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RESEARCH ON LGBTQIA+ REFUGEE AND MIGRANTS AND INTERNALLY DISPLACED PERSONS



RESEARCH THAT MATTERS

The LGBTQIA+ Refugees, migrants, and internally
displaced persons needs

July 2024

Last Hope Refugee Association (LHRA)

ABSTRACT

LGBTQI+ refugees and internally displaced individuals are an under researched and understudied population. The available research and studies ignore LGBTQI+ individuals and they consider them under the broader Refugee populations.

In Uganda refugees are categorized under vulnerable populations with little or no considerations of different grounds such as ostracism based on sexual orientation and gender identity that affect the 'i would call ' most vulnerable refugees'

Consequently, specific research about LGBTQI+ refugee and internally displaced individuals in Africa most especially in Uganda is significantly lacking and gaps are evidently present. Additionally, research that is currently available has been primarily conducted with victims of SGBV , FSW individuals living in urban areas most especially in Kampala, and Wakiso. Research on LGBTQI+ refugees, and internally displaced persons especially those living in rural communities is almost nonexistent.

This study was conducted in the first two quarters of 2024 to assess the urgent needs of LGBTQI+ refugees and internally displaced persons and the lived realities of these individuals in their settlement areas. The study focused on most vulnerable women with an emphasis on LBQT individuals and sex workers in Western Uganda. 98 key informants' interviews and 2 focus group discussions were conducted targeting LGBTQ+ refugees, migrants and internally displaced persons, in service provider and key stakeholders in Western Uganda. The data was analyzed with aid of experienced personnel and further consultations from professionals in analytical related fields. The most pressing issues or key challenges affecting LGBTQI+ refugees, migrants and internally displaced persons includes; health related complications i.e limited access to comprehensive health care

services, language barriers, rights violations and ignorance on related topics, limited or no livelihood support and illiteracy on climate actions. The status of LGBTQI+ refugees, migrants and internally displaced individuals could be improved by addressing the challenges mentioned above in addition to humanizing conditions of shelter, registration processes, provision of appropriate facilities and spaces such as KP friendly DIC, adequate food production assistance and clean water.

1.0 INTRODUCTION

1.1 Introduction

Positive health and well being i.e freedom from discrimination and violence, equitable comprehensive health care services, social inclusions, livelihood development and support are foundations for successful resettlement. Without protection and strong support systems for the positive health and wellbeing of refugees, migrants and internally displaced populations it is hard and difficult to enjoy key human rights as stipulated in both national and international instruments such as The Constitution of the Republic of Uganda and The Universal Declaration of Human Rights (UNDHR).

Uganda continues to be one of the leading refugee hosting countries in the world and the first on the African continent with over 1.6 million refugees, a figure that is relatively higher than those in the European Union. The stability of the state continues to see an ignite in the number of refugees and migrants for example since the onset of violence in Sudan that has spiraled into one of the largest and most complex displacement crises in the world, Uganda has seen an increased entry of refugees on a weekly basis. With all complications faced by refugees such as overcrowding in destination points coupled with rampant human rights violations and health crises, LGBTQI+

refugees are not protected at all. They tend to become refugees in the broader refugee community since they are not accepted and very often blamed for being vectors of pandemics in their countries of origin.

1.2 Background

The 1951 United Nations Convention Relating to the Status of Refugees and the 1967 Protocol to the Convention define a refugee as any person “owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country....”

According to the United Nations Refugee Agency as of April 30, 2024, the total number of refugees in Uganda were 1622738 million and over 50978 asylum seekers.

From January to March 2024, excluding new births, a total of 37300 refugees entered Uganda meaning over 12433 and 414 refugees were received on a monthly and daily basis respectively.

However, the precise number who identify as lesbian, gay, bisexual, transgender, queer, or intersex (LGBTQI+) is unknown; likewise, we do not have rigorous data on the number of persons seeking asylum due to persecution on the basis of their sexual orientation or gender identity (SOGI). To our knowledge there is no body that regularly and systematically collect demographic data that are inclusive of SOGI measures. As a result, there is limited generalizable research on the characteristics and experiences of LGBTQI+ refugees and asylum seekers in Uganda.

We should all agree that without research and data specifically on this population, we cannot fully know how and to what extent policies that are

in place protect and promote the human rights of all refugees migrants and internally displaced individuals.

