UGANDA
Mid-term Assessment

Global Fund Breaking Down Barriers Initiative

November 2021

Geneva, Switzerland

DISCLAIMER

Towards the operationalization of Strategic Objective 3(a) of the Global Fund Strategy 2017-2022, this mid-term assessment was commissioned by the Global Fund to Fight AIDS, TB and Malaria and presents the findings of the independent research team that carried out the assessment. The views expressed do not necessarily reflect the views of the Global Fund.

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Breaking Down Barriers Initiative Countries

The following 20 countries are part of the *Breaking Down Barriers* Initiative. As the mid-term assessments take a differentiated approach, they are categorized by assessment type: rapid, program or in-depth. Uganda is a rapid plus assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

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Summary

Introduction

The Global Fund's *Breaking Down Barriers* initiative provides support to countries to scale-up to comprehensive levels programs to remove human rights-related barriers to HIV, tuberculosis (TB) and malaria services so as to increase the effectiveness of Global Fund grants and ensure that health services reach those most affected. The initiative was launched in 2017 in 20 countries and runs for the length of the current Global Fund Strategy which ends 2022. This report presents findings from an assessment conducted at mid-term during this period regarding efforts to scale-up these programs in Uganda. It seeks to: (a) assess Uganda's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV and TB services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

Breaking Down Barriers 'Theory of Change

The theory of change for the *Breaking Down Barriers* initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services* increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions.† This will in turn accelerate country progress towards national, regional, and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

Methods

To assess progress towards comprehensiveness and quality of programming, as well as the impact the *Breaking Down Barriers* initiative has had in Uganda, the mid-term assessment incorporated a mixed-method analysis approach which included a desk review of program documents and remote interviews. While the in-depth and program assessments originally entailed country visits to meet with key informants and conduct site visits, the COVID-19 pandemic forced all assessments to be conducted remotely. Information gathered from the desk review and key informant interviewers was analyzed to produce a numerical scorecard, with a scale focused on measuring geographic scope and population coverage of interventions. Given this focus, the scores are necessarily constrained by the scope of Global Fund support for programs to remove rights-related barriers to access. Where information from other donors was available, this is also taken into account in determining program scores. However, it is likely that the baseline assessment included information to a greater extent and that this reduced comparability of scores at baseline and mid-term

Countries under review for the mid-term assessment have been divided into three tiers reflecting the level of assessment: rapid, program and in-depth assessments. At the request of the Global Fund, the mid-term assessment in Uganda was a "rapid plus" – an enhanced rapid assessment, which included an increased number of key informant interviews and the dissemination of questionnaires to a short list of respondents. It was conducted primarily between August and October 2021. Given the timeline and level of assessment, the Uganda mid-term assessment primarily focused on tracking implementation of the Global Fund investments to remove rights-related barriers in NFM2. Where possible, the mid-term report also captured activities planned for NFM3, though many of those activities had yet to be operationalized at the time of data collection.

Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Progress towards Creating a Supportive Environment to address Human Rights-related Barriers

At mid-term, all the milestones necessary to create a national landscape that could deliver on comprehensive programs to remove human rights-related barriers to HIV, TB and malaria services have been achieved (see Table 1). Developed by a multi-sectoral technical working group, the "Leaving No One Behind: A National Plan for Achieving Equity in Access to HIV, TB and Malaria Services in Uganda (2020-2024)" (National Equity Plan or Equity Plan) was launched on International Human Rights Day (10 December) in 2019. The process for the development of the National Equity Plan was lauded as inclusive – and the Plan itself is widely seen as a welcome document. Nevertheless, significant follow-up work remains – as of October 2021, there has been little operationalization or follow-up on the Equity Plan since the launch[1]. More dissemination, coordination, monitoring and evaluation of the National Plan is needed.

Table 1: Key milestones

Milestone	Results	Date
Matching funds	Uganda received US $4.4 million in matching funds for programs to reduce human rights-related barriers in NFM2 and has fully matched from within allocation, the total investment amounting to 8.78 million. In NFM3, the investment increased to 9.27 million despite the matching funds amount remaining the same.	2018
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted as part of the baseline assessment process	October 2017
	Report finalized	2019

[1] **Global Fund Secretariat Footnote:** Some of the core interventions provided for in the Equity Plan are being funded through the NFM3 Global Fund grants, implemented by MOFPED and TASO. Those grants are in the second year of implementation.

Multi-stakeholder meeting	Multi-stakeholder meeting occurred in July 2019, convened by the Ministry of Health in collaboration with the World Health Organization, UNAIDS and The Global Fund to fight HIV, TB and Malaria – it was attended by 99 participants, including various government ministries, academia, health development partners, CSOs, UN and other international organizations and representatives from the three diseases.	July 2019
Technical working group to develop a comprehensive plan to addressing and removing equity barriers	Ministry of Health convened a multi-sectoral working group to develop a comprehensive plan to removing equity barriers – the working group included various government ministries, members of the CCM, civil society organizations and technical partners.	September – December 2019
National plan to reduce human rights-related barriers	Leaving No One Behind: A National Plan for Achieving Equity in Access to HIV, TB and Malaria Services in Uganda was developed through consultations with various sector representatives and presented for validation from at a MoH convened meeting in November 2019 – it was formally launched on World Human Rights Day (10 December)	December 2019

Scale-up of Programs: Achievements and Gaps

As of the time of the mid-term assessment (September-October 2021), Uganda has made some progress on scaling-up to a comprehensive response for programs to remove human rights-related barriers to access HIV, TB and malaria services (see tables 2 and 3). On HIV, as compared to the 2017 baseline, Uganda has made some improvements in the areas of stigma and discrimination reduction and HIV-related legal services, with stronger results where funding and technical assistance were provided by the Global Fund. While there are many ongoing interventions in all the program areas, they still tend to be small-scale. Limited internal funding for programs may also pose challenges for sustainability and institutionalization of programs to remove rights-related barriers. For TB, as compared to baseline, there has been some progress in addressing human rights-related barriers to TB services, notably in stigma and discrimination reduction. However, key informants reported that there is still minimal recognition of TB as a human rights issue, and that any TB-related rights discussions are often limited exclusively to stigma and discrimination. Regarding malaria, there are promising developments, including a strengthening of community health systems for the malaria response. However, the concept of removing human rights-related barriers to malaria services is still new to stakeholders in the malaria response, so the human rights-related elements of the response are at a nascent stage.

As noted in the methods section, the scorecard is based on geographic and population coverage at national level. The Global Fund supports programs and interventions in certain areas of the country, while PEPFAR, as the other major donor, funds in other areas. The results of the scorecard reflect this reality.

Table 2: Baseline vs. Mid-Term Scores of Program Comprehensiveness for HIV and TB

Program areas	HIV		TB	
	Base line	Mid-Term	Base line	Mid-Term
Stigma and discrimination reduction	3.0	3.6	0.0	2.3
Training for health care providers on human rights and medical ethics	2.0	2.3	0.0	*
Sensitization law-makers and law enforcement agents	2.0	2.3	0.0	1.0
Legal literacy ("know your rights")	2.0	2.3	0.0	1.0
Legal services	2.0	3.0	2.0	2.3
Monitoring and reforming laws, regulations and policies	1.0	1.0	0.0	1.0
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	2.0	0.0	0.0
Ensuring confidentiality and privacy	*N/A*		0.0	1.0
Mobilizing and empowering patient and community groups			0.0	2.0
Programs in prisons and other closed settings			1.0	0.0
Average score	**2.0**	**2.4**	**0.3**	**1.2**

Table 3: Baseline vs. Mid-Term Scores of Program Comprehensiveness for Malaria

Program areas	HIV	
	Base line	Mid-Term
Reducing gender-related discrimination and harmful gender norms	0.0	1.0
Promoting meaningful participation of affected populations	1.0	1.0
Strengthening community systems for participation	1.0	2.0
Malaria programs in prisons and pre-trial detention	*	*
Improving access to services for underserved populations, including for refugees and others affected by emergencies	*	1.0
Average score	**0.7**	**1.3**

Key

0 – no programs present

1 – one-off activities

2 – small scale

3 – operating at subnational level

4 – operating at national level (>50% of geographic coverage)

5 – at scale at national level (>90% geographic coverage + >90% population coverage)

N/A – Not applicable

For detailed scorecard key, see Annex II

Cross-cutting Issues related to Quality Programming and Sustainability

In examining programs, the mid-term assessment reviewed cross-cutting indicators of quality programming‡ and sustainability. The Uganda mid-term assessment examined elements of quality in programs to remove rights-related barriers to access, political will, the impact of COVID-19 and the donor landscape.

Achieveing Quality in Programs to Remove Rights-related Barriers to Access

To achieve quality in programs to remove human rights-related barriers, the Global Fund has suggested integration of human rights interventions into prevention, treatment, and care services. The work of key population-led organizations exemplifies this type of integration, not only providing access to services, but also other support for their communities, such as know your rights" sessions, sensitization with law enforcement, paralegals and psychosocial support. Another element of quality is to combine programs in a strategic manner – while key populations-led organizations do not offer legal aid, there are referral mechanisms to other relevant organizations when such services are needed. Supporting organizations to provide legal services for key and vulnerable populations is a critical complement to the work of community-based organizations.

However, there are several areas that can be strengthened to improve the overall quality of programs to remove human rights-related barriers:

- Avoiding activities without follow-up
- Investing in robust monitoring and evaluation frameworks for interventions to reduce rights-related barriers to access
- Building capacity of organizations on both human rights and gender issues, as well as administrative and financial capacities, especially for smaller community-based organizations
- Allowing for more flexibility in funding, especially for advocacy activities
- Greater coordination of programs to remove rights-related barriers at national-level through the tracking and implementation of the Equity Plan

Political Will

The Ministry of Health (MoH) has shown consistent support for the scale-up of programs to remove human rights-related barriers to access services for the three diseases. The development of the Equity Plan was led and endorsed by the Ministry of Health and during the process to develop the plan the MoH made two public statements condemning violence against key populations. However, the broader political sphere presents an increasingly challenging human rights environment. Punitive laws and policies, coupled with divisive political rhetoric from key political and religious leaders, continue to undermine concrete efforts to reduce human rights related barriers to services, especially for HIV and TB. In addition, despite a shrinking civil society space, organizations active in the HIV response have been able to continue

implementing Global Fund-supported programs to remove rights-related barriers to access. However, these organization expressed concerns that they may be impacted in any future decisions around NGO registration – which could have considerable adverse impacts on BDB initiative's work.

Impact of COVID-19

Restrictions imposed by the COVID-19 lockdowns greatly impacted health services, as well as programs to reduce human rights-related barriers to service access in Uganda. Both government and civil society informants noted that COVID-19 restrictions were barriers for individuals to access health services, including those for HIV, TB and malaria. Not only were individuals hindered in their ability to access services, but the key and vulnerable populations also faced discrimination when trying to access social support and other basics. To the great credit of the service implementers and community organizations, many adapted to the restriction. For example, organizations pivoted to hold trainings online and developed innovative solutions, such as human rights call center where communities could find support during lockdown. Civil society organizations also engaged in outreach within their communities to deliver food, medication and other necessary services. Nevertheless, informants expressed concern about losing the gains in addressing the three diseases, as a result of the lockdown. Moreover, COVID-19 restrictions resulted in a wave of human rights abuses, including towards key and vulnerable populations, including arrests and imprisonment. Gender-based violence, which was already a significant health and human rights concern in Uganda, increased during the pandemic.[§] Furthermore, the prison population significantly increased in the early days of the pandemic,[**] exacerbating overcrowding in prisons, which was already a significant health and human rights concern.

Donor Landscape

Aside from the Global Fund, key informants noted that the following donors also support programs to remove human rights-related barriers to HIV, TB and malaria services: the United States government (US Centers for Disease Control and PEPFAR), Irish AID, , the Elton John Foundation and the Swedish International Development Cooperation Agency (SIDA). Some technical partners also provided project-based funding for interventions to reduce human rights-related barriers to access, including UNAIDS (including for the Global Partnership to Eliminate all Forms of HIV-related Stigma and Discrimination) and UN Women.

Though it is promising to have a range of donors supporting interventions to remove rights-related barriers, increased donor dialogue and coordination could help further enhance complementary support and alignment of funds for scale-up of programs to achieve comprehensiveness, as outlined in the National Health Equity Plan.

Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV, TB and malaria services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities.

Using Legal Services to Protect Key Populations

At mid-term, the assessment documented emerging evidence related to the provision of legal services to protect the rights of key populations, which in turn, contributes to a more enabling environment for effective public health responses. Access to legal services in Uganda has allowed for some progress on challenging issues, such as overly broad HIV criminalization and a repressive social and legal environment for LGBTI individuals.

Within the last two years, two particular cases are illustrative in how litigation is being used as a tool to protect rights within a restrictive legal setting. The first case, Komuhangi Silvia vs Uganda Criminal Appeal No. 0019 of 2019, the Gulu High Court overturned a conviction of HIV transmission, explicitly outlining the requirements for a guilty verdict in HIV criminalization cases. These requirements are: 1) that the accused was living with HIV; 2) that the accused had an infectious viral load; 3) that the behaviour or activity of the accused posed a real risk that for HIV transmission, based on scientific and medical evidence and risk of exposure. This case is a step towards restricting overly broad HIV criminalization and paving way for criminalization solely of intentional transmission. The second case, Human Rights Awareness and Promotion Forum Vs Attorney General and Commissioner General of Prisons, Miscellaneous Application No.81 of 2020, the High Court of Uganda declared denial of access to lawyers by 19 LGBT youth as a violation of the right to a fair hearing and the right to liberty, which must be upheld even in the midst of the COVID-19 pandemic. This case stemmed out of the beginning of the COVID-19 lockdown in March 2020, when police arrested the 19 LGBTI individuals in a shelter providing services to the LGBTI community, charging them with engaging in “a negligent act likely to spread infection of disease.”†† The judgment was key to developing jurisprudence on protection of rights related to due process and the improving the general legal environment for HIV services.

Conclusion

Uganda has been able to make limited progress on scaling-up comprehensive programs to remove human rights-related barriers to access. While implementers in Uganda have been able to carry-out assigned activities aimed towards removing human rights-related barriers to access, which is especially laudable given the challenging circumstances (including a restrictive legal environment and COVID-19), the interventions remain ad hoc and small-scale, with limited ways forward to make effective activities sustainable. Continued support to reducing stigma and discrimination in service provision for key populations, as well as increasing legal support and advocacy work of civil society and key populations-led organizations, are critical to removing barriers to service access. Multi-sectoral, national-level coordination, implementation and tracking of the National Health Equity Plan is another key component to facilitating scale-up of comprehensive programs to remove rights-related barriers.

Key Recommendations (see Report Annex for a full set of recommendations)

Creating a Supportive Environment

- Enhance the dissemination of the National Equity Plan by undertaking a range of activities to reach all districts health services within Uganda.
- Develop a process for regular, consultative meetings of the Steering Committee of the National Health Equity Plan that provides leadership, mobilizes commitment and ensure accountability across the stakeholders in HIV, TB and malaria. This includes ensuring a robust monitoring and evaluation system to track the implementation of the Plan's various activities, as well as overall progress to reduce human rights and equity barriers in Uganda.
- Ensure that the Equity Plan's Steering Committee is representative of a broad range of key stakeholders across the three diseases, including government, civil society (encompassing community representatives), technical partners and funders.
- Under the mandate of the Steering Committee, develop a comprehensive resource mobilization strategy to enhance fundraising efforts towards the full implementation of the National Equity Plan, beyond Global Fund support alone.

Programmatic Scale-up

For HIV & TB:

- Continue to support the MARPI clinics across the country, ensure safety and security of key populations programs implementers and clients, as well as increase funding support to key population-led organizations to engage in stigma and discrimination reduction activities to support the needs of their communities.
- Follow-up on the recommendations of the 2019 Stigma Index, as well as support the implementation of subsequent Stigma Index studies (including the implementation of the study in 2022), to monitor progress on reducing HIV- and key population-related stigma and discrimination.
- Continue to support health care worker training on human rights and medical ethics to be mainstreamed through government-supported trainings – such trainings should also include follow-up activities, as well as robust monitoring and evaluation systems. These trainings should be available for medical professionals and also administrative staff. Support civil society to lead a major advocacy campaign involving identifying and engaging key parliamentarians who can lead reform efforts with expertise and political clout, coupled with national media campaigns and public messaging regarding the evidence of negative impacts of HIV criminalization and mandatory testing.
- Increase support for legal literacy campaigns within each district to reach national coverage, with the involvement of district governments and community-centered or key populations-led organizations.
- Increase funding to health- and HIV-related legal aid organizations and scale-up the provision of services to key and vulnerable populations country-wide, including outside central towns and urban and peri-urban areas.
- Expand training and remuneration of peer paralegals to provide legal advice and mobilization specific to the needs of key and vulnerable populations.
- Provide funding to sensitize parliamentarians about the societal enabler targets and importance of an enabling environment, including about discriminatory implications of the pending Sexual Offenses Act (2021). Develop amendments to mitigate the harmful effects of the law, if it comes into force.
- Increase the capacity of civil society organizations, including key population-led organizations, to engage in advocacy to reform and remove laws and policies that act as barriers to health services, including the HIV and AIDS Prevention and Control Act (2014).

- Continue to support youth-led, women-led and key population-led organizations and networks to engage with their communities to identify needs and organize to advocate for rights-based services and policies.
- Increase support for interventions to reduce discrimination on the basis of sexual orientation and gender identity.
- Support the formation of networks of people affected by TB and civil society organizations that support them to advocate for human rights-related to TB, including those impacting people with, and survivors of, TB and their rights in the workplace.
- Support effective advocacy, communication, and social mobilization to improve engagement of communities, including former TB patients, to improve case finding, monitor quality of TB health care and combat stigma and discrimination in communities and health care settings.
- Support civil society organizations to advocate for access to HIV and TB services in prisons and other closed settings, as well as provide legal aid & prisoners' rights trainings.
- Ensure the ODPP pilot to train peer educators and prison staff on HIV, TB, disease-related stigma, and prisoners' rights is not only implemented, but also monitored and evaluated. If effective, the trainings should be scaled-up.

For Malaria:

- Conduct operational research to explore gender and health dynamics, including those related to malaria, and develop a gender analysis framework. The malaria matchbox (or elements of it) may be used.
- Advocate to strengthen the village health teams system through trainings and supportive supervisions and provide funds for facilitation and village level activities, including on promotion of access to non-discriminatory care, patients' rights, rights/legal literacy.
- Advocate to strengthen the capacity on human rights and gender-related aspects of malaria prevention and control of health unit management committees and local CBOs and facilitate them to hold community-level dialogues.
- Support assessments for access to malaria and other health services in refugee settlements to better understand key areas for improvement to remove existing human rights-related barriers to access services.

Programmatic Quality and Sustainability

- Avoid one-off activities and activities with no follow-up and no monitoring and evaluation systems. Trainings and any activities related to capacity building should have follow-up funding, as well as M&E components (such as pre- and post-training assessments). The production of guidelines and training materials should also have support for their dissemination and operationalization.
- Activities should include rigorous monitoring and evaluation systems – while output level indicators may be used to track progress, contextualization of the completed activities at the outcome and impact level are needed. Activities should only be scaled-up once it has been evaluated to demonstrate contribution towards impact.
- Increase funding to community- and key populations-led organizations, which should include support to build the necessary administrative and financial infrastructure to comply with donor funding and reporting requirements.
- Increase efforts to sensitize government institutions, health care providers and civil society on the intersections between the three diseases and human rights, with an emphasis on TB and malaria.
- Support the operationalization of the National Health Equity Plan, including technical and donor coordination meetings to ensure that activities in the plan are funded and implemented at scale.
- Increase coordination with donors to ensure support for programs that reach key populations and remove human rights barriers.

