



# BASELINE MAPPING REPORT OF KEY POPULATIONS, HOTSPOTS & SERVICE PROVIDERS IN HOIMA CITY & DISTRICT, AUGUST 2024



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Under the Project; **CO-CREATE Solutions & Innovations with the Community**



*A Report on Baseline Mapping of Key Populations (FSW, Transgenders, MSM and FSW Using/injecting drugs), Hotspots, and Health Service Providers in Hoima City and District Under the Project; CO-CREATE solutions and Innovations with the community*

Funded by: Embassy of Netherlands in Uganda, through UNAID Uganda supporting grassroots KP communities under the Alliance of Women Advocating for Change (AWAC) Uganda.

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## Table of Contents

List of Abbreviations and Acronyms.....	3
Acknowledgement.....	6
Foreword.....	7
1.0 Introduction.....	9
1.1 Global, national and sub national context of KPs and HIV.....	9
1.2 About Hoima.....	10
1.3 About the Project.....	13
1.4 About the Baseline Mapping study.....	14
1.4.1 Specific objectives of the study:.....	15
1.4.2 Methodology.....	15
2.0 Findings.....	22
2.1 Estimating KP Population sizes and Perceptions about KPs.....	22
2.2 Mapping and Identifying and Hotspots.....	24
2.2.1 Characterising Hotspots (operations, KP category, services availability).....	24
2.2.2 Hotspot Activity Patterns.....	26
2.2.3 Population Estimates at Hotspots.....	26
2.2.4 Importance of Hotspots.....	26
2.3 Understanding Health, Safety and how these have been impacted by the AHA 2023.....	27
2.3.1 Health and Safety.....	27
2.4 Impact of Recent Legislation (AHA).....	35
2.5 KP Health Service Providers in Hoima.....	37



2.6 Common illnesses .....	38
2.7 Access to Services .....	39
2.7.1 Current Access to PrEP:.....	39
2.7.2 HIV Testing and Care.....	41
2.8 Service Delivery Challenges.....	42
2.9 Asks and Recommendations for Addressing HIV .....	48
Conclusion.....	50

## *List of Abbreviations and Acronyms*

**AHA** - Anti-Homosexuality Act

**ART** - Antiretroviral Therapy

**AWAC** - Alliance of Women Advocating for Change

**CAO** - Chief Administrative Officer

**CDDP** – Community Drug Distribution Points

**CHLEG** – Community Health and Livelihoods Enhancement Groups

**CHO** - City Health Officer

**CLADS** – Community-Led Antiretroviral Delivery System

**CSO** – Civil Society Organization

**DHO** - District Health Officer

**DiC** - Drop-in Centre

**DPC** - District Police Commander





**ED** - Executive Director

**FGD** - Focus Group Discussion

**FSW** - Female Sex Worker

**FSW-IUDs** - Female Sex Workers who Use or Inject Drugs

**HONECRIC** - Hoima Child Rights Network Clubs

**HOPLA Network** - Hoima forum for People Living with HIV Network

**KII** - Key Informant Interview

**KPs** - Key Populations

**LCV** - Local Council V

**MARPI** - Most at Risk Populations Initiative

**MoH** - Ministry of Health

**MSM** - Men who have Sex with Men

**NGO** - Non-Governmental Organization

**PAC** - Post-Abortion Care

**PEP** - Post-Exposure Prophylaxis

**PrEP** - Pre-Exposure Prophylaxis

**PWID** - People Who Inject Drugs

**RCC** - Residence City Commissioner

**RDC** - Resident District Commissioner

**RHU** - Reproductive Health Uganda



**SRH** - Sexual and Reproductive Health

**SRHR** - Sexual and Reproductive Health Rights

**STI** - Sexually Transmitted Infection

**TGs** - Transgenders

**UNAIDS** - Joint United Nations Programme on HIV/AIDS



## *Acknowledgement*

We extend our deepest gratitude to all those who contributed to the successful completion of this baseline mapping exercise.

First and foremost, we wish to express our sincere appreciation to the key populations who participated in this study—Female Sex Workers (FSWs), Transgender individuals, Men who have Sex with Men (MSM), and Female Sex Workers who use or inject drugs. Your willingness to share your experiences and insights has been invaluable in shaping a comprehensive understanding of the health service landscape in Hoima City and District. We would like to offer our heartfelt thanks to the district and city leadership of Hoima for their active participation in the baseline study and for granting permission to conduct this exercise within their jurisdiction.

We also acknowledge the fundamental role of UNAIDS Uganda for its unwavering support and commitment to this initiative. Your guidance and expertise have been instrumental in ensuring the quality and relevance of this exercise.

Our gratitude goes to the Embassy of the Netherlands in Uganda for their generous funding through, which made this important work possible. Your commitment to supporting grassroots key population under the Alliance of Women Advocating for Change



(AWAC) Uganda has had a profound impact on this study and on the lives of those it aims to support.

Further gratitude goes to the leadership and technical engagement of Dr. Peter Mudiope, National Coordinator HIV Prevention, Ministry of Health, Uganda in the Baseline Mapping. Your dedication to advancing the rights and well-being of these KP grassroots communities has been a source of inspiration and has significantly contributed to the success of this project.

Thank you all for your invaluable contributions to this important work. Together, we are taking vital steps toward creating a more inclusive and supportive environment for key populations in Hoima.

## *Foreword*

It is with great importance that we present this report, which explores the intricate health service landscape for key populations in Hoima City and District, Uganda. As the National Coordinator HIV Prevention, Ministry of Health (MoH), Uganda, I am profoundly aware of the pressing challenges and systemic barriers that key populations face, and this report sheds crucial light on these issues.

Hoima, with its unique socio-economic and cultural dynamics, exemplifies the complexity of providing equitable health services to marginalized groups. The rapid population growth and urbanization in the region compound these challenges, particularly for key populations such as female sex workers (FSWs), transgender individuals, and men who have sex with men (MSM). These





groups often encounter significant stigma and discrimination, which severely limits their access to essential health services, including HIV prevention and care.

This baseline mapping exercise is an essential step toward understanding and addressing these challenges. By identifying hotspots, evaluating the accessibility and quality of health services, and uncovering the barriers and facilitators affecting key populations, the report provides invaluable insights that can guide future interventions and policy changes. The use of qualitative methods, including Key Informant Interviews and Focus Group Discussions, ensures a comprehensive view of the situation from multiple perspectives.

The findings highlight both the resilience of key populations and the urgent need for more inclusive and accessible health services. It is particularly concerning to note the scarcity of safe spaces and the impact of recent legislative changes especially the AHA 2023 on service access. The experiences shared by participants reveal a stark reality: while there are dedicated efforts to support key populations in Hoima, significant gaps remain that must be addressed to ensure that all individuals can access health services without fear and stigma.