1.3 Problem statement

Uganda hosts over 1.6 million refugees in the seven refugee gazetted settlements under the four Regional Desk offices namely; Mbarara Refugee Desk with Nakivale settlement, Oruchinga settlement, Kyaka II settlement and Rwamwanja settlement, Hoima Refugee Desk with Kyangwali Settlement and Kiryandongo settlement, Adjumani Refugee Desk with Adjumani settlement, Palorinya Settlement and Palabek Settlement, Arua Refugee Desk with Lobule settlement, Rhino camp Settlement, Bidi Bidi settlement and Imvepi settlement and Kampala Refugees.

With the current regional trend where most countries have recurrently shown hostility towards LGBTQI+ individuals as evidenced in the famous Ugandan legislative Anti Homosexuality Act 2023 clearly indicates that the lives of LGBTQI+ refugees are not protected. Efforts of legal advances in Uganda have been geared towards maintaining and modifying the colonial laws that criminalize consensual same-sex activities which further pushes LGBTQI+ individuals to violence even at the hands of key state and non-state actors.

With the declined acceptance of the broader LGBTQI+ community in Uganda, LGBTQI+ refugees, migrants and internally displaced persons continue to face social and economic exclusion, discrimination, and stigma that can have significant effects on their health and well-being

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This study found out that the traumatic experiences of refugees further leads them into harmful practices such as excessive drug and substance use, aggravated incidences of violence exacerbated infections such as HIV/AIDS STDs, high prevalence of mental related illnesses among others. In addition to violence, most refugee settlements are located in dry lands where rains are below average and efforts of positive climate actions are limited due to fear of their visibility that can further subject them to other forms of rights violation such as multiple forms of victimization, including “psychological abuse, blackmail, shunning, pressure to participate in conversion therapy, corrective rape, and physical and sexual assault.

In most refugee camps there are few health facilities that are outcompeted by both refugees and locals populations. This limits easy access to comprehensive health care. When it comes to LGBTQI+ refugees, there is no any strong support system in regards to their easy access of key health services and some refugees pointed out that they often use herbal medications such as red paper to treat some infections such as STIs.

1.4 Study objective

The main objective was to understand the specific requirements and challenges faced by LGBTQI+ persons in regards to their health and human rights.

METHODOLOGY

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2.1 Study population

The target population comprised of adult LGBTQI+ refugees, migrants, internally displaced persons and nationals all of age 18 years and above.

2.2 Area of scope and delimitation

2.2.1 Area of Scope

The scope of this study was specified by geographical location and conducted in Western Uganda in the districts of Mbarara and Isingiro.

Physical interviews provided an opportunity to reflect on the lived realities of LGBTQI+ refugees, migrants and internally displaced individuals and their day-to-day experiences. The number of LGBTQI+ refugees, migrants and internally displaced individuals still remain unknown.

2.2.2 Delimitation

In this study, the delimitations were that each participant has self-awareness on gender fluidity, gender expression, sexual orientation or identified as LGBTQI+ individual of above the age of 18.

The other delimitation was identifying as a refugee, migrant or internally displaced individual. The key phenomenon of this study was a refugee, migrant or internally displaced status. The participants were to have been residents of that very location in the past four months.

2.3 Study design

The study employed a cross-sectional survey. Information on the lived realities, requirements and challenges of LGBTQI+ refugees, migrants and internally displaced individuals was gathered from systematically selected individuals of 18 years and above.

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Selection Criteria: Only individuals who were 18 years and above were considered for the study. Using available registration documents a systematic sampling technique was employed to select eligible respondents.

2.4 Data Collection

Data for the study was collected in the first and second quarters of 2024. The translated study tools i.e into primary languages that are clearly understood by the respondents were systematically administered to eligible and selected adults. Quantitative data was collected using structured questionnaires. Qualitative data was collected using Focus group Discussions and visits to relevant stake holders with an emphasis on those engaged in health e.g HIV/AIDS prevention and care fields. Participants of the FGD were selected by peer leaders.

Upon consent, respondents were personally interviewed by knowledgeable interviewers. To optimize rapport, interviewers were interviewed by their community members they felt free with to express themselves. The initial domains in the tools and the general study included topics related to health and human rights, climate actions and livelihoods.

2.5 Data Analysis

The data collected was analyzed with the help of knowledgeable and skilled personnel in same fields.

