# BOMBASTIC
MAGAZINE

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SPECIAL EDITION

## The Road to an AIDS-Free 2030

**Honoring Community efforts in fighting the HIV Pandemic**

OUR VOICES, OUR STORIES, OUR LIVES

# Foreword

## A World Free of AIDS

***Mbalamusiza Nnyo bba ssebo, bba nnyabo nabalala...***

The calendar turns to December 1st, globally recognised as World AIDS Day—a date that compels us to pause and remember. For this edition of Bombastic Magazine, we dedicate our pages to a vision that must be within reach for all of us: a world free of AIDS.

At KuchuTimes, we believe this is not merely a slogan; it is a destiny woven from decades of our movement's resilience, activism, and advocacy. Thanks to the relentless pursuit of knowledge, we now live in an era where treatment equals prevention (T=P), where effective medications mean an undetectable viral load is untransmutable (U=U), and where PrEP offers powerful protection against acquisition.

Yet, this vision remains unfinished for many.

In the stories that fill this issue, you will hear from the heart of our community—LGBTQ+ individuals navigating the complexities, joys, and triumphs of living with HIV. Their narratives shatter the outdated stigma that still clings stubbornly to the shadows—a "diseased community." They are not defined by a diagnosis; they are defined by their courage, their love, and their fierce commitment to thriving.

Therefore, to achieve a world free of AIDS, we must confront the systemic barriers that impede access to testing, treatment, and accurate information. We must dismantle the stigma and shame that drive the epidemic underground. And we must remember that justice for communities affected by HIV is intrinsically linked to justice for any "key population" community, as intersectional identities face compounded vulnerabilities.

This edition of Bombastic Magazine is a testament to the power of our voices. It is a call to action for every reader to educate, advocate, and support. Let the stories reinforce the truth: Ending the AIDS epidemic is possible, but only if we work together.

As we join the world in reigniting the candle of hope, we honour community warriors that we have lost, we celebrate the survivors who continue to lead us, and we ensure that the next generation knows only the history, and not the pain, of the AIDS epidemic.

Aluta Continua

**Kasha Jacqueline Nabagesera**
Chief Editor KuchuTimes Media Group

# About KTMG

Kuchu Times Media Group is a media platform for and by LGBTQ+ persons created to provide a media safe space for Uganda's Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community centered on easing verified information dissemination on the lived realities of LGBTIQ+ persons initiated in December 2015 as a reaction to constant misinformation and state encouraged outing of assumed Lesbian, Bisexual, Gay, Transgender and queer persons by mainstream media houses, contributing to violent physical attacks on our community.

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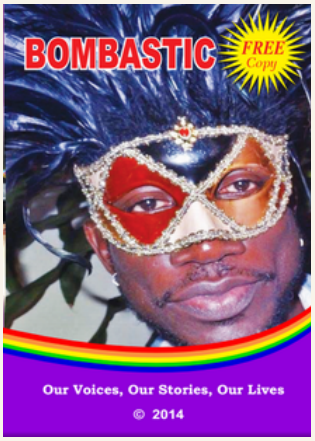


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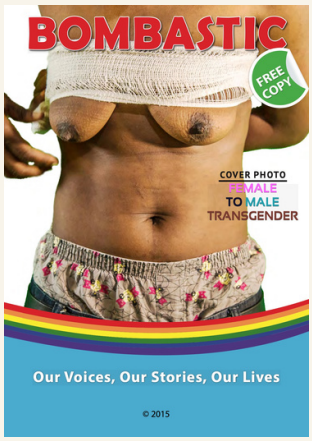


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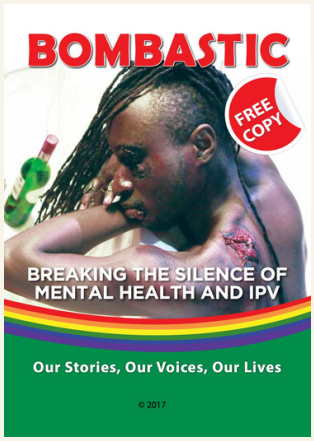


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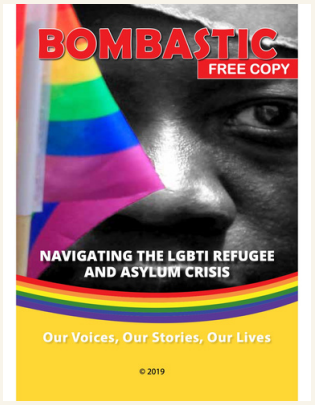


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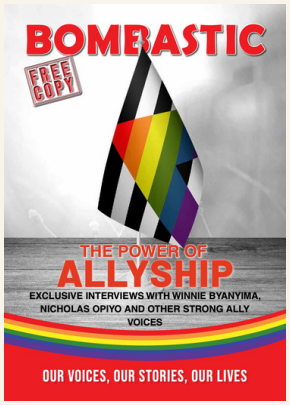


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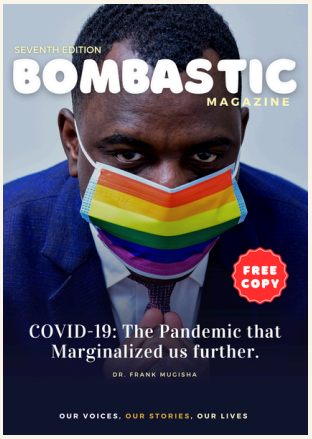


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FEATURE STORY

# Yosephina: A Woman who Refused to Disappear

Who wrote the laws of society that now certain people believe that other people are not people enough—that their rights are not rights enough and so they should be flouted without any iota of reverence?

One might thus wonder what society has become—a beast that consumes those who refuse to be what it wants them to be—those who stand on the top hill and remind the world of their identity and that they will not dance to its tunes—those who are unapologetically free.

In a world where everyone becomes angry when one becomes what they think one should not be, being what one must be anyway is heroism, as many people waste their lives away suppressing their real selves only to please other people, who do not even care about their well-being.

A hero is not only an individual who goes to war for their country's sake but also one who boldly refuses to be a victim in a society that continuously tries to make one a victim—a hero is one who soars above a labyrinth of laws that criminalises one's sexuality and one who fights for one's total liberation in a country where human dignity is only a political term used for political interests.

Alas, how hypocritical that we are invested in liberation talks while discriminating against the minority groups; that we preach national unity but detest Queer Ugandans and treat them as if they were half-people. But what is liberation without inclusivity and without regard for all rights regardless of our religious or political beliefs?

In this 8th  Edition of the Bombastic Magazine, we share Yosephina Mukwaya's story, one that has survived time—a story of healing, resistance, and resilience, and one that reminds us of how societal hate can break us if we surrender to it. Of course, sometimes, stories like these die a natural death for fear of one's life, especially in a society like Uganda, where minority liberties, like freely identifying as queer, are more treasonous than swindling public funds, and where religion and politics determine what is moral and what is not—and with the progression of the Anti-Homosexuality Act, 2023, the already-worse situation only becomes unbearable.

But speaking or standing up for the truth in a society where lies and hate are engineered is such a daunting, yet uphill struggle, and warriors are those who continue to remind such a society that liberation of oneself from societal shackles is worth one's blood and that total liberation is not just about politics but also about being at liberty to love whomever we choose to love and living whichever way one finds fit without any societal pressure of prejudice—and Yosefina is a warrior.

Yosefina Mukwaya is a transwoman sex worker, human rights defender, and also the head of the ***Come-Out Post Test Club (COPTEC***), a non-government organisation focused on HIV/AIDS awareness and support for the LGBTI community located in Nansana. Most courageous of all, Yosefina is an HIV patient who is open about her status, and when asked why she is so open about her HIV status in a society where stigma is so normalised, she says that it is so important for one to always come out.

Ever since COPTEC's inception, Yosefina has been advocating for HIV healthcare for transgenders living with HIV, a struggle that has stiffened every single day—however, in the darkening days, there comes a paltry of hope—initially, it was criminal for queer people to access medical care, but Yosefina is grateful that now, even though there is the acute Anti-Homosexuality Act, 2023, hospitals no longer treat them as they used to. "Hospitals like Mulago now call and tell us to go pick up our medicine, but before, we feared going there, but now we tell doctors and nurses about who we are," Yosefina says in an interview with the Bombastic.

COPTEC was born out of urgency—trans-sex workers had always lived in hiding due to the hostile Ugandan environment; primarily, people like Sam Balaba, Sande, et al., were dying from HIV, and their families, too, had rejected them, and so they did not have anywhere to run to. "*I remember comrades like Suula, whose family had rejected for their identity, yet their health was deteriorating—at that time, our only rescue had been SMUG—they helped us a lot...*" Yosefina says.

She pauses, nods, and continues, "*It was hard for us to know that we were sick since we were not going to hospitals, but Dr Thomas Mukasa started doing outreaches and providing test kits to the people of the community. He urged us to test our blood, and for those who did not have food, he could give us money to buy food.*"

That was a time when the community lived on hope, when their biggest dream was surviving the next day; it was a time of belief; it was a time of severe despair; it was a season of darkness, and the community people had nothing before them; many were homeless, many had found out that they were sick and that they were dying soon, and the disease had broken others down; there were no medicines, and the only treatment people could get was from Frank Mugisha, who could visit them in the slums, and even that was not enough.

"*We used to live in my mother's small house in Bwaise, but it was a terrible place—still, it was better than being homeless. People there were notorious and always called us gay, and sometimes urged their fellows to beat us up, but even in such uncertain times, we used to urge trans-sex-workers to have hope—it was then that I confessed to them that I was also HIV positive and that there was no need to worry...*" Yosefina recalls.

Even though the community had been so hostile to Yosefina and her fellow trans sex workers, even though people had advocated for their crucifixion, the storm of indomitable hate started subsiding, and now the once-hostile people started tapping into the community's growing services: the community extended HIV services to the people, and through Dr Tom, the trans sex workers started doing outreach.

*"We were going crazy—thoughts were mincing our minds—it was at this time that Dr Tom urged MARPI (Most at Risk Populations Initiative) to extend their services to us from the grassroots level,"* Yosefina says, as her voice breaks down, with pain in her eyes.

But amidst tribulations and trials, Yosefina recognises the fact that there was love among the community people—they cared for each other even though they did not have any money: To them, care was beyond handouts or cash; it was empathy—it was carrying each other's cross, and when someone was sick, everyone ran to their rescue. Love was grace—it was the lifting of others.

Of course, Yosefina attributes all this to leadership; it is from leadership that one takes up the responsibility of feeling what others feel, of loving others even when they do not reciprocate. But with leadership comes unavoidable problems—often, Yosefina would be accused by the same people she served of siphoning their funds—they always, and still, say that Yosefina spends the community money on herself, which money is not available, and even the little they have, it is Yosefina who has to look for it. Sometimes, both now and previously, Yosefina has to attend to people who are bedridden for a month or more, and she often ends up contracting tuberculosis, among other transmittable diseases.

Regardless of all the challenges, COPTEC continues to survive: Yosefina admits to this magazine that she is an uneducated person, and through a flashback, she takes us back to her school life: Yosefina used to spend most of her time with girls, but teachers could punish her for that, and a certain teacher could rebuke her and say that she was like girls. Yosefina did not enjoy school like any other child; teachers could even rally pupils to attack her for her identity—and it was then that Yosefina had to choose between school and her liberty, and of course, she chose to be free. But the good thing with leadership is that it's independent of education. Leadership is character, not the many books one has read.

When Yosefina dropped out of school at a tender age, she worked as a house girl—she used to cook and clean houses for people, who would in turn pay her. It was not so long before they started understanding Yosefina, and they loved her so much, and this too much love healed the wounds she had sustained from her primary school, where she had been hated and ridiculed.

