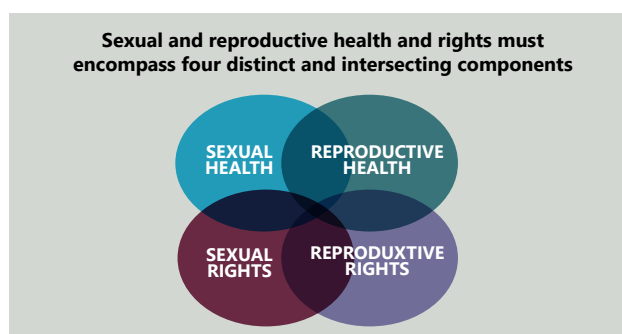
Guttmacher-Lancet Commission Definition of SRHR

- The comprehensive definition of SRHR proposed by the Guttmacher–Lancet Commission[43] looks at SRHR as covering sexual health, sexual rights, reproductive health and reproductive rights and reflects an emerging consensus on the services and interventions needed to address the sexual and reproductive health needs of all individuals.

- Additionally, it addresses issues such as: violence, stigma, and respect for bodily autonomy, which profoundly affect individuals' psychological, emotional and social well-being.

- It further specifically addresses the SRHR of neglected groups (e.g., Adolescent Girls and Young Women, LGBTI+ individuals and Persons with Disabilities).

- As such, the definition offers a comprehensive framework to guide governments, United Nations agencies, civil society and other stakeholders involved in designing policies, services and programmes that address all aspects of SRHR effectively and equitably.

The 4 Components of SRHR

SRHR includes 4 intersecting components:

1. Sexual Health (SH)

2. Reproductive Health (RH)

3. Sexual Rights (SR)

4. Reproductive Rights (RR)

Sexual and reproductive health and rights must encompass four distinct and intersecting components

SEXUAL HEALTH
REPRODUCTIVE HEALTH
SEXUAL RIGHTS
REPRODUXTIVE RIGHTS

Sexual Health (SH) - Is defined as a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled ***(World Health Organisation, Draft Working Definition, October 2002).***

....
43 See Starrs et al (2018)

Reproductive Health (RH) – A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people can have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. It implies that people have the freedom to decide if, when, and how often to reproduce. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which is not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. This also includes the right to be informed and have access to healthcare services that will enable women to go safely through pregnancy and childbirth. Reproductive health care also includes sexual health, the purpose of which is the enhancement of life and personal relations. *(UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.2a).*

Reproductive Rights (RR) – These are human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic rights for all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to the highest attainable standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (UN Programme of Action adopted at the *International Conference on Population and Development (ICPD), Cairo, 5-13 September 1994, Para 7.3).*

Sexual Rights (SR) - These rights rest on the recognition of the basic right of all individuals couples to[44]:

- Decide freely and responsibly the number, spacing, and timing of their children – and to have the information and means to do so;

- Attain the highest standard of sexual reproductive health

- Make decisions concerning reproduction free of discrimination, coercion, and violence.

Sexual rights include

- Freedom from coercion, oppression, discrimination

- Attain highest standard of sexual health (services, information and access to sexual information)

- Taking full responsibility and enjoyment of sexual rights

- Seek, receive and impart accurate information

- Seek, receive and impart sexuality education

- Right to choose a partner

- Being sexually active or not to be (abstinence, celibacy, etc)

- Whether or not to have children, spacing and frequency

- Right to safe abortion and post abortion care

- Pursue satisfying, safe and pleasurable sexual life

- Free from coercion and discrimination in line with chosen sexuality

- Right to be protected by the law irrespective of the gender identity or sexual orientation

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44 Report the International Conference on Population and Development, Cairo, 5-13 September 1994, UN Doc. A/CONF.171/13/Rev. 1(1994)

Advocacy Guide on Access to Sexual and Reproductive
Health Rights and Services for LGBTI Persons in Uganda

Ten Fundamental Sexual Rights

In 2008, the International Planned Parenthood Federation dissected and outlined ten rights that must be implemented for sexual rights to be fully realized.[45] These are:

Article 1: Right to equality, equal protection of the law, and freedom from all forms of discrimination based on sex, sexuality, or gender

All persons deserve for the law to be implemented and enforced equally in terms of access to information, resources, and services on sexual reproductive health rights.

Article 2: The right to participation for all persons, regardless of sex, sexuality or gender

All persons are entitled to an environment that enables active, free, and meaningful participation in and contribution to the civil, economic, social, cultural, and political aspects of human life at local, national, regional, and international levels, through the development of which human rights and fundamental freedoms can be realized.

Article 3: The rights to life, liberty, security of the person and bodily integrity

All persons have the right to life, liberty and to be free of torture and cruel, inhuman and degrading treatment in all cases, and particularly on account of sex, age, gender, gender identity, sexual orientation, marital status, sexual history or behaviour, real or imputed, and HIV/AIDS status and shall have the right to exercise their sexuality free of violence or coercion.

Article 4: Right to privacy

All persons have the right not to be subjected to arbitrary interference with their privacy, family, home, papers or correspondence and the right to privacy which is essential to the exercise of sexual autonomy.

Article 5: Right to personal autonomy and recognition before the law

All persons have the right to be recognized before the law and to sexual freedom, which encompasses the opportunity for individuals to have control and decide freely on matters related to sexuality, to choose their sexual partners, to seek to experience their full sexual potential and pleasure, within a framework of non-discrimination and with due regard to the rights of others and to the evolving capacity of children.

Article 6: Right to freedom of thought, opinion and expression; right to association

All persons have the right to exercise freedom of thought, opinion and expression regarding ideas on sexuality, sexual orientation, gender identity, and sexual rights, without arbitrary intrusions or limitations based on dominant cultural beliefs or political ideology, or discriminatory notions of public order, public morality, public health or public security.

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[45] IPPF. (2018, October). *Sexual Rights: An IPPF Declaration.* UK

Article 7: Right to health and the benefits of scientific progress

All persons have a right to the enjoyment of the highest attainable standard of physical and mental health, which includes the underlying determinants of health and access to sexual health care for prevention, diagnosis, and treatment of all sexual concerns, problems, and disorders.

Article 8: Right to education and information

All persons, without discrimination, have the right to education and information generally and to comprehensive sexuality education and information necessary and useful to exercise full citizenship and equality in the private, public and political domains.

Article 9: Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children
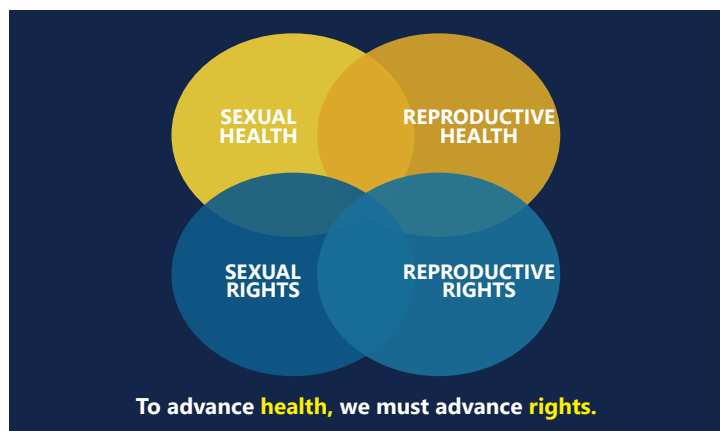
All persons have the right to choose whether or not to marry, whether or not to found and plan a family, when to have children, and to decide the number and spacing of their children freely and responsibly, within an environment in which laws and policies recognize the diversity of family forms as including those not defined by descent or marriage.

Article 10: Right to accountability and redress

All persons have the right to effective, adequate, accessible, and appropriate educative, legislative, judicial, and other measures to ensure and demand that those who are duty-bound to uphold sexual rights are fully accountable to them. This includes the ability to monitor the implementation of sexual rights and to access remedies for violations of sexual rights, including access to full redress through restitution, compensation, rehabilitation, satisfaction, a guarantee of non-repetition, and any other means.

Sexual Rights Vs. Human Rights

- Sexual rights are human rights and apply to everyone. It is the duty of all governments to respect, protect and fulfill these rights.

- The Universal Declaration of Human Rights and several human rights treaties, ratified by most countries, already embrace sexual rights, even though they are not explicitly stated. Sexual rights are implicit in these treaties.

SEXUAL HEALTH

REPRODUCTIVE HEALTH

SEXUAL RIGHTS

REPRODUCTIVE RIGHTS

To advance health, we must advance rights.

Why is Health (Sexual Health and Reproductive Health) Lumped Together with Rights (Sexual Rights and Reproductive Rights)?

• **The Principles of Human Rights apply to SRHR as well:**

a. **Inherence:** That human rights are not granted; they are inherent to the nature of human beings. Art 20 of the Constitution of Uganda: Human rights are inherent and not granted by the State/Government. **SRHR are Inherent and Not Granted.**

b. **Universality:** The Principle that human rights apply to all persons in the world. Art 1 of the UDHR recognizes that all human beings are born free and equal in dignity and rights. **Rights = Health**

c. **Inalienability:** That human rights cannot be taken away - in the same way, that human rights are not granted, they cannot be taken away. **Health and Rights can't be taken away.**

d. **Indivisibility:** That you cannot take away one right without infringing on all the rights of the individual. The achievement of one's rights leads to achieving another and abuse of one leads to violation of another. **You can't Divide Health from Rights!**

• **To Advance Health We Must Advance Rights!**

4.4 Sexuality and Diversity

"Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors".

World Health Organisation Working Definition, 2006

From the above definition therefore; sexuality is:

1. Multi-dimensional
2. Socially constructed
3. Shaped by gender and sexual norms and inequalities
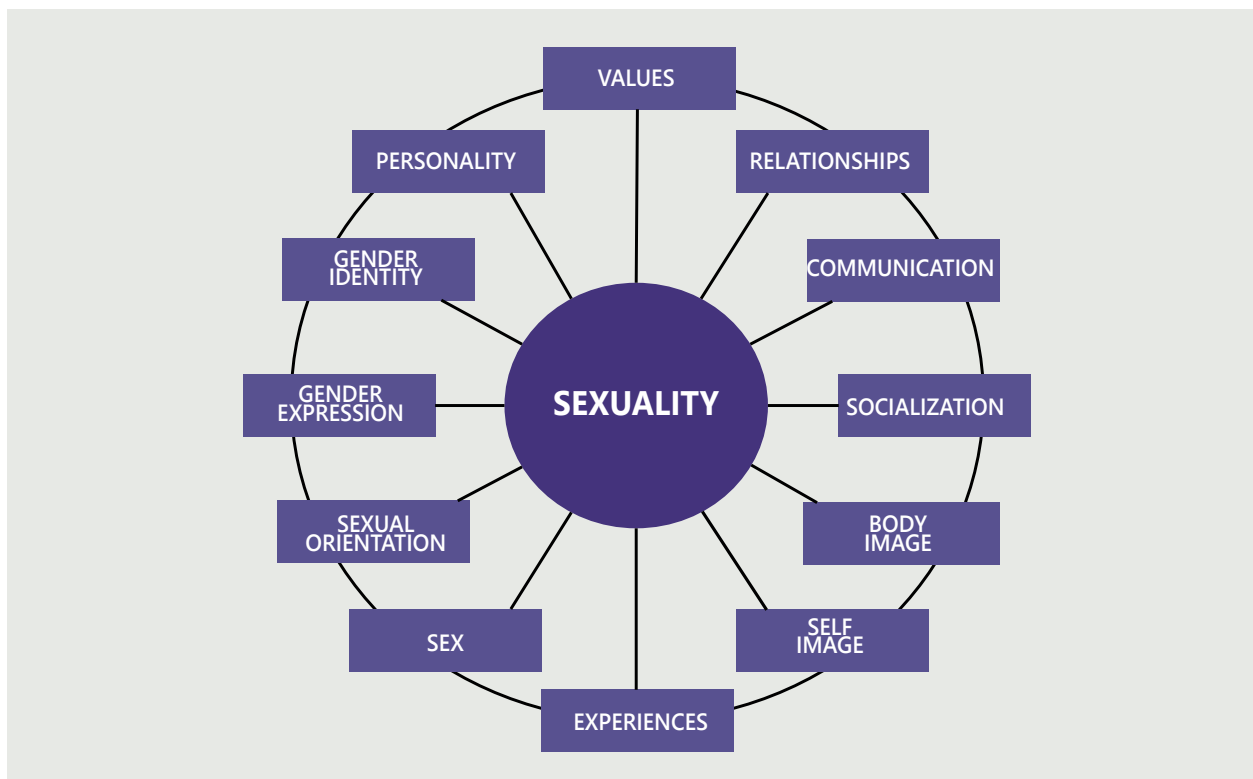
Dimensions of Sexuality

Sexuality has 5 Dimensions as thus:

1. **Sexual behaviors and practices:** Who does what with which body parts, items, and/or partners.

2. **Sensuality:** Awareness and feeling with one's own body and other people's bodies, especially the body of a sexual partner. Sensuality enables us to feel good about how our bodies look and feel and what they can do. Sensuality also allows us to enjoy the pleasure our bodies can give ourselves and others.

3. **Intimacy:** The ability and need to be close to another human being and accept closeness in return. Aspects of sensuality can include sharing, caring, emotional risk-taking, and vulnerability.

4. **Sexual Orientation, Gender Identity and Expression (SOGIE):** A person's understanding of who he or she is sexually, including:

    4.1 **Sexual Orientation:** Is an inherent or immutable enduring emotional, romantic or sexual attraction to other people. It's a person's capacity for profound emotional, affection and sexual attraction to and intimate and sexual relations with individuals of a different gender, same gender or more than one gender. Each of us has a Sexual Orientation of some sorts - it's whether a person's primary attraction is to the opposite sex (heterosexuality), the same-sex (homosexuality), or both sexes (bisexuality) or not attracted to any (asexuality) you may be "questioning" — unsure about your sexual orientation (queer).

    4.2 *Gender Identity:* This is a person's internal sense / innermost concept / deepest feelings about their gender - of being male or female or a blend of both or neither of these. This sense / deeper feeling about one's gender <u>may or may not </u>correspond with their sex assigned at

birth. As such, therefore, one's gender identity can be the same or different from their sex assigned at birth.

5. **Sexual and Reproductive Health (SRH**): One's capacity to reproduce, and the behaviors and attitudes that support sexual health and enjoyment. This includes factual information about sexual anatomy, sexual intercourse and different sex acts, reproduction, contraception, STI prevention, and self-care, among others.

Sexuality, Power and Agency

There is sexual power and agency within sexuality as thus:

- **Power *within***, derived from a sense of self-worth and understanding of one's preferences and values, enables a person to realize sexual well-being and health.
- **Power *to*** influence, consent and/or decline
- **Power *with*** others to negotiate and decide
- **Power *over*** others; using sex to manipulate, control, or harm other people.

4.5 SRHR Advocacy Issues for LGBTI Persons in Uganda Not Being Addressed at the Moment

Before undertaking any advocacy, it is very important to undertake a participatory exercise to find out the SRHR advocacy issues for LGBTI persons. The participatory exercise may be in the form of: interviews, focus group discussions, review of secondary data (like previous researches, publications or even project reports), observation, undertaking mappings/ research / participatory needs assessment / rapid assessment, among others.

These 10 Key Questions to enable for gathering this data:

1. What are the pertinent SRHR advocacy issues that are being addressed by the SRHR movement in Uganda at the moment? And why do you think these are being Prioritised?
2. What are the SRHR advocacy issues that are not being addressed by the SRHR movement in Uganda at the moment *(issues where there are silences/stigma/exclusion)*? And why is there silence/stigma on these issues?
3. What are the unique challenges that young LGBTI persons and other sexual and gender minorities face in accessing SRHR services?
4. Are there advocacy issues we call *"LGBTI SRHR Issues"*? If they are, which are these?
5. Do you think LGBTI+ SRHR issues are perceived as pertinent within the wider SRHR Movement? Yes? No? *(Explain your answer)*
6. Do you believe that LGBTI SRHR issues should be pursued separately or as part of the wider SRHR Movement?
7. What SRHR issues do you believe are currently being addressed by LGBTI+ persons, activist organisations, networks, and movements in Uganda?
8. What SRHR issues do you believe are currently not being addressed by LGBTI+ persons, activist organisations, networks, and movements in Uganda?
9. In your view, what do you think are the reasons why LGBTI persons, activists, organisations, networks and movements in Uganda struggle to:
   - Identify LGBTI SRHR Advocacy Issues?
   - Address wider SRHR issues and/ or connect these with their struggles?
10. Moving forward, what SRHR issues should form part of LGBTI SRHR Advocacy in Uganda?

