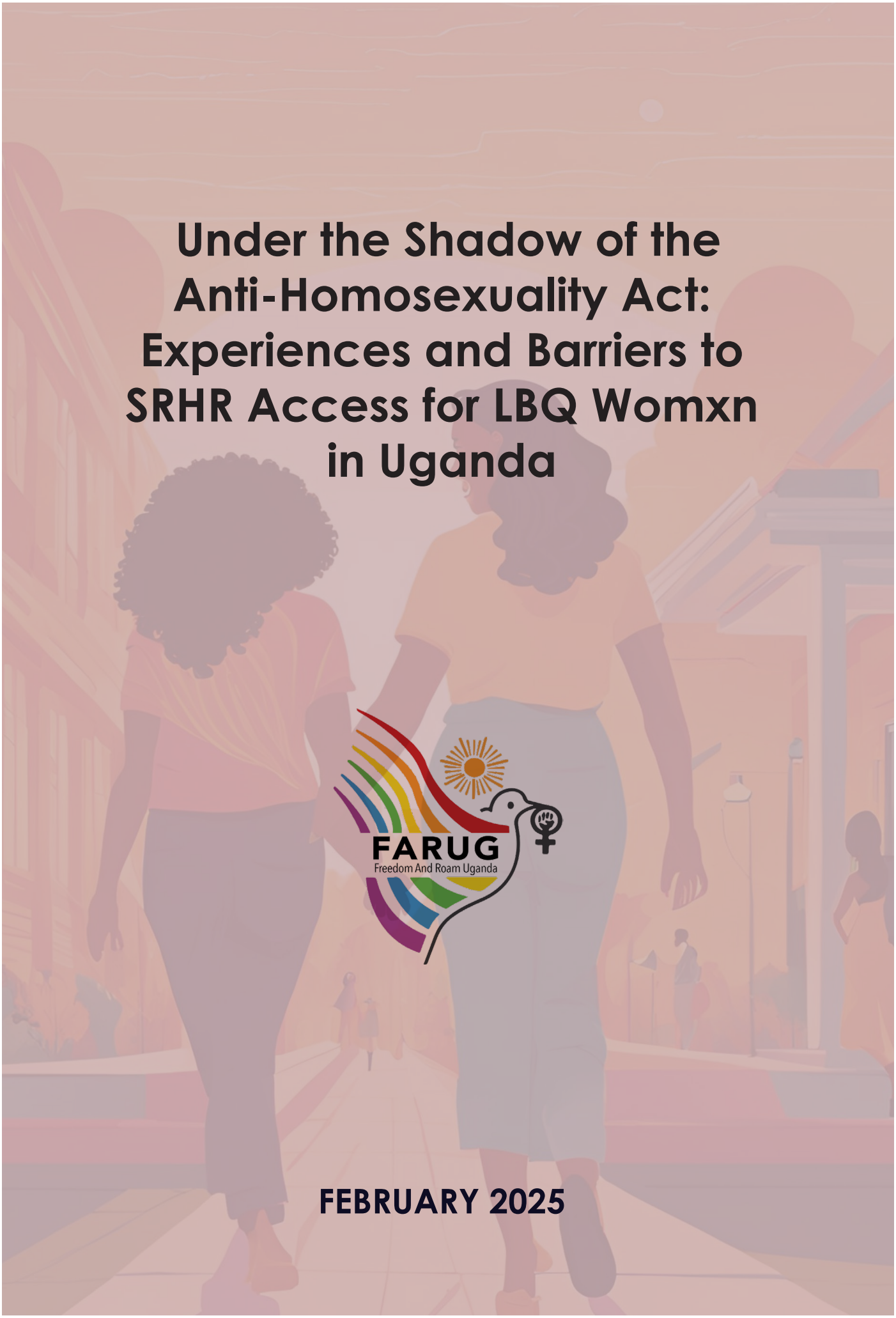
Under the Shadow of the Anti-Homosexuality Act: Experiences and Barriers to SRHR Access for LBQ Womxn in Uganda



FARUG
Freedom And Roam Uganda

FEBRUARY 2025

ACKNOWLEDGEMENT

This research was commissioned by Freedom and Roam Uganda (FARUG) and funded by the Make Way Program. We extend gratitude to the Research Team Lead Consultant Ms. Kyomukama Flavia, a seasoned human rights, gender and health advocate for her invaluable leadership and expertise that has enabled the success of this project.

Special thanks also go to the research assistant and the FARUG team who supported the data collection and analysis and validation processes.

We also appreciate the LBQ womxn, health service providers, CSO leaders, allies, representatives of LBQ DIC's and other stakeholders for agreeing to take part in this research and earnestly providing data that has made it a success.

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ABOUT FARUG

Freedom and Roam Uganda (FARUG) is a Lesbian, Bisexual, and Queer (LBQ) womxn's rights organization based in Uganda. Founded in 2003, FARUG is the first and oldest LBQ-led organization in the country, dedicated to fostering a feminist culture that uplholds principles of equality, empowerment, and social justice as outlined jin international human rights frameworks.

As a feminist LBQ womxn-led organization, FARUG is committed to creating transformative change by promoting, advocating for, and protecting the rights and well-being of LBQ womxn, many of whom face exclusion, marginalization, and exploitation due to their sexualities. The organization plays a leading role in addressing structural barriers to LBQ womxn's rights and welfare, including male chauvinism, patriarchy, heteronormativity, and oppressive cultural practices. FARUG works to create autonomous spaces for womxn, foster sisterhood and solidarity, and break the silence surrounding these critical issues.

GOAL
A healthy and vibrant LBQ community that is respected, well informed, competent, and committed to individual and community development.

VISION
A world where being an LBQ womxn is normal.

MISSION
To strengthen and mobilize the voice, visibility and collective organizing power of LBQ womxn in order to change the norms, institutions, policies, and practices that perpetuate inequality, homophobia, heteronormativity and violence in both the public and private arenas.

ABOUT THE MAKEWAY PROGRAM

The Make way program is a 5 year program that aims to break down barriers to SRHR by promoting a new way of looking at, and organizing SRHR issues through an intersectional lens. Implemented in 5 countries of Africa; Kenya, Rwanda, Ethiopia, Zambia and Uganda, the program employs the intersectionality approach to acknowledge that systematic discrimination due to sexual orientation, gender identity, disability, economic and immigration status among others grossly impacts access to SRHR especially for people with compounded vulnerabilities.The program aims at uncovering and making visible the overlapping vulnerabilities that deter minoritized individuals from accessing SRHR, challenging structural barriers that limit access to SRHR and empowering minorised communities to advocate for their SRHR thereby promoting health equity and justice.

To achieve their goals, Make Way Uganda, which is coordinated by Akina Mama Wa Afrika works with organizations known as implementing partners, and FARUG is one of them. As part of the Make Way Lobby and Advocacy activities for 2024, FARUG was commissioned to carry out a research analysis to gauge the impact of the Anti-Homosexuality Act 2023 on access to SRHR services for LBQ womxn in Uganda. The Research analysis will focus on how the existing Law has and continues to affect the LBQ womxn in accessing SRHR services across different regions of the country.

ACRONYMS

AHA	Anti Homosexuality Act
AMWA	Akina Mama wa Afrika
ART	Assisted Reproductive Technology
AWAC	Alliance of Womxn Advocating for Change
CHILEGS	Community Health and Livelihood Enhancement Groups
CSOs	Civil Society Organizations
DICs	Drop in Centers
DHO	District Health Officer
FARUG	Freedom and Roam Uganda
FGDs	Focus Group Discussion
HRAPF	Human Rights Awareness and Promotion Forum
IBU	Ice Breakers Uganda
IDIs	In Depth Interviews
LBQ	Lesbian, Bisexual, Queer
KPs	Key Populations
KIIs	Key Informant Interviews
LCV	Local Council Five
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Queer
NGO	Non Governmental Organization
PEP	Post-exposure prophylaxis.
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	Pre Exposure Prophylaxis
RDC	Resident District Commissioner
SRHR	Sexual Reproductive Health and Rights
SRT	Strategic Response Team
SOGIE	Sexual Orientation, Gender Identity and Expression
TASO	The AIDs Support Organization
UNAIDS	Joint United National Action on AIDS
UNESO	Community Health and Livelihood Enhancement Groups

GLOSSARY

Term	Definition
Bisexual	A person who is sexually, romantically, physically or emotionally attracted to both men and womxn.
Coming Out	Voluntarily disclosing one's sexual orientation and gender identity.
Discrimination	Inequitable actions carried out by members of a dominant group or its representatives against members of a marginalized or minority group.
Gender Expression	Ways in which people outwardly present themselves, depending on their internal view of their gender. Gender expression can include a person's clothing, hairstyle, makeup, and social expressions such as name and pronoun choice.
Gender Identity	A person's view of themselves – their internal sense and personal experience of gender. Only the individual can determine their own gender, which may or may not align with the sex they were assigned at birth. For example, one can perceive themselves as male, female, both or neither.
Heteronormative	A societal assumption that heterosexuality is the only acceptable and normal form of sexuality; and that all people should be attracted to persons of opposite sexes.
Queer	An umbrella term often used to encompass a wide range of sexual orientations, gender identities and expressions that do not conform to the traditional norms.

Intersectionality	A framework for understanding how the different identities that a person embodies interact to produce unique experience of either privilege or discrimination.
Lesbian	A woman who is emotionally, sexually and romantically attracted to exclusively other womxn.
Outing	The act of publically disclosing a person's sexual orientation or gender identity that they would have preferred to keep secret.
Sexual Orientation	A term used to describe a person's pattern of attraction based on gender. Sexual orientation may include attraction to the same gender, a gender different from one's own, both or neither.
Stigma	A shared social belief about a particular characteristic that negatively reflects on the person or group possessing that characteristic. Stigmas are often expressed as stereotypes and false assumptions.

EXECUTIVE SUMMARY

Introduction

This report analyzes the impact of the Anti-Homosexuality Act (2023) on access to SRHR services for LBQ womxn in Uganda. The main objective of the study was to systematically explore the various ways in which the law has affected access to SRHR services for LBQ womxn. Alongside the main objective, the study also sought to document the experiences of LBQ womxn as they sought SRHR services, identify successful strategies that have increased LBQ womxn's access to SRHR services in the midst of the law and coin recommendations to different stakeholders to increase access to SRHR services by LBQ womxn.

The research utilized purely qualitative methods to collect data from 11 districts selected from each of the 4 regions of the country. Primary data was collected using virtual Focus Group Discussions with LBQ womxn, virtual In-depth Interviews with LBQ womxn as well as virtual Key Informant Interviews with a variety of stake holders such as; health care workers from both government and private facilities, LBQ organization leaders, representatives of CSO ally organizations and donors. Secondary data was collected through a desk review.

Key findings

1. The most commonly needed and sought SRHR services among LBQ womxn were found to be; UTI/ STI screening and treatment, HIV/AIDS testing services and information seeking, cervical cancer screening, In Vitro Fertilization (IVF) services, shelters, counseling services, legal Aid assistances, safe abortion care services and information as well as fibroid screening and treatment.