Introduction

In 2017, the Global Fund to Fight AIDS, TB and Malaria (Global Fund) launched the *Breaking Down Barriers* (BDB) initiative to help 20 countries, including Uganda, to comprehensively address human rights-related barriers to services for HIV, TB and, where applicable, malaria. This report presents the findings of the mid-term assessment conducted in Uganda from August to October 2021 to: (a) assess Uganda's progress towards creating a supportive environment and putting in place comprehensive, quality programming to remove human rights-related barriers to HIV, TB and malaria services; (b) describe emerging evidence of impact; and (c) inform future efforts and investment towards this objective.

The theory of change for the Breaking Down Barriers initiative is based on evidence from the HIV and TB epidemics that human rights-related barriers to health services increase vulnerability to infection and negatively affect access to, uptake of and retention in HIV and TB services, particularly for certain key and vulnerable populations. To effectively reduce these barriers, countries should implement – at appropriate scale and with high quality – a set of internationally-recognized, evidence-based, human rights and gender-related interventions (see Text Box 1). This will in turn accelerate country progress towards national, regional and global HIV and TB targets. Efforts to remove rights-related barriers will also protect and enhance Global Fund investments and will strengthen health and community systems.

The initiative seeks to operationalize Strategic Objective 3 in the 2017-2022 Strategy of the Global Fund to *"*introduce and scale up programs that remove human rights barriers to accessing HIV, TB and malaria services", ‡‡ and Global Fund Key Performance Indicator 9 that measures the extent to which comprehensive programs are established to remove human rights-related barriers to access in 20 priority countries.

"Comprehensive" programs are programs that: (a) comprise a set of activities that are internationally recognized as effective in reducing human rights-related barriers to health (see Text Box 1); (b) are accessible or serve the majority of the estimated numbers of key and vulnerable populations affected by such barriers; and (c) are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce human rights-related barriers to services (a sustained, mutually-reinforcing, broadly protective package at scale).§§

Text Box 1: Key Program Areas to Remove Human Rights-related Barriers toServices[***]

For HIV and TB:

- Stigma and discrimination reduction;
- Training for health care providers on human rights and medical ethics;
- Sensitization of lawmakers and law enforcement agents;
- Legal literacy ("know your rights");
- Legal services;
- Monitoring and reforming laws, regulations and policies relating to the 3 diseases; and
- Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity.

Additional programs for TB:

- Mobilizing and empowering patient and community groups;
- Ensuring privacy and confidentiality;
- Interventions in prisons and other closed settings; and
- Reducing gender-related barriers to TB services (TB).

For Malaria:

- Reducing gender-related barriers and harmful gender norms;
- Promoting meaningful participation of affected populations;
- Strengthening community systems for participation in malaria programs;
- Malaria programs in prisons and pre-trial detention; and
- Improving access to services for underserved populations, including for refugees and others affected by emergencies.

According to the *Breaking Down Barriers* initiative's theory of change, a supportive environment, which includes achieving key milestones support by the Global Fund, will greatly assist countries to successfully scale-up programs to remove rights-related barriers. These milestones include: (a) getting sufficient data on the barriers, populations affected and existing programs (through a baseline assessment); (b) getting increased funding to scale-up (through applying for and receiving so-called "matching funds"), (c) getting country engagement and ownership (through a multi-stakeholder meeting to review the baseline assessment and other sources) and (d) getting consensus and buy-in on the way forward (through the establishment of a technical working group on human rights and the development of a national multi-year plan to remove human rights-related barriers to services through comprehensive programs).

In August 2021, the Global Fund supported an in-depth mid-term assessment examining Uganda's progress towards putting in place comprehensive, quality programs to remove human rights-related barriers to HIV, TB and malaria services, as measured against the baseline assessment and through achievement of the milestones.

Methods

The mid-term assessments take a differentiated approach, categorizing the 20 countries into three tiers: rapid, program and in-depth assessments. All approaches include a desk review of relevant documents. At the request of the Global Fund, Uganda was categorized as a "rapid plus" assessment. The categorization of "rapid plus" meant that, in addition to a desk review,

the Uganda assessment would have 10-12 remote key informant interviews, as well as the completion of questionnaires for key stakeholders. Information from key informant interviews and the questionnaires were analyzed using qualitative, quantitative, and semi-quantitative methods centered around the question of the comprehensiveness of programs. Researchers produced a numerical scorecard, using a scale focused on measuring geographic scope and population coverage of interventions, to provide a comparison with baseline. Given the framing of the scorecard, the scores are constrained by the scope of Global Fund support for programs to remove rights-related barriers to access.

The Uganda mid-term "rapid plus" assessment was conducted between August and October 2021 (Table 1). More information on the assessment's methods, including a list of key informants and more in-depth explanation of the country scorecard, are provided in Annex II.

Limitations

During the mid-term assessment, the evaluation team sought diverse perspectives from a wide range of key informants. Uganda features a great number of actors operating in the field of HIV, TB and malaria, posing challenges to comprehensively mapping programs to remove human rights-related barriers to HIV, TB and malaria services, especially for a "rapid plus" assessment. Nonetheless, by carefully selecting and interviewing a diverse set of key stakeholders, as well as the distribution of questionnaire to a set of strategically selected respondents, the research team has tried to overcome these limitations as much as possible and hopes that the information contained in this report provides a snapshot and basis for further development of programs seeking to remove human rights-related barriers to HIV, TB and malaria services. The rapid nature of the "rapid plus" also confined researchers to focus on programs supported by the Global Fund's investments to remove rights-related barriers to access HIV, TB and malaria services within the New Funding Model 2 (NFM2). Where it was possible to take into account developments or continuation of activities for NFM3, the assessment did so. Moreover, while the assessment recognizes some contributions and activities supported by other funders, the full depth and scope of other funders was outside of the scope of this evaluation.

At the time of the mid-term assessment, the COVID-19 epidemic was continuing to seriously impact the implementation of programs to remove human rights-related barriers to services. To the extent possible, the mid-term assessment adapted to the new country realities and documented programmatic impact.

Table 1: Uganda Mid-Term Assessment Timeline

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Nina Sun Joe Amon Florence Obua	August - September 2021
12 key informant interviews conducted remotely with 29 people	Nina Sun Joe Amon Florence Obua	September - October 2021
Follow-up with relevant key informants	Nina Sun Joe Amon Florence Obua	August - October 2021

Part I. Background and Country Context

Epidemiologic Context

HIV
According to UNAIDS, in 2020 there were an estimated 1.4 million [range of 1.3 – 1.6 million] adults and children are living with HIV in Uganda. In the same year, there were approximately 38,000 new cases of HIV [31,000 – 38,000], and 22,000 estimated AIDS-related deaths [20,000 – 27,000]. Among those living with HIV, 1.3 million (91% [86 - 98]) know their status and a similar number are also on antiretroviral treatment. Slightly fewer, 1.2 million (>80% [76 – 90]), have achieved viral suppression.

However, these high figures mask inequities. Women are disproportionately impacted by the HIV epidemic, with a prevalence of 6.8% [6.3 – 7.4], as compared to 3.9% [3.3 – 4.2] for men. This pattern is mirrored in the prevalence for young women vs. young men (2.6% [1.4 – 3.7] vs. 1.1% [0.7 – 1.4], respectively). Key populations are also disproportionately impacted by the HIV epidemic, including sex workers (with a prevalence of 31%), men who have sex with men (13%), people who inject drugs (17%) and prisoners (4%).[†††] Transgender women have also been identified as experiencing high rates of HIV and violence.[‡‡‡] HIV prevalence tends to be higher in urban areas than rural settings.[§§§]

TB
In 2019, 88,000 people developed tuberculosis (TB), with an estimated total TB incidence of 200 cases per 100,000 population. Drug resistant TB (MDR/RR) incidence was 3.4 cases/100,000. The treatment success rate for new and relapse cases registered in 2018 was 74%, with TB treatment coverage at 75%. Uganda is one of the 30 highest burden countries for TB/HIV co-infection, with such cases account for 40% of total cases, however among the approximately 15,600 deaths due to TB, 54% were among people living with HIV.[****]

Malaria
Uganda is also a high burden country for malaria – it is one of five countries that accounts for 51% of all cases globally.[††††] Malaria is endemic in approximately 95% of the country, with the rest of the country experiencing low and unstable transmission with the potential for epidemics. The disease accounts for 30-50% of outpatient visits and 15-20% of hospital admissions annually. People living in poverty, women and refugees are disproportionately impacted by malaria.[‡‡‡‡]

Legal and Policy Context

Uganda's HIV response is guided by the *National HIV and AIDS Strategic Plan (2020-2025)* (HIV NSP). The HIV NSP aims to mainstream human rights and gender considerations throughout its four pillars: 1) Prevention, (2) Care and Treatment, (3) Social Support and Protection, and (4) Systems Strengthening. The pillar on social support and protection, in

particular, includes a focus on increasing knowledge on laws and human rights and increasing community responses to address human rights violations and gender-based violence. The HIV NSP also foresees improved financing for priority interventions, including activities related to human rights and gender.§§§§

Uganda's national plans for TB and malaria also incorporate some human rights-related elements. The *National Strategic Plan for Tuberculosis and Leprosy Control (2020-2025)* (NSP-TLC) includes as one of its six objectives human rights and gender considerations, mainly around the objective of reducing stigma and discrimination among people with TB.***** Specific interventions include the training of health care workers on TB and TB-related stigma and discrimination, as well as the development of TB workplace policies and activities within the criminal justice system on TB control. The *Uganda Malaria Reduction Strategic Plan (2014-2020)* (UMRSP) includes key principles of equity, equality and non-discrimination, as well as the key components of the right to health: availability, accessibility, acceptability and quality. The plan notes that the malaria response is also meant to be human rights and gender sensitive.†††††

Despite progressive language in the national strategic plans for HIV, TB and malaria, as well as the fact that Uganda is signatory to several international and regional human rights instruments, the broader legal environment in the country presents several challenges to health and human rights. The country has punitive laws and policies that act as barriers to rights-based responses to health (for in-depth analysis of relevant laws, please see section below on "HIV program area: Monitoring and Reforming Law" and "Cross-cutting Issues").

Other Key Considerations for the HIV and TB Responses

Uganda continues to experience significant internal political tensions and serious threats to civic activism for human rights. Activism for improvements to the protection of human rights generally remains extremely difficult, both in law and in practice.

COVID-19

Uganda had its first confirmed case of COVID-19 in March 2020, with a national curfew and other lockdown restrictions announced in the same month.‡‡‡‡‡ The first lockdown lasted until June 2020. Restrictions, at times, included bans on all public gatherings and requiring official permission for the use of all private and public transport.§§§§§ Uganda's approach to controlling the spread of the COVID-19 pandemic rendered access to basic health and legal services throughout the country extremely difficult. The lockdown also heightened discrimination against key populations. Another national lockdown was instituted in June 2021, ending in July 2021 (for more information on the impact of the COVID-19 pandemic, see "COVID-19 Response" in "Cross-cutting Issues" section below).

Part II: Progress towards Comprehensive Programming

The *Breaking Down Barriers* initiative's efforts to achieve comprehensive and quality programming includes: (1) creating a supportive environment to address human rights-related barriers; (2) facilitating programmatic scale-up; and (3) supporting momentum towards quality programming and sustainability.

Creating a Supportive Environment to address Human Rights-related Barriers

The *Breaking Down Barriers* initiative sought to create a supportive environment for addressing human rights-related barriers in Uganda through a number of foundational steps to develop an understanding of key barriers and facilitate engagement and coordination among stakeholders (see table 2). These steps included applying for matching funds to increase funding for programs to remove human rights-related barriers to services; the conduct of a baseline assessment to identify barriers, populations affected, existing programs and a comprehensive response; a multi-stakeholder meeting to review the findings of the baseline assessment; the development of a working group to craft a national equity plan addressing HIV, TB and malaria, and the development of a national plan to remove human rights-related barriers. Together, these steps were intended to help build an effective and sustainable rights-oriented response and facilitate the removal of barriers to access to prevention, treatment, and care for a diverse range of key and vulnerable populations affected by one or more the three diseases or related health challenges.

Table 2 – Key milestones

Milestone	Results	Date
Matching funds	Uganda received US $4.4 million in matching funds for programs to reduce human rights-related barriers in NFM2 and has fully matched from within allocation, the total investment amounting to 8.78 million. In NFM3, the investment increased to 9.27 million despite the matching funds amount remaining the same.	2018
Baseline assessment	Literature review, country visit, key informant interviews and focus groups conducted as part of the baseline assessment process	October 2017
	Report finalized	2019
Multi-stakeholder meeting	Multi-stakeholder meeting occurred in July 2019, convened by the Ministry of Health in collaboration with the World Health Organization, UNAIDS and The Global Fund to fight HIV, TB and Malaria – it was attended by 99 participants, including various government ministries, academia, health development partners, CSOs, UN and other international organizations and representatives from the three diseases.	July 2019
Technical working group to develop a comprehensi	Ministry of Health convened a multi-sectoral working group to develop a comprehensive plan to removing equity barriers – the working group included various government ministries, members of the CCM, civil society organizations and technical partners.	September – December 2019

ve plan to addressing and removing equity barriers		
National plan to reduce human rights-related barriers	Leaving No One Behind: A National Plan for Achieving Equity in Access to HIV, TB and Malaria Services in Uganda was developed through consultations with various sector representatives and presented for validation from at a MoH convened meeting in November 2019 – it was formally launched on World Human Rights Day (10 December)	December 2019

Baseline Assessment *(2017-2019)*

In October 2017, a baseline assessment was conducted to identify the key human rights-related barriers to HIV, TB and malaria services in Uganda; describe existing programs to reduce such barriers and identify gaps, challenges and good practices; indicate what comprehensive programs would comprise of in terms of the types of programs, their coverage and costs; and identify the opportunities to bring these to scale. The assessment involved a desk review, focus group discussions and key informant interviews with multi-sectoral partners, including representatives from key or vulnerable populations, and financial data collection via interviews, surveys, and secondary data analysis. Most respondents noted that the baseline assessment process was largely inclusive, involving a wide range of stakeholders including officials from relevant government institutions, including the Ministry of Health, civil society and development partners. Some informants noted that process was led by a research team with expertise and enabled the Minister of Health to ascertain the human rights related barriers to access and utilization of Global Fund supported health services, as well as who was most affected by such barriers.

Matching Funds *(2018)*

Uganda applied for, and received, US $4.4 million in matching funds for programs to remove human rights-related barriers to access services. Within the matching funds, the country raised eight priority areas, namely: stigma and discrimination reduction; legal literacy; training of health care workers on human rights and medical ethics; legal services; improving laws, regulations and policies; reducing gender discrimination, harmful gender norms and violence against women and girls in all their diversity; sensitization of law-makers and law enforcement; and other interventions to reduce human rights-related barriers to HIV services. Note that the matching funds primarily focused on programs to reduce rights-related barriers to access HIV services, with a smaller emphasis on supporting services for TB/HIV co-infection. There was no specific funding for programs to remove rights-related barriers to malaria. The matching funds were approved in 2018. The original timeline of the grant was supposed to run from 1 January 2018 through 31 December 2020. According to the Global Fund Country Team, the first disbursements were made in January 2018, which included support for activities to reduce rights-related barriers to access. However, programs to reduce rights-related barriers did not

begin implementation until July 2019 (for more information on these delays, please see section below on “Cross-cutting Issues”).

Multi-Stakeholder Meeting *(2019)*

On 23 July 2019, the Ministry of Health, in conjunction with the Global Fund, UNAIDS and WHO, convened a multi-stakeholder dialogue on rights-related barriers to HIV, TB and malaria services. The objectives of the meeting were to validate the findings of the baseline assessment, discuss how the assessment’s recommendations could be integrated into Global Fund grants and start the process for the development of a national-level, comprehensive response to removing human rights-related barriers for the three diseases. 99 participants attended the meeting, representing a wide range of stakeholders, including relevant government ministries (e.g., Ministry of Finance, Planning and Economic Development, Ministry of Health, Uganda AIDS Commission, Ministry of Gender, Labour and Social Development, Equal Opportunities Commission, Office of the Prime Minister, Ministry of Justice and Constitutional Affairs, etc.), academia, international organizations (e.g., UNAIDS, WHO, UNFPA, UN Women, OHCHR, etc.), development partners (including PEPFAR, UK Aid, Embassy of Ireland) and civil society organizations and networks of people affected by HIV, TB and malaria (e.g., CEHURD, UGANET, HRAPF, TASO, NAFOPHANU, ICWEA, SMUG, Malaria Consortium, LAPSNET, etc.). After discussions and groups work, participants unanimously validated the findings and recommendations of the baseline assessment, as well as that some of the conclusions from the meeting should be fed into the process of developing a national-level, comprehensive response to addressing rights-related barriers to access services for the three diseases.

Technical Working Group *(2019)*

Upon agreement from the multi-stakeholder meeting, a multi-sector, technical working group was formed under the leadership of the Ministry of Health and co-chaired by the Office of the Director of Public Prosecutions. Members of the working group included government ministries that have a mandate or direct bearing on human rights, gender and health (including the Ministry of Health, the Uganda Human Rights Commission, Uganda Police Force, Ministry of Justice and Constitutional Affairs, Ministry of Gender, Labour and Social Development), members of the CCM, civil society organizations (including UGANET, ICWEA, HRAPF, SMUG, MACIS) and technical partners such as UNAIDS, OHCHR and Stop TB. The working group was tasked with developing the national plan, operated from September – December 2019, and was disbanded after the plan was launched in December 2019. In December 2020, nine members from the disbanded Technical Working Group formed into an ad-hoc working group to take forward the discourse on leadership and accountability for the Equity Plan. The group decided that the follow-up to the Equity Plan would be housed at Uganda AIDS Commission given its multi-sectoral mandate, with UAC and MoH as chair and co-chair respectively. The mandate of this new working group, called the Steering Committee, would be to monitor and track progress on the priorities and activities outlined in the national plan.

National Plan *(2019)*

The comprehensive plan developed by the technical working group, launched on International Human Rights Day (10 December), is entitled, "*Leaving No One Behind: A National Plan for Achieving Equity in Access to HIV, TB and Malaria Services in Uganda (2020-2024)*" (National Equity Plan or Equity Plan). This is the first plan to address the three diseases of HIV, TB and malaria. The plan contains nine result areas (see table 3). Under each result area, there are numerous activities identified, tied to specific populations, lead institutions, indicators and expected results.

Table 3. Results Areas from National Equity Plan

Goal	An HIV, TB, and malaria-free Uganda through protecting human rights, achieving gender equality, and improving health equity for all Ugandans in all their diversity
Result Area 1	There is zero stigma, discrimination, and violence in the context of HIV, TB and malaria.
Result Area 2	Health care services are non -discriminatory and respect, protect and promote the health and safety of all patients and staff.
Result Area 3	Law makers and law enforcement agents understand and fulfil their role to respect, protect and promote human rights and health.
Result Area 4	Individuals and communities are knowledgeable about and can secure their rights and responsibilities for health.
Result Area 5	Legal information and services are available and responsive to individuals and groups who seek redress.
Result Area 6	Laws, regulations and policies promote and protect health equity.
Result Area 7	Gender-related health inequities in HIV, TB and malaria services are resolved, particularly gender-based stigma, discrimination, and violence.
Result Area 8	Equity barriers for specific key and vulnerable populations in the context of HIV, TB and malaria are addressed and reduced.
Result Area 9	The public health response to removing equity barriers is comprehensive, sustainable, and well-coordinated.