As part of developing this SRHR Advocacy Guide for LGBTI persons, primary data collected from Key Respondents (See Attached Annex 3 and 4) pointed to the following:

Table 3: SRHR Issues for LGBTI Persons not Being Addresses at The Moment[46]

SRHR Advocacy Issues	Why These SRHR Issues aren't Being Addressed at the Moment
General Issues for all LGBTI persons • Legalising same sex marriage • Abortion within the LGBTI community especially for LBQ women, transgender men who become pregrant (There is a lot of push towards a more heteronormative agenda within the community) • Bisexuality – Generally LGBTI organising is hinged on the gender-binary • Comprehensive Sexuality Education for LGBTI persons • Violence in the community in its various forms – SGBV, GBV, IPV • Contraception within LGBTI community • Family and parental rights - How to support LGBTI persons that want to have children either through adoption or child birth and enforcement of parental rights and rights of children of LGBTI persons • Hormones and anal warts • SRHR issues for older LGBTI persons e.g: Menopause and andropause • Mental health arising from sexuality – esp. making connections between Mental Health and SRHR • Sexual diversity within the LGBTI spectrum **Young LGBTI persons** • Generation of information tailor-made for young LGBTI persons e.g on body changes, sexuality and sex - information available for SRHR targets heterosexual young people yet also the available LGBTI SRHR information targets adults • Sexuality education for adolescent and young LGBTI persons – who does it and how? • Discrimination in health facilities – as young people and as sexual and gender minorities • Access of contraception for young people LGBTI persons • Sexual violence and IPV targeted at young LGBTI persons	o Lack of competent health providers who understand the discourse of gender broadly beyond the gender binary of being a man or a woman o Huge silences on Sexual and Gender Based Violence and Intimate Partner Violence within the LGBTI community as perpetrators are often key leaders in the movement o Fear of seeking legal redress in instances of SGBV and IPV as its perceived as reporting each other, betraying community and 'outing each other' o Access to contraception for young people LGBTI persons is highly contested because some people in the movement want to play it safe or get money from some conservative o The infrastructure and health delivery systems in place doesn't facilitate LGBTI+ persons to access SRHR services o HIV/AIDS is over-shadowing all other SRHR issues for LGBTI persons

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[46] Generated from the Key Informant Interviews undertaken as part of developing this Guide held with a cross range of key field leaders between September and October 2020

SRHR Advocacy Issues	Why These SRHR Issues aren't Being Addressed at the Moment
• SRHR mentorship and leadership development in a non-matronising / non-patronising / sexualised manner • Self- medication and use of hormones without supervision esp. for young transgender persons ### Gay and MSM Specific Issues • Rape and intentional transmission of HIV/AIDS • Cross-generational sex - its use and abuse ### Transgender Specific Issues • Reproductive health issues esp. menstrual hygiene, breast cancer screenings, fibroids, for transgender men • Sexual pleasure – how transgender persons enjoy sexual pleasure with their partners • HIV/AIDS for transgender men • Banding and how it affects bodies, mentally, physically, psychologically, and especially the mental health issues and gender dysphoria it causes • Preventive screenings, drug contradiction, and addiction • Hormonal therapy and its effects on transgender persons • Medical insurance & health schemes that don't cover transgender persons and their SRHR needs ### LBQ Specific Issues • Lack of minimum SRHR package for LBQ women esp. some services like abortion services • Sex consumables for women and safer methods for LBQ women to enjoy sex and alternative contraception methods beyond condoms • HIV for LBQ women = trivialising female homosexuality and the assumption that women cannot easily infect each other with HIV • Post-natal complications - complications that arise after childbirth e.g fistula, postpartum depression	o Running parallels – LGBTI transitions vs., sider SRHR Movements VS. Service providers which affects advocacy on SRHR issues o Donor Interference - specific donors are emphasizing particular areas on SRHR advocacy o The restrictive operating context

4.6 SRHR Priorities for LGBTI Persons in Uganda

For any advocacy to be successful; it must be based on priority issues identified (as elaborated in Section 5.3 below). As part of developing this SRHR Advocacy Guide for LGBTI persons, primary data collected from Key Respondents as indicated in Annex 3 and 4 prioritised these SRHR Prioritises for LGBTI persons in Uganda.

Table 4: **SRHR Priorities for LGBTI Persons in Uganda, 2020-2025**

SRHR Advocacy Issues	Why These SRHR Issues aren't Being Addressed at the Moment
Central Uganda Regional Priorities	**Eastern Uganda Regional Priorities**
❧ Strengthening engagement at district level by using public health is an entry point e.g: strategically engaging in district structures like the Health Unit Management Committees (HUMCs) ❧ Participation of LGBTI persons in the different development activities, conversations affecting the community and affecting young people as one of the ways of reducing stigma and mindsets. ❧ Use their networks at District level with DHOs ❧ On-going trainings for health workers and law enforcement as they change all the time ❧ More research at local level to generate evidence and facilitate planning and advocacy ❧ Media engagement such as: Develop advocacy IEC materials on SRHR for LGBTI+ persons, Radio and TV talk shows ❧ SOGIE & GSD Trainings for Duty Bearers – Undertake on-going trainings for health workers and law enforcement to create a pool of duty bearers ❧ Research – Undertake more research at local level to generate evidence and facilitate planning and advocacy	❧ Provision of a comprehensive health service package that also addresses the unique needs of LGBTI Persons ❧ Health infrastructure development – Invest in health facilities so that they are equipped with all services and commodities such as PEP, PrEP and VCT ❧ Provision of stigma-free PrEP and PEP services ❧ Diagnosing and treatment of STIs ❧ Safe abortion and post-abortion care services ❧ Presentation and management of co-morbidities and co-mortalities like Hepatitis B, TB, Cervical Cancer ❧ Mental health and psychosocial support services for LGBTI persons ❧ Condoms and Lubricants – managing stockouts of SRHR commodities and ensure joint packaging of condoms & lubricants ❧ Hormones for Transgender Persons ❧ Human rights violations by duty bearers especially engagement with law enforcement who violate LGBTI persons through extortion, sexual abuse, arrests, abuse of privacy, delays in hearing of cases ❧ Demand generation / ongoing awareness to the LGBTI community on available SRHR services

SRHR Advocacy Issues	Why These SRHR Issues aren't Being Addressed at the Moment
Northern Uganda Regional Priorities	**Western Uganda Regional Priorities**
↩ Stronger LBQ women SRHR programming e.g: Identifying the unique SRHR needs of LBQ Women in Northern Uganda Region; Information on SRHR for LBQ women especially around safe sex and; Information on contracting HIV within LBQ women ↩ Provision of safe spaces to discuss access to SRHR services ↩ Assigning KP Focal point with information to work with cross range of LGBTI persons ↩ Increase the numbers of healthcare providers at health facilities / focal points that know about LBGT+ issues	↩ Condoms and Lubricants – managing stockouts of SRHR commodities and ensure joint packaging of condoms & lubricants ↩ Health Rights Advocacy by CSOs (health rights in their entirety) ↩ Gender and Sexual Diversity (GSD) Training more health workers /service providers so that they understand KP Issues ↩ Ongoing awareness on available SRHR services ↩ Partnership with DHOs in awareness sessions and trainings for increased support and resourcing SRHR services for LGBTI community

National Priorities

↩ Awareness creation around SRHR needs, rights and issues of LGBTI persons through for example; dialogues with the duty bearers at district and lower levels on issues of SOGIE.

↩ Addressing stigma and discrimination and creating non-discriminatory environments in district and lower-level health centers (Regional Referral Hospitals, District Hospitals, HCIII, HCII, and private providers)

↩ Strengthening capacities and ongoing mentorship for LGBTI Champions at district and lower levels

↩ Building a mass movement/pool of LGBTI SRHR champions at grassroots levels

↩ Building strategic linkages and alliances - There is a need to identify people who are buying into/ trying to understand the issues of LGBTI persons and invite them in discussions on the SRHR issues. Include them as allies.

↩ Cross-movement organising and creating synergies with other activists and movements by invoking discussions on LGBTI persons with service providers and linking their issues with other activists within the district who are advocating for SRHR.

↩ Community Score Cards – Creating a Community Score Card for LGBTI community members to monitor access to SRHR services to the extent of interventions and building evidence that informs advocacy

↩ Sexuality Education for LGBTI persons including young LGBTI.

↩ Financing SRHR Services - Advocacy on funding for the health sector in Uganda

↩ Engaging with law enforcement - At the national level (as law enforcement perpetuates a lot of sexual violence towards LGBTI persons and denies them SRHR). Key interventions are: engaging Uganda Police Professional Standards Unit and invoking the provision of the Human Rights Enforcement Act and using Strategic Litigation to pursue greater rights.

↩ Media engagement – Tapping into the media through media trainings and fellowships as well as; Develop advocacy IEC materials on SRHR for LGBTI+ persons, Radio and TV talk shows

↩ Engaging Informal Power – Undertake a power mapping on key religious and cultural leaders to inform advocacy and engagement

↩ Facilitative Roles - Use their networks at the district level with DHOs and district leadership to open door for district and CBOs

*** **Note:** Strategies used at the national level are not the same as at the district level, more direct advocacy is undertaken at the national level as one of ways in which the safety and security of LGBTI persons at district & community levels are managed.

CHAPTER 5:
Doing Advocacy on Sexual, Reproductive Health Right Services for LGBTI Persons in Uganda

The Chapter Contents
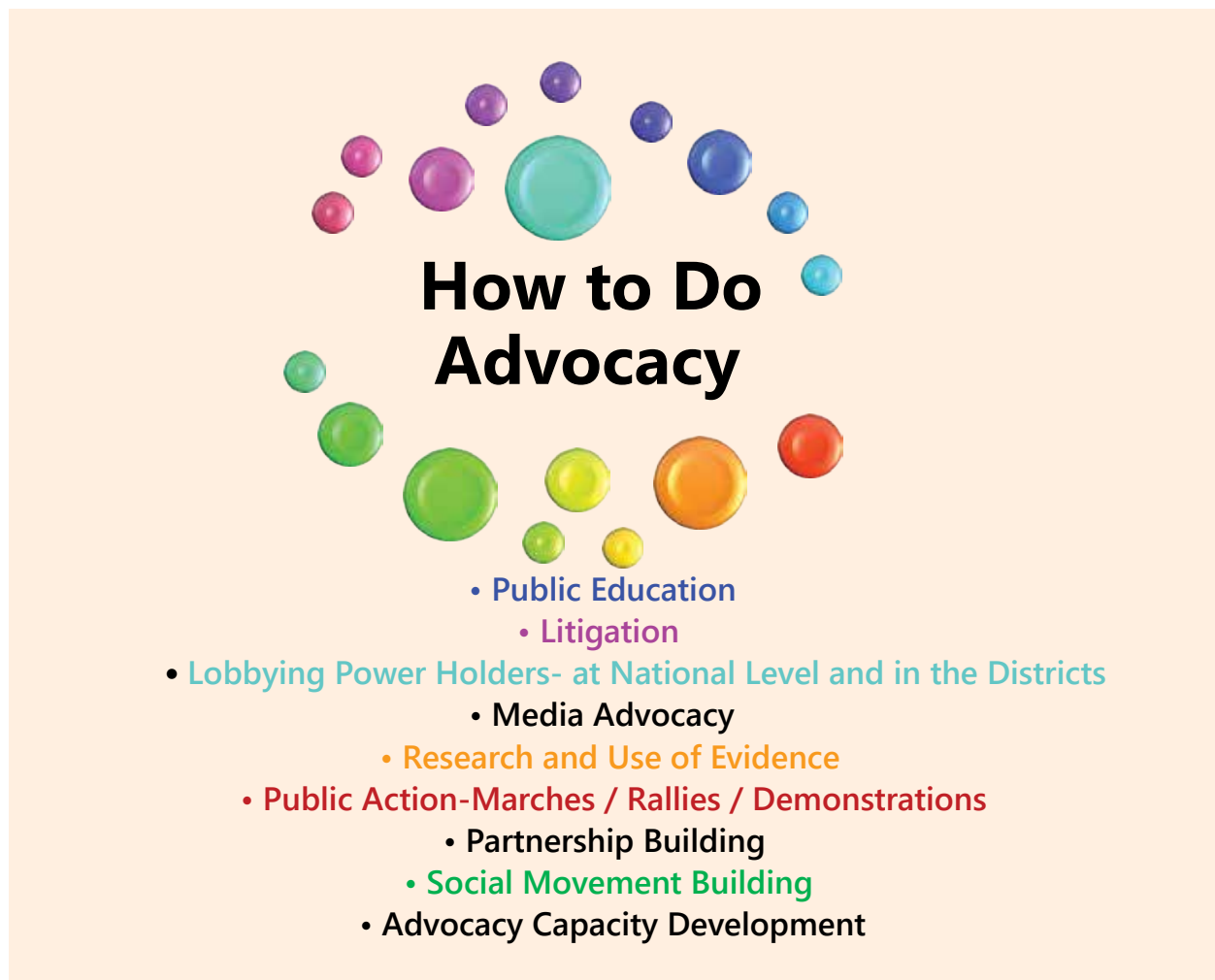
This Chapter has:
- Modes and Strategies of Doing Advocacy
- Steps of Doing Effective Advocacy
- Defining Advocacy Issue / Problem
- Defining Advocacy Objectives
- Stakeholder Analysis and Defining Advocacy Targets
- Diagnosis
- Action Planning for Advocacy
- Developing Advocacy Messages
- Partnership Building – With Possible Champions, Allies and Collaborators
- Message Delivery

5.1 Modes and Strategies of Doing Advocacy

The various modes/strategies of doing advocacy include:

How to Do Advocacy

- **Public Education**
- **Litigation**
- **Lobbying Power Holders- at National Level and in the Districts**
- **Media Advocacy**
- **Research and Use of Evidence**
- **Public Action-Marches / Rallies / Demonstrations**
- **Partnership Building**
- **Social Movement Building**
- **Advocacy Capacity Development**

5.2 Steps of Doing Effective Advocacy

There are 15 steps in doing effective advocacy

Step 1: Defining the Advocacy Issue / Problem

Step 2: Defining your Advocacy Objectives

Step 3: Defining the Target Audience – The Stakeholder Mapping

Step 4: Diagnosis – The SWOT Analysis

Step 5: Action Planning

Step 6: Message Development

Step 7: Identify Messengers

Step 8: Identify and Reach out to Possible Collaborators and Allies

Step 9: Perfect Communication

Step 10: Deliver Advocacy Message

Step 11: External Environmental Scan

Step 12: Work Planning Timetable

Step 13: Personal Assessment

Step 14: Monitoring, Evaluation, and Learning

Step 15: Risk Mapping, Monitoring, Mitigation and Management

5.3 Defining Advocacy Issue / Problem

Step 1 is Defining the Advocacy Problem**.** The major question to answer here is: **What is the issue or the problem? (For LGBTI Champions, a problem is a negative situation affecting LGBTI persons in Uganda).** In defining the advocacy problem, LGBTI champions aim to answer the following questions:

▸ *What is the issue or the problem? (that negative situation affecting LGBTI persons)*

▸ *What do you want?*

▸ *What do you need to know about the issue? How are you going to find it out?*

▸ *What is your vision of the desired change?*

▸ *Whose lives would be improved and how?*

Defining the Advocacy Issue / Problem

▸ For LGBTI Champions and advocates, a problem is a negative situation affecting specific groups of people. Examples of problems that LGBTI Persons in Uganda face are:

- Access to healthcare services

- Access to SRHR services for LGBTI Persons

- Lack of privacy at health facilities

- Inadequate access to education

- Unemployment

- Violence, police harassment, extortion, and intimidation

- Disowning by family

- Intimate Partner Violence

- SGBV (esp. 'corrective rape' targeting LBQ Women, Transmen and young Gay and MSM)

Ways of Participatory Problem Identification are:

▸ Review of existing documentation/literature review

▸ From observation

▸ Public calls for action

▸ Participatory needs assessment with LGBTI persons

▸ Interviews with your core constituents – LGBTI Persons and allies (e.g: health and legal service providers)

▸ Surveys / Researches

▸ Focus group discussions and interviews with: LGBTI Persons, Health Service Providers, Psychosocial Support Providers, Legal Service Providers, Law Enforcement, Communities, Families, LGBTI Allies & Champions, Organisations that work with LGBTI Community, SRHR Movement actors, etc.

