



*Exploring the Needs, Challenges and Experiences
of Transgender people in Accessing Basic Social
Services in Uganda*

NEEDS ASSESSMENT REPORT 2019

WITH SUPPORT FROM:



ABOUT TRANZ NETWORK UGANDA

Tranz Network Uganda (TNU) is a network that facilitates coordination and collaboration amongst transgender persons and enhance their capacity to collectively advocate for recognition of their human rights and access to basic services. TNU was formed in 2014 to coordinate and organize the Trans movement in Uganda since TGNC persons were not fully recognized in existing organizations.

TNU is a membership organizations network, and its membership organizations are spread across all regions of the country. Tangible and effective representation has seen the size of membership grow to 17 member organizations at the time of this report.

TNU envisions a Uganda where TGNC persons are visible and can freely express themselves with their rights fully respected and protected.

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ACRONYMS AND ABBREVIATIONS

CBOs	Community Based Organization's
CSOs	Civil Society Organizations'
GSD	Gender Sexual Diversity
HIV	Human Immunodeficiency Virus
FGD	Focus Group Discussion
KI	Key Informant
KII	Key Informant Interview
KPs	Key Populations
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MoH	Ministry of Health
MSM	Men who have Sex with Men
PLHIV	People Living with Human Immunodeficiency Virus
SRHR	Sexual and Reproductive Health and Rights
TGNC	Transgender and Gender Non-Conforming
TNU	Tranz Network Uganda Limited
UAC	Uganda AIDS Commission
UAIS	Uganda AIDS Indicator Survey
UNCST	Uganda National Council of Science and Technology
SAS	Sex Affirming Surgery

KEY CONCEPTS

Gender	This refers to the social attitudes, behaviors, feelings and roles a given culture or society associates with a person's biological sex (man or woman).
Cisgender	This refers to a person whose gender identity is consistent with the gender they were assigned at birth e.g. a person who has male sexual organs and identifies as a man.
Transgender	This is an umbrella term for people whose gender identity is different from the sex assigned at birth, for example one's sex at birth is female but one feels male and feel they are trapped in a female body.
Gender non-conforming	This is a behavior or gender expression by an individual that does not match masculine and feminine gender norms that is to say some intersex people may also exhibit gender variance. In others words one doesn't identify themselves to either being male or female.
Intersex	A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of female or male. For example, a person might be born appearing to be female on the outside, but having mostly male-typical anatomy on the inside. Or a person may be born with genitals that seem to be in-between the usual male and female types—for example, a girl may be born with a noticeably large clitoris, or lacking a vaginal opening, or a boy may be born with a notably small penis, or with a scrotum that is divided so that it has formed more like labia.
Gender Identity	Gender identity refers to how a person sees themselves in terms of being male, transgender, gender Non confirming or female. In other words, gender identity is about how a person feels with respect to being male or female which is may be different from their biological status assigned at birth, it's about what one identifies to despite their biological sex.
Transsexual	is a person who feels he or she belongs to the opposite sex and has desire to assume the physical characteristics and gender role of the opposite sex. The transsexual person may use hormones or other medications to suppress or enhance characteristics of the opposite sex.
Transition	This is any action a transgender person takes in order for the external world to better recognize and reflect their internal gender. This can vary from changing names, dress code, and extensive surgery among others.
Trans man	This is an individual whose assigned sex at birth is female but identifies as male or feels male.
Trans woman	This is an individual whose assigned sex at birth is male but identifies as female or feels female.

Sex Affirming Surgery (SAS)	Surgical procedures that change one's body to make it conform to a person's gender identity. This may include "top surgery/ mastectomy" (breast removal) for transgender men or "bottom surgery" (altering Genitals). Contrary to popular belief, there is not one surgery; in fact, there are many different surgeries.
Hormone Replacement Therapy (HRT)	is a form of hormone replacement therapy (HRT) in which sex hormones and other hormonal medications are administered to transgender or gender variant individuals for the purpose of coordinating or more closely aligning their secondary sexual characteristics with their gender identity.
Binding:	Flattening of breast tissue to create a male appearing chest using a variety of materials and methods.
Cross-dresser	These are persons who wear clothing that is traditionally or stereotypically worn by another gender in their culture. Those who cross-dress are often comfortable with their assigned sex and do not wish to change it. Cross-dressing is a form of gender expression.
Sex	This refers to a person's biological status and is typically categorized as male, female, or intersex. The indicators of one's biological sex include; sex chromosomes, gonads, internal reproductive organs, and external genitalia.
Sexuality	Social construction of a biological drive. An individual's sexuality is defined by whom one has sex with, in what ways, why, under what circumstances, and with what outcomes.
Sexual orientation	Refers to the sex of the person to whom one has an enduring pattern of physical, sexual or romantic attraction. Sexual orientation falls on a spectrum from homosexual (gay/lesbian), bisexual to heterosexual.
Heterosexual	A person who has a romantic or sexual attraction to a person of the opposite sex e.g. a man who is attracted to women or a woman who is attracted to men (often referred to as 'straight').
Homosexual	A person who has a romantic or sexual attraction to persons of the same sex (often referred to as 'gay').
Bisexual	A person who has a romantic or sexual attraction to both men and women.
Asexual	This refers to a person who generally does not feel sexual attraction or desire to any group of people. Asexuality is not the same as celibacy.
Gay	A man who has a romantic or sexual attraction to another man.

Lesbian	A woman who has a romantic or sexual attraction to another woman.
Queer	This is an umbrella term used to refer the LGBT persons who are attracted to others along a broad spectrum of sexual and gender identities.
Homophobia	A range of negative attitudes and feelings toward homosexuality or people who are identified or perceived as being lesbian, gay, bisexual or transgender (LGBT). It can be expressed as antipathy, contempt, prejudice, aversion, or hatred, maybe based on irrational fear, and is sometimes related to religious beliefs.
Biphobia	Refers to aversion toward bisexuality and toward bisexual people as a social group or as individuals. It can take the form of denial that bisexuality is a genuine sexual orientation, or of negative stereotypes about people who are bisexual (such as the beliefs that they are promiscuous or dishonest). People of any sexual orientation can experience or perpetuate biphobia, and it is a source of social discrimination against bisexual people.

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A young Transwoman narrates: *“I was a smart kid in School but the negative attitude towards me, made me stay away. I have to thank my parents who accepted me from a young age. I used to try mother’s shoes and kitenge when I was about six or seven years old. I had no knowledge of what transgender is. I always used to question who I was. I used ask myself ‘Am I cursed?’ ‘Did other people like me exist? I felt alone. My sister always believed my feminine tendencies would go away over time but they never did. I reached Senior Two and met a friend who knew all about Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) and explained all these terms to me. She took me to a gay conference and still I could not fit in and I got even more confused. Later on when I had access to the internet I learnt some of terms like transgender. I kept Googling for more details but the responses were still complicated. I met a friend, who identified me as a Trans woman. She introduced me to the world and I saw how similar we were and it was then when I truly realized I was transgender. I used to shy away from expressing myself because of fear of the community around or being attacked and beaten but with the help of my friend I got confidence. Even when accessing medical services, I am forced to portray a persona that is not me and many times the Health Care Providers (HCPs) are not informed or have no knowledge on Trans persons”.*



CROSS BORDER COLLABORATION HEALTH PROJECT 2018





EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

As part of our Cross-Border Collaboration Health Project, Tranz Network Uganda conducted a needs assessment for transgender persons needs, challenges and experience of Transgender and Gender Non-Conforming Persons (TGNC) in Uganda. This needs assessment sought to document the needs, challenges and experience associated with being Trans or Gender Non-Conforming, in communities closed in “moral values” and constantly in conflict with its human right policies. Transgender people and communities are often largely not understood by people who should enforce policies and laws to protect and promote respect for fundamental freedom to expression (human right). To some people it is a foreign lifestyle, another form of social colonization, which comes with economic ties especially from the western world, only to spoil African children.

The overall objective of this needs assessment was to establish and document challenges and experience of transgender people in accessing health and other social services in Uganda. The assessment also sought to establish the challenges faced by civil society organizations (CSOs) and community-based organizations (CBOs), providing health and other social services to transgender people. In addition, the assessment also looked to estimate the population of transgender persons and how they are distributed in different regions of Uganda.

This needs assessment was a nationally representative assessment, conducted in 32 districts of Uganda, clustered in five (5) regions of Uganda: Central, Western, Eastern, Northern, south central region. The districts were purposely selected because Tranz Network Uganda (TNU) was already working in these districts and therefore has established a good working relationship with Network member organizations in these districts. The primary target population for this needs assessment were Trans people aged 18-45 years. Additional data was collected from the general population from non-transgender persons.

The needs assessment employed a mixed methods approach involving quantitative and qualitative methods. Participatory and consultative techniques were used throughout data collection and the report writing process. It was designed to be participatory, with program staff and core members of TNU taking a significant participation in the work. Tranz Network member organizations were instrumental in providing community level links to key informants (KIs), as well as helping to identify targeted participants and also to collect data from the respondents.

Overall, the transgender persons constituted 90% (529) respondents for self-administered questionnaires and additional (53.5%) from the FGDs. Among respondents (N = 529), most of them were Trans women (63.6%) and Trans men (25.9%). Transsexual (4.8%) and gender nonconforming 5.5%.

The respondents had fairly good education levels, with a large proportion of them having attained secondary and tertiary education (59.2%) and 26.6% respectively. Over 64% of the participants were single. The largest number of respondents were in ages ranging between 18 – 24 years, the average age was 24 years. Respondents were mostly living in urban areas, and over 56% of them were employed.

Of the total number reached, central region had the highest number of respondents participating in FGDs (69) purposely because of its diverse social and demographic characteristics, which was targeted to gather comprehensive opinions. Northern Uganda had the second largest FGD (51) aimed to cover for the small numbers of respondents obtained through the self-administered questionnaires in the same area. Each FGD comprised of between 7 and 12 participants. The FGDs were facilitated by a member of the research team and a core network member from each region.

High response rates were registered in central and eastern regions, and the lowest was in Northern region which registered only 33 (approximately 34%) respondents from seven districts of the targeted 107 respondents.

In this assessment, the needs of transgender persons were grouped in two types: health needs and social-economic needs. Health needs however took the greater precedence of the needs assessment. The assessment was cognisant of the strong universal relationship between social economic wellbeing and the health of an individual.

Among the main healthcare needs were treatment and care for human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) expressed by 28.1%, treatment for sexually transmitted infections/diseases (STI/STD) 21.0%, assistance to access Gender Affirming Healthcare- surgery (22.3%) and the need for Hormones expressed by 17.0% of the transgender persons in the assessment.

The needs varied significantly by regions. Western Uganda reported the highest needs for employment expressed by 83.8%, followed by central region with 71.2%. Education needs were expressed by 59.5% respondents in the western region, followed by Northern region with 48.5%. The need for health services or support to obtain a health service was reported by 46.9% in western Uganda, followed by Central region with 44.5%.

Northern region expressed same levels of needs across all top priority needs. On average 49.5% of respondents from northern region expressed needs across all the three top priority areas. In western Uganda, the need for employment was higher than all other needs.

About awareness and experience accessing services and free expression in day to day life, the assessment revealed a high level of awareness about sexual and reproductive health and rights. Over 85% of the respondents were aware of their HIV status; 65% respondents had tested at least once in a life time. Two hundred and seventy-two (58.6%) respondents indicated that they have ever been screened for any other sexual transmitted infections (STIs) other than HIV.

Overall, 80.8% of respondents (transgender persons) have ever heard about sexual and reproductive health rights (SRHR) although there was a significant difference on awareness of SRHR by level of education. Those with lower levels of education were less aware compared to those with higher levels, secondary education and above.

On personal experience being perceived as Trans person at work, 46.2% felt more comfortable when seen as transgender person. However, 36% reported that they have been forced to present themselves in a gender different from what they identify as in order to keep employment, others revealed that they have ever been victims of physical violence at their places of work because of their gender identity.

Furthermore, transgender persons expressed negative treatment by the general public including harassment, insults, abuse, and denial of opportunities. A considerable number of them 41% have ever experienced violence in public places including restaurants, bars, dance clubs, cinema, restrooms, and even in retail shops where they go to buy goods. Harassment was most prevalent in northern region and least experienced in western regions.

The finding indicates that 36.3% of the respondents had ever been harassed, abused or discriminated by police because of their gender identity, 34.4% have been prevented by police from accessing public space and 27.6% have ever been arrested because of gender identity.

Based on the assessment results, 48.5% of the respondents in the northern region had experienced discrimination and harassment from police which was the highest recorded rate across all regions in the country. Eastern region at (19.7%), central region 16.9% and Western (12.4%).

Generally, the greatest need of transgender persons found through this needs assessment was the need for employment reported by over 67% of respondents. Although the assessment found a significant number of the respondents had attained secondary and tertiary education, the need for education support was expressed by approximately 56% of the transgender persons who participated in the assessment. On the other hand, the assessment found about 62% expressing needs for health services or support to obtain a health service. Lack of money to buy medicine was reported by 22% and for transportation to a health facility by 43% of the respondents. This stood out as major barriers in access to services.



CHAPTER 1: INTRODUCTION

1.1 INTRODUCTION:

This needs assessment was conducted to assess the needs, challenges and experience of Transgender people in Uganda, in accessing sexual and reproductive health and other basic services that respond to their specific needs. It was conceived from the idea of social stigma and discrimination directed towards transgender people when accessing these services. This needs assessment was aimed to provide evidence for advocacy, policy influence and gender focused programming for the transgender people.