Mid-term assessment informants found the process of developing the National Equity Plan to be highly participatory and largely inclusive of key stakeholders, and noted the presence of key populations, civil society organizations, development partners and government officials. The inclusivity, one informant felt, prompted a sense of ownership of the plan by both government and other stakeholders. The process of developing the Equity Plan was an opportunity to improve the participants' knowledge of human rights and the importance of ensuring equity in access to health services. One respondent also noted that the impact of the process for developing the Plan informed the specific awards for the NFM3. Moreover, a concrete success can be found in the cross-referencing of the National Equity Plan in the National Strategic Plans for HIV and TB.******

While the process for the development of the National Equity Plan was lauded as inclusive – and the Plan itself is widely seen as a welcome document, as of October 2021, there has been limited follow-up. Though it is significant that the Global Fund is supporting some Equity Plan interventions under the human rights module in NFM3, at the time of the mid-term, other

activities and monitoring for the Plan were still in process[2]. This limited follow-up stemmed, in part, from lack of resources to support this work (in terms of supporting the continuation of the working group post-launch in NFM2) and competing priorities, such as the drafting of the Global Fund NFM3 grants and the COVID-19 response. In terms of oversight and monitoring, the Equity Plan is meant to have a technical working group to oversee and monitor progress in implementation. It is envisioned that this working group be "jointly comprised of and led by representatives from the Government of Uganda (Ministry of Health; Office of the Director of Public Prosecutions; Ministry of Gender, Labour and Social Development; and Uganda AIDS Commission); national human rights entities, including the Uganda Human Rights Commission; and representatives from civil society, particularly representatives from people living with or affected by one or more of the three diseases."†††††† The working group, now referred to as the plan's Steering Committee, is also mandated to work on resource mobilization for activities within the Plan. As of September 2021, the mid-term assessment team was told that there are plans for the Uganda AIDS Commission, as a multi-sectoral entity, to house the Equity Plan's Steering Committee – and that the committee was in the process of being constituted. Various stakeholders noted that the oversight of the Steering Committee will be critical to the implementation of the National Equity Plan.

Recommendations

- Enhance the dissemination of the National Equity Plan by undertaking a range of activities to reach all districts health services within Uganda.
- Ensure that there are resources available for the Steering Committee secretariat within the Uganda AIDS Commission to convene regular Committee meetings and to support the Committee and the related monitoring and oversight functions for the Equity3.
- Develop a process for regular, consultative meetings of the Steering Committee that provides leadership, mobilizes commitment, oversees implementation, and ensures accountability across the stakeholders in HIV, TB and malaria. This includes ensuring a robust monitoring and evaluation system to track the implementation of the Plan's various activities, as well as overall progress to reduce human rights and equity barriers in Uganda.
- Ensure that the Equity Plan's Steering Committee is representative of a broad range of key stakeholders across the three diseases, including government, civil society (encompassing community representatives), technical partners and funders.
- Under the mandate of the Steering Committee, develop a comprehensive resource mobilization strategy to enhance fundraising efforts towards the full implementation of the National Equity Plan, beyond Global Fund support alone.

[2] **Global Fund Secretariat Footnote**: Following the launch of the Equity plan, an Ad-hoc Working Group was convened in 2020 to review different options for shared leadership from the different sectors and stakeholders involved in the implementation of the Plan. The Working Group recommended that the coordination secretariat should be the Uganda AIDS Commission (UAC), given its expertise in multi-sectoral coordination. The National steering committee for coordination of the multi-sectoral and multi-partner efforts for breaking barriers and Achieving Equity in Access to HIV, TB and Malaria Services in Uganda was formally convened and has had its inaugural meeting in December 2021.

[3] **Global Fund Secretariat Footnote:** Two positions are under recruitment at the time of publishing the report: a National Coordinator for the HIV/TB/malaria Equity Response under UAC, to coordinate the Equity Committee, and a human rights focal point in the grants management unit of the civil society PR, TASO.

Scale-Up of Programming: Achievements and Gaps

This section reports the findings of the mid-term assessment with regard to the scale up towards "comprehensiveness" of programs to remove human rights-related barriers to HIV, TB and malaria services. It uses a scorecard system providing scores from 0 to 5. The full scorecard can be found in the Summary above (see also Annex II for an explanation of the methodology used for the scorecard calculations).

In addition, it also looks at certain elements of quality of programs, such as whether individual programs are gender-responsive, integrated into prevention or treatment programs where that makes sense, or combined strategically for maximum impact. Other over-arching elements of quality of programming on HIV and TB overall are discussed in the section below on "Ensuring Quality Programming".

Programs to Remove Human Rights-related Barriers to HIV

Uganda has activities for all seven program areas to remove human rights-related barriers to access HIV services. As compared to the 2017 baseline, Uganda has made some limited improvements in the areas of stigma and discrimination reduction and HIV-related legal services. While there are many ongoing interventions throughout the program areas – of which several show promising results, they still tend to be small-scale.

HIV Program Area	Score	
	Baseline	Mid-term
Stigma and Discrimination Reduction	3.0	3.6

Despite high reported rates of HIV testing, treatment and viral suppression, HIV-related stigma and discrimination remains a serious issue in Uganda.‡‡‡‡‡‡ At baseline, while there were many activities to reduce HIV-related stigma and discrimination, most seem to have been time-bound and/or limited in geographic scope. At mid-term, the support from the Global Fund has allowed many of these critical programs to continue and allowed the country to take up many of the baseline assessment recommendations.

One key development in the process of working towards comprehensive programming was the finalization of Uganda's national anti-stigma and discrimination guidelines. Led by a multi-sectoral technical working group facilitated by the Uganda AIDS Commission and National Forum of Network of Persons Living with HIV (NAFOPHANU), the country developed the National Policy Guidelines on Ending HIV Stigma and Discrimination, which were launched in October 2021.§§§§§§ The policy document addresses six thematic areas: (1) HIV testing, disclosure and rights to privacy and confidentiality; (2) rights and access to care and treatment to sexual and reproductive health services; (3) rights and access to work by PLHIV; (4) rights of children living with or affected by HIV; (5) Social and economic rights of PLHIV; and (6) rights and access to justice and care for PLHIV, including those in prisons.******* At the time of the mid-term assessment, the guidelines had yet to be operationalized. Moving forward, this should be a priority activity within this program area. In alignment with these guidelines, Uganda has also joined the Global Partnership to Eliminate all Forms of HIV-related Stigma and Discrimination,

which means it has committed to addressing stigma and discrimination in six settings (health care; education; workplace; legal and justice system; individuals, households and communities; and emergency and humanitarian) for the next five years.†††††††

The support of the Global Fund also has facilitated the implementation of mass media campaigns to reduce HIV-related stigma and discrimination. Working closely with the Ministry of Health, the Uganda AIDS Commission developed and standardized messages for stigma and discrimination reduction for PLHIV, as well as for health care workers to address stigma and discrimination. These messages were also developed for religious communities and cultural leaders. Using these messages, the government conducted a media campaign that covered the entire country, which included reaching communities in their local languages. Moreover, civil society has been active on reducing stigma and discrimination – Uganda Network on Law Ethics and HIV/AIDS (UGANET) produced and aired weekly messages on national TV channels against discrimination for HIV, TB, as well as on links between gender-based violence and HIV. They also carried out print media campaigns on stigma and discrimination at national level (for more activities to reduce HIV-related stigma and discrimination, see table 4).

Table 4 - Examples of current interventions aimed at reducing stigma and discrimination

Description of Activities	Organizations	Location/Reach
Standardization of HIV/TB anti-stigma and discrimination media messages (for television, radio, print media and social media)	Ministry of Health, Uganda AIDS Commission	Nationwide – according to MoH, reaching >50% of target audience
Engagement of religious and cultural leaders for stigma and discrimination reduction for people living with HIV and TB, as well as key populations	Ministry of Health, Uganda AIDS Commission	Nationwide – according to MoH, > reaching >50% of target audience
Produced and aired messages on national TV channels to increase attention to nondiscrimination of people living with HIV and TB and other messages on gender-based violence illustrating the link to HIV.	UGANET	Nationwide
Held workshops to develop non-discrimination messaging. Journalists were engaged to investigate stories of HIV and TB stigma and discrimination and documentaries were developed.	UGANET	Nationwide
Carried out a print media campaign against stigma and discrimination at the national level and aired weekly nondiscrimination messaging online and via print and broadcast media.	UGANET	Nationwide
Employed annual score card for health care workers and KPs and vulnerable groups	ICWEA	In 56 districts -- Tororo, Mbale, Bukwo, Kamuli, Buyende, Luuka, Kaliro, Jinja, Iganga, Bugiri, Namutumba, Busia, Lira, Apac, Dokolo, Amolatar, Amuru, Pader, Lamwo, Kole,

		Otuke, Yumbe, Kitgum, Alebtong, Rubirizi, Kisoro, Mbarara, Bundibugyo, Ntoroko, Abim, Kotido, Kaabong, Napak, Amudat, Nakapiripit, Kasese, Hoima, Bulisa, Masindi, Kagadi, Kyankwanzi, Nakaseke, Nakasongola, Kiboga, Luwero, Kalangala, Buikwe, Buvuma, Kayunga, Kampala, Wakiso, Moroto, Arua, Gulu, Kabalore and Mayuge
Conducted quarterly community sensitization workshops on HIV and TB-related stigma and discrimination	ICWEA	28 districts – Gulu, Arua, Lira, Manafwa, Tororo (Malaba), Jinja, Mbale, Bugiri, Busia, Fortportal, Kasese, Mbarara, Hoima, Kabale, Lyantonde, Nakasogola, Mukono, Buikwe (Kawolo), Wakiso, Kampala (MARPI Mulago, 5 KCCA urban councils i.e. Makindye Division Urban Council; Nakawa Division Urban Council; Rubaga Division Urban Council; Kampala Centra Urban Council and Kawempe Division Urban Council); and 8 Lake Districts i.e. Masaka, Kalangala, Kasese, Buvuma, Apac, Amolatar, Kaberamaido and Mayuge districts.
Undertook regional dialogues based on the structure of regional referral hospitals with human rights organizations and women networks on inclusion of anti-key population discrimination programs in their activities and programs	ICWEA	8 regional meetings covering 14 districts – Mubende, Masaka (central region); Kabarole, Kasese, Hoima and Mbarara (western Uganda); Jinja, Busia, Mbale, Soroti (Eastern Uganda); Arua, Gulu, Lira and Moroto (northern Uganda)
Stigma Index – led by NAFOPHANU, Stigma Index 2.0 was rolled out in Uganda in 2019	NAFOPHANU (through Prevention of HIV & AIDS in Communities of Karamoja Project)	9 regions, covering 21 districts (North (Gulu and Apac districts), South West (Ntungamo, Isingiro and Kabale districts), Elgon region (Mbale, Bududa districts), East Central (Kamuli, Mayuge districts), West Nile (Arua, Maracha districts), Karamoja (Moroto, Napak districts),

	Central (Kampala, Mityana, Kayunga and Masaka districts), East-Teso (Soroti, Ngora districts) and Western (Kabarole, Masindi districts)

Another key activity in this program area was the roll out of the Stigma Index 2.0. Led by NAFOPHANU, the 2019 Stigma Index documented a decrease in the experience of external HIV-related stigma (with 1.3% experiencing external stigma (e.g., verbal harassment) in 2019 as compared to 4.5% in 2013). However, internal (or 'self-stigma') stigma remains a significant concern among people living with HIV, with 24% of people living with HIV experiencing self-stigma. Nonetheless, this represents a decrease from the 50% who reported internal stigma in 2013.‡‡‡‡‡‡‡ Aside from HIV-related stigma, stigma arising from being identified as a member of a key population was reported almost six times more often than HIV-related stigma.§§§§§§§ Follow-up on the recommendations from the Stigma Index, as well as routine implementation of subsequent studies to track progress, are important to strengthen stigma and discrimination reduction programming. Another, more comprehensive Stigma Index is planned for 2022 under the Global Fund's NFM3 grant.

Importantly, the key populations-led organizations working as implementing partners of the Most-at-Risk Populations Initiative (MARPI) – namely, Icebreakers, Uganda Professional Drivers Network, Uganda Harm Reduction Network, Hope Mbale, Spectrum, Transgender Equality Uganda, Lady Mermaid's Bureau and WONETHA – are continuing to provide essential HIV and other health services, to people who use drugs, sex workers and LGBTI individuals, among others. In addition to health care, these organizations also provide other critical services – acting as community paralegals, providing referrals to legal aid, training key populations in human rights, delivering mental health and psychosocial support, as well as conducting stigma and discrimination reduction trainings for health care workers.

Recommendations

- Ensure that the National Guidelines on Stigma and Discrimination are disseminated and implemented, incorporating a robust monitoring and evaluation system.
- Continue to support the MARPI clinics across the country, as well as increase funding support to key population-led organizations to engage in stigma and discrimination reduction activities to support the needs of their communities.
- Follow-up on the recommendations of the 2019 Stigma Index, as well as support the implementation of subsequent Stigma Index studies (including the implementation of the study in 2022), to monitor progress on reducing HIV- and key population-related stigma and discrimination.

HIV Program Area	Score	
	Baseline	Mid-term
Training of health care workers in human rights and medical ethics	2.0	2.3

At mid-term, there were several organizations engaged in training of health care workers in human rights and medical ethics, albeit on a small-scale. The Ministry of Health noted that historically, training on human rights and gender-related issues for health care workers was a

gap. However, there have been some key developments that started to address this gap. In 2019, the Ministry of Health updated the Patient's Charter, originally from 2009. The Ministry also developed communication materials with key messages from the Charter that were posted in health facilities in high burden districts for health care workers and patients. According to the Ministry, additional rights-related knowledge was disseminated through multi-media channels, trainings of trainers and facility-based Continuing Medical Education sessions. The US Centers for Disease Control also reported monitoring the availability and use of the Patient's Charter by clients and providers across their facilities.

The Ministry of Health has also been able to train health care workers on human rights and gender issues, also on a limited basis. In 2018, the Ministry of Health developed a training manual on "Mainstreaming Human Rights and Gender in the Health Sector." This manual was developed in collaboration with civil society organizations, technical partners, including the WHO, and the Ministry of Gender, Labour and Social Development; however, it was never implemented to scale with demonstrable impact. Instead, under NFM2, the Ministry of Health adapted TASO's training package, tailoring the human rights and gender content for the public health sector. From these trainings, the Ministry of Health notes the following outcomes:

- The capacity of health care workers to deliver rights responsive HIV services was enhanced; and
- Action plans were developed to build peer capacity and improve rights responsiveness in facilities where trainings were held.

The Ministry noted that human rights issues are a novel part of their health care worker training – and that given how new this area was, there was too little time allotted to the trainings. However, the Ministry lacked the resources for follow-up and supplementary activities (such as refresher or supplemental trainings). The Ministry also noted that the trainings were limited in scope, reaching 180 health care providers in 10 districts and one key and vulnerable population service provider. Moreover, due to the COVID-19 pandemic, trainings were also deprioritized in the last year of the NFM2 grant. According to the Ministry of Health, however, these trainings are continuing under NFM3 and more health care workers are expected to have been reached by the end of the grant in 2023.

Another core training component led by the Ministry of Health was mentorships of health care providers on patient's rights. Table 5 provides the number of health care providers who were mentored under NFM2 in Acholi region in Northern Uganda. While a good step, this represents a small fraction of the total number of health care providers in the country. According to the Ministry of Health, these mentorships are being rolled out in other regions in NFM3.

Table 5: Health Care Workers Mentored in Acholi Region, December 2020

District	Number of HCPs mentored
Amuru	60
Nwoya	70
Omoro	60
Pader	60

Total	**250**

The Office of the Director of Public Prosecutions (ODPP) noted that it engaged in some trainings of health care workers in both the police and prison systems about the health-related rights of prisoners in relation to HIV, TB and malaria (see the program area below on "Sensitization of Lawmakers and Law Enforcement" for more information).

In terms of work from civil society in this program area, the Most-at-Risk Populations Initiative (MARPI) and its implementing partners conducted a set of trainings for key population-friendly services for health care workers. Hope Mbale trained over 60 health workers in Eastern Uganda from different districts on stigma and discrimination – they noted that due to the trainings their communities (sex workers and LGBTI individuals) can access key population-friendly services in those areas. Icebreakers Uganda has also engaged in trainings of health care workers to provide LGBTI-friendly services. Lady Mermaid's Bureau provided similar trainings to health care workers on the rights of sex workers, as well as conducted periodic facility-based stigma reduction assessments in public and private facilities serving sex workers in Kampala. Also for sex workers, WONETHA has trained health workers in its 25 districts of operation in stigma reduction and provision of sex worker-friendly health care.

The AIDS Support Organization (TASO), a Principal Recipient and the lead for the Global Fund support for programs to remove human rights-related barriers to access, noted that Makerere School of Public Health has also provided trainings in sexual diversity and gender-based violence for 810 health care workers across the country, targeting 28 high burden districts. TASO also reported that the Makerere School of Public Health conducted trainings for health care providers on stigma and discrimination related to key populations in 17 regional referral health facilities.

While it is encouraging that there are many organizations engaged in training of health care workers on human rights and medical ethics, overall, the general approach towards human rights and medical ethics trainings is fragmented and opportunistic. There also seemed to be limited efforts towards ensuring that existing effective trainings were integrated, for example, through routine in-service curricula for providers or students in health professional courses. The Ministry of Health reports that it has been in discussions with the Ministry of Education and Sports on trainings for students and prospective health workers – further efforts should be supported to ensure that pre-service health worker training on human rights and medical ethics is standardized and integrated.

Recommendations

- Support efforts to standardize training curricula, manuals and other tools to ensure training quality – this could be done, for instance, by supporting the Makerere School of Public Health to design and quality assure trainings. Coordinate training across various programs to reduce duplication of trainings.
- Continue to support health care worker training on human rights and medical ethics to be mainstreamed through government-supported trainings – such trainings should also include follow-

up activities, as well as robust monitoring and evaluation systems. These trainings should not only be available for medical professionals, but also to administrative staff.

- Integrate training on reducing stigma and discrimination in professional schools for duty bearers by integrating modules into existing curricula and work with professional unions, such as the Uganda Nurses and Midwives Council, Uganda Medical Association and Uganda Nurses and Midwives Union, to ensure medical professionals are reminded of the guidelines and remain committed to reducing stigma and discrimination and providing rights responsive health services.
- Integrate human rights and medical ethics into pre-service training for medical professionals.
- Increase support to key population-led organizations to engage in trainings for health care workers on human rights and medical ethics.
- Beyond conducting more trainings, support accountability mechanisms for violations of medical ethics and human rights by health care workers, if and when patients experience stigma and discrimination when seeking health services.

HIV Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	2.0	2.3

The baseline assessment documented numerous efforts to sensitize lawmakers and law enforcement officials. Some of these activities are continuing at mid-term – many of these activities are supported by the Global Fund.

The Office of the Director of Public Prosecutions (ODPP), under the Justice Law and Order Sector, trained 433 officers in training of trainer workshops across the criminal justice system (see table 6 for illustrative interventions within this program area). Officials from ODPP, police and prison officers, as well as local village leaders (also known as “Local Council 1s”) were included in the trainings, which focused on four areas: (1) HIV and the law; (2) HIV and confidentiality; (3) HIV and the victim; and (4) HIV and the delivery of the ODPP vision (“a crime-free society”).

