

2nd International Conference on

SEXUALLY TRANSMITTED DISEASES

December 03-04, 2018 Toronto, Canada

Creating safe spaces for key populations to access HIV prevention, treatment and care services in a hostile environment: MARPs Network Limited freedom and diversity drop-in centers

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Statement of the Problem: Key/Priority populations (KP/PPs) are groups of people who are most at risk of acquiring HIV or transmitting it. Many of these at risk groups can effectively be reached through the promotion of safer sexual behavior, early health-care seeking behavior, prevention and care activities. Our freedom and diversity drop-in centers provide secure, non-judgmental spaces where they can access health and social services and connect with the larger Key/Priority populations community networks, get HIV prevention, treatment and care services, share experiences or simply relax. Systemic homophobia and punitive laws, including the colonial Penal Code (1950) and annulled 2013-14 Anti-Homosexuality Bill, mean that key and priority populations particularly lesbian, gay, bisexual, transgender (LGBT) people and sex workers in Uganda face significant challenges to their human rights. Access to healthcare, economic opportunities and personal security are all impacted by widespread stigmatized attitudes towards key populations.

Method: A scorecard exercise methodology was utilized during participant observation, in-depth interviews and focus group discussions to do an assessment of availability and accessibility of sexually transmitted infection (STI) and HIV treatment and care services for key and priority populations at local health facilities in Kampala and Wakiso. A scorecard approach was utilized to analyze the interaction between the service users and the health center staff to understand this relationship.

Findings: The key population communities in this study were very active HIV service seekers but they encountered many gaps in continuity of care including stigma and discrimination and violence due to their sexual orientation at local health facilities. Although the drop-in centers are warm, safe and inclusive spaces, they are poorly stocked and unsustainable without the right partnerships and investment from the government and other AIDs implementing partners. As a result, many key populations leave the center with no treatment for their various needs and many without any referral to address other outstanding issues.

Conclusion: Key and priority populations want help however the health and social services are not always available or accessible to address their needs. Recommendations are made for drop in centers to be put in place that would help bring the services closer to them but also provide a safe friendly environment for accessing these services.

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