2. The Anti Homosexuality Act (2023) has had an alarming negative effect on LBQ womxn's access to SRHR in the following ways;

i. The law has led to the shrinking of LBQ safe spaces, which previously facilitated easier access to services and

ii. The fear of being reported to the police by healthcare workers has significantly deterred LBQ womxn from seeking SRHR services.
iii. The law has resulted in increased evictions and homelessness, further hindering LBQ womxn's ability to access essential SRHR services.

iv. The law has contributed to heightened harassment of LBQ womxn by healthcare workers, discouraging them from seeking medical help.
v. The law has caused job losses among LBQ womxn, leaving them unable to afford SRHR services.
vi. The law, along with the fear it instills, has contributed to a rise in Intimate Partner Violence (IPV) and Gender-Based Violence (GBV) against LBQ womxn.

vii. The law has led to increased self-stigma among LBQ womxn, reducing their willingness to seek healthcare.
viii. The law has resulted in the increased isolation of LBQ womxn, contributing to escalating mental health challenges.
ix. The law has restricted LBQ womxn's participation in civil society, making it difficult to advocate for their SRHR needs.

3. Ever since the enactment of AHA, experiences of LBQ womxn in accessing SRHR services have been mostly negative. The most notable experiences include the following:

i. Dehumanizing interrogation and the pressure to be affiliated with a man.
ii. Sexual harassment from healthcare workers.
iii. Insults and intimidating attitudes from health workers.
iv. The overpricing of SRHR commodities and services for LBQ womxn.
v. Being ignored or dismissed by healthcare workers.
vi. Judgmental and discomforting looks from other patients.
vii. Conversion therapy

4. The key successful strategies that have helped different stakeholders to increase LBQ womxn's access to SRHR services in the midst of the law include the following:

i. Establishment of strong and reliable partnerships and collaborations
ii. The peer to peer model
iii. The Community outreach model
iv. KP focal points at health centers
v. LBQ Drop in Centers
vi. Mental health support spaces
vii. Storytelling and social media campaigns
viii. Leveraging of local allies

Recommendations

To the Parliament of Uganda

- Repeal the Anti-Homosexuality Law, as it obstructs access to healthcare for already marginalized communities, including LBQ womxn.
- Enact laws that protect the right of LGBTQ persons to non-discriminatory healthcare.
- Amend or revoke laws that violate the rights and freedoms of LGBTQ persons in Uganda.
- Hold government and private health facilities accountable for repeated instances of discrimination against LBQ womxn seeking SRHR services.

To the President of Uganda

- Decriminalize homosexuality in Uganda

To the Ministry of Health

- Sensitize and train healthcare workers on the importance of inclusive medical practices for LBQ individuals.
- Provide remuneration for Key Population contact points at health centers.
- Establish a fund to support gynecologists who provide testimony on behalf of LBQ clients in court.
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on behalf of LBQ clients in court.

- Strengthen confidentiality policies within health centers.
- Accredit LBQ Drop-in Centers for enhanced service delivery.

To LBQ Organizations

- Invest in LBQ health research and data collection to inform advocacy efforts for policy change.
- Support economic empowerment programs for LBQ womxn, enabling them to achieve financial sustainability and afford their own SRHR services.
- Foster partnerships and collaborations with other organizations and health facilities to establish clear referral pathways for LBQ womxn seeking SRHR services and to take advantage of funding opportunities that benefit consortiums.
- Invest in and promote mental health interventions, such as counseling and psychological support, to help LBQ womxn cope with isolation and mental health challenges caused by the law.
- Expand services to rural areas, as many LBQ organizations primarily focus on urban centers, leaving LBQ womxn in remote regions underserved in terms of SRHR access.
- Create additional safe spaces for LBQ womxn to gather, share SRHR information, and access necessary services and commodities.

To Health Centers and Health Workers

- Support the community outreach model by providing health workers with resources, such as transportation, to reach LBQ communities and deliver SRHR services.
- Reduce bureaucratic barriers that delay access to healthcare in health facilities.
- Provide comprehensive training for all healthcare workers on LGBTQ issues to ensure they can offer competent care to LBQ womxn.
- Designate LGBTQ-friendly Key Population (KP) focal points in all health facilities to make LBQ womxn feel more welcome and supported.

- Develop mechanisms for easy reporting of discrimination against LGBTQ persons by healthcare workers, such as requiring name tags for staff, offering anonymous reporting channels, and regularly collecting client feedback on their experiences at health facilities.

To the Uganda Police Force

- Provide training for police officers on Sexual Orientation and Gender Identity (SOGI) diversity, focusing on the protection of LGBTIQ+ persons and their rights.
- Collaborate with LBQ community paralegals to ensure that LBQ womxn can access justice for violations committed against them.
- End the unfair arrests of LBQ womxn, ensuring that police focus on genuine investigations rather than being influenced by homophobic biases against LBQ womxn.

To Donors and funding agencies

- Increase funding for research led by, with, and for LBQ womxn to address their SRHR issues.
- Direct more funding specifically to LBQ SRHR issues to ensure that their needs are not overshadowed by broader LGBTQ initiatives.
- Support LBQ womxn in representing their SRHR needs in regional and international forums.
- Provide flexible funding that can quickly adapt to the dynamic and evolving circumstances faced by LBQ womxn in Uganda.
- Encourage fellow donors to prioritize LBQ womxn in their funding and initiatives.

To KP DICs

- Hire more specialized doctors to address the specific healthcare needs of LBQ womxn, such as fibroid surgeries.
- Conduct community outreach programs to deliver SRHR services to LBQ womxn who may be located in remote areas or reluctant to visit health centers due to legal concerns.
- Advocate for the accreditation and increased recognition of LBQ Drop-in Centers (DICs) to secure government support and enhance access to SRHR services for LBQ womxn.

To Mainstream Civil Society

- Collaborate with LBQ organizations on SRHR projects and initiatives to strengthen advocacy and service delivery.
- Amplify the issues faced by LBQ womxn, particularly their SRHR needs, in broader advocacy platforms.
- Offer legal aid support to LBQ Ugandans who face criminalization due to discriminatory laws.

To Communities

- Educate yourself more about LBQ womxn and SOGIE issues to foster greater understanding, empathy, and acceptance, thereby reducing violence against LBQ womxn in communities.
- Report cases of Gender-Based Violence (GBV) against LBQ womxn to the police to ensure accountability and justice.
- Create safe spaces for LBQ individuals and organizations to thrive and exist within local communities.

SECTION ONE: INTRODUCTION

1.1 Background of the Study

Despite a range of state and non-state interventions to promote universal access to SRHR in Uganda, there remain significant gaps and weaknesses in SRHR access for LGBTQ persons but even worse, for LBQ womxn. Analyses of SRHR indicators in Uganda show that a lot of effort is directed towards maternal and reproductive health while SRHR needs specific to LBQ womxn such as access to SRHR information and services, SRH commodities such as lubricants, dental dams, female condoms, STI and HIV/AIDS prevention and treatment, cervical cancer screening and treatment, menstrual health information and products, safe abortion services, protection from Gender Based Violence among others remain overlooked (HRAPF, 2021).

Looking from a critical intersectionality perspective, it becomes clear that LBQ womxn bear a paradox of disadvantage in regards to access to SRHR services as they are limited by gender inequality, homophobia, heteronormativity as well as invisibility and erasure in HIV/AIDS responses due to the assumption that they are a low risk population for HIV/AIDS. The compounded burden that LBQ womxn face disempowers them and reinforces a cycle of marginalization, providing only peripheral access to SRHR which weighs down their health and overall wellbeing.

In 2023, LBQ womxn were pushed further into the abyss of marginalization when the Anti homosexuality Act (2023) was passed. On 26th May 2023, the president of Uganda signed the Anti Homosexuality bill (2023) into law. This law was the second of its kind, preceded by the Anti Homosexuality Act (2014) that was passed in February 2014 but was later annulled by the constitutional court of Uganda due to procedural irregularities. The AHA (2023) prescribes life imprisonment for sex between two people of the same biological sex and the death penalty for "aggravated homosexuality" which includes "serial offenders", same-sex rape, sex in a position of authority or procured by intimidation, sex with persons older than seventy-five, sex with disabled and mentally ill persons and homosexual acts committed by a person with a previous conviction of homosexuality. Furthermore, the law imposes 20 years of imprisonment as well as fines for "promotion" and "normalization" of homosexuality.

The law was followed by wide spread opposition from the LGBTQ community and its allies as well as International bodies and governments, which ended in a petition against it in the constitutional court. Amidst pressure from activists and international organizations such as The World Health Organization (WHO), World Bank and Amnesty International among others, the court upheld the AHA (2023), only striking down provisions that restricted health care to LGBTQ persons. The constitutional court's ruling and refusal to repeal the Act, represents a significant and continued threat to the rights, safety and dignity of the LGBTIQ+ community and the broader civil society within Uganda.

Ever since it's passing, the law has had dire consequences on the LBQ community of Uganda. According to the SRT Report (2023) on documented human rights violations against LGBTIQ+ persons after the passing of the law, there was a spike in the level of stigma, discrimination and violence against LGBTQ persons in Uganda causing fear and unrest which continue to deter their ability to access essential services such as SRHR, employment, housing, education among others. Likewise, LBQ womxn organizations, DICs and shelters which have always worked as safe spaces for LBQ womxn to access affirming SRHR services in a friendly and non-discriminatory environment have further seized to operate physically which has contributed to a barrier in accessibility of SRHR services for LBQ womxn (SRT Report, 2023). All this has been exacerbated by Donald J. Trump's assumption of office as the president of USA that has led to the passing of several executive orders one of which involved freezing U.S foreign aid and programs abroad through halting the programs by USAID and programs that such as PEPFAR. The AHA (2023), coupled with the resurgence of anti-rights policies and ideologies around the world, leaves LBQ womxn's access to SRHR in Limbo.

Even though there is some existing research on the effects of the Anti-Homosexuality Act (2023) in Uganda, most of it is general focusing on the LGBTQ community as a whole and mostly on the needs of GBQ men. It is therefore upon this premise that this research study was necessary; to produce evidence on the impact of the Anti-homosexuality Act (2023) on LBQ womxn's access to SRHR because they have experienced unique changes and challenges in the context of the law that would typically go undocumented mostly due to intersectional invisibility.

1.2 Problem Statement

Data from an SRT report (2023) reveals that after the passing of the Anti-Homosexuality Act, health care seeking sharply declined among LGBTQ persons in Uganda. In this report, the decline was attributed to factors such as fear of being reported by health care workers to police for being LGBTQ as well as the sudden closure of LGBTQ organizations that had always acted as safe spaces for the LGBTQ persons to access SRHR services. The government, through the Ministry of Health re-emphasized its commitment to providing health care to all including LGBTQ persons when the constitutional court struck down sections of the Act that restricted health care access to the LGBTQ community.

