SRHR SCORECARD TOOLKIT FOR LBQ WOMXN

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Acronyms and Abbreviations

ART	Antiretroviral Therapy
FARUG	Freedom and Roam Uganda
GBV	Gender Based Violence
HCT	HIV Counselling and Testing
HIV	Human Immune Deficiency Virus
IEC	Information Education Communication
IPV	Intimate Partner Violence
LBQ	Lesbian Bisexual Queer
LGBTQ	Lesbian Gay Bisexual Transgender Queer
SOGIE	Sexual Orientation, Gender Identity, and Gender Expression
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
PrEP	Pre-Exposure Prophylaxis
PEP	Post Exposure Prophylaxis

Introduction

Freedom and Roam Uganda (FARUG) is committed to fast tracking and advancing the realization of sexual and reproductive health rights for LBQ womxn in Uganda. LBQ womxn in Uganda continue to face persistent barriers when seeking SRHR services, including discrimination, stigma, and absence of care that is responsive to their realities. FARUG has responded to these challenges through LBQ-affirming SRHR programming, menstrual health education, and support for intimate partner violence (IPV) survivors. Against this background, FARUG commissioned the development of this score card as a community accountability and advocacy tool to assess the accessibility, quality, and inclusivity of SRHR services from an LBQ perspective.

This scorecard should be understood clearly as a community accountability and advocacy tool not as a routine health facility performance audit. Its primary purpose is not to rank health facilities, instead it is to generate community grounded evidence on how LBQ womxn experience SRHR services, identify gaps that may otherwise remain invisible in other monitoring systems, and create a basis for constructive engagement with health facilities, district actors and national policy makers. In this sense, the scorecard centres

lived experience, rights, inclusion, and service responsiveness rather than narrow institutional performance measurement.

The value of this scorecard lies in its ability to make inequities visible and actionable. Routine health facility assessments often focus on general service outputs, infrastructure, commodities or staffing but may not adequately cover whether LBQ womxn are treated with dignity, whether confidentiality is protected, whether providers use inclusive language, or whether fear of discrimination prevents access to care. This score card fills that gap by producing evidence from the perspective of those directly affected. The findings can then be used to support dialogue, strengthen accountability and advocate for improvements in service delivery and policy.

A concise theory of change underpins this approach. If community monitors collect systematic evidence on the accessibility, quality, and inclusivity of SRHR services for LBQ womxn, then credible data on service gaps, harmful practices and barriers to care will be generated. If these findings are analyzed and shared with health facilities, district health teams and community stakeholders, they can stimulate dialogue, reflection, and joint identification of priority areas for action. If this dialogue leads to concrete

improvement plans at health facility and district levels, then service delivery practices can gradually become more inclusive, respectful and responsive. Additionally, if evidence from multiple districts is aggregated and used in advocacy with national actors including the ministry of health, and relevant partners then it can inform wider policy discussions, resource allocation and the strengthening of standards for inclusive SRHR service provision. The intended long-term result is improved access to safe, dignified and affirming SRHR services for LBQ womxn in Uganda.

Seen in this way, this score card is both a monitoring mechanism and an advocacy strategy. It enables community generated evidence to move beyond documentation towards action. At the health facility level, it supports feedback and service improvement. At district level, it provides a basis for accountability and planning, while at national level it contributes to evidence for advocacy and policy influence. This makes this score card an important instrument for linking lived experience, community voice, and systems improvement in pursuit of sexual reproductive health rights for LBQ womxn in Uganda.

Purpose of the scorecard

This score card is a high-level strategic tool to track progress at health facility level across the country in the implementation of SRHR strategies for LBQ womxn against core indicators. The indicators included in the score card are multidimensional. Accountability for results will need to be shared by LBQ womxn organisations, partner health facilities, LGBTQ+ led organizations, networks of key populations, development partners and the ministry of health division for Key populations. The periodic updating of the score card will not only track progress made, facilitate comparative inquiry, inspire the emergence of inclusive SRHR practices that respond to the needs of LBQ womxn, but also seeks to achieve stronger results for individuals and communities, facilitate the exchange of lessons learnt and promote accountability. The main objective of developing this scorecard therefore was to generate actionable data for advocacy and service improvement.

