Shadow Report

STIGMA, DISCRIMINATION, AND HUMAN RIGHTS VIOLATIONS AMONG KEY AND VULNERABLE POPULATIONS AND WOMEN LIVING WITH HIV IN TANZANIA

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Executive Summary

Many studies in Tanzania, including the Stigma Index, National CLM reports, and BBS study do not adequately capture the magnitude of stigma, discrimination, and human rights violations targeting WLHIV and some groups of KVPs. For instance, female sex workers (FSWs), men who have sex with men (MSM), individuals were not included in the Stigma Index. While the Stigma Index is specific to PLHIV, there is also a need for a dedicated scientific study to measure and uncover stigma, discrimination, and human rights violations among the most marginalized groups, such as KVPs and WLHIV.

This reports also aimed to uncover knowledge gaps within community members regarding stigma, discrimination, and human rights violations. Many participants in the available previous studies have had limited knowledge about these issues, often providing inaccurate information to data collectors. This has resulted in National data showing a very minimal rate of stigma, discrimination, and human rights violations, while community-level data indicate that at least 70% to 80% of WLHIV and KVPs have experienced such violations.

Through testimonies and experience sharing, this report will provide a result of sample assessment of the level of stigma, discrimination, and human rights violations among KVPs and WLHIV. These findings will challenge existing reports and studies through this report and a policy brief to advocate for more accurate representation and action on these issues

This shadow report also presents the lived experiences of WLHIV and KVPs in Tanzania, highlighting the systemic stigma, discrimination, and human rights violations they face in healthcare, employment, law enforcement, housing, and community settings. The findings are based on qualitative and quantitative data collected from affected populations, focusing on their challenges, barriers to accessing services, and the urgent need for policy and structural reforms.

Despite progress in HIV response and human rights advocacy, many WLHIV and KVPs continue to experience discrimination, exclusion, and violations of their fundamental rights. The report documents best practices that have contributed to improving access to services and calls for greater accountability, legal protections, and community-driven interventions to eliminate stigma and discrimination.

Key Findings

Women Living with HIV (WLHIV)

- Widespread stigma and discrimination persist, especially in healthcare facilities, where WLHIV face forced disclosure, breaches of confidentiality, and denial of maternal health services.
- Social exclusion is common, with WLHIV denied inheritance rights, leadership opportunities, and community participation due to their status.
- Economic marginalization remains a major barrier, with WLHIV struggling to secure employment, loans, and business opportunities due to discrimination.
- Limited legal support and accountability mechanisms make it difficult for WLHIV to seek justice when facing human rights violations.

Key and Vulnerable Populations (KVPs)

- All KVP respondents reported experiencing stigma, discrimination, or human rights violations, highlighting deep-seated structural and societal biases against them.
- Healthcare exclusion remains a major issue, with KVPs denied services, subjected to degrading treatment, and forced to undergo unnecessary requirements to access HIV-related care.
- Economic and employment discrimination leads to exclusion from job opportunities, denial of fair wages, and eviction from housing due to sexual orientation, gender identity, drug use, or sex work status.
- Law enforcement agencies are major perpetrators of abuse, including arbitrary arrests, police harassment, extortion, and violence against KVPs.
- Criminalization of behaviors and identities—such as sex work, drug use, and same-sex relationships—creates barriers to accessing justice and services.

Key Recommendations

For Policymakers

- Enforce anti-discrimination laws protecting WLHIV and KVPs from stigma, exclusion, and violence.
- Ensure equitable access to healthcare services by eliminating unnecessary requirements that prevent WLHIV and KVPs from receiving treatment and support.

- Increase funding for community-led initiatives supporting economic empowerment, mental health, and legal aid for WLHIV and KVPs.
- Decriminalize/accommodate behaviors and identities associated with KVPs to reduce legal barriers and ensure access to essential services.