As the National Coordinator HIV Prevention, Ministry of Health (MoH), Uganda, I remain committed to supporting initiatives that enhance the health and well-being of all Ugandans including key populations. We hope this report serves as a catalyst for action, driving both local and national stakeholders to work collaboratively towards creating a more inclusive and supportive health environment. Together, we can make meaningful progress in addressing these disparities and advancing the right to health for all.



Thank you to all who contributed to this important work. Your dedication and insights are crucial in our shared mission to end the HIV epidemic and promote health equity in Uganda.

**Dr. Peter Mudiope**

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National Coordinator HIV Prevention, Ministry of Health (MoH), Uganda

## *1.0 Introduction*

### *1.1 Global, national and sub national context of KPs and HIV*

Globally, Key populations, including female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID), and transgender individuals, face a disproportionately high risk of HIV. In 2023, key populations and their sexual partners were responsible for 70% of all new HIV infections worldwide. This alarming statistic underscores the critical need for targeted interventions and support. Risky behaviours, such as unprotected sex and sharing of needles, coupled with pervasive stigma and discrimination, exacerbate the risk of HIV transmission. Additionally, structural and systemic barriers—such as limited access to healthcare, legal and social challenges, and violence—further hinder these populations from obtaining necessary prevention, treatment, and care services.

In Uganda, key populations (KPs); including female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID), and transgender individuals face significant challenges in the context of HIV prevention and care. These groups experience disproportionately high rates of HIV infection due to a confluence of socio-economic, legal, and cultural factors. Key populations in Uganda are at an elevated risk of HIV infection compared to the general population. This heightened vulnerability is driven by factors such as high rates of unprotected sex,



needle sharing, and other risk behaviours. According to the Uganda AIDS Commission, key populations account for a significant proportion of new HIV infections in the country. KPs in Uganda experience alarmingly high HIV prevalence rates: 31% among FSWs, 24% among transgender persons, and other subgroups facing similar challenges.

KPs in Uganda often encounter multiple barriers to accessing HIV services. Stigma and discrimination, both from healthcare providers and within the broader community, create a hostile environment that discourages individuals from seeking care. Legal and social challenges, including criminalization of certain behaviors and lack of legal protections, further exacerbate these barriers. Additionally, many KPs face economic hardship, which can limit their ability to access health services and support. Moreover, gaps persist in the comprehensive coverage and quality of services for key populations and this has been exacerbated by the current legal environment that criminalises homosexuality, sex work and drug use through the Anti-Homosexuality Act 2023, the Penal Code Act and the Anti-Narcotic Act respectively. Continued advocacy, service delivery, policy support, and targeted funding are essential to addressing these gaps and ensuring that key populations in Uganda receive the health services they need. Understanding and addressing the specific needs and challenges faced by key populations is crucial for improving health outcomes and advancing the national response to the HIV epidemic in Uganda and for global efforts to control and ultimately end the HIV epidemic. By focusing on these groups, we can improve health outcomes, reduce transmission rates, and advance human rights and health equity.

## *1.2 About Hoima*

Hoima District, located in western Uganda, faces unique health challenges exacerbated by socio-economic factors and cultural norms. Hoima District and City have unique demographic and socio-economic characteristics that influence the challenges faced by Key Populations (KPs). Hoima has experienced significant socio-economic changes due to the oil industry,



leading to increased trafficking among minors and a rise in HIV infections, particularly among vulnerable populations such as female sex workers (FSWs), Transgenders and other key populations.

The region is experiencing rapid population growth and urbanization, which impacts service delivery and the overall environment for KPs. The influx of people drawn to the area due to oil and gas exploration has brought new income sources but also heightened vulnerability to health risks, notably HIV/AIDS. Recent statistics from 2024 reveal that Hoima City has an HIV prevalence rate of 9.6%, while the district averages 4.0%, collectively higher than the national average of 5.1%. This increase is directly linked to the rapid population growth and demographic changes resulting from industrial activities, a sizable population of truck drivers, and issues related to the mishandling of HIV self-testing kits which shows a gap in correct information on HIV prevention and care. Key populations such as FSWs, Transgender individuals, and MSM often encounter barriers in accessing essential health services, including HIV prevention and care. This mapping exercise seeks to fill gaps in knowledge about the distribution of KPs, the availability of health services, and the specific intersecting challenges they face

Uganda has policies and guidelines aimed at addressing HIV/AIDS among key populations, including sex workers and thus the country has made significant strides in combating HIV/AIDS over the years, however, certain populations remain at higher risk, including sex workers in rural districts and sub cities like Hoima. The prevalence of HIV among sex workers in Hoima and other parts of Uganda can vary, but it tends to be higher than in the general population due to factors such as stigma, limited access to healthcare, and social marginalization. It is of no surprise that with such circumstances, Hoima registered 1,689 new HIV infections in 2012, by 2017, the situation had worsened to 3,004 new infections in only 2017<sup>1</sup>.

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<sup>1</sup> <https://www.monitor.co.ug/uganda/news/national/concern-as-hiv-cases-soar-in-oil-rich-districts-1813362>



Following Hoima's increasing HIV prevalence, stakeholders including Uganda Aids Commission, UNAIDS, Hoima Local district, City and other stakeholders, held the commemoration of the International AIDS Candlelight Memorial in Hoima's. During the event, it was highlighted that the district's escalating status as an oil city mirrors both progress and challenges in the battle against HIV/AIDS and thus called for collective action to address vulnerabilities and ensure progress in our fight against HIV/AIDS while keeping communities at the centre.

**A map showing districts in Bunyoro Region in western Uganda with a white arrow indicating the location of Hoima**







AWAC and UNAIDS organized a scoping visit to Hoima to build rapport with the district/city leadership and understand better the issue at hand. This was however not enough and it was appreciated that a baseline mapping should be conducted to understand better about the Key populations, their hotspots and service providers. To ensure that the findings from the baseline study were received from all stakeholders and that the findings can be used to impact key populations in their diversity. As such the project “Co-CREATE WITH HER – HOIMA: COMMUNITY CREATION FOR RESILIENCE AND EMPOWERMENT AMONG THE EXCORIATED POPULATIONS FOR HEALTH AND ECONOMIC RESILIENCE IN HOIMA” , now well known as “CO-CREATE solutions and innovations with the community” was initiated under which the mapping was conducted. The project’ s objective is centred on fostering resilience and empowerment among key populations, particularly female sex workers (FSWs), MSM, TGs and those using and injecting drugs, in Hoima district/City. By co-creating solutions and innovations with key population groups, the initiative aims to address their health needs comprehensively while promoting economic resilience through sustainable empowerment initiatives.