2.6 Ethical considerations

There was an informed consent obtained from respondents and confidentiality of the data collected was guaranteed to be observed. In addition consent of key respondents was sought.

2.7 Study Limitations

Every survey/research study has limitations and weaknesses in design, methodology, and/or transferability. In the context of this research study we identified and observed various limitations as stated below;

This study was limited to LGBTQI+ individuals in the districts of Mbarara, Isingiro and the selection criterion was limited to these specific geographical locations .

This limits transferability and dependability of results to other regions.

Due to the scope of this study (small sample size, and participant selection) the results are limited, but they contribute to the body of research on the LGBTQI+ refugees, migrants and internally displaced individuals in Western Uganda.

There was limitations in facilitations to smoothly carry out this study. Resource constraints limited the potential of the study which affected the data quality.

Another potential limitation of this survey was the impact and influence of history, The Historical nature of our area of scope is predominantly catholic and muslim grounded and the political climate of the country at the moment as seen through the Judicial upholding of the famous inhuman AHA by refusing to nullify this act in its entirety exacerbated the situation. This negatively impacted the participants, including their willingness to fully participate in this survey and/or level of disclosure during the interviews.

We addressed limitations and took reasonable measures to minimize them. We were cognizant of the limitations due to survey design and methodology, and we provided transparency throughout this survey.

Results of the study

3.1 Socio-demographic Summary of Participants

Table 1 and figure 1 shows demographic characteristics distribution of respondents by age and sex. Majority of the participants in this study survey were between 20 and 35 years of age 67.2%, followed by 35 to 50 12% and above 50years 13%. There were more women than men.

Table 1. Age distribution of respondents

AGE BRACKETS (YEARS)	FREQUENCY	PERCENTAGE %
20-25	41	40.2
26-30	35	34.3
31-35	12	11.8
36-40	4	3.9
41-45	5	4.9
46-50	3	2.9
51 and above	2	2
TOTAL	102	100

MEAN =28.6

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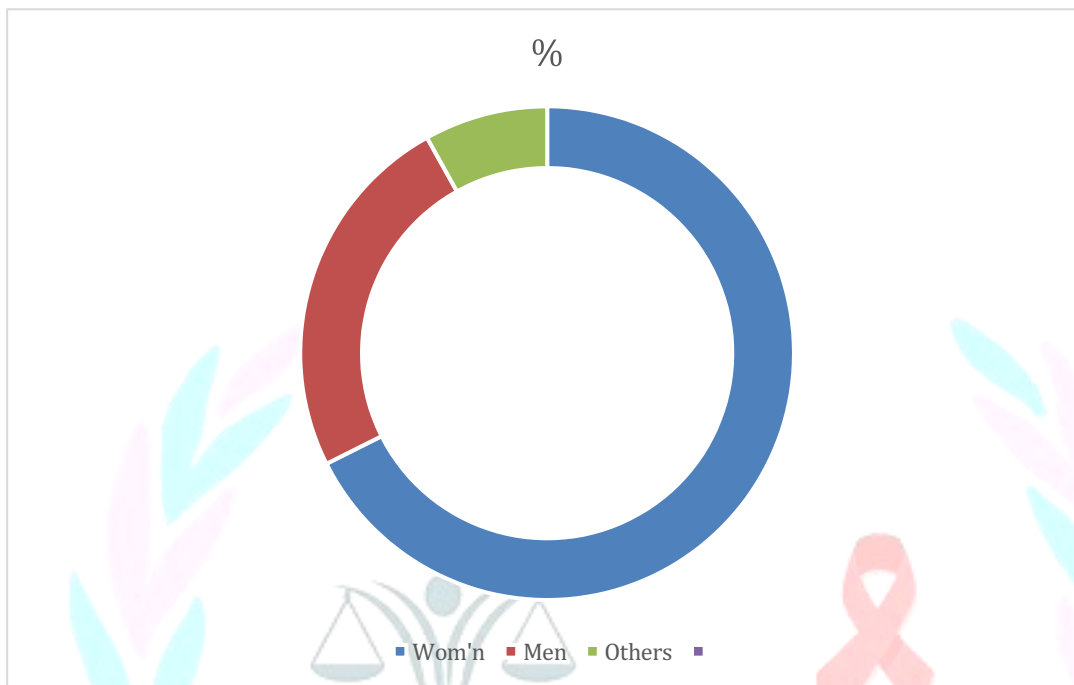


Figure 1. Distribution of respondents by gender.