The trainings provided a broad overview of what HIV is, the science of HIV and how HIV interacts with the law. According to the ODPP, these trainings have begun to change minds and attitudes in the criminal justice sector on HIV. However, there are some limitations: first, the trainings have been limited in number. Moreover, there has been no follow-up or evaluations on the trainings because, according to the ODPP, there is no funding to support those activities. This means that it’s difficult to ascertain the results of the impact of these trainings, especially in an environment in which HIV transmission remains criminalized, there are requirements for mandatory testing and the law provides for numerous exceptions to confidentiality. Nevertheless, the ODPP noted that the Global Fund support for this work is “groundbreaking”, and that no health donor has worked with the criminal justice system before. With the support of the Global Fund, the ODPP stated that it has been trying to incorporate a rights-based approach into its mandate, but how it will go about that, beyond more trainings, remains unclear.

In NFM3, the ODPP noted that, in partnership with the Ministry of Health, it will be doing more work in prisons, specifically focused on training peer educators and prison staff on HIV, TB, as well as disease-related stigma and prisoners’ rights/legal literacy. The ODPP is developing a training manual on these topics – and though there are general plans to implement the training,

at the time of the mid-term assessment, the exact scope and scale of that implementation had yet to be decided.

Aside from the community dialogues and community-led radio programming, UGANET also held two dialogues with judicial officers on HIV, TB and the law. In addition, the organization held three sensitization workshops for 135 parliamentarians. The parliamentarians discussed HIV and the Law, with a focus on the HIV and AIDS Prevention and Control Act, 2014. According to UGANET, there may be some momentum in taking forward the conversation to move against HIV criminalization (see program area on "Monitoring Laws" below for more information). More support should be provided to support engagement with lawmakers on this issue. Finally, UGANET, in collaboration with the Uganda Prison Service, worked on legal aid and health advocacy in 13 of the country's 254 prisons to reach people living with HIV and those with TB. This activity had stopped at the time of the mid-term assessment – funding for this work has instead been given to the ODPP under NFM3, which has yet to implement any of the activities in prisons.

Table 6 - Examples of Activities to Sensitize Law Enforcement

Description of Activities	Organizations	Location/Reach
Conducted quarterly community-led radio talk show programming targeting health service providers, families, law enforcement and judicial officers.	UGANET	Northern, Western, Southwestern (estimate 26-50 percent of target audience)
Biannual Coordination meetings brought together stakeholders from all 3 disease areas including rights holders, service providers and duty bearers (District services department, law enforcement officers, judiciary, CSOs etc) to share experiences, to strengthen linkages and collaborations across HIV, TB, malaria and RMNCHA services. The meeting was fora to discuss human rights violations reported in the regional sensitization dialogues. Different stakeholders held duty bearers accountable to ensure rights are upheld for the marginalized. For example, in Iganga and Jinja districts, which each had a case of defilement and incest, UGANET worked with partners including police, probation office, health workers, CSOs and courts.	UGANET	20 districts (Mayuge, Kaliro, Jinja, Iganga, Kisoro, Hoima, Bulisa, Moroto, Mbale, Nakasongola, Kalangala, Apac, Dokolo, Kitgum Buvuma, Buikwe, Busia, Tororo, Buyende and Bukwo districts)
Convened two dialogues with justice sector officials on HIV, TB and the law. The dialogues brought together 38 judicial officers. The first dialogue brought together 15 judicial officers (9 female and 6 male) in the category of 6 judges, 5 registrars and 4 magistrates; and the second dialogue and the second dialogue targeted 23 lower	UGANET	Regional-level meeting with participants drawn from across the different regions of the country - Kampala, Mpigi, Portportal, Kiboga, Lira, Natete, Jinja, Gulu, Bugembe,

cadres (9 female and 14 male). The dialogues discussed the impact of current laws and policies on PLHIV and TB and endorsed the Judicial Handbook on HIV and the law. The meetings were held at Protea Hotel in Entebbe.		Soroti, Hoima, Rubirizi, Manafwa, Bundibugyo, Kisoro, Kagadi, Kalangala, Kayunga, Busia, Kasese, Isingiro districts and the Judicial Training Institute
Convened 3 sensitization workshops with 135 parliamentarians in a symposium to discuss HIV and the law, and discussing the HIV and AIDS Prevention and Control Act.	UGANET	National-level
Engagement of cultural leaders to implement with in their communities to address GBV, early marriages and teenage pregnancy among adolescent girls and young women	TASO	14/15 cultural institutions were supported to end negative and harmful cultural practices
Conduct biannual informative advocacy meetings with HIV and Health Parliamentary Committee to raise the profile of GBV on nutrition, HIV/TB and gender for uptake on retention	ICWEA	National-level
Conducted quarterly sensitization workshops targeting judiciary officers and law enforcement officers. This were broken down into training for law enforcement officers and training of judicial officers. Law enforcement officers trained included officers from the office of the ODPP, Uganda Police Force, Uganda Prisons, Probation officers and Local Council 1s) to identify areas that stigmatize citizens in their respective work areas. Among law enforcement officers trained with healthcare workers from police and prisons. They were trained on health rights of prisoners, related to HIV, TB and Malaria. A total of 433 officers were trained	ODPP	3 were online and 13 were held in Mityana

Key population-led organizations also continue to work with law enforcement and decision-makers. The Uganda Harm Reduction Network reported sensitizing law enforcement on human rights of people who use drugs and the Antinarcotics and Psychotropic Substance Act. Hope Mbale has held several dialogues with district leaders such as district HIV focal persons and district community development officers in Mbale, Tororo, Sironko, Bulambuli and Manafwa. These dialogues aimed to include key population programing in the local government plans and budgets. According to the organization, as a result of these dialogues, Hope Mbale has signed a Memorandum of Understanding (MoU) with Mbale district on engagement with key populations and is in the process of signing a MoU with Tororo district.

Recommendations

- Continue to support, and institutionalize, trainings for actors in the criminal justice system to be sensitized on human rights and a rights-based approach to criminal justice, including by funding follow-up activities and strong monitoring and evaluation systems.
- Support key populations networks to engage with law enforcement to have supportive joint activities and to prevent harmful policing practices.
- Ensure implementation of trainings for prison staff and peer educators, including support for evaluations of the initial implementation. If the evaluations demonstrate effective results, expand trainings to national level.
- Support civil society to lead a major advocacy campaign involving identifying and engaging key parliamentarians who can lead reform efforts with expertise and political clout, coupled with national media campaigns and public messaging regarding the evidence of negative impacts of HIV criminalization and mandatory testing.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Literacy ("know your rights")	2.0	2.3

In the baseline report, while there were some legal literacy activities ongoing, the overall level of effective sensitization was low. This remains the case at mid-term. Though the Global Fund has supported some key activities in this area, more support from other donors is needed to facilitate scale-up towards comprehensive geographic and population coverage.

From 2019 – 2020, the Human Rights Awareness Promotion Forum (HRAPF) trained 25 advocacy champions from key populations on removing legal and policy barriers to HIV services. HRAPF provided a six-month mentorship for advocacy champions to learn to engage duty bearers to increase access to HIV services for key populations. The champions were drawn from the four regions in Uganda (Central, Eastern, Western and Northern). A key limitation was that the project only provided funds for the training and placement of champions but did not provide funds to support any subsequent advocacy work.

With the support from the Global Fund, UGANET implemented a series of community sensitization on human rights, including the roles and responsibilities of duty bearers and rights holders. According to UGANET, the dialogues, which were mostly held with women living with HIV, were quite successful. The dialogues highlighted key rights issues such as stigma and discrimination, and the content under the HIV and AIDS Prevention and Control Act, 2014. They also led to tangible results – for example, when some participants shared stories of women living with HIV being fired because of HIV stigma, UGANET followed-up on these cases, the women were allegedly reinstated. In other instances, in dialogues when women shared that they were both living with HIV and were TB survivors, they created networks across regions to support adherence. Moreover, when participants living with HIV reported discriminatory treatment at health centers, these concerns were forwarded to the relevant authorities at the sensitization meeting with duty bearers, which were subsequently addressed. The second activity involved conducting quarterly community-led radio talk shows targeting health care providers, families, law enforcement officers and judiciary officers. The content of these activities included both HIV and TB.

Note that HRAPF and UGANET also work on training community paralegals – this activity is covered in the "Legal Services" program area below.

TASO has supported legal literacy efforts through its work on gender-based violence (GBV). Since June 2016, it has trained and facilitated the 158 community activists and 128 Stop GBV Champions across the country to identify, screen, refer and link the GBV survivors to psychosocial support, legal and health services, as well as standing as key witnesses in court. This work occurs in 20 high burden districts where there is significant focus on adolescent girls and young women. According to TASO, the facilitated community- and district-based teams have played a role in sensitizing community on rights violations, as well as carrying out massing mobilization through radio talk shows and at social gatherings.

Several key populations-led organizations working with MARPI also engaged in various types of legal literacy work. The Uganda Harm Reduction Network conducted awareness raising in the community regarding drug use, human rights and sexual orientation and gender identity issues. Transgender Equality Uganda built the capacity of their community members on sexual and reproductive health and rights, as well as HIV/AIDS and human rights. Icebreakers Uganda conducted human rights sessions, as well as outreach activities to empower community members with human rights knowledge and advocate for the right to health and access to health services. WONETHA did biannual training for sex workers on human rights advocacy and laws impacting sex workers. It also provided support peer leaders and paralegals.

The Ministry of Health has also had engagement on legal literacy activities, though it has been limited to the development and dissemination of the Patient's Charter and Nursing Charter – these documents were popularized and disseminated nationally in various facilities and districts throughout the country.

While there are some organizations engaging in legal literacy work, it remains small-scale – more efforts are needed to systematically integrate health-related "know your rights" work into the broader health system.

Recommendations

- Standardize legal literacy materials and coordinate efforts to ensure quality and avoid duplication of efforts.
- Increase support for legal literacy campaigns within each district to reach country-wide coverage, with the involvement of district governments and community-centered or key populations-led organizations (including integrating legal literacy activities for outreach workers).
- Continue to support community sensitization dialogues with rights-holders and duty bearers – if possible, increase resources to expand these dialogues to not only include women living with HIV, but also other key populations.
- Increase the ability of civil society to provide links to well-supported and expert legal aid providers country-wide so complaints for violations of rights can be filed when necessary and thus develop greater demand for HIV-related legal services from those negatively impacted by Uganda's restrictive legal environment.

- With regard to development of advocacy champions, beyond the initial training, ensure that funding is available for champions to work with communities to develop and implement their advocacy plans and strategies. Funding should also be available for monitoring and evaluation of advocacy work.
- Evaluate the effectiveness and mechanisms of accountability of the Patient's Charter and Nursing Charter.

HIV Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	3.0

At mid-term, supported primarily through the Global Fund's *Breaking Down Barriers* initiative, there were some strong examples of organizations continuing to provide much-needed HIV-related legal services to people living with HIV, as well as to key populations. HRAPF has engaged in numerous activities, including filing strategic litigation, training paralegals, and providing free legal aid (see table 7). HRAPF's work has been critical at a time when there have been increasing violations of human rights because of the implementation of COVID-19-related lockdowns. For example, due to Global Fund support, HRAPF was able to provide stipends to over 80 paralegals across Uganda. This scale-up was done at a time when these services were needed – in 2020 alone, the paralegals handled over 1,000 cases. HRAPF was also able to file litigation to support the right of LGBT persons who were arrested during COVID-19 raids (see "emerging evidence of impact" section below).

UGANET has also been a key player in facilitating access to HIV-related legal services. Through its access to justice program, UGANET sends out mobile legal aid clinics to underserved communities – including going to treatment sites and public spaces. This program covers 56 districts. Like HRAPF, it also supports paralegals across the country (see table 7). UGANET also implements several activities related to repealing the overly broad criminalization of HIV transmission in Uganda. In a span of six months, UGANET noted that it handled four public cases on HIV criminalization, which have also resulted in media coverage on the issue (see program area below on "monitoring and reforming laws" as well as the "emerging evidence of impact" section).

Table 7: Example of Legal Service Activities

Description of Activities	Organizations	Location/Reach
Developed strategic litigation cases challenging provisions of laws affecting provision of services to KPs and PLHIV/TB. Cases include: • **Sought declaration from the court on the right to legal representation and a fair hearing for 19 LGBTI people arrested and detained without counsel for alleged violation of COVID lockdown regulations. On June 15, 2020, the court ruled that the right to a fair hearing had been violated and granted access to**	HRAPF	National level

counsel. (for more details, see case study on emerging evidence of impact). • **Filed a civil suit on July 21, 2020, under the Human Rights Enforcement Act, seeking a declaration that violence such as beatings, burning and forced anal examinations by health official and others during the arrest and detention of the 19 LGBTI people amounted to torture and violated their rights to privacy and freedom from discrimination. The case remains pending.** • **Filed a case of torture, under the Prevention and Prohibition of Torture Act against the mayor where the 19 LGBTI people were arrested and the prison official and deputy officer in charge of the prison where they were held. The summons was issued, and the case remains pending.**		
Conducted a biannual paralegal training for 31 key populations and vulnerable groups who are now providing legal aid services and documenting human rights violations in areas around the country.	HRAPF	31 paralegals selected from four regions in Uganda (Northern, Eastern, Western and Central)
Facilitated training of 85 community-based paralegals to provide legal information, advice, referrals and dispute resolution and representation related to HIV and TB. They received a monthly stipend for communications and transport.	HRAPF and Legal Aid Services Providers Network (LASPNET)	85 paralegals selected from around the country
Provided key population-friendly organizations with legal support, legal representation and follow up by providing 35 lawyers working in different legal aid service providers in a workshop to encourage them to open up to the legal needs of KPs.	HRAPF	National level
Provide HIV-related free legal services for key populations in 702 cases, which was over the target of services for 600 cases.	HRAPF	National level
Supported and trained 121 paralegals to address human rights violations for KPs addressing issues of gender, HIV and TB. Trainings were held once in the project cycle. Paralegals are provided a stipend	UGANET	Paralegals from 41 districts – Ntungamo, Rukungiri, Bundibugyo, Rubirizi, Kasese,

and work materials (e.g., case registers, identification jackets, etc.).		Kalangala, Mukono, Mbarara, Kisoro, Lira, Amolatar, Dokolo
Legal aid camps (6 camps in 6 districts) – the lawyers sensitize the communities on different topics (for example, human rights, land rights, etc.). This usually is dependent on the community needs in a given district or community. IEC materials are distributed at the camps. After the sensitization, UGANET conducts legal aid services and meets clients one to one. Lawyers meet clients' offering legal support through legal advice, schedule and conduct mediations, and court when required and any other legal support required. 1944 clients received legal aid services.	UGANET	Oyam, Kitgum, Apac, Yumbe, Arua, Hoima, Kabarole, Wakiso, Nakaseke ,Masindi, Kagadi, Bulisa, Kyankwanzi, Kampala, Mbarara, Gulu, Mbale, Buikwe, Mayuge, Namutumba, Moroto, Nakapiripirit, Napak, Bukwo, Tororo, Kayunga, Mbale, Pallisa, Kalangala.
During COVID lockdown, established a call center to provide free legal services to key populations across the country. Also provided shelter to GBV survivors for both WLHIV and TB survivors.	UGANET	6 districts (Moroto, Kitgum, Kagadi, Kalangala, Namutumba & Mayuge)

In addition, although MARPI's partner organizations do not provide legal services, some do have referral mechanisms for cases where key populations require legal assistance. WONETHA partners with HRAPF to ensure that sex workers and other key populations are offered legal support if arrested. They also conducted biannual trainings for sex workers on human rights advocacy and laws impacting sex workers, with an explicit aim to support peer leaders and paralegals. Hope Mbale offered psycho-social support to the victims of violence due to their sexual orientation and gender identity, with the option of referring cases to legal aid partners such as HRAPF. The Uganda Harm Reduction Network has community paralegals trained to document and report human rights abuses for people who use drugs.

While there are a few, strong civil society organizations that provide HIV-related legal aid, there are concerns around long-term sustainability of these critical services. First, key informants flagged that peer paralegals are poorly compensated. Second, government accountability institutions face challenges in operationalization. For example, the Uganda Human Rights Commission, which has a mandate to review state accountability for rights violations, may be constrained to do so by recent political appointments to the organization.******** Moreover, Uganda's legal aid program, which is meant to provide legal services without discrimination, faces challenges in operationalization. These issues build on the lack of confidence in the justice sector that already exists due to limited resources and other issues that cause significant delays in access to justice. Finally, there remains no clear policies or operational pathways for access to legal aid for indigent individuals and those belonging to marginalized groups, due to

lack of lawyers with relevant expertise, as well as ongoing HIV- and key populations-related stigma and discrimination.

Recommendations

- Increase funding to health- and HIV-related legal aid organizations and scale-up the provision of services to key and vulnerable populations country-wide, including outside central towns and urban and peri-urban areas.
- Ensure financial support commensurate with the scale of the legal challenges present for people living with HIV and other key populations in Uganda, and ensure such legal services are more available, accessible, affordable, and of quality.
- Clarify the legal aid policy and implementation framework for providing legal aid to indigent and marginalized people, such as people living with HIV and other key populations, to address discrimination from state and nonstate actors and improve accountability for human rights abuses.
- Expand training and remuneration of peer paralegals to provide legal advice and mobilization specific to the needs of key and vulnerable populations.
- Strengthen key population- and community-led organizations to have efficient referral mechanisms to legal aid organizations for cases that require legal assistance.
- Engage Uganda Law Society to explore possibilities of integrating health and HIV related legal aid need into their (Uganda Law Society's) pro bono program.

HIV Program Area	***Score***	
	Baseline	***Mid-term***
Monitoring and reforming policies, regulations and laws	*1.0*	*1.0*

At mid-term, Ugandan laws, policies and their enforcement continue to be a significant barrier in access to HIV services, especially for key and vulnerable populations. Criminalization of sex work, same sex-sexual relationships, drug use and HIV transmission undermine effective responses, heightening stigma and discrimination. The legal environment with regards to LGBTI individuals could potentially become more punitive with the introduction of the Sexual Offences Act (2021), which remains pending in parliament.†††††††† While the country's penal code already criminalizes homosexuality, the Sexual Offences Act has provisions that further undermine international human rights standards, as well as the HIV response. Organizations such as UNAIDS, HRAPF and the Uganda Harm Reduction Network, among others, have spoken out about the Act, with HRAPF producing a detailed analysis of the legal provisions.‡‡‡‡‡‡‡‡

While direct reform of punitive laws has been challenging, activities such as documentation of human rights violations, legal environment assessments, have nevertheless been able to move forward (see table 8).

