

ENGAGEMENT WITH HEALTH CARE PROVIDERS.

BY

**UGANDA NETWORK FOR TRANSGENDER AND GENDER
NON-CONFORMING PERSONS (UNTGNC)**

**IN COLLABORATION WITH
THE MOST AT RISK POPULATION INITIATIVES (MARPI)**

18TH- JUNE 2016,

GRAND GLOBAL HOTEL.

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INTRODUCTION.

The Uganda Network for Transgender and Gender Non-Conforming persons (UNTGNC) registered Trans network Uganda limited is an organization that advocates for human rights and reaches out to transgender and gender non-conforming persons on all other issues. It puts focus on human rights and health care for Trans persons and gender non-conforming (GNC) persons.

The Most At Risk Population Initiative (MARPI) is an organization operating a clinic at Mulago National Referral hospital providing special attention to LGBTIs and other sexual minorities. MARPI identified the challenges that were faced by sexual minorities as they access healthcare services especially HIV related care. Overtime, MARPI has provided a platform where sexual minorities can access HIV care and help reduce the prevalence rates which are high.

UNTGNC identified MARPI as an important partner that can function as an entry point between UNTGNC and Members of Parliament and other stakeholders in the fight for trans recognition in the health care system as well as in society at large. MARPI has also been the pioneers in giving LGBTIQ persons in Kampala (and Uganda at large) proper and respectful treatment.

The engagement was in collaboration with MARPI healthcare providers and the trans persons. This meeting was to have a meaningful engagement with healthcare providers, understand more about the needs of Trans persons in encountering the health care system. Identify challenges faced by sexual minorities as they seek health services, come up with possible solutions to the identified challenges and clearly define the terms gender and sex.

The engagement had 30 participants most of which were healthcare providers alongside transgender people from UNTGNC.

DISCUSSIONS.

Kim Mukasa (Transgender person)

Trans and LGB persons have different challenges in life and health wise. Getting a greater understanding of these differences can be a matter of life and death. Here it is important to note that trans persons are more at risk than the rest of the LGB community at large. This is because of many reasons. One of them is that trans persons have become the face of homosexuals in Uganda, even if many trans persons do not even look at themselves as homosexuals. This is where the terms gender identity, sex and sexual orientation is important. Sex, or biological sex is the sex assign at birth. Gender is at the other side a social construction. Gender is how society perceives what characteristics are identified as being male and female, feminine and masculine. Another way of looking at sex and gender in connection to trans persons is that sex is between the legs and gender is between the ears.

In relation in talking about trans gender persons there is another term that often pops up. This is the term intersex. Here it is important to know that this is two wide different things. Intersex persons are people where there is difficult in describing the persons biological sex, because they will have genitals of both female and male characteristics. A trans person on the other hand is someone that is either biological male or female, but identify themselves as the other sex, or neither.

Talking about trans persons there are a lot of different terms. Transgender, transsexual, cross dressers/transvestite/drag queens, third gender and so on. Mostly these are terminologies used in Europe, in Uganda the word transgender is preferred because it fits better when the person has not gone through sexual reassignment treatment. While the word transsexual is assign to persons that has gone through surgeries and hormone treatment. The other terms mentioned above is often used for people that is not transgender, they may just like to have another external gender expression, not a different internal gender identity as a trans person does.

When it comes to trans persons and health care, there is one thing that stands out, that is different from what other people may need/want. This is gender re – assignment treatment. This can be a part of a trans persons transition. Transitioning is a process, and it starts in the brain and may or may not (depending on the persons need) need medical intervention. In the form of surgery and/or hormone treatment, hormones are the cause of our body’s changes, if you change the balance of hormones in your body, the body will change. In form of a biological man can form breasts if the level of estrogen rises or a biological female may acquire a beard if the level of testosterone rises. The hormones that is possible to get in Uganda today is Benezar and Duphastori. The surgery needed for gender –reassignment is expensive, and difficult to find surgeons familiar with these procedures. That is why Tranz Network Uganda has to be a part of the work of informing health workers with the right skills about what is needed.