Criteria for selecting Indicators

Indicators were derived from meetings and interviews conducted with health service providers across the country that work with health facilities that provide SRHR services to LBQ womxn. The

health facilities included both public and private owned facilities.

Additional contributions were gathered from surveys conducted with LBQ womxn across the country. The indicators reflect the required multisectoral response and consist of a balance of impact, outcome and process indicators.Additionally, they consist of a mix of indicators for which data is readily available and aspirational indicators that reflect the SRHR ambitions and are in alignment with the needs of the LBQ womxn in Uganda.

Scorecard Indicators and Reporting

The score card consists of eight (8) priority areas of assessment/indicator groups and 44 indicators that reflect areas for accelerated action if the LBQ womxn are to receive SRHR services at health facilities. Graphs will be generated that will show the trends per district over time against the indicators, where appropriate. The following are the priority areas that will have several indicators to be included in the score:

1. Core SRH service availability
2. Respectful and non-discriminatory healthcare
3. Confidentiality and safe disclosure
4. Inclusive Language and provider confidence

5. Access and affordability
6. Information and education
7. GBV and psychosocial response
8. Community linkages and accountability

Methodology for scoring the score card

The score card aims to inspire accelerated action by health facilities to improve the SRHR of all people specifically for LBQ womxn. An individual indicator scoring approach will be used to measure progress to health facility performance on the indicators in this score card.
Indicators will be scored on a quarterly basis. The scoring scale will be as follows:
0=Services Not available/No/Never/Harmful/Need urgent action
1=Services Partially available/Inconsistent/depends on the provider or time
2=Services Available and reliable/Yes/Standard practice.

Reverse Indicators Scoring
0=Frequent, documented or widely reported denial of services due to inability to pay
1=Occasional or inconsistent denial of services due to inability to pay
2=No reported or observed denial of services due to inability to pay.

Scores Interpretation

Each indicator in the scorecard is rated on three-point scale (0-2) to assess availability, quality and consistency of SRHR services and practices for LGBQ womxn. The scale captures both the presence of services and the lived experience of clients (LBQ womxn).

A score of 0 indicates the service, policy or practice is not available, not provided, has never been provided, needs urgent action. This includes situations where services are denied, absent or never implemented or where clients experience stigma, discrimination or unsafe conditions. A score of 0 signals critical gaps and requires urgent corrective action.

A score of 1 indicates that a service, policy or practice exists but is only partially available or inconsistently implemented. Access to this service or practice may depend on provider availability, or time, or circumstances and quality may also vary. Under this score, clients may receive support sometimes but not reliably. A score of 1 thus reflects moderate performance and highlights areas that require strengthening and standardization.

A score of 2 indicates that the service, policy or practice is fully available, consistently provided/ implemented and functioning as a standard practice. Clients can reliably access this service without barriers, stigma or discrimination or variability in quality. A score of 2 represents good performance and alignment with inclusive, rights affirming standards of care.

Together these scores allow health facilities to identify priority gaps, track improvements over time, and move progressively from inconsistent or harmful practices towards reliable, safe and inclusive service delivery.

Some indicators will be reverse scored. These are indicators phrased in a negative or risk-based form, where the absence of harm or barriers represents better performance. For reverse scored indicators, a higher score still represents better performance but scoring must be interpreted in the opposite direction of the risk being measured. For example, for the indicator 18 ‘no denial due to inability to pay’ a score of 2 means that clients are not denied services because of inability to pay and this is consistently true in practice.

A score of 1 means denial of inability to pay occurs sometimes or in certain circumstances. A score of

0 means inability to pay is common, documented or reported as a significant barrier. Reverse scored indicators should be clearly marked in the scoring sheet to avoid inconsistent interpretation across monitors.