Table 8: Example of Legal Service Activities

Description of Activities	Organizations	Location/Reach
Conducted a legal review and assessment of the impact of existing progressive and punitive laws, policies and regulations, evaluating provisions of services to KPs.	HRAPF	National-level, one-off activity

Undertook a community-based monitoring of the laws and their implementation, hiring KPs to work as research assistants to determine how they are impacted by service delivery for the reporting. Report findings included that Uganda's laws are not KP friendly and the legal environment blocks access to specific services for KPs (results fed into the legal review and assessment as mentioned above).	HRAPF	National-level, one-off activity
Documented and published an Annual State of Human Rights Violations for KPs and PLHIV/TB for the years 2019 and 2020	HRAPF	National level
Held multi-stakeholder engagement meetings held in 6 municipalities to set priority areas for inclusion in by-laws, attended by mayors, MPs, town clerks, councilors, community development officers, district health teams, PLHIV and some CSOs. Held 6 radio talk shows in the six municipalities to popularize the issues to be addressed in the by-laws. Ultimately 4 municipalities developed issue papers of priorities.	UGANET	Mbarara, Arua, Kasese, Gulu, Jinja, Fort Portal
Convened a national dialogue with diverse stakeholders from health, gender HIV, media justice law and order, and development partners to disseminate the annual report on the state of human rights and punitive laws. The event also launched the National Equity Plan.	UGANET	
Undertook regional dialogues with human rights organizations and women networks on inclusion of anti-key population discrimination programs in their activities and programs	ICWEA	With issue papers: Aura, Jinja, Kasese and Mbarara.
Documentation of the Impact of COVID-19 Lockdown Measures on Access to Services Among Key Populations in Uganda – "The Impact of COVID-19 related Restrictions on Access to Justice for Key Populations in Uganda"	HRAPF	National-level, one-off activity

Moreover, UGANET reports that one of the successes since 2019 has been engaging in a broader national conversation around HIV legal environment, and especially HIV criminalization. With support from the Global Fund and others, UGANET was able to handle four cases on HIV criminalization, as well as engage in a media and publicity campaign on this issue. UGANET is also in the midst of a constitutional court case related to the HIV/AIDS Prevention and Control Act, 2014 – challenging not only the provisions on HIV criminalization, but also those for mandatory testing and disclosure of status without consent. §§§§§§§§ They also did advocacy with judicial officers, parliamentarians and the Ministry of Health. Similarly, from the mandate of the

criminal justice system, the ODPP has reported changing minds related to their trainings on HIV and the law. Resources of the Global Fund's Breaking Down Barriers initiative were critical to supporting this work and should continue as the discussion on law reform related to HIV criminalization advances.

On another positive note, at the technical level, the Ministry of Health has developed harm reduction guidelines for key populations, including interventions such as needle and syringe programs and opioid substitution therapy. This timeframe is aligned with the opening of Uganda's first Medically-Assisted Therapy (MAT) program in October 2020, supported by the US Centers for Diseases Control, the Uganda Infectious Diseases Institute (IDI), the Ministry of Health, and Uganda Harm Reduction Network.********* As part of this pilot, implementers also had to work with law enforcement to sensitize them to issues around harm reduction and people who use drugs.

One of the biggest challenges that key informants flagged for this program area is the attitude and often times hostile rhetoric of some lawmakers and national government leaders towards key populations. The laws that criminalize key populations hinder access to HIV and other health services[4]. More advocacy, sensitization and engagement are needed with parliamentarians and other decision-makers to address the stigma associated with HIV and key populations.

Recommendations

- Provide funding to sensitize parliamentarians about the societal enabler targets and importance of an enabling environment, including about discriminatory implications of the pending Sexual Offenses Act (2021). Develop amendments to mitigate the harmful effects of the law, if it comes into force.
- Increase the capacity of civil society organizations, including key population-led organizations, to engage in advocacy to reform and remove laws and policies that act as barriers to health services, including the HIV and AIDS Prevention and Control Act (2014).
- Support civil society to continue monitoring human rights violations, with adequate funding to ensure follow-up on documented cases and provision of legal services, where necessary.
- Strengthen sensitization of the general public on health and human rights including rights of members of key populations and the need for legal reform broadly for effective disease response to complement training of parliamentarians.

HIV Program Area	Score	
	Baseline	Mid-term
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	2.0	2.0

The baseline assessment identified a range of activities in this program area, some of which continue at mid-term. PEPFAR's Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) partnership has been operating in Uganda since 2015. DREAMS core package

[4] **Global Fund Secretariat Footnote:** In 2020, Global Fund supported a comprehensive assessment of safety and security arrangements for HIV and KP programmes which has identified some major areas for improvement. It was released by UKPC in June 2021. Global Fund is now supporting development of tools and training through NFM3 and as part of TA support through the Human Rights Strategic Initiative

of interventions aims to: “empower adolescent girls and young women and reduce risk through youth-friendly reproductive health care and social asset building; mobilize communities for change with school- and community-based HIV and violence prevention; reduce risk of sex partners through PEPFAR programming; and strengthen families with social protection.”†††††††††
While most of the core interventions are traditional biomedical activities (for example, HIV screening, testing and counseling, condom promotion, PrEP, etc.), funding provided by the DREAMS initiative does support work around community mobilization and norm changes, as well as gender-based violence prevention and response. As of 2019, DREAMS operated in 15 districts.‡‡‡‡‡‡‡‡‡ The US CDC also reported that it has institutionalized gender and diversity trainings across the majority of facilities within Uganda. Such trainings are part of onboarding for new staff and a related course is available online.

The Support Uganda’s Response to Gender Equality (SURGE) program was a four-year initiative that came to an end in 2020. Funded by UKaid/DFiD and implemented by Action Aid International Uganda, Center for Domestic Violence Prevention (CEDOVIP) and MIFUMI, the program operated in 13 districts. Within the partnership, CEDOVIP worked with communities using the *Start Awareness Support Action* (SASA!) Model, which analyses power dynamics between women and men. Action Aid and MIFUMI provided GBV services to survivors of violence, and also mobilized communities to change harmful gender norms.§§§§§§§§§

With regard to activities supported by the Global Fund’s *Breaking Down Barriers* initiative, UGANET has developed a compendium of best practices for community engagement, key populations and gender in the HIV/AIDS, TB and malaria responses. It has also provided legal aid services to vulnerable women and girls in legal aid camps (see program area on “HIV-related Legal Services” above), and conducted advocacy to promote rights-based, gender responsive and evidence-based approaches to HIV. TASO reported that the Makerere University School of Public Health has developed a manual on sexual and gender-based violence for Women, Key Populations and Vulnerable Groups and scaled-up sexual and gender-based violence and gender and sexual diversity trainings (for more information, see program area on “training of health care providers”). The ODPP also reported that it included information on violence against women and girls and gender-based discrimination in its trainings for law enforcement and judicial officers (see program area on “Sensitization of Law-makers and Law Enforcement” above).

Uganda forms part of the 13-country cohort where Global Fund has made a significant investment in interventions that address structural barriers, promote behavior change and increase access to services for adolescent girls and young women.********** The Global Fund is supporting the Ministry of Health, Ministry of Gender, Labour and Social Development and TASO to implement interventions to reduce HIV vulnerability among out-of-school adolescent girls and young women in high burden districts. Set to run from 2018-2023, this project aims to reduce new HIV infections among adolescents and young people in 16 districts (Buikwe, Hoima, Buliisa, Nakasongola, Jinja, Iganga, Buvuma, Mayuge, Busia, Buyende, Kaliro, Tororo, Mbale, Bukwo, Kigum and Dokolo). HIV prevention services are integrated in socio-economic empowerment and skills-building activities.†††††††††† To date, achievements include reaching

38,701 out of school adolescent girls and young women with HIV prevention messages in 16 districts by December 2020, training 10,000 adolescent girls and young women with vocational skills and providing 500 girls and women with not only training but capital to start their own businesses. According to TASO, the interventions demonstrate that economic empowerment is a vital addition to the HIV prevention package and that continuous support to adolescent girls and young women is needed, as opposed to one-off activities. Despite these successes, challenges remain – the funding is limited as compared to the number of adolescent girls and young women who would benefit from such services, and there are legal barriers to participation in these programs for girls and women who are already married.

Several key population-led organizations integrate considerations of gender norms and gender-related discrimination in their programs. For example, Transgender Equality Uganda conducts community sensitization about sexual and reproductive health and rights issues among trans-women, as well as provides legal literacy on their health-related rights. The Uganda Harm Reduction Network conducts awareness-raising on drug use, human rights and SOGIE issues. Lady Mermaid's Bureau implements community scorecards and organizes community HIV dialogues between sex workers and local leaders, police, brothel managers and other key stakeholders. To support sex workers affected by COVID-19 lockdowns, Lady Mermaid's Bureau began implementing the "Woman Up" economic empowerment program. It organizes sex workers into social enterprise groups, equipping them with entrepreneurship skills (for example, financial management skills). The program aims to empower sex workers economically and reduce the financial risk to HIV, as well as increase their capacity to meet their health-related costs.

Within recent years, ICWEA ran campaigns and projects focused on addressing harmful gender norms. In 2020, ICWEA ran two regional campaigns: (1) on ending violence against women and girls; and (2) on eliminating all forms of stigma and discrimination (as part of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination).‡‡‡‡‡‡‡‡‡‡ Uganda was one of the five countries in these regional campaigns. In addition to ICWEA's work supported by the *Breaking Down Barriers* initiative, it has produced policy briefs on HIV criminalization and relationship between assisted partner notification and violence against women and girls.§§§§§§§§§§

While there have been numerous programs focused on HIV prevention and gender-based violence for women and girls, at mid-term, most of these programs are either one-off activities, short-term pilots or are focused on traditional public health interventions, rather than programs to reduce rights-related barriers to access. Moreover, there is a gap in programming to address harmful gender norms for sexual minorities, which is made more challenging by the punitive legal and social environment. Nevertheless, there are civil society organizations focused on using a peer-led model of engagement, as well as implementing activities that address broad issues around harmful gender and social norms. Support for these organizations should be increased as a critical complement to the direct services work related to responses to HIV, gender-based violence and sexual and reproductive health.

Recommendations

- Continue to support youth-led, women-led and key population-led organizations and networks to engage with their communities to identify needs and organize to advocate for rights-based services and policies.
- Expand community-based advocacy and mobilization of women living with HIV to reduce gender-based violence and support redress for survivors of violence using a rights-based approach, including access to legal services for survivors.
- Integrate trainings on gender and sexuality in pre-services and in-service trainings for duty bearers (for example – medical professionals, lawyers, judges, police, teachers).
- Increase scale of interventions to reduce discrimination on the basis of sexual orientation and gender identity.

Programs to Remove Human Rights-related Barriers to TB Services

As compared to baseline, there has been some progress in addressing human rights-related barriers to TB services, notably in stigma and discrimination reduction. However, key informants reported that there is still minimal recognition of TB as a human rights issue, and that any TB-related rights discussions are often limited exclusively to stigma and discrimination.

TB Program Area	Score	
	Baseline	Mid-term
Stigma and discrimination reduction	0.0	2.3

As noted in its National TB and Leprosy Program Strategic Plan (2015-2020), Uganda has recognized that TB-related stigma is a barrier to accessing TB services. Nevertheless, the baseline report noted that there was lack of understanding of TB-related stigma, as well as a lack of activities focused on reducing TB-related stigma and discrimination.

At mid-term, there has been some limited progress. The USAID-funded Defeat TB project (2017-2022), implemented by a consortium of organizations, led by University Research Company (URC), is implementing activities to address stigma. Working in three districts (Kampala, Wakiso, and Mukono), Defeat TB works with local health districts, regional referral hospitals, civil society organizations, community linkage facilitators, and health workers on interventions to reduce stigma – including educational initiatives, supporting TB survivors to speak out and raise awareness, and using influential public figures to speak about TB and TB-related stigma.**********

The Uganda Stop TB Partnership also conducts activities to raise awareness about TB and TB-related stigma around World TB Day. These activities take place across the country – for example, for World TB Day in March 2021, the Uganda Stop TB Partnership conducted a series of pre-, post- and World TB Day activities. Pre-World TB Day activities included community outreach to various communities in the country, going to places where people experience the most marginalization (e.g., camps for displaced people and migrants and other key affected populations). On World TB Day, there was a national event, held in a high burden district, that involved educational speeches and TB survivors sharing their experiences. According to the Uganda Stop TB Partnership, their post-World TB Day work is guided by the challenges they see in the TB response.

Information on TB and TB-related stigma has also been integrated into the activities to reduce HIV-related stigma and discrimination (see corresponding table 4 from the HIV program area above). Given the high rate of TB/HIV co-infection, it's strategic to have stigma reduction activities address the two diseases together. However, it's unclear about the extent to which the stigma reduction activities meaningfully address TB-related stigma as a standalone issue, as opposed to addressing HIV-related stigma. More work is needed to address TB-related stigma, both taking advantage of TB-specific opportunities, such as the TB Stigma Assessment, as well as stronger integration with HIV stigma and discrimination activities.

Recommendations

- Continue to ensure integration of TB into HIV-related stigma and discrimination reduction activities, with an aim to include concerns specific to TB-related stigma, including in workplace settings.
- Develop and conduct a national TB Stigma Assessment survey to collect information on the prevalence of TB stigma and the effects of stigma and discrimination on access to TB services in Uganda.
- Continue to support mass media campaigns to reduce stigma and discrimination based on TB status, increasing awareness on laws protecting the rights of people living with HIV and with (or at risk for) TB and reducing fear of TB infection.
- Integrate routine monitoring and tracking of the extent to which issues related to TB-related stigma and discrimination are highlighted and followed-up in activities that combine activities to reduce HIV and TB-related stigma and discrimination.
- Support the National TB Program with technical assistance to ensure stigma and discrimination reduction is cross-cutting, particularly in the community-led components of the program where currently it is absent or only sporadically included.

TB Program Area	Score	
	Baseline	Mid-term
Training of health care workers on human rights and medical ethics related to TB	0.0	*

In the baseline report, there were no programs identified that trained health care workers on human rights and medical ethics related to TB. At mid-term, this remains a significant gap. While there are indications that medical workers are trained in medical ethics – for instance, Uganda Stop TB Partnership noted that they were supporting private health facilities that provide TB services, and encourage health care workers to ensure privacy and confidentiality – the mid-term assessment team did not find information about trainings specific to human rights and TB.

Recommendations

- Develop standardized training curricula on human rights and medical ethics related to TB, which can be developed either as standalone trainings or integrated into HIV trainings on human rights and medical ethics (this can include highlighting cross-cutting issues on human rights and ethics that impact both HIV and TB), and ensure coordination of trainings to promote efficiency.
- Integrate human rights and medical ethics into both TB pre- and in-service training curricula for health care workers and staff at health care facilities.
- Support routine assessments of health workers' knowledge, attitudes and behaviors towards people living with TB and support them to address these issues.

TB Program Area	Score	
	Baseline	Mid-term
Sensitization of lawmakers and law enforcement officials	0.0	1.0

The baseline assessment only found one regional training of judges on human rights, stigma and TB which included representatives from Uganda, and no training of law enforcement officials. At mid-term, there has been some progress in this program area. The ODPP trained 433 officers from criminal justice institutions. While the training was focused on HIV, the ODPP

noted that considerations for TB were integrated into the training (for more information on this training, see corresponding HIV program area above). The ODPP noted, however, that more TB-specific training was needed, highlighting the following gaps: lack of common and known approach to stop the spread of TB and lack of policies and guidelines in the criminal justice system for HIV and TB programming (including on how to screen for and address TB in pre-trial detention).

In addition to the training of law enforcement officials, the Uganda Stop TB Partnership sensitized over 20 parliamentarians who were members of the Parliamentary TB Caucus on more equitable resource allocation for the TB response. Other ad hoc sensitization activities, such as the Defeat TB-supported TB Advocacy Dialogue with parliamentarians to increase awareness of TB ahead of the 2018 UN High Level Meeting on TB, have also occurred.††††††††††

Note that discussions related to trainings and sensitization of prison staff comes in the relevant program area below.

Recommendation

- Continue to support the in-service trainings for criminal justice actors, ensuring meaningful integration of TB information and TB-related rights. Increase the TB content to address the concern around lack of awareness on TB transmission.
- Develop policies and guidelines for addressing HIV and TB within the criminal justice sector, from arrest and pre-trial detention to incarceration.
- Continue sensitizing parliamentarians on health and human rights broadly but with clear focus on the three diseases (HIV, TB and malaria). In relation to TB specifically, future engagement with parliamentarians should discuss human rights issues in TB, in addition to other TB-related matters.

TB Program Area	Score	
	Baseline	Mid-term
Legal Literacy	0.0	1.0

The baseline assessment did not identify any activities for TB-related legal literacy. At mid-term, while no TB-specific legal literacy trainings have yet been conducted, there are specific plans to roll-out such trainings. The Uganda Stop TB Partnership has developed a training package that includes a module on TB, human rights and gender issues. According to the Stop TB Partnership, the Ministry of Health was involved in the development of the training package. The trainings are meant for TB survivors and civil society representatives. The first trainings are meant to take place in September 2021, with the aim to roll out these trainings in 17 districts.

Recommendations

- Ensure implementation of trainings on human rights and gender for communities and civil society representatives. If possible, including a system for monitoring and evaluating the effectiveness of this activity, with an eye towards scale-up if effective.
- Where it is feasible and efficient, consider integrating TB-related legal literacy into HIV-related legal literacy activities.
- If not part of the training process, include training of peer educators within the legal literacy sessions.

- Support local community-based organizations, especially those working with people living with TB, HIV and other key populations, to become aware of and mobilize around TB-related legal literacy and patient's rights.
- Support sensitization of the general public on human rights, the law and health with specific focus on TB; highlighting rights and obligations of TB patients, how compulsory treatment for TB can be contextualized to make them more rights sensitive and broader rights issues around TB.

TB Program Area	Score	
	Baseline	Mid-term
Legal Services	2.0	2.3

The baseline assessment found that while there were no TB-specific legal services provided, UGANET and HRAPF supported paralegals and provided legal aid services for marginalized populations, including people with TB. The same situation remains at mid-term. Strengthening Uganda's legal aid system for indigent and marginalized individuals would facilitate people with, or at risk of, TB to access legal services.

Recommendation

- Increase funding to HIV-related legal aid organizations to continue to scale-up the provision of services to TB key and vulnerable populations.
- Develop a clear regulatory framework for providing legal aid to indigent and marginalized people.
- Expand training and remuneration of peer paralegals to provide legal advice and mobilization specific to the needs of TB key and vulnerable populations.
- Strengthen key population- and community-led organizations to have efficient referral mechanisms to legal aid organizations for cases that require legal assistance.

TB Program Area	Score	
	Baseline	Mid-term
Monitoring and reforming policies, regulations and laws related to TB	0.0	1.0

The baseline assessment did not identify any specific laws that directly impede access to TB services. The assessment did, however, raise a concern about the overly broad application of existing regulations on the isolation of suspected TB cases in closed settings, including prisons.

At mid-term, there was one activity related to reforming TB-related policies, which was that the Uganda Stop TB Partnership coordinated the development of the Operational Guidelines for Public-Private Mix for Tuberculosis Care and Prevention.‡‡‡‡‡‡‡‡‡‡ These guidelines were developed together with a coalition of 15 organizations, including Defeat TB, CDC and NFAOPHANU. The document aims to improve provision of TB and TB/HIV services by the private sector to align with national standards.

Recommendations

- Ensure that TB-related policies and laws take a human rights-based approach to TB prevention, treatment and care, including avoiding any overly broad application of TB isolation and compulsory treatment.
- Support TB civil society organizations and networks of people affected by TB to engage in advocacy for any laws, policies and/or regulations that act as barriers to access services.

TB Program Area	Score	
	Baseline	Mid-term
Reducing TB-related discrimination against women	0.0	0.0

The baseline assessment did not identify any programs that reduce gender-related barriers to TB services. At mid-term, the Uganda Stop TB Partnership noted that they planned to include gender issues in their training for community actors on TB. As previously noted, this activity will only move forward in the latter part of 2021.