For Development and Implementing Partners

- Invest in community-led monitoring to track human rights violations and stigma and discrimination target WLHIV and KVP.
- Support legal literacy and advocacy programs to empower WLHIV and KVPs to defend their rights.
- Expand harm reduction programs for PWUID, including access to methadone treatment, psychosocial support, and healthcare services.
- Provide technical and financial support for research and data collection on stigma, discrimination, Human right and service access barriers.

For Networks, NGOs, and Civil Society

- Strengthen advocacy and coalition-building to amplify WLHIV and KVP voices in decision-making spaces.
- Expand economic empowerment programs focusing on vocational training, entrepreneurship, and financial literacy.
- Engage local governments and financial institution to ensure sustained financial support for economic initiatives benefiting WLHIV and KVPs.
- Leverage media and digital platforms to challenge stigma narratives and counter misinformation.

For the Community

- Promote a culture of inclusivity and acceptance by reducing stigma and discrimination against WLHIV and KVPs.
- Support community-led initiatives that provide safe spaces, peer mentorship, and economic opportunities for affected populations.
- Challenge harmful societal norms and biases that exclude WLHIV and KVPs from leadership, economic participation, and healthcare access.
- Engage religious and traditional leaders to foster compassionate messaging and community acceptance.

Conclusion

While progress has been made in improving access to HIV-related services and economic opportunities, WLHIV and KVPs continue to face systemic discrimination and exclusion. Urgent policy reforms, legal protections, and stronger accountability mechanisms are needed to eliminate stigma, ensure human rights protections, and create equitable access to services and opportunities. Addressing these challenges is not just a human rights imperative but a critical step toward achieving social justice and public health equity for all.

Table of Contents

1.0 Introduction

1.1 Background and Context

Stigma, discrimination, and human rights violations remain major barriers to accessing healthcare, legal protection, and socio-economic opportunities for Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) in Tanzania. Despite the progress made in HIV prevention, treatment, and care, these populations continue to face systemic exclusion and marginalization due to deep-rooted societal biases, harmful legal frameworks, and institutionalized discrimination.

WLHIV frequently experience healthcare-related stigma, including breaches of confidentiality, forced disclosure, and denial of maternal health services. In the community, they are denied leadership opportunities, inheritance rights, and economic support, limiting their ability to live with dignity. Similarly, KVPs—such as sex workers, men who have sex with men (MSM), transgender individuals, people who use and inject drugs (PWUID) face widespread discrimination, harassment, and violence in various settings, including healthcare facilities, law enforcement interactions, workplaces, and housing.

Legal and structural barriers further exacerbate their vulnerability. The criminalization of KVP's groups exposes KVPs to arbitrary arrests, extortion, and abuse by law enforcement officers, preventing them from accessing healthcare and legal redress. Additionally, harmful gender norms and socio-economic inequalities perpetuate exclusion and stigma against WLHIV and KVPs, pushing them further into poverty, unemployment, and limited healthcare access.

This report presents firsthand testimonies, community-led data, and key findings on the experiences of WLHIV and KVPs, highlighting the systemic barriers and urgent need for policy reforms, legal protections, and community-driven interventions. It also documents best practices in leadership inclusion, economic empowerment, and community engagement, offering practical recommendations for policymakers, development partners, civil society organizations, and the public to address stigma and discrimination.

By shedding light on the lived realities of WLHIV and KVPs, this report seeks to strengthen advocacy efforts, influence policy changes, and promote social justice, ensuring that no one is left behind in the fight against HIV-related stigma and human rights violations.

1.2 Purpose of the Shadow Report

The primary purpose of this shadow report is to document and highlight the persistent stigma, discrimination, and human rights violations faced by Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs)in Tanzania. While official reports may acknowledge progress in HIV response and human rights protections, this shadow report provides a community-driven perspective, capturing the lived experiences, systemic barriers, and gaps in service delivery, legal frameworks, and social protections.