Even so, there is no evidence on how LBQ womxn have been experiencing SRHR access since AHA and the amendments that followed it. In the quest to repeal the AHA (2023), a research study into its impact on LBQ womxn's access to SRHR was imperative to reveal the discrepancy between government commitment and health worker's obligations against the real-life experiences of LBQ womxn in regards to access to SRHR. The results of this research will be used to guide advocacy against the AHA (2023) and hold the government, health care workers and other stakeholders accountable for their commitment to the SRHR of marginalized populations, particularly LBQ womxn.

1.3 Objectives of the Study

1.3.1 Overall Objective

To analyze the impact of the Anti-Homosexuality Act (2023) on the accessibility of SRHR services for LBQ womxn in Uganda.

1.3.2 Specific Objectives

1. **Assess the Impact of the Anti-Homosexuality Act (2023) on Access to SRHR Services for LBQ Womxn in Uganda:** Investigate how the enactment of the Anti-Homosexuality Act (2023) has affected the accessibility and quality of sexual and reproductive health and rights (SRHR) services for lesbian, bisexual, and queer (LBQ) womxn in Uganda.

2. **Document the Experiences of LBQ Womxn Seeking SRHR Services Amidst the Anti-Homosexuality Act (2023):** Collect and analyze narratives from LBQ womxn regarding their experiences, challenges, and coping mechanisms when accessing SRHR services in the context of the Anti-Homosexuality Act (2023).

3. **Identify Strategies and Recommendations to Enhance LBQ Womxn's Access to SRHR Services in the Light of the Anti-HomosexualityAct(2023):** Explore and propose actionable strategies and recommendations aimed at improving SRHR services accessibility for LBQ womxn, considering the legal and social challenges posed by the Anti-Homosexuality Act (2023).

1.4 Justification of the Study

While the Anti Homosexuality Act (2023) affects the entire LGBTQ community, if not the general population, it is certain that its impact is disproportionately more severe on LBQ womxn. This is because it comes as a kick to a community already tied down by axes of exclusion such as sexism and misogyny, patriarchal oppression, homophobia, invisibility and erasure as well as gender-based violence, all of which limit their access to SRHR. It is therefore upon this acknowledgement that this study was warranted; to understand the extent to which AHA affects LBQ womxn's access to SRHR, uncovering the unique challenges and barriers they face therein. The findings of this research will determine possible need for more popularization of intersectionality as a framework for generating LBQ tailored SRHR interventions and inclusive policies, ensuring that communities with compounded vulnerabilities are included in SRHR planning. The analysis will provide evidence on the adverse impact of AHA (2023), informing advocacy efforts for its repeal. Lastly, the study will add to the existing thin body of literature on SRHR for LBQ womxn, creating a basis upon which to demand for more LBQ inclusive SRHR policies and programming in Uganda.

SECTION TWO: RESEARCH METHODOLOGY

2.1 Research Design

A cross sectional design employing qualitative methods was used to undertake this research. The researcher used the design to collect data at a single point in time. Qualitative methods were opted for because the researcher wanted to generate rich data on real life cases and situations as experienced by LBQ womxn. The study assessed the impact of the AHA (2023)on SRHR access for LBQ womxn through in depth analysis of both primary and secondary data.

2.2 The Study Area and Participants

The research was conducted in 11 districts of Uganda. Of the 135 districts in the country, the 11 participating districts were selected purposively, whereby the districts with the highest concentration of LBQ womxn and LBQ led organizations from each of the four geographic regions of the country that is Central, Western, Northern and Eastern Region were considered. From the Central region, Kampala, Wakiso, Masaka and Mukono were selected. From the Western, Mbarara and Kasese were selected, from the Eastern, Mbale and Malaba were selected while Arua, Gulu and Lira were selected from the Northern region.

The primary study participants in this research were the LBQ womxn living in the selected 11 districts. These were reached and purposively selected with the help of LBQ organizations and leaders who provided their contacts to participate in the Focus Group Discussions (FGDs) and In-Depth Interviews (IDIs).

The secondary participants, also selected purposively to act as key informants in this study, were other stake holders who were deemed to have valuable perspectives and insights on LBQ womxn's access to SRHR and they included the following;

- Health care workers from both private and government, general and KP focused health facilities were selected to participate in this research because they are the primary contact points for LBQ womxn seeking SRHR services and would certainly have first hand information on the experiences, challenges and health seeking behavior of LBQ womxn.

- LBQ organizations, LGBTIQ+ Clinics and DICs and persons in charge of LBQ specific DICs were also selected as key informants because they were deemed to have deep understanding of the unique SRHR needs of LBQ womxn, gained through their daily interactions with them at their organizations and DICs.

- Leaders of ally CSOs, who work closely with LBQ organizations, advocate for their rights and render support to them were also interviewed as key informants to give their perspectives on how they have seen the AHA affect access to SRHR for LBQ womxn in Uganda.Other Key informants included donors of SRHR programs for LBQ womxn and an independent consultant.

2.3 Data Collection Methods and Tools

Primary data was collected through online In Depth Interviews, online Focus Group Discussions (FGDs) and online Key Informant Interviews (KIIs) while secondary data was collected through a desk review.

Focus Group Discussions (FGDs)

A total of two (2) online FGDs each consisting of 11 LBQ womxn were conducted. The FGDs were very representative, bringing 2 LBQ womxn from each of the 11 districts to participate in the study. The geographical diversity of the discussants allowed for the emerging and discussion of points of contradiction and agreement which revealed many points of view that could have been missed in a more homogenous group.

In depth Interviews (IDIs)

Five (5) individual LBQ womxn were interviewed to document the most outstanding stories and experiences of LBQ womxn in regards to accessing SRHR services in Uganda.

Key Informant Interviews (KIIs)

A total of 26 online KIIs were conducted. Nine (9) Key informant interviews were held with leaders of LBQ organizations, 4 with leaders of ally Civil Society Organizations, 4 with health

workers from Key population health care centers, 2 with government health workers, 4 with LGBTQ organization leaders, 1 with a donor, 1 with a leader of an LBQ shelter and also 1 with an LBQ independent Consultant.

Desk review

Secondary data was collected from reviewing SRT reports volume 1 and 2.

2.4 Ethical considerations

Informed consent: The purpose of the study and the information to be sought were adequately explained to the participants in order to secure their informed consent to participate.
Permission to audio record was also sought before commencement of the interviews.

Voluntary participation: All respondents in the study were assured that their participation in the study was voluntary and that they could withdraw at any time without any negative consequences.

Confidentiality: The respondents were assured of confidentiality of the information volunteered and identity of respondents.To assure anonymity, the report did not include individual names of respondents.

2.5 Challenges

The researcher anticipated that for some participants, this may be a sensitive topic that may solicit feelings of discomfort. This is because in the African and particularly Ugandan context, issues of sexuality are considered private and often not publicly discussed. Thus, the research was facilitated in such a way that respondents felt protected and unjudged. This was ensured by establishing that each interview space was safe and that respondents remained completely anonymous. For stories that were more personal and sensitive, individual interviews were scheduled, allowing the respondents to freely and fully express themselves without fear of judgment.

The research did not include the views of policy makers and some health workers concerned with SRHR issues in Uganda mostly because they were hesitant because of the implications of the AHA (2023).

We also experienced a challenge of poor internet connection when trying to interview one key informant who was in a very remote area. The problem was solved by immediately switching from Zoom to recorded phone call and the interview went successfully

SECTION THREE:STUDY FINDINGS AND INTERPRETATION

This section presents results and discussions along the study objectives stipulated in section one. The section begins with the most common SRHR needs identified among LBQ womxn in Uganda.

3.1 Common SRHR needs among LBQ womxn

To appreciate and understand the experiences of LBQ womxn in accessing SRHR services in Uganda, it was imperative to first investigate the common SRHR needs that they present with. Discussions with LBQ womxn, in charge of DICs and health workers revealed that the most common SRHR needs among LBQ womxn in Uganda are UTI/ STI treatment, cervical cancer screening, HIV/AIDS testing services and information, safe abortion care services and information as well as counseling services and others. Several reasons were advanced to explain the prevalence of these needs.eral reasons were advanced to explain the prevalence of these needs.

UTI/ STI screening and treatment

UTI (Urinary Tract Infection) and STI (Sexually Transmitted Infection) screening and treatment were identified as some of the most common SRHR needs among LBQ womxn in Uganda. Many participants confessed to having sought screening for UTIs and STIs such as Candida, Pelvic Inflammatory Diseases (PIDs) and bladder infections among others. The prevalence of UTIs among LBQ womxn could be attributed to two main reasons that is; lack of protective gear during sexual activity which causes transfer of bacteria and sharing of sex toys or using them without cleaning or disinfecting them first.

HIV/AIDS testing services and information

HIV/AIDS testing and information were also found to be commonly sought after by LBQ womxn. From the discussions, it was found that a considerable number of LBQ womxn had sought either HIV/AIDS testing or information mostly regarding to self-testing kits. This is an indication that LBQ womxn engage in HIV/AIDS high risk sexual activities, making them seek HIV/AIDS testing services and information regularly. This challenges the common misconception that LBQ womxn do not engage in HIV/AIDS risk activities, which has

continuously led to their sidelining in HIV/AIDS response, programming and funding.

Cervical cancer screening

During discussions and interviews with LBQ womxn, it was found that most of them had undertaken cervical cancer screening in the last 6 months. It is certain that the screening rate for cervical cancer by LBQ womxn is considerably higher than that for the general population women which has been reported at only 4.3% (Ndejjo et al., 2016). These trends were explained by the enormous effort of LBQ organizations such as FARUG to sensitize LBQ womxn about cervical cancer and offer free screening services, hence increasing their willingness to test regularly and get early treatment. It was disclosed that this has been made possible through the utilization of the community model which involves inviting of health workers from either government or KP health facilities to offer services to LBQ womxn at the comfort of social events or informal gatherings.

In Vitro Fertilization (IVF) services

IVF services were also identified as commonly needed among LBQ womxn. IVF is a type of Assisted Reproductive Technology (ART) used to help couples or individuals to conceive children through fertilizing an egg with sperm outside the human body, in a laboratory. It is not surprising that IVF was among the most sought after SRHR services for LBQ womxn in Uganda because it is today's most popular path used by LBQ womxn all over the world to have children. This type of technology, even though not too wide spread, is now available in Uganda and some LBQ womxn in this study had sought it or at least attempted to seek it either as egg donors or prospective parents.

Shelters

Primary and secondary data revealed the need for shelter and safe housing as one of the biggest needs of LGBTQ people after the passing of the law. The SRT report of 2024 revealed that an overwhelming total of 434 cases of evictions, displacement and banishment of LGBTQ persons were recorded between September 2023 and April, 2024. This is in harmony with the experiences of many LBQ womxn who as a result of the law, got into bad relationships with family members, neighbors and landlords due to their sexualities, ending in evictions and homelessness.

In charges of LBQ shelters also reported that the law led to a surge in the number of LBQ womxn seeking shelter and emergency housing, leaving them overwhelmed.