Recommendations

- Implement a TB gender assessment and based on those findings, develop, implement, and evaluate strategies to reduce gender-related barriers to TB services in Uganda.
- Advocate with MOH to reorganize the delivery of TB and HIV services to ensure that services are sensitive to gender issues to maximize health outcomes.

TB Program Area	Score	
	Baseline	Mid-term
Ensuring confidentiality and privacy	0.0	1.0

The baseline assessment did not identify specific interventions in this program area. At mid-term, while there were no standalone activities on ensuring privacy and confidentiality, some organizations have explicitly noted that they include these topics when discussing provision of TB services. The ODPP noted that its trainings have a point on ensuring confidentiality. Moreover, the Uganda Stop TB Partnership has provided support to 40 private health facilities in 7 municipalities (Masaka, Mbarara, Kabale, Jinja, Iganga, Mbale, and Tororo) where they remind health care workers to respect privacy and confidentiality. They note, however, that high staff turnover was a challenge.

Recommendations

- Ensure that TB and TB/HIV trainings include addressing the need to ensure privacy and confidentiality. This should also be a core point in trainings on human rights and medical ethics (see TB program area above).
- Support community-led monitoring of health care facilities to document, report and address human rights violations in health care settings to encompass privacy and confidentiality concerns in the context of TB.

TB Program Area	Score	
	Baseline	Mid-term
Mobilizing and empowering patient and community groups	0.0	2.0

The baseline assessment did not identify any interventions in this program area. At mid-term, ICWEA's community scorecards under NFM2 include components related to TB services – this section primarily assesses availability of TB services and information, as well as patient satisfaction. There are also recommendations arising out of the scorecard results, including on community systems strengthening and reducing TB stigma. (Note, however, that the human rights and gender section of the scorecards focused on HIV-related issues, including women's

rights issues). There is also a nascent network of TB survivors, mostly engaged in community-based follow-up work. Looking forward, the Stop TB Partnership noted that mobilizing and empowering TB patient and community groups is a future activity that it will implement in NFM3. This work will cover 17 districts with MDR-TB treatment sites (Kampala, Masaka, Mbarara, Kabale, Kabalore, Hoima, Mubende, Arua, Napaka, Moroto, Gulu, Lira, Kitgum, Soroti, Mbale, Iganga and Jinja). Moreover, the development of the National Health Equity Plan involved the participation of TB survivors; TB survivors will also be represented on the Human Rights Working Group.

Recommendation

- Ensure that the patient and community mobilization activities include human rights components (such as legal literacy and increasing demands for accountability) are implemented according to plan. Monitor and evaluate the intervention to assess whether it would be strategic to scale-up beyond the 17 districts.
- Ensure that the recommendations from the community scorecards on TB are followed-up and that the continuation of community scorecards in NFM3 includes components of TB-related human rights within the TB section.
- Support the strengthening of networks of people affected by TB and civil society organizations that support them to advocate for human rights-related to TB, including those impacting people with, and survivors of, TB and their rights in the workplace.
- Support effective advocacy, communication, and social mobilization to improve engagement of communities, including former TB patients, to improve case finding, monitor quality of TB health care and combat stigma and discrimination in communities and health care settings.

TB Program Area	Score	
	Baseline	Mid-term
Rights and access to TB services in prisons	1.0	0.0

The baseline assessment reported limited coverage of TB services in prisons, with UGANET identified as the only organization that provided human rights-focused interventions in these settings. The mid-term assessment did not identify any specific interventions on rights and access to TB services in prisons. However, in NFM3, the ODPP is developing a training manual for peer educators and prison staff on HIV, TB, as well as disease-related stigma and prisoners' rights/legal literacy. While the exact scope of the program is yet to be decided, the ODPP noted that it would be a small pilot program.

Interventions to remove rights-related barriers to access TB services in prisons and other closed settings are incredibly important given significant health and rights concerns in Ugandan prisons. In 2019, Uganda's prisons were over 345 percent capacity and over 46 percent of the prison population was being held pre-trial.§§§§§§§§§§ The Uganda Human Rights Commission has raised concerns over prison overcrowding********** and the spread of communicable diseases, especially multi-drug-resistant TB.†††††††††††† There are also few prisons with medical or clinical staff present onsite, and limited resources to support referrals to offsite medical care. More support is needed to scale-up both access to TB services, as well as programs to reduce barriers to service access and actively reduce prison overcrowding.

Recommendations

- Support civil society organizations to advocate for access to HIV and TB services in prisons and other closed settings, as well as provide legal aid and prisoners' rights trainings.
- Ensure the ODPP pilot to train peer educators and prison staff on HIV, TB, disease-related stigma, and prisoners' rights is not only implemented, but also monitored and evaluated. If effective, the trainings should be scaled-up.
- Revise existing policies within the criminal justice system to provide alternatives to incarceration to mitigate overcrowding, which is a facilitating factor for TB transmission.

Programs to Remove Human Rights-related Barriers to Malaria Services

The concept of removing human rights-related barriers to malaria services is still new to stakeholders in the malaria response in Uganda. While there are promising developments, including a strengthening of community health systems for the malaria response, concerted efforts are needed to raise awareness around the human rights-related elements of malaria programing.

Malaria Program Area	Score	
	Baseline	Mid-term
Reducing gender-related barriers and harmful gender norms	0.0	1.0

The baseline assessment highlighted PMI's work on gender issues in its social and behavior change activities. This remains true at mid-term – PMI's activities in Uganda continue to integrate discussions of harmful gender norms in its communications and behavior change strategy.‡‡‡‡‡‡‡‡‡‡‡ Under NFM3, the NMCP received funding to undertake an assessment using the Malaria Matchbox tool. At the time of the assessment, it was not clear if this activity had happened.

Recommendations

- Conduct operational research to explore gender and health dynamics, including those related to malaria, and develop a gender analysis framework. The malaria matchbox (or elements of it) may be used.
- Strengthen the capacity of key malaria stakeholders, managers, and data analysts to understand, prioritize, and use age and gender-disaggregated data and other gender related information in the fight against malaria.
- Mainstream gender issues, including gender equality and nondiscrimination, at all levels of malaria program design, implementation, and evaluation.
- Involve young men and women in in promoting malaria prevention and control, and in broader advocacy and education around malaria through participatory approaches such as peer education initiatives, as well as through integration with maternal and child health and antenatal care.
- Develop content on gender equality and patients' rights to be delivered alongside malaria social and behavioral change campaigns, with messages targeted at different groups including mothers, pregnant women, men, fathers, male and female adolescents, refugees, and schoolchildren. These sessions could focus not only malaria-specific activities, including identification of signs and symptoms, prevention and timely health seeking behaviors, but also integrate information on more equitable household decision-making and the sharing of caregiving activities

Malaria Program Area	Score	
	Baseline	Mid-term
Promoting meaningful participation of affected populations	1.0	1.0

The baseline assessment noted that the malaria response in Uganda uses village health teams to disseminate malaria-related communications and community mobilization for behavior change and to create demand for services. The same remains true at mid-term. There have, however, been two notable developments: in 2018, Uganda launched a campaign aimed at having a malaria-free Uganda: Mass Action against Malaria (MAAM). In the same year, the UK-

funded Strengthening Uganda's Response to Malaria (SURMa) 6-year project began to build community-level capacity to diagnose and treat malaria. MAAM is implemented in 17 districts (Otuke, Alebtong, Dokolo, Amolatar, Kaberamaido, Kwania, Apac, Oyam, Kole, Kitgum, Gulu, Agago, Nwoya, Lamwo, Pader, Amuru and Omoro)§§§§§§§§§§§ SURMa operates in these districts as well as 9 others. In each of the districts where MAAM and SURMa are working, there is a taskforce, comprised of technical and political stakeholders, that leads the work. Each taskforce is responsible for mobilizing communities and sensitizing them on malaria and other health issues. The SURMa project compliments this effort by providing technical assistance to village health teams and community health workers.

In addition, the NMCP noted that it sensitizes and mobilizes affected persons to demand and use malaria prevention and treatment services. However, the details on the exact interventions included were not provided to the mid-term team.

While the MAAM campaign and SURMa project provide a promising framework for promoting the meaningful participation of affected populations, the mid-term assessment was not able to collect information on the extent of the community mobilization work. However, stakeholders noted that populations affected by malaria will be part of the Steering Committee for the National Health Equity Plan. Moreover, the mid-term team echoes the concerns of the baseline assessment related to weak support for health facilities for mobile populations in Karamoja and in hard-to-reach mountainous areas.

Recommendations

- Support the community-centered elements of the malaria response, ensuring that people affected are at the center of the conversations and decision-making. Moreover, monitor and evaluate community mobilization efforts to assess effectiveness.
- Support the implementation of community scorecard assessment of quality at health facility-level for malaria services.
- Create a system for mapping, identifying, and engaging hard-to-reach, minority and socially disadvantaged populations affected by malaria, especially in the mountainous areas of Karamoja. Use the local religious or cultural structures within these areas, and promote projects that support community-level dialogues and integration of feedback into malaria service delivery. Ensure meaningful involvement of refugee communities in the process.

Malaria Program Area	Score	
	Baseline	Mid-term
Strengthening community systems for participation in malaria programs	1.0	2.0

At mid-term, there are limited activities related to strengthening of community systems for participation in malaria programming. However, there are two opportunities: (1) community scorecards and (2) the adoption of the Integrated Community Case Management (ICCM). Under NFM2, ICWEA's community scorecards include components related to malaria prevention at household-level and social and behavioral change activities for malaria management. In alignment with their findings, the scorecards make specific recommendations for malaria interventions. Moreover, the NMCP reports that the adoption of (ICCM) – the training

of selected community members in the skills required to diagnose, treat, and refer cases of diarrhea, malaria and pneumonia - is operating in 78 districts and has helped strengthen health and community systems. ICCM targets children under 5 years old and relies entirely on village health teams. Since baseline, to improve the quality of ICCM, there have been trainings for frontline workers, as well as improvements in community reporting systems and supply chains. While this is a positive development in the overall malaria response, the MTA team was unable to fully assess the full extent to which community health systems strengthening has improved meaningful participation in malaria programming. This should be seen as an opportunity to strengthen community engagement and ownership in the malaria response.

Recommendations

- Advocate to strengthen the village health teams system through trainings and supportive supervisions and provide funds for facilitation and village level activities, including on promotion of access to non-discriminatory care, patients' rights, rights/legal literacy.
- Advocate to strengthen the capacity on human rights and gender-related aspects of malaria prevention and control of health unit management committees and local CBOs and facilitate them to hold community-level dialogues.
- Follow-up on malaria recommendations arising from the community scorecards, and integrate human rights and equity considerations into the malaria section of the scorecard for NFM3.

Malaria Program Area	Score	
	Baseline	Mid-term
Malaria programs in prisons and pre-trial detention	*	*

The baseline assessment did not identify any specific programs to overcome rights-related barriers to malaria services in prisons and other closed settings. The same remains true at mid-term. Though the NMCP noted that all prisoners in the country may access malaria testing and treatment, there was no indication of any interventions to address rights-related barriers. The NMCP did flag, however, that there was a lack of resources to support other appropriate high impact interventions, like indoor residual spraying, that could further address malaria in prisons[5].

Recommendations

- Support trainings and targeted measures to ensure that quality malaria prevention and control commodities are rolled out in prisons.
- Support advocacy for improved malaria service programming and delivery in prisons and other closed settings.

Malaria Program Area	Score	
	Baseline	Mid-term
Improving access to services for underserved populations, including for refugees and others affected by emergencies	*	1.0

[5] **Global Fund Secretariat Footnote:** The Global Fund NFM3 malaria grant includes interventions in prisons, including indoor residual spraying

Malaria continues to be a key health issue for refugee populations in Uganda.********** At mid-term, the NMCP noted that there were two specific campaigns (one from 2017-18 and another from 2020-21) that distributed long lasting insecticide-treated mosquito nets to refugee settlements in Uganda. These nets were also routinely distributed through antenatal care and immunization clinics for refugees. There was no further information provided on how considerations of equity, non-discrimination and other rights-related barriers might have been addressed by this work.

Critically, neither the baseline nor mid-term assessments were able to engage directly with underserved populations in the malaria response, including refugees or others affected by emergencies, as well as the service implementers who operated in these settings. This is a significant gap in understanding how underserved populations experience rights-related barriers to access services.

Recommendations

- The NCMP should prioritize data collection and analysis for underserved populations, including refugees and other affected by emergencies, to identify the equity barriers and to inform appropriate solutions.
- Support assessments for access to malaria and other health services in refugee settlements to better understand key areas for improvement to remove existing human rights-related barriers to access services.
- Develop guidelines for integrated service delivery that includes non-discriminatory, equitable access.
- Increase legal literacy for underserved communities to know their rights and support them to mobilize and hold duty bearers accountable. This includes engaging humanitarian stakeholders to ensure the refugee populations (and other affected by emergencies) are provided with tools and information to understand their health-related rights, including in the context for malaria.

Cross-Cutting Issues related to Quality Programming and Sustainability

This section looks at cross-cutting considerations that span HIV, TB and malaria program areas and are critical to ensuring the quality and sustainability of programming to remove human rights-related barriers.

The Global Fund's definition of comprehensive programs stresses the importance of quality, stating that activities should be internationally recognized as effective in removing human rights-related barriers to HIV and TB. A number of key elements of quality have been identified, including alignment with national strategies; integration into or linkage with prevention, treatment and key population services; combining multiple human rights programs for enhanced impact; avoidance of duplication and gaps; strengthening rights human capacity towards sustainability; addressing the contexts of beneficiaries; and robust monitoring and evaluation.

The systematic collection of data on quality indicators on individual programs to remove human rights related barriers went beyond the scope of this assessment. However, based on key informant interviews with implementers, community organizations, UN agencies, and donors, as well as reviews of program data for certain programs and activities, a number of key components of quality are discussed below.

Achieving Quality

To achieve quality in programs to remove human rights-related barriers, the Global Fund has suggested integration of human rights interventions into prevention, treatment and care services, as well as within guiding policies and plans. The work of key population-led organizations exemplifies this type of integration. From the information collected at mid-term, not only do key population-led organizations provide essential HIV prevention and treatment services, but they also offer other support, such as "know your rights" sessions, sensitization with law enforcement, paralegals and psychosocial support, and critically, maintain the trust of individuals at-risk in a way that government service providers often do not. Another element of quality is to combine programs in a strategic manner – while key populations-led organizations do not offer legal aid, there are referral mechanisms to other relevant organizations, such as UGANET and HRAPF, when such services are needed. Supporting organizations to provide legal services for key and vulnerable populations is a critical complement to the work of community-based organizations.

However, there are several areas that can be strengthened to improve the overall quality of programs to remove human rights-related barriers:

- ***Avoiding activities with no follow-up***: Key informants noted that several of the trainings are one-off activities, with little to no follow-up with individuals who had been trained. Moreover, several of the activities are focused on producing guidelines and/or manuals. While the production of such materials is important, it's essential that funds are also being allocated for their use, dissemination and operationalization, including mechanisms to monitor trainees' compliance with the content of training materials – for example regarding non-discrimination in health services and law enforcement and complaints mechanisms for violations.

- ***Investing in robust monitoring and evaluation frameworks***: Another theme from the information collected at mid-term is that many of the activities lack robust monitoring and evaluation efforts. The monitoring that is generally done remains at output level, with no requirements to contextualize contributions towards outcome or impact. Evaluations were seldom mentioned as being part of programmatic efforts. Without greater effort to monitor outcomes, there is a significant risk that donors in Uganda repeatedly fund similar trainings with little impact and little learning as to what types of activities lead to meeting objectives.
- ***Building capacity of organizations***: This element addresses two types of capacity needs: (1) the first is capacity and understanding on human rights and gender issues; and (2) the second is on administrative and financial capacity, especially for community-based and key populations-led organizations. On the capacity to understand and implement programs to remove rights-related barriers, more strategic and systematic effort is needed to engage with representatives from government institutions, health care sector and broader civil society organizations to facilitate an understanding of the importance and relevance of human rights and gender issues, especially for TB and malaria. The second point, while community- and key populations-led organizations have been doing groundbreaking human rights and health work in Uganda, the administrative and financial capacity remains limited for some organizations, especially when requested to comply with complex donor requirements. The administrative and financial limitations of community- and key population-led organizations contributed to a prolonged and complicated procurement process for the selection of the implementing partners for programs to remove rights-related barriers to access. While the selection process seems to have improved for the current grant (NFM3), in general, more support is needed to strengthen the infrastructure of these organizations – both to allow organizations to attract and absorb funds, as well as to support the growth of a robust civil society sector in Uganda.
- ***Allowing for more flexibility in funding, especially for advocacy activities***: Advocacy activities are opportunistic, and stakeholders engaged in this type of work have expressed concern at the long process needed to move funds from one activity to another. The administrative work related to these requests delay operationalization of activities that respond to urgent advocacy and human rights needs. While financial tracking and transparency are critical, a balance should be struck to allow for flexibility to respond to human rights advocacy opportunities as and when they arise.
- ***Greater coordination of programs to remove rights-related barriers at national-level***: A larger concern related to quality of programming in Uganda is the lack of follow-up on the National Equity Plan. Though a comprehensive plan has been produced with the engagement of various stakeholders, there has been little work done to follow-up on its implementation. Without monitoring the plan's operationalization, it's difficult to discern whether programs to remove human rights-related barriers are scaling-up in a strategic manner across the country. Moreover, poor implementation of the Plan also risks reducing the desire of diverse stakeholders to participate in such processes and shows a lack of recognition and appreciation for the risks some groups and individuals face, particularly key populations, when interfacing with government institutions in Uganda.

Political Will

The Ministry of Health (MoH) has shown consistent support for the scale-up of programs to remove human rights-related barriers to access services for the three diseases. The development of the Equity Plan was led and endorsed by the Ministry of Health and during the process to develop the plan the MOH made two public statements condemning violence against key populations. However, the broader political sphere presents an increasingly challenging human rights environment. Punitive laws and policies, coupled with divisive political rhetoric from key political and religious leaders, continue to undermine concrete efforts to reduce human rights related barriers to services for HIV and TB. The pending Sexual Offences Act, 2021 is an example of these types of laws (see HIV program area on "Monitoring and Reforming Laws" for more information). In addition, the country is experiencing a shrinking civil society space.

At the same time, health-focused civil society organizations have not been directly impacted, meaning that such organizations and technical partners can continue their work. These organizations, however, expressed concerns that they may be impacted in any future decisions around NGO registration – which would have considerable adverse impacts on BDB initiative's work. Nevertheless, the Ministry of Health is a full partner in programs to reduce barriers and the MAPRI initiative continues to run through public hospitals and the number of public facilities providing rights-based services to key populations is continuing to increase. Moreover, in spite of these challenges, Uganda has some of the strongest and most active key population groups and human rights groups in the region.

Impact of COVID-19

Restrictions imposed by the COVID-19 lockdowns greatly impacted health services, as well as programs to reduce human rights-related barriers to service access in Uganda. Both government and civil society informants noted that COVID-19 restrictions were barriers for individuals to access health services, including those for HIV, TB and malaria. Informants expressed concern about losing the gains in addressing the three diseases, as a result of the lockdown. Not only were individuals hindered in their ability to access services, but the key and vulnerable populations also faced discrimination when trying to access social support and other basics (for example – sex workers reportedly were not registered for food benefits because of their occupation). Civil society organizations acted to address some of these concerns, engaging in outreach within their communities to deliver food, medication and other necessary services when it was possible to do so. Moreover, implementers complied with COVID-19 restrictions as much as they could – delaying meetings or moving them online. For example, the ODPP and ICWEA both moved some of their activities to online spaces. Though it was positive that activities could continue, informants noted a significant limitation – that those who participated in the online activities were those who already had access to internet. Individuals and groups that are most vulnerable often have limited access to the internet and thus could not engage.