1.2 CONTEXT:

According to state of Uganda population report 2017, Uganda's population was estimated to be 34.6 million in 2014, and it was projected to reach 40,307,711 by mid-2018 (NPC 2017). With an annual population growth of 3.3% and a total fertility rate of 5.4, Uganda's population is the third fastest growing population in the world (Uganda Bureau of Statistics (UBOS) 2018). In this population over 75% are young people below 30 years. Although not well known, estimates suggest that transgender population is between 0.1% and 1.1% of the population. According to National HIV/AIDS strategic plan 2015/2020, HIV prevalence is higher in key populations (KPs) including men who have sex with other men (MSM), sex workers and Transgender persons among others (Ministry of Health 2014). Addressing HIV epidemic potentially increases life expectancy significantly. Studies have indicated an increase in life expectancy from 44.3 years in 2000 to about 63.2 in 2005.

Other studies have indicated social stereotyping that perpetuates discrimination and stigma based on gender as one of the major barriers to health seeking, including HIV/AIDS and STI services. Furthermore literature such as "Assessment of the laws and policies affecting the HIV response among transgender persons in Uganda" conducted by Human Rights Awareness and Promotion Forum (HRAPF) published January, 2017 concluded that there are a number of laws which have provisions that limit access to SRH and HIV prevention/care services among trans persons in Uganda, with the greatest obstacles being absence of legal recognition of trans persons and the criminalization of same sex sexual conduct.

The legal framework in Uganda provides for respect, protection and promotion of the human rights of all persons. This is according to the Article. 21(2) of the Bill of Rights of the 1995 Constitution of the Republic of Uganda. This is in tandem with international instruments on human rights like the Universal Declaration of Human Rights (UDHR) 1948, the International Covenant on Civil and Political Rights, 1966, the International Covenant on Economic, Social and Cultural Rights, 1966 and the African Charter on Human and Peoples' Rights (ACHPR), 1986, particularly Art. 2; Art. 16(2) among others.

The prevailing political and social climate is hostile to the recognition and protection of the human rights of Transgender and Gender non-conforming people (TGNC). There is a wide spread of negative, false misconceptions about LGBTI communities, such as recruitment of children into homosexuality. The general propaganda tends to fuel homophobia and transphobia that stigmatizes LGBTI persons, causing a wide spread discrimination of transgender people and LGB people from social services and opportunities.

As a result, the transgender and LGBTI persons are made prone to violence, and are characterized as un-African.

Even when the transgender people in Uganda continue to be at high vulnerability, violence and stigmatization, within the prevailing legal and policy environment, their human rights are neither protected nor respected.

1.3. STATEMENT OF THE PROBLEM:

Despite the recognition that there are many transgender persons in Uganda there is widespread stigma and discrimination against them. There is limited information to support focused programming for transgender persons.

On the issue of health and other social services programming, no transgender specific data is available. Most of the reports, including the Uganda Status of HIV Prevention Report, do not indicate any data for this population sub group. This has therefore posed major challenges on programing, health service delivery and advocacy for the transgender population in Uganda.

1.4. PURPOSE:

The purpose of the needs assessment was to assist TNU, together with its partners, donors and key stakeholders to provide evidence on the challenges faced by transgender communities, and statistics of transgender people in different regions of the country. Findings from the needs assessment would be used to advocate for policy reforms towards enhancing promotion and protection of rights and social justice of transgender people.

1.5. OBJECTIVES OF THE NEEDS ASSESSMENT:

The main objective of this needs assessment was to establish the needs, challenges and experience of transgender people in Uganda, accessing health among other services and establish the challenges faced by CSOs and CBOs providing health and other social services to transgender people.

The specific objectives are:

1. To determine the health care needs and challenges of the transgender community in Uganda.
2. To investigate levels of awareness, demand and the utilization of SRH services among transgender community in Uganda.
3. To explore the challenges CSOs and CBOs face providing health and other services to Transgender people in Uganda.
4. To estimate the population of transgender persons and how they are distributed in different regions of Uganda.
5. To generate an evidence base on barriers and challenges to social services access to inform future planning or transgender based projects in Uganda.

1.6. SIGNIFICANCE OF THE ASSESSMENT:

This was a utilization-focused needs assessment to facilitate the entire decision-making process of TNU with careful consideration for strategic positioning of the Network to implement actions that have potential for greater impact. The needs assessment was a first step in developing Trans-centered advocacy for legal and policy reforms to promote human rights of transgender people. The needs assessment was focused on providing information and data on challenges faced by transgender community, figures on transgender people in different regions of Uganda and the experiences of transgender people in accessing SRHR services and other basic social services. Undertaking this needs assessment would provide information for evidence-based engagement with more Transgender people, CSOs and key stakeholders. The needs assessment findings would be used for effective planning/programming and resource mobilization for transgender programs. It is envisaged that through this needs assessment, funding agencies and program implementers will ensure alignment of effort and investment to the needs of the Trans people. Through this needs assessment, TNU would identify salient needs and other related information to help fast track service delivery and human rights protection for Trans people.

Furthermore, the needs assessment aimed to benchmark activities of TNU, allowing them to identify areas in which the network is already meeting the needs of the transgender population in the country and to justify continuation, preplanning and/or discontinuation of some interventions.



CHAPTER 2: APPROACH AND METHODOLOGY

2.1. OVERVIEW OF THE APPROACH:

A mixed methods approach involving quantitative and qualitative (participatory and consultative techniques) were used to assess the needs, challenges and experience of transgender people, accessing health and other social service in Uganda. The needs assessment was descriptive and exploratory in nature.

Descriptive approach was used to describe the characteristics of transgender persons (who they are), in terms of age, sexual identity, where they live (rural/urban), which regions of Uganda they come from, levels of awareness/knowledge of SRHR etc., along with their needs, challenges and experiences. This method was used to be able to measure (numerically) and generalize the transgender persons. The data for this approach is presented in tables, numerically in the text and in graphical forms.

On the other hand, the needs assessment also wanted to understand the life experience of Trans persons while accessing services and why they believe those incidents in their past occurred. Exploratory approaches were utilized to collect more in-depth and detailed information from the participants to make logical sense. Finally, the data from descriptive and exploratory approaches was triangulated to make logical sense and conclusion on findings.

Trans individual's questionnaire was used to collect data on knowledge, attitudes, practices and experiences of trans person's regarding access to SRHR information and services. TNU worked with its member organizations at district level to administer the questionnaires to targeted respondents. The network member organizations identified their staff who were trained by TNU as research assistants. The research assistants worked with TNU secretariat staff and regional supervisors to collect data. Qualitative data was collected using exploratory in-depth techniques including Key Informant Interviews (KIs) and FGDs. These techniques were used to gain deeper insights into SRH related vulnerability, services and challenges faced by CSOs and CBOs offering these services.

The needs assessment was designed to be participatory, with program staff/core members of TNU taking a significant participation in the work, and TNU member organizations providing community level links to KIs, as well as helping to identify/collect data from the targeted respondents. The goal was to produce, an in-house, high quality assessment result that would enhance ownership of the project activities.

The participatory approach was also, to generate recommendations that are credible, dependable, useful and relevant to transgender focused programming; facilitating networking and communication opportunities between the program, its stakeholders and partners. Information collected from different regions, KIs and FGDs were continuously cross checked and triangulated using matched matrix method; through content analysis of themes and sub themes. Further triangulation was done by checking and logically comparing quantitative and qualitative data from the different regions.

2.2. GEOGRAPHICAL SCOPE AND ASSESSMENT POPULATION:

This was a nationally representative assessment, conducted in 32 districts of Uganda, clustered in five (5) major regions of Uganda as defined by Uganda Bureau of Statistics (UBOS). The specific districts and regions were; Bushenyi, Kasese, Kabarole, Ntungamo, Mbarara, Kyenjonjo, Mitooma, Masindi in Western Uganda, Mbale, Sironko, Tororo, Busia, Soroti, Jinja in the East; Arua, Gulu, Adjumani, Lira, Kitgum, Nwoya, Agago in the North/West Nile region; Kampala, Wakiso, Mukono, Masaka, Luweero, Kalungu, Lwengo, Rakai in the Central region and Lyantonde, Kyotera in South Central. The districts were purposely selected because TNU already has a good working relationship with member organizations existing in these same districts. The primary target population were Trans people aged 18-45 years.

2.3. ASSESSMENT DESIGN:

This needs assessment was cross-sectional in design, which employed descriptive and analytical techniques. The descriptive and analytical techniques were used because of the value ability for assessing health aspects relating to factors such as knowledge, attitudes and practices of individuals in a population.

The descriptive technique involved an analysis of characteristics of respondents including age, sexual and gender identity, place of residence, knowledge, awareness, sources of information, and practice among other things. The data is presented numerically in the report in figures, graphs and tables. The analytical technique was used to assess attitudes, perceptions and experiences related to SRHR and other health related rights; how the transgender persons as well as general population understand their experiences, form opinions about gender identity. The findings are discussed narratively, with numerical summaries generated from themes and sub themes.

This was supplemented with qualitative data from the KIs and FGDs, which explored lived experiences of transgender persons in accessing services and opportunities. Analytical aspects involved assessing the quantitative data for determinants of desirable and un-desirable treatment, practices and experiences of the transgender persons.

There were two main aspects to the needs assessment: exploring needs, experiences, and challenges of transgender people in accessing services, and understanding community perspective on transgender people, the law and legal systems relating to gender and sexual identity. Data for this aspect of the needs assessment was collected through individual interviews and FGDs conducted among the transgender persons, LGBTI/Sex Workers (SW) activists, local leaders, law enforcement officers, legal aid and health care providers. For the individual interviews, self-administered questionnaires were utilized to collect data. The questionnaires were distributed by research assistants directly to a respondent to fill in by themselves. In some cases where a respondent could not read and write, the research assistant read out the questions to the respondent and recorded the answers provides. Some of the self-administered questionnaires were posted online, a Google forms link was posted on TNU's social media platforms and shared via email. The link was provided with note for the Trans persons to share with their friends/peers.

The second aspect of the needs assessment was understanding challenges experienced by CSOs, CBOs, gender and human rights defenders, offering services to transgender persons. Stakeholders/partners supporting and/or known to provide basic social services to transgender persons in the five regions in Uganda were targeted as KIs to provide information on issues affecting the transgender persons, and challenges faced in providing the services to them.

2.4. SAMPLE SIZE DETERMINATION AND SELECTION:

TNU and its network member organizations currently operate and provide services to a population of transgender beneficiaries of approximately 4000 people in its areas of operation. This gave an idea of the population size of transgender persons. In order to determine the appropriate sample size that is representative, a simple formula was adopted from Tore Yamane's equation, (1967:886), formula to calculate sample sizes. With confidence level of 97% and the P value will be taken to be 0.027, the equation was applied as follows:

$$n = \frac{N}{1 + N(e)^2}$$

Where n is the sample size,

N is the population size,

e is the level of precision.

When this formula is applied to the above sample

$$n = \frac{4000}{1 + 4000(0.027)^2}$$

$$n = \frac{4000}{1 + 4000(0.027)^2} = 1021 \text{ people} \quad \sim 1010 \text{ people}$$

Therefore, the assessment would mainly focus on 1010 transgender beneficiaries as its sample size. From that sample size, 800 were targeted for individual questionnaire: 720 through direct physical contact interviews and 80 through online forms. Two hundred participants were targeted for FGDs and 10 KIs.

2.5. APPROVAL OF THE ASSESSMENT BY THE INSTITUTIONAL REVIEW BOARD:

Ethical approval was obtained from THETA Uganda Ethical Review Committee (REC), a national non-governmental organization (NGO) with Research Ethics Committee.

2.6. CONSENT:

All assessment participants were asked for written informed consent prior to taking part in the assessment activities. Some few respondents gave verbal consent because of their inability to write.

2.7. CONFIDENTIALITY:

The research assistants underwent training on the key aspects and sensitivity of this assessment. They were expected to treat the assessment with high level integrity and confidentiality, not sharing the data they collected with anyone else. They were trained to protect the data until the point of handing over to their supervisor. All data collected was gathered from the research assistants on daily basis to avoid transferability of information collected. The assessment did not require names of the respondent or any information that could be used to trace the respondent. No videos, photographs or audios of respondents was taken from primary respondents.

2.8. INCLUSION AND EXCLUSION CRITERIA:

Assessment participants included transgender persons both male and female between the aged 18 - 45 years. The age cohort was selected because this is a very active reproductive age group recognized by the Constitution of Uganda and National Development Plan NDP II and the legal framework of Uganda. Other assessment participants included health workers, human rights activists, CSOs leaders who work directly with transgender people, local leaders, law enforcement officers and legal aid providers.

2.9. DATA COLLECTION METHODS:

Quantitative data was collected using self-administered questionnaires. The questionnaires were directly disseminated by research assistants through physical contact interviews and others placed on an online platform and distributed through TNU social media platforms (Facebook, Twitter, Whatsapp). Qualitative data was also collected through diverse approaches and methods including meetings with TNU core teams (in-house assessment), key program stakeholders and service providers; through FGDs and through KIIs

2.9.1. SELF-ADMINISTERED QUESTIONNAIRES

A total of 529 self-administered questionnaires were completed exclusively by transgender persons: 515 questionnaires completed through direct physical contact interviews and 14 questionnaires completed through online interviews. The online interviews were made accessible through the TNU social media platforms Twitter, Facebook, and Whatsapp groups which was shared with network member organizations and they were notified to further share the forms with targeted respondents. Individual online forms (questionnaires) were used to collect data from respondents who felt uncomfortable being interviewed directly by a research assistant.

2.9.2. IN-HOUSE ASSESSMENT OF TNU BOARD OF DIRECTORS (BOD), STAFF AND NETWORK MEMBER ORGANIZATIONS

The needs assessment team held data collection meetings and workshops with TNU's BOD, staff and member organizations in four (4) regions. The eastern region meeting was conducted in Mbale. In central region, a meeting was held in Kampala, for western the meeting was in Mbarara; northern in Gulu. Each meeting had an average attendance of 15 participants comprising of Board Members (Kampala only), Member Organization representatives and TNU program staff. The in-house meetings offered opportunity for TNU and member organizations to do a self-assessment of their own challenges and experiences both as Trans people, and also as organizations working with Trans persons. Through the meetings information was collected on current challenges and available opportunities for partners to engage with the policy and ideas for future programming and co-ordination of TNU stakeholders.