This report aims to:

- Expose systemic discrimination in healthcare, employment, housing, law enforcement, and community settings, which limits WLHIV and KVPs' ability to access services, exercise their rights, and live free from stigma.
- Amplify the voices of WLHIV and KVPs by sharing firsthand testimonies and qualitative data that reflect the realities of those most affected.
- Assess the effectiveness of existing laws, policies, and programs aimed at protecting WLHIV and KVPs, identifying gaps and areas for urgent improvement.
- Highlight best practices that have contributed to positive change in leadership inclusion, economic empowerment, and access to justice, encouraging their replication and expansion.
- Provide evidence-based recommendations to policymakers, development partners, implementing organizations, civil society, and communities on how to address stigma, discrimination, and human rights violations.
- Strengthen advocacy efforts for policy reforms, legal protections, and accountability mechanisms, ensuring that WLHIV and KVPs are meaningfully included in decision-making processes that affect their lives.

By presenting community-led insights and data, this shadow report serves as a critical tool for advocacy, accountability, and policy influence, aiming to drive systemic change and promote a more inclusive, just, and equitable society for WLHIV and KVPs in Tanzania.

1.3 Definition and Scope of Human Rights Violations

Human rights violations occur when individuals or groups are denied fundamental rights and freedoms as recognized by international human rights treaties, national laws, and constitutional protections. These violations can take various forms, including stigma, discrimination, abuse, exclusion, and legal restrictions, which prevent individuals from

exercising their rights to healthcare, employment, housing, education, freedom of expression, and protection from violence.

In the context of Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) in Tanzania, human rights violations include:

1.3.1 Healthcare-Related Violations

- Denial of healthcare services due to HIV status, sexual orientation, gender identity, or drug use.
- Forced or coerced disclosure of HIV status in healthcare settings, leading to stigma and discrimination.
- Mandatory partner accompaniment requirements for WLHIV seeking maternal healthcare, leading to barriers in access.
- Refusal to provide harm reduction services (e.g., methadone-assisted treatment for PWUID or PrEP for KVPs).
- Verbal and physical abuse by healthcare providers, discouraging affected individuals from seeking care.

1.3.2 Employment and Economic Discrimination

- Denial of job opportunities, promotions, or fair wages based on HIV status, gender identity, or sexual orientation.
- Exclusion from municipal grants and financial assistance due to stigma and discriminatory perceptions.
- Eviction from business premises or denial of business registration based on identity or health status.
- Harassment, blackmail, or coercion in workplaces, creating unsafe work environments for WLHIV and KVPs.

1.3.3 Housing and Social Exclusion

- Eviction or denial of housing due to perceived "immoral behavior," drug use, or gender expression.
- Forced relocation from communities following public disclosure of HIV status.
- Denial of inheritance rights for WLHIV and KVPs, often justified by family members using stigma or moral grounds.

1.3.4 Law Enforcement and Legal Violations

- Arbitrary arrests and police harassment targeting KVP's individuals.
- Extortion and bribery by law enforcement officers, forcing KVPs to pay to avoid imprisonment.
- Lack of legal protections and due process, leaving WLHIV and KVPs vulnerable to abuse without recourse.
- Criminalization of KVP's individual and groups reinforcing systemic discrimination and violence.

1.3.5 Gender-Based and Community Violence

- Forced conversion therapy or religious interventions aimed at "correcting" gender identity or sexual orientation.
- Physical and sexual violence against WLHIV and KVPs, often dismissed by authorities.
- Verbal harassment, humiliation, and public shaming that isolates individuals from their communities.
- Denial of participation in cultural and religious activities due to HIV status or gender identity.

1.4 Scope of Human Rights Violations in This Report

This shadow report documents and analyzes the extent and impact of human rights violations experienced by WLHIV and KVPs in healthcare, employment, law enforcement, housing, and community settings. It draws upon firsthand testimonies, community-led data, and case studies to provide an evidence-based assessment of systemic discrimination and structural inequalities.

By examining these violations within national and international human rights frameworks, the report advocates for policy changes, legal reforms, and stronger accountability mechanisms to ensure that WLHIV and KVPs in Tanzania can live free from stigma, discrimination, and violence.