#### *1.4 About the Baseline Mapping study*

The Baseline Mapping Study was conducted to identify key populations (KPs), their hotspots and service providers in Hoima City and District, with the goal of targeting outreach efforts more effectively. This initiative aimed to ensure that KPs receive comprehensive information and services related to HIV prevention and care, cervical cancer screening, and post-abortion care and



rights. By mapping KPs, their hotspots and service provision, the study sought to enhance programming and facilitate better access to essential services for KPs within their identified areas. This report presents the findings from this baseline mapping study, which provides a detailed understanding of the health service landscape for KPs in Hoima. The study centres on key populations in Hoima City and district, including Female Sex Workers (FSWs), Men who have Sex with Men (MSM), People Who Inject Drugs (PWID), and transgender individuals. These groups are often at higher risk for HIV due to social, legal, and economic vulnerabilities. The primary goal of the study was to generate data that will inform the design and implementation of targeted HIV prevention, testing, and treatment interventions.

#### *1.4.1 Specific objectives of the study:*

- Hotspot Identification: Map and identify the primary locations where KPs are concentrated and establish safe spaces within Hoima City and District to enable targeted HIV interventions.
- Population Size Estimation: Provide data to inform resource allocation and service provision.
- Impact of Legal Challenges: Understand how legislation increases stigma and affects HIV service access.
- Support Evidence-Based Responses: Guide the development of tailored interventions to reduce HIV transmission and improve health outcomes among KPs in Hoima City and District.

#### *1.4.2 Methodology*



## Methods and Participants

The study employed a range of qualitative research methods to obtain a comprehensive and nuanced understanding of the health service landscape for key populations (KPs) in Hoima City and District. These methods included Focus Group Discussions (FGDs), Inception Dialogues, and Key Informant Interviews (KIIs), each serving a specific purpose in enriching the data collected.

- **Inception Dialogue:** The Inception Dialogue involved a preliminary meeting with 50 key stakeholders, including local health officials such as District Health Officer, community leaders eg Chief Administrative Officer (CAO), Resident District Commissioner (RDC), Local council V (LCV) representative, Residence City Commissioner (RCC), Mayor, HIV Focal person, representatives from non-governmental organizations (NGOs) and KP representatives. This phase aimed to outline the study's objectives, gather initial feedback, and refine the research approach based on local context and stakeholder input. The dialogue helped in understanding the existing health service infrastructure, identifying potential barriers and facilitators, and ensuring that the study was aligned with local needs and expectations. This foundational step was crucial for establishing a collaborative framework and ensuring that the mapping was grounded in the realities of the Hoima context.





- **Focus Group Discussions (FGDs):** FGDs were a central component of the study, designed to facilitate detailed and interactive discussions among members of key population groups, including female sex workers (FSWs), men who have sex with men (MSM), people who inject drugs (PWID), and transgender individuals (TGs). These discussions allowed participants to share their experiences, perceptions, and challenges related to health service access and utilization. By engaging multiple participants simultaneously, FGDs provided insights into common issues, collective experiences, and varying perspectives within and across these populations. The discussions were structured around





semi-structured guides that addressed topics such as access to HIV prevention and treatment services, stigma and discrimination, and the availability of safe spaces. Four groups of FGDs were conducted, including;

- I. Female Sex Workers (FSWs) from the city, including FSW using and injecting drugs comprising of 8 participants
- II. Female Sex Workers (FSWs) from the rural and Peri urban, comprising of 8 participants
- III. Men Who Have Sex with Men (MSM), comprising of 8 participants
- IV. Transgender Individuals (TGs), comprising of 6 participants

**Drawing Community Maps:** During the Focus Group Discussions (FGDs), we employed a community mapping approach to gain a more nuanced understanding of the health service landscape for key populations (KPs) in Hoima City and District. This participatory method allowed participants to visually represent their communities and identify key elements related to their experiences with health services and safety. Participants were provided with materials such as large sheets of paper, markers, and pens to draw maps of their communities. This process was guided by facilitators who encouraged participants to depict their surroundings as accurately as possible. The maps included various elements such as streets, landmarks, and local institutions, allowing participants to create a detailed representation of their environment. Participants marked locations of health service providers on their maps. This included clinics, hospitals, and specialized health centers where they receive or seek health services. Identifying these locations helped in understanding the accessibility and distribution of healthcare facilities relevant to KPs, including those providing HIV prevention, treatment,



and other essential services. Participants used different symbols and colors to distinguish between safe and unsafe spaces within their community maps. Safe spaces were indicated as areas where KPs feel secure and can access services without fear of stigma or violence. Unsafe spaces were marked as locations where KPs encounter hostility, discrimination, or other risks. This distinction provided insights into the physical and social environments that impact the safety and well-being of KPs. After creating their maps, participants engaged in discussions to explain the features marked on their maps. Facilitators guided the conversation to explore themes such as accessibility to services, areas of high stigma, and patterns of movement and interaction within the community. This dialogue helped in interpreting the visual data and connecting it with broader themes related to health access and safety.





- **Key Informant Interviews (KIIs):** KIIs were conducted one-on-one with a range of individuals who possess specialized knowledge and insights relevant to the mapping study. Participants included health service providers, city and district health officers, police representatives, the City HIV focal person, and leaders of community-based organizations. These interviews were designed to gather in-depth information on the availability, quality, and accessibility of health services for KPs. KIIs provided valuable perspectives on the operational challenges faced by health facilities, the effectiveness of existing interventions, and the gaps in service provision. The interviews were conducted using a semi-structured format to allow for flexibility in exploring emerging themes and obtaining detailed responses.

The KII participants included;

- City Health Officer (CHO) – 4 Yrs in this position
- Police Representative (DPC) – 6 months in this position
- HIV Focal Person CHO' s office – 4 yrs in this position
- Health Service Providers
- City Mayor – 3yrs in this position
- CSO/NGO Representatives
- Executive Director, Meeting point – 8 yrs in this position
- Coordinator HOPLA Network – 2 yrs in this position
- Peers coordinator – 5 yrs in this position



The Dialogue had 50 participants, the FGDs had 40 participants, the KIIs had 9 participants. Altogether, they were 99 participants. The combination of FGDs, Inception Dialogues, and KIIs allowed for a thorough exploration of the issues



at hand, capturing both the lived experiences of KPs and the perspectives of key stakeholders about KPs, their hotspots, service providers and service delivery. More so, Informed consent was obtained from all participants, with the exception of one individual who chose not to be recorded. The inclusion of health officials, law enforcement representatives, healthcare providers, and community leaders, alongside KPs, ensured a well-rounded view of the health and socio-economic landscape in Hoima. This comprehensive approach ensured that the findings of the study are grounded in a rich context and offer actionable insights for improving health services for key populations.

## *2.0 Findings*

### *2.1 Estimating KP Population sizes and Perceptions about KPs*

Key populations (KPs) in Hoima City and District are notably visible in specific locations such as bars, lodges, and entertainment venues. These areas, especially in urban centers like Hoima City and peri-urban regions, serve as significant gathering points for KPs. Bars and lodges provide not only social spaces but also employment opportunities for many KPs, particularly female and male sex workers who engage in sex work as a primary means of livelihood. Entertainment venues offer both a platform for social interaction and a potential marketplace for sex work and finding partners especially among the Transgenders and MSMs.