2.9.3. FOCUS GROUP DISCUSSIONS

A total of 15 Focus Group Discussions (FGD) were conducted with 172 participants of whom 94 were Transgender persons and 78 were from the general population. Central region had the highest number of FGD (69) purposely because of its diverse social and demographic characteristics, which resulted in varying opinions before theoretical saturation. Northern Uganda had a large FGD (51) aimed to cover for the small numbers of respondent obtained for self-administered questionnaires. Each FGD comprised of between 7 and 12 participants. Focus group discussions were facilitated by a member of the research team and a core network member from each region. The participants were identified using heterogeneous sampling method, led by Trans focal person identifying participants and grouping them according to their unique characteristics. The general community participants included health workers, business men and women, police, religious leaders, academia, civil society representatives, local leaders and legal aid providers all within the age range of 18 - 45 years.

2.9.4. KEY INFORMANTS INTERVIEWS

Key informant interviews were conducted with ten respondents including law enforcement, legal advisors, heads of human rights/LGBTI CSOs and Medical practitioners.

2.10. QUALITY CONTROL:

To implement this assessment, a team of thirty (30) Research Assistants, with a minimum of a diploma in different disciplines and experience in field research activities were recruited and trained on the data collection tools before they engaged in the data collection exercise. Prior to data collection, the data tools were pretested and validated for logical consistence, completeness and statistical validity.

Upon completion of data collection, the raw data was entered in computer system using Epi Info, a statistical tool for data entry and analysis. The data was cleaned and posted into SPSS, another statistical package that offers better and detailed analysis. Some additional data cleaning was done with the SPSS before actual analysis was done.

For qualitative data FGDs were moderated by competent persons with experience in qualitative data collection and good understanding of transgender activities. The moderator used a final validated question guide. A voice recording was also done along with written notes, which were transcribed for analysis.

2.11. DATA ANALYSIS:

The quantitative data was analyzed using SPSS software V16.0. At univariate analysis level, basic descriptive statistics in form of frequencies (actual numbers and percentages) of the different variables were computed. The generated analyses were disaggregated by region, primary gender, location (rural/urban), age group, education levels among others with respect to the assessment objectives. The need/challenge/experience of transgender persons for health and social services analysis involved cross-tabulation of key indicators to determine sub-sets of background characteristics with outcome indicators.

Qualitative data from KIIs and FGDs was analyzed using thematic content and discourse analysis. Qualitative findings were triangulated with the quantitative findings so as to provide context to the key findings. The qualitative findings were used to strengthen the interpretation of the quantitative findings and provided additional information. In some instances, direct quotes from respondents were used.

2.12. LIMITATIONS OF THE ASSESSMENT:

1. This assessment was organized to be participatory, with a lot of involvement of transgender people and Trans organizations working across the country. This however posed one of the major limitations because of limited Trans organizing in some areas. This to some extent affected identification of Trans persons and trans-inclining CSOs/CBOs in those communities.
2. Expectation of member organizations and some individuals who participated in the assessment, in the relation to limited resource basket for the assessment. A number of participants expected transport reimbursement; some people wanted cash for information.
3. Limited capacity of the peers identified by members organizations. This relates to the desired participatory nature of the assessment design. Meaning that member organization were meant to identify transgender persons to be engaged as research assistants, mobilizers and to some extent coordinators. However, some of them had limited skills to effectively organize for research activity. This caused some delay, demanded for adjustments in actual implementation.



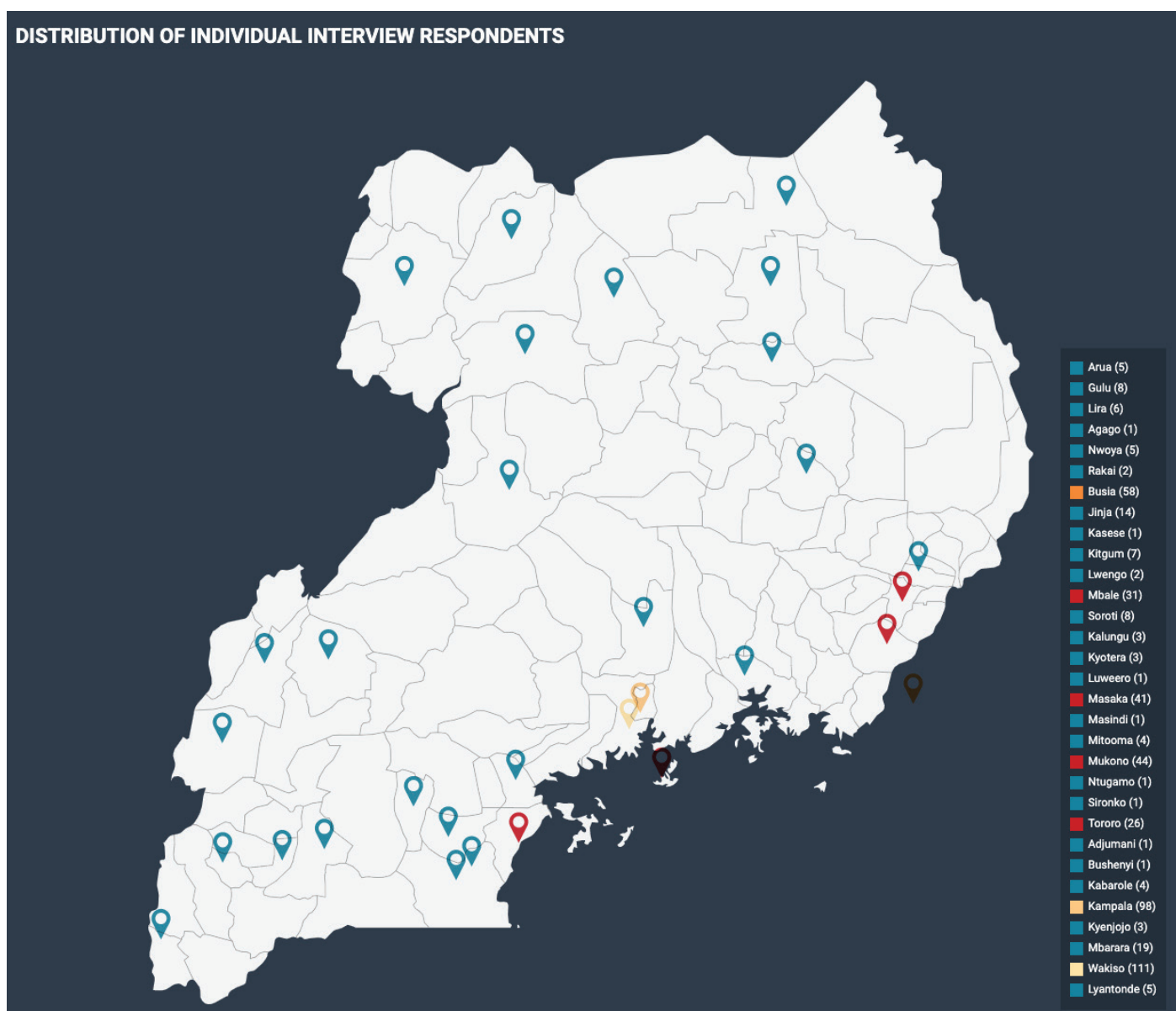
CHAPTER 3: FINDINGS

3.1. BACKGROUND CHARACTERISTICS OF RESPONDENTS

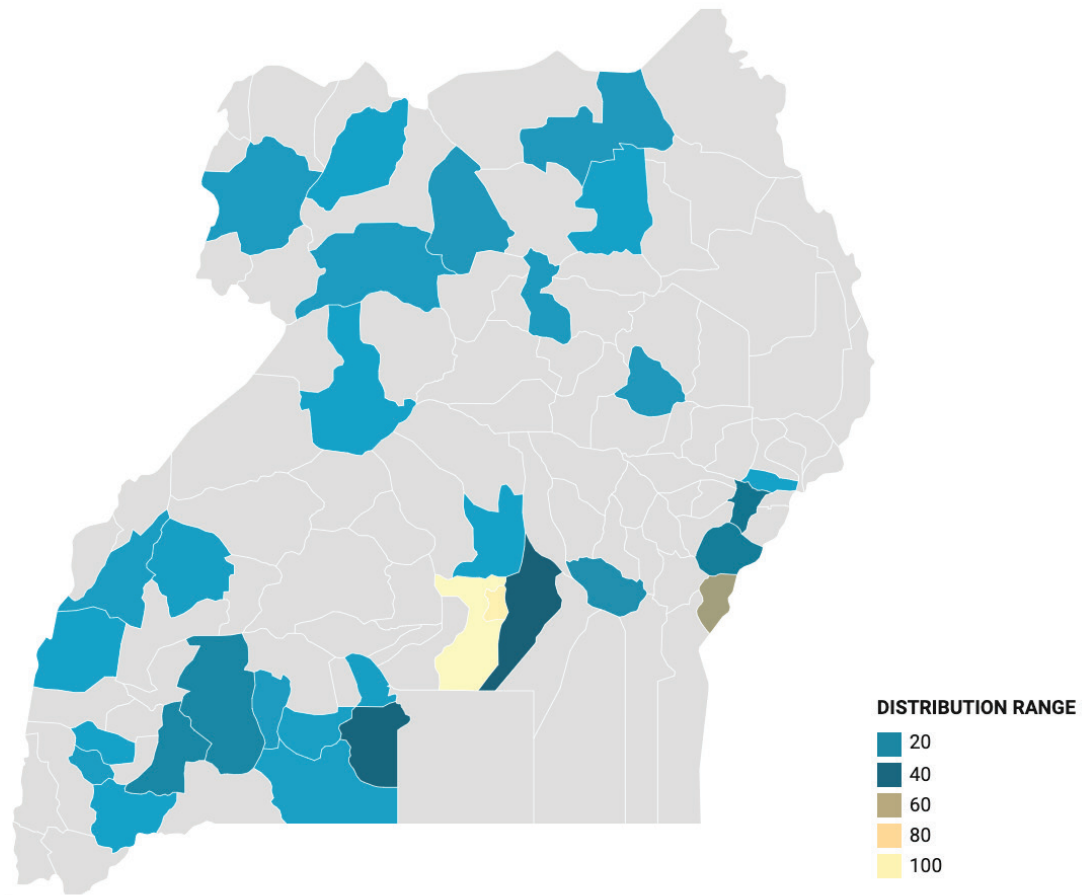
3.1.1. RESPONSE RATES

The assessment was conducted in five regions across the country. A total of 529 respondents, out of a target of 800 participated by completing self-administered direct and online questionnaires. Among those who completed self-administered questionnaires, 515 completed the questionnaire through direct physical contact interviews and 14 through online forms; representing a response rate of 71% for direct self-administered questionnaires. In addition, 15 FGD were conducted with total of 172 participants, 94 (53.5%) transgender persons and 78 (46.5%) general population.