*"Some people used to disturb me on the road, but I got used to it. Sometimes, they asked my cousin what I was—they asked whether I was her sister or brother—but she would protectively tell them to leave me alone. But a time came when I was tired of hiding—the community had become so harsh to me—and I even tried to commit suicide, but I was rescued. I was hated by almost everyone, including my brother—but surprisingly, that same brother has a child like me, and now he chased him away from his home. I live with the boy, and now he is a better person," Yosefina* narrates.

Healing is not a one-day thing—it is gradual. It is painful. Yosefina continues to battle stigma—she still has scars from her past life. As a beautiful young girl, men always approached her, but she could boldly tell them that she could not offer them free love—she was a trans sex worker whose intentions were purely monetary. Worse, the people who cursed her during the daytime were the same people who wanted her love at night.

*"Once an elderly man raped me. This was the same man who hated me during the daytime. I had to be operated on after the rape. I endured a lot of pain. I stank, and everyone feared to enter my room. He hurt me so badly that I had to undergo surgery at Mulago Hospital. My friends could wear masks whenever they visited me. But Morgan Kanyiike was always there to tend to me. He even taught me how to write my name..." Yosefina* narrates as she drowns in pain.

She coughs, sneezes, and continues, *"In this community, we are raped without any iota of mercy. The man spiked my beer, and then he handcuffed me. He started beating me up and dehumanising me. He was full of rage. Surprisingly, it was not only me that he dehumanised. Women always complained about him. Of course, rape is a crime, but with the insecurity we were facing at that time, I never bothered to report him to the police. How sad that I have never been the same person after that rape."*

When asked about love, Yosefina says that it is sophisticated, especially as a trans woman, to find love. But she is grateful that she found someone who loves her without casting discernment upon her. One, she is a trans sex worker; two, she is HIV positive, but someone finds comfort in her, and that is Mukwaya, who loves Yosefina unconditionally.

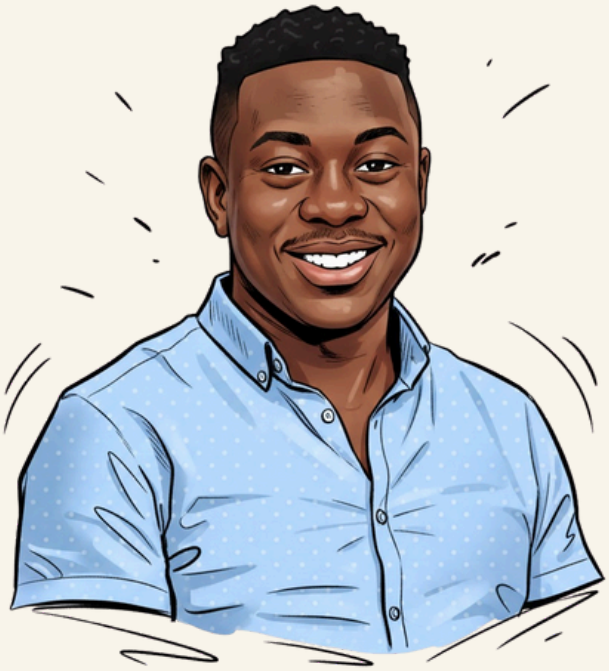
*"I had been HIV positive ever since my rape, but I had never swallowed any medicines until this year on Thursday, 10 January, 2025, when my partner tested both of us and told me to start taking medication. We have been together for five years, and he is HIV negative. He even set the alarm for me, and whenever it rings, he brings me the medicine. It is good to be open—I urge you all people to always tell your partners everything and also try to understand each other. My man has been so supportive to me. He is a photographer, and when I told him that I was a trans sex worker, he wondered why I did not dress like my other colleagues, but I told him that I fear this bitter world. So, I only wear dresses when I am with him in our house. I am tired of hiding, which is why I dress up as society expects of me whenever I am out there,"* Yosefina says.

COPTEC has brought forth change, and Yosefina says that at least there are glimpses of freedom —they can now open up to medical workers about their health; the organisation has taught different people that it is not a crime to be a trans sex worker and that it is also not a crime to talk about one's challenges.

However, Yosefina fears that without the US funding, the work they have sacrificed so much for might be undone. Without the funding, they might be unable to rent out a place for the community members and access better medical services. Even though COPTEC has taught its members to work for themselves, as they now make detergents and bathing sponges, which they sell, their sales are not sustainable, and that worries Yosefina so much.

Above all, Yosefina imagines a liberation where she is free to be the person she was meant to be, and she wants to be remembered as the first trans person who confessed to being HIV positive at a time when everyone feared to disclose their HIV status. She wants us to remember her as someone who urged her fellow trans sex workers to take medicines, and because of the challenges she has been through, she wishes to build a trans hospital where all trans people and other HIV victims can access medication without being judged.

Yosefina's story is one of courage and hope; it reminds each of us that however difficult life might get, we should not give up on ourselves, and that amidst so many trials, we should not stop living up to the people we were born to be. Her story should not only be read by the LGBTQ communities but also by everyone out there who is almost giving up on their lives; life is full of challenges, but giving up has never solved any of one's troubles. Sometimes, all we have to do is to leave our comfort zones and live defiantly. Be like Yosefina. Live your life; live so loudly.



HIV SERVICE AVAILABILITY

# Richard Lusimbo: The Road Towards an AIDS-Free 2030

**KT: How would you describe yourself?**

**RICHARD LUSIMBO:** It would be the unapologetic one who shows up, doesn't give up, and has to get what he wants [laughs].

**KT: What is your guilty pleasure when you're not doing this?**

**RICHARD LUSIMBO:** I absorb myself into YouTube. At home I am watching buildings, construction, and the summary of the news, because I cannot watch TV all the time—the world is so screwed up. So, I would rather watch YouTube, which gives me the short videos, and recently there have been lots of nice audiobooks on YouTube—I just love to immerse myself into that and forget everything else.

**KT: Where do you go when the world becomes too loud for you?**

**RICHARD LUSIMBO:** People see me and think I am a very serious person. But in my private space, I always love to cook and sing back and forth to the music I love. In fact, sometimes I play one song on repeat for the whole day, but I don't care because I love the song, and also it gives me energy. So, I'm always singing and dancing, but I also really like cooking because I love to make my own food, and staying home and just not seeing anybody because sometimes I just don't want to.

**KT: Could you tell us about the formation of UKPC?**

**RICHARD LUSIMBO:** You know how people say Pride was a protest. I think also UKPC was formed on that foundation of enough is enough. There had been entities that claimed they were representing key populations in Uganda. But unfortunately, none of them were community-led, and also the programming and the focus were really not speaking to the needs of the community. And it also happened at a time when we're trying to engage in different policy spaces with government and with stakeholders; for example, backing the investment in the health sector by PEPFAR, Global Fund, and government, as we felt our voices were not there. And it's from that gap that UKPC was born—to speak back against the shrinking civic space but also the sinking resources that were being invested in key populations as a whole in the country. And this is why UKPC stands as a unifying voice when it comes to health and financing for our community.

**KT: How is UKPC staying afloat in this hostile environment?**

**RICHARD LUSIMBO:** Given the environment that we operate in in Uganda, we remain open because we are not here to organise as usual, but also, it is not illegal to be Ugandan. And I think that's the central piece. The other part is the fact that we exist to speak for the most marginalised and criminalised populations, which is really important and gives us a chance to speak and also engage. We are diverse, and we continue to exist because it matters, and also, we have to speak out since we are the voice.

**KT: What does organising for key populations look like now?**

**RICHARD LUSIMBO:** The slogan for UKPC is 'We are the community.' So, everything we do is centred around the community. And it is that power that keeps us going. We did not exist for a very long time. Now there's UKPC, and you can reach us. And also, partners cannot continue saying that they do not know what key populations are, because we are there as an entity that brings key populations together—sex workers and LGBTI people—and we also work with other partners like Fisher Fox and truck drivers. And again, this is a sector, and these are human beings. Our achievement has been that there is that unified voice. So, you cannot claim we don't exist. And I think that's why UKPC exists—to give us that unified voice. We put communities at the centre of everything we do, and I usually tell my colleagues and staff that they should resign the day they stop putting UKPC at the forefront of everything—because we exist for the community.

**KT: What are some of the notable challenges you have faced in this organising?**

**RICHARD LUSIMBO:** The notable challenge in organising has been criminalisation. I usually tell people that I lead one of the most criminalised populations in the country, or maybe even in the world. There's been the Anti-Homosexuality Act and the sexual offenses bill that we have been dealing with since 2021, but also the shrinking civic space—there was a time when organisations were being targeted. So, community programming is so hard, as you have to spend too much on safety and security, ignoring the real programming that we have to do—empowering communities. We are also facing funding cuts, and this has been a huge setback—we had brilliant programmes that we were supposed to implement within the community, but we cannot do that right now, and this has affected people's accessibility to services. Our communities are facing challenges of drop-in-centres as a result of the USAID withdrawal—so this means limitation to prevention, to access to antiretroviral drugs, and other services like SRHL services and mental health. The funding cuts have greatly affected our community and the wider spectrum of health, but also the other part of the livelihood for our community.

**KT: How is UKPC positioning itself in the goal of ending HIV by 2030?**

**RICHARD LUSIMBO:** UKPC is strategically positioning itself in terms of ending HIV by 2030 by doing a couple of things. UKPC exists to provide community leadership. And if you look at the UNAIDS goals and everything they speak about, communities must lead. So, we are there to ensure that our communities are at the forefront—and this forefront means that we're providing leadership in terms of service provision and also making these services available—this is why we engage with our member organisations and communities to ensure that our programming, like drop-in centres, is effective—these drop-in centres are not just safe spaces but also spaces where communities are able to access PrEP, which is for prevention, ARVs, and other information, including HIV testing. We are also directly engaging with the government and working closely with the Ministry of Health to ensure that there are policies in place that enable our communities to access services. We are also working with entities like the Uganda AIDS Commission, and this has provided us with a forum to engage on the policy framework to ensure that when it comes to health and access to services, our communities are able to access services. For instance, when they passed the Anti-Homosexuality Act, we engaged with the government, and the Ministry of Health came out with a circular that spoke about non-discrimination. And for the very first time, the circular spelled out sexual orientation and gender identity as a basis not to discriminate against anyone.

And this has not come just from nowhere, but it's been work and engaging and also ensuring that all stakeholders who need to be engaged are engaged. Dialogue is very key for us as UKPC, and for me as a person, dialogue is important, and that's why I speak about how we need to engage. Also, the other thing is that we've been engaging and working with PEPFAR and the Global Fund to ensure that they invest in programmes that avail communities with HIV services, and this has helped us to ensure that our own government does the right thing, that our communities are not at risk of acquiring HIV, and that those with HIV are able to live positively as they have access to health care that is worthwhile and one that is provided with dignity.

**KT: Do you think the goal of an AIDS-free 2030 is realistic given the criminalisation of key populations?**

**RICHARD LUSIMBO:** It is a realistic goal, but unfortunately, there are things that need to be done for us to achieve that—our criminalisation should stop. If laws like the Anti-Homosexuality Act continue, then the LGBTQ population will not access HIV services because of fear and the heightened stigma and discrimination. And this is why community initiatives are very important; this is why we continue to push for DIC so that we can link our community to health services. So, we need to move away from criminalising people and rather care for people. But there have been steps; for example, a public document—a legal environment assessment for key populations—was developed to show the different laws and policies that make it difficult for key populations to access services in Uganda. So, it is a matter of us, but unfortunately, these colonial laws are not just going to take themselves away—we have to engage, which is why we are right now in the Supreme Court challenging the Anti-Homosexuality Act, because we know its dangers. And even when we did not win in the Supreme and Constitutional courts, we won some pieces, which included access to health services, privacy, and housing, and we cannot just stop talking, because this is a whole process that will not end now, but I cannot say that there's no hope—there is hope, and we need to continue engaging and ensuring that the message is clear: "Don't criminalise; decriminalise."