However, the visibility of KPs is not without its challenges. Stigma and criminalization associated with their identities and activities often compel KPs to seek refuge in less visible or more hazardous settings. For instance, many KPs, particularly men who have sex with men (MSM) and transgender individuals (TGs), face significant social rejection and legal risks, which drive them into environments where they are more isolated and at risk. This forced invisibility not only exposes them to greater health risks but also complicates efforts to provide them with essential services.

Population Estimates based on reported services access through different service providers indicate that there is a considerable flow of KPs seeking health services, with an average of 30 MSMs, 500 FSWs, 50 TGs, and 200 FSWs who use or inject drugs (FSW-IUDs) visiting a typical health facility each month. This high volume of visits underscores the critical need for accessible, responsive, and non-judgmental health services tailored to the specific needs of these populations. Perceptions about KPs do vary depending on awareness and exposure of society about such categories of key populations. An ED of a key population service provider noted that;

*"When they are not exposed, people are very stigmatizing. There is still a lot of stigma around KPs. People are getting familiar with female sex workers but they do not want to associate with them as well. For the MSMs, people don't even want to hear about them and communities don't want to have any relations with them. This stigma is also extended to people working with or serving these KPs."*

This quote reflects the persistent stigma and societal reluctance to engage with KPs. Although there is growing familiarity with female sex workers, societal acceptance remains limited. The stigma is particularly severe for Trans persons and MSMs, who often face extreme social exclusion. This



discrimination extends to those who work with or serve KPs, adding layers of complexity to the already challenging environment in which KPs and their service providers operate. The societal reluctance to openly acknowledge and engage with KPs exacerbates their marginalization and impacts their access to critical health services.

Other respondents mentioned that KPs are all over in Hoima, but are usually into hiding, especially the Transgenders. One key respondent mentioned KPs while distancing himself from knowing them first hand, in his statement he mentioned;

*“I hear they are there, I read about them in the reports I get. I know they are there and our partners have always wanted to provide services to them. They receive services but they need more because we do not have many partners and the need is still huge among these KPs” –  
Leader in Hoima*

In his statement, the leader acknowledges awareness of the presence of KPs in the community and also suggests that there have been efforts to reach out to and support these populations, despite the existing challenges. Moreso, the leader admits that the current services are insufficient to meet the full range of needs among KPs as there are not many partners involved in providing services to KPs.

## *2.2 Mapping and Identifying and Hotspots*

### *2.2.1 Characterising Hotspots (operations, KP category, services availability)*



They study identified several key hotspots in Urban, Rural and Peri-Urban Areas and Ghetto areas where key populations (KPs) are notably concentrated.

KPs are often concentrated in specific hotspots within Hoima City and surrounding areas. Identified hotspots include popular locations such as;

These locations include bars, lodges, ghetto areas and entertainment venues which serve as significant gathering spots for KPs. Examples of such hotspots are:

- Danjo Bar: A popular venue in Hoima City known for attracting a large number of patrons, including KPs. It serves as a social and economic hub for many KPs.
- Hoima Central Market: This central marketplace is not only a commercial center but also a location where KPs, especially female sex workers (FSWs), frequently gather and conduct their activities.
- Daboys Bar: Another key venue in Hoima City where KPs, including men who have sex with men (MSM) and transgender individuals (TGs), are commonly found.
- Kimana Zone: Was identified as the safest space.
- Other hotspots included; Kings Place, Bunyoro Kitara Boxing Club, Exclusive Bar, and various ghettos such as Kimana Zone, Zambuli, and Sunisiro. Other notable spots are Da Place Hotel, Kinubi Police Station, Phase 2 Bar, Milano Bar, Magic Night Bar, Bunyoro Sports Club, Kuts Bar, Arrows Bar, Edens Bar, Breeze Bar, Sux Pub, Kayiso, Bunga, and Mbeggo in Hoima City, Arrows bar, CAT lounge, Azar hotspot, Rainbow hotspot, KK Lodge, Reedom hotspot as well as landing sites and remote rural locations where sex workers and drug use are prevalent.



### *2.2.2 Hotspot Activity Patterns*

Hotspots, which are critical locations for reaching key populations (KPs), demonstrate distinct patterns of activity, particularly during late hours. These patterns were identified through the study, which highlighted that KPs are most active during nighttime, especially on weekends. Peak activity times include late hours on Saturdays, when social spaces such as Da Place Hotel, Da Boys, Danjo and Milano Bar experience a significant influx of individuals from various KP categories.

### *2.2.3 Population Estimates at Hotspots*

On any given Saturday night, these hotspots are populated by varying groups of KPs. For instance, an estimated 10 transgender individuals, 30 men who have sex with men (MSMs), and 70 female sex workers (FSWs) can be found at a particular location/hotspot. Among the FSWs, around 40 are known to use or inject drugs, adding an extra layer of vulnerability to this group. These estimates underscore the concentration of KPs at hotspots during peak times, making these locations critical for outreach efforts.

### *2.2.4 Importance of Hotspots*

Given the high concentration of KPs, these areas serve as vital points for health intervention programs for reaching key populations with targeted health services, including HIV prevention, testing and treatment. Reaching out to individuals in these environments allows health professionals to address the specific needs of KPs, particularly regarding HIV and sexual health services, in a space where they are already gathered.



### *2.3 Understanding Health, Safety and how these have been impacted by the AHA 2023*

#### *2.3.1 Health and Safety*

In this context we use safe spaces as are places where people, especially from vulnerable groups (like KPs), feel secure, supported, and free from judgment or harm. Safe spaces majorly mentioned were bars and some health facilities. Safe spaces for KPs are scarce, with most existing facilities facing issues related to stigma and lack of privacy. Drop-in Centres (DiCs), when present,





often operate under difficult conditions. At present, there is however no designated safe space for KPs where they can access services without judgement and with privacy. Efforts have been made to establish a KP-friendly health centre, but challenges remain. The city authorities at one point in time were trying to find a space where they could create a health centre that is youth friendly and KP friendly, however there was no land for it. As a leader narrated;

*“I know that at one time we were trying to look for a place which we can designate, a special place for those kinds of services where I would feel those people can be safe. Baylor requested us the city to get a space and they provide the services but we have not found a space that meets safety requirements I know that privacy is a key consideration when it comes to safety. There is a place called Meeting Point but it is specifically for HIV/AIDS. Nevertheless, a place where these people can go and get services without fear of being identified or pinpointed that they are the ones who do this, I do not know. We have even thought of a safe space specifically providing general health services that are KP and youth friendly, we realized we do not have such a specific space for service provision for KPs” .*

There are several health facilities in the area that have been identified as unsafe for KPs, including; Hoima police hospital, City medical, EDPA hospital, Hoima Regional Referral Hospital and Messiah hospital.

#### *2.3.1.1 Area Maps identifying unsafe places for KPs*



The focus groups were tasked with identifying places of importance in their communities, such as health facilities, bars, pharmacies, and social gathering points. They also marked areas they considered either safe or unsafe for KPs, particularly for accessing services without fear of stigma or discrimination. The participants in these focus groups had unique insights into the local environment and were able to convey the everyday realities faced by KPs in terms of health, safety, and community acceptance.