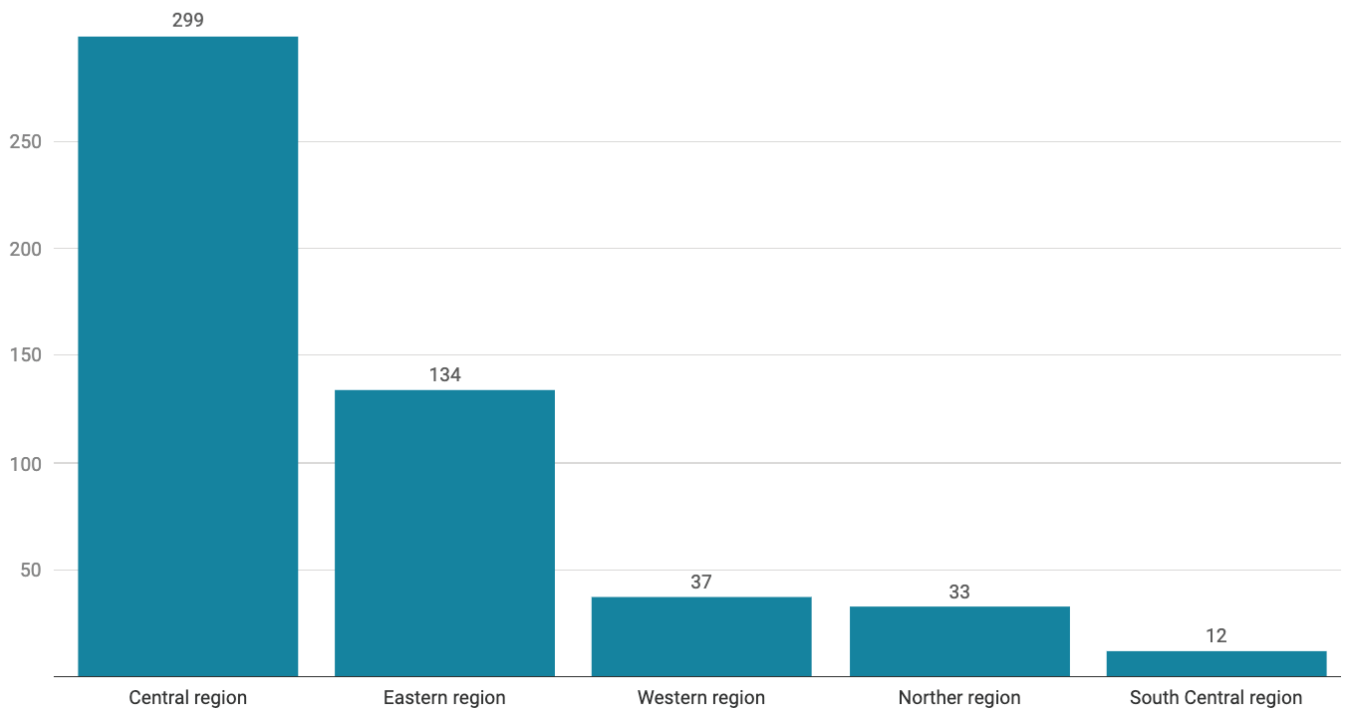
DISTRIBUTION OF INDIVIDUAL INTERVIEW RESPONDENTS



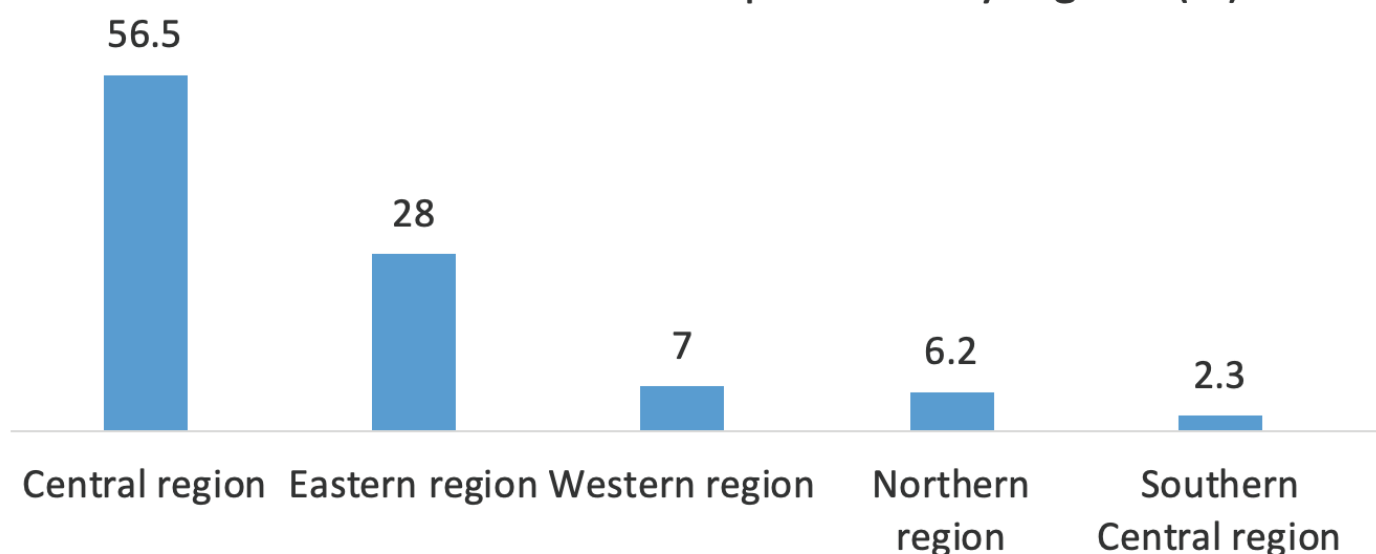
DISTRIBUTION OF INDIVIDUAL INTERVIEW RESPONDENTS



DISTRIBUTION OF INDIVIDUAL INTERVIEW RESPONDENTS PER REGION



Distribution of respondents by regions (%)



3.1.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

About 86% (454 respondents) indicated that they consider themselves to be transgender, transsexual and gender nonconforming; only 61 (11.5%) responded on the contrary indicating that they were not transgender persons. About 75.6% (400) respondents said they have children in their households; with household income ranging between 60,000 and 200,000 Uganda shillings. Twenty-eight (28%) percent of respondents live with both parents and 14% live with a friend. Over 58% (303) respondents said they were in sexual relationship(s), and 22.2% said they were in multiple sexual relationships. A large proportion of respondents had secondary and tertiary education 59.2% and 26.6% respectively. Over 64% of the transgender participants were single, 56% employed (29.5% formally employed and 27% self-employed). About 41% were Catholics, 24.1% Muslims and 15.3% born again.

Table 1: Background characteristics of Assessment respondents by age group

BACKGROUND CHARACTERISTICS		AGE GROUP						Total	
		18-24		25-35		36-45		%	No
		%	No.	%	No.	%	No.		
Gender identity	Trans women	72.4	213	47.2	76	0	0	63.6	289
	Trans man	21.1	62	31.6	51	55.6	5	25.9	118
	Transsexual	2	6	0.09	15	1.1	1	4.8	22
	Non-conforming	4.4	13	5.6	9	33.3	3	5.5	25
	Total	64.8	294	33.2	151	2	9	100.0	454
Residence	Urban	73.1	232	81	137	100	9	76.5	380
	Rural	26.8	85	18.9	32	0	0	23.5	117
	Total	63.8	317	34.0	169	1.8	9	100.0	497
Education level	No Education	1.5	5	7.1	12	0	0	2.0	7
	Some Primary	8.3	26	7.1	12	0	0	10.9	38
	Some Secondary	68.4	215	48.2	81	8.4	6	86.3	302
	Tertiary	21.7	68	37.5	63	91.5	65	36.1	196
	Total	89.7	314	48.0	168	20.3	71	100.0	543
Religion	Catholic	42.7	134	46.5	72	42.9	3	43.9	209
	Anglicans	10.8	34	15.5	24	14.3	1	12.4	59
	Born Again	18.5	58	12.3	19	28.6	2	16.6	79
	Moslem	27.4	86	23.2	36	14.3	1	25.8	123
	Others	0.6	2	2.6	4	0.0	0	1.3	6
	Total	66.0	314	32.6	155	1.5	7	100	476
Marital Status	Single	71.3	226	60.1	101	44.4	4	67.0	331
	Never married	3.5	11	7.7	13	0.0	0	4.9	24
	Married	8.5	27	13.7	23	22.2	2	10.5	52
	Cohabiting	12.0	38	16.1	27	22.2	2	13.6	67
	Widow	0.0	01	0.6	1	0.0	0	0.2	1
	Separated	4.7	15	1.8	3	11.1	1	3.8	19
	Total	64.2	317	34.0	168	1.8	9	100	494
Living arrangement	Father only	2.9	8	0.7	1	0.0	0	2.1	9
	Mother only	13.1	36	9.1	13	25.0	2	12.1	51
	Alone	12.4	34	25.2	36	12.5	1	16.1	68
	Relative	15.6	43	18.9	27	12.5	1	16.8	71
	Sibling	8.4	23	7.0	10	37.5	3	8.5	36
	Domestic worker	36.7	101	31.5	45	0.0	0	34.5	146
	Both parents	4.4	12	0.7	1	0.0	0	3.1	13
	Others	6.5	18	7.0	10	12.5	1	6.9	29
	Total	65.0	275	33.8	143	1.9	8	100	423
Employment	Unemployed	35.1	111	23.4	39	22.2	2	30.9	152
	Employed	44.6	141	35.3	59	44.4	4	41.5	204
	Self Employed	20.3	64	41.3	69	33.3	3	27.6	136
	Total	64.2	316	33.9	167	1.8	9	100.0	492

Among respondents (N = 529), most of them were Trans women (63.6%) and Trans men (25.9%). Transsexual (4.8%) and gender nonconforming 5.5%).

The largest number of respondents were in ages ranging between 18 – 24 years (average age was 24 years old).

Among those who were married or living with a sexual partner (cohabiting) by the time of this assessment (N=119) constituted 56.3% of the respondents. Sexual partner here refers to a woman or man regardless of gender identity.

The assessment found that 7% transgender persons had sexual partners that do not identify as members of

the LGBTIQ community. The assessment also found that the respondents were mostly living with domestic workers (34.5%), those who live alone were 16.1% and about 17% lived with relatives.

Figure 2: Respondents percentages by age category

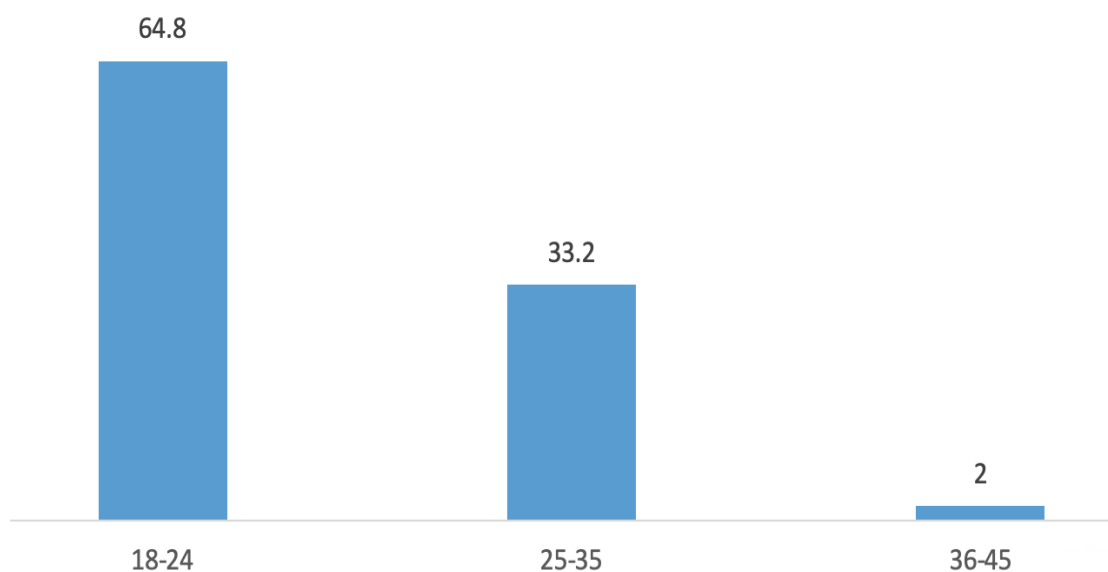
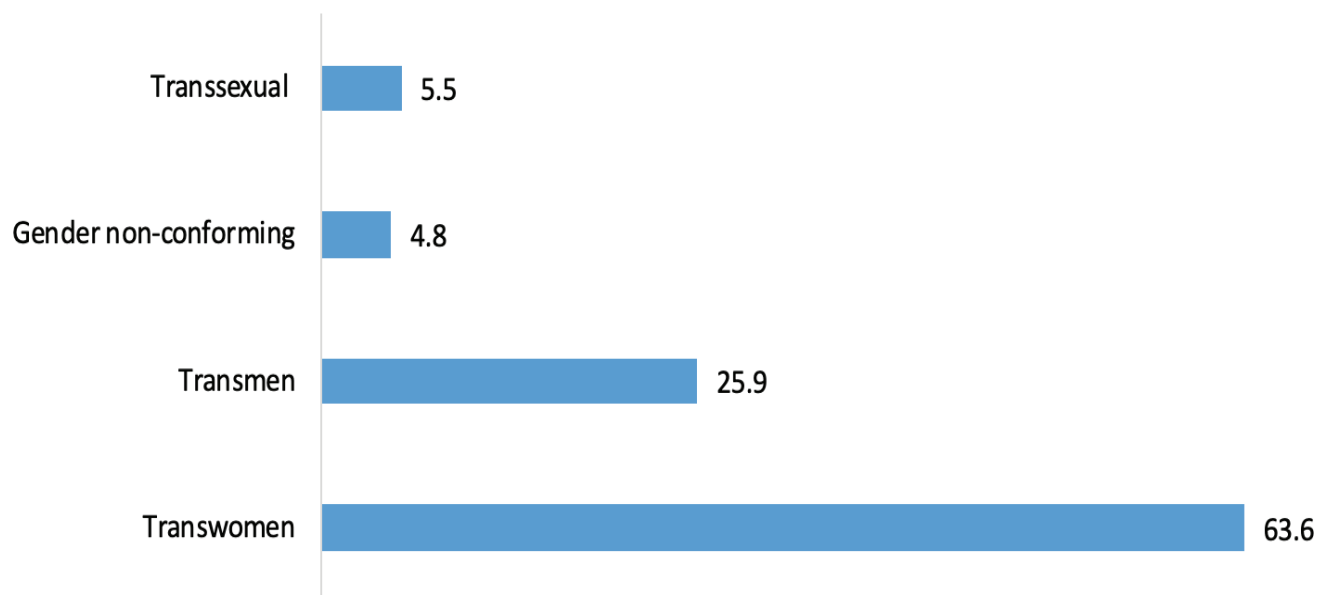


Figure 3: shows how Assessment respondents were distributed by primary gender.



3.2. GENDER IDENTITY AND EXPRESSION

Gender disclosure (identify and expression) among transgender persons is highly closed within their social groups. 86% of respondents identified themselves as transgender, transsexual, gender nonconforming (they are transgender persons). Majority of them (65.4%) agree that they could be identified as transgender by the naked eye. However, 54.4% of the Trans people who participated in the assessment indicated that their identity is known by friends who are also Trans people, 14.2% indicated that no one knows about their gender identity, 14.2% indicated that their health workers know, 12.2% mentioned that their friends that are not Trans people know and, only 5.0% said their identity is known by immediate family members.

3.3. INTERACTION WITH POLICE

The study wanted to determine the day to day lived experience of transgender persons as they interact with communities and duty bearers in their places of dwelling. The finding indicates that 187 (36.3%) of the respondents had ever been harassed, abused or discriminated by police because of their gender identity, 34.4% have been prevented by police from accessing public space and 27.6% have ever been arrested because of gender identity.

Based on the assessment results, 48.5% of the respondents in the northern region had experienced discrimination and harassment from police which was the highest recorded rate across all regions in the country. The other results across other regions are as follows, Eastern region at (19.7%), central region 16.9% and Western (12.4%). According to the assessment, experiences of discrimination and harassment occur more in urban than rural settings.

About their interaction with police and other leaders regarding access to justice and services, the transgender people, 25.4% said they had ever interacted with the police on issues of accessing any social service as a transgender (N=375). Asked about their experience interacting with police only 34 responded, out of which 21 (62%) indicated that their interaction with police was not satisfactory.

“Here in Masaka you can't go to police and say 'I'm transgender' and 'I have been violated', the police will divert from your case and focus on your gender identity, some of us even fear to go to police because they always call us homosexuals. We need the network to help us educate police on transgender issues.”