**KT: How are the various groups within the key population communities building synergies, especially with the introduction of laws like the Anti-Homosexuality Act and the Sexual Offences Bill?**

**RICHARD LUSIMBO:** I think the key word here is "intersectionality"—UKPC represents and works with different communities—we come together in our diversities, with a common purpose and a common goal—this is how we have been moving—even when the Anti-Homosexuality Act first became a bill, we were able to quickly come together as different communities to form the Convening for Equality (CFE), because we understand that in the times we are engaging or working in, we can never work in isolation.

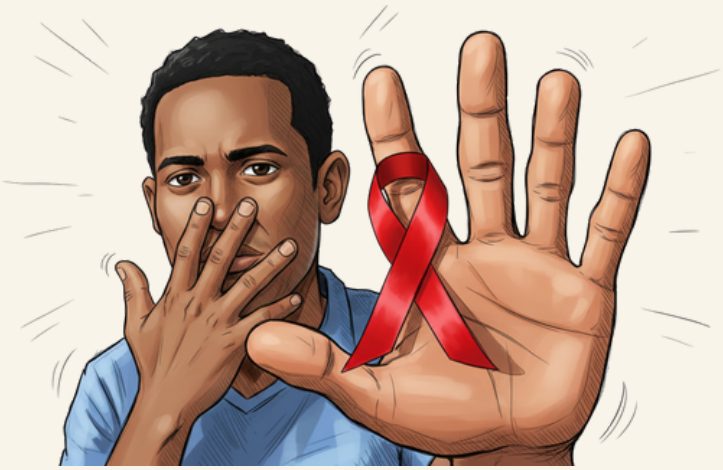
And I want to speak quickly on this: the anti-rights, anti-gender groups have been very smart in a way that they are always hiding behind one thing but actually coming for everybody—when they talk about taking away the rights of women, like access to safe abortion, before you know it, they'll speak about homosexuality. When they talk about comprehensive sexuality education—and this is something that all children or youth should be able to access—before you know it, it will be tagged to homosexuality. So, people in this work cannot work in isolation—you cannot say you are focusing on only LGBTQ rights, or that you're only into women's rights—we are all under attack—and this is why we need to be intersectional and support each other. For instance, the first Sexual Offences Bill had a natural death, but how can you link that to consenting adults loving each other? But for some reason, the drafters of the law felt that such a law was necessary. So, the earlier we realise that these forces are against us, the better, because they are not stopping—they will pretend and call it names—family values/African family—but at the end of the day, they have a target, which is all of us.

**KT: How does the funding landscape look like for LGBTQ persons and other key populations now?**

**RICHARD LUSIMBO:** One, every donor has their priorities. And unfortunately, most of those priorities sometimes are not priorities that are looking at a person at a grassroots level. So, the role of UKPC is to ensure that the donor priorities or the donor funding that comes to Uganda are actually speaking to the needs of the community. This is why UKPC is part of the different technical working groups in different engagements—we have to ensure that the voice of the community is heard and listened to. But beyond just hearing or being listened to, we have to ensure that the programming or the available resources are actually trickling down. Because looking back, like five, six, or 10 years ago, much of the programming for key populations was in the hands of partners—the funding models were designed so that communities could not even see the resources; we were just beneficiaries. But what we are doing now is putting the resources where the community is. And that's the continuous message that we push forward. Also, the other part is that UKPC is a home for all of us. So, you can no longer say, "Where do I find you? Where do I put the resources?" We are here; we exist. Looking on the other hand, with the Trump cuts, I also credit the government of Uganda—we are working with the Uganda AIDS Commission and the Ministry of Health, alongside UNAIDS, on a national sustainability roadmap when it comes to HIV. Almost 99% of the Key Populations programmes are supported by donors, and because of reduced funding, we are now working with the government to ensure that it avails resources to community initiatives, and this is something that is going to be continuous, and we cannot get off the table. We, as UKPC, have to ensure that communities are at the forefront of all donor conversations and of all engagements with the government, to ensure that the priorities of communities are in the boardroom where decisions are being made.

**KT: What is your call to action for the community at this time?**

**RICHARD LUSIMBO:** My call to action to the community is that we are no longer just consumers of health products but actually the leaders in the response to HIV and any health-related issue that we may face in our times. To the government of Uganda, it is time to embrace all citizens without stigmatising or discriminating against them, and the simplest way to do this is to legislate laws that unify us. So, decriminalise the Anti-Homosexuality Act, 2023, and any other policies that discriminate against us. To the donors, it is time that we invested in programmes and innovations of communities as opposed to only your own priorities—we understand and know what is at stake, and the earlier you do that, the better for all of us.



HIV SERVICE ACCESS

# A Queer Healer's Journey in Uganda

## Brant Luswaata

If I were a household item, I'd be a computer—essential and powerful. Work doesn't move without it. I'm not naturally tech-savvy, but I rely heavily on my computer, especially at home. I own expensive phones but barely know how to use them. I'm the kind of person who might wake up at 2 a.m. with the urge to work, but I can't do it on my phone—I need my computer. It stores everything: concept notes, budgets, and more importantly, my pictures. I love pictures. My phone often runs out of space, so I transfer photos to my laptop. That's just who I am.

I'm Brant—jolly, lively, and deeply invested in self-care. People often say I never age, and maybe it's because I genuinely enjoy taking care of myself. I get that from my mother. She recently turned 74 but looks no older than 40. She's vibrant, elegant, and full of life. That's the kind of energy I carry into every room. When I walk in, people take notice: "Brandt is here!" I've inherited that presence from her.
I'm also a dog lover. They are my therapy. When I'm stressed, I don't run to a clinical psychologist—I sit with my dogs and talk to them. I pour my heart out about everything that's weighing on me. When they bark, I take it as a sign they've understood. That's how I cope.

But it wasn't always this way. When I was younger, I was ignorant—especially about health. After completing my Primary Leaving Examinations (P7), one of my brothers, who was HIV positive, became very sick. I didn't understand what was happening. People avoided his bed, his utensils, even his presence. The stigma was intense. Despite learning about HIV in school, the reality of it never clicked until I experienced it at home.

His death changed everything for me. It sparked something in me—a hunger to understand, to fight ignorance, and to stop others from going through what my brother did. I didn't get into activism because I was queer, but because I wanted answers. I wanted to know how a disease could isolate someone so deeply, even in their final days.

Originally, I wanted to be a doctor. I admired how smart, neat, and respected doctors were. They made people smile. But the journey to becoming a medical doctor seemed too difficult at the time. So instead, I took another path—one that still honoured that dream.

I started volunteering at an organisation that later became my professional home. I cleaned offices, served breakfast, and watched quietly. But my passion didn't go unnoticed. When a sister organisation, Freedom and Roam Uganda, launched a project called *Hate No More*, they asked me to join. We travelled across Uganda, sharing stories and lived realities of queer people. It was transformative.

Soon after, ***Icebreakers Uganda*** opened the first ever LGBTI clinic in the country. I was appointed clinic manager without even having to interview. It felt like my dream was finally coming true—I could finally serve the community's health needs. I dove into capacity building, studied HIV, and learned everything I could. I discovered that my brother died not just from a virus, but from a lack of support, mental health care, and information.

I didn't want anyone else to suffer like that. So, I began organising youth dialogues that brought together queer youth, health professionals, and organisations like TASO and the Ministry of Health. We created safe spaces—not in clinical rooms, but at the beach, over tea or wine—where people could share openly. *How do you tell your partner you're HIV positive? What does it feel like to start ART?* We discussed everything.

We began seeing results. People started disclosing their status. They formed post-test clubs. They called me with questions about side effects. We created a culture of openness and support. But it wasn't easy. In one devastating year, we lost five to seven community members to HIV within just two months. The stigma and discrimination were still deadly.

Back then, STI cases were rampant in the queer community. Most people who came to our clinic had at least one infection. They were self-medicating because they were too afraid to go to mainstream health facilities. Misinformation was widespread—people didn't understand the difference between PrEP, PEP, and ART. I knew we had to do more.

So, I advocated, networked, and pushed harder. And when leadership at Icebreakers Uganda changed, I was unexpectedly appointed as the new Executive Director. It was overwhelming. I had gone from managing a clinic to managing an entire organisation—with no money, debts to pay, and even court cases. I wanted to give up. But my friends rallied around me, reminding me I was capable. They supported me through it all.

Eventually, I started receiving grants—one of them, $50,000 from the Global Fund, came from a simple phone call. I had built relationships and trust. I hired staff, but the challenges didn't stop. Projects ended, and I suddenly had 17 staff to manage and no funding. It was tough, but I kept going.

I learnt on the job. I asked questions, read everything I could about auditing, governance, and organisational structures. I faced "founder syndrome," scepticism, and internal resistance. Some board members resigned. But I pressed on.

My vision never changed: to build a fully accredited hospital for queer people, not just a drop-in centre. We need to move beyond the "DIC" label. We are clinics. We deserve recognition and accreditation, especially when mainstream hospitals now refer patients to us for quality services.

Transitioning from volunteer to Executive Director has been a journey of growth, pain, and purpose. I believe young leaders need mentorship, not entitlement. We learnt the hard way, with no formal training—writing emails by trial and error, navigating partnerships, and learning diplomacy.

In advocacy, defiance and diplomacy must coexist. When it comes to health, diplomacy often works better. We engage people with deeply rooted beliefs, and yelling "we're here to stay" doesn't always open doors. I've seen the difference a calm conversation can make, even when met with resistance. Strategy matters.

I've also had to fight for respect. Presentation and professionalism matter. I teach my team to show up with presence and intention. If you want to be taken seriously, you must act accordingly.
Love has been another complex journey. Being the Executive Director brought attention, but not all of it genuine. I've been in serious relationships, some lasting years. I once dated someone twice my age when I was 19. Another was so quiet we could go hours without speaking. Love isn't easy, especially when leadership comes with stress and expectations.

I also have a son—he's 16 now. I had him young, during what I'd call a fun and experimental phase. I wasn't ready to marry, but I've always been open with my family about who I am. Some of my relatives know, some suspect, but I don't hide. I live authentically.

My queer identity is part of me, but I don't wear it like a label. I express it through my work, my relationships, and my advocacy. My sister—the last born—knows everything, and she supports me unconditionally. I've even introduced her to my closest queer friends. We've bridged that gap.

I want to be remembered not just as an advocate or a leader, but as Uganda's first queer "doctor"—the one who made it possible for queer people to access health services with dignity. That's the legacy I'm building. Every life saved, every youth empowered, every barrier broken—that's the story of Brandt.

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THE LAW & HIV

# Fighting for Access: A Personal Account from Uganda's Frontlines of HIV and Human Rights


## Justine Balya

*Director of Community Outreach at* ***Human Rights Awareness and Promotion Forum (HRAPF)***


My name is Justin Balya. I'm a lawyer and researcher at the Human Rights Awareness and Promotion Forum (HRAPF), where I currently serve as the Director of Community Outreach. I've been with the organisation since November 2016, and most of my work has centred around the LGBT community and sex workers in Uganda.