▸ ***Note:** This Step – Step 1 of Doing Advocacy requires careful research which if done well will greatly inform the advocacy strategy development and actions.*

5.4 Defining Advocacy Objectives

In this second step; LGBTI Champions answer the key question: **What are your goals and objectives?** And reflect on these:

▸ *Will it result in a real improvement in LGBTI person's lives?*

▸ *Will it give LGBTI person's a sense of ownership of their power?*

▸ *Will it be widely felt and deeply felt?*

▸ *Is it important enough and can it be achieved in the short term (six months to two years)?*

▸ *Will it help to build sustainable organisations, alliances, and progressive social movements?*

▸ *Will it create opportunities for LGBTI people and other marginalised people to engage with power?*

▸ *Will it promote awareness of and respect for LGBTI rights?*

▸ *Will it have a clear political and policy solution?*

▸ *Will it enable you to further your vision and mission?*

▸ *Will it link the local concerns to global issues?*

▸ *Will it be achievable and winnable?*

5.5 Stakeholder Analysis: Defining the Target Audience

Step 3 of doing effective advocacy is majorly on undertaking stakeholder mapping as a way to identify the target audience for the advocacy. LGBTI Champions answer the key question: **Who can give an audience to LGBTI Champions, Advocates, and Organisations during Advocacy?** And reflect on these:

▸ Who can provide the change you desire with your advocacy?

▸ Who is your audience? There are 2 types of audiences:

    a) *Decision Makers*–Those that have the power or authority – formal and/ or informal – to make or to block change

    b) *Pressure Makers* –Those that have the power to influence or can pressure decision-makers or other pressure makers to raise public opinion of an issue

▸ How are the changes or decisions made?

▸ What are their limitations?

▸ Who are the other stakeholders in this advocacy?

▸ Who else do you need to target and what is it that they bring on board?

Stages of Stakeholder Analysis

There are various stages of stakeholder analysis as detailed below:

Stage 1 of Stakeholder Analysis: *Identify the Stakeholders*

- Assess the current and potential beneficiaries

- Who might be adversely affected by the programme

- Who are the vulnerable groups (Even within the LGBTI Person's Constituency – who is involved and who is left out?)

- Who are the champions/supporters and opponents of the proposed changes?

- Which allies do you have of the proposed changes?

- Who is undecided? / The Fence-sitters of the proposed changes?

- What relationship do the different stakeholders have?

Stage 2 of Stakeholder Analysis: *Assess Stakeholder's Interests and Potential Impact of their Interests*

Some stakeholder's interests are less obvious than others and may be difficult to define, especially if they are "hidden", multiple, or in contradiction with the stated aims of the organisation or individual or movement. The following questions may be helpful:

- What are their expectations of the advocacy project/intervention/campaign?

- What benefits are they likely to reap?

- What resources are the stakeholders able and willing to mobilise?

- What interests do they have that contradict the advocacy programme/project/interventions?

Stage 3 of Stakeholder Analysis: *Who can give Audience to you?*

Assess stakeholders' influence and importance

- What is their power and status (political, social, cultural and economic)

- Can they control, facilitate or hinder the advocacy campaign?

- Can they influence the process?

- Are they important?

- Stakeholders' degree of the organisation concerning your advocacy campaign?

- Assess the informal influence of a particular stakeholder

- Assess the power relations between the different stakeholders e.g. relationship between politicians and religious leaders.

Stage 4 of Stakeholder Analysis: *Assessment of your Opponents*

- Why do they oppose us? Dig deeper just don't say *'they oppose because they are homophobic or transphobic or are just bad people...*" Dig deeper and keep asking why?

- How actively will they oppose us?

- How much power do they have?

- In terms of money, credibility, contacts, access to power; What levels of force are they likely to use against us? Is it life-threatening?

- Who funds your opponents? What interest does the benefactor that funds your opponents have (political, economic, social?) And why do these benefactors have an interest in the advocacy issue?

- What are their organisational structures, policies among others? (i.e: how organised is the opposition?)

- What are their agendas, strategies, and tactics?

- What will they do to challenge us?

- With whom do they have influence?

- **Is there anything on which you and the opposition might agree? If so, can we find a common ground on some issues and agree to disagree honorably on others?**

Stage 5 of Stakeholder Analysis: *Mapping Other Audiences / Undecided Constituencies / The Fence Sitters*

- Who are the likely beneficiaries of whatever you are trying to achieve?

- Should they and can they be recruited as allies and/or messengers?

- Who are the likely losers when you recruit undecided audiences?

- What are likely to be the arguments of the opposition?

- What are your counter-arguments?

- Who are the fence-sitters and why are they fence-sitting? Can they be recruited as allies?

Stage 6 of Stakeholder Analysis: *Outline a Stakeholders Participation Strategy*

Plan the stakeholder involvement strategy according to:

- Interest, importance, and influence

- Particular efforts needed to involve important stakeholders who lack influence

- Appropriate forms of participation throughout the advocacy cycle.

> ## *** Please Note: Stakeholder Analysis
>
> - **Stakeholders of high influence and high importance** should be closely involved throughout the advocacy project/ initiatives/campaign to ensure their support at all times.
>
> - **Stakeholders of high influence and low importance** are not the target of the advocacy project/ initiatives/campaign but may oppose the intervention; therefore, they will need to be kept informed and their views acknowledged avoiding disruption or conflict.
>
> - **Stakeholders of low influence and high importance** will require special efforts to ensure that their needs are met and their participation meaningful.
>
> - **Stakeholders of low influence and low importance** are unlikely to be closely involved in the advocacy project/ initiatives and require no special participation strategies beyond information sharing.

5.6 Diagnosis: SWOT Analysis

Step 4 of Doing Effective Advocacy involves a deeper reflection on the Internal Capacity Diagnosis and Decision on Possibilities – **What is your capacity to undertake the advocacy?** Undertake a SWOT Analysis of yourself to answer the following questions:

▶ Where is your LGBTI group/organisation/movement at the moment?

▶ What leadership capacities do you have? The capacity strengths and gaps that you have?

▶ What is possible and your institutional capacity to engage in advocacy?

▶ What are your strengths and weaknesses? And the challenges and threats?

▶ How broad and strong is your potential support?

▶ Do you have well-placed allies? Who are these and will they be willing to be available to lend their support?

▶ Does the leadership of the campaign have a strong sense of common purpose? Are they credible leaders? Do they have a track record and will be listed to and/or respected?

▶ Is the decision-making amongst your team efficient and responsive?

▶ What resources can you rely on?

▶ Are your aims clear and achievable?

▶ What points of access or leverage to power do you have?

5.7 Development of an Action Plan for Advocacy

In Step 5 of doing effective advocacy is - Developing the Action Plan, LGBTI Champions answer the key question: **How can LGBTI Advocates, Champions, Organisations, and Movements map out their Plan of Action?** And mull over these:

▶ What is being targeted: Legislation? Policy? Bylaw? Ordinance? Administrative Ruling? Programmes? Budgets/Resources? Decision-Making Space? Services? Commodities? Space to belong to an SRHR Technical Working Group or belonging to the Health Cluster?

▶ Timing of Interventions: At what point in the process do you make your advocacy interventions?

▶ Risk Mitigation and Security: Will you protect the group members from the risks that come with advocacy?

- Time Frames: What time frames do you want to achieve in the short-term, medium-term, and long-term? In terms of timelines short term (six months to two years); medium term (3-5 years) and long-term (5-10 years).

- Available Resources: Do you have what you need to get started?

- Contingency Planning: What is your backup plan?

5.8 Developing Advocacy Messages

Step 6 focuses on Developing the Message. LGBTI Champions answer the key question: **What do the different audiences need to hear?**

- Do you have a clear message that is carefully tailored for the audiences you want to influence?

- Is your message appealing to what is right and your audience's self-interest?

- Does your message enable you to get other like-minded actors on the advocacy campaign with you?

**** Note:

✓ Your message must be: clear, concise, compelling and competitive.

✓ The structure of your message should be: Problem, Solution and Action

Your Message Must Be

Structure of Your Message

Concise

Compelling

Clear

Your Message

Competitive

Action

Solution

Problem
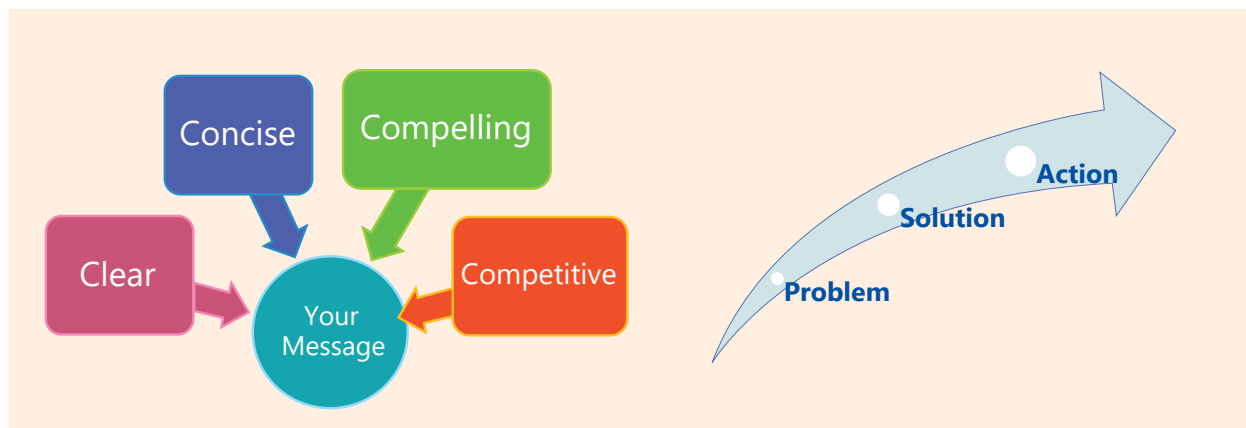
5.9 Identify the Messengers

Step 7 involves Identifying the Messengers. LGBTI Champions answer the key question: **From whom do the different audiences want to hear the message?** As well as respond to these:

- Who are the most credible messengers for the various audiences you are targeting?

- Are they experts or constituents that are affected by the issue? Or a mix of both?

- How are you going to get them involved?

- What do these messengers need to have in order to effectively and confidently convey the necessary information?

5.10 Reaching out to Possible Collaborators and Allies

Step 8 involves Identifying the Collaborators. LGBTI Champions answer the key question: **Who else can help?** As well as respond to these:

▶ Which other individuals, groups, organisations, collectives, and movements are concerned with the same issue?

▶ Who else within the Human Rights Organisations & SRHR Movement in your area/district/region can you work with this on the advocacy?

▶ How is the issue affecting other groups within the wider SRHR Movement?

▶ What are the advantages and disadvantages of forming alliances or coalitions with each of them?

▶ Can you work with them?

▶ How can you get them into an alliance on this issue?

▶ In the event that an alliance/coalition is formed, how do you make sure that LGBTI issues aren't lost? Or trivialised? Or dismissed?

▶ In the event that an alliance / coalition is formed with wider SRHR Movements actors. How will you safeguard that your agenda is not hijacked? Or that you effectively negotiate for your space and its will be respected?

5.11 Perfecting Communication

Step 9 involves practicing and pre-testing your communication to ensure that it works well to yield the desired outcomes/action from the targets. LGBTI Champions answer the key question: ***How do you ensure that you Effectively Communicate (Internally and Externally)?*** As well as reflect on:

▶ In advocacy, effective communication is very important for purposes of managing conflicts within your group, the coalition, and also with other relevant audiences.

▶ In a coalition/alliance/network, LGBTI advocates must know the power dynamics within the coalition and always ensure that all voices across the LGBTQIA spectrum are heard.

▶ They should also be aware of the loudmouths and ensure that the soft-spoken are also heard and take time for conflict management and problem-solving.

▶ So, how can the LGBTI CBO/ NGO / Collectives improve their communication skills?

5.12 Delivering Advocacy Message

In Step 10, LGBTI Champions focus on deliberating channels that will be used to deliver the Advocacy Messages that require reflection on: **What specific tactics are best for delivering the messages to the various audiences?**   As well as reflect on:

▶ Which of these strategies will you use?

  • Direct lobbying of duty bearers at the district level? District Technical Teams? Religious / Cultural Leaders?

  • Media – e.g: Radio Spots, Talk show Programmes, Social Media, etc?

  • Meetings with key constituents and allies?

  • Mobilising the "grassroots"?

- Direct action - e.g: demonstrations, protest matches, circulating fliers?
  - Litigation/or court action?
  - Negotiation / trade-offs (win-win situations)?
▸ What combination of strategies will be used to ensure that the message is properly heard?
▸ How best can you use a combination to effectively deliver the message(s)?

5.13 External Environment Scan

In Step 11, LGBTI Champions focus on scanning their External Environment guided by the question:

What is the External Environment and How is it Impacting the Proposed Advocacy? As well as reflect on:

▸ What are the Opportunities and Challenges?

▸ What are the realities of the political context for doing advocacy?

▸ What is the NGO/CBO/ operating environment for LGBTI Persons?

▸ What are the political possibilities and impossibilities?

▸ What circumstances can influence the success of the advocacy strategy (and thus the tactics selected)?

▸ What are the political possibilities, limits, and risks involved? How have I prepared for these risks?

▸ What events in society at large are taking place which may affect the tactics and effectiveness of your strategy?

5.14 Workplan Timetable

At Step 12, you need to focus on Putting Together a Timetable for Action guided by the question: **Have a Clearly Set Time Frames for all Advocacy Activities so that the other LGBTI Champions also know?** You need to answer the following questions:

▸ When should the set objectives be achieved?

▸ When do certain tasks need to be completed?

▸ Who will do what and when?

▸ What are your Objectives and Strategies - short-term, medium-term, and long-term objective and strategy?

5.15 The Personal is Political: Personal Assessment of LGBTI Champion

Step 13 – Personal is Political / The Personal Assessment responds to the question: **How do you feel personally about this task?** Step 13 is a personal reflective exercise and does need to be part of a written advocacy strategy. As advocates, it is important for the LGBTI Persons, Activists and Champions to know:

▸ What their personal interest and motivation is in doing this particular advocacy work?

▸ What is their attitude towards advocacy intervention pursues?

- What is their confidence in the political system in which they have to work?

- Are they comfortable with the people they have to work with?

- How will they reconcile the personal, the public, and the collective – i.e: reconciling their personal value systems and the advocacy issue(s) being pursued?

- What are your fears and anxieties that may negatively affect the advocacy campaign?

- What is your personal leadership style?

- How do you reconcile your own leadership style and how it enables or disables the achievement of advocacy goals?

5.16 Monitoring, Evaluation and Learning

Step 14 focuses on being learning individuals, organisations, collectives, and movements. Monitoring, Evaluation, and Learning respond to the question: **In the course of implementation, continuously monitor the effectiveness of your strategy - how will you know you are progressing and pick learnings? Or that you are getting off course? Or getting stuck or need to change course?**

 LGBTI Champions need to reflect on:

- How will you measure success?

- What resources do you need (Inputs)?

- What has changed in the short-term (Outputs)?

- What has changed in the long-term (Results and Outcomes)?

- How do you measure progress (Indicators of Progress)?

- What is working and what is not working?

- Does the strategy still make sense or is it irrelevant?

**** Note:

✓ **Make the necessary changes whenever you hit a snag - Don't be stuck! Nothing is cast in stone.**

✓ **At every phase of advocacy, reflections are done to ensure that momentum is maintained and possible re-strategising if need be.**

5.17 Risk Mapping, Monitoring, Mitigation & Management

Step 15 delves into risk management because advocacy risks for LGBTI Champions, their organisations, close networks, and the wider movement. Therefore: **Continuously Map, Monitor, Mitigate and Manage Risks for the effectiveness of your Advocacy Strategy.** Reflect on these:

- Do you have a risk-mitigation strategy as part of the advocacy strategy? Is it operationalised? And how do you regularly review and update it?

- What Risk Management processes do you have in place?

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- Do you have a security plan, policy, procedures, protocols, and strategies attached to the Advocacy Strategy? Or your Organisations? What about personal security planning and risk management?

- In case you face backlash, attacks, opposition in the course of your advocacy, who is your backup plan that can support/intervene?

- How will you measure success in risk management?

- How regularly do you map, monitor and track your major opponents and their strategies that they use (because opponents change strategies all the time)?

**** Note:

✓ **Risks are in various categories. They might be Political Risks** (e.g Shrinking Civic Space, Political Space, Human Rights violations, and Other Political Risk), **Personal Risks** (e.g personal safety and security, threats to physical security and data security); **Socio-cultural Risks** (e.g unequal power relations, normalised inequality, and fusion between the state and religion/culture); **Financial Risks** (e.g: funding gaps, weak financial accountability, financial sustainability)**; Information Risks** (e.g breach of confidentiality), etc, etc.