Transman, FGD Masaka

“.....several times we them (police) to know that we exist and we are there. Their reaction is sometimes positive but most of the times negative and they tend to side with the community, we are trying to engage them, sometimes they were fine with it but the advice they gave us was that we should get legal identification to avoid arrest because of our gender identity.”

Transwoman, FGD Wakiso

“We had meetings with local leaders and police and they said we should let them know our contact persons, so that they can call the person in case a Trans person is arrested. The contact person can come to police and identify them, because some criminals may hide behind that (transgender) which is not nice. the discussion was nice and the leaders are willing to cooperate and we should be open for example reveal your identity, name, gender and mainly sensitize them.”

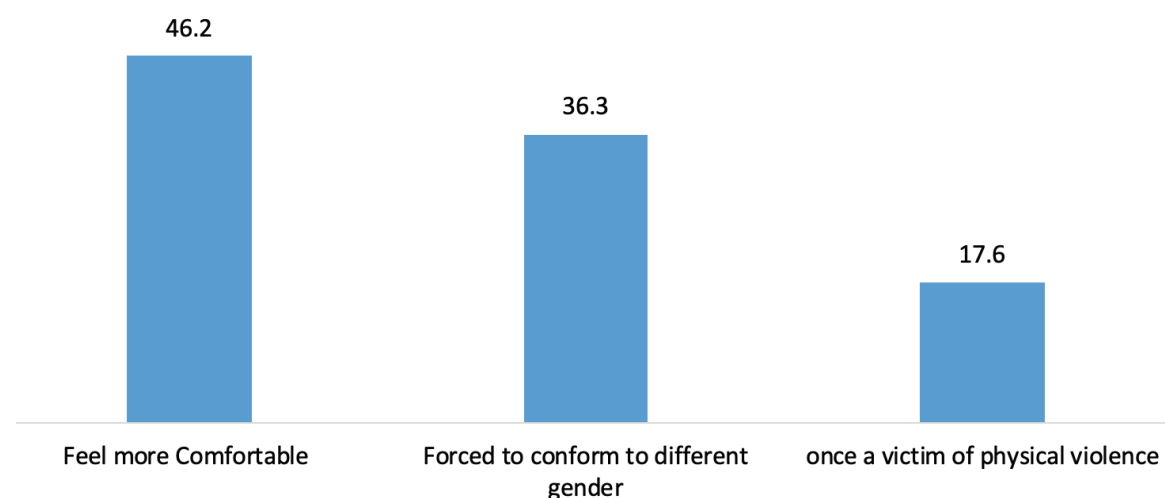
Transwoman, FGD Kampala

3.4. EXPERIENCE BEING PERCEIVED AS TRANSGENDER

The Assessment wanted to understand individual lived experience as a transgender person. On personal experience being perceived as Trans person at work, 46.2% feel they are more comfortable when free to express their gender identity openly and that has helped them to improve on their performance at the work place, while 36.3% reported that they were forced to present themselves in a gender different from what they identify as, in order to keep their employment. 17.6% revealed they have ever been a victim of physical violence at their places of work because of their gender identity (N=364).

Asked about how they express their gender in the work place and if there are any challenges they face, a large number (46.2%) revealed that they freely expressed themselves in their gender at the work place, particularly for those who were in full time employment.

Figure 4: Personal Experience being perceived as a Transgender person at Work



“Here in Kampala most of us who work in Trans led organisations freely express our gender identity at work and feel more comfortable at our work places.”

Transwoman, FGD Kampala

“For example if you want wear ear rings, paint your nails or dress in tight clothes, the community members do not want that. You do not get employed because society requires you to behave and dress some way.”

Transwoman, FGD Masaka

“You cannot be allowed at any work place if you try to dress in tight clothes they say you are not a man you dress up like a woman, we dont employ men like you. It's even hard to reach your place of work dressed in a way that you feel comfortable. So here you have to pretend and present yourself in a way society wants to see you not how you want.”

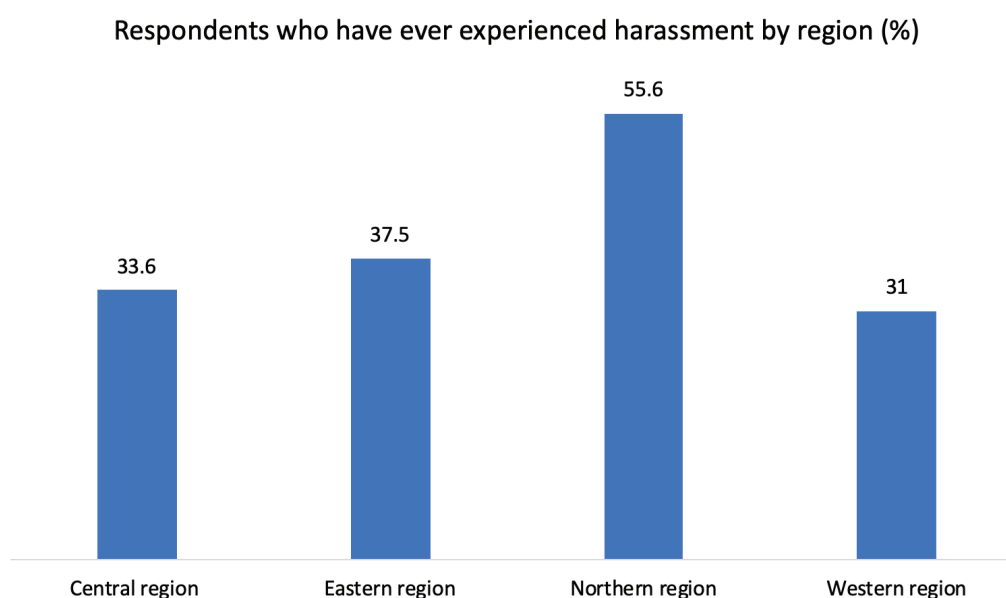
Transwoman, KI Gulu

“Used to wear like a boy at my place of work and one day my boss just told ‘You are fired and never come back.’ They told me that ‘you always walk with girls and you are homosexual, I don’t employ homosexuals.’ and that way I lost my job and currently every time I apply for a job, I’m shortlisted but when it comes to interviews since I go in my boyish clothes they say that I am not the person they are looking for.”

Transman, KI Arua

Furthermore, transgender persons expressed negative treatment by general public including harassment, insults, abuse, and denial of opportunities. About 27.6% indicated they had ever experienced many forms of harassment because of their gender identity and expression, including physical violence. Forty one percent (41%) indicated that they have ever experienced violence in public places including restaurants (15.3%), Bars (27.9%) dance clubs (32.6%), cinema (12%) restrooms (19%) and retail shops (10.5%). They reveal being harassed in public places including churches, market, hotels, on the streets and at job interviews among others. The area with most experience of harassment was northern region and least levels of harassment experienced in western Uganda (31%), as detailed in figure 5.

Figure 5: Harassment of transgender persons by region

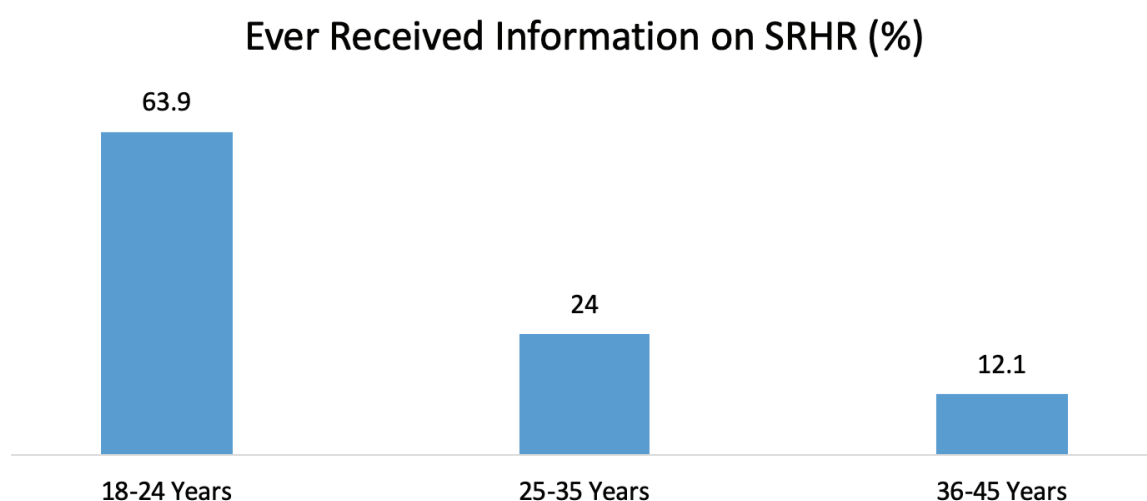


3.5. AWARENESS AND DEMAND FOR SEXUAL AND REPRODUCTIVE HEALTH RIGHTS (SRHR) SERVICES

3.5.1. AWARENESS ABOUT SRHR

Overall, 80.8% of respondents (transgender persons) have ever heard about SRHR. The Assessment found a significant difference on awareness of SRHR by level of education no education/primary (20.4%), Secondary plus (58.4%). However, the respondents in lower age group were more likely to have received information on SRHR (63.9%) as compared to 24% and 12.1% of the other age categories. There was no difference in awareness by marital status of transgender persons, neither was there a difference by region.

Figure 6: Distribution of Transgender persons who have ever received Information on SRHR



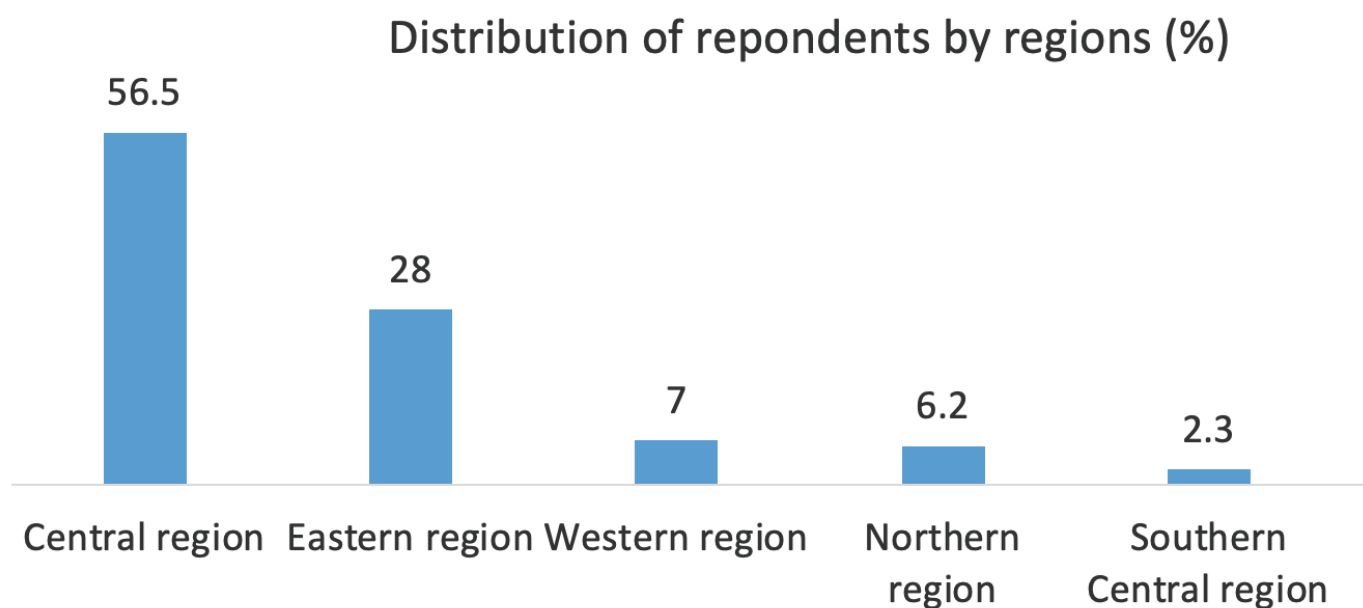
3.5.2. AWARENESS ABOUT SPECIFIC COMPONENTS OF RIGHTS AMONG TRANSGENDER PERSONS AND THEIR SOURCES OF INFORMATION

Awareness about specific components of the SRH & Rights is important for transgender persons as it contributes to their empowerment to seek care when needed. Assessment of knowledge/awareness about specific rights showed no serious variation. Generally the transgender persons have uniform awareness of all rights assessed as indicated in table below. However the most known rights include right to life (61.2%), equality and nondiscrimination (50.3%), right to health 47.8% and access to education 47.6%. The main source of information about SRHR to transgender persons are health workers, public CSOs and friends (detailed in figure 7).