Organizations also created innovative solutions in response to COVID-19. Due to the pandemic, UGANET created a human rights call center where communities would call seeking support within the lockdown. The call center was open 24 hours per day and was available in the 7-8 of

the most common languages spoken in the country. UGANET noted that the call center helped them continue to reach communities when they needed it the most. Moreover, in collaboration with HRAPF, ICWEA and TASO, UGANET also created a shelter hall and wellness center, which emerged out of the need to address violence against women and girls during the pandemic. The organization noted that some Global Fund resources were used to help callers leave abusive situations.

Importantly, COVID-19 restrictions resulted in a wave of human rights abuses, including towards key and vulnerable populations. Anecdotal evidence suggests that gender-based violence, which was already a significant health and human rights concern in Uganda, increased during the pandemic.†††††††††††† Moreover, for over two months, the lockdown order failed to include lawyers as essential workers‡‡‡‡‡‡‡‡‡‡‡‡ while security forces implementing the lockdown arrested those deemed in violation of the movement restrictions.§§§§§§§§§§§§ The highly restrictive lockdown, coupled with discriminatory implementation by police and local officials, meant that hundreds of people arrested for violating the lockdown orders, including LGBTI people and sex workers, were left with no access to legal assistance while lawyers fought in court to be allowed to access places of detention. Furthermore, the prison population significantly increased in the early days of the pandemic, from 59,000 to 65,000 in five months.********** This exacerbated overcrowding in prisons, which was already a significant concern, not only for HIV and TB transmission and treatment, but also for human rights more generally.

Donor Landscape

Aside from the Global Fund, key informants noted that the following donors also supported programs to remove human rights-related barriers to HIV, TB and malaria services:

- United States: Centers for Disease Control/PEPFAR – especially for work with key populations
- Irish AID – supported stigma and discrimination work for people living with HIV
- Elton John Foundation – for access to services mainly counselling and testing and human rights issues that arise.
- Swedish International Development Cooperation Agency (SIDA) – for sexual and reproductive health

Some technical partners also provided project-based funding for interventions to reduce human rights-related barriers to access, including UNAIDS (encompassing support to the Global Partnership to Eliminate all Forms of HIV-related Stigma and Discrimination) and UN Women.

Though it is promising to have a range of donors supporting interventions to remove rights-related barriers, more donor dialogue and coordination are needed to enhance complementary support and alignment of funds for scale-up of programs to achieve comprehensiveness, as outlined in the National Health Equity Plan

Recommendations

- Avoid one-off activities and activities with no follow-up and no monitoring and evaluation systems. Trainings and any activities related to capacity building should have follow-up funding, as well as M&E components (such as pre- and post-training assessments). The production of guidelines and training materials should also have support for their dissemination and operationalization. Activities should include rigorous monitoring and evaluation systems – while output level indicators may be used to track progress, contextualization of the completed activities at the outcome and impact level are needed. Activities should only be scaled-up once it has been evaluated to demonstrate contribution towards impact.
- Increase funding to community- and key populations-led organizations, which should include support to build the necessary administrative and financial infrastructure to comply with donor funding and reporting requirements.
- Increase efforts to sensitize government institutions, health care providers and civil society on the intersections between the three diseases and human rights, with an emphasis on TB and malaria.
- Support the operationalization of the National Health Equity Plan, including technical and donor coordination meetings to ensure that activities in the plan are funded and implemented at scale.
- Increase coordination with donors to ensure support for programs that reach key populations and remove human rights barriers.

Part III. Emerging Evidence of Impact

By reducing and removing rights-related challenges to access HIV and TB services, the *Breaking Down Barriers* initiative aims to improve uptake of, and retention in, services for affected communities. At mid-term of the initiative, there is emerging evidence of impact of programming to reduce human rights-related barriers.

Using Legal Services to Protect Key Populations

Paving the Way to Restrict Overly-broad HIV Criminalization: Komuhangi Silvia vs. Uganda Criminal Appeal No. 0019 of 2019

On account of her HIV status, Komuhangi Silvia was charged and convicted of a negligent act likely to spread disease under Section 171 of the Penal Code Act.†††††††††††††† The case alleged that she pricked and potentially infected a baby with HIV. After spending seven months in pre-trial detention, Komuhangi Silvia was convicted and sentenced to two years in jail. On appeal to the High Court, UGANET took up the case. The High Court overturned the decision, finding that the lower trial court did not have satisfactory evidence to make a guilty determination, as the lower court only looked at the fact that Silvia was living with HIV and had a detectable viral load. The High Court explored scientific and medical advancement in HIV treatment, and said that in HIV criminalization cases, courts must explore the full range of factors that can affect the risk of HIV transmission following exposure. In the present case, the judge noted that the following evidence was needed for a conviction: 1) that the accused was living with HIV; 2) that the accused had an infectious viral load; 3) that the behaviour or activity of the accused posed a real risk that for HIV transmission, based on scientific and medical evidence and risk of exposure.

The case is the first time that a court has explicitly outlined these requirements for a guilty verdict in HIV criminalization cases, a step in restricting overly broad HIV criminalization and paving way for criminalization solely of intentional transmission. Though the case is persuasive in the High Court, it is binding on lower courts.

Protecting Rights in a Pandemic: Human Rights Awareness and Promotion Forum vs. Attorney General and Commissioner General of Prisons, Miscellaneous Application No.81 of 2020

With the support of the Global Fund and other funders, HRAPF was able to file a strategic litigation case focused on protecting the rights of HIV-related key populations during the COVID-19 pandemic. In March 2020, when Uganda was under its first COVID-19 lockdown, police arrested 19 people in a shelter providing services to the LGBTI community, charging them with "doing a negligent act likely to spread infection of disease."‡‡‡‡‡‡‡‡‡‡‡‡‡‡ Prison authorities held the 19 persons in jail, and denied them access to lawyers and legal aid (physically and in writing) – including representation from HRAPF, citing COVID-19 restrictions. As a result of this denial, in April 2020, HRAPF filed a case, alleging that the denial of access to lawyers was a

violation of the right to a fair hearing and the right to liberty, as enshrined in the Ugandan Constitution. On the 15th of June 2020, the High Court of Uganda issued the judgment in *Human Rights Awareness and Promotion Forum Vs Commissioner General of Prisons and Attorney General High Court Miscellaneous Cause No.81 of 2020.* The Court declared denial of access to lawyers by 19 LGBT youth as a violation of the right to a fair hearing and the right to liberty, which cannot be derogated from even in the midst of the COVID-19 pandemic. For these violations, the Court awarded 5 million Uganda shillings to each of the 19 individuals, as well as costs to HRAPF. The judgment was key to developing jurisprudence on protection of rights to due process, as well as contributing to the ensuring an enabling legal environment for access to HIV services.

Annex I. Summary of Recommendations

To strengthen and sustain the enabling environment, reach comprehensiveness, and achieve impact, the mid-term assessment makes recommendations in the following areas. Priority key recommendations are synthesized from the longer list of recommendations that follow in the tables below.

Key Recommendations

Creating a Supportive Environment
• Enhance the dissemination of the National Equity Plan by undertaking a range of activities to reach all districts health services within Uganda. • Develop a process for regular, consultative meetings of the Steering Committee of the National Health Equity Plan that provides leadership, mobilizes commitment and ensure accountability across the stakeholders in HIV, TB and malaria. This includes ensuring a robust monitoring and evaluation system to track the implementation of the Plan's various activities, as well as overall progress to reduce human rights and equity barriers in Uganda. • Ensure that the Equity Plan's Steering Committee is representative of a broad range of key stakeholders across the three diseases, including government, civil society (encompassing community representatives), technical partners and funders. • Under the mandate of the Steering Committee, develop a comprehensive resource mobilization strategy to enhance fundraising efforts towards the full implementation of the National Equity Plan, beyond Global Fund support alone.
Programmatic Scale-up
For HIV & TB: • Continue to support the MARPI clinics across the country, ensure safety and security of key populations programs implementers and clients, as well as increase funding support to key population-led organizations to engage in stigma and discrimination reduction activities to support the needs of their communities. • Follow-up on the recommendations of the 2019 Stigma Index, as well as support the implementation of subsequent Stigma Index studies (including the implementation of the study in 2022), to monitor progress on reducing HIV- and key population-related stigma and discrimination. • Continue to support health care worker training on human rights and medical ethics to be mainstreamed through government-supported trainings – such trainings should also include follow-up activities, as well as robust monitoring and evaluation systems. These trainings should not only be available for medical professionals, but also to administrative staff. • Support civil society to lead a major advocacy campaign involving identifying and engaging key parliamentarians who can lead reform efforts with expertise and political clout, coupled with national media campaigns and public messaging regarding the evidence of negative impacts of HIV criminalization and mandatory testing. • Increase support for legal literacy campaigns within each district to reach national coverage, with the involvement of district governments and community-centered or key populations-led organizations.

- Increase funding to health- and HIV-related legal aid organizations and scale-up the provision of services to key and vulnerable populations country-wide, including outside central towns and urban and peri-urban areas.
- Expand training and remuneration of peer paralegals to provide legal advice and mobilization specific to the needs of key and vulnerable populations.
- Provide funding to sensitize parliamentarians about the societal enabler targets and importance of an enabling environment, including about discriminatory implications of the pending Sexual Offenses Act (2021). Develop amendments to mitigate the harmful effects of the law, if it comes into force.
- Increase the capacity of civil society organizations, including key population-led organizations, to engage in advocacy to reform and remove laws and policies that act as barriers to health services, including the HIV and AIDS Prevention and Control Act (2014).
- Continue to support youth-led, women-led and key population-led organizations and networks to engage with their communities to identify needs and organize to advocate for rights-based services and policies.
- Increase support for interventions to reduce discrimination on the basis of sexual orientation and gender identity.
- Support the formation of networks of people affected by TB and civil society organizations that support them to advocate for human rights-related to TB, including those impacting people with, and survivors of, TB and their rights in the workplace.
- Support effective advocacy, communication and social mobilization to improve engagement of communities, including former TB patients, to improve case finding, monitor quality of TB health care and combat stigma and discrimination in communities and health care settings.
- Support civil society organizations to advocate for access to HIV and TB services in prisons and other closed settings, as well as provide legal aid and prisoners' rights trainings.
- Ensure the ODPP pilot to train peer educators and prison staff on HIV, TB, disease-related stigma and prisoners' rights is not only implemented, but also monitored and evaluated. If effective, the trainings should be scaled-up.

For Malaria:

- Conduct operational research to explore gender and health dynamics, including those related to malaria, and develop a gender analysis framework. The malaria matchbox (or elements of it) may be used.
- Advocate to strengthen the village health teams system through trainings and supportive supervisions and provide funds for facilitation and village level activities, including on promotion of access to non-discriminatory care, patients' rights, rights/legal literacy.
- Advocate to strengthen the capacity on human rights and gender-related aspects of malaria prevention and control of health unit management committees and local CBOs and facilitate them to hold community-level dialogues.
- Support assessments for access to malaria and other health services in refugee settlements to better understand key areas for improvement to remove existing human rights-related barriers to access services.

Programmatic Quality and Sustainability
• Avoid one-off activities and activities with no follow-up and no monitoring and evaluation systems. Trainings and any activities related to capacity building should have follow-up funding, as well as M&E components (such as pre- and post-training assessments). The production of guidelines and training materials should also have support for their dissemination and operationalization. • Activities should include rigorous monitoring and evaluation systems – while output level indicators may be used to track progress, contextualization of the completed activities at the outcome and impact level are needed. Activities should only be scaled-up once it has been evaluated to demonstrate contribution towards impact. • Increase funding to community- and key populations-led organizations, which should include support to build the necessary administrative and financial infrastructure to comply with donor funding and reporting requirements. • Increase efforts to sensitize government institutions, health care providers and civil society on the intersections between the three diseases and human rights, with an emphasis on TB and malaria. • Support the operationalization of the National Health Equity Plan, including technical and donor coordination meetings to ensure that activities in the plan are funded and implemented at scale. • Increase coordination with donors to ensure support for programs that reach key populations and remove human rights barriers.

Comprehensive Recommendations

Cross-cutting	
Creating a supportive environment	• Enhance the dissemination of the National Equity Plan by undertaking a range of activities to reach all districts health services within Uganda. • Ensure that there are resources available for the Steering Committee secretariat within the Uganda AIDS Commission to convene regular Committee meetings and to support the Committee and the related monitoring and oversight functions for the Equity. • Develop a process for regular, consultative meetings of the Steering Committee that provides leadership, mobilizes commitment, oversees implementation and ensures accountability across the stakeholders in HIV, TB and malaria. This includes ensuring a robust monitoring and evaluation system to track the implementation of the Plan's various activities, as well as overall progress to reduce human rights and equity barriers in Uganda. • Ensure that the Equity Plan's Steering Committee is representative of a broad range of key stakeholders across the three diseases, including government, civil society (encompassing community representatives), technical partners and funders. • Under the mandate of the Steering Committee, develop a comprehensive resource mobilization strategy to enhance fundraising efforts towards the full implementation of the National Equity Plan, beyond Global Fund support alone.
Programmatic quality and sustainability	• Avoid one-off activities and activities with no follow-up and no monitoring and evaluation systems. Trainings and any activities related to capacity building should have follow-up funding, as well as M&E components (such as pre- and post-training assessments). The production of guidelines and training materials should also have support for their dissemination and operationalization. Activities should include rigorous monitoring and evaluation systems – while output level indicators may be used to track progress, contextualization of the completed activities at the outcome and impact level are needed. Activities should only be scaled-up once it has been evaluated to demonstrate contribution towards impact. • Increase funding to community- and key populations-led organizations, which should include support to build the necessary administrative and financial infrastructure to comply with donor funding and reporting requirements. • Increase efforts to sensitize government institutions, health care providers and civil society on the intersections between the three diseases and human rights, with an emphasis on TB and malaria. • Support the operationalization of the National Health Equity Plan, including technical and donor coordination meetings to ensure that activities in the plan are funded and implemented at scale. • Increase coordination with donors to ensure support for programs that reach key populations and remove human rights barriers.

HIV-related recommendations by program area	
Stigma and discrimination reduction	● Ensure that the National Guidelines on Stigma and Discrimination are disseminated and implemented, incorporating a robust monitoring and evaluation system. ● Continue to support the MARPI clinics across the country, as well as increase funding support to key population-led organizations to engage in stigma and discrimination reduction activities to support the needs of their communities. ● Follow-up on the recommendations of the 2019 Stigma Index, as well as support the implementation of subsequent Stigma Index studies (including the implementation of the study in 2022), to monitor progress on reducing HIV- and key population-related stigma and discrimination.
Training of health care workers on human rights and ethics	● Support efforts to standardize training curricula, manuals and other tools to ensure training quality – this could be done, for instance, by supporting the Makerere School of Public Health to design and quality assure trainings. Coordinate training across various programs to reduce duplication of trainings. ● Continue to support health care worker training on human rights and medical ethics to be mainstreamed through government-supported trainings – such trainings should also include follow-up activities, as well as robust monitoring and evaluation systems. These trainings should not only be available for medical professionals, but also to administrative staff. ● Integrate training on reducing stigma and discrimination in professional schools for duty bearers by integrating modules into existing curricula and work with professional unions, such as the Uganda Nurses and Midwives Council, Uganda Medical Association and Uganda Nurses and Midwives Union, to ensure medical professionals are reminded of the guidelines and remain committed to reducing stigma and discrimination and providing rights responsive health services. ● Integrate human rights and medical ethics into pre-service training for medical professionals. ● Increase support to key population-led organizations to engage in trainings for health care workers on human rights and medical ethics. ● Beyond conducting more trainings, support accountability mechanisms for violations of medical ethics and human rights by health care workers, if and when patients experience stigma and discrimination when seeking health services.
Sensitization of lawmakers and law enforcement agents	● Continue to support, and institutionalize, trainings for actors in the criminal justice system to be sensitized on human rights and a rights-based approach to criminal justice, including by funding follow-up activities and strong monitoring and evaluation systems. ● Support key populations networks to engage with law enforcement to have supportive joint activities and to prevent harmful policing practices. ● Ensure implementation of trainings for prison staff and peer educators, including support for evaluations of the initial implementation. If the evaluations demonstrate effective results, expand trainings to national-level. ● Support civil society to lead a major advocacy campaign involving identifying and engaging key parliamentarians who can lead reform efforts with expertise and political clout, coupled with national media

	campaigns and public messaging regarding the evidence of negative impacts of HIV criminalization and mandatory testing.
Legal literacy	• Standardize legal literacy materials and coordinate efforts to ensure quality and avoid duplication of efforts. • Increase support for legal literacy campaigns within each district to reach country-wide coverage, with the involvement of district governments and community-centered or key populations-led organizations (including integrating legal literacy activities for outreach workers). • Continue to support community sensitization dialogues with rights-holders and duty bearers – if possible, increase resources to expand these dialogues to not only include women living with HIV, but also other key populations. • Increase the ability of civil society to provide links to well-supported and expert legal aid providers country-wide so complaints for violations of rights can be filed when necessary and thus develop greater demand for HIV-related legal services from those negatively impacted by Uganda's restrictive legal environment. • With regard to development of advocacy champions, beyond the initial training, ensure that funding is available for champions to work with communities to develop and implement their advocacy plans and strategies. Funding should also be available for monitoring and evaluation of advocacy work. • Evaluate the effectiveness and mechanisms of accountability of the Patient's Charter and Nursing Charter.
Legal services	• Increase funding to health- and HIV-related legal aid organizations and scale-up the provision of services to key and vulnerable populations country-wide, including outside central towns and urban and peri-urban areas. • Ensure financial support commensurate with the scale of the legal challenges present for people living with HIV and other key populations in Uganda, and ensure such legal services are more available, accessible, affordable, and of quality. • Clarify the legal aid policy and implementation framework for providing legal aid to indigent and marginalized people, such as people living with HIV and other key populations, to address discrimination from state and nonstate actors and improve accountability for human rights abuses. • Expand training and remuneration of peer paralegals to provide legal advice and mobilization specific to the needs of key and vulnerable populations. • Strengthen key population- and community-led organizations to have efficient referral mechanisms to legal aid organizations for cases that require legal assistance. • Engage Uganda Law Society to explore possibilities of integrating health and HIV related legal aid need into their (Uganda Law Society's) pro bono program.

Monitoring and reforming laws, regulations and policies related to HIV	● Provide funding to sensitize parliamentarians about the societal enabler targets and importance of an enabling environment, including about discriminatory implications of the pending Sexual Offenses Act (2021). Develop amendments to mitigate the harmful effects of the law, if it comes into force. ● Increase the capacity of civil society organizations, including key population-led organizations, to engage in advocacy to reform and remove laws and policies that act as barriers to health services, including the HIV and AIDS Prevention and Control Act (2014). ● Support civil society to continue monitoring human rights violations, with adequate funding to ensure follow-up on documented cases and provision of legal services, where necessary. ● Strengthen sensitization of the general public on health and human rights including rights of members of key populations and the need for legal reform broadly for effective disease response to complement training of parliamentarians.
Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	● Continue to support youth-led, women-led and key population-led organizations and networks to engage with their communities to identify needs and organize to advocate for rights-based services and policies. ● Expand community-based advocacy and mobilization of women living with HIV to reduce gender-based violence and support redress for survivors of violence using a rights-based approach, including access to legal services for survivors. ● Integrate trainings on gender and sexuality in pre-services and in-service trainings for duty bearers (for example – medical professionals, lawyers, judges, police, teachers). ● Increase scale of interventions to reduce discrimination on the basis of sexual orientation and gender identity.