Uganda has, to its credit, developed a fairly strong policy framework around access to HIV prevention, testing, treatment, and care services. There's been considerable investment in ensuring that facilities are widespread and that people can test for HIV or access antiretroviral therapy (ART) for free. For the average Ugandan, accessing these services is relatively straightforward—which is commendable.
But for LGBT people, it's not just a matter of policy or availability of services. It's about safety, legality, and dignity. Access is complicated by criminalisation. As long as same-sex relationships are considered criminal under Ugandan law, LGBT individuals are essentially treated as felons—walking targets for arrest and abuse. You can't separate health access from human rights, especially when people are arrested just for looking "*too gay*" or for wearing a rainbow armband.

This hostile legal environment undermines all the gains we've made in HIV service delivery. How can we talk about access when people fear walking into a clinic because of how they look or who they love? When even possessing condoms or lubricants becomes "*evidence*" of criminality?
The first step must be decriminalisation—not just of same-sex acts, but of identities, of expressions, of being. We must repeal the Anti-Homosexuality Act, which goes beyond criminalising actions and instead targets orientation itself. Its mere existence shifts societal norms overnight, casting LGBT people as deviants, criminals, and threats. Even tolerant people become hostile when the law itself validates discrimination.

We've seen it happen before. When the original Anti-Homosexuality Actwas passed in 2014, public attitudes turned sharply against LGBT people. But we also saw something else: when that law was annulled, attitudes began to soften again. Laws shape perceptions, and if repealed, this one could do more than just unlock access—it could restore humanity.

Community-led services have been a lifeline. The majority of HIV services that LGBT people access come from drop-in centres, peer networks, and grassroots clinics. These spaces are often the only places LGBT individuals feel safe. But these are precisely the centres under attack. Police raids, harassment, and arrests of educators and health workers are common. Just supplying lubricants or PrEP can land someone in jail.
Even with strong programming in the general population, key populations—those most vulnerable to HIV—are slipping through the cracks. And even within the LGBT umbrella, many are overlooked. Too often, programmes focus narrowly on men who have sex with men (MSM) and transgender women. But what about lesbian women? Trans men? Non-binary folks? What about people whose identities don't even have names in Luganda or English?

We must expand our definition of who deserves protection and care. If we're truly serious about ending HIV, then everyone—regardless of label—must be included in our policies, funding, and programming.
It's hard to say whether we're moving forward or backward. In some years—2009, 2014—we clearly regressed. Then by 2018, there was progress, despite bad press and political rhetoric. But today, it feels like we're stuck. We've backslid, and the conversation has stalled. And yet, I sense a shift in public perception. I can't cite hard data, but from where I stand, more people are tolerant. More are choosing to let their queer neighbours live in peace.

Ironically, the hyper-awareness brought by the Anti-Homosexuality Actin 2023 and 2024 may have helped. People saw the faces and stories of LGBT people. They realised we're not monsters. And as the noise from politicians dies down, so does the hate. That's the paradox of this moment: even under repressive laws, humanity can still shine through.

But hope alone won't get us to 2030. Not with international funding drying up, especially for diversity, equity, and inclusion programs. When even words like "transgender" or "inclusion" are framed as political taboos, funding evaporates. Community service centres are scaling back or closing. Without urgent reinvestment, we risk erasing decades of progress.

Government facilities, meanwhile, remain largely inaccessible for LGBT people. The stigma is unbearable. Imagine being called out in a general outpatient line: "Abasidiemu, come for your medicine." Now add rainbow hair and painted nails—and the public stares that follow. It's no wonder people drop out of care. We need to restore community facilities. We need to fund safe spaces. And when we advocate for HIV funding, we must also demand inclusive programming.

The key population framework has helped—but it's also excluded many. Lesbians, for instance, are often left out entirely. Trans men are misclassified or erased. And all of this affects access. We must speak in terms of real inclusion, not just convenient categories.

We also need more community-led research. When we gather data that reflects real lives, we equip policymakers to create better programs, even if national legislation remains regressive. At the grassroots level, accurate data leads to meaningful change.

So yes—money is crucial. But so is speech. We cannot afford to stop talking. This is the moment to raise our voices, not silence them. We've survived the worst before. We've spoken, marched, written, tweeted, and built clinics in the face of hostility. We've fought not just for ourselves, but for future generations.

And that gives me hope—not a passive, wishful hope, but an active, stubborn one. Because while the state has passed brutal laws, the community has responded with relentless resistance. We've never resigned ourselves to oppression. And we're not stopping now.

If you're a young lawyer reading this, dreaming of a house in Kololo and a shiny car—let me tell you, that dream might be dead. But there's something better: a life of meaning. A life where you know, every single day, that your work is changing someone's life for the better. Human rights law isn't easy, but it is deeply fulfilling. When the time comes to reflect on your life, you'll know you made it matter.

Because you showed up. Because you didn't stay silent. Because someone, somewhere, lived a better life because you were there.

Thank you.

FAITH & HIV

# In Conversation with Diane Sydney Bakuraira

In Uganda, where faith and tradition are woven into everyday life, the path to healing often runs through both prayer and practice. But for LGBTQ persons living with HIV, that path can be full of barriers, judgement, rejection, and fear. *Women of Faith in Action*, led by Diane Sydney Bakuraira, is redefining what faith can mean, transforming it from a place of exclusion into a bridge to safety, healing, and hope.

In this year's Bombastic Magazine, Diane discusses with us how faith can liberate rather than limit, how community can heal without harm, and what the future of HIV care looks like when compassion leads the way.

**KT: Thank you so much, Diane, for honouring our invitation. Could you tell us about yourself briefly?**

**DIANE:** My name is Diane Sydney Bakuraira, and I am the co-founder of *Women of Faith in Action*, but I also work as the admin and M&E at *Sexual Minorities Uganda*. I have been in this work for more than 10 years. I'm passionate about anything spiritual, but also passionate about equality and justice.

**KT: Diane, take us into your story. What moment first made you realize that faith—the same faith that often excludes—could also become a path to healing for marginalised women and LGBTQ people in Uganda?**

**DIANE:** At a very tender age! Every family is raised on certain values, and we know Uganda is a religious country. So, my mom raised me as the only girl among three boys and the last born. So constantly going to church with my mom was a ritual. But then, over time, from the Catholic setting into the born-again setting, I started realizing that I either was confused, or we as Ugandans were/are confused, because the kind of preaching that was being preached in the religious setting of the born-again was different from what I was experiencing in the Catholic setting. It seemed like the conversations were dividing, and yet that's not what I knew. Any religious shepherd should guide the sheep in the right direction. But then the Pentecostal or the born-again seemed to be dividing us, which got me more confused. And my turning point was the continuous bringing up of homophobic statements that seemed to have been directly shot at me. And at one point I was with my mom at KPC, and Pastor Gary spoke about how homosexuals were not going to heaven, so that got me scared and worried. So, I decided to avoid church because I did not want to be always reminded that I was not wanted, that I was a monster. And at that point I wasn't really conversant with what I was or who I was—I did not know what lesbianism was—I didn't know what description that was, but I was attracted to women, and all I knew was how I felt.

Of course, I struggled, as my mom was the only one raising us, and I could see confusion in her eyes, especially with her many expectations as an African parent. I went through several conversion therapy sessions with different religious leaders, but at some point, a prominent pastor asked my mother what they would do if I did not change. When I got into activism, after they fired me from my job, Mom called me to say that parents were signing 'something' at church. This was in 2013, when the first Anti-Homosexuality Act was being debated. She and her parents were at KPC, where they were coerced into signing a petition for the law to pass. I knew I had to share my story after this particular conversation and also create space because I met with many of my friends who were experiencing the same, friends who were equally confused and were living double lives and in hiding. So, that is how *Women of Faith in Action* came to play. It was born out of religious prejudice and hate against us. The Bible says we were all created in the image of God, but that's not what preachers were saying.

**KT: You've described 'Women of Faith in Action' as a space where prayer meets practice. What does that look like on the ground—in a church, a shrine, or a clinic—when someone living with HIV finally finds acceptance and care instead of judgment?**

**DIANE:** Again, we've seen the stigma that surrounds HIV, and we've also seen the bias that has been spread by the anti-groups, but also some of the HIV activists who are also part of the religious fraternities. So, when someone knows who they are, they are empowered as individuals. Of course, there is too much stigma, but acceptance of oneself is the first step in this whole journey, and as *Women of Faith in Action*, we have done research that helps all the marginalized women—lesbians, straight women, and women with disabilities—understand and reconcile their spirituality with who they are. Stigma cuts across, so everyone counts. Also, we keep empowering the community to know, one, their rights, but also understand how to explore these rights.

**KT: Many people have lost trust in faith institutions because of stigma. Yet, through your work, you've seen faith leaders and traditional healers choose compassion. Can you share a story that shows what that transformation looks like?**

**DIANE:** As I shared with you earlier, it is painful for a young person who has been raised watching an institution promote hate against a specific group of individuals instead of preaching love and peace. I have friends who have been banished from both their homes and mosques. We have abandoned the church because of their statements and sentiments against us. So, for me, the transformation is visible. It is not what it used to be. Back then, it was dangerous to identify as a lesbian. But now, I can boldly come out and tell my story without fear. Of course, the born-again demonize the traditional practices, and I was part of those people because I was ignorant at the time. But one indelible truth is there were people practicing their traditional healing and spirituality. But why are traditions being demonized? As an intentional person, I continue to explore around the traditional practices, as they also bridge the gap between community members who practice and believe in their traditional ancestors. So, we're trying to bridge that. But also, we have community members within who are traditional healers, and they've strongly come out to speak about it, and they're involved.

Back then our pain was an individual subject, but now everyone is involved. We even go to church dressed the way we want, but of course, there is always the question of security at the back of our minds. Other people go to the shrine. But personally, I have taken time without going to traditional churches because of the trauma they caused me, but we have spaces where we sit and discuss scriptures that have been used to discriminate against us. The message and God are still the same, and we will continue preaching inclusivity. The Bible has been misinterpreted by preachers. We have to use our own lenses to understand the scripture and relate to it in our own way instead of taking the interpretations of pastors. The relationship between us and God is personal. Pastors are only money-making machines.

**KT: As the future of donor support like PEPFAR grows uncertain, what lessons has your work taught you about building healing systems that don't depend only on funding but on humanity and connection?**

**DIANE:** The uncertainty around donor support has reminded me that healing does not only come from funding but also from within the community. Before Trump chopped the PEPFAR and USAID support funds, all we were looking at was money, but now without it, we learned that small circles are more important. Of course, donors can give resources, but these resources are more like a ticket card. Initially, when the community had just started, resources were scarce, but we somehow navigated. And without the funds right now, our initiatives are taking back the power of our former ways of organizing. Funding does help, but there are those things that do not need funding. We just have to share the little we have, as we used to do before money started coming to Uganda. Also, as a community, we need to find alternative ways of resourcing without relying on donations. We need to find income-generating opportunities that we can involve ourselves in and give back to the community. Previously, some of us had jobs, and we continued to support members who were actively involved in fighting for our rights, and that is what we should do right now.

**KT: You often speak of hope as medicine. What gives you hope today—and what vision do you hold for a Uganda where faith, healing, and dignity truly coexist?**

**DIANE:** What gives me hope is hope itself. And faith in the journey. Because if you don't have hope, you're hopeless. If you're hopeless, you basically have no faith at all. You're just there. And one thing I grasped growing up is without faith there is no hope. So, everything I do, I do it with faith and belief that things will be better. And these are truths we hardly spoke about in the past. We are not where we were 30 years ago. We have had some wins, and we have organizations that are still standing despite the harsh laws. We have some politicians on our side, even if they are behind the scenes, and that is something—before, we couldn't have conversations with these politicians. But now, they are open to meeting and listening to us. So, for me, what keeps me motivated is seeing that we've moved from where we were to where we are now, but also the agility—it's just so inspiring. And I see the vision—there is a lot of inclusivity and involvement, and faith is a driver—we have become aggressive in what we are doing. There is a lot of change and love being driven by the same people who have been driving the hate narrative.