Table 2: Respondents by Rights Awareness

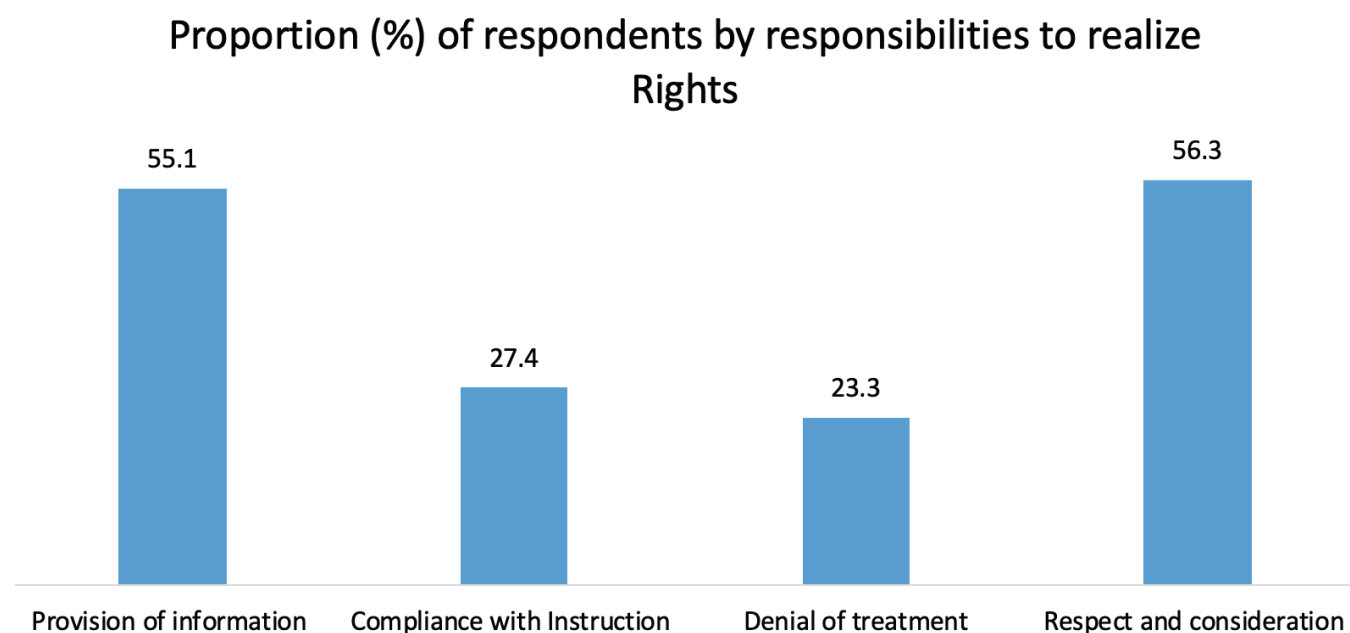
NUMBER AND PERCENT OF RESPONDENTS WHO ARE AWARE OF SRH RIGHTS		
RIGHTS AND FREEDOMS	NUMBERS	PERCENT
Right to life	315	61.2
Liberty and security	194	37.7
Health	246	47.8
Reproductive rights	158	30.7
Right to marry and equality in marriage	148	28.7
Privacy	197	38.3
Equality and non-discrimination	259	50.3
Freedom from practice that harms women	152	29.5
Freedom from torture	161	31.3
Freedom from SGBV	208	40.4
Access to SRH education	245	47.6

Figure 7: Major source of information about SRHR among transgender persons



In terms of fulfilling the rights, approximately 38% of transgender persons feel that health workers fulfil the rights each time or sometimes, when they visit a facility. Fifty eight percent of transgender persons feel they have responsibilities to realize those rights. Figure 8 below shows what the transgender persons consider as their responsibilities to realizing those rights.

Figure 8: Respondents by felt responsibilities realizing the Rights



3.5.3. AWARENESS DIAGNOSIS AND TREATMENT FOR STI/ HIV/AIDS

The Assessment found that 85.4% were aware of their HIV status. Sixty-five (65%) respondents had tested once but over a while ago; 44.3% had tested 3 months before this Assessment and 28 (6%) tested recently within one month before the Assessment. Two hundred and seventy-two (58.6%) respondents indicated that they have ever been screened for other sexual transmitted infection/diseases (STI/STDs) other than HIV. At least 71(15.3%) respondents reported to have been diagnosed/treated with Gonorrhea, 49 (10.6%) with syphilis and 15 (3.2%) with Herpes. A considerable number of respondents indicated they have no money for treatment of STIs even if they were diagnosed with it. Large proportions of participants 451 (87.5%) and 487 (94.5%) reported that the health facilities are not friendly to offer STI treatment and lack of transport to facility respectively as barriers to accessing STI services.

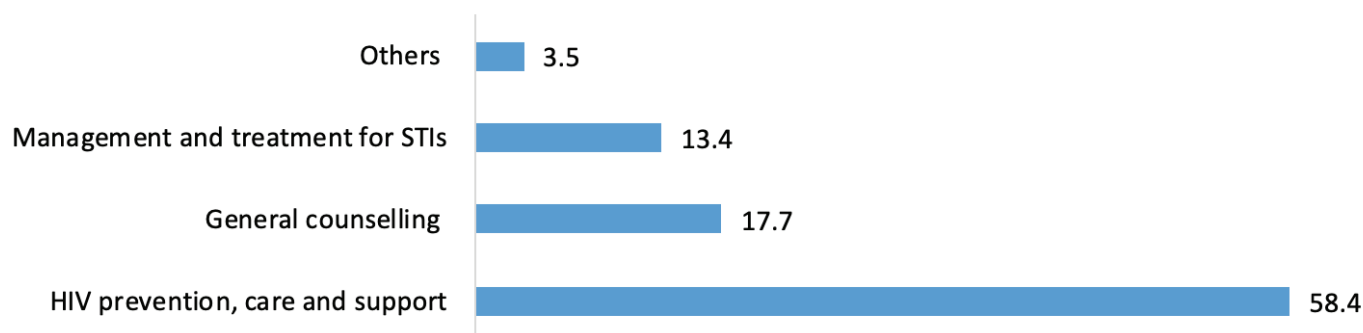
3.5.4. ATTITUDES, ACCESS AND UTILISATION OF SRHR SERVICES.

Asked about where they get SRHR services, a significant number of respondents (over 80%) indicated that they get services in private health facilities. Among those who get services from public facilities, majority get it in Health Centre IV. Among the private facilities mentioned, a considerable number said they get services from Uganda Red Cross Society (URCS) clinics. About accessibility to health facilities, 74.8% reported that they live within walkable distance (within 5 kilometres [kms]) to the health facilities where they get their services.

A small number (12.4%) live within a radius of (5-10) kms to a facility and 21.8% live in a distance of more than 30 kms from a facility. Majority of transgender people (58.4%) go to these health facilities for HIV counselling and testing services. Just a small number (17.7%) indicated that they go for general counselling and STI treatment and management (13.4%).

Figure 11: The major services transgender persons seek in health facilities

Distribution of Respondents by type of services they seek in health facilities (%)



Asked about their experience accessing health services some respondents said they have ever been denied a service because of their identity and expression (42.5%). About 57.5% said sometimes they have been denied a service because of their gender identity. Approximately 63% of the respondents said they have ever been harassed by a health worker but this was mostly in regions where people don't express their gender identities openly. However, the transgender persons indicated that health workers are sometimes cooperative when providing services (48%).

Table 4: Expressed experience accessing health services as a transgender person

NUMBER OF PERCENT OF RESPONDENTS BY EXPRESSED EXPERIENCE ACCESSING HEALTH SERVICES AS A TRANSGENDER PERSON				
EXPERIENCE OF TRANSGENDER PERSON	YES	SOMETIMES	NO	TOTAL
Have you ever been denied a service because of your gender	82 (21.2%)	111 (28.8%)	193 (50%)	386
Does your sexual partner support you to access services	384 (100%)			384
Ever been harassed by a health worker	150 (29%)	88 (17%)	238 (46%)	518
Cooperation of health worker when need a service	218 (52%)	201 (48%)		419

3.5.5. PERCEPTIONS ABOUT SRHR

Individual perception of rights is an important element for stimulating demand for the right. Other studies have indicated that once an issue is perceived or proved to be right, then demand is likely to be high. In this Assessment respondents were asked about their personal perception about specific health rights and general human rights. Table below provides response to the specific components of rights. Generally (over 80% on average), the respondents agree with rights perception for the specific rights, true. They think the statement about these rights are true. A small number of respondents (average 3%) indicated that these statements about rights are false, and some do not know about the specific statements. Overall, the Assessment shows that the respondents were aware of those rights and its application in access to services.

Table 5: Respondents Perception on SRH Rights

DISTRIBUTION OF RESPONDENTS BY PERCEPTION ON SRH RIGHTS (N=529)							
	True		False		Do not know		Number of respondents
	Number	%	Number	%	Number	%	
Every Trans Person Has A Right to Medical Care	451	87.6	53	10.3	11	2.1	515
Right to Choice Of Treatment	453	93.8	13	2.7	17	3.5	483
Right to Non-Discrimination	460	95.2	6	1.2	17	3.5	483
Right to Participation in Decision Regarding Health Matters	438	91.3	22	4.6	20	4.2	480
Right to Know the Name of a Health Worker	421	88.8	18	3.8	35	7.4	474
Right to Safety and Security Regarding Health	442	93.2	21	4.4	11	2.3	474
Informed Consent	425	92.8	5	1.1	28	6.1	458
Right to Be Referred for a Second Option Where Necessary	416	86.7	35	7.3	29	6.0	480
Right to Continuity in Treatment	453	94.8	5	1.0	20	4.2	478
Right to Confidentiality and Privacy	529	96.3	7	1.5	11	2.3	482
Right to Medical Information	430	95.6	9	2.0	11	2.4	450
Right to Seek Redress On SRHR	391	88.5	14	3.2	37	8.4	442

3.5.6. TRANSITIONING PROCESS

According to International Society for Sexual Medicine (ISSM), Gender Transitioning is the process of changing one's gender presentation and/or sex characteristics to accord with one's internal sense of gender identity; the idea of what it means to be a man or a woman, or to be gender queer. Transitioning can be achieved through Hormonal Replacement Therapy and Sex reassignment surgery, also known as gender reassignment surgery, which is a surgical procedure by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to resemble that socially associated with their identified gender. Gender transition may also not be physical but mentally adopted and practiced, common in situation where there is lack of competent health providers, restrictive legal provision, lack of guidelines and generally inability to meet the costs for the service. Some medicine/products may also be utilized to alter the Physical appearance, without surgery.

The Assessment investigated awareness of transgender persons, exposure and or readiness to fully transition. Data indicated that 208 respondents (40.4%) knew about transitioning process, 237 (46.0%) did not know about it and the rest did not answer the question. A large proportion (56.3%) knew that there is mental transitioning, 39.5% knew of physical transitioning and a small proportion (4.2%) mentioned medical transitioning.

Asked if they are currently taking hormones, or have had surgery, 17.0% (71 respondents) were affirmative about taking hormones, meaning that they are currently taking hormones; 28 said they have had a form of gender affirming treatment.

Among those taking hormones, 50.7% (36) said they get the hormones from friends, 22 (31%) get the hormones from the black market. Among those currently using hormones, 54.6% indicated that their hormones are not prescribed by a doctor, 7.4% said their hormones are prescribed (N=117).

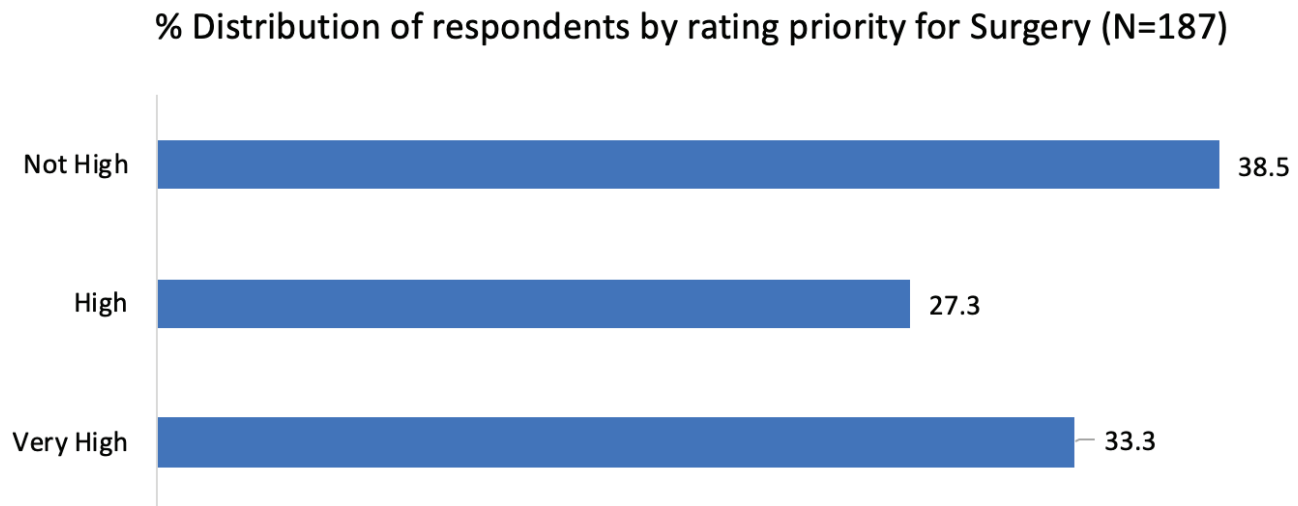
Asked if they were planning to have surgery (N=486), 192 (36.3%) were positive (were planning to have surgery), 167 (31.6%) not sure and 127 (24%) were not planning to have surgery and 43 (8.1%) said they did not want surgery. Generally, the participants were asked about the barriers to accessing gender transitioning therapy. A large number of them said the lack of money was a barrier to surgery, as detailed in Table 6.

Table 6: Barriers accessing Surgery

BARRIERS ACCESSING SURGERY (N=529)				
	No		Yes	
	Number	%	Number	%
Lack of money	347	72.1	134	27.9
Fear discrimination	431	83.7	84	16.3
No access to transgender friendly doctor	447	86.8	68	13.2
No access to transportation	489	95.0	26	5.0
Lack support from family friends	492	95.5	23	4.5
I have experienced discrimination	463	89.9	52	10.1
I need assistance getting surgery	396	76.9	119	23.1

For those who wanted or were planning to have surgery, they were asked about how they rate their priority for surgery. A large number indicated it was not a high priority. Figure 12 shows the priority rating for having surgery among those that indicated that they were planning to have surgery.