Counseling services

Counseling services were also identified as commonly needed by LBQ womxn in Uganda. The sustained demand for counseling services among LBQ womxn in Uganda in the context of the AHA (2023) can be attributed to the atmosphere of fear, panic and unrest that escalated drug abuse, IPV, stigma and discrimination among others that necessitated the need for professional mental health support. The groundbreaking SRT report of 2023 exposed that by September 2023, 102 cases of mental health issues had been documented among LGBTQ persons with the acknowledgement that the majority of them went undocumented. These statistics were received with shock from stakeholders, mostly LBQ organizations and probably lead to an increased focus on provision of counseling services in the LBQ community. Fortunately, most of the LBQ womxn revealed that they could easily access counseling services courtesy of their organizations.

Legal Aid assistance

Legal aid services were also identified as commonly needed by LBQ womxn in Uganda in the context of the AHA (2023). This can be attributed to the escalated levels of stigma, discrimination and violence against LBQ womxn some of which ended in need for legal aid by LBQ womxn to either defend themselves against accusations and criminal charges or file law suits against their perpetuators. Most of the cases reported by LBQ womxn were against unfair dismissal from work and unfair evictions. Fortunately, the LBQ womxn did not seem to have concerns on where to access these legal aid services, they had trust in HRAPF to assist them in these cases.

I am currently grappling with a police case for promotion of homosexuality and I am out on police bond. Oh my God, how I have suffered with this case. But thank God for HRAPF, they have been supportive to me (P.2, FGD 2)

I am a community paralegal and I have worked on so many cases of arrests of LBQ womxn since the law. (P4, FGD1)

Safe abortion care services and information

The research revealed post abortion care services as also commonly sought after by LBQ womxn. To be rather specific, the abortion services that the participants mentioned were for spontaneous abortion - the unintentional loss of a pregnancy before its 20th week. Most of the LBQ womxn wanted post abortion care and most of it was at lifesaving point. This also debunks the common misconception that LBQ womxn have no interest in child bearing, which has often led to their sidelining in terms of benefiting from reproductive health care services.

Fibroid screening and treatment

LBQ womxn also pointed out fibroid screening and treatment as highly needed SRHR services. Some participants mostly those above the age of 30 confessed to have sought fibroid checking and treatment services while others were hoping to seek them in the future. The age of LBQ womxn seeking fibroid checking services being only those of advanced age correlated with the common medical knowledge and advice that fibroids commonly start to grow and show symptoms after the age of 30.

3.2 Implications of the AHA (2023) on LBQ womxn's access to SRHR services

From the study, it was found that the passing of the AHA (2023) has impacted LBQ womxn negatively and in others ways that were unanticipated in light to access to SRHR. However, it was found that the negative impact overwhelmingly outweighed the positive.

Negative Impact

Shrinking of LBQ safe spaces

The passing of the AHA (2023) caused an atmosphere of fear and insecurity not only among individuals, but also in LBQ organization premises. The law prescribed the necessity for landlords renting out spaces for LBQ organization work to report their activities to the police, or they risked criminalization too.Consequently, many LBQ organizations which had acted as sanctuaries to obtain SRHR commodities such as female condoms, lubricants and dental dams among others.

as well as safe spaces to freely talk about SRHR and learn valuable information were evicted from their premises. Others were threatened with violence from neighbors through unfair rent hikes and black mail and others by the state itself, causing them to voluntarily close down. Many other organizations have since stopped operating physically and turned to online working which has disrupted their ability to render SRHR support to LBQ womxn.

The law has made it difficult for LBQ organizations to find office space, landlords suddenly need us to pass through a lot of vetting and in the end, we do not qualify due to the kind of work we do that has been criminalized. So we have nothing to do but to continue working online, but we all know online working and convening can't beat physical meeting and working especially when SRHR is involved. (LBQ Organization leader 3)

We used to have regular gatherings known as 'ffenna ku Kyoto' (which means together around the bonfire) and we would discuss so many things, especially relating to SRHR for example healthy relationships and safe sex among others and people would ask questions and get answers. But ever since the coming of the law, we can no longer convene more than 10 people physically because we have to take caution. (LBQ Organization leader 5)

Fear of being reported to the police by health workers

The law, in its first form, prescribed that health workers were obliged to report LGBTQ or suspected LGBTQ persons to the police. This led to a sharp downturn in LBQ womxn seeking SRHR services. With many LBQ DICs already shut down, many resorted to self-medication without a health care worker to trust. Even though the section of the law mandating health workers to report LGBTQ clients was later revoked by the constitutional court, many LBQ womxn reported that they still have fear and mistrust for health workers. The health workers who participated in this study also attested to the significant toll that the law took on the willingness of LBQ womxn to seek SRHR services.

LBQ womxn living with HIV/AIDS stopped going for their refills and their viral loads went high again which made us backslide back in the fight against HIV/AIDS. (LBQ peer Educator 1)

LBQ womxn got scared of coming to the center to the point that so many LBQ consumables got expired and we had to throw them away, many of them resorted to self medication. (Health Worker, KP facility 2)

LBQ womxn no longer want to come to public health facilities like our own, many still think that health workers will report them and they will be arrested. It seems like the first law went deep into the minds of people and the information of the annulling of the other sections didn't go as far. So there is need to tell people that those sections were pulled out so that they feel safe to seek services again. (Health worker, Government facility)

You remember those incidents of the ex gay men exposing LGBTQ organizations and clinics on Tiktok? It discouraged many people from going to those centers. Because, what if there are some people doing some kind of monitoring on who ever enters there? Our information is all out there now, our security was badly compromised. (P4, FGD1)

Increased evictions and homelessness

Section 13 of the AHA (2023) mandates landlords to disclose the presence of LGBTQ persons in their premises through reporting them to the police. It is therefore not surprising that a significant number of LBQ womxn were thrown out of their homes, LBQ shelters were reported and raided and many LBQ womxn had to bare unfair rent hikes as well as sexual harassment and blackmail from their male landlords. Others reported that they completely lost their right to privacy in their rented homes contrary to article 27(2) of the constitution that guarantees right to privacy.

According to the SRT report of 2024, backed by evidence form LBQ womxn in this study, many womxn were pushed into homelessness in the year of 2023, and this made them lose access to essential SRHR such as menstrual products, freedom from violence, STI treatment among others.

I have friend whose landlord proposed love to and she refused. The next thing she knew was being dragged to the police on accusations of being a lesbian. The Landlord exclaimed, "You thought I didn't know?
(P4, FGD1)

Our landlord started tiptoeing to our door to eavesdrop our conversations and sexual activities and on a random day, decided to evict us on the account of being Lesbians. When we tried to defend ourselves, she threatened to produce evidence. We did not have any options but to vacate the house as soon as we could.
(P1, FGD1)

After the law, my landlord got the liberty to start asking me rather intrusive questions like, "Why is it that you never host any male friends?" "Why does your friend look like a man?" and more.
(P9, FGD2)

Concealing of important health information by LBQ womxn

The passing of the law took LBQ womxn's trust for health care workers, making them to start concealing valuable health information especially regarding to their SOGIE when seeking health care services. Health care workers who participated as key informants in this study both from mainstream hospitals and KP health centers remarked that the law created a relationship of mistrust between health workers and LBQ womxn. According to them, it has become more difficult to get LBQ womxn to open up about their needs even when they go to KP friendly health centers. The LBQ womxn themselves also confessed that after the law, they did not feel safe enough to disclose their sexual orientations to the health workers and this bares a negative effect on the outcomes of health care interventions.

I could never tell a health worker all about my sexuality, especially since the passing of the law. I wouldn't trust them. You see health workers be trying to convert me just from the way I look, before I tell them that you know? I am a lesbian. What do you think would happen if I disclosed my sexuality?
(P3, FGD1)

Ever since the passing of the law, it has become harder to collect information from LBQ womxn. It requires a lot of probing and technique to get them to open up freely about their sexualities and related information. I wouldn't say they were so forthcoming before the law, no, but the law made it worse.
(Health worker, Government facility)

Increased harassment of LBQ womxn by health workers

The passing of the law increased confidence among health care workers to exercise harassment, stigma and discrimination against LBQ womxn seeking SRHR services. After the passing of the law that mandated health care workers to report LGBTQ clients, harassment of LBQ womxn by health workers immediately sprouted up; manifesting in verbal insults, ignoring of LBQ clients and complete breaching of patient confidentiality, sexual harassment of LBQ womxn from some male health service providers. Even after sections mandating health workers to report LGBTQ persons were revoked to ensure nondiscrimination in health care; health workers have continued with these discriminative attitudes and this obstructs LBQ womxn's access to SRHR.

I once took a friend to a government hospital. Now since we were both masculine presenting, it caused us to be a target of homophobia. The doctor went straight to telling us the most expensive options of treatment and making comments to imply that we could not afford them. She just wanted to get rid of us, because the cheaper options were clearly available too.
(P4, FGD1)

Loss of employment making LBQ womxn unable to afford SRHR services

Some LBQ womxn pointed out that they lost their jobs as a result of the law and resultantly; they could no longer afford SRHR services. In the interviews, some LBQ womxn reported that they lost their jobs due to the pressure and hate that was ignited among employers especially immediately after the passing of the law. As a result, they are no longer able to afford many amenities in life including SRHR services such as menstrual products, testing kits, UTI treatment among others which has left them in positions of vulnerability.

> ***I had to quit my job because my boss had started attempts at sexually harassing me, even after knowing that I was probably not into men. Unfortunately, that is how we lose our jobs, and now many of us are broke yet these services require a lot of money, leading us into deprivation. (P4, FGD1)***

Increased Intimate Partner Violence (IPV) and Gender Based Violence (GBV)

Freedom from IPV and GBV are very important indicators of SRHR. From this study, according to LBQ womxn, LBQ leaders and health workers, the law shot up the rates of IPV among LBQ couples as a result of the increased drug abuse, declining mental health and the confidence that victims could not report cases of IPV to police for fear of being arrested for homosexuality. Similarly, the lots of anti-gay rhetoric from influential members of society such as religious and political leaders encouraged state and non-state actors to inflict violence against LGBTQ persons. From this study, most LBQ womxn had endured verbal abuse, blackmail, online harassment and some even sexual assault in form of corrective rape. Many had to endure counts of sexual harassment and discrimination from school, employers and work colleagues all of which weighed down on their mental health, enjoyment of SRHR and general wellbeing.

After the law, I realized deliberate attempts by some neighbors to blow my cover and land me into problems. Some men would see me walking with my partner and try to hit on her to get a rise out of me. They would try so hard to get me to fight them but I would always walk away
(P6, FGD2)

So far, I have experienced over 3 counts of sexual harassment. Apparently, I can no longer sit in the front seat of the taxi, those men be trying to harass me. When you try to get back at them, they mention how you look like a homosexual and continue to insult you.
(P1, FGD1)

I was attacked by a group of men and they beat me up. I heard them mention that they could easily kill me and no one would even know who did it. They told me, "Pick a hustle, you can't be both blind and a lesbian."
(LBQ Organization Leader, Kampala)

My own mother would go out of her way to explain to all visitors and community members that I am not a boy but rather a girl which put me at risk of corrective rape. That is why I had to leave home.
(P2, FGD2)

Increased self-stigma among LBQ womxn reducing health care seeking

According to LBQ womxn in this study, the growing hate against LGBTQ persons was not only embedded in society members and health care workers, but also among the LBQ womxn themselves. The law and rampant prejudicial speeches and opinions to support it planted feelings of worthlessness, guilt and shame among LBQ womxn for being part of the LGBTQ community.This self-stigma negatively impacted their access to SRHR through refusal or delayed seeking of health care, failure to disclose important health information

information such as their identities to health care workers and lack of motivation to adhere to treatment all of which impede access to SRHR services.