Notably, the maps reveal that safe spaces for KPs are scarce. Bars are among the few places mentioned as safe gathering spots, but they are far from ideal in terms of offering privacy or access to healthcare services. Focus groups identified a range of health facilities, some of which are considered unsafe for KPs due to stigma or fear of being.

The map below, drawn by one of the groups, shows;

- Hospitals, clinics and pharmacies; EDPA H/C/hospital, Mesiah Hospital, Hoima Police Hospital, Reproductive Health Uganda, City Medical
- Bars and lodges; Magic Bar, Danjo Bar, Boma, Badstreet Ghetto, Sansiro ghetto, Da Boys bar, Kings Place, Bunyo luxury, Zambuli Ghetto, Kimana Zone Ghetto, Executive Bar and Ghetto, Milano,
- Security points; Hoima Police station
- Other landmarks include; Umeme, MTN Office, Hoima Central Market

Note: Red dots are marked as the unsafe places and green dots are the safe places



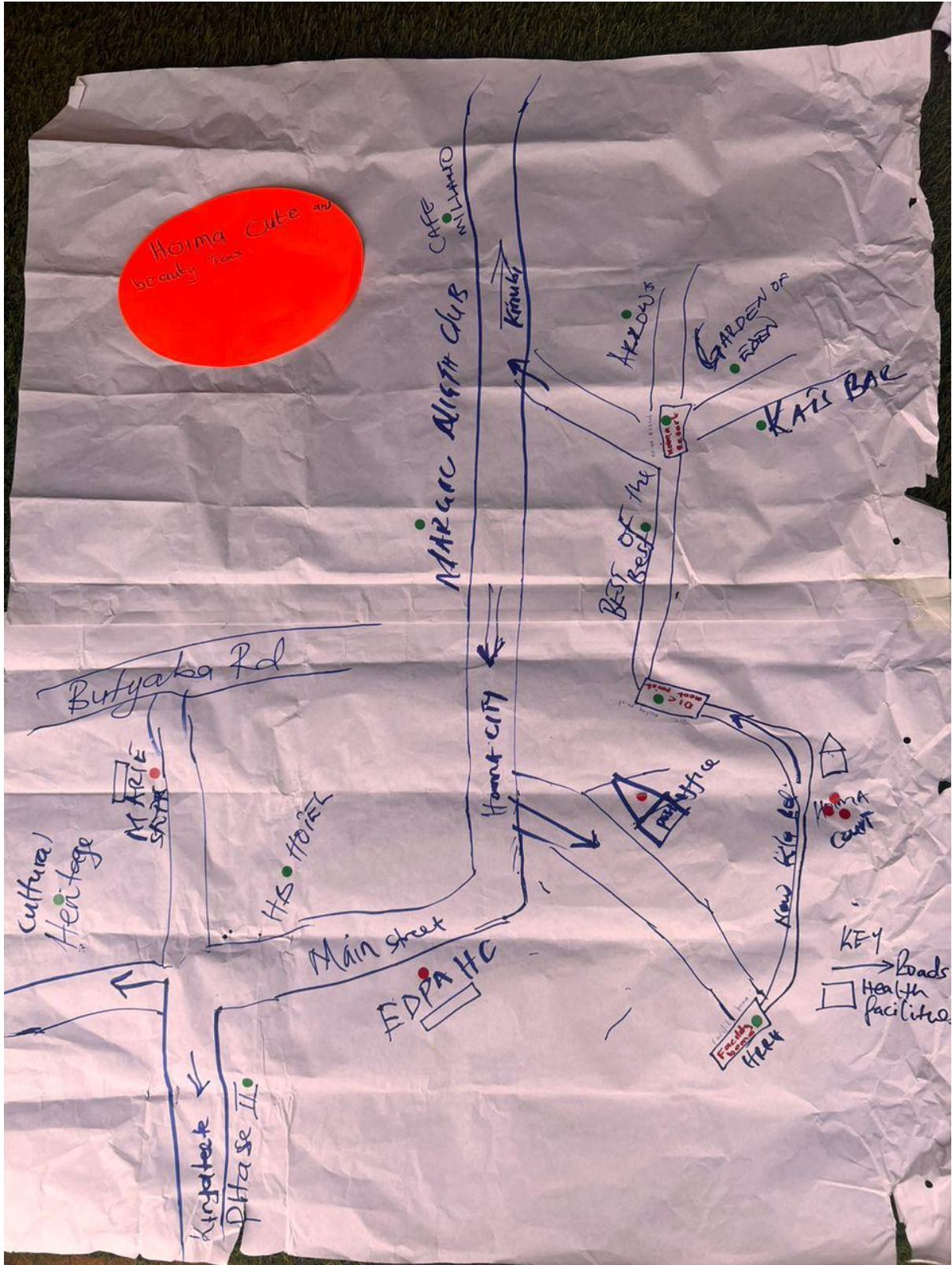


The above map is drawn by one of the Focus groups, it indicates;

- Hospitals, clinics and pharmacies; EDPA H/C
- Bars and lodges; Hoima Bufalo Hotel, Cafe Milano, Magic Bar, Legacy Bar, Boma grounds, Church hill bar, Kats Bar, Arrows Bar, Eden Bar, Danjo bar
- Security points; Police

Note: Red dots are marked as the unsafe places and green dots are the safe places









The above map shows the major hot spots in Hoima city including bars, clubs, health facilities and main streets/roads.

Unsafe spaces indicated on the map are;

- Health Facilities such as; EDPA Health Center, Marie stopes,
- Bars and Clubs – Places like Magic night club, Kat's Bar, Best of the Best, Arrows, Cafe Milano and Garden of Eden are marked. Also to note on the map, many of the hotspots are located on the way towards Kinubi.
- More happening places identified include; Cultural heritage, phase 2, HB Hotel toward the main street and Kiryateete road.
- Other landmarks identified include; Hoima court, Post office,

Note: Red dots are marked as the unsafe places and green dots are the safe places

#### *2.3.1.2 Hotspots with condom dispensers and Peers attached*

#### **Key**

- Two Blue Stickers mean they have both condom dispensers and Peer support
- One Sticker means they have only a peer support