✓ **Define the Risk Mitigation Strategy and Matrix as at designing any advocacy.**

✓ **Continuously review the Risks – Risk Management has to be an ongoing process as new risks emerge and some are effectively managed.**

✓ **Always realistically manage your risk appetite!**

5.18 Checklist for Successful Advocacy Interventions

As you plan your advocacy campaign you should have a checklist of how your issues are rated. For example, will your advocacy campaign:

1. Result in a real improvement in LGBTI+ people's lives

2. Give LGBTI Persons a voice

3. Give LGBTI Persons a sense of their own power

4. Alter the relations of power – challenge and disrupt power

5. Build leadership and agency of LGBTI Persons within the LGBTI Community (leadership beyond the 'usual suspects)

6. Set your organisation up for the next campaign within the LGBTQIA Movement, SRHR Movement, and Human Rights Movement

7. Raise money, human and other resources

8. Be worthwhile, winnable, widely felt, easy to understand, deeply felt, have a clear timeframe.

9. Be consistent with your values and vision (as individuals and LGBTQIA organisations)

CHAPTER 6:
Developing an Advocacy Strategy

The Chapter Contents

This Chapter Guides LGBTI SRHR Champions on:

- Understanding the Advocacy Cycle
- Defining your Policy Advocacy Goal, Objectives, and Outcomes
- Defines and Prioritises Interventions to Use in Advocacy
- Mapping of Key Stakeholders and Target Audiences
- Defining Resources for Use in Advocacy
- Defining Results Matrix for Advocacy
- Strategies of Nurturing Key Allies and Champions

6.1 The Advocacy Cycle

The advocacy cycle involves the following steps:

Background	Brief context & situational analysis
	What's the problem? Why advocate on a policy? Human rights, commitments, accountability
Aim	Long term goal that you want to contribute towards e.g SDG 3&5
Objectives	SMART - Specific Measurable Attainable Realistic Time-bound change objectives
	Do these contribute to the realisation of your aims
Targets	Who has the power to make the necessary changes?
	Who influences these people?
Allies/ Partners	Who can you work with to build momentum and support?
	Different perspectives
Activities & Outputs	Policy and research
	Advocacy\popular mobilisation
	Engagement of key stakeholders
Key Messages	For each audience
Timeline	Moments/opportunities for influence. How to be prepared for these with evidence and advocacy needed?
Roles & Responsibilities	Who is charged to do what?
Budget	What activities cost?
	What gaps and capacities- How to fill them?
MEL	Logframe

6.2 Defining Advocacy Goals, Objectives and Outcomes

Advocacy goals differ depending on the desired change that the LGBTI+ activist and community would like to see. There are generally 3 kinds of Advocacy Goals: **Policy Goals; Effect Goals; Impact Goals.**

Policy Goals

These Goals are about Shifts in Policy
• Goals define specific policy goals that policymakers and duty bearers should undertake to improve lives of LGBT+ Persons
• Examples of advocacy outcomes from Policy Goals include: international treaties and standards laws, policies, guidelines, standards, national budget allocations, district budgetary allocations, etc.
• Examples of demands that LGBT+ Champions may advocate for at national level are: ratification/domestication of a treaty, enactment of a law to protect LGBT+ persons, repeal of the penal code, AHA and APA; removal of sections that criminalize LGBT+ persons in the Sexual Offences Bill and Penal Code Act, etc, etc
• Examples of demands that LGBT+ Champions may advocate for at district level are: enactment of a bylaw / ordinance at LCIII and LCIV level that protects LGBT+ persons right to access SRHR services, etc

Effect Goals

These Goals are about The Effect
• They specify the changes in systems or practice that occurs because of the advocacy intervention.
• Examples of outcomes from Effect Goals include: Establishment of a unit / desk at police stations to report LGBT+ community violations; Public budgetary allocation towards MOH procurement of lubricants, dental dams and other SRHR commodities; Reduction of of stigma and discrimination of LGBT+ persons accessing services at health facilities or at police stations, etc.
• Examples of demands that LGBT+ Champions may advocate for at national level are: Inclusion of lubricants on essential drug list; Inclusion of the LGBT+ SRHR violations in the Periodic Uganda Police SGBV Reports, etc.
• Examples of demands that LGBT+ Champions may advocate for at district level are: Provision of SRHR commodities in health facilities; Inclusion of condoms, lubricants and STI testing kits and treatment on the essential drug list generated by health centre in-charges.

Impact Goals

These Goals are about The Impact
• They are the overall change that is expected as a result of the advocacy intervention.
• Examples of outcomes from Impact Goals include: Elimination of stigma and discrimination of LGBT+ persons accessing services at health facilities or at police stations; Inclusion and participation of LGBT+ persons in defining health outcomes and investments; etc.
• Examples of demands that LGBT+ Champions may advocate for at national level are: Improvements in access to SRHR services, health outcomes, and human rights for LGBT+ pesons in Uganda; Inclusion of LGBT+ SRHR issues in the training curriculum of medical schools and nursing schools; Healthcare providers equipped with appropriate skills of providing SRHR services to LGBT+ persons, etc.
• Examples of demands that LGBT+ Champions may advocate for at district level are: District budgetary allocation towards inclusion of SRHR commodities in health facilities; Meaningful inclusion and full participation of LGBT+ persons in defining health outcomes and budgets at district and sub-county levels; etc

Please Note:

- Whatever goal has been defined, it should be **SMART** (**S**pecific, **M**easurable, Achievable, **R**ealistic, and **T**ime-Bound). Goals should clearly state what would change, who will make that change, by how much, and by when. Clarity on this allows for better planning and allocating the required financial resources, time, and human resources as well as; managing expectations.
- Policy change itself is never the final goal of an intervention – policy change should ultimately translate into positive realities, improved livelihoods, respect, and enjoyment of human rights and entitlements by LGBTI persons in Uganda.
- **Sometimes it's a Continuum – From Policy Goals to Effect Goals to Impact Goals and sometimes it's not!**
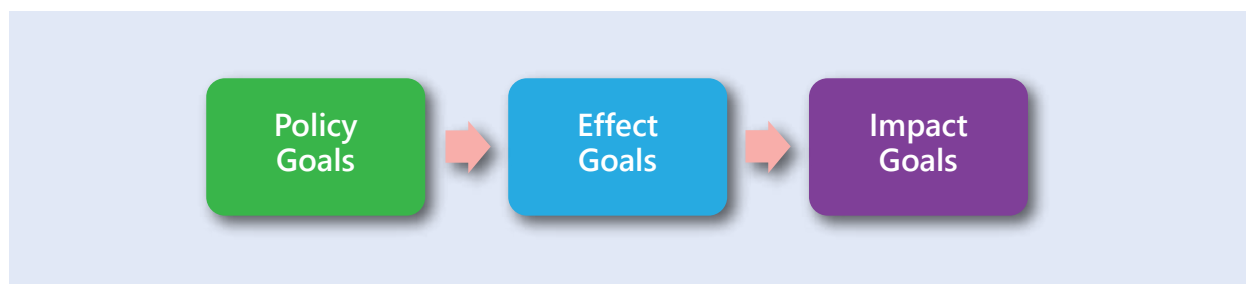
6.3 Mapping Key Stakeholders

After defining the advocacy goal, it's now time to define the stakeholders that to target in the advocacy. This is done through Stakeholder Mapping – it's important to undertake a thorough stakeholder mapping and understand their power levels, influence, decision-making, and interests in SRHR services for LGBTI Persons in Uganda.

Stakeholders can be an individual, groups of individuals or organisation that have a stake in the outcome of the advocacy intervention. They may be decision makers who develop the policies or technical partners who provide resources and expertise on the implementation of the issue, health service providers who will be responsible for administering the SRHR services associated with implementing the policy or they could be private sector companies like a private health facility or a pharmacy or a traditional health practitioner who has a business stake in the status quo on SRHR services or who may see a business benefit or lose in the achievement of your advocacy or the implementation of your proposed policy.

In doing stakeholder mapping; ask yourself these questions:

1. Who are the decision makers for issues related to SRHR services for LGBTI persons?
2. Which technical groups and key stakeholders need to be engaged to help move the policy intervention or advocacy or the actual service provision forward?
3. What are the primary interests of these decision makers, technical groups, and key stakeholders in moving this advocacy intervention forward?
4. How are you currently engaging with these decision makers, groups, and stakeholders, and what are the opportunities for engaging with them?
5. What is the level of commitment of each of these stakeholders?

Once the stakeholders have been identified categorize them and determine their level of commitment. This will help with the planning process, particularly as it relates to time frames, budgets, and resources.

Below is Tool 1 that provides a Template to help in the stakeholder mapping – identification of key stakeholders, categorizing them, and determining their commitment and value addition to the advocacy.

Tool 1: Stakeholder Mapping

(Examples of Stakeholders in the Table below are used for demonstration purposes, the template to be Adopted and Adjusted to suit the uniqueness of various LGBTI SRHR Champions)

Stakeholder Name	Stakeholder Description (Primary purpose affiliation, funding)	Potential Role in The Policy Process (Vested interest, role, responsibility)	Level of Knowledge of Issue (Specific Area of Expertise)	Level of Commitment (Do they support or oppose the intervention, to what extent, and why?)	Available Resources (Staff, volunteers, money, information, technology, influence)	Constraints (Limitations: need funds to participate, lack of personnel, political or other barriers, etc)
Political / Public Sector [Government Officials, Cabinet, Minister (e.g., Minister of Health), Minister's Advisors, Permanent Secretaries, Political Parties, Speaker of Parliament, Chief Justice, Judiciary. MPs, Government Technical Working Groups and Committees, Uganda Police, relevant national agencies for human rights (e.g: UHRC), gender, women & youth development (e.g: EOC, MoGLSD)						

Stakeholder Name	Stakeholder Description (Primary purpose affiliation, funding)	Potential Role in The Policy Process (Vested interest, role, responsibility)	Level of Knowledge of Issue (Specific Area of Expertise)	Level of Commitment (Do they support or oppose the intervention, to what extent, and why?)	Available Resources (Staff, volunteers, money, information, technology, influence)	Constraints (Limitations: need funds to participate, lack of personnel, political or other barriers, etc)
Private Sector [Private companies and corporations, pharmaceuticals, major business persons, financiers of political parties, lobbyists]						
CSO/NGO Sector [Other civil society organisations and non - governmental organisations interested in SRHR issues or connected issues, community representatives, socio-economic groups at community levels like SACCOs, self-help groups, etc]						
Media [Government media corporations, private media companies, Media Editors, Journalists, SRHR columnists, social media influencers, media lobbyists, artists and cultural icons, etc]						

Stakeholder Name	Stakeholder Description (Primary purpose affiliation, funding)	Potential Role in The Policy Process (Vested interest, role, responsibility)	Level of Knowledge of Issue (Specific Area of Expertise)	Level of Commitment (Do they support or oppose the intervention, to what extent, and why?)	Available Resources (Staff, volunteers, money, information, technology, influence)	Constraints (Limitations: need funds to participate, lack of personnel, political or other barriers, etc)
Donors, Developmental Partners, and Agencies [United Nations agencies – UNDP, UNFPA, UNAIDS, UNDP, Global Fund and major funders that support SRHR in Uganda – e.g SIDA, Hewlett, Wellspring, Amplify Change, etc]						
Other Key Populations in Uganda [LGBTI leaders, collectives and groups, Sex work collectives and groups, PWIUD, Young KPs, etc]						

Adapted From: Nibogora B., Shemiah N. (2018), ***A Policy Advocacy Guide on Sexual Reproductive Health and Rights [SRHR] for Young Key Populations [YKPs]***, AMSHeR (2018)

When identifying stakeholders, it is also worthwhile to discuss potential opponents to your advocacy agenda. That way you will be able to anticipate and prepare for criticism and opposition, if or when they arise. Use Opposition Mapping Tools as outlined in Section 6.4 below.

Stakeholders' participation in the advocacy process may vary from full, partial, or no consultation. When considering stakeholders, it is helpful to ask:

a) What benefit is there in having this stakeholder participation in the process?
b) Are there any drawbacks in consulting any of the stakeholders selected?
c) At which stage in the process should the stakeholders be involved?
d) What should the nature of the participation be – private or in conjunction with other stakeholders?

6.4 SRHR Opposition Mapping, Monitoring and Mitigation

Within contemporary discourse amongst most progressive SRHR movements, Opposition Mapping, Monitoring, and Mitigation has become an absolute necessary engagement due to the reality that there is rising push-back to SRHR organising that threatens to down roll achievements previously registered.

Globally, the work of the opposition groups is traced back to the unprecedented level of engagement of anti-rights actors[47] in international human rights spaces especially the United Nations (UN) through strategies like defunding/ withdrawal of funding from the UN, trainings, online mobilization, youth mobilisation, international convenings, development of alternative scientific sources that inform their narratives and discourses, development of parallel human rights frameworks, placing state reservations on human rights mechanisms and treaties and; defunding and delegitimizing human rights mechanisms[48]. In addition to regulation and denial of funding for SRHR through harmful global health policies such as the HELMS Amendment, Mexico City Policy / Global Gag Rule (GGR), and the Geneva Consensus Declaration of 2020 that have and continue to wreak havoc by cutting off funding for much-needed health services, especially amongst communities [including LGBTI persons] that are already underserved on SRHR services. These global policies have other indirect effects like: undermining SRHR activists, organisations, coalitions, and movements seeking to support the development of progressive SRHR laws, policies, and guidelines and provision of comprehensive SRHR services for all.

In Uganda, opposition to SRHR is manifested as: Enactment of retrogressive laws like Anti-Homosexually Act [AHA], Anti-Pornography Act [APA], Sexual Offences Bill [SOB]; Inadequate financing of SRHR programmes, commodities, and services within the public finance allocations (national budget); The protracted process of development of SRHR Policies – characterized by the never-ending consultative processes, Staying of Standards and Guidelines for the Reduction of Morbidity and Mortality due to Unsafe Abortion (S&Gs) of 2015 and, Recalling of the 2017 National Policy Guidelines and Service Standards for Sexual Reproductive Health and Rights. In addition to having key SRHR policies like the National School Health Policy, SRHR Policy, Adolescent SRHR Policy remaining in draft form for the last 20 years coupled with the protracted process of developing the National Sexuality Education Framework (NSEF) and banning the teaching of sexuality education in schools. This is compounded by the outright attacks on the LGBTI Community by the President, Executive, Speaker of Parliament, and Key political, religious and cultural leaders as well as the normalized exclusion, stigma, discrimination, and violence targeting LGBTI persons and activists. Further, the opposition in Uganda has taken the form of spreading inaccurate rhetoric aimed at portraying organisations working on SRHR and LGBTI rights unfavorably. These have alleged that SRHR advocates spread sexual immorality and sexual permissiveness thus going against the accepted norms and values of Uganda and importing western values. Lastly, the outbreak of COVID-19 has come with increased direct and indirect opposition attacks on institutions doing work on SRHR. Governments both at regional and international levels have rechanneled the resources that were meant for SRHR to COVID -19 pandemic control which has created a gap in information and service accessibility, affordability, and availability of quality SRHR services. COVID-19 has deprioritised LGBTI SRHR services.

This, therefore, calls for building strong opposition monitoring and mitigation mechanisms in place that accompany any advocacy intervention.

The Stakeholder Mapping Tool below is designed for use to map stakeholders with an aim of informing LGBTI Champions how to effectively engage their Opponents, devise strategies, and maintain Champions. It's used to map all stakeholders - Champions, Allies, Undecided, and Opponents that informs Lobbying, Advocacy, and Engagement.

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47 These anti-rights actors include; *(i).* Religious / inter-governmental agencies such as the Vatican, Christian Right Organisations in the USA and; Organisation of Islamic Cooperation (OIC) that play dual roles as a religious institutions and political actors *(ii).* Conservative CSOs, the religiously-affiliated non-State actors involved in the international human rights arena like World Congress of Families (WCF); *(iii).* State Actors like the Russian Orthodox Church among others.

48 The Observatory on the Universality of Rights (OURs) (2017). *Rights at Risk: Observatory on the Universality of Rights Trends Report 2017,* The OURs Working Group, 2017.

Tool 2: Stakeholder Map for Champions, Allies, Undecided Constituencies and Opponents

How to Use the Tool:

- Plot and map various stakeholders raking them on the following scale:
  - o No Influence (0)
  - o Very Low (+)
  - o Low (++)
  - o Medium (+++)
  - o High (++++)
  - o Very High Influence (+++++)
- The ranking should also indicate whether they are FOR OR AGAINST OR UNDECIDED regarding SRHR Services for LGBTI Persons.