> ***The law caused a lot of self-stigma in me to the point that I feared going to clearly LBQ friendly clinics like MARPI. I felt like I was being judged by everyone for being LBQ. (Ally Organization Leader 1)***
>
> ***In my experience working with LBQ womxn after the law, I have realized that they have developed a lot of self-stigma. You can tell that they fear identifying with who they are. And this even hinders them from opening up to you as a health worker. (Health Worker, Government facility)***

Access to justice became harder for LBQ womxn

After the passing of the Anti-homosexuality Act (2023), it became harder for LBQ womxn to seek justice services from police and courts of law. Most LBQ participants in this study expressed that, reporting cases especially those relating to IPV to police would be a very risky gamble for any LBQ woman. Most participants expressed that they would rather report issues relating to IPV and GBV to LBQ organization leaders, KP legal rights organizations such as HRAPF, friends or do nothing about them than report to the police and risk getting arrested too. This has led to escalation of human rights violations against LBQ womxn because the perpetuators are sure that justice will most likely not be served to an LBQ woman.

> ***I have an ongoing land case with some members of my family but am already convinced that I stand lower chances of winning it because am part of this community. And I know that my opponents are also eager to use my identity against me. (P5, FGD2)***

While we pursue justice for our LBQ survivors of human trafficking, the law has made it harder. Sometimes, cases of our people are dismissed at the police just because they look a certain way (masculine presenting womxn). Most times, we can clearly see that the unwillingness of officers to help out is coming from the fact that the victim is an LBQ woman, and this has forced many of our girls to drop their cases and go without justice.
(LBQ Organization leader 7)

Increased discrimination and harassment against LBQ womxn at work

The passing of the law disrupted LBQ womxn's participation in work and employment. LBQ participants in the study noted that even though some of them experienced hate and violence due to their sexualities before the law, it was never as intense as it became after its passing. The law was used as an excuse for male bosses to extend sexual suggestions to LBQ womxn with the plan of accusing them of being lesbians in case they refused. The law came as a golden opportunity for bosses to unfairly dismiss LBQ womxn from work, knowing they would fear to stand against heterosexual people in pursuit of justice. Many of the LBQ womxn who mentioned experiences of discrimination and harassment at work added that it heavily weighs down on their mental health and therefore their ability to fully realize their SRHR.

I used to work for this company and everything was going well. But after the law, my male boss started acting like it was so risky for them to be seen with me, I remember one time when we were going to an exhibition, he insisted that I dress more femininely so that I don't make them look a certain way. Of course I obliged, because I wanted to keep that job. What broke me was when he started sexually harassing me, always trying to engage me in love conversations whenever we were alone. When he started attempts at touching me, I had to quit. That is how we lose our jobs, and now many of us are broke yet these services require a lot of money, leading us into deprivation. (P4, FGD1)

As a sports coach, Ever since the passing of the law, I have not been able to get a hold of any work opportunities. People pass out rumors that I will be harmful to people's children since I am a lesbian. At work, I get called funny names like Musiyazi (homosexual) and this has badly hurt my mental health.
(P9, FGD1)

I also work as a chairperson in a certain sports club, but after the law, I witnessed drop outs from my team in favor of other teams because of allegations of homosexuality against me.
(P5, FGD1)

Increased isolation of LBQ womxn, escalating mental health issues

LBQ womxn reported that ever since the passing of the law, they lost the freedom to freely associate with each other without raising suspicion both in LBQ and private spaces such individual homes, bars and hang out spots. Before the law, LBQ womxn were assured of social support from their peers, which now became impossible. This has resultantly led to a rise in cases of depression, anxiety and suicidal idealization among LBQ womxn, making them unable to fully enjoy their SRHR. This is in line with the SRT (2023) report that by September 2023, 102 cases of mental health issues had been documented among LGBTQ persons with the acknowledgement that the majority of them went undocumented. Without good mental health, LBQ womxn become high risk for sexual violence, unintended pregnancies and intersecting stigma among others.

The passing of the law seems like another COVID 19 lockdown to me. I feel blocked from expressing who I am and doing what I want. I have to take caution of where I go, what I wear and who I speak to. I've been socially pushed back so much; I no longer want to be seen so much in public spaces.
(P3, FGD1)

I can't be with my friends anymore especially those who are masculine presenting, I can only meet them virtually or at trainings. I can no longer allow them to visit me at my house; I wouldn't want to jeopardize my safety.
(P3, FGD2)

Restricted participation in civil society making it hard to advocate for LBQ SRHR

For the SRHR of any given group to be achieved, there is need for strong advocacy efforts and a legal environment that allows them. This has however been made impossible in the case of LBQ womxn and their SRHR as the mention of LBQ rights could be taken as promotion of homosexuality, fetching the advocate or activist up to 20 years of imprisonment. The LBQ womxn leaders and activists in this study pointed that awareness and sensitization campaigns on LBQ SRHR have become criminal activities. Resultantly, progress in the area of SRHR for LBQ womxn has been shuttered and will likely continue to backslide in the context of the AHA (2023).

I don't know why we even go to certain advocacy spaces any more. You realize that most of these organizations that invite us into spaces are also afraid of being associated with us and our views because they fear being accused of promoting homosexuality. Most of the time, they just call us over to tick the boxes that the meetings were inclusive, because it was a donor requirement to have us around. At the end of the day, our views remain in the room, while there's make it out there. I remember a time myself and others were pushing a position paper in some National HIV/AIDS plan, it went like that. The legal environment does not favor our advocacy, and that is why people will continue to use us to tick boxes of inclusion, as they continue to do absolutely nothing about our needs such as SRHR. It is unfortunate but the law is making our SRHR access and advocacy back slide so fast.
(P4, FGD1)

Cut down of supply of SRHR commodities specific to LBQ womxn

LBQ womxn, leaders and DIC in charges reported that since the law, commodities such as lubricants, dental dams have reduced and or disappeared from the scene. The supply of these commodities has been cut down because they are deemed as instruments in committing the crime of homosexuality and promotion it. This has in turn exposed LBQ womxn to the risk of HIV/AIDS and STIs as these commodities had always been essential in promotion of safe and pleasurable sex practices in this community.

> ***Ever since the passing of the law, tell me if you have seen any dental dams. Personally, I haven't. At our DIC, people want them but we can't find them anywhere.***
> ***(LBQ Organization leader 1)***
>
> ***Due to the Law, supplies have been cut down; especially those that are for LGBTQ people specifically. For example finger condoms have disappeared.***
> ***(LBQ Organization leader 4)***

Loss of funders and partners in SRHR programming for LBQ womxn

When the law passed, many funders of SRHR programs for LBQ womxn pulled out for fear of being associated with "criminal activities" of promoting and normalizing homosexuality in Uganda. Similarly, partners and allies in SRHR programming mostly mainstream CSOs withdrew their partnerships with LBQ organizations which in turn shrunk funding for SRHR needs of LBQ womxn. According to LBQ organization leaders, the law has made it hard to secure funding in SRHR programming for LBQ womxn in Uganda which has left members with many unmet SRHR needs and so little to do.

> ***The law has made resources very limited in LBQ organizations. Before, one LBQ woman could walk into any LBQ organization and get help at any time, now; organizations are limiting their tightly budgeted resources to only their members.***
> ***(LBQ Organization leader 9)***

Even people and organizations we knew turned their backs on us and some even started black mailing us since they already knew a lot about us. We no longer have any trusted allies, today they are allies, tomorrow they are talking ill about us. Ever since the law, other organizations don't want to associate with us and it has been very difficult expanding partners beyond the KP community.
(LBQ Organization leader 1)

The law has made resources very limited in LBQ organizations. Before, one LBQ woman could walk into any LBQ organization and get help at any time, now; organizations are limiting their tightly budgeted resources to only their members.
(LBQ Organization leader 9)

The law has led to reduction in funding directed towards LBQ womxn organizations. This is unfortunate because LBQ womxn have already been underfunded; for instance, they get less than 0.1% of the total funding that goes to HIV/AIDS prevention and most of it is project based.
(Donor Intermediary)

LBQ womxn and LBQ human resources fled the country, becoming refugees and asylum seekers.

After the passing of the law, many employees of LBQ organizations and DICs started facing threats from state and community actors causing them to flee the country. This has created a vacuum in the LBQ SRHR service provision arena as these were individuals who had accrued years of experience and training to promote the rights and wellbeing of LBQ womxn, including provision of SRHR services. Similarly, individual LBQ womxn fled the country only to land into worse conditions of being refugees in Kakuma camp in Kenya and into the hands of human traffickers who take them to countries such as the United Arab Emirates where they continue to face gross human rights violations and precarious access to SRHR services.

Some of our staff went away to seek asylum, they went with all the skills and expertise we had invested in them. And now we have to start all over again. (LBQ Organization leader 5)

You cannot imagine the kind of life many LBQ Ugandans have landed into, escaping the AHA. Survivors have shared that they have been trafficked to Zimbabwe after being promised asylum and relief from the law. Some have told us that they used to be stripped naked to entertain men in the UAE, yet sadly, most of these horrible stories will never be heard of as womxn say what happens at the desert (UAE) stays at the desert, making it hard to pursue justice for them. (LBQ Organization leader 7)

Increased expulsion of LBQ students from schools

The wide spread hate promoted against LGBTQ persons as a result of the law was also felt in education institutions mostly at secondary and tertiary levels of learning. It was reported that after the passing of the law, many LGBTQ students were expelled from school and others experienced traumatic counts of bullying, discrimination, stigma and exclusion making some to drop out on their own. School leaders and teachers, who would be expected to protect LGBTQ students, were highlighted as actively playing instigator roles in the perpetuation of hate.

After the passing of the law, I nearly abandoned my law degree due to the hate that I experienced at the university. I was summoned to the registrar on accusations of being a homosexual. Staff and fellow students started calling me by the name of another openly lesbian woman who used to work at the university, implying that we are both the same. This forced me to pull out of the physical lectures, only attending those that were online. I have also pulled out of leadership, because I don't want them thinking I am recruiting students into homosexuality. As a person who was very confident and outspoken, I started to fear lecturers as well as my fellow students; whenever they would talk about issues relating to LGBTQ, the whole class would turn and look at me.
(P4, FGD1)

Unanticipated impacts

Media outing of LGBTQ health centers increased number of LBQ womxn seeking services.

During the peak period of the passing of the law, there arose ex gay individuals with the goal of blowing the covers of the LGBTQ community. Among the things they did was sharing the details of LGBTQ health centers such as IBU, Ark Wellness Uganda among others, labeling them as promoters of homosexuality and recruitment of innocent young people into the "vice" of homosexuality. Even though this discouraged many from seeking services from these centers again, it caught the attention of new LBQ womxn who did not know about these centers before, and they went to seek services for the first time.