Score Calculation

Scores shall be calculated for each priority area using the number of indicators in the priority area. Each priority area has a different number of indicators. For example, PA1 has 9 indicators, PA2 has 3, PA4 has 4, PA4, has 4, PA5, has 4, PA6 has 4, PA7 has 10 and PA8 has 6. The score for a priority area will be obtained by summing all indicators under that area and dividing this by the maximum possible score for that priority area. Since each indicator is scored on a scale of 0-2, the maximum score for a priority area is the number of indicators in that priority area multiplied by 2. the results shall then be multiplied by 100 percent to generate a percentage score for that priority area.

Priority area score (%) = (Sum of Indicators of scores for that priority area ÷ Maximum possible score for the priority area) × 100

PA1: Core SRH service availability

9 indicators × 2 = maximum score of 18

PA1 Score (%) = (Total PA1 score ÷ 18) × 100

PA2: Respectful and non-discriminatory healthcare
4 indicators × 2 = maximum score of 8
PA2 Score (%) = (Total PA2 score ÷ 8) × 100

PA3: Confidentiality and safe disclosure
4 indicators × 2 = maximum score of 8
PA3 Score (%) = (Total PA3 score ÷ 8) × 100

PA4: Inclusive language and provider confidence
4 indicators × 2 = maximum score of 8
PA4 Score (%) = (Total PA4 score ÷ 8) × 100

PA5: Access and affordability
4 indicators × 2 = maximum score of 8
PA5 Score (%) = (Total PA5 score ÷ 8) × 100

PA6: Information and education
3 indicators × 2 = maximum score of 6
PA6 Score (%) = (Total PA6 score ÷ 6) × 100

PA7: GBV and psychosocial response
10 indicators × 2 = maximum score of 20
PA7 Score (%) = (Total PA7 score ÷ 20) × 100
PA8: Community linkages and accountability
6 indicators × 2 = maximum score of 12
PA8 Score (%) = (Total PA8 score ÷ 12) × 100
A worked example can be. If a facility scores 12 out of 18 in PA1, then:

PA1 Score (%) = (12 ÷ 18) × 100 = 66.7%

If a facility scores 15 out of 20 in PA7, then:

PA7 Score (%) = (15 ÷ 20) × 100 = 75.0%

Then the percentages obtained can be further grouped as
0 to 39% = critical gaps requiring urgent action

40 to 59% = weak performance requiring substantial improvement

60 to 79% = moderate performance with room for strengthening

80 to 100% = strong performance and more consistent inclusive practice.

Guidance on Missing Data

Missing data shall not automatically be scored as 0 (Zero), since this may unfairly penalize a health facility where evidence could not be obtained during the assessment period. Where data for an indicator is unavailable, incomplete or could not be verified, the indicator should be marked as missing or not scorable rather than assigning a zero score. A missing score may be used only

where there is genuinely insufficient evidence after reasonable attempts at verification through interviews, observation, document review and follow up. Missing indicators shall be excluded from the denominator when calculating the percentage score for a priority area. However, if more than a defined threshold of indicators within a priority area are missing, the priority area score should be reported with a caution note stating that the result is based on incomplete evidence. For this score card a practical threshold would be 25% of indicators in a priority area with the threshold converted into whole numbers for each priority area. This is a reasonable balance between data quality and fairness. It prevents facilities from being scored on very weak evidence, but it also avoids penalising them too quickly where only one item could not be verified. The scorecard currently has priority areas of very different sizes, ranging from 3 indicators in PA2 to 10 indicators in PA7, so one fixed number for all areas would not be appropriate. A priority area score may be calculated only where at least 75 per cent of its indicators are scorable. If more than 25 per cent of indicators in a priority area are missing or unverified, the priority area score shall be marked as incomplete and interpreted with caution rather than reported as a valid percentage. Using the current scorecard structure, that would translate into the following thresholds: PA1 has 9 indicators,

so up to 2 missing can still be scored, but 3 or more should trigger an incomplete flag. PA2 has 3 indicators, so only 1 missing may be tolerated, and 2 or more would make the score incomplete. PA3 has 4 indicators, so only 1 missing is acceptable. PA4 also has 4, so again only 1 missing is acceptable. PA5 has 4, so the same rule applies. PA6 has 4, so again 1 missing maximum. PA7 has 10 indicators, so up to 2 missing can still be scored, but 3 or more should trigger caution. PA8 has 6 indicators, so up to 1 missing is acceptable, but 2 or more should trigger an incomplete score. These area sizes are visible in the current scoring template.

