

# Hidden in Key Populations

Using Data to Assess Service Delivery in Uganda

Assessing the working environment to create a data platform



## Partners



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# the issue



Globally, lesbian, gay, bisexual, transgender and queer+ (LGBTQ+)<sup>1</sup> people face varying levels of discrimination, harm and hurdles to access services and maintain their rights. Entrenched social norms about LGBTQ+ persons in Uganda have led to the systematic erasure and estrangement of these groups from assimilating into society, accessing services, and enjoying a safe and healthy life.

LGBTQ+ persons and other key populations, including people living with HIV/AIDS (PLHIV), sex workers, people who inject drugs (PWIDs), and additional vulnerable groups do not have the same access to services as the general population. This project seeks to capture the bottlenecks in accessing comprehensive health care services for LGBTQ+ persons in Uganda, as well as develop tools to facilitate rapid research for gender and sexual minority groups to value their knowledge and use it to influence policy. There is a consistent gap in capturing and submitting of LGBTQ+ specific data due to lack of tools in place. This project is providing a data platform where gender and sexual minorities can contribute and access openly available knowledge about their needs, to simplify the use of publicly available information and feed this data into policymaking mechanisms. This brief summarises recently collected data on healthcare providers and other stakeholders on LGBTQ+ populations in Uganda.

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<sup>1</sup> The + sign denotes the broad spectrum of sexual orientations and gender identities that exist.

# current state

There are no laws that specifically legislate sexual orientation and gender identity in Uganda and LGBTQ+ peoples existence is criminalised.

In 2014, Uganda attempted to introduce the Anti-Homosexuality Act that would impose the death penalty on LGBTQ+ community members. Despite the Act being nullified by the Constitutional Court later in 2014 due to international pressure, homophobic, discriminatory language and rhetoric still dominates many laws. Key populations, including LGBTQ+ people, are often criminalised and segregated, which is the opposite of the emphasis of human rights for all, as designated in the Ugandan Constitution.

The primary legal code or policy that many stakeholders are aware of is by far the Penal Code Act, which outlaws "*...carnal knowledge against the order of nature*" between two men and carries a potential penalty of life imprisonment (Sec 145, 146, and 148).

There is not much existing data on LGBTQ+ communities in Uganda due to ongoing stigma and persecution. Many individuals are ostracised, and turn to sex work or drug use as negative coping mechanisms or means of survival. LGBTQ+ individuals are also often hidden within the label of "*key population*," which diminishes the importance of focusing on LGBTQ+ issues as a whole.



# the project



The Rapid Research for Agile Policymaking project was designed to fulfil the following 4 goals:

- 01** To challenge existing systemic and structural power relations,
- 02** To value the knowledge of LGBTQ+ people as expert, with “ways of knowing” rooted in their lived experiences, even as power dynamics, gender, and social constructs are fluid and moving,
- 03** To reject the notion of research objectivity, requiring researchers to acknowledge how positionality and power affects the research process and research results, and
- 04** To prioritise social accountability, meaning that knowledge produced through research is a resource that is co-produced and co-owned by research participants and available for their dissemination and use.

We want to enable marginalised communities to contribute to openly available knowledge about their needs, to simplify the use of publicly available information and feed this data into policymaking mechanisms. This research seeks to decolonise research methodologies and incorporate standards of feminist research.

We have thus far published a systematic literature review on health access and livelihood issues for LGBTQ+ people, as well as a needs assessment of how key populations (often coded as LGBTQ+ people) are treated by healthcare providers in Uganda. The needs assessment uses data from twenty-five key informant interviews.

# main findings



## ***The term key population is too broad and does not encompass the LGBTQ+ population appropriately***

Due to the importing of homophobic norms and entrenched attitudes, stigma and discrimination against LGBTQ+ people, discussion and advocacy around these topics can be fraught with difficulty. As a result, policy and outreach is often sheltered under the umbrella term of key populations. The legal environment in Uganda often prohibits open discussion of the unique needs of LGBTQ+ patients and those with intersecting needs, such as sex workers or PLHIV. However, LGBTQ+ people often have particular health needs that need to be openly discussed and addressed to reduce stigma and discrimination, encourage healthcare seeking behaviour and create a safe environment for LGBTQ+ persons to access services. .

## ***Health service providers are ignorant or biased against LGBTQ+ clients***

The primary topics around LGBTQ+ people and intersecting needs revolve around health services. There are some recorded efforts when it comes to HIV treatment, care and prevention for gay and transwomen primarily because of funding provided to Ministry Of Health by the Centers for Disease Control and PEPFAR. Many referral hospitals and clinics also have specialty staff dedicated to key populations or focusing exclusively on PLHIV or PWID. Key population focal persons at different health centres primarily work on HIV/AIDS transmission, as well as targeted prevention

interventions, including testing, moonlight testing, safe male circumcision, condoms and risk reduction counselling. KP-led organisations also help by sharing vital health information to hard-to-reach key populations on specific services. They also lead skills development projects to empower KPs within their communities, such as vocational training and job support.