1.5 Stigma and Discrimination as a Barrier to Rights

Stigma and discrimination remain major barriers to the realization of fundamental human rights, dignity, and social inclusion for Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) in Tanzania. These systemic challenges limit access to essential services, perpetuate social exclusion, and increase vulnerability to violence and economic deprivation. Despite legal frameworks that promote human rights, deep-rooted

societal biases, harmful gender norms, and criminalization of certain behaviors and identities continue to fuel stigma and discrimination.

1.5.1 Barriers to Healthcare Access

- Fear of judgment and mistreatment in healthcare settings discourages WLHIV and KVPs from seeking medical services, including HIV prevention, treatment, and sexual and reproductive health services.
- Breaches of confidentiality and forced disclosure of HIV status lead to rejection and loss of privacy, particularly for WLHIV, MSM, sex workers, and transgender individuals.
- Denial of services based on moral or religious beliefs, where healthcare providers refuse to treat patients due to their gender identity, HIV status, drug use, or sexual orientation.
- Unnecessary legal and administrative barriers—such as requiring partner consent for WLHIV seeking maternal health services or demanding official documentation for trans individuals—make healthcare inaccessible.

1.5.2 Barriers to Employment and Economic Empowerment

- Workplace discrimination leads to denial of job opportunities, unfair dismissal, and wage inequality for WLHIV and KVPs.
- Stereotypes and negative perceptions result in exclusion from municipal business grants and financial services, preventing economic independence.
- Gender identity and expression-related stigma—particularly against transgender individuals and forces them into informal or unregulated employment, increasing economic vulnerability.
- Drug use stigma in employment settings results in PWUID being excluded from vocational training and professional development programs, reinforcing cycles of poverty and dependence.

1.5.3 Barriers in Housing and Social Inclusion

- Eviction and housing discrimination are common against WLHIV, MSM, sex workers, and transgender individuals, forcing them into unstable living conditions.
- Exclusion from family inheritance and property ownership leaves many WLHIV and KVPs economically disadvantaged, pushing them further into financial instability.

- Social rejection and community isolation result in denial of participation in religious, cultural, and social events, further reinforcing discrimination and psychological distress.

1.5.4 Barriers to Justice and Legal Protection

- Arbitrary arrests and harassment by law enforcement target sex workers, MSM, PWUID, and transgender individuals, making it dangerous for them to access public spaces.
- Legal discrimination and criminalization of behaviors and identities (such as same-sex relationships, drug use, and sex work) fuel stigma and enable human rights violations.
- Limited access to legal representation and justice means that WLHIV and KVPs are often unable to report abuse, discrimination, or violence, as law enforcement institutions frequently dismiss or ignore their cases.

1.5.5 The Psychological and Social Impact of Stigma

- Internalized stigma leads to low self-esteem, depression, and reluctance to seek essential services, particularly among WLHIV, MSM, and transgender individuals.
- Fear of discrimination discourages individuals from disclosing their HIV status or gender identity, limiting access to social support networks.
- Community rejection and lack of safe spaces result in increased vulnerability to violence, exploitation, and social isolation.

1.6 Addressing Stigma and Discrimination

Stigma and discrimination must be urgently addressed through legal reforms, public awareness campaigns, and inclusive policies that ensure equal access to rights and services for WLHIV and KVPs. Key interventions should include:

- Training healthcare providers, law enforcement, and employers on non-discriminatory practices and human rights protections.
- Strengthening legal protections to prevent workplace and housing discrimination against WLHIV and KVPs.
- Increasing access to justice and legal support for victims of discrimination and violence.
- Community engagement programs that promote social acceptance and challenge harmful stereotypes.

1.7 Methodology

This shadow report is based on a two-day community dialogue held from 19th to 20th February 2025, designed to assess and document the lived experiences of Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) regarding stigma, discrimination, and human rights violations. The dialogue served as a safe space for participants to share their personal experiences, reflect on structural barriers, and contribute to the development of evidence-based recommendations.