Repeated missing data on the same indicator should trigger follow up because it may itself signal a documentation, transparency or accountability gap at the health facility.

Responsibility for Scoring

Scoring under the LBQ SRHR scorecard will be conducted jointly by trained community monitors and the project coordination team to ensure accuracy, fairness and accountability. Community monitors will be responsible for collecting data through structured interviews, observations and facility checklists using the standardized scorecard tool. They will then assign preliminary scores to

each indicator based on documented evidence and participant responses following the defined scoring criteria of 0-2 scale.

To strengthen objectivity and reduce bias, scores are then reviewed and validated by the coordination team through data quality checks, triangulation of LBQ community data (this is data collected by LBQ organisations say on a monthly basis on access to SRHR service by LBQ womxn) and health facility data, across indicators. Where discrepancies arise, clarification is sought through follow up verification rather than assumption.

Health facilities do not self-score; rather they are engaged in reviewing findings and providing additional context during feedback sessions. Final scores are determined independently without the health providers based on evidence collected and documented through the monitoring process.

This approach ensures that scoring reflects lived experiences and observable practices while maintaining transparency, credibility and independence in assessing service quality and inclusivity.

Scorecard Findings Reporting

Indicators shall be scored and reported periodically at agreed intervals during the year. Each reporting round shall generate a facility specific score update, red flag review, and action-oriented feedback summary. Comparative analysis across reporting periods shall be used to track progress over time. The LBQ SRHR score card shall be implemented through periodic reporting. Periodic reporting means that data will be collected, reviewed and reported at regular intervals within the year to support continuous monitoring, timely identification of service gaps and faster corrective action. A quarterly reporting cycle is recommended where feasible, although the exact interval may be adapted depending on organisational capacity, security considerations, availability of community monitors and facility level data. LBQ womxn organisations will find a focal person to coordinate the populating of the score card. Completed scorecards shall be submitted to FARUG for technical review, validation, and consolidation before sharing with relevant partner health facilities and the Ministry of Health division responsible for key populations. Findings from each reporting period shall be presented in feedback sessions with facilities to review scores, discuss red flags, agree on priority improvement actions, and document

commitments for follow up in the next reporting round. Where appropriate, summary findings may also be shared through LGBTQI+ platforms and other accountability spaces and other relevant community and civil society platforms to strengthen collective learning, advocacy, accountability and service responsiveness. Under periodic reporting, community monitors and the project coordination team shall collect and review evidence at each reporting interval using the standardized scorecard tool, structured interviews, observations, facility checklists, and available community generated data. At the end of each reporting period, indicator scores shall be assigned, validated, and compiled into a facility level progress summary. This summary shall show the score for each priority area, any areas of concern or gaps identified, key changes since the previous reporting period, and specific actions required for improvement.

Periodic reports should not be treated as standalone snapshots only. Each round of reporting should compare results with the previous reporting period in order to identify trends, persistent gaps, areas of improvement, and facilities requiring additional follow up. This allows the scorecard to function as a community accountability and service improvement tool rather than a once-a-year assessment exercise.

A consolidated annual summary may still be produced at the end of the year to present cumulative progress, recurring challenges, lessons learnt, and advocacy priorities. However, the primary accountability mechanism shall be the periodic reporting cycle, which enables more responsive dialogue between LBQ womxn organisations, partner health facilities, FARUG, and relevant Ministry of Health structures.

Flag any health facilities if any of the following occur:

- Majority of LBQ womxn report stigma and discrimination.
- Majority unsafe to disclose their gender/ sexuality.
- Confidentiality breaches reported
- High service denial due to inability to pay for services
- High avoided healthcare due to fear/ harassment/legal risks

High risk concerns[1] shall not be averaged or included in score calculations. Any health facility with a high-risk concern identified shall require an immediate improvement plan, even where its overall score is moderate or high.