Names of Hotspots (MSM) Categories	MSM	HOT SPOTS	MANAGER'S NAME
1. SIMSPO. Mon fsw 04 MSM 10 Pwd 15 1-904 Ghetto Tues few of MSM Manager: Simso Wed Thurs Friday Saturday fsw 30 MSM 30 Pwd 20 1-904 Sunday fsw 20 MSM 20 Pwd 20 1-904	1. EXECUTIVE BAR		KIIZA/ABUKOLI
2. Kimana Zone. Mon fsw 15 MSM 03 Pwd 10 1-901 Manager: Fat Tues Wed Thurs 1/2 a late Friday SAT fsw 30 MSM 10 Pwd 20 1-905 SUN fsw 25 MSM 15 Pwd 25 1-902	2. DANJO BAR		KATA TUMBA PRESS
Bad street Mon fsw 40 MSM 05 Pwd 10 1-903 Manager: Yahya Tues Wed Thurs Friday Sat fsw 20 MSM 10 Pwd 20 1-908 Sun fsw 20 MSM 10 Pwd 20 1-907	3. LEGACY BAR		HARIET B.
	4. MILANO BAR		AMANYA JANE
	5. MAGIC CLUB		KUGONZA: M
	6. BREEZE		WABYONA: V
	7. CHURCH HILL BAR		TUGONZA: I
	8. PHASE II BAR		MUHINDU: P
	9. RAIN BAR		HILLARY: A
	10. NEW LIFE		KWEBIHA: J
	11. BREEMERJ BAR		ASHIMWE: D
	12. KITARA FUNS BAR		IVAN: K

It was found that most Hotspots have no condom dispensers. Moreover, some hotspots were rated with many red stickers indicating that they are not safe at all.

Hot Spot Name	Name Manager Tel No.
RAINBOW ..	DAVIS nr 0781869157 Juliet
KIRUHU JAMAICAN GHETTO ..	MAMA GHETTO 0788657555
PHAS 2 ..	JUDYA 0785441387
EXECUTIVE ..	<del>MAMA</del> Free Lady 0705030644
KK Lodge ..	PEER Irene 0788065151
Arali Lodge ..	MANAGER 0776066189
KIMAMA ZONE ..	PEER ZONE 0788785608
KITARA FANS club ..	0772 924 975
FREEDOM ..	
SUX Bar \$ Lodge ..	DAVIS 0781869157

#### 2.4 Impact of Recent Legislation (AHA)



**Reduced Access to Services:** The passage of the Anti-Homosexuality Act (AHA) has had a significant impact on healthcare services, particularly for key populations (KPs) such as MSM and transgender individuals. The AHA created a climate of fear, leading many key populations to avoid healthcare facilities. This has resulted in decreased access to essential HIV prevention and treatment services.

**Increased Stigma and Discrimination:** The passing of the AHA exacerbated stigma against MSMs and transgender individuals, both within the community and in healthcare settings. Many healthcare providers are reluctant to serve these populations, further limiting their access to care. Before the AHA, people were able to access sexual and reproductive health services (SRHR), in a stigmatising environment but accessible and available. However, after its enactment, many individuals, fearing the increased stigma and legal repercussions backup by the new law, hence they began avoiding healthcare facilities, leading to reduced access to essential HIV prevention and treatment services.

**Fear of Legal Repercussions:** The fear of being identified and prosecuted under the AHA has led many key populations to avoid healthcare facilities altogether. This has resulted in a significant drop in the uptake of services such as HIV testing, PrEP, and ART.

**Service Provider Challenges:** Healthcare workers face difficulties in providing services to key populations. Some fear being associated with stigmatized behaviors, leading to a reluctance to engage fully in the provision of care, particularly for MSMs and transgender individuals. HIV prevention services were easier to get but when the AHA was passed, people feared to go to the health facilities as health workers became more judgemental towards KPs. One of the FGD participants shared his experience where his partner started





to get medication from Kampala as it was a challenge to get services in Hoima due to increase in judgement among service providers. Some KPs died of HIV related illnesses and this led to a mental breakdown among the KP population as they witnessed their colleagues die of preventable death. Indeed, healthcare providers were reported to often being hesitant to offer services to key populations due to fears of legal consequences or being labelled as supporters of illegal behaviours. This has created a gap in service provision, particularly in the areas of HIV prevention and care.

**Scarcity of SRH Commodities:** Following the enactment of the AHA, essential healthcare commodities became increasingly scarce. For instance, there are always stockouts on Lubricants and Condoms, further complicating KPs' ability to protect themselves and maintain their health.

### *2.5 KP Health Service Providers in Hoima*

In Hoima, Uganda, health services for Key Populations (KPs) are provided through an array of health facilities and community-based organizations. Some of the notable service providers include **Reproductive Health Uganda (RHU), Baylor Uganda, Meeting Point, HOPLA Network, Hoima Child Rights Network Clubs (HONECRIC), Most at Risk Populations Initiative (MARPI), the District Health Officer (DHO) Clinic, Marie Stopes Uganda, and Hoima Regional Referral Hospital.** These organizations provide vital services such as sexual and reproductive health (SRH), HIV prevention and treatment, family planning, and other medical services tailored for





marginalized groups including KPs like sex workers, people who inject drugs (PWID), and individuals living with HIV.

Despite this array of facilities and organizations, challenges remain regarding accessibility and quality of healthcare services for KPs. For example, some health facilities lack adequate training on KP-sensitive care and exhibit reluctance to offer non-judgmental services to KPs. This leads to delays in seeking care, fear of discrimination, and in some cases, outright denial of services to particular KP seg Transgenders and Female sex workers.

While providers like RHU, Baylor, and Marie Stopes are known for delivering high-quality SRH services, some have limited resources and capacity to handle the specific needs of KPs. This disparity in service delivery impacts the overall experience of KPs, reducing their confidence in the healthcare system

## *2.6 Common illnesses*

Key populations (KPs) face a range of health issues that are often linked to their increased vulnerability, stigma, and limited access to adequate healthcare. Some of the most commonly reported illnesses among KPs include **sexually transmitted infections (STIs)**, **HIV-related conditions**, and complications from **unsafe abortions**. In addition to these, KPs also experience general health concerns, which are frequently exacerbated by the social stigma they encounter when seeking medical help. The fear of being judged or outed often discourages KPs from accessing health services, further worsening their health conditions.

One key challenge highlighted is the **rapid depletion of STI supplies**. Although STIs are prevalent among KPs and there is a high demand for treatment, the supply of medications for these infections is often insufficient. As a result, **STI drugs are consumed very quickly**, leaving many KPs without



access to necessary treatment. This gap in availability creates an urgent, **unmet need for STI medication**, making it difficult for KPs to effectively manage and treat their health conditions. The inadequate supply of these drugs not only worsens the health of individuals but also contributes to the continued spread of STIs within these communities. Moreover, this limited access to healthcare services and the shortage of essential medical supplies such as STI drugs highlight the broader issues of healthcare inequity and systemic barriers that KPs face in their day-to-day lives. The stigma surrounding KPs' identities and lifestyles further complicates their ability to receive timely and appropriate care, leaving them disproportionately affected by preventable and treatable health issues.

**GBV:** There are sex workers who get beaten by their managers and when they report, their cases are ignored. Moreover, some are not paid by their clients, and end up being used without a pay. Some have experienced emotional violence attributed to stigma, and discrimination from the community, for instance one of the TGs in the FGD shared that she has ever been beaten due to her dress code. Unfortunately, such a case is unwelcome at police and therefore, their perpetrators go unpunished.