HIV SERVICE DELIVERY

# Anchoring the Narrative: Musawo Majo from MARPI

**KT: What is MARPI?**

**MUSAWO MAJO:** MARPI is an organisation that has been in existence for quite a long time, since 2008 to date, and its aim was to reach all categories of key populations and ensure that they could access services without discrimination and stigmatisation. MARPI works in different drop-in centres in 28 different districts. It also works closely with the Ministry of Health, and this helps the ministry to understand what is on the ground as far as key populations are concerned. It is an independent NGO registered by the NGO board.

**KT: Majo, take us back to the beginning. What was it like working at MARPI in those early years when LGBTQ people had nowhere else to go for health care?**

**MUSAWO MAJO:** Initially, things were hard—everything was new to some people's eyes and ears. It was difficult for some health workers to accept the concept of LGBTQ since it was new, and that's why there was a lot of stigma and discrimination. So, we had to work closely with many health workers for them to understand who these people are and what their challenges are. And in those days, it was very difficult for you to stand up and talk about LGBTQ. Even when you sat in meetings, no one wanted to talk to you about the subject, but as time passed by, they got to understand that talking about LGBTQ was not personal, that it was not MARPI, but it was their children and friends. So, people started appreciating it, which is why we had to train more health workers for them to understand and work closely with the LGBTQ people, who needed help and our services—people who needed testing and others who were HIV positive and needed to start drugs.

**KT: MARPI was the first of its kind—how did it earn the trust of a community that had every reason to be afraid?**

**MUSAWO MAJO:** You know, you should be friendly for someone, whether LGBTQ or not, to accept your service. In Uganda, most of us, the health workers, had to use a lot of energy for people to understand the dos and don'ts. Of course, some people would do what they were not meant to do. And we would sometimes pamper them, but we later learnt that they would do everything if they were told to do it in a friendly way. So, it was just a friendly touch. We had to understand and listen to them. We also had to understand who these people were. We had to appreciate and respect them, and that was crucial for MARPI, and that is how the LGBTQ people appreciated our services.

**KT: Over the years, you've seen countless lives pass through those clinic doors. Can you share a story that reminds you why MARPI's work still matters today?**

**MUSAWO MAJO:** I have so many stories; there is one of the clients in the community who was rejected by the family. So, he became sick and was admitted, and his family members had to be involved. We called his mother and other family members, some of whom blamed their son, but we told them that he was still their son regardless of his identity. Later, the aunt came after we spoke to her. The patient appreciated our work, and later his family started accepting and looking after him. Unfortunately, he later died, but they gave him a decent burial. Maybe he would have died alone and abandoned if we were not there. We also went for the burial. This story taught me that when you talk to people, they get to understand you, and when you don't talk, people stay in their comforts with all their anger and attitude.

**KT: The HIV statistics can feel distant, but you've seen the human side of those numbers. How do the stories you witness every day connect to what the data tells us about HIV among LGBTQ people in Uganda?**

**MUSAWO MAJO:** The data? Before the stop order, people understood what to do. Now we have very limited private facilities, and the few we have now are government-owned. But we have already spoken to our people, and now they know what to do. But we fear that the prevalence might go high because some of the CSOs where these people used to go and get services besides MARPI are now closed. They might not have time to go pick up condoms because the available places are far, and these people might lack transport. If someone is rejected by their community and family, but they have a few people they can run to for health services, then they can move on and witness another year. So, we need to continue fighting HIV among the LGBTQ people and also ensure they don't get new infections. MARPI continues to reach all these people in their safe spaces. However, these spaces are far from MARPI, and sometimes these people call us for transport; previously, we used to go and pick them up because we had a car and fuel, but nowadays we are constrained. Now it's very difficult for us to get the transport to reach them.

**KT: When you look at trends—especially for men who have sex with men and transgender women—what do those shifts say about progress, resilience, or the challenges still ahead?**

**MUSAWO MAJO:** Let us first talk about the gay men. They previously used to be free with the health workers about their health and partners, but now it is very difficult for them to come out, just like the trans. That can be problematic too. We have new health workers every day, every year, and these men find it difficult to trust these health workers. And if these workers are not trained to be friendly, we might go back to where we came from, as many of those we trained are moving out of service. Others were stopped by the order, yet they had a lot of experience reaching our people. So, the new health workers have a lot of questions, and they don't understand these people, so many fear to come out and receive the service. They fear the people they have to entrust with their information.

**KT: MARPI has always stood at the frontline of prevention—from the first PrEP rollouts to creating safe spaces for treatment. What has it taken to make these services truly accessible for LGBTQ persons?**

**MUSAWO MAJO:** We've been using peer leaders because they know where their fellow peers are. They know who wants to come out in public and who doesn't want to. They know a lot. So as MARPI, we have been using a peer-led mechanism. That is how we reach more people. And we do not select these peers, but the LGBTQ persons select their own peers. This has helped us a lot—the peers directly link us to those who need our services.

**KT: Stigma, fear, and funding changes continue to shape who gets care. How has MARPI adapted to keep its doors open and welcoming through all this?**

**MUSAWO MAJO:** For us, our doors have been open. The beauty is that when the stop order came, we had some money from USAID and the Global Fund. So, the doors are still open using Global Fund money. We are still giving out PrEP, and as we talk right now, an injection has also been introduced. We often have dialogues with the community. Our health workers go out there and get feedback from them, and once we get such information, it becomes easier for us to share the community's concerns and reports with the Minister of Health. So, services are still going on, and those who can are accessing them—for those who can't, it is a big challenge as we are constrained with funding, as I mentioned earlier.

**KT: Could you share a moment or story that captures what inclusive care looks like in action—when someone finally feels safe to seek help?**

**MUSAWO MAJO:** Inclusive care is when someone is included from the very start of the planning process. When we are reaching out to the LGBTQ and other key populations, involving them is key. They have to understand why we are reaching out to them and why at this time. They should also understand the dangers of HIV and the challenges they might face if they do not come to access the services. So, the first step is involving the stakeholders, the beneficiaries. Because, initially, they were even scared to test their blood—they thought we were selling their blood. So, involving them has helped us fight the myths and misconceptions among the LGBTQ community.

**KT: You've worked within systems that sometimes struggle to even name the communities they serve. What does it mean to collect data ethically when the people behind it are criminalised or erased?**

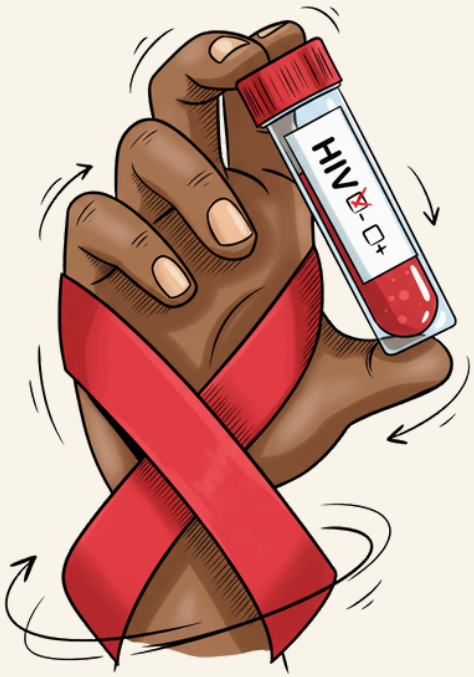
**MUSAWO MAJO:** Yeah, collecting data and criminalisation are different. Even people in the community are criminalised. They arrest people; they arrest our husbands, our friends, our uncles, whoever, and wherever. So, that doesn't come in with data. And data belongs to health workers; it doesn't belong to those who come to the facilities. We use the data to understand what is happening. For example, when I go to a hospital to deliver and find other pregnant women there, it is none of my business to know how many they are, because I am also a client. You get it? So those are two different things. We want to know the data; at the same time, we are clients. You can't do two things at once. The data belongs to the health workers, and when they get the data, they know how to analyse it. Clients share the data—they are no longer using quantum ETC. So, only health workers can access the data. There should be confidentiality, so when clients share their information, it is safe with us.

**KT: Looking ahead, what gives you hope about the future of HIV prevention and treatment for LGBTQ communities in Uganda?**

**MUSAWO MAJO:** What gives me hope is that already we have sensitised most of them. Most of them have got organisations. Some of the organisations are closed, but we have some organisations that are still open and continue providing services. So, at least, we have built capacity. There are 18 organisations which are being funded by Global Fund. And so, they do health talks, test their key populations, etc. So, I think if these people continue getting that little funding, it will help us. As we are reaching the patients, these organisations are also bringing services nearer to them. And if we continue to do that, we shall overcome HIV. But if all the CSOs stop providing health services, then we shall be in a mess.

**KT: If you could speak directly to policymakers and donors, what would you tell them about why spaces like MARPI must not only exist but also expand?**

**MUSAWO MAJO:** Donors have to know that we started something that we have to finish—it is not good to build a house and leave it at the wall plate level, because rain will come and the house will fall someday. We have put in a lot of time and energy to sensitise the key people. So, if we leave them, we shall go back to where we came from, because more are coming and identifying as LGBTQ, and if they find nothing, then we will go back. We also have to plan very well as health workers, as donations are shifting. So, the donors have to think about that. It's not about the funding, but it's about the work they have done for the people. And now that they are leaving, with the dream of curbing HIV by 2030, the government, when we talk about integration, needs to go down and train the health workers. Amidst the challenges we are facing, amidst the long queues, amidst the people who are supposed to be called to remind them that they have to come and pick up their drugs. They have to train the health workers to see how the integration will be, to prepare them, and to prepare the people who are going to access services so that at the end of the day we can also celebrate under that light.



OLDER PERSONS & HIV

# The Nightmare of Older Key Populations and Sexually Diverse Persons: Ageing with HIV In Uganda


## Dr. Kiyegga Andrew

*Executive Director,* ***Kaka Proud Legends Initiative***


Among the most overlooked and vulnerable members of our society are older individuals—especially those from key populations (KPs) and sexually diverse communities. Their struggles often go unseen, and few take the time to truly understand the depth of their challenges.
To grasp the harsh realities faced by older sexually diverse persons, we must step outside our comfort zones and look closer.

**The Numbers Speak Loudly**
As of 2019, 18% of the estimated 1.4 million people living with HIV in Uganda were aged 50 and above. That translates to approximately 252,000 individuals, a significant proportion of whom belong to marginalised and vulnerable groups, including KPs.
At Proud Legends Initiative, our latest internal survey reveals stark realities:
· 16% of our members are living with HIV.
· 63% live with at least one non-communicable disease (NCD).
· Among those ageing with HIV, every individual is managing one or more NCDs alongside their HIV status.

**The Reality of Ageing with HIV**
In December 2024, during World AIDS Day, we launched a campaign titled **"Ageing With HIV: My Reality"** to spotlight the unique struggles of older persons living with HIV. These challenges are numerous and often heartbreaking:
· **Persistent knowledge gaps**: Conversations around sexuality remain taboo among ageing populations, despite the fact that many older individuals remain sexually active. This lack of awareness continues to fuel new HIV infections.
· **Intergenerational sexual relationships**: These are increasingly common, often shaped by economic dependence and power imbalances—factors that heighten the risk of HIV transmission.
· **Stigma and ageism**: Older individuals living with HIV face layered discrimination—based on age, sexual orientation, and HIV status. The result is deepened isolation and severe mental health struggles.