Figure 1 shows that 67.6% of the respondents identified as woman (including gender diverse), 24.3% identified as men and 8.1% Identified as others (preferred not to disclose their gender)

3.2 Major Health Problems

Table 2 provides a summary of the perceived health concerns as enumerated by respondents.

Sexual reproductive related complications and mental health challenges were the most predominant health concerns among LGBTQI+ refugees, migrants and internally displaced individuals. Other major health conditions mentioned in order of importance include; depression, malaria, ulcers, anxiety, cough weight problems among others.

Table 2. Health challenges

DISEASE	Frequency	%
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HIV prevention and care	23	24.5
	52	55.3
	19	20.2
STI treatment	27	27.6
	56	57.1
	15	15.3
Access to commodities e.g condoms and lubricants	33	33.7
	44	44.9
	21	21.4
Mental related illnesses	18	18.4
	51	52
	29	29.6
Malaria	45	45.9
	31	31.6
	22	22.5
Typhoid	41	41.8
	39	39.8
	18	18.4
Ulcers	28	28.6
	47	48
	23	23.5

3.2.1 The Meaning of the colours in Table 1.

Know where services are and can relatively access them.

These individuals reported to have understanding on where these services are and can access them. Some services require a lot of expenses and these individuals at least could afford these services.

Some expressed having contacted herbalists for prevention and treatment of some of these diseases such as STDs.

■ They know where services are but are not easily accessible. Some of the barriers to these services are; language barriers, long distances to where these services are, high costs related to these services, homophobia and transphobia in facilities where these services are offered that scares away clients among others. Most individuals especially in Nakivale Refugee settlement explained they rather find these services in other facilities outside the camp especially facilities in Mbarara that are relatively far.

■ They don't know where to get the services. These individuals stated they have no understanding on how or where to access these services. Very often some diseases are associated with witchcraft and trust is given to herbalists to treat them. Diseases such as STDs are treated with hot paper in some places.

3.2.2 The underlying causes of major perceived health problems.

- Most respondents stated that broader community ostracism in relation to their gender identity and sexual expressions in their localities limits their easy accessibility to comprehensive health services which further pushes them to more chances of being prone to various diseases and infections.
- High costs related to treatment and care of some diseases in terms of transportation to health facilities and high prices of drugs in pharmacies.
- Ignorance on some diseases. Some individuals reported to have associated some diseases/ infections to witchcraft. This hinders easy accessibility to

comprehensive treatment and care of these diseases which further pushes them to vulnerability and transferability of these diseases/infections.

- Lack of a strong support system for LGBTQI+ refugees migrants and internally displaced individuals in their settlement areas.
- Unsupportive policies that generalize these populations in the broader refugees, migrants and internally displaced communities. This limits easy accessibility of key health care needs and services.

3.3 Human Rights

Figure 2 provides a summary of the causes of rampant cases of human rights violations that LGBTQI+ refugees, migrants and internally displaced individuals face in their day-to-day lives. The major cases of violations that these individuals are subjected to at the hands of state and non state actors include; assaults, battery, false imprisonment, malicious prosecution, forms of sexual and gender based violence, unlawful arrests, denial of some key services among others.