Very High
++++

INFLUENCE

No Influence
0

Against **Undecided** **For**
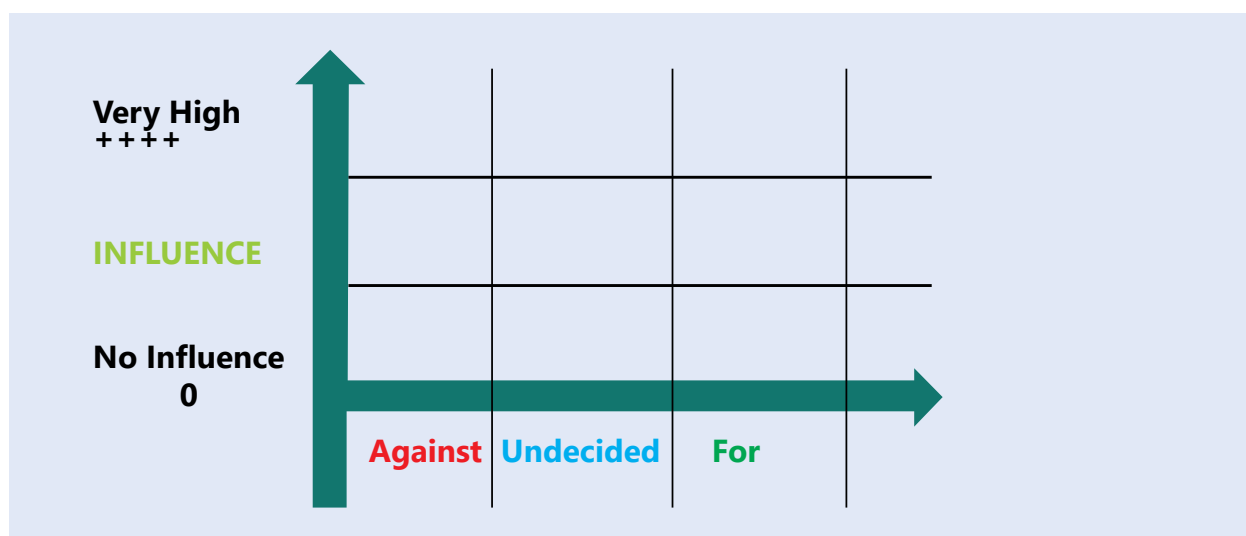
STAKEHOLDER'S POSITION REGARDING CHANGE ON ACCESS TO SRHR SERVICES FOR LGBTI PERSONS IN UGANDA

SRHR Opposition Mapping Tool Adapted From: CEHURD (2020), **SRHR Opposition Mapping, Tools and Roadmap for Uganda (2020-2024**), Developed By CEHURD, VfH Partners and SRHR Partners in Uganda; August 2020

An Example of a Stakeholder Mapping Opposition to SRHR Services for LGBTI Persons

(Examples of Stakeholders in the Table below are used for demonstration purposes, the template to be Adopted and Adjusted to suit the uniqueness of various LGBTI SRHR Champions)

Name of Stakeholder	For	Against	Undecided	Level of Influence (Very High+++++ High ++++ Medium +++ Low ++ Very Low+ No Influence 0)	Possible Entry Points / Comments
Speaker of National Parliament				Very High +++++	Identification of messengers who are close to Speaker
Minister of National Health Commodities and Supplies				Very High +++++	Entry point is: • Engaging with Director of SRHR Health Division • LGBTI SRHR Champions need to join the Ministry Technical Working Groups
Minister of Justice and Constitutional Affairs				High ++++	Entry point is: • Uganda's ratification of key regional and international human rights instruments • Utilise Uganda's periodic reporting to Universal Periodic Review (UPR)
Permanent Secretary, Ministry of National Health				Medium +++	Entry point is: • Engaging with Director of SRHR Health Division
Religious Institutions				High ++++	• Religious Institutions own the biggest schools & learning institutions, health facilities, financial institutions and have a huge following • Have agenda-setting (hidden power) to influence government decisions • Some of religious leaders are either undecided about some SRHR components while others identify with some of some components and not others • Many are homophobic and against SRHR for LGBTI Persons in Uganda

Name of Stakeholder	For	Against	Undecided	Level of Influence (Very High+++++ High ++++ Medium +++ Low ++ Very Low+ No Influence 0)	Possible Entry Points / Comments
Faith-Based Organisations				Medium +++	• Support government in service delivery and health community sensitization • They have the support of religious leaders. • They are trusted by communities regarding health service delivery
Academia				Low ++	The statistical evidence presented by this group is in most cases the basis of SRHR policy formulation.
LGBTI Activists, Groups and Organisations				Very Low +	There are many CBOS, NGOs, Coalitions, and Networks working at national, district and lower levels so can coalesce and mobilise into collective action
Community Leaders				High ++++	They are the gatekeepers in the communities, they notice stigma, discrimination, and violations of LGBTI Persons in their communities but they don't engage.
Health Workers				High ++++	• They provide SRHR information, commodities, and services to LGBTI+ Persons. • Some of them are homophobic and participate in stigmatizing and discriminating LGBTI Persons that seek services at health centres & outreaches • Some aren't equipped with the skills and knowledge of providing SRHR services to LGBTI Persons

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Name of Stakeholder	For	Against	Undecided	Level of Influence (Very High+++++ High ++++ Medium +++ Low ++ Very Low+ No Influence 0)	Possible Entry Points / Comments
Pastor				Low ++	• Has a huge following of faithful in his church and on social media • Often sends out anti-LGBTI messages • Has some convening power within religious leaders esp. Pentecostals Churches
Media				High ++++	• Media in Uganda is majorly owned by the government, politicians, business elite and religious institutions • Media has a wider geographical coverage – both traditional and social media • Media reporting in SRHR for LGBTI Persons is hindered by internal restrictive Editorial Policies • Media will report and document issues that attract public attention and have the potential to bring in more money • It's an area that is open for LGBTI SRHR Champions to influence
Elected National Political Leaders (Members of Parliament)				High ++++	• Deliberate in national laws, policies, and budgets • Have convening power and attract a lot of media attention • They are not reliable and are ignorant about SRHR issues.

Name of Stakeholder	For	Against	Undecided	Level of Influence (Very High+++++ High ++++ Medium +++ Low ++ Very Low+ No Influence 0)	Possible Entry Points / Comments
Elected Local Government Leaders (LCV Chairs & Mayors, Municipal Chairs & Councilors, LCIII Chairs & Councillors, etc)				Medium +++	• Deliberate on and monitor health service provision at district and lower levels • Have potential to influence resource mobilisation and provision of SRHR services at local government levels (esp. LCIII, Municipalities & LCV) • They are not reliable and are ignorant about SRHR issues.

SRHR Opposition Mapping Tool Adapted From: CEHURD (2020), **SRHR Opposition Mapping, Tools and Roadmap for Uganda (2020-2024**), Developed By CEHURD, VfH Partners and SRHR Partners in Uganda; August 2020

CHAPTER 7:
Media and Communications

The Chapter Contents

This Chapter Guides LGBTI SRHR Champions on:

- Analysing the Target Audience for the Advocacy
- Developing Messages for Each Target Audience
- Developing a Communications Plan for the Advocacy

7.1 Target Audience Analysis

Now that you have identified your stakeholders, it is important to determine your target audience. The target audience of a policy advocacy intervention is the person or group of persons who can help bring about the desired change you are advocating for. There are two types of target audiences, primary and secondary:

a) Primary target audiences are those with the direct authority to make a policy change. They are often people we intend to influence or communicate our advocacy message to, so they can intercede on our behalf or make a decision. They are often directly involved with the decision-making process for example: the HCIII Hospital In charge, or District LCV Chair or; the DHO or CAO of a District; or the Minister of Health, the Director- General of Health Services at the Ministry of Health or the Permanent Secretary of the Ministry of Health or Chairperson of the Budget Committee or Social Services Committee of Parliament or; Members of Parliament, etc.) Informing and influencing your primary audience will be the centerpiece of your advocacy strategy.

b) Secondary audiences are those people or institutions that can influence the decision-making process. They influence decisions of your primary audience but are not directly linked to the process e.g., business leaders, interest groups, donors, local organisations, a religious leader or cultural leader, etc. They are important because they can provide avenues to reach the primary audience that may not be directly available to you. They are important because they have hidden yet important agenda-setting power that influences the primary audiences.

** **Note:** The more you know about your audience, the more successful your advocacy intervention is likely to be. It will also help you identify and craft your key messages, increasing the likelihood that they will be easy to understand and effective.**

7.2 Developing Messages for Target Audiences

Delivered effectively	Speak to your audience	Updated Regularly	Reinforced Routinely	Clear and compelling
The aim of key messages is for your audience to agree with it and take action. How you deliver your message will depend on your audience. Explore the most effective way to deliver your message. Remember that the messenger is as important as the message. Evidence based information is important to include to support your argument.	The key message should show why it is in the interest of your audience to take the action you are requiring them to. It is important to get as much information as possible about your stakeholders to enable you to determine what their interest in your issue could potentially be.	As you gather more information, remember to update and refine your messages to keep them relevant. Also, think through previous messages you have used and reflect on their impact.	Delivering a message once is not enough. Relating and reinforcing the message provides an opportunity to clarify any concerns that your audience may have.	Avoid vague language and the use of jargon that the audience may not be familiar with. Instead use clear, simple language and keep messages short and concise.

7.3 Developing a Communications Plan for Advocacy

Effective communication is driven by the purpose of the campaign: what must change and who needs to be reached so as to bring about change? Within the overall campaign strategy, the communication strategy defines how to capture the attention of the target audiences and convey a compelling campaign message

During the intervention planning process, the problem has been identified, the situation analyzed, the stakeholders and target audiences identified, and the campaign objectives or intended outcomes set. This forms the basis to begin crafting a communications strategy.

7.4 Opposition Mapping, Monitoring, and Mitigation

While undertaking advocacy for SRHR services for LGBTI persons expect pushback (people that disagree with or oppose you and/or the advocacy) that is manifested in various ways and is reported in the media or opponents undertaking interviews that are published via various media platforms. It is therefore important to undertake ongoing Media Opposition Mapping and Mitigation to ensure that mitigation strategies are developed and the risks are managed. The Tool below can be used to track and monitor media opposition on a monthly basis and use it during monthly monitoring processes and defining response mechanisms

Tool 3: Monthly Media Opposition Mapping Tool for Individuals and Organisations

(Examples in the Table below are used for demonstration purposes, the template to be Adopted and Adjusted to suit the uniqueness of various LGBTI SRHR Champions)

Name of the Organisation / Group / Collective / LGBTI Champion: ....

....

Advocacy Intervention, Dates and Location: ....

....

Individual/ Organisation *(Individual/ organisation considered to be in Opposition)*	Medium *(Newspaper, TV, Radio, social media. Be specific on the media house)*	Description *(Provide a description of the kind of opposition*	Evidence *(Provide a link or source where this information can be found)*	How it affects You and Your Work *(Indicate how the Opposition Attack Affects you, Your work as an Organisation and Advocacy for Access to SRHR Services for LGBTI Persons and SRHR Movement in Uganda)*	What have you or your organisation done regarding the attack? *(Indicate the Opposition Response Measures put in place by organisation)*	What support do you need as LGBTI Champions to mitigate the opposition attack? *(Indicate Opposition Mitigation Measures and Support Organisation needs Moving Forward)*
Example 1: Individual Researcher	An article in the conversation journal	**Title:** Uganda's new sex education framework will do more harm than good **Detail:** The publication responds to the National Sexuality Education Framework (NSEF)	https://theconversation.com/ugandas-new-sex-education-framework-will-do-more-harm-than-good-98634	The opinion expressed in the article firms the moral, cultural, and religious sentiments on SRHR, blocking the realization of responsive programming guided by the implementation of progressive policies and guidelines	– Lobbied a champion to author a response article – Held a press conference to clarify why the National Sexuality Education Framework is critical for Uganda	We require an expert in sexuality issues and SRHR to write a technical brief, author a paper and disseminate in the media We need funds to do a press conference on the same.
Example 2: Individual Pastor Martin Ssempa Religious Leader	A Press Conference at Church	**Title:** Pastor Martin Ssempa cautions 'the African world' about the perils of homosexuality at a press conference in Kampala, Uganda, 16 February 2010.	https://www.researchgate.net/figure/Pastor-Martin-Ssempa-cautions-the-African-world-about-the-perils-of-homosexuality-at-a_fig1_283664763	The 'Eat-da-poo-poo' Videos impact is: ▪ Ssempa appropriates the images of (not necessarily representative) homosexual practices to visually frame homosexuality as an inherently perverse	LGBTI Champions in Kampala conducted a press conference on the issue	

Individual/ Organisation considered to be in Opposition *(Individual/ organisation considered to be in Opposition)*	Medium *(Newspaper, TV, Radio, social media. Be specific on the media house)*	Description *(Provide a description of the kind of opposition)*	Evidence *(Provide a link or source where this information can be found)*	How it affects You and Your Work *(Indicate how the Opposition Attack Affects you, Your work as an Organisation and Advocacy for Access to SRHR Services for LGBTI Persons and SRHR Movement in Uganda)*	What have you or your organisation done regarding the attack? *(Indicate the Opposition Response Measures put in place by organisation)*	What support do you need as LGBTI Champions to mitigate the opposition attack? *(Indicate Opposition Mitigation Measures and Support Organisation needs Moving Forward)*
		Detail: The Ugandan pastor Martin Ssempa – leader of the Interfaith Rainbow Coalition Against Homosexuality and successful campaigner for the Anti-Homosexuality Bill/Act shows fragments of videos under the name – 'Eat-da-poo-poo' sexual depicting practices such as fisting and what Ssempa calls 'anal licking', was presented as an illustration of 'what homosexuals do in the privacy of their bedroom'.	Porn in Church: Moral Geographies of Homosexuality in Uganda	practice that is threatening the moral order of society and therefore should be outlawed. ▪ Ssempa uses porn images to 'otherize' and 'exceptionalism homosexuality as an excessive, perverse and inhumane sexual practice in spite of the fact that a lot of interventions have been undertaken by the LGBTI Movement & other progressive social movements to normalize homosexuality in recent years – to present homosexual relationships as an expression of the human capacity for love and the desire for intimacy and hence as an issue of human rights and dignity.		

Individual/ Organisation *(Individual/ organisation considered to be in Opposition)*	Medium *(Newspaper, TV, Radio, social media. Be specific on the media house)*	Description *(Provide a description of the kind of opposition)*	Evidence *(Provide a link or source where this information can be found)*	How it affects You and Your Work *(Indicate how the Opposition Attack Affects you, Your work as an Organisation and Advocacy for Access to SRHR Services for LGBTI Persons and SRHR Movement in Uganda)*	What have you or your organisation done regarding the attack? *(Indicate the Opposition Response Measures put in place by organisation)*	What support do you need as LGBTI Champions to mitigate the opposition attack? *(Indicate Opposition Mitigation Measures and Support Organisation needs Moving Forward)*
				▪ The depiction of homosexuality as socially dysfunctional and non-productive – reflecting what in queer studies is called 'queer social negativity' – is strategic because it appeals to deeply-rooted Ugandan understandings in which sexuality is embedded in the socio-moral order of family and kinship. ▪ Seeing porn as the product of neoliberal culture, emphasizing personal freedom and autonomy as the basis of sexual pleasure, the gay porn video fragments are completely alien in the context of the Ugandan Church and its anti-modern advocacy campaign against homosexuality.		