Majoline Nakimuli: (Health care provider-MARPI)

Majoline has a long experience working with key populations. In 2008 she and MARPI started reaching out to the LGBTI community and sex workers. They engaged the police in reaching out to Gender and Sexual Minorities for them not to stigmatize this particular population. It has not been easy as she noted, in the beginning they did not know how to handle LGBT persons, or what to do. MSMs and sex workers were the first to stand up with MARPI in parliament and talk about their challenges and needs in the healthcare system. In the beginning they didn’t think they needed to talk to the transgendered and the lesbians. They thought only the MSM got HIV and had health challenges. This is now something they know to be untrue. Previous experience with key populations has showed MARPI and health workers the importance and things to know while addressing transgender persons. Now MARPI is more aware of trans persons need of medical treatment, and most importantly the need of surgical procedures is going to start working on identifying surgeons with the proper skills, then make them LGBTI friendly. MARPI will also look into the laws and the politics, if they meet problems, they will start advocating and make the surgeons comfortable with the procedures. Majoline also emphasized the need of a risk assessment plan, to always be aware of possible dangers when working with LGBTI populations

Narratives from Mbale:

During the engagement, two trans men from Mbale were kind enough to participate in the workshop. They travelled all the way from Mbale the day before just to ensure input from outside Kampala and highlight the need of outreaches to other places in Uganda. They us about their plight to get healthcare services in Mbale. They noted that there are limited choices for trans people but to treat yourself, because the healthcare providers do not understand them, and end up pointing fingers, laughing and putting them in the spotlight while at the clinics therefore they asked UNTGNC not to leave them out but rather include them in the trans educative, informative and other advocacy activities.

ADVOCACY STRATEGY

After participatory discussions, the following Advocacy strategies were adapted;

1. Sensitize more health workers and inform them what transgender means.
Especially engage surgeons and making gender re – assignment possible. Find out the cost of these surgeries and the time frame for when these can be available.
MARPI agreed to be a part of this entire process.
2. Look into the laws, medical act, code of ethics and the surgeon’s oaths, to ensure the law has no hindrances, and to overcome any if they exist.
3. Engage policy makers, for the assurance of the knowledge that trans persons exist, something the health policy doesn’t have today.
4. Continuous engagement with MARPI, in the form of dialogue meetings to sensitize more health workers, especially the heads of MARPI.
5. Come together as one, train peer leaders; work on outreaches to better include a greater number of trans persons. Train at least 15 constant healthcare providers from MARPI, for a more efficient healthcare. Create a partnership with Butabika hospital for helping trans persons with mental health. There is also a problem on not understanding each other on both sides. Trans persons might take offence of the healthcare providers approach, whilst the healthcare providers are acting or talking out of ignorance, not hostility.

6. Documentation: Collaborate with the people at MARPI that works in the department of statistics and IT for a more throughout mapping of the trans population.
7. Train the community to identify who are trans and who is a tomboy. Because a lot of trans persons are struggling with their identity, not understanding themselves and possible never heard the word transgender. This especially in rural areas.
→Important to reach out to these persons. Can be done by collaborating more with local LGBTI organizations in rural areas, because they can more easily identify and map their inhabitants (use them as an entry point).
8. Creating a website describing who you are properly, so if there are someone that needs information, it is possible to refer them to this website.

RECCOMENDATIONS-(Extracted from the evaluation forms)

- Team work and Focus of trans persons
- Tranz Network should engage surgeons to provide friendly trans healthcare
- Advancing trans rights and ensuring policies in place to help in strategic planning and effective service delivery
- More educative dialogues but also we should adopt trainings for more understanding of who a transgender person is? Gender Identity, Sexual Orientation and general topic of Sexuality
- Hormonal and surgical issues need to be addressed
- Strategy on how to advocate for hormones and Sex re-assignment surgery
- Transgender and the law in Uganda
- Engaging with policy makers to increase trans knowledge, awareness and recognition
- Data Entry of transgender issues and number in Uganda-Marpi recommends us to borrow their data entrants expertise when needed
- Public education about transgender persons
- Reach out to as many trans persons as possible about HIV/AIDS related interventions
- More sensitization for MARPI health service providers

CONCLUSIONS.