## *2.7 Access to Services*

### *2.7.1 Current Access to PrEP:*

#### **Awareness**

It is evident that there is some work done around awareness of Pre-Exposure Prophylaxis (PrEP) among KPs by the existing service providers in Hoima. However, awareness is still very low, with limited knowledge about its benefits and availability. There are also a lot of myths and misconceptions around PrEP which hinders its uptake. One of such myths and misconception was that one can lose their mind after taking PrEP.



## **Access and Availability**

PrEP services are not widely accessible due to stigma, the complexity of the healthcare system, and logistical issues. Moreover, the health facilities usually have long queues, making it difficult to wait for such services while everyone around picks on the KPs especially the Trans Genders due to their cross gender looks.

Additionally, distance from health facilities, cost of services, and inconvenient operating hours further impede KP groups from accessing timely care, particularly in rural and remote areas. The services are located in the areas that are very hard for them to come and access the services.

## **Willingness to Take Up PrEP and Barriers to PrEP Access**

- Some key populations (KPs) are interested in taking PrEP but encounter obstacles such as stigma and challenges in accessing the medication consistently.
- Major barriers include stigma from healthcare providers, logistical issues in obtaining the medication, and the burden of daily pill-taking.
- PrEP' s packaging and size are similar to ART medications, which cause concerns about being perceived as on ART and experiencing stigma.
- Some KPs operate in sex work yet they are under drug influence, some clients of sex workers take advantage of such to abuse the service and go beyond their agreement with the sex workers for example sex without a condom.
- PrEP has not been widely promoted or advertised, leading to a lack of awareness.
- Some KPs fear taking PrEP due to concerns about nightmares and the perceived burden of daily pills.



- Side effects reported by some KPs include increased appetite, oversleeping, and dizziness, which eventually lead to discontinuation of the medication.
- Additional barriers include long distances to health facilities complicating access to PrEP and HIV care

### **Facilitators for PrEP Uptake**

- Initiatives such as community-based outreach and support groups have shown promise in improving PrEP uptake among KPs. It was also noted that some facilities are not very far and that there are peers who take PrEP to KPs.
- KPs noted that if the packaging of PrEP is changed to differ from that of ART and the size of the tablet reduced. They can take the medicine without any worry of stigma.

#### *2.7.2 HIV Testing and Care*

##### **Accessibility of HIV Self-Testing and ART**

- Availability of HIV self-testing kits is limited, with few facilities offering them, making it difficult for KPs to test privately. There is a gap in the availability of self-testing kits and other essential health commodities. KPs often report inadequate supplies and long turnaround times for getting services.
- ART is available at certain health facilities, but issues such as stigma and confidentiality concerns affect the willingness of KPs to access these services.



- Many KPs face challenges in accessing HIV care, including discriminatory attitudes from healthcare providers and fear of breaches of confidentiality by the health service providers.
- Misconceptions about HIV transmission and treatment are prevalent, affecting KPs' willingness to engage with health services and seek care.

## **Other Health Services**

### **Cervical Cancer**

- Access to cervical cancer screening and treatment is limited, with few facilities offering these services and significant barriers to accessing them for KPs.

### **Unsafe Abortion**

- Experiences with unsafe abortion are reported among KPs, with limited access to safe post-abortion care (PAC) exacerbating health risks. This was rampant among FSWs who mentioned to be using herbs and other sharp objects. Some mentioned that they access some pills from clinics but they end up doing incomplete abortion due to the wrong administration of the pills.

### **Other commodities**

- STI drugs, Lubricants, and self testing kits are scarce.

## *2.8 Service Delivery Challenges*

### **Hotspot Managers and owners:**





- Managers and owners of hotspots such as bars and lodges frequently discourage or obstruct health service access for KPs, reflecting broader societal stigma and sometimes fearing legal repercussions. One of the reasons that was highlighted to this regard was that people tag those bars to HIV and the customers of the bar think that the service providers are bringing ART to the women there because they are HIV positive and so the managers do not allow such visits by service providers because it stigmatizes their bars for having sex workers who have HIV. This fear for negative customer perceptions exacerbates the stigma around HIV and sex work, creating barriers to essential health services and support. This was attested by many participants and one mentioned that “The managers at hotspots are resistant to allowing us to provide services due to stigma and fear of association with HIV.” - ED Meeting Point
- Addressing this requires targeted efforts to educate hotspot operators, clarify legal protections for health services, and develop trust-building strategies that reduce stigma while facilitating access for KPs.

### **Stigma and discrimination**

- There is significant stigma associated with KPs, particularly MSMs, Trans genders and FSWs. This stigma affects their willingness to access services and results in reluctance from some health facilities to cater to their needs. For instance, some health workers are reluctant to provide services to Trans and MSMs when they get to know about them and some go ahead to disclose the health issues of such KPs which eventually discourages them from using such health facilities. Some health service centers are not comprehensive and as such, they label such centers to the specific health care it provides. For example,



one of the participants narrated that, "*Some KPs fear going to our DiC because they might be labelled as people living with HIV.*" – a health service provider

- Moreso, self-stigma plays a significant role in preventing many key populations (KPs) from standing up for their own needs, which in turn influences their ability to access essential services. This internalized stigma often makes individuals feel unworthy and reluctant to seek support. To address these challenges, it is crucial to focus on capacity-building and skills training for KPs. Although there are peers within their communities who could provide support, only a few are currently stepping forward. By empowering KPs and tackling self-stigma, they can be encouraged to advocate for themselves and their communities, improving overall access to services.
- Service providers for KPs highlighted the challenge and a common misconception that health service providers and outreach programs are endorsing or promoting the behaviours of key populations (KPs) rather than merely offering essential health services. This has resulted into being labelled as promoters of 'KP behaviours' due to the perception that services, such as HIV prevention and treatment, to KPs are an endorsement of their activities. This was emphasised further by one of the service providers that;

"Many people think we are promoting the acts they are doing than seeing that we are providing services. We conduct stakeholder engagements and when we are for outreaches, we ensure to explain that we are not promoting neither are we discouraging the KPs from what they are."

## Privacy Concerns



- Privacy is a major concern for KPs when accessing health services. The general health facilities often lack confidentiality, leading to hesitance among KPs to seek services.

### **Limited Awareness and Access to Services**

- When asked to estimate about the awareness level of PrEP among KPs, respondents including service providers and technocrats, they gave estimates between 5- 30% of awareness levels. This low awareness is compounded by myths about PrEP being similar to ARVs and fears about its side effects. According to the city health officer, "PrEP awareness is very low, estimated at around 5%. The intervention needs more public sensitization and availability." – City Health Officer. Target the sports programs on the Radios ie when they' re broadcasting live, they pass on the prevention message.
- For ART, the level of awareness was indicated to be higher especially among KPs at 70%.

