BASELINE ANALYSIS ON THE POLICY ENVIRONMENT FOR ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND HIV & AIDS SERVICES FOR LGBT PERSONS IN UGANDA

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RESEARCH BRIEF

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1. INTRODUCTION

Sexual and Reproductive Health (SRH) can be defined as a state of complete physical, mental and social wellbeing in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce and the freedom to decide if, when and how often to do so. Sexual and Reproductive Health Rights (SRHR) form part of the right to health and is protected under international, regional and domestic instruments.

Lesbian, Gay, Bisexual and Transgender (LGBT) persons have particular SRHR needs that differ from that of the general public. According to the World Health Organization (WHO), a minimum package of SRHR services to LGBT persons ought to include the following:

- HIV prevention services including condoms and condom-compatible lubricants
- Post exposure prophylaxis (PEP) and Pre-exposure prophylaxis (PrEP)
- Behavioural interventions such as risk reduction counselling
- Voluntary HIV testing and counselling in community and clinical settings with linkages to prevention, care and treatment services
- HIV treatment and care including antiretroviral treatment and management
- Prevention and management of co-infections and other co-morbidities including prevention, screening and treatment for viral hepatitis, tuberculosis, and mental health conditions
- Sexual and reproductive health interventions
- Contraception
- Safe abortion services
- Post-abortion care services
- Diagnosis and treatment of STIs
- Screening for cervical cancer and HIV-related cancers
- Gender affirming services

There are numerous policies in Uganda which provide for access to SRHR/HIV and AIDS services to the general population. The extent to which these provide for LGBT persons in particular is not clear, and the policies have gaps, which affect service provision to LGBT persons. There are also implementation challenges in respect of existing policies.

This policy analysis assesses the policy as well as policy implementation gaps regarding access to SRHR and services generally and HIV and AIDS services for LGBT persons in Uganda.
The study is qualitative. Data collection included a desk review of policy documents; 4 Focus Group Discussions with LGBT persons and 16 Key Informant Interviews with stakeholders from the Ministry of Health, the Uganda AIDS Commission as well as local and international non-governmental organisations. The following policies were analysed:

- The Investment Case/Revised Sharpened Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health (MOH 2016)
- The Uganda Family Planning Costed Implementation Plan, 2015–2020 (CIP)
- The National Adolescent Health Policy (MOH 2004)
- The National Policy Guidelines and Service Standards for Reproductive Health Services (MOH 2001)
- The National Strategic Plan (NSP) for HIV & AIDS 2015/16–2019/20
- The Anti-stigma Policy (2018)
- The National HIV Testing Services Policy and Implementation Guidelines (MOH 2016)
- The Roadmap for HIV Prevention (UAC 2018)
- Training Guide for Health Service Providers to provide Key, Vulnerable and Priority Population-Friendly Health Services in Uganda developed by the Ministry of Health.
3. FINDINGS

1. There is no specific mention in Uganda’s policies and guidelines of LGBT persons as target groups for SRHR and HIV intervention, apart from Men who have Sex with Men (MSM) who are considered a Key Population (KP) in the HIV response. LGBT persons’ access to SRHR services are thus not addressed apart from HIV/AIDS and their identity as one of the main drivers of the disease. Overall, the policies do adopt the principle of equity in service delivery, which is the view that services should be provided to all on the basis of fairness, without discrimination. This principle can be used to advocate for the inclusion of LGBT persons in service delivery, even though they are not specifically mentioned.

2. There are a number of facilitative factors which enhance LGBT persons’ access to SRHR services: These include: facilities where KP-friendly services have been established and health workers trained; linkages to referral systems; support from romantic partners in accessing services; the relative liberalism in urban centres; increased self-efficacy from LGBT persons; strong advocacy from the KP CSO fraternity and the letter from the Director General of Health followed by a Ministerial Directive on non-discrimination in provision of health services issued in 2014.

   You don’t have to disclose your sexual orientation because by the time you go to the health facility you know someone you are going to meet and the one to welcome you. So you go when you have a focal person to meet you (FGD, Women who have Sex with Women).

   There’s an advantage for us here in town because culture is not so much considered but in villages culture is much respected and people lack information. Homophobia is much in the villages and we request them to be helped out, be sensitised (FGD, Women who have Sex with Women).

3. There are a number of barriers to access to SRHR services by LGBT persons, which include: lack of awareness on LGBT issues by service providers; social stigma and negative attitudes; an inadequate number of health workers trained to provide KP-friendly services; service procedures and arrangements requiring partners to be tested together; shortage of needed services; limited service spread-out; inadequate equipment and infrastructure; budgeting and coordination issues as well as limited information about available services and limited statistics on the numbers and needs of LGBT persons in Uganda.