I think this whole outing of DICs was both a blessing and a disadvantage because as they kept pointing out our clinics, new people were becoming aware of them and have been able to come for services. We have got many new clients saying that they got to know about the clinic from the Tiktok videos of the ex gay individuals
(Health Worker, KP facility 2)

LBQ organizations have integrated technology into their work.

While the increasing threat of violence due to physical gatherings negatively affected LBQ womxn and organizations, it helped them discover and leverage other innovative ways of convening and working by use of technology such as Zoom, Google Meet and Microsoft Teams among others that have since been very handy even after the threats of violence started to subside. LBQ organization leaders report that these new methods of convening are not only cheap but also convenient. They have been very helpful in organizing of regular online support groups and keeping up with members in the midst of the law's chaos. Similarly, LBQ womxn report that the new blend of physical and digital gatherings is convenient, safe and has also helped them to become more tech savvy.

> ***Even though the law has been very terrible, at least it introduced us to the realization that we can successfully work online. Now, we are able to blend both online and physical methods of work and convening and I can say that it is convenient to our members who live far and were not able to benefit from meetings such as those on SRHR before the law.***
> ***(Transgender Organization leader)***

More solidarity within LGBTQ organizations and partnerships with mainstream organizations

Even though many partners and allies disserted the LBQ community as a result of the AHA, it was also the starting point for many solidarity connections, partnerships and funding opportunities. The law paved way for more unified efforts for example it led to the creation of consortiums such as Convening for Equality which has led to more coordinated efforts in documenting LGBTQ persons' experiences through the periodic release of human rights violation reports. Aside LGBTQ organizations, there has been attraction of more committed allies that have supported LBQ organizing. The newly found unity has been beneficial in creating stronger advocacy strategies for LBQ SRHR and joint programming.

After the passing of the law, we have witnessed more deliberate efforts to forge unity in our community and that is a good thing. For example; organizations are getting more connected through consortiums and we have also been able to launch concerted efforts as LGBTQ organizations together with our allies to fight the law through Convening for Equality.
(LGBTQ Organization leader 1)

3.3 Experiences of LBQ womxn accessing SRHR services in the context of the AHA (2023)

The study found that the experiences of LBQ womxn accessing SRHR services in the context of the AHA (2023) were both negative and positive. However, it was also found that the negative experiences overwhelmingly outweigh the positive.

Negative experience

Dehumanizing interrogation and the pressure to be affiliated with a man.

The study found LBQ womxn disclosed experiences of being subjected to inhumane interrogations that concern their sexualities when trying to access SRHR services in hospitals. Many of them have been asked if they are affiliated to a man. Others have been interrogated about their feelings for fellow womxn and out rightly judged for them.

I have also experienced the question of "where is your man?" Fortunately for me, I confidently answered "no" and gave the doctor the attitude that I didn't want to engage in such talk. He did not bother me with it again and gave me my treatment.
(P5, FGD1)

I tried accessing IVF services from a certain fertility clinic in Kampala and oh my…. They interrogated me like I was a thief. They wanted me to be affiliated to a man so bad. When I saw such attitudes, I decided not to disclose my sexuality and all that. But I guess they sensed it, and started asking questions like, "Do you feel attracted to men?", "What did men do to you?" and many more. I had wanted the service so much before. But after that experience, my interest was frustrated; I have decided to put those plans on hold for a while now. (P2, FGD1)

Sexual harassment from healthcare workers

Some LBQ womxn reported that the AHA seems to have boosted the confidence of male health care workers to sexually harass LBQ womxn basing on their sexualities or assumed sexualities. The womxn reported that unlike before the law, health care workers feel more liberated to make homophobic comments and suggest sexual relations with LBQ patients with the intention of converting them to heterosexuality. Below is a recount of a masculine presenting woman who went to seek hernia treatment at a government hospital and experienced sexual harassment:

I went to seek treatment for hernia and the doctor instead started asking questions and making comments and suggestions like;

"Why don't you like men? You know we are out here looking for womxn like you to have children with and here you are engaging in such useless behavior.

"You know I don't support people of your kind, neither does the government". I would like to have your mother's phone number to talk to her about you, she must be disappointed that her child ended up in behavior like this, but if you want, you could have babies by me. You should not put such a perfectly healthy cervix to waste, let us have children together. (P9, FGD1)

Sexual harassment from healthcare workers

Most of the participants in this study testified to having experienced intimidation and insults at the hands of health workers. Most of them have been addressed by use of derogatory language by health care workers, shamed amongst other patients for their SOGIE and targeted with stereotypes aimed at making them give up on seeking health care services. It was also mentioned that most of these experiences came from mostly female health workers in government hospitals.

Three of my masculine friends had UTI's and I escorted them to the clinic to get help. But as soon as we entered, the health worker stated lecturing them about their dressing. When it reached time to be worked on, the 3-masculine presenting womxn were already very scared and could no longer risk it with the doctor. They gave me a signal to pose as the one having the infection as they kept quiet. We managed to get the medication as my own, but they missed on the chance to explain to the doctor exactly how they felt because of her bad attitude.
(P8, FGD1)

One time, I went to get cervical cancer screening and when the doctor asked me about my partner, I said I have one. But for some reason, he found out that the partner was not a man. He checked me for cervical cancer and gave me my results that were negative and I went home. But I was not satisfied with them, so I took another test and it came back positive for cervical cancer. It is then that I realized that the first doctor either didn't do the test or did not give it his attention due to homophobia, no wonder I got the results back too fast. He just wanted to get rid of me.
(P6, FGD1)

I once went to get UTI treatment from a certain KP health facility (name withheld) and a female health worker asked me, "Why do you do those things? "Why do them when you see they can make you sick?" Meanwhile, she was looking at me with the pity look, not the sincere one, the judgmental one.
(LBQ Organization leader 3)

The overpricing of SRHR commodities and services for LBQ womxn.

In this study, it was shared that following the passing of the law, certain services that were relatively affordable have been over priced to the point that some LBQ womxn can no longer afford them. Commodities and services such as safe abortion, IVF and lubricants that have always aided the lives of LGBTQ individuals have been over priced in the guise of "discouraging" homosexuality and upholding traditional family values. LBQ womxn reported that clinics deliberately make IVF services for LBQ womxn much more expensive than for the other womxn, likely because of homophobia.

Trying to procure an abortion has become harder after the passing of the law. Doctors will tell you how those things are now illegal and that how they are putting their licenses on the line for it. In the end they will hit you with a bill that is like thrice the worth of the service and obviously, there is nothing you can do.
(P10, FGD1)

When the doctors at the fertility clinic found out that I was probably a lesbian because they asked for a man in my life and there clearly wasn't, I believe that they deliberately hiked the price. They gave me a quote for the service that was almost twice the one they gave to my heterosexual colleagues just a few weeks back. I know IVF cases are unique, but I believe that quote was motivated by some homophobia.
(P2, FGD1)

Being ignored or dismissed by healthcare workers.

Many participants pointed out being deliberately ignored by health care workers, even in life threatening situations which put their lives at risk. Most of this has been experienced more by the masculine presenting LBQ womxn than the feminine presenting ones who relatively face fewer stigmas. These are some of the recounts of LBQ womxn being ignored in health facilities;

I went to a certain IVF clinic here in Kampala to donate eggs. But the homophobia I got from there was appalling. They made me wait for over 3 hours, passing by me several times like I was invisible. After hours of waiting, one young nurse finally read my details that I had written on a paper and immediately exclaimed that I do not qualify to donate eggs because my age was past their limit. I later heard them gossip about me in the next room, that I was just another one of those Kuchus (homosexuals) looking for quick cash. I wish they told me that earlier on, and didn't have to waste all my time waiting.
(P1, FGD1)

A scenario of a masculine presenting woman seeking health services at a government facility unfolded before me. The moment she entered, my neighbors and the rest of the patients started gossiping about her, already assuming that she is a lesbian. I tried telling these womxn that she is probably into sports, and that is why she looked like that, but they seemed very unconvinced. First forward to treatment time, the doctor skipped the masculine woman and worked on all the others. It made me feel very bad.
(P2, FGD3)

One time I went to a private facility, the health worker saw me and recorded me, and then went ahead to ignore me for almost 2 hours straight, tending to the rest of the clients and walking past me like I wasn't there. I couldn't wait until I dropped dead from there, I had to walk away.
(P9, FGD1)

Judgmental and discomforting looks from other patients

LBQ womxn, especially those who seek services from government facilities that are usually flooded with patients have pointed out the humiliating feeling of being judged and gossiped about by fellow patients especially when seeking services relating to reproductive health.

This is an affirmation of the common false assumption that LBQ womxn are neither involved in HIV/AIDs risk activities nor interested in child bearing and should not be seen in family planning clinics, labor and delivery wards as well as HIV/AIDs prevention departments. This has been mainly associated with government facilities.

When I used to go to government facilities, I used to get those looks of disgust and people whispering when they saw me. But ever since I switched to private, I no longer get such problems. So I recommend private clinics because they have less client traffic, people do not discomfort you and the doctors are less judgmental.
(P5, FGD1)

As a masculine woman, I have grown used to having people stare at me in different places. I have brought myself to understand that I am not the ideal woman and do not blame some people for staring. But truthfully speaking, eyes hurt and if you are faint of heart, you can ditch making hospital visits because of those stares.
(P5, FGD1)

Conversion therapy

Some LBQ womxn reported accounts of conversion practices by both health care workers and religious leaders as they sought SRHR services. It was reported that some health workers, in place of offering non-judgmental care to LBQ womxn, resorted to preaching to them about religious values and the need to ditch homosexuality for eternal life. Others would spend time recommending experts to help these womxn become "normal" again, all of which was labeled by LBQ womxn as discomforting and unnecessary.

You see I went to get a general body check up. I didn't even mention that I was a lesbian or what, but just because I am masculine presenting and I was dressed in more masculine clothes, the doctor started trying to convert me. He tried to tell me more about the bible and how it condemns homosexuality. Little did he know that I know the bible too well myself, I argued with him and advised him to stop using the bible as a tool to discriminate people, especially patients who just need health care. I hope he learnt something from that.
(P3, FGD1)

Similarly, some health workers, instead of offering health care, offer themselves to become the lovers of LBQ womxn, to help them see the advantages of heterosexuality. This is a recount of an LBQ woman who went to seek hernia treatment, only for the doctor to offer himself to help them convert to heterosexuality.

The doctor told me, "You know you're running out of time, by this age, you must already have some children. Please don't let this perfectly healthy cervix go to waste. Have babies with me, I will take care of you. Please let me talk to your mother about this."
(P9, FGD1)

Limited individual expression while accessing SRHR services

Masculine presenting womxn explained that often times, they have been forced to dress more femininely when seeking SRHR services from hospitals to avoid being discriminated against by health workers. It seems to have already been imprinted in the minds of LBQ womxn that they ought to cut down on their masculinity as they go to health care centers or they risk being ignored, insulted or discriminated against by the health workers. This infringes on their freedom of expression and identity.