Figure 12: Ranking priority for transition Surgery by transgender persons

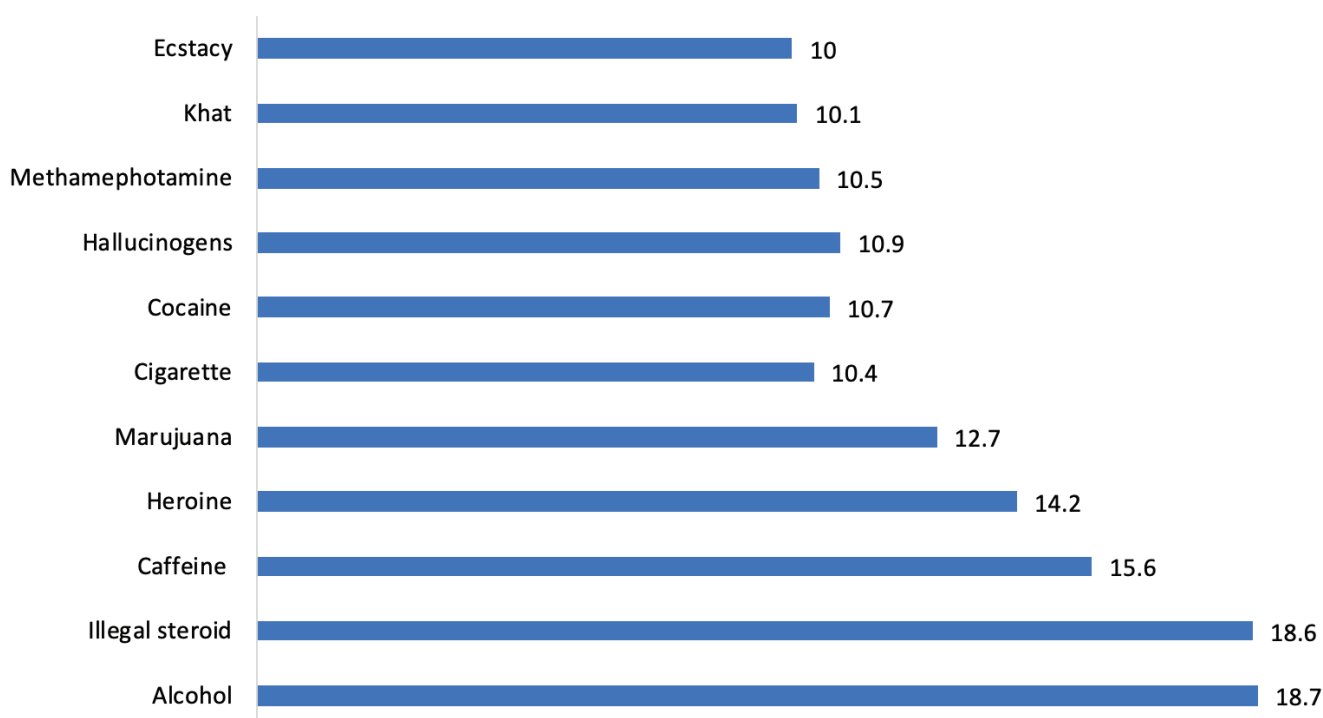


3.6. DRUG AND SUBSTANCE USE AMONG TRANSGENDER PEOPLE

The Assessment found that 27.2% of respondents (140) use some kind of drugs and substances (N=413). The most commonly used drug/substance were Alcohol (18.7%); (N=134); illegal steroid (18.6%); (N =124), Caffeine (15.6%) Heroin (14.2%) Marijuana (12.7%); (N =134) and Cigarette (10.4%); (N= 134). Other drugs/substances mentioned include Cocaine, Hallucinogens, Khat etc, indicated in figure 13. They indicated that these drugs are mostly smoked, chewed or drunk. The major reason they use the drugs is to reduce stress, for recreation and to fit with peers and gain confidence.

Figure 13: Types and drugs and substances used by transgender persons (%)

Distribution of respondents by types of drugs and substances they use

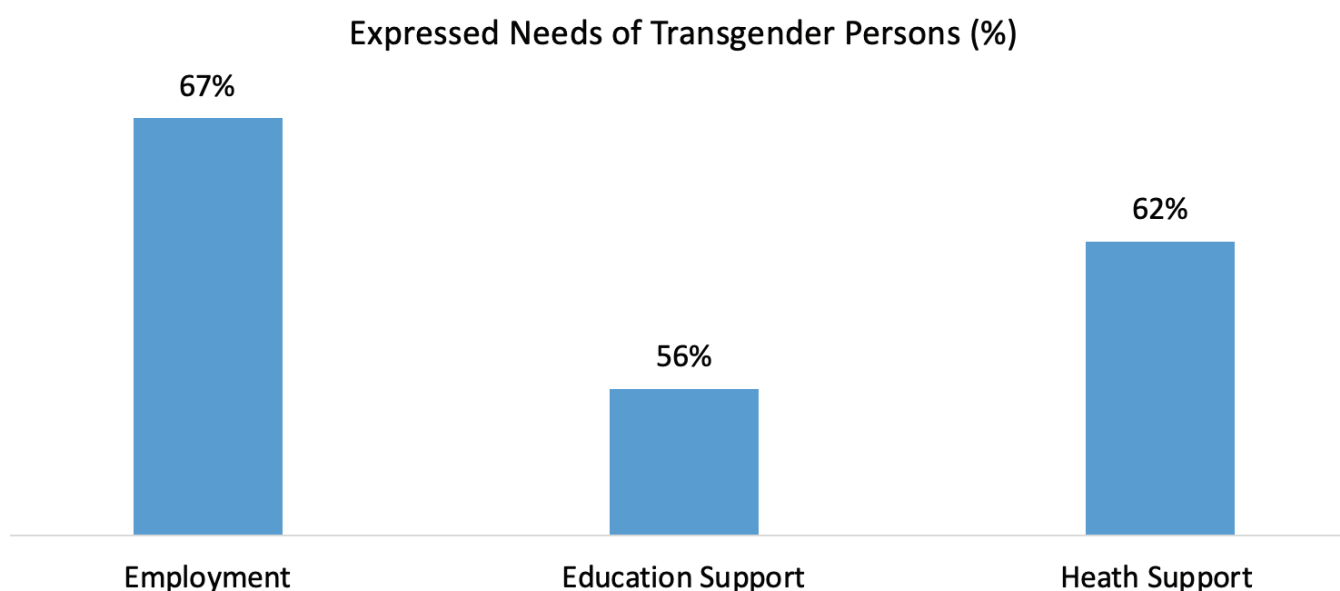


3.7. NEEDS OF TRANS PERSONS

This Assessment examined general needs of transgender persons in Uganda. It then categorized the needs into health needs, social and economic needs, although the health needs took greater precedence of the Assessment. The Assessment was cognisant of the strong universal relationship between social and economic wellbeing and the health of an individual.

Generally, the greatest need of transgender persons found in this Assessment was the need for employment reported by over 67% of respondents (349 transgender persons). The need for education was next (56%) and health needs was reported by 62%. Indeed, the Assessment found lack of money to buy medicine (reported by 22%) and for transportation (43%) as among major barriers to access to services, which directly correlates with unemployment. Furthermore, the Assessment also revealed that over 59% of respondents (Transgender persons) live in households in the lower income quintile (below 200,000/= per month).

Figure 14: Percentage distribution of respondents by Expressed Top 3 priority Needs (N=349)



Although generally the Assessment revealed that majority of the transgender people who participated in the Assessment (86.3%) had attained education to secondary level and above, the need for education was significant. The Assessment however did not establish the kind of education the respondents needed.

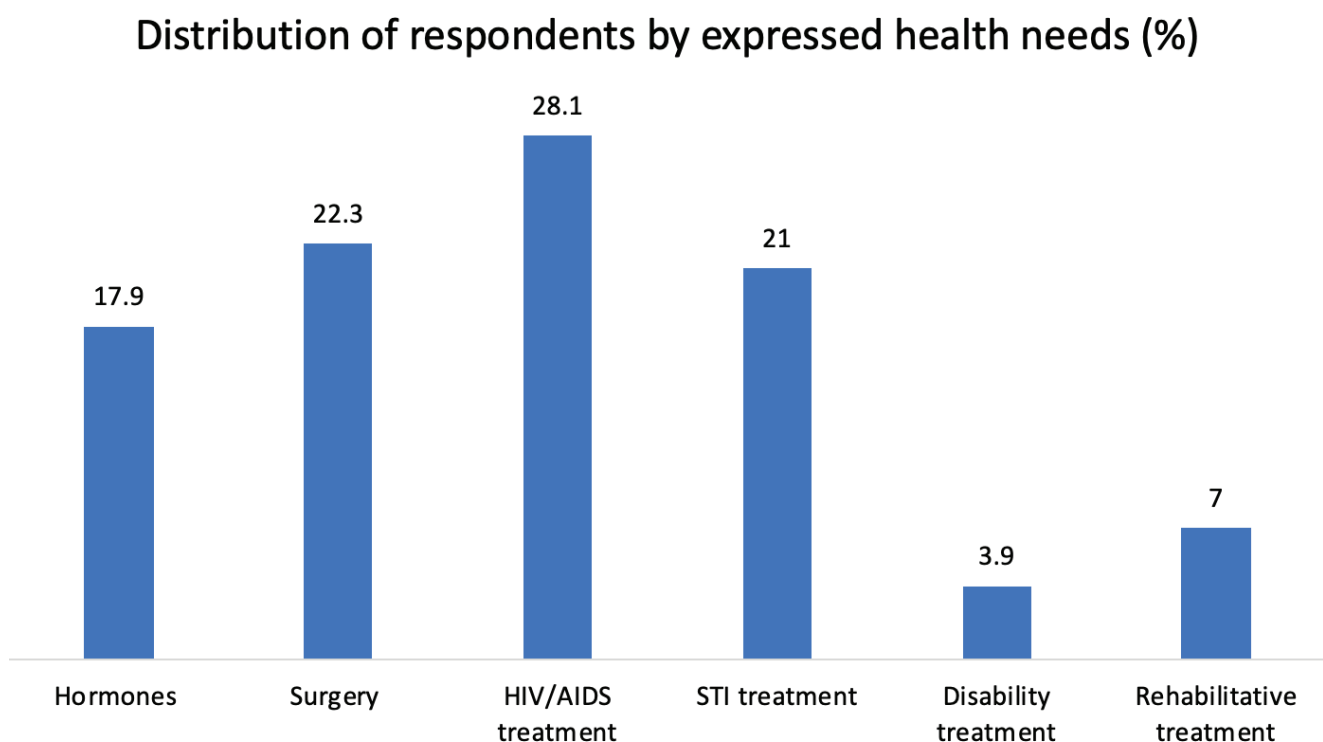
The Assessment established significant variation of needs by region, with western Uganda expressing the highest needs: Employment (83.8%), followed by Central region at (71.2%); Education needs western (59.5%) followed by Northern region with (48.5%) and Health support needs western (46.9%) followed by Central region with (44.5%). overall, Northern region expressed same levels of needs across all top priority needs. On average 49.5% of respondents from northern region expressed needs across all the three top priority areas. In western Uganda, the need for employment was higher than other needs as detailed in table 7 below.

Table 7: Respondents by expressed top priority needs by region

	Northern (N=33)		Eastern (N=134)		Central (N=299)		Western (N=37)	
	No	%	No	%	No	%	No	%
Health Support Needs	14	42.4	49	36.6	133	44.5	24	46.9
Education Support Needs	16	48.5	40	29.9	125	41.8	22	59.5
Employment Needs	19	57.6	71	52.9	213	71.2	31	83.8

In terms of healthcare, the Assessment identified the needs of transgender people in Uganda to include: reliable and trusted health care provider, friendly service delivery environment, and some kind of emergency services. Generally, 42.1% of the transgender respondents expressed the needs for medical and mental health services support, however a small number (6), 1.2% indicated that they have a mental problem that needs medical support. It's important to note that about 7% needs for rehabilitative service. This could be associated with either depression or past mental condition. Through FGDs, respondents indicate that facilities do not have some of the supplies and medicine they need. Meaning that their health care needs are often not met. The FGD further identified condoms, lubricants, medicine/ treatment for STI/Ds and HIV testing care and treatment (Antiretroviral [ART/ARVs]) not being the only health needs of transgender persons but rather suggested a holistic health approach like Hormonal Replacement Therapy and Gender- Re-assignment Surgery among other incentives key to trans wellbeing. The transgender people however agreed that some of these services are available in public facilities, but noted that the facilities are not as friendly to them, citing discrimination and stigma. Among the healthcare needs, the participants expressed need for HIV/AIDS treatment and care (28.1%), treatment for STI/STDs (21%), need assistance accessing Gender Affirming Healthcare- surgery (22.3%) and Hormonal treatment/therapy (17.9%).

Figure 14: Percent of respondents with expressed health needs



The assessment did not find any significant variation in need of specific health services by region. The needs were generally spread over the different regions. However, the assessment revealed that the need treatment HIV/AIDS was highest 28.1% followed by surgery 22.3%, STI treatment at 21% and Hormonal Replacement Therapy (17.9%).



CHAPTER 4: DISCUSSION OF RESULTS

OBJECTIVE 1: TO DETERMINE THE HEALTH CARE NEEDS AND CHALLENGES OF THE TRANSGENDER COMMUNITY IN UGANDA.

The Assessment identified health care needs of transgender people in Uganda to include reliable and trusted health care provider, friendly service delivery environment, and some kind of emergency services. Respondents also indicate that facilities do not have some of the supplies and medicine they need. Meaning that their health care needs are often not met. Condoms, lubricants, medicine/treatment for STI/Ds, proper binders (not bandages) and HIV testing care and treatment are some of the health care needs mentioned. Although some these services are available in public facilities, they are not provided responsively. Largely there is poor attitude of health workers towards transgender persons. Furthermore, respondents reported that they need hormones, surgery and among other specific Trans health needs and products, but these are not readily available in public health facilities.

Provider attitude, stigma and discrimination by non-trans persons, are among the major challenge expressed by transgender persons. Ultimately these perception challenges lead to self-censorship among the transgender persons themselves.

The Assessment found that 37.5% of transgender persons have ever been denied a service and 45.6% ever been harassed by a health worker because of their gender identity. The other challenges include lack of means (money) to meet health service cost, or to pay for transport to the facility.

“Yes, there are challenges which we face. For example, a Doctor can ask you some questions, about your gender. If you tell them I am transgender, they will ask you to bring your partner”.