Service providers lack technical knowledge to develop organisational policies to improve LGBTQ+ persons' access to health services. Pre-existing conceptions about LGBTQ+ individuals or the KP community at large can bar people from accessing services, particularly healthcare due to sexuality, gender identity, profession or religion. The KP Focal Person for the Fort Portal referral hospital mentioned that while they were trained on working with key populations, including LGBTQ+ people, many of their colleagues do not understand differences nor how to be sensitive during service delivery.

### ***Collaboration with key populations is limited and one-dimensional***

While several policy bodies, including the Ministry of Health and Uganda AIDS Commission, involve key populations in their planning and forums, including ministry-level technical working groups, these groups discriminate, omit LGBTQ-related issues or outright exclude the potential for inclusion altogether. Organisations such as the Uganda Women's Parliamentary Association (UWOPA) only advocates for gender priorities in Parliament, and focuses primarily on the binary of gender. Similarly, the Key Population Consortium (UKPC) works with civil society organisations, primarily health-focused, but has prioritised PLHIV and maintains a singular focus on the umbrella term of key populations, ignoring the specific needs of LGBTQ+ people.



Justice Law and Order Sector (JLOS) actors primarily collaborate with sex workers' associations regarding stigma and human rights violations, but because legal frameworks still are not favourable to LGBTQ+ people, services are often not accessible or provided at all. Or alternatively, others, such as the police, do not support LGBTQ+ rights and state that they spread HIV in communities rather than being sensitised appropriately about these issues.

***Attitudes on LGBTQ+ people are diverse and not uniform***

Different service providers vary by region and district in how they recognise and potentially treat LGBTQ+ clients. Decision making is not clearly linked between the national and district levels. KCCA officials in Kampala may focus on PLHIV when the phrase “key populations” is mentioned, others in Arua or Gulu may include sex workers or MSM. Additionally, discrimination and negative attitudes towards LGBTQ+ people is not universal. One health centre manager expressed support and the need to care for LGBTQ+ patients, while other JLOS actors subscribed to harmful stereotypes and ideas.

***LGBTQ+ experiences are diverse and need to be disaggregated***

LGBTQ+ people are not a monolith. While we further advocate for representing LGBTQ+ people separate from key populations, within LGBTQ+ there are unique experiences of lesbian, bisexual, transgender and asexual people, as well as those with intersecting identities. Specifically, transgender people in Uganda face often insurmountable barriers in accessing gender-affirming healthcare, and service providers could be better sensitised on those specific needs to develop guidelines and specific implementation plans.

# the impact



This information informs the implementation phase (Phase II) of this project, and thus is key to us and our partners (Icebreakers Uganda, Freedom and Roam Uganda, and Tranz - Network Uganda) for facilitating the production of dialogue and concrete steps towards LGBTQ+ inclusion and awareness in the healthcare sector in Uganda. Understanding how service providers and stakeholders in both the healthcare and overall social systems view and support LGBTQ+ people in Uganda can provide the groundwork for effective response and reform.

Language is important, and how we discuss and prioritise groups and their well-being has repercussions across the country and its health systems. Key populations has been an effective phrase for capturing the needs of PLHIV and sex workers in the past, but often excludes transgender people or entire groups of marginalised people. A weakness of this research is the use of “key populations” in interviews rather than explicitly saying “LGBTQ+.”

Future decision-making and targeted research should include explicit mention of all key populations, including transgender individuals, gender diverse individuals and PWIDs.

Most importantly, sensitisation is key for lawmakers, practitioners and general society to understand and accept LGBTQ+ people, by dispelling harmful norms and stigma. Stereotypes can proliferate and perpetuate or even harm efforts to broaden service delivery to all populations. There is a need to further explore how this sensitisation could take place in an often restricted and hostile environment. Certain interviewees expressed that sensitisation

should be top-down to influence higher-level stakeholders in changing societal attitudes about LGBTQ+ people in Uganda.

Overall, we need better data and more recognition of LGBTQ+ people in Uganda. Only certain key populations are highlighted in Ugandan legal frameworks. This is primarily sex workers and men who have sex with men (MSM). There is not much existing data on lesbian or transgender individuals in Uganda, which makes it more difficult to identify and support them. Only the UKPC made an explicit point of mentioning transgender populations. As a result, it is difficult to provide needed services if the populations being targeted are not recognised nor captured in available data.

A positive attitude and increased sensitisation through advocacy and community outreach can be instrumental across Uganda. As seen with some respondents, attitudes can be shifted over time and result in increased access to services for LGBTQ+ people and recognition of their issues. As the District Health Officer in Fort Portal stated, a change in attitudes and perceptions of community members would be the first step before drafting transformative policies for LGBTQ+ people. This information will help us create reactive and innovative platforms for communicating, supporting and connecting LGBTQ+ people to necessary services.