· **The burden of NCDs**: Managing both HIV and NCDs is extremely costly. Many older persons must take 3–7 pills daily, yet NCD medications are often not included in standard HIV care packages. This exclusion disproportionately affects older KPs, leaving them without essential treatment and worsening their suffering.
But this is only part of the story.

**Criminalisation and Constant Threats**
Ageing with HIV as a sexually diverse person in Uganda means living under constant threat—especially under the looming shadow of the **Anti-Homosexuality Act 2023**.
These individuals are not only stigmatised but actively targeted. Blackmail is rampant, often in collusion with law enforcement or local authorities, who exploit their vulnerability for personal gain. Access to justice remains elusive. Many are silenced, living in fear and isolation.
Social media, too, has become a platform for weaponising HIV status—used as an insult to further marginalise and shame those who are both older and part of sexually diverse communities. The intersection of ageing, HIV, and discrimination traps many in cycles of anxiety, depression, and hopelessness.

**The Devastating Blow of Aid Freezes**
For years, older persons living with HIV have survived through resilience and community support. But the recent **freeze on humanitarian aid by the U.S. administration** has been catastrophic.
This freeze has resulted in:
· Fewer Village Health Teams (VHTs) and peer educators to check on the elderly, assist with ARV refills, or provide emotional support.
· A dire reality for those aging alone, with no relatives or children to care for them.
We receive desperate calls and WhatsApp messages every day:
· "How will I survive?"
· "Is this really happening?"
· "Where will we go?"
Missing an ARV refill isn't just distressing—it's life-threatening. It raises blood pressure, deteriorates mental health, accelerates physical ageing, and brings the risk of premature death.

**A Call for Solidarity**
The challenges of ageing with HIV in Uganda are immense—but they are not insurmountable. The key to survival lies in **solidarity and community support**.
We must come together as a society to uplift our legends—those who have paved the way for today's freedoms. Together, we can build a system that ensures:
· **Uninterrupted access** to life-saving medication and healthcare, regardless of political or funding challenges.
· **Safe spaces** for older persons to share experiences, find companionship, and access mental health care.
· **Education and intervention programmes** that address intergenerational dynamics, reduce stigma, and curb new infections.
Let us not abandon our legends. Their resilience speaks volumes—but it is our duty to ensure they do not face these battles alone.

**The time to act is now.**

*Kaka Proud Legends Initiative is a non-profit organisation dedicated to improving the livelihoods of elderly and middle-aged sexually diverse individuals and retired activists. We design our interventions with a deep understanding of the unique challenges faced by ageing minorities under criminalising and discriminatory conditions.*

OPINION PIECE

# Philly Bongoley Lutaaya, HIV, and the LGBTQ Struggle in Uganda.

In the late 1980s, at a time when HIV and AIDS were wrapped in fear, stigma, and dangerous misinformation across Africa, one Ugandan man chose to tell the truth about his life. Philly Bongoley Lutaaya, a celebrated musician and an admired public figure, stood before the nation in 1988 and declared that he was HIV positive. His confession reshaped the country. It did not only humanise the epidemic, it also forced society to confront its own prejudices in a period when silence seemed safer than honesty.

Lutaaya used his music as a language of healing. Songs such as "*Alone and Frightened*" and "*Today It's Me*" captured the loneliness and terror experienced by people living with HIV, yet they also offered courage and hope. During the last year of his life, he travelled across the country and spoke to schoolchildren, religious communities, and health workers. He insisted that dignity was possible even in the face of illness. He reminded Ugandans that stigma kills faster than disease. When he died in 1989, the nation paused in grief, and although he was gone, his voice continued to echo. He became a symbol of positive living and a reminder that truth has the power to set a society free.

Today, his legacy carries an even heavier weight for Uganda's LGBTQ community. This community faces not only the threat of HIV but also the crushing burden of institutionalised hate. In 2023, Uganda passed one of the world's harshest anti-LGBTQ laws, a law that criminalises identity itself and threatens people with imprisonment or death. In such an environment, HIV prevention becomes almost impossible. Queer Ugandans, already pushed to the margins, are forced into deeper shadows. Many fear hospitals, fear testing, and fear speaking their truth, because being known can cost them their freedom or their life.

Although Lutaaya did not speak directly about LGBTQ rights, his bravery carved a path that queer communities still walk today. His message insisted that illness must never be a source of shame and that humanity should never bend to prejudice. This message now lives at the heart of LGBTQ activism in Uganda. Health workers and human rights defenders draw strength from his courage as they fight for visibility, for care, and for the simple right to exist. Their work continues the journey he began when he chose honesty over silence.

Every year on October 17, Uganda celebrates Philly Lutaaya Day, a moment set aside to honour his life and the many lives transformed by his courage. Yet his legacy is not confined to anniversaries. For LGBTQ Ugandans who face hostility from the very society that should protect them, Lutaaya's confession remains a guiding light. It reminds them that even in the darkest conditions, one voice can shift the country's conscience. In a time of renewed repression, his story calls on a new generation of activists to keep fighting for health, dignity, and the right to live openly, just as he once lived.

OPINION PIECE

# The Story of Christy Pérez and the Call to Uganda's LGBTQI Movement

When your body is locked behind bars but your words still find their way into the world, that becomes its own form of liberation. Dr Christy Pérez, known to many through her pen name C. Dreams, is a trans Afro Latina journalist whose voice fought its way out of Georgia's men's prisons in the United States. She wrote from a place where even breathing as a queer person felt dangerous. Her resources were few. She had a hidden phone, a sharp mind, and an unyielding belief that truth is worth telling. Through her journalism, she revealed the cruelty of the American prison system, the violence faced by queer and trans inmates, and the institutions that allowed such brutality to flourish. She risked solitary confinement and retaliation, yet she never stopped writing, and her words lifted the veil on a world many people prefer not to see.

In Uganda, where the LGBTQI community continues to face relentless repression under rigid laws and a worsening climate of public hostility, Christy's story feels both far away and painfully familiar. Queer Ugandans understand what it means to be silenced, to be criminalised, and to fight daily for the right to exist. Yet in Christy's defiance, there is a lesson that speaks directly to our reality. Even in the darkest conditions, resistance is possible. Even when institutions work tirelessly to erase you, your voice can refuse to disappear.

Christy did not begin her journey as a trained journalist. She was a prisoner. She had no newsroom, no editor guiding her work, and no promise of freedom. What she had was a story, and she was determined to tell it. With support from an editor on the outside, she learnt the principles of journalism and began to document the violence, corruption, and daily struggles faced by queer people in prison. She became her own advocate as well. She fought for access to gender-affirming care in a system that denied her dignity. Her writing reached national audiences while she remained behind bars. By the time she was released, she had become more than a survivor. She had become a symbol of what courage sounds like when spoken through truth.

Uganda's LGBTQI activists, community leaders, and allies can draw strength from her journey. The obstacles here are real. Police raids continue. Threats and blackmail are common. Tabloids turn queer bodies into national spectacles. Yet we are not alone in the history of struggle. Like Christy, we must continue to speak, write, organise, and protect one another, even when the risks feel overwhelming. We must stand with those who are most vulnerable, particularly those who are imprisoned or living in hiding, and amplify their voices. When systems attempt to erase us, we must respond with visibility, with solidarity, and with stories that cannot be silenced.

The movement in Uganda can also draw power from creativity. Not every truth needs a newspaper headline. Testimonies whispered in safe spaces, WhatsApp messages shared carefully, encrypted blogs, small underground publications, and quiet conversations can all carry our stories forward. We can teach each other how to communicate safely and boldly. We can guide young queer writers and journalists. We can honour those who came before us and those who are still behind the walls of prisons and closets. Each small act of resistance becomes part of a rising tide.

Dr Christy Pérez's struggle from inside the prison system is not only an American story. It is a call to action that reaches across borders. For queer Ugandans, her story proves that cages cannot break a determined spirit. Our voices, like hers, can travel far beyond the walls meant to contain them. And when they join together, no law or prison can silence our collective truth.

Let us speak. Let us write. Let us keep fighting.

# 2025 Snapshot






# 2025 Snapshot

# 2025 Snapshot


THE Diaspora JOURNALS

# Interview with Nasala Doreen – Kakuma Refugee Camp

***Q: What inspired you to start a shelter for the queer community?***

**A:** My inspiration came directly from my own experiences and the harsh realities I witnessed. As a displaced refugee queer mother in Kenya, I faced immense discrimination, violence, and rejection. Finding safe housing was a constant struggle, and I saw so many fellow Ugandan LGBTQ+ refugees enduring similar—often worse—hardships. They were being evicted, attacked, and left with nowhere to go simply because of who they are. I realized there was a critical, life-threatening gap in support. I felt a deep, personal calling to create a haven where our community could find safety, solace, and a sense of belonging. The *Minority Defenders Forum* was born from that urgent need for sanctuary.

***Q: What does it mean to you to be a "Queer Mother"?***

**A:** Being a queer mother means embodying resilience, unconditional love, and fierce protection. It means challenging societal norms and stereotypes every single day. For me, it's about raising my two sons in a loving home and showing them that family comes in many forms—and that love knows no gender. It's also about navigating the challenges of their future in a world that can be hostile, while instilling in them pride, empathy, and strength. Beyond my own children, I extend that motherhood to the vulnerable young people we shelter, giving them the care, guidance, and acceptance they were denied by their own families.

***Q: How do you take care of your health while living with HIV?***

**A:** Taking care of my health is paramount—not just for myself, but for my family and the community I serve. I strictly adhere to my antiretroviral therapy (ART), taking my medication at the same time every day. I also maintain a balanced diet, stay active when possible, and prioritize my mental well-being despite the stresses we face. Regular checkups help monitor my viral load and overall health. Most importantly, I have a strong support system, including my wife and close friends, who keep me positive and motivated.

***Q: You said you're undetectable—what does that mean, and why is it important?***

**A:** Being undetectable means that the amount of HIV in my blood is so low that it cannot be detected by standard lab tests. It doesn't mean I'm cured, but it's significant for two reasons: first, it means I'm healthy and my immune system is protected; second, it means *Undetectable = Untransmittable (U=U)*—I cannot sexually transmit HIV to my wife or anyone else. This is powerful in fighting stigma, showing that people living with HIV can have healthy relationships, partners, and children without fear.

***Q: How do you and your wife support each other as a couple living with different HIV statuses?***

**A:** We have what's called a Sero discordant relationship—one partner is HIV-positive, the other is HIV-negative. Our bond is built on open communication, trust, and mutual respect. Her understanding of U=U removes any fear of transmission. She supports me in my treatment, and I ensure she always feels safe, informed, and secure. We are a team, and our different statuses don't define our love or our family.

***Q: What makes your shelter a special place for LGBTQ+ people?***

**A:** Our shelter, run by *Minority Defenders Forum*, is more than just a roof over someone's head—it's a home built on radical acceptance and empowerment. Being LGBTIQ-led means our residents see themselves reflected in our leadership. We understand their struggles because we've lived them. Here, LGBTQ+ refugees—many fleeing persecution in Uganda—can finally breathe freely. We offer safe housing, psychosocial support, legal aid referrals, and, most importantly, a chosen family.

***Q: What happens when someone arrives after facing violence or rejection?***

**A:** Safety comes first. If medical care is needed, we arrange it immediately. We then provide a calm, supportive space where they can process what happened. Our trained peer counsellors offer emotional support, and we connect them to legal resources when possible. Integration into our community is key—we want them to know they are not alone, that they are valued, and that healing is possible.