   Even some counsellors are of poor conduct because you have a problem and you go to visit a counsellor. Instead of him/her advising you like a counsellor he starts convincing and judging you like, why can you not leave this habit and character of homosexuality and go and get married. You see the person discouraging you instead of giving you counselling (FGD, Women who have Sex with Women).
Transgender women fail to access SRHR services at some health facilities. Like when one transgender woman comes and she fails to introduce herself properly. In most cases they have to disguise as either male or female. You can’t even express yourself here in Uganda that you are different, it’s not allowed. So as a transgender woman one has to hide, you can’t express yourself, you can’t introduce yourself freely and at the end of the day you fail to get the rightful service because you may have anal warts and you fail to disclose it to a health provider because she will start asking how you got them, so due to that many of them do not speak out (Key Informant, LGBT Organisation).
4. THE IMPLICATIONS OF THE POLICY AND IMPLEMENTATION GAPS ON THE HUMAN RIGHTS OF LGBT PERSONS

The study finds that the policy gaps as well as policy implementation gaps have the effect of limiting various rights of LGBT persons. The absence of adequate and accessible SRHR services for LGBT persons inhibits their right to health as well as their reproductive rights, which in turn limits their right to a family.

*PEP services are only available in certain health facilities. We have members that get raped, but they cannot access PEP services and it makes them get infections. Others say they do not even know about the availability of PEP services. Many lesbians are raped, and they get unwanted pregnancies but remember there’s an abortion bill which restricts them from aborting yet they don’t want to give birth (Key Informant, LGBT Organisation).*

Challenges in accessing SRHR services on the basis of sexual orientation and / or gender identity also limits the right to equality and freedom from discrimination. Limited and inadequate access to preventive tools, such as dental dams and lubricants, treatment and medicines for HIV and other sexually transmitted infections violates the right to dignity and personal integrity and could even lead to the violation of the right to life.

*In terms of stigma, these people are afraid of coming to these facilities to pick access services because of their sexual orientations. So they are definitely not going to be on medicine and they are going to infect their partners due to stigma that they experience when they go to facilities to access services. That has an impact on the progress that has been gotten in combating HIV AIDS spreading in the country (Key Informant, Human Rights CSO).*
5. RECOMMENDATIONS

To the Government of Uganda (GOU) / Ministry of Health (MOH)

• Make SRHR / HIV and AIDS policies more inclusive and explicit for sexual and gender minorities.

• The on-going efforts to train health workers to provide KP-friendly services are commendable and should be scaled up. MOH and partners should train health workers about different kinds of sexes, gender and how to handle persons with different gender and sexual identities and orientations. The MOH and partners should provide more funding to support these activities.

• MOH should scale up the availability of all services included in the minimum package of services for KPs and the additional services tailored to the specific needs of different LGBT sub-groups including PrEP and safe male circumcision and ensure they are readily accessible.

• MOH in collaboration with CSOs should create more awareness about the availability of PEP and PrEP services.

• GOU/MOH should ensure procurement and availability of commodities that reduce the risk of transmission of HIV and other sexually transmitted infections, as well as commodities such as hormones for gender affirmation. Lubricants and drugs for the management of drug addictions should be included on the essential medicines list.

• GOU/MOH should also recognise LGBT organisations as partners in the campaign to improve SRHR and to fight HIV and other infections.

To human rights and LGBT Civil Society Organisations

• Human rights organisations should continue the advocacy and legal efforts to improve the legal and political environment surrounding LGBT issues in Uganda.

• LGBT organisations and partners should conduct more research and generate evidence to facilitate planning, advocacy and policymaking that is inclusive of LGBT issues.

• LGBT-focused CSOs should train LGBT persons about their sexual and reproductive health status, needs, risks and services available in order to promote demand and utilisation of services.

• Human rights organisations and LGBT-focused CSOs should engage more with communities, local leaders, law enforcement officials, and other stakeholders to change attitudes towards LGBT persons and reduce stigma and discrimination.
To Health Service Providers (CSOs, Health Facilities)

- SRHR / HIV and AIDS service providers should scale up the use of tested approaches that work well with LGBT persons such as peer-led and community outreach approaches in order to reach LGBT persons.

To Parliament of Uganda

- The Parliament of Uganda should reform laws that negatively impact the environment for LGBT persons to seek and access services including those that criminalise sex work, same-sex marriage, and same-sex sexual acts.

- The Parliament of Uganda should allocate more financial resources towards scaling up HIV and SRHR services across the country, including those for training health workers in working with KPs, procurement of necessary commodities and supplies, and expansion of services geographically.

To other sectors

- Other relevant sectors, namely, the Justice Law and Order Sector, the Social Development Sector, Education and others should, as part of their roles provided for under the Multi-Sectoral HIV and AIDS framework developed by the Uganda AIDS Commission, work to remove barriers to access to services for LGBT persons.
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