I went to a government hospital to inquire about contraception. While I sat with other womxn on the bench waiting for my turn, an elderly nurse suddenly shouted at me, embarrassing me in front of everyone. S he said, "Go home and come back dressed like your fellow womxn, you are dressed like homosexuals". Walking away from that hospital was the biggest walk of shame in my life.
(P1, FGD1)

When I experienced a miscarriage and lost my baby at 2 months, the first thing my partner and friends thought about was changing my dressing from my usual masculine clothes to something more feminine. I immediately switched into a dira (large dress) because we didn't want to risk being ignored or harassed by the health workers for being a LBQ woman.
(P2, FGD2)

Corruption and bribery

LBQ womxn seeking services from government facilities also disclosed having had to pay bribes to health workers or other hospital workers such as cleaners and gate men in order to get timely medical attention. While some participants seemed to have normalized the situation of having to bribe one's way to health care, most of them resented it for delaying health care and jeopardizing the lives of critically ill LBQ womxn and other patients.

In the process of seeking justice for LBQ rape victims, we often need gynecologists to sign the rape kits. But many times, they refuse to sign them because they want us to pay them first. They also want us to give them money before they show up in court to testify in our cases and this frustrates our work.
(LBQ Organization leader 7)

My partner, a masculine presenting woman got a miscarriage in the middle of the night. We rushed her to the hospital and when we reached the gate, the gateman told us to leave because they do not work on pregnancy issues at night. When we pulled out some soda (bribery money), the hospital could suddenly offer assistance in the night and they let us in. I have always imagined what would have happened if we did not have the money that night, we could have lost her.
(P8, FGD1)

Delayed appointments for specialized care

Some LBQ womxn stressed the problem of long wait time for appointments to see specialized doctors in KP health centers. This has been attributed to the closure of several LGBTQ DICs and clinics, leaving only a few clinics to work on the ever growing number of LGBTQ people in Uganda. The problem can also be attributed to scarcity of specialized doctors working in KP health facilities.

I was once helping an LBQ woman from my organization to get surgery for fibroids. Sadly, most of the KP health centers I went to did not have the service. Luckily, we were finally able to find one KP clinic that had the doctor and the service. Unfortunately, they told us that priority is given to paying clients, so they gave us a very far date to see the doctor, yet the woman was badly off and heavily bleeding.
(LBQ Organization leader 5)

Positive experiences

Accommodating and friendly KP health centers

LBQ womxn reported positive experiences seeking SRHR services from KP health centers and specifically pointed out DICs with LBQ staff. The womxn emphasized that finding people like oneself at the DIC immediately counseled out feelings of self-stigma and they felt

more encouraged to open up about their health needs. Likewise, one health worker from a KP health facility identified having an LBQ staff member in the premises as one of their most successful strategies that has managed to attract LBQ womxn to seek services at their center.

> ***When I went to one KP health facility and found an LBQ nurse, I felt more comfortable and un judged. I don't feel the same way when I go to similar clinics and find there only gay men. I even find it hard to open up. I just hope all KP clinics could have LBQ womxn working there; it brings some sort of comfort and trust.***
> ***(P10, FGD2)***

3.4 Successful strategies that have increased LBQ womxn's access to SRHR services in the context of the AHA.

These are the successful strategies that different stake holders are employing to increase access to SRHR services for LBQ womxn.

Partnerships and collaborations

LBQ organization leaders, DIC in charges and leaders of LBQ shelters mentioned that working collaboratively such as in consortiums has led to amplified voices in regards to SRHR advocacy and helped them fetch quicker results. Many organization leaders praised collaboration with health centers other KP organizations for bringing forth clearer and quicker referral paths that have enabled LBQ womxn to access SRHR more easily in the context of the law. It was also mentioned that through collaborations and partnerships, many LBQ organizations have been able to procure funding for their SRHR programs.

> ***I think partnerships are very essential because it is through our good relationship with FARUG that we were able to assist and act as their fiscal host to organize an important activity. Working together helps us come through for each other whenever need arises.***
> ***(Ally Organization Leader)***

Because of the good partnership we have with health centers, DICs and other LGBTQ organizations, we can easily refer our clients to HRAPF, TASO or MARPI for services and they get them with ease. Also, courtesy of good partnerships, an organization in Mbale has given us a safe space to speak about SRHR from there and this has greatly benefited our members. (LBQ Organization leader 9)

The peer to peer model

Almost all the health workers in this study commended the peer to peer model as an effective strategy that has helped them to extend SRHR to LBQ womxn. Key features about this model that were mentioned include affordability and how it has made it easy to ferry SRHR commodities and information to even hard to reach areas, ensuring that all are reached without jeopardizing their safety. The work of LBQ peer educators cancels out the possibility of stigma and it has been helpful to many people who are afraid of formals settings such as hospitals because peers use inclusive and local languages.

As peers, we are doing a big job during this time, ensuring that we deliver treatment to LBQ womxn who fear to go to hospitals. We are also doing home visits to ensure that LBQ womxn living with HIV/AIDs are adhering to treatment. Therefore, I think that if our role is strengthened for example through more facilitation, it can increase access to SRHR for LBQ womxn. (LBQ Peer Educator 1)

The Community outreach model

Health workers pointed to the community model as being another very effective way that has increased access to SRHR by LBQ womxn. The community model entails health workers partnering with LBQ organization leaders to meet LBQ womxn outside the health

center to offer SRHR services in a space that feels safe and affirming to them. In other words, they are more like outreaches. The health workers in this study explained that in this model, they are able to find LBQ womxn where they are for example in LBQ organization premises, hangout spots and LBQ social events. The model has been identified as a saver on the problem of LBQ womxn fearing to go to health centers.

I believe that the community model is a very powerful strategy in increasing access to SRHR for LBQ womxn. It just needs to be boosted so that we health workers are often facilitated to go into the grassroots and offer services. We have leveraged gatherings at LBQ organizations, hang out spots and social events to offer services and it has been successful. LBQ womxn who never find time to go for services such as cervical cancer screening and HIVAIDS get the opportunity to access them.
(Health Worker, Government facility)

We have used the community model for quite a time now. What we do is identify an area to reach out to, and then get peers to mobilize the LBQ womxn in the area and make sure they agree to come on the agreed date. On the day of the outreach, we offer services to everyone in the area, knowing well that our peers will bring the LBQ womxn and ensure that they access all the services they need.
(LBQ Organization leader 1)

KP focal points at health centers

Another strategy that has been identified as successful is the designation of LGBTQ focal points or contact persons at each health center who LBQ womxn can easily approach for their needs. When health workers with inclusive attitudes are selected into KP contact positions and considerably remunerated for their efforts,

they have always been able to create trust and thereafter increase in health seeking behavior among key populations such as LBQ womxn.

> ***The availability of a KP contact person at our facility has made our facility attract LGBTQ people including LBQ womxn to freely seek services. However, there is need to station a KP contact point at each health center and also to remunerate them for their contributions to keep them motivated.***
> ***(Health Worker, Government facility)***

LBQ Drop in Centers

Participants pointed to establishment of LBQ specific DIC's as a great strategy that has led to increased SRHR access to LBQ womxn. According to LBQ womxn and their leaders, LBQ DICs, even though not yet sufficient, have been sanctuaries for SRH commodities that would rather be hard to find elsewhere such as lubricants and finger condoms.

> ***Members of my shelter have been able to benefit from the services of the FARUG DIC. The DIC would give us pads and liquid soap to clean out toilets and get rid of UTI's. Even now that it became mobile, we can always relied on it for emergency SRHR such as self testing kits and PEP. We can always just call and have these commodities delivered with no time.***
> ***(P8, FGD1)***

Personal and digital security

From the study, training sessions on physical and digital safety were mentioned as key strategies that have protected LBQ womxn against GBV and IPV. In the discussions, LBQ womxn commended workshops

and trainings on GBV and IPV for making them more able to understand and recognize GBV, IPV and situations that can lead to violence against them in the community and how to avoid them. Additionally, it was mentioned that giving out emergency contacts of organizations such as FARUG, HRAPF and those of LBQ community paralegals has also been very key in saving many LBQ womxn from potentially dangerous situations.

I remember that in those security trainings that FARUG organized, they advised us to fit in and keep low profiles, if it saves us from situations of violence. I wear different styles of clothes everyday to confuse the homophobes. Just as you are about to think I am a lesbian for showing up in tomboy style, I come wearing a gomesi (a traditional and decent dress for Baganda womxn) the next day. This has helped me stay safe in my local community.
(P7, FGD1)

Organizations should continue to find resources to educate LBQ womxn about personal and online security especially in regards to online dating; it is becoming a trap for homophobes to get hold of unsuspecting LBQ womxn and cause violence on them.
(P4, FGD1)

Mental health support spaces

LBQ womxn commended the periodic virtual safe spaces and mental health support meetings as being very helpful in keeping them sane and connected to fellow LBQ womxn in the midst of physical separation due to the law.Some organizations mentioned their hybrid mental health strategies such as putting people into clusters so that they look out for each other remotely as successful means that have kept LBQ womxn closely knitted through regular online and physical meetings.

You know LBQ womxn are using a lot of drugs these days, and since many lost their jobs, they remain home idle and are susceptible to poor mental health. These regular mental health meetings have helped so many LBQ womxn at our shelter; they encourage sharing and collective healing keeping them a float in this difficult time. (P8, FGD1)

We have put people in cliques and clusters headed by peer leaders so that they stay connected to each other virtually and sometimes physically. (LBQ Organization Leader 1)

Storytelling and social media campaigns

LBQ organization leaders mentioned the method of using social media and podcasts to share LBQ womxn's stories and popularize SRHR as a successful strategy that has increased SRHR access for LBQ womxn. Through sharing stories, LBQ womxn have been able to gain visibility and their SRHR needs are gradually becoming known to the public and concerned stake holders. Through the social media campaigns, podcasts and stories shared, some organizations have been able to fundraise for SRHR causes and the method has also been a source of encouragement and strength to many closeted LBQ womxn who read and relate to the stories.

We use our social media platforms such as tiktok, instagram, and x to share LBQ womxn's stories that have touched many other LBQ womxn, even beyond Uganda. We share on topics such as coming out, relationships, mental health and queer parenting among others that have stroke meaningful discussions and returned positive feedback online. We shall continue to share these stories because you never know who a story will touch. (LBQ Organization leader 2)

I believe that social media campaigns are a great strategy for increasing SRHR access. Before the law, our clinic had vibrant social media accounts that many LGBTQ people used to see and they would come for services. Unfortunately, we had to pull down a lot of our content after the law, but social media is definitely a good strategy to let LBQ womxn know about SRHR services and where to find them.
(Health worker, KP facility)

Leveraging of local allies

LBQ organizations shared on the essence of cultivating good relationships with local area leadership and gatekeepers. A good number of organization leaders could attribute their long survival in local premises to the friendly relationships they have built with local leadership. Whereas local allies were emphasized, there is also great need to look out for opposition and find ways to manage it in order to survive in local communities.