***Q: What message do you have for young people living with HIV today?***

**A:** Your diagnosis does not define your worth or your future. With treatment, you can live a full, vibrant, and long life. Take your medication, learn about U=U, and speak up for yourself. Don't let stigma silence you—find your community and lean on it. You are not alone.

***Q: Why are love and family important in fighting HIV stigma?***

**A:** Love and family break down the isolation and shame that stigma feeds on. When people living with HIV are surrounded by acceptance—whether from biological or chosen family—it shows the world that HIV does not diminish a person's right to love or be loved. My wife and sons are my anchor, and our life together challenges harmful narratives about HIV every single day.

***Q: What is your dream for the world by 2030?***

**A:** I dream of a world where HIV is fully destigmatised and treated as a manageable health condition everywhere. I want to see LGBTQ+ people, especially refugees, living openly and safely, free from persecution. I envision universal understanding of U=U, accessible healthcare for all, and societies that embrace diversity, equality, and inclusion. Ultimately, I dream of a future where love is recognised as a human right—and no one is denied safety, dignity, or pride because of who they are or whom they love.

# Ark Wellness Hub

## HIV PREVENTION

# PrEP

### What is PrEP?

PrEP stands for Pre-Exposure Prophylaxis. It's medicine that HIV negative people at high risk for HIV infection take to prevent getting HIV. PrEP can be taken in various ways.

### Different Ways to take PrEP:

**1. Daily PrEP:**

- Take one pill every day.
- Ideal for anyone at ongoing risk of HIV i.e, Sex workers, discordant couples, people who inject drugs etc.

| MON | TUE | WED | THUR | FRI | SAT | SUN |
|---|---|---|---|---|---|---|
| 1 PILL | 1 PILL | 1 PILL | 1 PILL | 1 PILL | 1 PILL | 1 PILL |

**2. Ts & Ss**

The name refers to **TUESDAY, THURSDAY, SATURDAY and SUNDAY**. In this method if you take a pill 4 days in a week, you will have adequate level of protection to protect you from contracting HIV. This method depends on adhering to timescales. You cant miss a single pill. For this method to work for you, you will need to take daily PrEP for **7 days** before you can start the **Ts & Ss**

| TUE | THUR | SAT | SUN |
|---|---|---|---|
| 1 PILL | 1 PILL | 1 PILL | 1 PILL |

**3. Event-Driven PrEP (On-Demand):**

- Specifically for cisgender men
- Start by taking **2 pills** at once, wait 2 or more hours, then you can have sex. Then take **1 pill** 24hrs after the first dose, and then **1 more pill** 24hrs after that.

**If you keep having sex, take 1 pill everyday you have sex and be sure to end with 2 PrEP days without sex**

**The 2-1-1 Rule for on Demand PrEP**


**Be sure to take your PrEP the same time everyday.**

### Consider Taking PrEP if you:

- Have a sexual partner living with **HIV**.
- Don't always use condoms.
- Share needles or other equipment to inject drugs.
- Have been diagnosed with an STI in the past 6 months.
- Are at high risk of HIV through their job or lifestyle.

### Using PrEP and Condoms

- PrEP protects against **HIV**, but not **other sexually transmitted infections (STIs)**.
- Use condoms to protect yourself from other **STIs** like gonorrhea, chlamydia, and syphilis.

### Steps to Start PrEP

**1. Consult a Healthcare Provider:** Visit Ark Wellness Hub or your healthcare provider to discuss if PrEP is right for you.

**3. Get a Prescription:** Your healthcare provider will prescribe PrEP if you are HIV-negative.

**4. Follow Up Regularly:** Return for HIV tests every 3 months and STI screenings as recommended. **Consider running Kidney and Liver Function tests at lease once a year.**

### Side Effects of PrEP

Some people may experience:

- **Nausea & Vomiting**
- **Headache**
- **Tiredness or Fatigue**
- **Dizziness**
- **Upset stomach**

Most side effects are mild and go away over time. If you have concerns, talk to your healthcare provider.
Remember to take PrEP after a meal and drink water through your day

### How Long Before It Works?

- For oral daily PrEP, you need **7 days** of daily use before it becomes effective for daily PrEP users.
- For Event driven PrEP, you need two hours after the first 2 pills before you can have sex.

### Hear from a client on PrEP,

"PrEP (Pre-Exposure Prophylaxis) has really helped me stay HIV-negative. When I first heard about it in 2015,
I was hoping for something like this to protect myself.

By 2017, I was able to start using it. There were some side effects, like feeling nauseous sometimes, but the peace of mind I got from it was worth it. Knowing I could have sex without worrying about getting HIV was such a relief.

Before I started PrEP, I had to rely on PEP (Post-Exposure Prophylaxis) after any risky sexual encounter. I had one partner who wouldn't get tested or share their HIV status, and because of that, I had to take PEP for 28 days.

It was stressful and made me anxious, but with PrEP, I don't have to go through that anymore. I'm able to take control of my own protection, and I also respect everyone's right to keep their HIV status private."

# Your Guide to PEP (Post-Exposure Prophylaxis)

## What is PEP

**PEP** stands for **Post-Exposure Prophylaxis.** It is a treatment that can help prevent **HIV** infection after a potential exposure. Think of it as an emergency method to protect yourself from HIV.

## When to Use PEP

PEP should be used in emergencies, such as:

- If you had **unprotected sex** with someone who might have HIV.
- If a **condom broke** during sex with someone who might have HIV.
- If you were **sexually assaulted**.
- If you **shared needles** or other equipment to inject drugs with someone who is HIV positive

## How Does PEP Work?

PEP involves taking HIV medicine for **28-30 days**. This medicine can stop the virus from spreading in your body. However, to work effectively, you must start PEP within **72 hours (3 days)** after the potential exposure to HIV. The sooner you start, the better.

## Steps to Take if You Think You Need PEP

- **Act Quickly**: Don't wait! **Time is critical.**
- **Contact a Healthcare Provider**: Visit **Ark Wellness Hub** or go to the nearest hospital or clinic.
- **Get a Prescription**: A doctor will evaluate your situation and prescribe PEP if necessary.
- **Follow the Treatment**: Take the medicine exactly as prescribed for the full **28 to 30 days.**

## Side Effects of PEP

Some people might experience side effects like:

- **Nausea**
- **Fatigue**
- **Headache**
- **Diarrhea**

Most side effects are not severe and go away on their own. If you have any concerns, contact your healthcare provider.

## Important Points to Remember

- PEP is not a regular method to prevent HIV. It's for **emergencies only**.
- PEP does not replace other HIV prevention methods like using **condoms** or taking **PrEP** (Pre-Exposure Prophylaxis).
- Completing the full **28 or 30-day course** of PEP is crucial for it to be effective.
- Consider taking the medicine **at the same time everyday** after a meal and drink a lot of water.

## Where to Get PEP?

At Ark Wellness Hub, we provide confidential and professional care. If you think you need PEP, don't hesitate to reach out to us immediately.

## For more information contact us:

020090008
0800336336
awhug.org
Plot 17 Cooper Road, Kisementi
arkwellnesshub

Scan for more

# Poetry

## The Road I Walk

I was never supposed to survive.
At least, that's what the world tried to tell me.
Where I come from, being trans is a whispered warning, and HIV is a shadow that follows too many of us. I grew up knowing that my existence was a question mark in other people's sentences—a body debated, a future doubted.
I learnt about HIV not from a doctor, not in a classroom, but through fear.
The kind that keeps girls like me from seeking help, from asking questions, and from believing we deserve to live and love without shame. I have seen too many sisters silenced—not by the virus itself, but by the world's refusal to care.
But I am still here.
Not because it was easy, but because I found something stronger than fear: community.
I found it in the hands of sisters who refused to let me disappear, in the voices of those who had walked this road before me and dared to say, You are not alone.
I found it in the fight—the relentless push against stigma, against injustice, against a system that tells us we are unworthy.
I became an activist because I had to be.
Because when you know what it's like to be erased, you do everything in your power to make sure others are seen.
I have sat in rooms where policies were written without us.
I have stood beside rural trans women denied healthcare, dignity, and the right to simply exist.
And I have told their stories, because our stories are our power.
An AIDS-free future is not just about medicine.
It is about justice.
It is about making sure no one is too afraid to seek help, too ashamed to speak their truth, or too isolated to believe they matter.
I walk this road not just for myself, but for every girl like me.
For the ones who came before.
For the ones still finding their voices.
For the ones who will follow.
Because we are here.
And we are not leaving.

**Aggie Dennet Harmon**

LEGAL

# A summary of the legal analysis of the judgment of the Constitutional Court in the consolidated petition that challenged the Anti-Homosexuality Act, 2023.

**Analysis extracted from https://chapterfouruganda.org/**

## Principle

Constitutional law—rules of constitutional interpretation—limitation of fundamental human rights and freedoms of LGBTQ persons.
Constitutional Law—public participation in legislative processes—participation through elected members of Parliament—validity of legislation.

## Case Summary and Outcome

After the enactment of the Anti-Homosexuality Act, 2023, the Appellants (then petitioners) separately filed Constitutional Petitions Nos. 14, 15, 16, and 85 of 2023 challenging the constitutionality of the provisions of the Anti-Homosexuality Act 2023 and the legislative procedure leading to its enactment.
The petitioners argued that the law is unconstitutional, among other things, having been passed without adequate and meaningful public consultation and for violating fundamental rights and freedoms of LGBTQI+ people in Uganda.

The Constitutional Court consolidated the petitions, and, while dismissing them, the Court upheld the law and found that it was valid under Uganda's Constitution on the grounds that the law was intended to protect the country's social culture, norms, and values and to protect children and vulnerable individuals.

## Holding of the Constitutional Court

***1. Findings on procedural points***

The Constitutional Court held that the process that led to the enactment of the Anti-Homosexuality Act 2023 did not contravene provisions of the Constitution because there was meaningful and adequate participation of the public through their elected members of Parliament, that the certificate of financial implications issued by the Minister of Finance complied with Article 93 of the Constitution, and that the law did not have any retrospective effect of altering past court decisions in light of Article 92 of the Constitution.

***2. Findings on the substantive points***
The Constitutional Court further held that the provisions of the Anti-Homosexuality Act 2023 did not contravene the principle of legality, as the plain and natural meaning of the wording in its sections could be easily ascertained.

When resolving issues related to the fundamental rights and freedoms of LGBTQI+ individuals, the Constitutional Court held that the Anti-Homosexuality Act 2023 introduced justifiable limitations that passed the constitutional test under Article 43 of the Constitution. As a result, the Court found that the provisions of the Anti-Homosexuality Act 2023 did not contravene the fundamental rights and freedoms guaranteed, namely, equality and freedom from discrimination, the right to life, respect for human dignity and protection from inhuman treatment, the right to privacy of person and home, and freedom of conscience, expression, and association.

However, the Constitutional Court nullified and struck down Sections 3(2)(c), 9, 11(2)(d), and 14 of the Anti-Homosexuality Act 2023 for violating the right to health, adequate standards of living, privacy, and freedom of religion.