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Individual/ Organisation (Individual/ organisation considered to be in Opposition)	Medium (Newspaper, TV, Radio, social media. Be specific on the media house)	Description (Provide a description of the kind of opposition)	Evidence (Provide a link or source where this information can be found)	How it affects You and Your Work (Indicate how the Opposition Attack Affects you, Your work as an Organisation and Advocacy for Access to SRHR Services for LGBTI Persons and SRHR Movement in Uganda)	What have you or your organisation done regarding the attack? (Indicate the Opposition Response Measures put in place by organisation)	What support do you need as LGBTI Champions to mitigate the opposition attack? (Indicate Opposition Mitigation Measures and Support Organisation needs Moving Forward)
Example 3: Political Leader: H.E. President Yoweri Kaguta Museveni President of the Republic of Uganda	CNN Interview with Christiane Amanpour	**Title:** The incumbent president of Uganda, Yoweri Museveni, has won his sixth consecutive term after an election campaign marred by aggressive homophobic rhetoric **Detail:** The Reporter presents excerpts of an Interview undertaken by CNN's Christiane Amanpour and President H.E. Yoweri Kaguta Museveni in 12th January 2021 that has homophobic undertones targeting his main contender Bobi Wine with statements like: ■ "Bobi Wine gets funding from 'homosexual groups.... He is an 'agent of foreign interests'.... He gets quite a lot of encouragement from foreigners and homosexuals," ■ "Homosexuals are very happy with Bobi Wine. I think they even send him support."	https://www. pinknews. co.uk/2021/01/16/ uganda-president-museveni-wins-election-sixth-term-violent-homophobic-campaign/ https://www. youtube.com/ watch?v=_OqZX-UJXsM	The President's Comments: ■ Presents a risk of endangering LGBTI persons in Uganda ■ Draws undue attention and scrutiny to LGBTI individuals, groups, and organisations hindering free organising and movement ■ Hinders access to SRHR services and general health service provision, augmenting fears surrounding healthcare providers that support LGBTI persons a ■ Increases stigma, discrimination, and violence by state and non-state actors ■ Gives impetus to homophobic individuals and duty bearers to increase violations targeting LGBTI Persons	Done nothing	We need crisis management to know how to deal with such a high-level opponent and response expert to speak on this matter

Individual/ Organisation considered to be in Opposition *(Individual/ organisation considered to be in Opposition)*	Medium *(Newspaper, TV, Radio, social media. Be specific on the media house)*	Description *(Provide a description of the kind of opposition)*	Evidence *(Provide a link or source where this information can be found)*	How it affects You and Your Work *(Indicate how the Opposition Attack Affects you, Your work as an Organisation and Advocacy for Access to SRHR Services for LGBTI Persons and SRHR Movement in Uganda)*	What have you or your organisation done regarding the attack? *(Indicate the Opposition Response Measures put in place by organisation)*	What support do you need as LGBTI Champions to mitigate the opposition attack? *(Indicate Opposition Mitigation Measures and Support Organisation needs Moving Forward)*
		▪ "Now, we have a problem of social imperialism from some parts of the world towards Africa, gay people are 'social deviants in Africa' and are supported by the global western countries and funded by foreign LGBTI rights organisations" ▪ "Homosexuals are not new to Africa. They have been here. We know them. But we have got a different view of them. We think they are deviants. They are people who are deviated from the normal… They are not killed, they are not harangued, they are not persecuted, but we don't promote them… We don't promote and flaunt homosexuality as if it is an alternative way of life".				

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CHAPTER 8:
Implementing Advocacy Actions

The Chapter Contents

This Chapter Guides LGBTI SRHR Champions on:

- Identifying and prioritizing the specific activities to implement in advocacy interventions
- Work Planning: Planning and setting a realistic timeline
- Budgeting and Costings: Determine how much the intervention will cost and locate available resources
- Reflect on Opposition: Reflect on what opposition to your campaign might look like
- Contingency Planning: Prepare to change the course of the advocacy intervention as other opportunities arise and/or if the context demands change
- Documentation and Learn: Develop a plan for documenting your process

8.1 Define Advocacy Interventions & Activities

Once you have developed your key messages and adapted them for your different audiences, the next step is to choose your advocacy activities. Your advocacy activities are a series of actions that will be carried out towards achieving the advocacy objectives. These will include, activities aimed at engaging your primary audiences or any other set of activities that are necessary between communicating your key messages and the policy advocacy objective – whether it is to abolish an existing policy, develop a new one or require better implementation of an existing policy.

It is advisable that you select a cross range of activities under key strategies as shown in the table below.

Table 5: Ultimate Menu of Advocacy Activities (Adopted from AMSHeR with Adjustments)

Strategy	Activities	How You do it	Pros and Cons
Media Advocacy	Get onto radio and/ or television	You can broadcast on radio as LGBTI persons discussing the issue of lack of access to SRHR services for your community.	Speaking on a television or radio show is free in most cases. However, this requires adequate preparation and being an eloquent person who can articulate themselves clearly and knows the subject well
	Documentary Campaign - create a radio or television ad campaign or documentary	Documentaries which look at the possible negative impact of selected laws should be produced in local languages	Producing television and radio documentaries or films is costly. You need to employ scriptwriters, producers, directors, actors, and a host of other film and media personnel.
	Write a news article to expose the issue	An example of a news article that puts an issue in the public domain can be written focusing on e.g., stigma and discrimination of LGBTI Persons in health facilities in your district.	If there are people who possess good writing skills and a firm grasp of the issues of concern, they can write articles for newspapers and magazines, which usually won't incur any costs.
	Issue a press release	A press release is a communication that is sent to news media and can then be picked up by newspapers, but sometimes television should also appear on an organisation's website. They provide information on a particular matter of concern.	A press release should be written by someone with good writing skills. It bears no financial cost and allows the media to pay attention to important issues, which then alerts society at large.

Strategy	Activities	How You do it	Pros and Cons
Media Advocacy	Use of Social Media Platforms - Facebook, Twitter, Instagram, Blogs, etc	Social media platforms can be used to draw attention to important issues as well as to directly communicate with key audiences. In Uganda at the moment, due to the legal restrictions and closing civic space; social media provides a space where sexual and gender minorities can organise.	If you have access to the internet, starting a campaign or group has no cost. You will need to identify someone to monitor and manage online activity and content. However, you need to cater for safety and security as more increasingly violence is meted through online spaces, outing, and cyberbullying.
	Produce and distribute materials such as pamphlets, booklets or manuals providing relevant information	This strategy is particularly useful if you need to share important information with community members.	This strategy may require that you produce a wide range of resource materials. You and your organisation must be prepared to develop the content of such materials and pay for design and layout as well as printing, distribution, and possibly translation into other languages.
Public Events	Invite the media to attend an event or profile a story	The media is not always aware of important social and policy issues that are taking place. Therefore, you should invite the media to attend any marches, public talks, or information sessions that you may be organising or have access to. Make an effort to develop relationships with journalists, producers, and editors. Develop a database of media contacts that you can tap into when you need them to attend events.	If your organisation or advocacy working group or alliance has funds or resources available, you can host an event to debate or discuss an issue and invite the media to attend. In the preparations, make arrangements for security planning for the person(s) whose stories are covered as a way to manage possible backlash.

Strategy	Activities	How You do it	Pros and Cons
Public Events	Attend public hearings like: Barazas, Public Consultations when laws are being developed, National and District Budget Conferences	The government and its various affiliates are often required to hold public hearings when developing new laws or policies. Since these public hearings will influence the development of public policy, it is important to attend these meetings to monitor the development of legislation and prevent the passage of policies that could have a negative impact on society.	You need to select a person or people that can vocalise key issues and concerns articulately. The representative must be prepared to engage with government officials and other organisations, negotiate, great lasering skills, manage their emotions and anger, and be able to work collaboratively – willing to get into a win-win situation (give and take).
	D e m o n s t r a t i o n - Organise a Demonstration or a Sit-in	Mobilising the public and the LGBTI community can be effective in terms of placing pressure on government and policymakers. When doing so, always ensure that any members of the public who have been mobilised understand the issue and are truly supportive.	No financial resources should be required. However, members of the public may require reimbursement for any expenses they incur, such as transport costs. If a demonstration or sit-in lasts more than a few hours, the provision of food may be necessary. Staff would need to spend time organising such an event and mobilising community members and networks in order to ensure that it is a success. Organising such an event badly could cause more harm than good.
Legal and Policy Advocacy	Write submissions (recommendations) or make oral presentations responding to proposed legislation	Submissions are written, or oral, presentations detailing LGBTI Person' views or opinions on a matter or piece of legislation under consideration by a governmental law-making body such as Parliament. Often when a law is tabled in parliament the public is given an opportunity to make submissions.	Submissions can be written by people who possess good writing skills and a firm grasp of the issues of concern. If they are being presented orally, such persons should know the issues well and be able to articulate them clearly.

Lobbying Meetings	Call a meeting with the relevant government department	It important to learn to work cooperatively with the government whenever this is possible. Identify allies that will support your cause and advocate from within government - central government [like ministries, EOC, UHRC, Uganda Police Professional Standards Unit, UAC, etc] and district local governments [like LC3 and LCV Chairs and Councilors, Chief Administrative Officers, District Health Educators, District Health Officers, Community Development Officers, Probation Officers, District Police Commanders, District Hospital superintendents, Health in charges etc	Working with the government requires constant interaction. Your organisation needs to select a lead person who will attend meetings and other events where they will be required to provide assistance and input in developing policies.
Strategic Litigation	Hold government or its representatives accountable by taking them to court (Litigation)	You can file complaints at the Court against representatives e.g., hate speech against LGBTI Persons, unfair discrimination and harassment of Transgender persons, or denial of SRHR services at public health centers	Taking the government to court is an advocacy strategy that must be considered very carefully. It is expensive because one has to pay legal fees and may disrupt relations between your organisation and government. Taking this approach requires a
	Participate in, and issue shadow reports at, key regional and UN meetings like the African Union (AU) Health Ministers Meetings, AU gatherings, Commission on the Status of Women (CSW), etc.	Many global events at which governments are given the opportunity to submit progress reports, also allow for civil society to submit shadow reports, in order to receive a balanced view of a country's progress on a specific issue.	A significant amount of time and effort is needed to produce a comprehensive report of this nature. Staff time will be needed to conduct research and write up the findings. Financial resources will be necessary if you wish to have the report professionally designed and printed in order to make an impact. Such an undertaking, however, is very valuable as any consequent work will have a very strong evidence base, lending much credibility to your campaigns.

Strategy	Activities	How You do it	Pros and Cons
Regional and International Advocacy	Use national, regional and global accountability mechanisms	Explore the possibility of utilizing accountability mechanisms such as national human rights institutions (for example, - In Uganda: Uganda Human Rights Commission (UHRC), Equal Opportunities Commission (EOC), Professional Standards Unit of the Uganda Police Force - Regional mechanisms like the African Commission on Human and People's Right (ACHPR), AU Special Rapporteur, EU Parliament, etc - International level like the UN Universal Periodic Review, International Criminal Court, Office of the United Nations High Commissioner for Human Rights UN Human Rights Council, and the various UN Special Rapporteurs / Independent experts as appointed by the Human Rights Council [like the UN Special Rapporteur on the Situation of Human Rights Defenders UN Special Rapporteur on Torture and other Cruel Inhuman and other Degrading Treatment, etc], Commonwealth Secretariat, Inter-Parliamentary Union, etc.	Staff time will be necessary to research such accountability mechanisms and write submissions. But also needs expertise and experience of engagement with regional and international human rights mechanisms and coalition-building with other stakeholders that engage in those spaces.

Source: Nibogora B. and Shemiah N. (2018), ***A Policy Advocacy Guide on Sexual Reproductive Health and Rights [SRHR] for Young Key Populations [YKPs],*** AMSHeR (2018)

8.2 Budgeting Your Advocacy Interventions & Activities

An advocacy budget should include the following:

Core costs may include:

- **Advocacy Functioning Costs –** These include: Logistics, travel and subsistence, conference calls, volunteer expenses, staff recruitment, staff and team development, capacity building, VCATs, etc, etc
- **Advocacy and campaigning core costs -** introductory campaign information, campaign materials, and events
- **Coalition Building Costs -** Membership of selected networks and coalitions
- **Networking with government at national, regional, and international spaces –** Networking meetings attending events, lobbying meetings and engagements, attending key regional and international events, etc
- **Staffing costs –** Advocacy Coordinator full-time salary or person-hours for part-time staff and volunteers.

CHAPTER 9:
Monitoring, Evaluating and Learning for Advocacy Actions

The Chapter Contents

This Chapter Guides LGBTI SRHR Champions to:

- ✍ Understand the methods and need to evaluate your advocacy intervention
- ✍ Appreciate the difference between monitoring and evaluation
- ✍ Understand the benefit of using a logical framework (Logframe)
- ✍ Appreciate comprehensive M&E questions for policy advocacy
- ✍ Understand how to communicate your results

9.1 Monitoring Advocacy

Evaluation methods define how data are collected. They are systematic approaches for gathering qualitative or quantitative data that can be used to determine whether a strategy is making progress or achieving its intended results.

Like all evaluations, advocacy evaluations can draw on a familiar list of traditional data collection methods, such as surveys, interviews, focus groups, or polling (see box at right for other common methods). But because the advocacy process can be complex, fast-paced, and dynamic, which makes data collection challenging, and because advocacy efforts often aim for outcomes that are hard to operationalise and measure (e.g., public will or political will), new and innovative methods are being developed specifically for assessing advocacy and policy change efforts.

The following are the common evaluation methods used in Monitoring Advocacy.

Stakeholder Surveys or Interviews	Print, telephone, or online questioning that gathers advocacy stakeholder perspectives of feedback
Case Studies	Detailed descriptions and analyses (often qualitative) of individual advocacy strategies and results
Focus Groups	Facilitated discussions with advocacy stakeholders (usually about 8 to 10 per group) to obtain their reactions, opinions, or ideas.
Media Tracking	Counts of an issue's coverage in the print, broadcast, or electronic media
Media Content or Framing Analysis	Counts of an issue's coverage in the print, broadcast, or electronic media.
Participant Observation	Evaluator participation in advocacy meetings or events to gain firsthand experience and data.
Policy Tracking	Monitoring of an issue or bill or law or bylaw or ordinance progress in the policy process.
Public Polling	Interviews (usually by telephone) with a random sample of advocacy stakeholders to gather data on their knowledge, attitudes, or behaviours.
Service Delivery	Interviews of facilitated discussions with LGBTI Community Members to SRHR services (to measure: access, quality, accessibility, affordable and comprehensive stigma-free services)

Source: Nibogora B. and Shemiah N. (2018), ***A Policy Advocacy Guide on Sexual Reproductive Health and Rights [SRHR] for Young Key Populations [YKPs],*** AMSHeR (2018)

9.2 Monitoring VS. Evaluation: Making the Difference

Monitoring and Evaluating your advocacy intervention are important for many reasons as follows:

a.   It will help you measure the extent to which your advocacy activities are aligned with your goals
b.   Learn whether you need to adjust your advocacy strategy and/or activities
c.   Inform the planning of future advocacy interventions
d.   Account for the resources you used
e.   Demonstrate your results
f.   Develop evidence-based approaches to advocacy work that can be used for future projects

While Monitoring and Evaluation [M&E] are often grouped, they are different activities. Put simply, monitoring is an ongoing process of checking whether you are doing things the right way, evaluating is the exercise of checking whether you did or are doing the right things. Table 6 below summarises key differences between monitoring and evaluation. Consider these differences when deciding how you will monitor and evaluate your policy advocacy intervention.

Table 6: Monitoring Vs Evaluation

	MONITORING	**EVALUATION**
Timing	Continuous throughout the project	Periodic review at significant point in project progress – end of project, mid-point of project, change of phase
Scope	Day to day activities, outputs, indicators of progress and change	Assess overall delivery of outputs and progress towards objectives and goal
Main Participants	Citizen groups, civil society organisations, advocacy champions working on SRHR for LGBTI Persons, communities of LGBTI persons, partners, stakeholders	External evaluators / facilitators, regional advocacy working group, national partners / fiscal sponsors, donors, etc
Process	Regular meetings, interviews, monthly, quarterly and annual reviews, etc.	Extraordinary meetings, additional data collection exercises, mid-term review, end of advocacy intervention/ campaign evaluation
Written Outputs	Regular reports and updates to communities of LGBTI persons and organisations, partners, management, and donors	Written report with recommendations for changes to policy, guidelines, practice, and budgets for access to SRHR services for LGBTI Persons presented in workshops to different stakeholders [policy makers and duty bearers, District Council, CAO, DHO, Minister of Health, Health Development Partners, etc.]

Source: Adapted from Nibogora B. and Shemiah N. (2018), *A Policy Advocacy Guide on Sexual Reproductive Health and Rights [SRHR] for Young Key Populations [YKPs],* AMSHeR (2018)

CHAPTER 10:
Safety, Security, and Wellness for LGBTI SRHR Advocates

The Chapter Contents

This Chapter Guides LGBTI SRHR Champions to interrogate:

- Safety and Security: Managing the Risks in Advocacy
- Identifying the Risks in Advocacy
- Analysing the Risks in Advocacy
- Managing the Risks in Advocacy
- Individual and Collective Care, Wellness and Healing Justice

10.1 Safety and Security: Managing Risks in Advocacy

When an individual activist or champion or an organisation goes public with an advocacy issue, there is always a chance that its reputation, relationships, staff, and communities/partners it is involved with will be affected. This is particularly true when advocacy requires a strong stand on an issue. Potential risks might arise from: choice of tactics/advocacy strategies used; the power holders you are engaging with and the political operating context and your location (See Annex 5 attached hereto). Therefore, **you must assess and manage the level of risk**. Here is how you can manage the risks.

And to best understand this is to look at **Three Core Steps of Managing Risks in Advocacy**;

1. Identifying the Risks
- Research to know risks in which your advocacy agenda must take place

2. Analysing The Risks
- Analyse the risk at individual, community, programme, organisational levels to help determine how best to plan and implement advocacy.

3. Managing The Risks
- Manage through utilising the policy and power analysis / mapping undertaken as part of your advocacy planning and working with others

10.2 Identify Risks in Advocacy

- Conduct research before you carry out any advocacy; this will guide you in identifying the risks, know the environment. This empowers you to know the risks in which your advocacy agenda must take place.