### **Constrained resources**

- The city faces significant budget constraints that limit its ability to provide effective support for key populations (KPs). This financial limitation impacts various services, including those essential for ensuring the privacy and safety of KPs. Creating and maintaining safe spaces where KPs can access support and resources without fear of stigma or discrimination is crucial. However, due to the budgetary restrictions, these needs are often unmet, leaving KPs without the necessary protection and support they require. The city Mayor elaborated *"The city is constrained to support effectively due to*



*budget limitations. Privacy and safe spaces for KPs are crucial but lacking.*" - Hoima City Mayor

### **Attitude of Health Workers and misconceptions**

- One of the key challenges in promoting PrEP is the attitude of health workers and prevalent misconceptions about the medication. Health workers' attitudes can significantly impact how PrEP is perceived and accessed. Additionally, there is a common misconception that PrEP is essentially the same as antiretroviral therapy (ART), which can lead to misunderstandings and reluctance to use it. This quote from the City HIV Focal Person highlights these issues and underscores the need for better education and training for healthcare providers to address these barriers effectively. *"The common barriers to PrEP include the attitude of health workers and the misconception that PrEP is similar to ART."* – City HIV Focal Person

### **PrEP adherence**

- Key populations (KPs) face several significant challenges in accessing and adhering to PrEP. Among these challenges are the burden of taking a daily pill, which can be a substantial inconvenience, and the issue of violence within some married relationships, which can complicate the use of PrEP. Additionally, stigma within the community can further deter KPs from seeking and consistently using PrEP. As one of the health service providers highlighted; *"Pill burden, violence among the marrieds, and stigma in the community are significant challenges for KPs to take PrEP."* - a health service provider

### **Infrastructure and Resource Gaps**



There are few designated safe spaces for KPs. Existing safe spaces are often bars and informal locations, which can be stigmatizing and are not specifically tailored to KPs' needs. It should be noted that although some bars are seemingly safe spaces for KPs to hang around, they are not safe enough for allowing them access health services. It is notably challenging to also designate a space that is not comprehensive like one of the participants noted; *"There is no way you can make a particular hall a safe space because it gets labelled and stigmatized. KPs identify their own safe spaces."* - ED Meeting Point. And another added *"I am not aware of a specific place where KPs feel safe. Privacy is a key consideration, but there is a lack of dedicated safe spaces."* - city Health Officer

### **HIV Testing and Care:**

- There is noted improvement in ART access with more sites available (from two to six), but adherence remains a challenge due to stigma and lack of proper counselling.

### **Other health concerns**

- **Unsafe Abortion** - While post-abortion care is available, there is a lack of comprehensive services to prevent unsafe abortion. Many KPs reported resorting to unsafe methods due to the high costs and lack of accessible services.
- **Cervical Cancer Screening** - Cervical cancer screening is primarily offered to women over 45 and those living with HIV. There is a need for broader access to screening for younger women and those at higher risk.





## **Strategies used so far**

- Peer to peer strategies eg “What has been our strength in delivering these services, in most of the interventions we do, we do it through KPs and we just provide technical support.” – ED KP service provider
- Door to door and outreaches

## *2.9 Asks and Recommendations for Addressing HIV*

### **Broaden Health Services for Key Populations (KPs):**

- There is a critical need to prioritize and expand healthcare services for KPs beyond HIV/AIDS to incorporate other health and socio-economic issues. Partners and stakeholders should focus on integrating a wider range of health and socio-economic services tailored to KP needs to improve overall health and well-being.

### **Increase Access and Availability of Services:**

- Expand the number and accessibility of health services tailored to KPs, including more drop-in centres (DiCs) that provide safe spaces and supportive environments.
- Improve privacy measures in healthcare settings and work with local authorities, community leaders, and hotspot managers to create more welcoming, inclusive environments for KPs.
- Collaborate with clinics offering trans-night services and initiate moonlight services to ensure healthcare access around the clock.



### **Reduce Stigma and Discrimination:**

- Advocate for the repeal/amendment of laws that criminalize KPs, hindering their access to healthcare. Policies should safeguard their rights and ensure access to non-discriminatory care.
- Implement programs like CHLEGs, Outreaches and grassroots advocacy aimed at reducing stigma in both the community and healthcare systems to increase acceptance of KPs.

### **Strengthen Collaboration and Continuity of Care:**

- Foster partnerships between KP-led community-based organizations/groups, other CSOs and formal healthcare providers to ensure continuity of care and establish effective referral systems.
- Collaborate with KPs themselves and their peers, empowering them to build structures and networks to better engage their communities and develop a strong leadership and movement of KPs in Hoima

### **Enhance Education and Awareness Efforts:**

- Conduct targeted community outreach campaigns to raise awareness about PrEP, ART, and other critical health issues like cervical cancer and unsafe abortion. Use social media platforms such as TikTok and Instagram to spread prevention messages especially among young people
- Leverage live sports programs on radio broadcasts to deliver health and prevention messages, reaching broader audiences.

### **Improve Training and Capacity Building:**



- Implement regular capacity-building and refresher training programs for healthcare workers, focusing on the unique health needs of KPs and emphasizing non-discriminatory, client-centred care.
- Educate KPs about available health services, including PEP, PrEP and other prevention tools.

### **Increase PrEP Uptake and Adapt Community Models:**

- To boost PrEP uptake, adopt ART strategies and community-based models like CLADS and CDDP. Trusted peers within the community can also support medication distribution.
- Sensitization efforts through DiCs should continue to increase the acceptance and accessibility of PrEP.

### **Resource Allocation and Support for KPs:**

- Improve resource allocation and provide healthcare providers with the tools and training needed to serve KPs in an inclusive, non-judgmental manner.
- Invest in empowering KPs through proper organizing and advocacy, enabling them to engage effectively with leaders especially through CHLEG structures and peer models.
- Address logistical needs, such as providing KPs with bags to carry medicine, improving their ability to manage treatment effectively.

## *Conclusion*

The baseline mapping exercise in Hoima City and District has provided valuable insights into the health service landscape for key populations (KPs), including female sex workers (FSWs), transgender individuals, men who have



sex with men (MSM), and FSW who use/inject drugs. The findings reveal a complex interplay of challenges and opportunities impacting these groups' access to HIV and sexual and reproductive health (SRH) services. Key challenges identified include significant stigma and discrimination, inadequate safe spaces, judgemental health workers and logistical barriers that hinder effective PrEP uptake, HIV care and general health service access. Despite some positive steps, such as community outreach and peer support, systemic issues like financial constraints and insufficient awareness contribute to ongoing difficulties for KPs.

Addressing these challenges requires a multifaceted approach. Enhancing privacy and safety, increasing the accessibility of services, and improving public and healthcare provider education about PrEP and KPs are critical. Additionally, local authorities and service providers need to collaborate more effectively to reduce stigma, improve resource allocation, and create more supportive environments for KPs. Moving forward, it is essential to implement recommendations that focus on broadening the scope of health services for KPs, leveraging community-based strategies, and advocating for policies that protect their rights and well-being. By addressing these needs comprehensively, Hoima can make strides toward ensuring equitable and effective health care for all its residents.