The engagement saw a wide number of issues raised. Trans gender persons pointed out most of their challenges they face while they seek health care services. On the other side there was an informative session by healthcare providers whom showed the various sexual related diseases that sexual and gender minorities are at risk of getting if they don't have proper healthcare and information. The engagement provided a platform where both the healthcare providers and trans persons were able to engage freely and see how best to address the challenges faced by gender and sexual minorities as they seek health services or care.

As noted from the advocacy strategies and recommendations, there is need for such more engagements if there is to be meaningful dialogue between healthcare providers and trans people. There is need to train more healthcare providers who seem to be very ignorant about the challenges faced by gender and sexual minorities especially trans persons. There is a clear misconception about gender minorities and sexual minorities that must be urgently addressed and healthcare providers are a very important starting point.

It was also noted that much as there is a general misconception about gender and sexual minorities in Uganda, it's much higher in rural areas. In urban areas like Kampala, they are few organizations that advocate for LGBTI rights and you can find 1 or 2 in rural areas that advocate for LGB but have little or no knowledge about the trans to be more specific transgendered persons, however, in rural areas they are completely left out and hence are left exposed to the risks of HIV and other diseases given the fact that no interventions have been made to change the misconceptions about them as noted by participants from Mbale hence there is need for more engagement with health workers and other stake holders across all of Uganda.

APPENDIX 1.

AGENDA

ACTIVITY	TIME	FACILITATOR
Arrival	8:30 – 9:00am	Mac
Opening remark, introductions and expectations	9:00 – 9:30am	Williams
Breakfast	9:30 – 10:00am	Mac
Gender Identity Vis-à-vis Sexual Orientation	10:00 – 11:00am	Apako Williams/Kim/Mac
Health experts experience working with Gender and Sexual Minorities	11:00 – 11:45am	Majoline Nakimuli
Developing an Advocacy Strategy for continuous engagement with health service providers	11:45 – 12:45pm	Kim
Panel discussion - Trans persons experiences	12:45 – 1:45pm	Mac
Open discussion for trans health care	1:45 – 2:45pm	Moderator - Williams
Lunch	2:45 – 3:00pm	Mac
AOB, Recommendations, filling Evaluation forms and checkup if expectations were met and closure	3:00-3:30pm	Williams and Mac
Evening Tea	3:30-4:00pm	Mac
Closure and departure	4:00pm	

2. PHOTOS

Pre- planning meeting with MARPI staff



Gender and Sexual Diversity Facilitation



MARPI HCP sharing Experience



EVALUATION FORM.

**UGANDA NETWORK FOR TRANSGENDER AND GENDER NON-CONFORMING
PERSONS (UNTGNC)**

EDUCATIVE DIALOGUE FOR HEALTH CARE PROVIDERS 18th June 2016

EVALUATION FORM

We would like your impressions of the dialogue to enable us to plan better for future events and activities of similar nature. Kindly complete them candidly so we may realize the objectives of this tool maximally. Thank you!

What have you learnt from the dialogue?

What aspects of the dialogue would you say have worked best? Please provide reason(s) why.

What do you think could have been done differently to make your experience of the dialogue better?

Did we meet your expectations?

Are there aspects you would have liked the dialogue to tackle which it did not? Which ones are these?

Do you have any issues that this dialogue could have touched on but you would like a deeper understanding of? If yes, mention them.

Have you learnt anything new in this dialogue? Please mention.

We would like to understand how you hope to use the knowledge gained from this dialogue in your work. (Brief statement of about three sentences)

Kindly give us a comment on the venue for this dialogue both in terms of convenience and service delivery.

Please write any other comments you have for us on the dialogue.

Thank you!