- Risks may be particularly high when the advocacy requires a strong stand on an issue – for example having LGBTI Community have a strong stand on donors withdrawing funding towards Government of Uganda support on HIV/AIDS care, treatment and support because of stigma and discrimination of LGBTI Persons living with HIV/AIDS. And certain advocacy tactics, such as public campaigning and action, may entail more risk than others.

- Public debates and live forums that highlight both sides of an issue can turn into heated events.

- Advocacy can also strain relationships, particularly when it involves publicly criticizing particular people, leaders, or groups. Oftentimes a target for advocacy might also be a partner, and so it is important to determine how to influence them without straining the relationship.

- Working in partnerships may bring in its own sets of risks. Partnering with a political entity, certain government bodies, or certain corporations may damage an organisation's neutrality.

- Being part of an alliance or a coalition may lead to loss of distinctive identity and quality control.

**** Note: Key to note is that risk can be minimized through thorough analysis and planning, including careful selection of advocacy activities, messages, and messengers. Advocacy risks must be assessed and their impact on all stakeholders, especially the most powerless.

10.3 Analysing the Risks in Advocacy

Carrying out a risk analysis exercise can help determine how best to plan and implement your advocacy agenda by assessing the impact of advocacy on your community, security, your programs, reputation risks for your staff and organisation. Louisa Gosling and David Cohen (2107) [49] elaborate that Risk Assessment involves:

Here's how you should assess the level of risk:

- Identify possible risks arising from proposed action (or lack of action).
- Assess the potential benefit of the proposed action.
- Identify who could be harmed.
- Assess the level of risk.
- Consider measures you can take to mitigate the risks.
- Assess the level of risk remaining after mitigating measures have been taken.
- Decide if the benefit outweighs the risk.

The Risk Assessment Tool below can be adapted to your specific circumstances to help analyse the risks.

Tool 4: Risk Assessment Matrix

Risk	Examples	Level of Risk (Very High, High, Medium, Low)	Potential Benefit (Very High, High, Medium, Low)	Mitigating Measures	Remaining Risk (Very High, High, Medium, Low)
Organisation					
Individual					

Adapted From: Gosling, L. and Cohen, D. (2007). *Advocacy Matters: Helping children change their world*, International Save the Children Alliance.

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[49] Gosling, L. and Cohen, D. (2007). *Advocacy Matters: Helping children change their world*, International Save the Children Alliance. Retrieved from: http://www.savethechildren.org.uk/resources/online-library/advocacy-matters-helping-children-change-their-world / https://www.betterevaluation.org/en/resources/guide/advocacy_matters_helping_children_change_their_world

10.4 Managing the Risks in Advocacy

Identifying and managing risk must be a key concern of any advocacy strategy and should be reflected in the design of the advocacy action plan. Following are several guidelines that might help manage risks;

- Reliable evidence is the foundation for the advocacy initiative, and it must stand up to scrutiny. Using unreliable evidence is very risky. Evidence needs to be collected and analysed by experts.

- When research highlights social norms that go against your community's rights, using positive norms will help advance advocacy work.

- Policy and power analysis can help provide a clearer picture of the political environment you are dealing with, which can help in understanding and minimizing some of the risks associated with advocacy.

- Support from partners, as well as from colleagues and other areas of the organisation, can significantly help minimize risks. A collaborative process with partners and colleagues can help identify risks that might otherwise have been overlooked and working with a larger group can be safer than advocating alone.

Since advocacy attracts risks because sometimes it requires making a strong stand on something or the fact that advocacy is about shaking power and engaging powerful people. It is therefore always important to speak out and risk being stigmatised, violated, or arrested OR, strongly and risk being jailed or kicked out of the country, or to stay silent and risk losing legitimacy by not standing up for your members and constituents.

Risks assessed can be presented as thus:

Table 7: Risk Management Matrix

(Examples in the Table below are used for demonstration purposes, the template to be Adopted and Adjusted to suit the uniqueness of various LGBTI SRHR Champions)

Risk To	Nature of Risk	Contingency Plan
SRHR Champions	May be targeted or subject to violence as a result of speaking out	Put in place protection/security Measures
Reputation of the LGBTI Organisation	May be constrained or even closed or bank accounts frozen or raided/broken in	Ensure programme staff and partners are aware of reasons for advocacy and consulted on decisions/messages as appropriate
Relationship with Central Governments and District Local Governments	May be strained or even existing SRHR services withdrawn May be broken off May cause potential ally to lose face	Use lobbying and negotiation first Make sure targets know why you have taken action Ensure power-analysis is accurate

Risk To	Nature of Risk	Contingency Plan
Relationship with others e.g., other NGOs	Cause allies to lose face if advocacy criticises work of other organisations in the SRHR Movement Offend allies if your advocacy or research with others is published without consultation	Ensure evidence and quality of research is sound Ensure allies know what you are doing and why and are involved in developing advocacy messages
LGBTI Community Members Involved in the Advocacy	May be outed and be exposed to abuse, stigma, discrimination, and violence as a result of speaking out on contentious issues	Don't use real names Provide ongoing support Ensure best interests of the community members is a priority and central Do not involve community in advocacy where risks are too great & haven't done a robust security plan
LGBTI Organisation	Professional reputation can suffer if problem analysis and advocacy design is not sound Association with certain partners can damage relations with others Legitimacy can be undermined if you take money from certain sources	Ensure good quality research Check the reputation of allies and/or coalition members Scrutinise sources of money

Adapted From: Gosling, L. and Cohen, D. (2007). *Advocacy Matters: Helping children change their world*, International Save the Children Alliance.

10.5 Self-Care, Wellness and Healing Justice

Self-care is making sure you consciously take care of your body, mind, and soul every day - not just when you get sick. **Self-Care and wellness of us the individuals and us collectively as a social movement should be a political Act of Resistance!**

Why Do We Often Fail at Self-Care (Individually as SRHR Champions and as a Collective as the LGBTI Movement)?

Because practicing self-care is not always easy. *'Me-time* is usually last on the agenda and sometimes we can feel guilty about taking the time required to take care of ourselves.

Why is self-care and healing is important to us as LGBTI Leaders?

1. **The lack of self-care is a form of violence** - Failing to value and take care of oneself is a form of violating ourselves just as the systems of oppression we claim to fight. Sometimes individuals thrive on destructive ways just to keep going such as alcohol and drug abuse or, dependency on others or, reckless sexual behaviour or, violating others, which may have adverse effects.

2. **Internalization of the pains and struggles against oppression and active personal journeys is common** - We carry so many things, pains, people, and battles along the way... homophobic, lesbophobic, and transphobic ideologies have lumped a lot of burdens on us as leaders and Champions. Many models of activist culture deplete us and replicate patterns of trauma, harm, oppression, and workaholism.

3. **Lack of Self-Care is also a Form of Homophophia–** Homophobia is deeply rooted in society, and as an oppressive system working on putting sexual and gender minorities down, reflecting a low self-value for sexual and gender minorities as defined by the sexual hierarchy in society. As such, therefore, it has sown seeds of low self value, internalized stigma, and discrimination that needs to be interrupted as it turns LGBTI persons against each other = the unending internal fights within the LGBTI movement and between the LGBTI movement and key allies. These tensions burn out big time!

4. **Lack of Self-Care is a Form of 'Imposter Syndrome' –** Any oppressive system makes you take responsibility for the inequality or even question yourself, or your worth to be able to make a change or even be questioned by our own – often thinking you aren't good enough (i.e: you are an imposter). Imposter syndrome increases burnout and self-harm for LGBTI Champions and increases the oppression, repression, and violence that LGBTI leaders met on the people they lead. It also increases the questioning of legitimacy and tensions between the leaders and those that are led.

5. ***We are Indeed Burnt-Out!*** Burn out is experienced from the unreasonable amounts of responsibility placed on sexual and gender minorities as we carry the burden of fighting the homophobic world - The pervasive nature of homophobia, transphobia, lesbophobia, SGBV, IPV, access to justice, or even ensuring access to SRHR services is difficult, and the draining nature of advocacy work. There is also additional scrutiny, and societal and peer gaze on LGBTI individuals who identify as transformative leaders are often thought to be always above reproach – the stakes are high!

6. **Empowerment is in totality** - One should be conscious of their body, mind, and soul, have autonomy, and have access to rights and resources.

7. ***"You can Never give from an Empty Cup" -*** One cannot give what one does not have. When we don't heal from our life traumas, internalised & externalised homophobia/transphobia/lesbophobia; we become oppressive leaders that often replicate the same systems of oppression we claim to fight - homophobia, transphobia, lesbophobia, patriarchy, racism, sexism, capitalism, nepotism, classism, ableism, fundamentalism, dictatorship, tribalism, ethnicity, etc, etc.

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Principles Of How To Take Better Care Of Ourselves

- We are healing from historical trauma...years of homophobia and... the present-time traumas.

- The conversations around healing, trauma, and safety must be held gently and respectfully.

- There is no *"one size fits all"* model to healing – self care involves finding what works for you.

- Set aside resources to support healing practices – including revisiting cultural ways of wellness.

- Reject ableist notions that see only one type of body as healthy.. wellness is all round.

- Be open ended when measuring impact for the individuals and the collective (as a movement)

- Prioritise yourself – You have only you to look after yourself! Everyone comes afterward!

Progressive Social Movements / Activists Advocate that Empowerment and Leadership Cannot be Delinked from Conversations about Self-Care because:

- Many activists feel resentful all their lives as they do the bulk of caring for others and unconsciously internalise all these journeys.

- From our own experiences as LGBTI leaders and activists, there is massive burn-out, depression, drug, alcohol, and substance abuse that makes it as a priority for this to be part of new thinking, analysis, and action – it is part of building a sustainable social movement.

- Many activists and leaders internalize the joys and pains of the struggles we are part of – it's not just a job, we internalise it because it's often a passion and central to who we are.

- We are too busy for others and never have time for ourselves

- We thrive on many destructive ways just to keep going (working very hard, sexual irresponsibility, alcohol, drug and substance abuse or working till we drop dead or just delinking from caring about ourselves or looking as self care as a capitalist classist indulgence)

- Many leaders care for others yet no one cares for them – and yet are shy to ask for help or only ask when it is too late. We fear asking for help until it's too late!

- Most leaders lose a sense of personhood and are perpetually stressed out in silence!

- Some as a way to cope **'we take it out on others'** – the Power Over, Anger, Lashing out, Sexual Violence targeting people we perceive younger than us or less empowered, the sexual violence targeting the younger or inexperienced people still getting their feet in the LGBTI movement... etc

- The notion of empowerment allows people to analyse, question, and unlearn oppression that marks in their lives and has been normalised.

- Empowerment is in totality – autonomy, and freedom of body, mind, and soul. It is intertwined together and cannot be delinked from our leadership as transformative leaders and LGBTI SRHR Champions.

You are encouraged to use different exercises to care for your body, and soul as a life practice – yes it's all your life and you can never arrive!
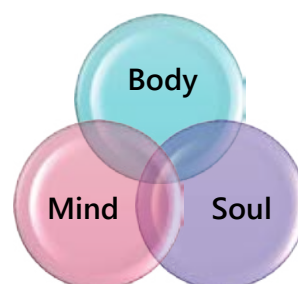
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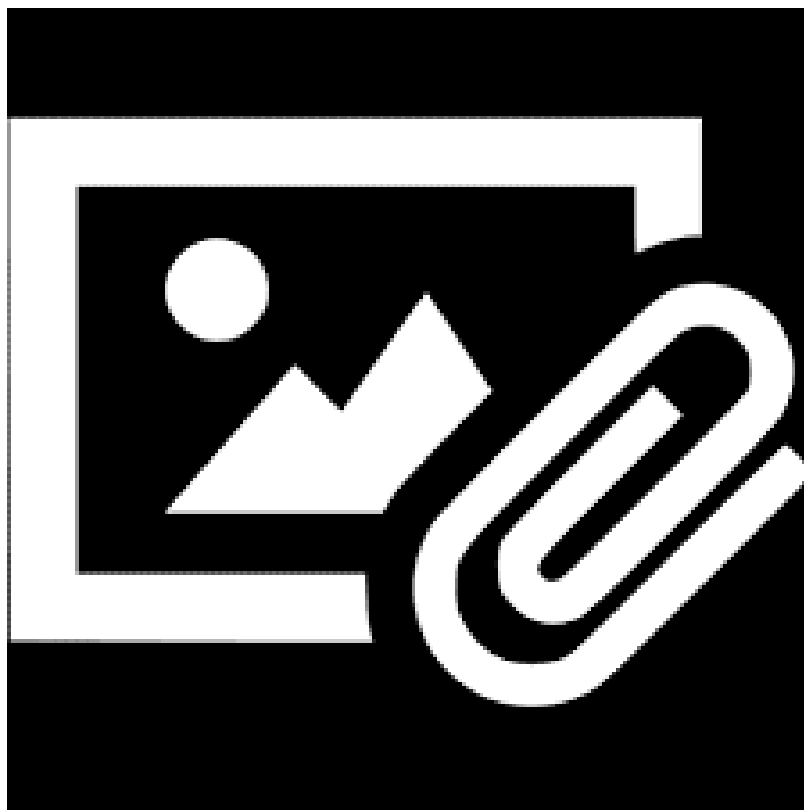
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ANNEXES

Annex 1: SRHR Terminologies

WHO Working Definitions of SRHR50

In 2017, WHO published a document describing how sexual and reproductive health interconnect[51]. It includes the following current working definitions on SRHR. Further, ICPD[52] elaborated on Reproductive Health and Reproductive Rights. Summarised ate the working definitions below:

Sex

Sex refers to the biological characteristics that define humans as female or male. While these sets of biological characteristics are not mutually exclusive, as there are individuals who possess both, they tend to differentiate humans as males and females. In general use in many languages, the term sex is often used to mean "sexual activity", but for technical purposes in the context of sexuality and sexual health discussions, the above definition is preferred.

Sexuality

Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

According to World Health Organisation Sexuality is:

- Sexuality is a central aspect of being human throughout life/ Every human being has some form of sexuality and in the different life stages.

- It encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy, desires, roles played by various people, attitudes, relationships, and reproduction.

- Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious, and spiritual factors.

- This definition goes beyond ideas of what is "natural" or "normal"; it invites deeper questions about how working with sexuality can further a rights-based approach to development, rather than reinforce norms that undermine human rights.

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50 World Health Organisation (2017). *Sexual Health and Its Linkages to Reproductive Health: An Operational Approach*, Accessed at: https://apps.who.int/iris/bitstream/handle/10665/258738/9789241512886-eng.pdf

51   Ibid

52   UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.2a and Para 7.3

Sexual Health

Sexual health is a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled.

Sexual Rights

The fulfilment of sexual health is tied to the extent to which human rights are respected, protected, and fulfilled. Sexual rights embrace certain human rights that are already recognised in international and regional human rights documents and other consensus documents and in national laws. Rights critical to the realisation of sexual health includes the right/s to:

- life, liberty, autonomy, and security of the person
- equality and non-discrimination
- be free from torture or cruel, inhuman or degrading treatment or punishment
- privacy
- the highest attainable standard of health (including sexual health) and social security
- marry and to found a family and enter into marriage with the free and full consent of the intending
- spouses, and to equality in and at the dissolution of marriage
- decide the number and spacing of one's children
- information, as well as education
- freedom of opinion and expression, and
- an effective remedy for violations of fundamental rights

The application of existing human rights to sexuality and sexual health constitutes sexual rights. Sexual rights protect all people's rights to fulfil and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination.

Reproductive Health

This is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which is not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. **(UN Programme of Action adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994, Para 7.2a).**

Reproductive Rights

These are human rights that are already recognized in national laws, international human rights documents, and other consensus documents. These rights rest on the recognition of the basic rights for all couples and individuals to decide freely and responsibly the number, spacing, and timing of their children and to have the information and means to do so, and the right to the highest attainable standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion, and violence, as expressed in human rights documents **(UN Programme of Action adopted at the International Conference on Population and Development (ICPD), Cairo, 5-13 September 1994, Para 7.3).**

Annex 2: Sexuality and Diversity Terminologies

Sexuality

According to World Health Organisation Sexuality is:

- Sexuality is a central aspect of being human throughout life/ Every human being has some form of sexuality and in the different life stages.

- It encompasses sex, gender identities, and roles, sexual orientation, eroticism, pleasure, intimacy, desires, roles played by various people, attitudes, relationships and reproduction.

- Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles, and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed.

- Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors.

- This definition goes beyond ideas of what is "natural" or "normal"; it invites deeper questions about how working with sexuality can further a rights-based approach to development, rather than reinforce norms that undermine human rights.