TB-related recommendations by program area	
Reducing stigma and discrimination	• Continue to ensure integration of TB into HIV-related stigma and discrimination reduction activities, with an aim to include concerns specific to TB-related stigma, including in workplace settings. • Develop and conduct a national TB Stigma Assessment survey to collect information on the prevalence of TB stigma and the effects of stigma and discrimination on access to TB services in Uganda. • Continue to support mass media campaigns to reduce stigma and discrimination based on TB status, increasing awareness on laws protecting the rights of people living with HIV and with (or at risk for) TB and reducing fear of TB infection. • Integrate routine monitoring and tracking of the extent to which issues related to TB-related stigma and discrimination are highlighted and followed-up in activities that combine activities to reduce HIV and TB-related stigma and discrimination. • Support the National TB Program with technical assistance to ensure stigma and discrimination reduction is cross-cutting, particularly in the community-led components of the program where currently it is absent or only sporadically included.
Training of health care workers on human rights and ethics	• Develop standardized training curricula on human rights and medical ethics related to TB, which can be developed either as standalone trainings or integrated into HIV trainings on human rights and medical ethics (this can include highlighting cross-cutting issues on human rights and ethics that impact both HIV and TB), and ensure coordination of trainings to promote efficiency. • Integrate human rights and medical ethics into both TB pre- and in-service training curricula for health care workers and staff at health care facilities. • Support routine assessments of health workers' knowledge, attitudes and behaviors towards people living with TB and support them to address these issues.
Sensitization of lawmakers and law enforcement agents;	• Continue to support the in-service trainings for criminal justice actors, ensuring meaningful integration of TB information and TB-related rights. Increase the TB content to address the concern around lack of awareness on TB transmission. • Develop policies and guidelines for addressing HIV and TB within the criminal justice sector, from arrest and pre-trial detention to incarceration. • Continue sensitizing parliamentarians on health and human rights broadly but with clear focus on the three diseases (HIV, TB and malaria). In relation to TB specifically, future engagement with parliamentarians should discuss human rights issues in TB, in addition to other TB-related matters.
Legal Literacy	• Ensure implementation of trainings on human rights and gender for communities and civil society representatives. If possible, including a system for monitoring and evaluating the effectiveness of this activity, with an eye towards scale-up if effective. • Where it is feasible and efficient, consider integrating TB-related legal literacy into HIV-related legal literacy activities. • If not part of the training process, include training of peer educators within the legal literacy sessions. • Support local community-based organizations, especially those working with people living with TB, HIV and other key populations, to become

	aware of and mobilize around TB-related legal literacy and patient's rights. ● Support sensitization of the general public on human rights, the law and health with specific focus on TB; highlighting rights and obligations of TB patients, how compulsory treatment for TB can be contextualized to make them more rights sensitive and broader rights issues around TB.
Legal services	● Increase funding to HIV-related legal aid organizations to continue to scale-up the provision of services to TB key and vulnerable populations. ● Develop a clear regulatory framework for providing legal aid to indigent and marginalized people. ● Expand training and remuneration of peer paralegals to provide legal advice and mobilization specific to the needs of TB key and vulnerable populations. ● Strengthen key population- and community-led organizations to have efficient referral mechanisms to legal aid organizations for cases that require legal assistance.
Monitoring and reforming policies, regulations and laws that impede TB services	● Ensure that TB-related policies and laws take a human rights-based approach to TB prevention, treatment and care, including avoiding any overly broad application of TB isolation and compulsory treatment. ● Support TB civil society organizations and networks of people affected by TB to engage in advocacy for any laws, policies and/or regulations that act as barriers to access services.
Reducing gender-related barriers to TB	• Implement a TB gender assessment and based on those findings, develop, implement and evaluate strategies to reduce gender-related barriers to TB services in Uganda . • Advocate with MOH to reorganize the delivery of TB and HIV services to ensure that services are sensitive to gender issues to maximize health outcomes.
Ensuring privacy and confidentiality	• Ensure that TB and TB/HIV trainings include addressing the need to ensure privacy and confidentiality. This should also be a core point in trainings on human rights and medical ethics (see TB program area above). • Support community-led monitoring of health care facilities to document, report and address human rights violations in health care settings to encompass privacy and confidentiality concerns in the context of TB.
Mobilizing and empowering patient groups	• Ensure that the patient and community mobilization activities include human rights components (such as legal literacy and increasing demands for accountability) are implemented according to plan. Monitor and evaluate the intervention to assess whether it would be strategic to scale-up beyond the 17 districts. • Ensure that the recommendations from the community scorecards on TB are followed-up and that the continuation of community scorecards in NFM3 includes components of TB-related human rights within the TB section. • Support the strengthening of networks of people affected by TB and civil society organizations that support them to advocate for human rights-related to TB, including those impacting people with, and survivors of, TB and their rights in the workplace. • Support effective advocacy, communication and social mobilization to improve engagement of communities, including former TB patients, to

	improve case finding, monitor quality of TB health care and combat stigma and discrimination in communities and health care settings.
Programs in prisons and other closed settings	• Support civil society organizations to advocate for access to HIV and TB services in prisons and other closed settings, as well as provide legal aid and prisoners' rights trainings. • Ensure the ODPP pilot to train peer educators and prison staff on HIV, TB, disease-related stigma and prisoners' rights is not only implemented, but also monitored and evaluated. If effective, the trainings should be scaled-up. • Revise existing policies within the criminal justice system to provide alternatives to incarceration to mitigate overcrowding, which is a facilitating factor for TB transmission.

Malaria-related recommendations by program area	
Reducing gender-related barriers and harmful gender norms	• Conduct operational research to explore gender and health dynamics, including those related to malaria, and develop a gender analysis framework. The malaria matchbox (or elements of it) may be used. • Strengthen the capacity of key malaria stakeholders, managers, and data analysts to understand, prioritize, and use age and gender-disaggregated data and other gender related information in the fight against malaria. • Mainstream gender issues, including gender equality and nondiscrimination, at all levels of malaria program design, implementation, and evaluation. • Involve young men and women in in promoting malaria prevention and control, and in broader advocacy and education around malaria through participatory approaches such as peer education initiatives, as well as through integration with maternal and child health and antenatal care. • Develop content on gender equality and patients' rights to be delivered alongside malaria social and behavioral change campaigns, with messages targeted at different groups including mothers, pregnant women, men, fathers, male and female adolescents, refugees, and schoolchildren. These sessions could focus not only malaria-specific activities, including identification of signs and symptoms, prevention and timely health seeking behaviors, but also integrate information on more equitable household decision-making and the sharing of caregiving activities
Promoting meaningful participation of affected populations	• Support the community-centered elements of the malaria response, ensuring that people affected are at the center of the conversations and decision-making. Moreover, monitor and evaluate community mobilization efforts to assess effectiveness. • Support the implementation of community scorecard assessment of quality at health facility-level for malaria services. • Create a system for mapping, identifying, and engaging hard-to-reach, minority and socially disadvantaged populations affected by malaria, especially in the mountainous areas of Karamoja. Use the local religious or cultural structures within these areas, and promote projects that support community-level dialogues and integration of feedback into malaria service delivery. Ensure meaningful involvement of refugee communities in the process.
Strengthening community systems for participation in malaria programs	• Advocate to strengthen the village health teams system through trainings and supportive supervisions and provide funds for facilitation and village level activities, including on promotion of access to non-discriminatory care, patients' rights, rights/legal literacy. • Advocate to strengthen the capacity on human rights and gender-related aspects of malaria prevention and control of health unit management committees and local CBOs and facilitate them to hold community-level dialogues. • Follow-up on malaria recommendations arising from the community scorecards, and integrate human rights and equity considerations into the malaria section of the scorecard for NFM3.
Malaria programs in prisons and pre-trial detention	• Support trainings and targeted measures to ensure that quality malaria prevention and control commodities are rolled out in prisons. • Support advocacy for improved malaria service programming and delivery in prisons and other closed settings.

Improving access to services for underserved populations, including for refugees and others affected by emergencies	● The NCMP should prioritize data collection and analysis for underserved populations, including refugees and other affected by emergencies, to identify the equity barriers and to inform appropriate solutions. ● Support assessments for access to malaria and other health services in refugee settlements to better understand key areas for improvement to remove existing human rights-related barriers to access services. ● Develop guidelines for integrated service delivery that includes non-discriminatory, equitable access. ● Increase legal literacy for underserved communities to know their rights and support them to mobilize and hold duty bearers accountable. This includes engaging humanitarian stakeholders to ensure the refugee populations (and other affected by emergencies) are provided with tools and information to understand their health-related rights, including in the context for malaria.

Annex II. Methods

Methods

The *Breaking Down Barriers* mid-term assessment was originally designed:

1. To assess progress towards a comprehensive response to human rights-related barriers to HIV and TB services (directionality for reporting under KPI 9a target), and to allow for course-corrections, if needed;
2. To inform future investments aimed to reduce human rights-related barriers to access (including, but not limited to, GF investments in 2020-2022 allocation cycle);
3. To help inform the new Global Fund strategy.

The assessment was expected "to produce updates of progress since baseline both on milestones and proxy indicators, and indicative, qualitative, early signs of evidence of impact in select countries and program focus; as well as case studies of successful programs."§§§§§§§§§§§§§§

During the course of the assessments, in response to requests from the Global Fund Human Rights team, the objectives of the mid-term assessments evolved to include more focus on indicators of quality programs and programming, reviewing components such as integration of programs to remove human rights-related barriers into testing, prevention and treatment services; human rights implementation capacity; gender responsiveness; and the use of monitoring and evaluation systems.

For the assessment, countries were categorized into three tiers with varying levels of review. These were labelled as: in-depth, program and rapid assessments (see chart below). Uganda is a "rapid plus" assessment.

Mid-term Assessment Type	Countries		
Rapid	Benin Democratic Republic of Congo (rapid +)	Honduras Kenya Senegal	Sierra Leone Tunisia Uganda (rapid +)
Program	Botswana Cameroon Cote d'Ivoire	Indonesia Jamaica Kyrgyzstan	Mozambique Nepal Philippines
In-depth	Ghana	South Africa	Ukraine

All assessments included a desk review of relevant program documents and reports as well as other documents that describe developments within the country and program contexts. As a "rapid plus" assessment, the Uganda mid-term review entailed 10-12 key informant interviews, as well as questionnaires to relevant programmatic implementers.

Key informants were sought from principal and sub-recipients of Global Fund grants as well as other government, donor and civil society representatives. Semi-structured interview guides were used to guide the interviews covering the following domains of inquiry:

Assessing specific BDB programs **Dimension**	**Questions**
Scope	What key and vulnerable populations does it reach or cover?
	Does the program address the most significant human rights-related barriers within the country context?
	What health workers, law enforcement agents, etc. does it reach?
	Does it cover HIV and TB?
Scale	What is its geographic coverage?
	Does it cover both urban and rural areas?
	How many people does it reach and in what locations?
	How much has the program been scaled up since 2016?
	What is the plan for further scale up as per the multi-year plan?
Sustainability	Does the program have domestic funding? How secure is that funding?
	Does the program have other, non-Global Fund funding? How secure is that funding?
	Does the program seek institutionalization of efforts to reduce human rights-related barriers (for example, integration of stigma and discrimination training into pre-service training)?
	Does it avoid duplication with other programs?
	Is the program anchored in communities (if relevant)?
	What has been done to ensure sustainability?
Integration	Are programs to reduce human rights-related barriers integrated into the National Strategic Plans for HIV and TB?
	Is the program integrated with existing HIV/TB services? (also speaks to sustainability)
	Is the program integrated with other human rights programs and programs for specific populations?
	How closely does the implementer coordinate with implementers of other programs that include or rely on linkages to HR programs? (if relevant)
	Does the program address HR-related barriers to HIV and TB together? (if relevant)
Quality	Is the program's design consistent with best available evidence on implementation?
	Is its implementation consistent with best available evidence?
	Are the people in charge of its implementation knowledgeable about human rights?
	Are relevant programs linked with one another to try and holistically address structural issues?
	Is there a monitoring and evaluation system?
	Is it gender-responsive and age appropriate?

Based upon the interviews, additional documents and data (both quantitative and qualitative) were requested from key informants, which fed into the analyses of the program areas for HIV, TB and malaria. A list of documents reviewed and key informants who were interviewed is provided in the following Annexes.

The assessment was begun in August and completed in October 2021. Following the review of documents and key informant interviews, a draft of this report was shared with the Global Fund Human Rights Team and Uganda Country Team for their feedback. The finalized assessment report integrates these comments where relevant.

Assessment Component	Researchers	Dates
Desk review of available program reports, epidemiological information, and other background documents	Nina Sun Joe Amon Florence Obua	August - September 2021
12 key informant interviews conducted remotely with 29 people	Nina Sun Joe Amon Florence Obua	September - October 2021
Follow-up with relevant key informants	Nina Sun Joe Amon Florence Obua	August - October 2021

Detailed Scorecard Calculations and Key

The MTA country researchers independently scored each of the seven programs to reduce HIV-related human rights barriers and 10 programs to reduce TB-related human rights barriers, based on the geographic scale of each program area for each relevant key population, weighted equally (see table below) at mid-term. Scores were compared and discussed to reach consensus. Where disagreements remained, scores were averaged. Because the scale of the scorecard was changed in 2019 to allow for more sensitivity in measurement, the researchers reviewed the baseline assessment and scored the baseline using the same process.

Rating	Value	Definition
0	No programs present	No formal programs or activities identified.
1	One-off activities	Time-limited, pilot initiative.
2	Small scale	On-going initiative with limited geographic scale (e.g., a single or small number of locations – less than 20% of national scale) and capacity for reaching the targeted population. 2.0 Reaching <35% 2.3 Reaching between 35 - 65% of target populations 2.6 Reaching >65% of target populations
3	Operating at subnational level	Operating at subnational level (btw 20% to 50% national scale) 3.0 Reaching <35% 3.3 Reaching between 35 - 65% of target populations 3.6 Reaching >65% of target populations
4	Operating at national level	Operating at national level (>50% of national scale) 4.0 Reaching <35% 4.3 Reaching between 35 - 65% of target populations 4.6 Reaching >65% of target populations
5	At scale at national level (>90%)	At scale is defined as more than 90% of national scale, where relevant, and more than 90% of the population
Goal	Impact on services continuum	Impact on services continuum is defined as: a) Human rights programs at scale for all populations; and b) Plausible causal links between programs, reduced barriers to services and increased access to HIV/TB services.
N/A	Not applicable	Used when the indicator cannot be logically assessed (e.g., reducing discrimination against women programs for MSM).
Unk	Unable to assess	Used when it is impossible to determine a score based upon significant missing data (e.g., unavailable info from another donor).

Annex III. List of Key Informants

1. Jotham Mubangizi, (Officer in Charge/Strategic Information Advisor), Sarah Nakku (Community Mobilization and Networking Advisor), Salome Atim (Consultant) - UNAIDS
2. Lillian Mworeko (Executive Director), Dorothy Namutamba (Director Programs and Advocacy), Hanningtone Mutabarura (Director Monitoring, Evaluation, Accountability and Learning), Robert Mwesigwa (Director Business Development) – International Community of Women Living with HIV – East Africa (ICWEA)
3. Paul Isiko (Executive Director), Paddy Busulwa (Technical Advisor) - Uganda Stop TB Partnership
4. Annet Janet Nabulobi (Senior State Attorney), Proscovia Ayebare (HIV Projects Coordinator/Senior Prosecutor) - Office of the Director of Public Prosecutions
5. Dora Kiconco Musinguzi (Executive Director), Grace Nayiga (Head Legal Aid and Community Justice Litigation), Immaculate Owomugisha (Head Strategic Litigation and Advocacy), Alice Kabatembuzi (Monitoring and Evaluation Officer) - Uganda Network on Law Ethics and HIV/AIDS (UGANET)
6. Martin Paul Nsereko Male (Programme Officer – Global Fund), Ruth Nabagala (Monitoring and Evaluation Specialists) - STD/AIDS Control Program, Ministry of Health (MoH)
7. Lillian Tatwebwa (Head Special Programs) - Uganda AIDS Commission (UAC)
8. Ssuuna Mulumba Mulumba (Director), David Nyakahuma (Technical Advisor), Musasizi Jackson (Partnership Coordinator), Jackson Nuwamanya (Program Officer) - Uganda Civil Society Alliance Against Malaria (UCAAM)
9. Edward Mwebaza (Deputy Country Director) - Human Rights Awareness and Promotion Forum (HRAPF)
10. Andrew C. Musoke (Board Chairperson) - Uganda Country Coordination Mechanism of the Global Fund (CCM)
11. Lisa Nelson (Uganda Country Director), Stella Alamo (HIV Prevention Branch Chief) – US Centres for Disease Control (CDC)
12. Jacqueline Katesi Kyambadde (Project Coordinator, GMU), Irene Murungi (Technical Advisor Gender), Charles Ngobi (Monitoring and Evaluation Specialist) – The AIDS Support Organization (TASO)

Questionnaire Respondents

1. The AIDS Support Organization (TASO)
2. National Malaria Control Program, Ministry of Health (MoH)
3. AIDS Control Program, Ministry of Health (MoH)
4. Office of the Director of Public Prosecutions (ODPP)
5. Uganda National Coalition of TB Survivors and Actors (UNCTSA)
6. Uganda Stop TB Partnership (USTP)
7. International Community of Women living with HIV – Eastern Africa (ICWEA)
8. Uganda Network on Law, Ethics and HIV/AIDS (UGANET)
9. Human Rights Awareness and Promotion Forum (HRAPF)
10. Uganda Civil Society Alliance Against Malaria (UCAAM)
11. UNAIDS
12. Women's Organization Network for Human Rights Advocacy (WONETHA)
13. Uganda Professional Drivers Network (UPDN)

Annex IV: List of Sources and Documents Reviewed

Documents related to Breaking Down Barriers Initiative

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* The main categories of human rights and gender-related barriers to HIV and TB services include: Stigma and discrimination, including within the provision of health services; Punitive laws, policies, and practices; Gender inequality and gender-based violence; Poverty and socio-economic inequality; and Harmful working conditions and exploitation (mainly for TB).

† For HIV and TB: Stigma and discrimination reduction; Training for health care providers on human rights and medical ethics; Sensitization of lawmakers and law enforcement agents; Legal literacy ("know your rights"); Legal services; Monitoring and reforming laws, regulations and policies relating to the 3 diseases; Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity. Additional programs for TB: Mobilizing and empowering patient and community groups; Ensuring privacy and confidentiality; Interventions in prisons and other closed settings; Reducing gender-related barriers to TB services (TB).

‡ Linking programs to barriers; Making programs follow and support national plan and strategy; Integrating programs in prevention, treatment, key population programs; Combining programs; Avoiding duplication and gaps; Avoiding one-off activities; Building capacity and sustainability; Using local capacity and build on good existing programs; Making programs gender-responsive; Addressing safety and security; and robust M&E systems. See https://www.theglobalfund.org/en/updates/other-updates/2020-06-15-removing-human-rights-barriers-to-health-findings-and-lessons/

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