1 High risk concerns refer to problems that expose LBQ womxn to immediate harm, denial of care, unsafe disclosure, or serious exclusion, even if the facility's average score appears acceptable. These include stigma and discrimination reported by the majority of LBQ womxn, unsafe disclosure of sexual orientation or sexuality, breaches of confidentiality, avoidance of healthcare because of fear, harassment, or legal risks.

Scoring Template for Health Facilities

LBQ SRHR Health Facility Scorecard-Field Scoring Sheet
District:
Health Facility Name:
Date:
Monitor(s):

Priority Area (Area of Assessment)	Indicators	Scores for each indicator (0-2): 0=Not available/No/ Never/Harmful/Need urgent action 1=Partially available/ Inconsistent/ depends on the provider or time 2=Available and reliable/Yes/Standard practice	Total Score Per Priority Area ((PA1÷8) x 100%=Score for Priority Area 1(PA1)
PA1: Core SRH service availability	1. SRHR services available 2. STI screening/ prevention/treatment available 3. HIV services (HCT/ART/PrEP/ PEP/condoms/lubes/PMTCT) 4. Contraception options available 5. Menstrual hygiene infrastructure [2] 6.Antenatal services for LBQ womxn available 7.Delivery services for LBQ womxn available 8.Post natal services for LBQ womxn 9. Post Abortion care (PAC) services for LBQ womxn available		
PA2: Respectful and non-discriminatory healthcare	1.Treated with respect and dignity 2. Providers ask questions without judgement 3. Stigma discriminatory comments are absent 4.Health Providers seek informed consent before conducting any medical assessments or examinations		

2 These should include: private place for changing menstrual materials , clean toilets with water and soap, covered disposal bins, LBQ inclusive menstrual information materials, confidential space for discussing menstrual health concerns with a health provider.

PA3: Confidentiality and safe disclosure	1. Confidentiality/privacy respected 2. Safe to disclose sexual orientation/relationship status 3. Private consultation spaces/ procedures exist 4. Staff trained on confidentiality/data protection		
PA4: Inclusive Language and provider confidence	1. Health providers use language that is affirming and inclusive to diverse identities 2. Staff trained on SOGIE/Sex Characteristics 3. Non-discrimination policy displayed 4. Inclusive SRHR clinical guidelines available		
PA5: Access and affordability	1.Services affordable 2. No denial due to inability to pay (reverse) 3. Flexible hours 4. Distance/transport not a barrier		
PA6: Information and education	1. Clear/accurate relevant affirming LBQ-relevant information that reflects diverse identities is available 2. Affirming IEC materials or education provided for LBQ womxn 3. Peer/community outreach conducted		
PA7: GBV and psychosocial response	1. GBV screening and counselling services for LBQ womxn available 2.Drug and substance use routine screening and counselling 3. Mental health assessments for LBQ womxn and psychosocial support. 4. Availability of Harm Reduction Services 5. Referral pathways for violence/ mental health 6. PEP/emergency contraception available 7. GBV focal person for LBQ clients exists at the health facility 8. Toll free lines for GBV support for survivors are available 9.Follow up mechanisms for survivors of GBV or other harassment are available 10. Documentation of GBV against LBQ womxn cases exists		

PA8: Community linkages and accountability	1. Collaboration with LBQ/ community organisations exists 2. Peer educators present at health facility 3. Client feedback mechanisms exist 4.Data collected is disaggregated into gender/sex 5. Data collected is used for service improvement 6.Health service providers receive training on comprehensive LBQ SRH needs		
Overall Summary			
Overall Score=			
High Risk Concerns Present: Yes/No			
If Yes, Specify any high-risk concerns:			
Key Actions: Top three (3) areas that need strengthening or improvement			
1:			
2:			
3:			
Any other remarks:			

FARUG

CONNECT WITH US

0800 100 093

faruginfo@gmail.com

www.faruganda.org