“There are no people to call in any cases of emergencies”.

“Like me, I will bring a partner, and can the doctor really understand me? The doctor might say I am not going to give you medication because you are gay”.

“When they discover who you are transgender even if you go to the market, they will start to jeer and yell at you. They will start to talk something which you are not able to believe. So, these are some challenges which transgender people face. They can call the police and they arrest you because of your gender identity”.

“Personally, I studied in a single boy's school. There is a way they discriminate and undermine you in school and in the community. Just as my other colleagues have said, they point at you, they tend to discriminate and intimidate you if services come around, they say so and so, you come later. So services tend to delay”.

“For me I think, they are like you go away you behave like a woman why do you want to stay with me”. Like in Kampala, they can report you to police; in school they would punish you”.

SOME QUOTES FROM TRANS PERSONS DURING FOCUS GROUP DISCUSSIONS IN MBALE, GULU, AND MBARARA SHOWCASING THE FEELING OF STIGMA AND DISCRIMINATION.

OBJECTIVE 2: AWARENESS, DEMAND AND THE UTILIZATION OF SRHR SERVICES AMONG TRANSGENDER COMMUNITY IN UGANDA.

The Assessment revealed that a significant proportion of transgender persons are aware of SRHR (80.8%). However, this level of awareness varied by level of education, such that those with no education or with primary education were less aware of SRHR compared to those with secondary education or more (20.4% and 58.4%) respectively. Awareness was higher among the younger transgender persons compared to older ones, and there was no difference in level of awareness by marital status, primary gender or region. From this analysis, the Assessment found a relatively universal level of awareness of SRHR among transgender persons in Uganda.

The Assessment further found that Transgender persons generally are aware of all components of rights, although the most known rights include: Right to life, Equality and Non-discrimination; Right to health and Right to access to education. The Assessment revealed that the main source of information about SRHR to transgender persons were health workers, community trainings and friends. The Assessment also revealed that transgender persons have the ability to demand for services despite the discrimination and stigma directed against them. They also have positive health seeking behavior. However, some of the services they require are not readily available in public health facilities. Furthermore, the facilities are not friendly and responsive to them.

Generally transgender persons have positive health seeking attitude despite the challenge in service delivery conditions. As already indicated 85.4% responded knew their HIV status, 65% respondents had tested at least once and approximately 53% had ever been screened for STI. These are indicators to show that when they have responsive facilities to access services from, the transgender persons are willing to visit a health facility each time they need help.

OBJECTIVE 3: THE CHALLENGES CSOS & CBOS FACE PROVIDING SERVICES TO TRANSGENDER PEOPLE IN UGANDA

Among the major challenges faced by CSOs and CBOs are lack of legal gender recognition, socio-cultural background, gender stereotypes, leading communities to identify Trans people as outcasts, immoral people; lack of awareness about transgender identity by community members and local authorities; and lack of skills to offer some services like health services.

Related to stigma and discrimination, the Assessment discovered that transgender persons shy away from accessing services because of fear. They are not able to come out and demand for services. Because they do not open up to service providers, it is difficult to help them out.

“We have been trying to assist a transgender person to change their names in their identification to reflect that they are transgender but it has always been problematic. In most cases, the registrar thinks you are helping them to abate criminality. This also affects access to education. There is a transperson who wanted to change documents to reflect transman, but this was also not possible. They look at this from the perspective of section 145, which is about criminality.”

Legal Aid Provider, KI Kampala

“Transgender people need to open up and demand for services, increase their visibility like sex workers did. There are a number of technical working groups that they can belong to. This will help them increase visibility and demand for services.”

SEX WORKERS CSO HEAD, KI KAMPALA

“We as LC1, most of our work is to handle cases, why I say its difficult to give this category of people services because when we view somebody as a lady in the long run we find you are male it backfires and that's why we are strict on it. When you are a lady you are one and when you are a man you are a man. So you can't be male and pretend to be female and want services from us, its tricky.”

**Local Council
FGD Lira**

“As a policeman and a member of this town my culture condemns this habit and you can't find it deep in the village, this kind of habit is just in the urban area. When we look at our religious background your family has hope in you that you are also going to reproduce and thats why they condemn that habit.”

**Police Officer
FGD Lira**



CHAPTER 5: TRANSGENDER POPULATION SIZE ESTIMATES

5.1. ESTIMATED POPULATION OF TRANSGENDER PERSONS IN UGANDA

Uganda's population was projected to reach approximately 42 million people by 2020, up from 34.6 million in 2014, according to State of Uganda Population Report 2017 (NPC 2017). In this population over 75% are young people below 30 years (UBOS 2018). Majority of Transgender and gender non-conforming people are part of this population. However their population size and distribution is not known, neither is it well documented but approximately 1.1% of the population fall under this type of gender. According to Sexual Minority Uganda (SMUG), an organization that works with sexual minority groups; (quoting The World Fact Book 2017), transgender population is approximately 390,000 people. However, a study by Agarth, Anette and other puts the population to approximately 10% (3.5 million) of the general population (Anette, A. et al 2016). This section presents an estimate of the population of transgender persons in Uganda. Attempt is made to also show their distribution in the 5 regions categorized in this needs assessment.

5.1.1. METHODOLOGY

Sources of data: To estimate the population of transgender persons, the survey used baseline data from multiple sources: Data provided by National Population and Housing Census 2014 (UBOS 2015), data collected through the profiling of transgender persons (part of this needs assessment) and additional data provided by a study on Health Care Discrimination Against Uganda's Sexual and Gender Minority, which was conducted by SMUG in 2017.

The method: A mix of Quadrat and proportion distribution estimation were used. The Quadrat method was specifically chosen because of its usability in species demarcation. In this estimation a two-level, quadrant frame was used: one for the region and the second one for the districts; and the proportion distribution was calculated from each quadrat. The quadrat data was stratified from the profiling data collected concurrently during the collection of data for the needs assessment.

The profiling involved recording biographic information of individual Trans persons identified in the different regions. A special profiling tool was developed to information on: age in complete years, place of birth, current place of residence and tribe among other things. A total of 518 transgender persons were profiled during the needs assessment data collection.

The findings of this needs assessment indicate that majority of transgender persons (63.7%) are in the age of 18-24 years. Another considerable number (34.3%) are aged 25- 35 years old (figure 2). Conclusively for the purpose of this estimation approximately 98% of transgender persons were considered to be aged 18-35 years. Therefore using the NHPS data, the regional and population was estimated for the same age range. The NHPS report indicate that approximately 22.5% of the general population was aged 18-35 years.

The first part of the estimates used these figures to estimate population by age structure based on the 22.5% (national average for (18-35) years old. In the second part the population estimates is then distributed by regions. Table below shows detailed estimation.

Table 8: Estimated Population of Transgender persons by Region, by Sampled Numbers of Districts

Region	Regional Popn (18-35) ^a	No of districts	Popn (18-35) in sampled districts ^b	Number of trans profiled ^c	% of Trans persons in General population ^d	% of trans Popn in profiled districts ^e	Estimated Trans population by region ^f	Estimated Trans population in profiled districts ^g
Central	1,966,042	8	1,211,129	293	0.01	0.02	47,510	29,267
Eastern	2,034,545	6	526,545	145	0.01	0.03	56,043	14,504
Western	1,996,844	8	731,677	36	0.00	0.00	9,896	3,626
Northern	1,617,331	7	492,586	32	0.00	0.01	10,545	3,212
South	178,034	3	40,058	12	0.01	0.03	5,295	1,191
Central								
Total	7,792,796	32	3,001,995	518	0.01	0.02	129,288	51,800

^a is population aged 18-35 years by region; calculated from 22.5% of general population. Source UBOS 2015

^b is proportion of regional population for the number of districts registered in each region. Source: UBOS 2015.

^c Number of transgender persons profiled by region. Source: TNU – Needs Assessment 2019

^d Proportion of transgender persons as a percentage of general population by region

^e Proportion of transgender persons as a percentage of population of 18-35 years old in sample districts per region.

^f Estimated transgender population by region.

^g Estimated transgender population from the sampled districts in each region

5.1.2. ESTIMATING TRANSGENDER POPULATION IN UGANDA

Using the above data as sample proportions (p') to estimate populations (P), we calculate confidence interval (CI) for population proportion (P), applying Parra, E.J et al (1998) formula for confidence interval as follows:

$$p' \pm z^* \sqrt{\frac{p'(1-p')}{n}}$$

Where:

z^* = Value of standard normal distribution (1.96) at 95% confidence level

p' = Sample proportion generated from profiled respondents, such that $p' = (518/3,001,995)$, or 0.00017

n = Number of transgender respondents profiled (518).

Overall, the estimated population of transgender, from the data generated in table 9 is approximately 0.03% (95% confidence). This translates to approximately 1,200,000 people in Uganda, based on population total estimate of 40 million. However, this only applies based on assumption of normal distribution of transgender population in Uganda.



CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 .CONCLUSION

Transgender community constitute a considerable part of the population in Uganda and indeed a significant proportion of Sexual and Gender minority population, who are also significantly at risk of infections and transmission of HIV and other STI. However, they are less visible and are often bundled among lesbian and gay sub populations. As such their unique needs are unattended to. They experience a lot of challenges as they go about with their daily life, mostly stigma and discrimination by the general population, in service delivery facilities and community places. Many are forced to behave and to act in a manner that is contrary to their true identity.

6.2. RECOMMENDATIONS

6.2.1. RECOMMENDATIONS TO CSOs

The greatest need for transgender persons identified in the study was employment which was reported by over 67% of the respondents. There is need for CSOs to Open up social welfare schemes for needy TGNCs. Specific welfare schemes to address the basic needs of TGNCs including housing and employment need to be created.

Advocate collectively for legal gender recognition and for policy amendments that are more inclusive and cognizant of the third gender. According to the survey 65.4% of the transgender agreed that they can be identified by naked eye that they are transgender which is proof for CSOs to use in reference while for advocating for a third gender.

Advocate for legal protection of trans person. Develop training materials for law enforcement officials and victims service providers to promote cultural competence while working with transgender in their cases. Based on the survey over 30% of transgender persons in every region experienced harassment inclusive of police and different law enforcers. Most of the transgender persons interviewed expressed need to engage law enforcers to understand transgender issues.

Train and educate health service providers to be competent and sensitive in providing health services for transgender persons as well as develop implementation guidelines that they should use when dealing with transgender persons. The Survey found that 37.5% of transgender persons have ever been denied health services and 45.6% ever been harassed by a health worker because of their gender identity which calls for massive trainings for health service providers across all regions.

Implement stigma and discrimination reduction measures at various settings through a variety of mass media awareness and campaigns for the general public and focused trainings for local leaders. Based on the research 41% of the transgender person have ever experienced violence from the general public and in public spaces therefore is need to tailor awareness programs for the general public to help reduce on the violation rates as recorded in the findings.

CBOs working specifically with trans persons need to be strengthened and developed. From focus group discussions and Key informant interviews we discovered that there are limited organizations that do Trans specific work, in most parts of the country more specifically in the northern. Based on the survey the capacities of existing and emerging CBOs and NGOs need to be strengthened so that they can effectively implement TGNCs projects and programs in their respective regions.

There is need to document the lives of transgender people and the disparities they face to show case that they need to be included in programming. This will also act as evidence that this group of people exist in Uganda and their needs and rights have to be considered and respected.

6.2.2. RECOMMENDATIONS TO GOVERNMENT.

The government should encourage the use of social inclusion framework and Human Rights Based Approach even when it comes to transgender person to deal with the problems of exclusion from employment, restricted access to education, health care and public services and arrests on false allegations. 36.3% of the respondents reported they are forced to present themselves in a gender different from what they identify as in order to keep their jobs which shouldn't be the case if there are policies that encourage social inclusion despite their gender identity.

The government should simplify gender marker change policies by allowing a range of policies that certify a gender marker change. Based on the survey 90% of the respondents didn't have any document that speaks to their identity and they expressed it as a big challenge when it comes to immigration and identification therefore there is need for government to revise and amend the registration of persons Act.

Government entities like Ministry of Health, Ministry of Gender Labor and Social Development, Ministry of Internal Affairs, National Identification and Registration Authority (NITA) among others should ensure greater involvement of TGNCs in policy formulation and program development. These ministries should as well influence amendments of the law to provide for recognition of a third gender of persons who have not undergone sex affirming surgery.

The local state and government should explicitly prohibit public accommodation discrimination on the basis of gender identity and sexual orientation. Since there are no laws in place to protect transgender people, they experience forceful unwarranted evictions by land lords purely because of their gender identity.

6.2.3. RECOMMENDATION TO SERVICE PROVIDERS.

Meaningfully engage with CSOs, CBOs and the transgender community at large even in decision making in order to understand their needs and how best to program for this group. This will enhance service delivery by helping derive interventions that provide holistic care for transgender persons.

Conduct research to design and fine tune relevant package of HIV prevention and care for TGNCs. Tailor make programs that encourage transgender persons to seek for services without fear of discrimination and stigma from service providers.

Service providers should consult and seek to equip themselves with knowledge and understanding of how to deal with TGNCs. One of the reasons that fuels stigma and discrimination among services providers is lack of knowledge on TGNCs persons.

6.2.4. RECOMMENDATIONS TO DONOR AGENCIES

Donors should meaningfully engage with transgender people, create dialogue opportunities through which Trans led organizations and donor agencies can share and express respective needs and expectations.

Donors should offer technical assistance to trans led civil society organizations so as to contribute to effective implementation of services and programs for the transgender population in the country.

Donors should look to fund professional development programs for Trans led civil society organizations staff members that will provide them with the necessary skills and tools, increasing performance efficiency and ensuring the sustainability of young trans led CSOs.

Donors should also fund programs designed to tackle the underlying problems that precipitate high HIV prevalence rate among trans population in Uganda. Programs that look at the general welfare and livelihood of trans persons and highlight needs of trans persons while offering solutions.



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