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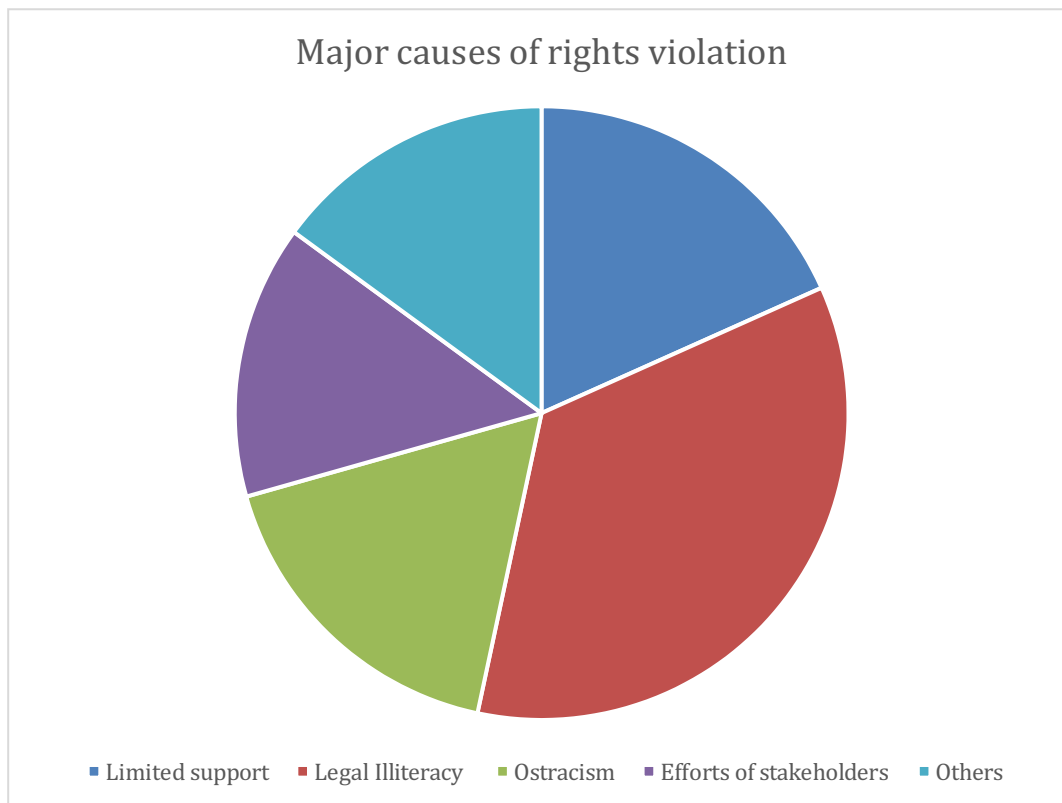


Figure 2 Key causes of rights violation.

3.3.1 Explanations on Figure 2.

Limited support. This is in regards of support systems. The available support systems for most vulnerable refugees, migrants and internally displaced individuals are lacking due to resource constraints and unfavourable political climate they operate in with strong criticisms from national and international established refugee bodies and agencies. This limits efforts of support bodies in the delivery of LGBTQI+ refugees, migrants and internally displaced population tailored services which further puts these individuals at high risks of rights violations.

Legal illiteracy especially in topics related to human rights and laws governing this country. Most respondents confessed not being informed on laws that actually affect them. 64% of the total respondents agreed not

having prior understanding on the Anti Homosexuality Act. This further pushes them to vulnerability in the legal context at hands of both state and non state actors.

Ostracism. 41% of the respondents expressed having been affected by the acts of the broader community where they live and thrive. Cases of broader community ostracism limited their rights for example right of freedom of expression and association, movement, assembly among others. In several cases they are attacked in open places and violated of their rights. This further pushes them to desperacy and limits their easy accessibility of services.

Efforts of stakeholders. Key stakeholders e.g religious leaders, ranking politicians and key public figures continue to exclude LGBTQI+ individuals from national programs labeling them as vectors of pandemics and associating them with misfortunes. These individuals have high affluence and influence on locals whom they influence to impose stigma and discrimination on LGBTQI+ individuals in their communities.

3.4 Livelihood

LGBTQI+ refugees, migrants and internally displaced individuals are often disadvantaged in economic opportunities which pushes them to poverty and its associated demerits such as hunger, increased participation in harmful activities among others. Denial of opportunities due to homophobia and transphobia greatly affects LGBTQI+ individuals and this lowers their quality of life.

13% of respondents stated that they have lost previously lost their jobs due to transphobia and homophobia at their work places and attacks on them.

26% of respondents stated that they fear joining the employment sector due to their visibility that puts them at risks of all forms of violations.

34% of respondents expressed interests in employment opportunities but they have no skills and expertise need. Illiteracy on economic skills and knowledge was also a great challenge expressed by respondents who were willing and able to work at any time.

Respondents engaging in self employment showed fear of the environments they work in which are surrounded by homophobic and transphobic individuals that at times threaten their work and lives.

“My restaurant was broken into and my items spoilt by homophobes whom i escaped from” one of the respondents state.

“We make hand crafts but there is no ready market for our finished goods since they are labeled homosexuality products that would easily be contagious and turn anyone who purchases them gay. ” one of the respondents lamented.

Lack of livelihood support in regards to economic empowerment, skills development among others greatly affect LGBTQI+ refugees migrants and internally displaced individuals and limits their productivity potentials in regards to broader community growth and development.