## Reasoning of the Constitutional Court

The issues canvassed by the Constitutional Court at the hearing of the petitions were broad. For purposes of this case digest, our focus shall be on the key reasoning of the Court:

- The Constitutional Court held that there is no obligation for facilitating direct public participation in legislative processes under the Ugandan Constitution because meaningful and adequate public participation can be done through democratically elected members of Parliament in accordance with Objective II (1) of the National Objectives and Directive Principles of State Policy and Articles 1, 2(1) and (2), 8A, 20, 36, 38, and 79 of the Constitution.
- That Sections 6, 7, 11(1) & (2)(a), (b), (c), and (e) of the Anti-Homosexuality Act 2023 were not inconsistent with Article 28(12) of the Constitution because the wording and phrasing of the impugned provisions does not violate Article 28(12) on account of uncertainty and vagueness, as they can be assigned meaning by courts of law using rules of statutory interpretation.
- Sections 2(1)-(4), 3(1) & (2)(d), (f) & (h), (3) & (4), 5(2), 6, 12, 13 & 16 of the Anti-Homosexuality Act 2023 are not inconsistent with the right to equality and freedom from discrimination guaranteed under Articles 21(1), (2), (3) & (4), 32(1), 43(2)(c) & 45 of the Constitution on the following grounds: *[a]* An interpretation of Article 21 that included protection on the basis of sexual orientation would contravene the rule of harmony in constitutional interpretation; *[b]* The prohibition of same-sex marriage under Article 31(2a) of the Constitution precludes sexual orientation as an analogous ground of discrimination under Article 21; *[c]* 'Sex' as a protected ground of discrimination does not encompass sexual orientation; *[d]* Public opinion is a legitimate public interest which may justify an interference with the right to freedom from discrimination; and *[e]* Homosexuality is not innate, and therefore, there is no right to equality before the law for people who identify as homosexual.
- That Sections 2(1)–(4), 3(1), 2(d)–(f) & (h), 5(2), 6, 12, 13(1), and 16 of the Anti-Homosexuality Act 2023 are not inconsistent with the right to human dignity and protection from inhumane and degrading treatment guaranteed under Articles 24 & 44(a) of the Constitution on grounds that Article 32(2a) of the Constitution prohibits marriage between persons of the same sex.

## Significance of the Decision

By largely upholding the Anti-Homosexuality Act 2023, the decision reinforces discrimination against LGBTQI+ people in Uganda and fails to protect the rights of minorities against popular prejudice. The Court also undermined the rights to freedom of expression, association, and civic participation for non-governmental organisations and human rights defenders by declining to strike down the provisions on "promotion of homosexuality."

**Status**

The appellants filed Constitutional Appeal No. 7 of 2024 in the Supreme Court of Uganda. The appeal seeks to overturn the decision of the Constitutional Court, save for Sections 3(2)(c), 9, 11(2)(d), and 14, which were nullified.

The appeal is premised on the grounds that the Constitutional Court erred in law and fact when it held that the procedure that led to the enactment of the Anti-Homosexuality Act 2023 was constitutional and that the Anti-Homosexuality Act 2023 was constitutionally valid because it introduced justifiable limitations under Article 43 of the Constitution.

***The appeal is pending hearing before the Supreme Court of Uganda.***

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# A summary of Eteeka Lyayita… Vol. 1 by the Strategic Response Team–SRT Uganda's "Lives at Risk: A Report on Documented Human Rights Violations and Abuses of LGBTIQ+ Persons in Uganda (January–August 2023)


## Summary

This report sets out to document the lived realities of lesbian, gay, bisexual, transgender, intersex, and queer plus (LGBTIQ+) people in Uganda during the first eight months of 2023. It comes at a moment when the passage and enforcement of the Anti-Homosexuality Act, 2023 (AHA), have cast a long shadow over the community, amplifying fear, exclusion, and violence.

The SRT Uganda consortium collected verified cases of rights violations and abuses, categorised them, and invited stakeholders—government bodies, civil society, and international partners—to take action. They emphasise that while this report is not exhaustive, the data it presents is deeply troubling.


## Key findings

· From January to August 2023, 306 separate cases of human rights violations and abuses against LGBTIQ+ persons were documented. Each case was predicated on real or perceived sexual orientation, gender identity, or expression.

· The most frequent violation was the right to housing and shelter: 180 cases of eviction, displacement, or banishment were recorded. Many of these were carried out immediately after people's identity or presumed identity was exposed.

· The second largest category: violations of the right to freedom from torture, cruel, inhuman, or degrading treatment—176 cases. Within these are extreme abuses such as forced anal examinations and corrective rape.

· Discrimination and the right to equality: 159 cases. These included both state-actor and non-state actor perpetrators and highlight how stigma is institutionalised.

· Mental health impacts are heavily felt: 102 cases of anxiety, panic attacks, suicidal ideation, school dropouts, or fleeing the country due to fear.

## Context and contributing factors

The enactment of the Anti-Homosexuality Act in May 2023 gave legal sanction to discrimination, harassment, and violence against LGBTIQ+ persons.

- Political and religious leaders' hostile rhetoric, media sensationalism, and arbitrary actions by police, landlords, family members, and other non-state actors created an atmosphere where rights violations were not only more frequent but also more visible and terrifying.
- Service delivery for health, especially sexual and reproductive health and HIV treatment, was disrupted in part because LGBTIQ+ people feared seeking care in an environment that now criminalised their very existence.
- Legal recourse is nearly nonexistent: many survivors do not report violations because they fear exposure, retaliation, or lack of safe pathways.

## Categories of violation

The report breaks down abuses into multiple rights-based categories:
· Dignity/freedom from torture and cruel, inhuman treatment: forced exams, rape, and banishment.
· Equality/freedom from discrimination: state policies, employer, or landlord discrimination.
· Right to health: denied or fearful access to care.
· Right to privacy: outing, forced disclosure.
· Right to housing: evictions, loss of shelter.
· Liberty and fair hearing: arrests without proper charges, citizen arrests, and illegal detentions.
· Freedom of association and expression: silencing of LGBTIQ+ organisations, NGO closures.
· Right to profession: being denied employment or forced to hide identity to survive.
· Indirect impacts of the Anti-Homosexuality Act: mental health, school dropouts, and asylum-seeking.

## Recommendations

The report makes detailed recommendations to multiple actors:
· The government (president and parliament) is to repeal or nullify discriminatory laws and actively affirm the rights of LGBTIQ+ persons.
· Security forces (like the police) to stop harmful practices (such as forced exams), investigate abuses, hold perpetrators accountable, and train staff on human-rights-based policing.
· Legal bodies (Law Reform Commission, Uganda Human Rights Commission, Equal Opportunities Commission) to investigate systemic discrimination, document abuses, and push for inclusive legal reform.
· Civil society and international donors to support LGBTIQ+ organisations, condition funding on respect for rights, and build coalitions for advocacy.

## Why this matters

This report is a stark reminder that when a law like the AHA empowers discrimination, it does more than send a message—it unleashes a cascade of violence, fear, and exclusion. For LGBTIQ+ Ugandans, the report reveals lives under siege: from homes lost to health access denied to dignity stripped in plain sight. The narrative is not only about rights violated—it is about a community fighting to live. The data here gives voice to those who often cannot speak safely.

In the voice of the earlier stories, this is a story of **those who refuse to disappear**, of people whose existence is criminalised, and yet who continue to demand dignity, support, and recognition. The report does not merely catalogue suffering; it calls for collective action —from the state, from civil society, and from every ally.

**View the entire report on our website :**

https://www.kuchutimes.com/wp-content/uploads/2023/09/20230927_LIVES-AT-RISK.Final-min.pdf

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# Policy brief summary of Human Rights Violations Against LGBTQ+ Persons in Uganda (Sept 2023 – May 2024) from Eteeka Lyayita… Vol. 2 by the Strategic Response Team (SRT)

## Background

One year after the **Anti-Homosexuality Act (AHA) 2023** came into force, the human rights environment for LGBTQ+ Ugandans has sharply deteriorated. The law, along with misinformation campaigns and weak state oversight, has legitimised widespread discrimination and community-level violence. This report documents the scale and patterns of these violations from **September 2023 to May 2024**.

## Key Findings

Escalation of Rights Violations

- **1031 cases** documented, affecting **1043 individuals**.
- **1253 separate human rights violations** recorded—more than double the previous reporting period.
- Violations occurred in homes, workplaces, schools, law enforcement spaces, and public settings.

Major Categories of Abuse

- **Forced evictions & housing denials (211 cases):** Landlords and Local Councils acted as enforcers of the Anti-Homosexuality Act, often violently expelling tenants and banishing individuals from communities.
- **Physical attacks & torture (309 cases):** Includes mob violence, assaults, *33 forced anal examinations*, and "correctional" sexual violence.
- **Arbitrary arrests (69 arrests, 89 affected):** Police continued enforcing nullified sections of the AHA and detained individuals without charge.
- **Discrimination (108 cases):** Job loss, family rejection, denial of services, and exclusion from social spaces.
- **Mental health impact:** High incidence of depression, anxiety, trauma, and avoidance of healthcare due to anticipated discrimination.

Primary Perpetrators

- **Landlords, neighbours, mobs, Local Councils, police, and family members.**

Community actors felt empowered by the AHA to surveil, expose, and punish LGBTQ+ people.

***Most Targeted Populations***

- Gay/MSM individuals
- Trans women
- Lesbian women

These groups faced the highest levels of violence, eviction, discrimination, and arrest.

## Policy Implications

**1. Legal frameworks are facilitating violence:**
The Anti-Homosexuality Act has normalised vigilantism and created fertile ground for human rights abuses.
**2. Weak institutional oversight:**
Despite official circulars on non-discrimination, enforcement is inconsistent, selective, and often symbolic.
**3. Public misinformation is fueling attacks:**
Narratives around "child recruitment" and moral decline continue to drive panic and community-level violence.
**4. Health and justice systems are inaccessible:**
LGBTQ+ persons avoid essential services due to fear of arrest, exposure, or mistreatment.
**5. International commitments are at risk:**
Uganda's enforcement of the AHA contradicts constitutional protections and regional human rights obligations.

## Priority Recommendations

***To the Government of Uganda***

· **Repeal the Anti-Homosexuality Act (2023)** in its entirety.
· **Impose an immediate moratorium** on all arrests and prosecutions under the AHA and related Penal Code provisions.
· **Hold police and Local Council officials accountable** for violence, arbitrary arrests, and discriminatory practices.
· **Establish a National Action Plan** against mob justice, with specific measures addressing violence against LGBTQ+ persons.

To the Judiciary

· **Fast-track the Supreme Court appeal** on the constitutionality of the AHA.
· **Dismiss cases** where evidence was obtained through torture, forced examinations, or unlawful arrest.

***To Human Rights Institutions (UHRC, EOC)***

· Actively investigate violations against LGBTQ+ persons.
· Include LGBTQ+ cases in annual national human rights and equality monitoring reports.
· Strengthen collaboration with civil society.

To Development Partners

· **Condition cooperation and funding** on measurable progress in non-discrimination and human rights protections.
· Support **LGBTQ+-focused safety, legal aid, health access, and shelter initiatives**.
· Consider **targeted sanctions** against individuals responsible for grave violations.

***To Civil Society***

· Continue documenting violations.
· Expand emergency shelter, mental health support, and legal aid.
· Counter misinformation through community education and advocacy.

## Conclusion

The Anti-Homosexuality Act has produced a **deeply harmful human rights crisis**, enabling violence, displacing communities, and undermining access to justice, health, and safety. Without decisive legal and policy action, including the repeal of the Anti-Homosexuality Act, LGBTQ+ Ugandans will remain exposed to widespread abuse. The findings demand urgent intervention from the state, judiciary, civil society, and international partners.

**View the entire report on our website :**
https://www.kuchutimes.com/2024/06/eteeka-lyayita-volume-2-a-documentation-of-violations-towards-lgbtqi-persons-from-september-2023-to-may-2024/

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