Lesbian

A Lesbian is a female who experiences romantic love and sexual attraction to other females. The term *lesbian* is also used to express <u>sexual identity</u> and <u>sexual behavior</u> regardless of <u>sexual orientation.</u>

Women who Have Sex with Women (WSW)

Women who have sex with women (WSW) are women who engage in sexual activities with other women, whether or not they identify themselves as lesbian, bisexual or heterosexual. Women who have sex with women generally have the same sexual reproductive health and rights needs as any other woman however there are some specific bits of information that may be helpful for you if you are sexually active.

Transgender - An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc. Transgender people express their gender identities in many different ways. Some people use their dress, behavior, and mannerisms to live as the gender that feels right for them. Some people take hormones and may have surgery to change their body so it matches their gender identity. Some transgender people reject the traditional understanding of gender as divided between just "male" and "female," so they identify just as **transgender, or queer, or genderqueer, or genderfluid**, or something else.

Intersex - The condition of being born with external sex organs that aren't easily distinguishable as female or male. Also, later in life, the development of secondary sex characteristics that is not easily distinguishable as female or male. About one in 2,000 people is born with an intersex condition each year. Sometimes a female or male gender is assigned through surgery. Some people believe that assigning a gender means performing surgery on their genitals, while others believe that a baby can be assigned a gender without surgery. The term "Hermaphrodite" was used in the past to mean intersex **but is now considered offensive**. Some intersex people are transgender, but intersex does not necessarily mean transgender and vice versa.

Cisgender – This is a term that means a person whose self-identity conforms with the gender that corresponds to their biological sex. Cisgender (often abbreviated to simply **cis**) is a term for people who have a gender identity that matches the sex they were assigned at birth. Cisgender may also be defined as those who have *"a gender identity or perform a gender role society considers appropriate for one's sex.*

Gender Transition - The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns, and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

Gender Binary – The classification of Sex and Gender into two distinct, opposite, and disconnected forms of masculine and feminine.

Sexual Orientation – Sexual Orientation is an inherent or immutable enduring emotional, romantic or sexual attraction to other people. Sexual Orientation is therefore a person's capacity for profound emotional, affection and sexual attraction to and intimate and sexual relations with individuals of a different gender, same gender or more than one gender. Each of us has a sexual orientation. You may be bisexual, gay, lesbian or straight. Or you may be "questioning" — unsure about your sexual orientation.

Gender Identity - Is *One's innermost concept of self as male, female, a blend of both or neither.* As such, therefore, our Gender Identity is our deepest feelings about our gender. It is each person's deeply felt internal and individual experience of gender - It is how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth. We express our gender identity in the way that we act masculine, feminine, neither, or both. Some of us are transgender — which means that our biological sex and our gender identity do not match up or gender non-conforming – we don't associate with the gender labels. More generally, society has been socialized to think that gender either male or female however, the reality is that gender identity isn't either male or female but has many in-between identities.

How is Gender Identity Different from Sexual Orientation? People often confuse gender identity with sexual orientation. But being transgender isn't the same thing as being lesbian, gay, or bisexual.

- Gender identity, whether Transgender or Cisgender, is about who you ARE inside as male, female, both, or none of these. Being lesbian, gay, bisexual, or straight describes whom you're attracted to and who you feel drawn to romantically, emotionally, and sexually.

- A transgender person can be gay, lesbian, straight, or bisexual, just like someone who's Cisgender.

- A simple way to think about it is: Sexual orientation is about whom you want to be with. Gender identity is about who you are.

Gender Expression – Is the external appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine. Given that our gender identity is our deepest feelings about our gender; we express our gender identity in the way that we act masculine, feminine, neither, or both.

Annex 3: Developing SRHR Advocacy Guide: KII Tool

Human Rights Awareness and Promotion Forum (HRAPF)

KEY INFORMANT INTERVIEW (KII) Guide

Development of an Advocacy Guide on Access to Sexual, Reproductive Health and Rights for LGBTI+ Persons in Uganda

Background

HRAPF is developing an advocacy guide and planning to undertake a process of training LGBTI community members as Advocacy Champions from the four regions of Uganda. The training will focus on enhancing advocacy capacities towards increased access to SRHR. More specifically the intervention aims at:

a) Developing a comprehensive advocacy guide on Sexual Reproductive Health and Rights (SRHR) For LGBTI persons that provides a framework for strengthening advocacy interventions. This SRHR Advocacy Guide is intended to promote creative and strategic alliances, collaborations and partnerships for effective engagement and dialogue with policy and decision makers on SRHR for LGBTI persons.

b) Developing an Advocacy Training Curriculum for LGBTI Advocacy Champions.

c) Supporting Advocacy Champions at regional and district levels to develop joint advocacy strategies per region (in the 4 regions of Uganda).

Key Informants

The process is envisaged to be consultative including consultations with key stakeholders within the LGBTIQA+ Movement and SRHR Movements at National and District levels. A total of 20 Key Informants have been purposively selected for key informant interviews to solicit their insights that will inform the Development of the SRHR Advocacy Guide and Training Curriculum. The Key Informant Categories include:

a) LGBTIQ National Leaders *(from the various constituencies)*

b) LGBTIQ District and Grassroots Leaders *(in each of the 4 regions of Uganda)*

c) SRHR Activists, Organisations and Networks *(from the wider SRHR Movement)*

d) Selected HRAPF Staff *(Those in-charge of Legal Aid, Advocacy and Paralegal interventions)*

Interview Guide

1. SRHR Advocacy and Services in Uganda

- In your view:
    - What are the pertinent SRHR advocacy issues <u>that are being</u> addressed by the SRHR movement in Uganda at the moment? And why do you think these are being Prioritised?
    - What are the SRHR advocacy issues <u>that are not being addressed</u> by the SRHR movement in Uganda at the moment *(issues where there is silences/stigma/exclusion)*? And why is there silence/stigma on these issues?
    - What are the unique challenges that young LGBTI persons and other sexual and gender minorities face in accessing SRHR services?

2. Best Practices, Lessons and Scale-Up

- Please share with me some of the existing LGBTI SRHR Advocacy initiatives you know of.

- What do you consider as the best practices on LGBTI SRHR advocacy interventions in Uganda?

- What has worked? What hasn't worked? What needs to be strengthened? What should we scale up?

- What do you consider to be the lessons learnt from SRHR Advocacy for LGBTI People to inform the future?

- In your view what are the pertinent LGBTI SRHR issues that should be Prioritised and addressed by LGBTI Persons in Uganda in the next 3 to 5 years?

3. LGBTI SRHR Advocacy Issues

- Are there advocacy issues we call *"LGBTI SRHR Issues"?* If they are, which are these?
- Do you think LGBTI+ SRHR issues are perceived as pertinent within the wider SRHR Movement? Yes? No? *(Explain your answer)*
- Do you believe that LGBTI SRHR issues should be pursued separately or as part of the wider SRHR Movement?

4. Assessing SRHR Advocacy Capacities for LGBTI Persons

- What SRHR issues do you believe <u>are currently being addressed by LGBTI+</u> persons, activist organisations, networks and movements in Uganda?
- What SRHR issues do you believe <u>are currently not being addressed by LGBTI+</u> persons, activist organisations, networks and movements in Uganda?
- In your view, what do you think are the reasons why LGBTI persons, activists, organisations, networks and movements in Uganda struggle to:
  - o Identify LGBTI SRHR Advocacy Issues?
  - o Address wider SRHR issues and/ or connect these with their struggles?
- Moving forward, what SRHR issues should form part of LGBTI SRHR Advocacy in Uganda?

5. Prioritizing Areas for LGBTI Persons SRHR Advocacy Capacity Enhancement

- Given your experience in the sector, what are the capacity gaps that hinder LGBTI activists, organisations and movements from:

  - o Identifying and pursuing specific LGBTI SRHR advocacy agenda?

  - o Effectively engaging on wider SRHR Advocacy issues?

  - o Nurturing and sustaining strategic partnerships and networks with like-minded actors?

- How effectively can these gaps be filled and by who? (suggest practical interventions to fill these gaps and which entities should work on filling these gaps)

- If you were to design an LGBTI SRHR Advocacy Training Manual, what topics would you Prioritise and why?

6. Identifying Regional Priorities for LGBTI SRHR Advocacy

- ***For National Key Informants –*** Which SRHR Advocacy issues should LGBTI Champions be advocating for within at regional, district, and grassroots level?
- ***For District and Regional Key Informants –*** Which SRHR Advocacy issues should LGBTI LGBTI Champions in your region/district/community be advocating for?

Annex 4: Developing SRHR Advocacy Guide: Key Informants

Human Rights Awareness and Promotion Forum (HRAPF)

KEY INFORMANTS INTERVIEWED

Development of an Advocacy Guide on Access to Sexual, Reproductive Health and Rights for LGBTI+ Persons in Uganda

	Name	Position & Organisation	Key Informant Category / Constituency Represented	Date of Interview
1.	Richard Lusimbo	Coordinator - Uganda Key Populations Consortium and Program Manager – Pan African ILGA	LGBTI National & Regional National Organisation	22nd Sept 2020
2.	Moses Mulindwa Kimbugwe	Deputy Executive Director & Programs Director, Spectrum Uganda Initiatives / Uganda CCM Substantive Board Member Representing Key Populations	LGBTI National Organisation - MSM	22nd Sept 2020
3.	Williams Apako	Executive Director – Trans Network Uganda	LGBTI National Organisation - TGNC	23rd Sept 2020
4.	Joan Amek	Executive Director, RELLA Women's Foundation	LGBTI National Organisation – LBQ Womxn	23rd Sept 2020
5.	Sanyu Hajarah Batte	Executive Director, Lady Mermaids Bureau / Uganda CCM Alternate Board Member Representing Key Populations	LGBTI National Organisation - LBQ Sex Workers	17th Sept 2020
6.	Eric Ssali	Paralegal, MAHIPSO	LGBTI Champion - Central Uganda Region	17th Sept 2020
7.	Martin Okwi	LGBTI Champion	LGBTI Champion – Eastern Uganda Region	17th Sept 2020
8.	Jude Ricky Masaba	Paralegal, ERWEO – Mbale	LGBTI Champion - Eastern Uganda Region	22nd Sept 2020
9.	Lucy Ebong	Executive Director, Health Rights Initiative	LGBTI Champion - Northern Uganda Region	23rd Sept 2020

Name	Position & Organisation	Key Informant Category / Constituency Represented	Date of Interview
10. Winnie Mugambwa	Co-Founder, RELLA Women's Foundation	LGBTI Champion - Central Uganda Region	23rd Sept 2020
11. Real Raymond	Executive Director, Mbarara Rights Foundation	Transgender Champion – Western Uganda Region	23rd Sept 2020
12. Daisy Nakato	Executive Director, Uganda Network of Sexworker-led Organisations (UNESO)	SRHR National Partner	17th Sept 2020
13. Robert Ocaya	Coordinator, Right Here Right Now (RHRN)	SRHR National Partner	22nd Sept 2020
14. Charles Owekmeno	Coordinator – SRHR Alliance	SRHR National Partner	8th Oct 2020
15. Chris Baguma	Chief of Staff – JAS SRHR Programme	SRHR National Partner	8th Oct 2020
16. Nicholas Niwagaba	Executive Director, Uganda Network of Young People Living with HIV/AIDS (UNYPA)	SRHR National Partner	8th Oct 2020
17. Dorothy Amuron	Program Manager – CPN, Center for Health, Human Rights and Development (CEHURD)	SRHR National Partner	8th Oct 2020
18. Dora Kiconco Musinguzi	Executive Director, Uganda Network on Law and Ethics in HIV/AIDS (UGANET)	SRHR National Partner	9th Oct 2020
19. Edward Mwebaza	Deputy Executive Director - HRAPF	HRAPF	17th Sept 2020
20. Justine Balya	Head of Legal Aid & Paralegal Training, HRAPF	HRAPF	22nd Sept 2020
21. Susan Baluka	Legal Officer, Advocacy & Strategic Litigation - HRAPF	HRAPF	22nd Sept 2020
22. Flavia Zalwango	Programmes Director, Research and Advocacy Program - HRAPF	HRAPF	5th Oct 2020

Annex 5: Personal Safety and Security Tips

Be aware of your surroundings. Whether you are somewhere you often frequent or a new place, make sure you are aware of the people and context around you. Do you know any of the people around you? Do you feel safe? Try not to walk alone at night or around places that you do not know and that might be dangerous.

Meet in public places. If meeting someone for the first time, make sure to agree to meet in a public place. Meeting in malls, public offices / barazas, cafes/restaurants, and parks are a good idea. Never agree to meet somewhere you expect no other people will be around e.g: a hotel room. If you ever feel uncomfortable, leave.

Keep your digital world protected. Make sure to keep your computer, phone, iPad, and sensitive digital documents (like contact lists and phone trees) password-protected. If your computer were to be stolen, is there easy access to other people's personal information? Consider keeping your computer, and folders inside your computer, also password-protected. When leaving an Internet café, make sure that you have signed out of and closed all email and social media accounts. Always use VPN!

Do not reveal personal information on social media. Remember that supporters and non-supporters might be following you on social media (Tik-Tok, Snap Chat Facebook, Twitter, Instagram, etc.). Be careful not to reveal any private information that could call for unwanted contact. Be thoughtful about how often and where you "check-in" or mention your specific location at different points throughout your day. Review your privacy settings on your social media accounts to ensure that you are sharing your posts with appropriate audiences only. Never reveal personal information like cell phone numbers or home addresses on social media or even your location.

Take a personal defence class. The first principle of personal defence is to not get into dangerous situations in the first place by taking precautions like those described above. However, physical confrontations do happen, and participating in a self-defence class or workshop might give you the skills necessary to confront an aggressor in case of violence.

When traveling, share detailed itineraries with friends and colleagues. Detailed itineraries include the following:

- Flight information

- Hotel information

- Contact information where you will be staying e.g: your roaming cell no, local cell no, hotel telephone contact, etc, etc

- Site visit/destination information (contact names, numbers, addresses)

- Contact information for taxi or driver you will be using

- Contact information for all other relevant parties

- Personal emergency contact information (parents, spouse, other)

Establish specific communication patterns with family and friends, particularly if you are traveling to a potentially unsafe location. For example, every evening, send an updated travel itinerary for the following day, including all meetings and relevant contact information, hotel information, and driver contacts. Alternatively, establish a daily phone check-in every day during an agreed-upon time to let them know that you are safe.

Annex 6: Sample Advocacy Matrix

What do you want to Change or Influence? (Advocacy Action)	Why do you think this is Necessary? (Advocacy Goal)	What actions are needed to achieve the desired change? (Advocacy Strategies)	Who is in a Position or Power to influence the change? (Advocacy Target)	Who will Speak out on this Advocacy Effort? (Your Champions)	Who will support you in this Advocacy Effort? (Your Allies)	Who Might Oppose you? (The Opponents)	When will the Advocacy Actions Happen? (The Timelines)	What are the Strategic Entry Points of the Advocacy Action? (The Opportunities)	Who Will take the Actions? (Allocating Responsibility)	Where can You Turn for Technical Assistance and Support (Partnerships & Networks)
1.										
2.										
3.										
4.										
5.										

Annex 6: Sample SRHR Regional Advocacy Strategy

Advocacy Goal, Objectives and Outcomes

The Regional Advocacy Goal for the …… Region is……………..

Advocacy Objectives

The Advocacy Objectives are:

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Outcomes

Outcome 1:

Outcome 2:

Outcome 3:

Outcome 4:

Prioritised Advocacy Strategies

Objective	Outcome	Outputs	Strategies	Activities	Advocacy Targets	Indicators of Success
Objective 1: To ………….	1.1					
Objective 2: To ………….	2.1					
Objective 3: To ………….	3.1					
Objective 4: To ………….	4.1					

ABOUT HRAPF

Background

Human Rights Awareness and Promotion Forum (HRAPF) is a voluntary, not-for-profit, and non-partisan Non-Governmental Organisation. HRAPF works for 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 marginalised and most at-risk persons. HRAPF was established in 2008 with a vision of improving the observance of human rights of marginalised and most at risk persons in Uganda.

Legal Status

HRAPF is registered as a Non-Governmental Organisation in Uganda.

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 enhanced access to justice, research and advocacy, legal and human rights awareness, capacity enhancement, and strategic partnerships.

HRAPF'S Slogan

Taking Human Rights to all

HRAPF's Objectives

- ✓ To create awareness on the national, regional, and international human rights regime.
- ✓ To promote access to justice for marginalised persons and Most at Risk Populations groups
- ✓ To undertake research and legal advocacy for the rights of marginalised persons and Most at Risk Populations groups.
- ✓ To network and collaborate with key strategic partners, government, communities, and individuals at national, regional, and international levels.
- ✓ 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'
- ✓ To maintain a strong and vibrant human rights organisation.

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