LGBTQI+ individuals have economic potentials that can be harnessed to promote their self-reliance through addressing policies, legal and practices that limits their rights to work and own businesses.

3.5 Climate actions

Climate change is now affecting every part of the country. Over the past years, weather patterns are changing, sea levels are rising and weather events are becoming more extreme.

In Uganda, climate emergencies have significantly impacted communities especially in terms of agriculture, water resources and overall livelihoods leading to food insecurity, water scarcity and displacement of people particularly in vulnerable regions.

Climate actions is a very ignored topics when it comes to LGBTQI+ refugees, migrants and internally displaced individuals and this is usually due to their focus on immediate survival needs such as finding safe shelters, food, safety and security over long and short term environmental concerns.

Limited access to resources, information and or decision making processes related to climate actions greatly also contributed to their apparent lack of engagement in these efforts.

It should be noted that most refugee settlements are located in dry corridors for example Nakivale Refugee Settlement where rains are below average and water supplies are inadequate making most refugees move long distances to look for water. The lack of safe water and use of alternative unsafe water continues to see a high prevalence of water borne diseases among refugees.

Discussion

LGBTQI+ refugees, migrants and internally displaced individuals continue to face hardships in their communities and many factors affect their quality of life. These individuals face a wide variety of rights violations that further subjects them to increased mental illnesses, physical harm, poverty, destitutions, defamation, increased contraction of HIV/AIDS/STIs, and sometimes death.

Almost all respondents had some sort of multiple ailments and the most commonly mentioned complaints were psychological torture, sexual and reproductive related concerns among others.

Psychosocial problems experienced by LGBTQI+ refugees are characterized by anxiety, depression, aggression, suicidal thoughts among others are generally caused due to the traumatic experiences such as loss of family members and witness of violence in their countries of origin that follows them in their new communities where they are exposed to increased cases of homophobia and transphobia.

Sexual and reproductive health are big concerns and greatly contributes to perceived ill health with concerns such as UTIs STIs, HIV/AIDS and incidences of rape. High incidences of lawlessness in conflict zones pave way for incidences such as sexual violations.

Respondents who needed and sought medical care services from health facilities and traditional healers reported cases of stigma and discrimination compared to the broader population that identify as heterosexuals. Lack of a strong support system for LGBTQI+ refugees migrants and internally displaced individuals in their different settlement areas continue to affect health statuses of these individuals negatively.

Essential services needed by LGBTQI+ refugees are constrained by language barriers, long distances to the available health facilities, ostracism related to the visibility of some individuals among others. Findings indicated that some individuals fail to access vital assistance from available facilities due to hindrances in communications and confidentiality concerns.

LGBTQI+ refugees, migrants and internally displaced individuals remains a great concern and most respondents expressed great interest in being aided to have legal literacy in related topics.

A strong support system is essential for the positive wellbeing of LGBTQI+

respondents suggested that this would aid their transition into freedom and independence.

Recommendations and conclusions

5.1 Recommendations

This study clearly indicates the presence of LGBTQI+ refugees, migrants and internally displaced individuals and efforts for their visibility and recognition as integral parts of our societies should be picked up.

There is need for system strengthening and increased funding of LGBTQI+ refugees, migrants and internally displaced individual centered and serving organisations.

There is need for increased documentation and research study on the needs, challenges and lives of LGBTQI+ refugees, migrants and internally displaced populations in Uganda.

Increased efforts by human rights protection and promotion bodies should be emphasized and encouraged in all refugee settlement areas.

Evaluations of programs and interventions to support LGBTQI+ refugee resettlement and social integration should be emphasized.

Review of policies that affect LGBTQI+ refugees, migrants and internally displaced persons should be emphasized for example by host states in coordination with UNHCR.

Capacity building of service providers in regards to the needs of LGBTQI+ refugees, migrants and internally displaced persons should be emphasized by relevant bodies.

Donors and funders should prioritize projects aiding LGBTQI+ refugees, migrants and internally displaced populations to independence e.g livelihood support projects, human rights literacy projects among others.

5.2 Conclusion

LGBTQI+ refugees, migrants and internally displaced individuals are integral parts of our communities and if aided they would contribute to the broader community growth and development.

NOTE: Information contained in this report is strictly confidential to Last Hope Refugee Association (LHRA), its members and or authorized partners.

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