A friend of our LBQ shelter who sits on the village's local defense council alerted us of a possible raid at our offices. We had to leave the shelter in the middle of the night and were able to find safety.
(P4, FGD1)

It is always very important to have good relationships with local authorities. Last week, we had an incidence of a security threat but the LC.1 told our programs officer about it and we managed to prepare accordingly.
(Health Worker, KP facility 2)

Strong partnerships with law enforcement and local governments have really worked for us. Police and district officials have always had our back when we fell into problems with homophobic people.
(LBQ Organization leader 4)

SECTION FOUR: CONCLUSION AND RECOMMENDATIONS

4.2 Conclusion

This research has served the purpose of exposing the discrepancy between the government of Uganda's commitment to protecting the health rights of all Ugandans regardless of sexual orientation, gender identity and expression against the lived realities of LBQ womxn in accessing these rights amidst of the Anti-homosexuality Act (2023). This study, whose main objective was to find out the impact of the AHA (2023) on LBQ womxn's access to SRHR services revealed that the government of Uganda is not living up to its commitment of protecting the health rights of LGBTQ persons through striking down sections of the AHA that obstructed access to SRHR to LGBTQ persons and remaining signatory to several international and regional treaties and instruments that uphold health justice and equity for all.

This study has found that the Anti Homosexuality Act (2023) has had crippling effects on LBQ womxn's access to SRHR in Uganda. It has led to the shrinking of safe spaces where LBQ womxn used to meet and access services and commodities. It has increased evictions and homelessness of many LBQ womxn and led to increased harassment of LBQ womxn seeking SRHR services by health providers. Gender based Violence and Intimate Partner Violence increased and there was also a soar in isolation and mental health problems all of which heavily weigh down on LBQ womxn's access to SRHR services.

As they try to access SRHR services in the context of the Act, LBQ womxn experience discrimination, sexual assault, insults, intimidating attitudes and dehumanizing interrogations in regards to their sexualities from health workers. They are forced to dress a certain way before they can access services and are forced to wait for extended periods to access specialized health care among other obstacles. To address the negative experiences, different stakeholders are undertaking different strategies to ensure that LBQ womxn can still have access to SRHR in the context of the law. For instance; organizations are investing in research, strengthening the peer model, leveraging on local allies and training health workers on more LBQ inclusive practice.

These findings have significant implications for policy and practice as they recommend the need for the immediate annulling of the AHA (2023), investment of more funding into LBQ womxn's SRHR needs and strengthening of community focused approaches such as the community and peer to peer model. Additionally, since the research happened in the time of USAID freeze, there was an assertion on the government of Uganda's need to find sustainable solutions to its own people's needs rather than over relying on foreign funding for essential needs such as SRHR. While the study was limited by an unwillingness of some stake holders to participate in the research for fear of being associated with homosexuality, it makes a significant addition to the very thin body of research available on LBQ womxn's experiences since the passing of the AHA (2023) and will be the basis upon which LBQ womxn and allies can demand for policy reforms that promote more LBQ inclusive SRHR services as well as the repealing of the law. Moving forward, the research serves as a call to action for key stakeholders such as LBQ womxn, organizations, donors and allies to remain resilient and continue to join forces against the Anti homosexuality act as they strive to increase LBQ womxn's access to SRHR services in Uganda.

4.3 Recommendations

The parliament is responsible for making laws and holding the state accountable and should do the following to increase access to SRHR services for LBQ womxn in Uganda:

- Repeal the Anti-Homosexuality Act, as it obstructs access to healthcare for already marginalized communities, including LBQ womxn
- Enact laws that protect the right of LGBTQ persons to non discriminatory healthcare
- Amend or revoke laws that violate the rights and freedoms of LGBTQ persons in Uganda.
- Hold government and private health facilities accountable for repeated instances of discrimination against LBQ womxn seeking SRHR services.

To the President of Uganda

The president of Uganda is the head of state and holds power to influence laws. He has the power to execute and maintain the constitution as well as give pardons and should do the following;

- Decriminalize homosexuality in Uganda

To the Ministry of Health

The Ministry of Health holds the responsibility of shaping the country's health care policy as well setting the standards and guidelines in health care service delivery and should do the following to increase LBQ womxn's access to SRHR services:

- Sensitize and Train Healthcare Workers on Inclusive Medical Practices for LBQ Individuals: Despite healthcare workers' willingness to offer culturally competent care, they lack the necessary training and education regarding LBQ womxn's specific health needs. The Ministry of Health should invest in specialized courses that educate healthcare workers on Sexual Orientation and Gender Identity (SOGIE) issues, enabling them to respond effectively and competently to the needs of LBQ womxn.

- Provide Remuneration for Key Population(KPI) contact Points at Health Centers: KP contact points play a crucial role in making Sexual and Reproductive Health and Rights (SRHR) services accessible to LBQ womxn. However, their roles expose them to stigma and potential violence. To en sure they remain motivated and safe, it is essential to pro vide adequate financial remuneration.

- Ensure the Availability of LBQ-Specific Medications and Commodities at Health Centers: LBQ womxn frequently face frustration when attempting to access essential medications and services due to frequent stock-outs at health centers. It is vital to ensure that health centers are consistently stocked with LBQ-specific medications and commodities to encourage continued use of SRHR services.

- Establish a Fund to Support Gynecologists Who Provide Testimony on Behalf of LBQ Clients in Court:

LBQ womxn often face challenges in pursuing justice in cases of corrective rape, as gynecologists are frequently reluctant to examine and testify in court due to a lack of facilitation. The Ministry of Health should establish a fund to compensate gynecologists per court appearance to ensure they are motivated to assist LBQ womxn in seeking justice.

- Strengthen Confidentiality Policies Within Health Centers: Government health facilities often lack the privacy necessary for LBQ womxn to feel comfortable seeking care. The Ministry of Health should designate private spaces in every health center where patients can discuss their concerns with healthcare workers confidentially, thus enhancing trust and encouraging LBQ womxn to fully disclose their health needs.

- Accredit LBQ Drop-In Centers (DICs) for Enhanced Service Delivery: The Ministry of Health should officially accredit LBQ-focused Drop-In Centers (DICs) to ensure they are recognized and able to operate at full capacity. This accreditation will help DICs provide targeted SRHR services to LBQ womxn in the community.ds them.

- Invest in the Establishment of the National Health Insurance Scheme: To ensure equitable access to SRHR services, the Ministry of Health should prioritize the establishment of a National Health Insurance Scheme that includes marginalized groups such as LBQ womxn, thereby improving their access to essential healthcare services.

To LBQ Organizations

LBQ organizations are responsible for mobilizing resources and deciding the priority programs to implement in order to maximize LBQ womxn's rights and wellbeing. They should do the following to advance LBQ womxn's access to SRHR services:

- Invest in LBQ health research and data collection to inform advocacy efforts for policy change.

- Support economic empowerment programs for LBQ womxn, enabling them to achieve financial sustainability and afford their own SRHR services.

- Foster partnerships and collaborations with other organizations and health facilities to establish clear referral pathways for LBQ womxn seeking SRHR services and to take advantage of funding opportunities that benefit consortiums.
- Invest in and promote mental health interventions, such as counseling and psychological support, to help LBQ womxn cope with isolation and mental health challenges caused by the law.

- Expand services to rural areas, as many LBQ organizations primarily focus on urban centers, leaving LBQ womxn in remote regions underserved in terms of SRHR access.

- Create additional safe spaces for LBQ womxn to gather, share SRHR information, and access necessary services and commodities.
- Explore alternative funding sources such as other LGBTQ support
- Leverage digital platforms to disseminate SRHR information and facilitate service delivery through models such as mobile apps and mobile clinics among others.
- Collaborate with Supportive Media: Partner with LGBTQ+-friendly media outlets to amplify the voices of LBQ womxn, sharing their experiences in accessing SRHR services. This collaboration can increase visibility and advocate for more inclusive policies, fostering a more supportive environment for LBQ womxn seeking SRHR services in Uganda

To Health Centers and Health Workers

Health care workers directly interface with LBQ womxn and set the environment in which SRHR services are sought. Their attitudes play a big role in shaping LBQ womxn's experiences of SRHR and below are the things they can do to ensure increased access to SRHR services by LBQ womxn:

- Support the community outreach model by providing health workers with resources, such as transportation, to reach LBQ communities and deliver SRHR services.

- Reduce bureaucratic barriers that delay access to

healthcare in health facilities.

- Provide comprehensive training for all healthcare workers on LGBTQ issues to ensure they can offer competent care to LBQ womxn.

- Designate LGBTQ-friendly Key Population (KP) focal points in all health facilities to make LBQ womxn feel more wel come and supported.

- Develop mechanisms for easy reporting of discrimination against LGBTQ persons by healthcare workers, such as requiring name tags for staff, offering anonymous reporting channels, and regularly collecting client feedback on their experiences at health facilities.

To the Uganda Police Force

The Uganda Police force is responsible for receiving and recording cases of GBV, IPV and violations against LBQ womxn's rights, enforcing laws and protecting the rights of marginalized groups such as the LBQ. Below is what they can do to ensure increased access to SRHR by LBQ womxn;

- Provide training for police officers on Sexual Orientation and Gender Identity (SOGI) diversity, focusing on the protection of LGBTIQ+ persons and their rights.

- Collaborate with LBQ community paralegals to ensure that LBQ womxn can access justice for violations committed against them

- End the unfair arrests of LBQ womxn, ensuring that police focus on genuine investigations rather than being influenced by homophobic biases against LBQ womxn.

To Donors and funding agencies

Donors hold financial resources as well as the power to use them to fund different programs and initiatives as proposed by LBQ organizations and DICs and can do the following to increase SRHR access for LBQ womxn:

- Increase funding for research led by, with, and for LBQ womxn to address their SRHR issues
- Direct more funding specifically to LBQ SRHR issues to en sure that their needs are not overshadowed by broader LGBTQ initiatives.
- Support LBQ womxn in representing their SRHR needs in regional and international forums.
- Provide flexible funding that can quickly adapt to the dynamic and evolving circumstances faced by LBQ womxn in Uganda.
- Encourage fellow donors to prioritize LBQ womxn in their funding and initiatives.

To KP DICs

- Hire more specialized doctors to address the specific healthcare needs of LBQ womxn, such as fibroid surgeries.
- Conduct community outreach programs to deliver SRHR services to LBQ womxn who may be located in remote areas or reluctant to visit health centers due to legal concerns.
- Advocate for the accreditation and increased recognition of LBQ Drop-in Centers (DICs) to secure government support and enhance access to SRHR services for LBQ womxn.

To Mainstream Civil Society

- Collaborate with LBQ organizations on SRHR projects and initiatives to strengthen advocacy and service delivery.
- Amplify the issues faced by LBQ womxn, particularly their SRHR needs, in broader advocacy platforms.
- Offer legal aid support to LBQ Ugandans who face criminalization due to discriminatory laws.

To Communities

- Educate yourself more about LBQ womxn and SOGIE issues to foster greater understanding, empathy, and acceptance, thereby reducing violence against LBQ womxn in communities.
- Report cases of Gender-Based Violence (GBV) against LBQ womxn to the police to ensure accountability and justice
- Create safe spaces for LBQ individuals and organizations to thrive and exist within local communities.

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