1.7.1 Data Collection Approach

The report draws on **both qualitative and quantitative data**, collected through:

1. **Pre-Dialogue Questionnaires** – A structured quantitative assessment was conducted before the dialogue to measure participants' understanding of stigma, discrimination, and human rights violations. The questionnaire also captured personal experiences in various settings, including healthcare, employment, housing, and law enforcement.
2. **Individual Testimonial Sharing** – Participants provided firsthand accounts of stigma, discrimination, and rights violations, offering personal insights into systemic challenges they face.
3. **Focus Group Discussions (FGDs)** – Structured discussions explored:
    - Stigma and discrimination in healthcare settings
    - Socio-economic barriers and exclusion
    - Community-based discrimination and violence
4. **Plenary Discussions** – Participants collectively reflected on their shared experiences, allowing for further analysis and validation of emerging themes.

1.7.2 Data Analysis and Report Development

Following the dialogue, the technical team analyzed and consolidated both quantitative and qualitative data to form this shadow report. The analysis focused on:

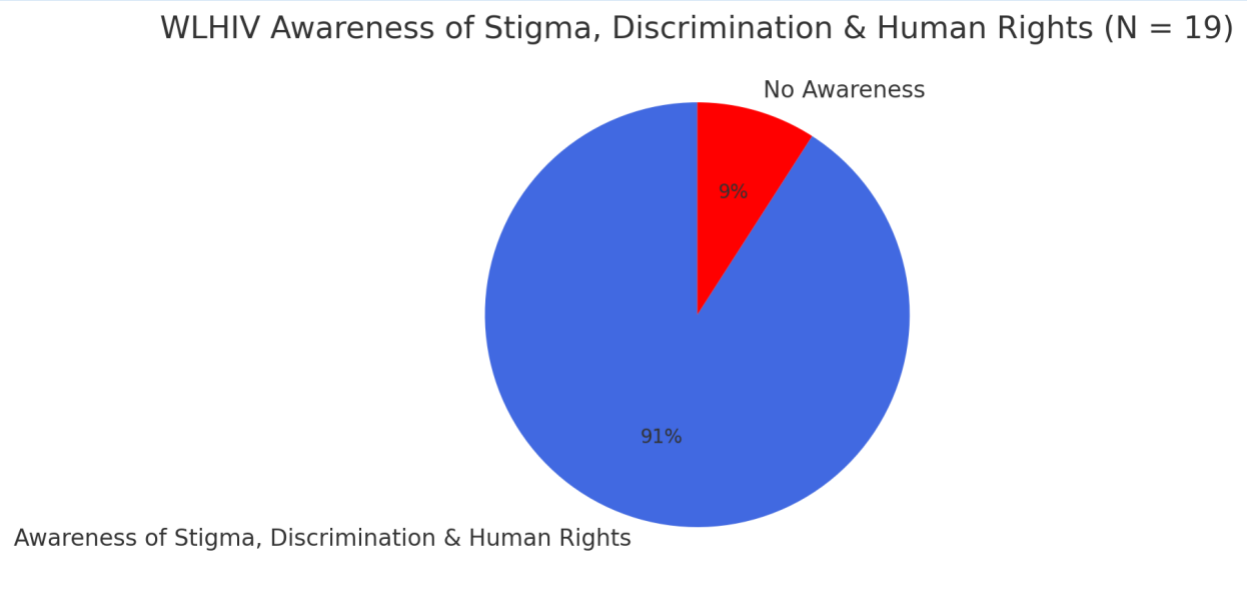
- Pre-Dialogue Questionnaire Findings, providing quantitative insights into the prevalence of stigma, discrimination, and human rights violations among participants.
- Thematic Analysis of FGDs and Testimonials, identifying patterns of systemic discrimination and exclusion.

- Key Community-Driven Recommendations, highlighting policy and programmatic changes needed to improve legal protections, healthcare access, and economic opportunities for WLHIV and KVPs.

2.0 Knowledge Assessment of Stigma, Discrimination and Human Rights Violations among WLHIV and KVP

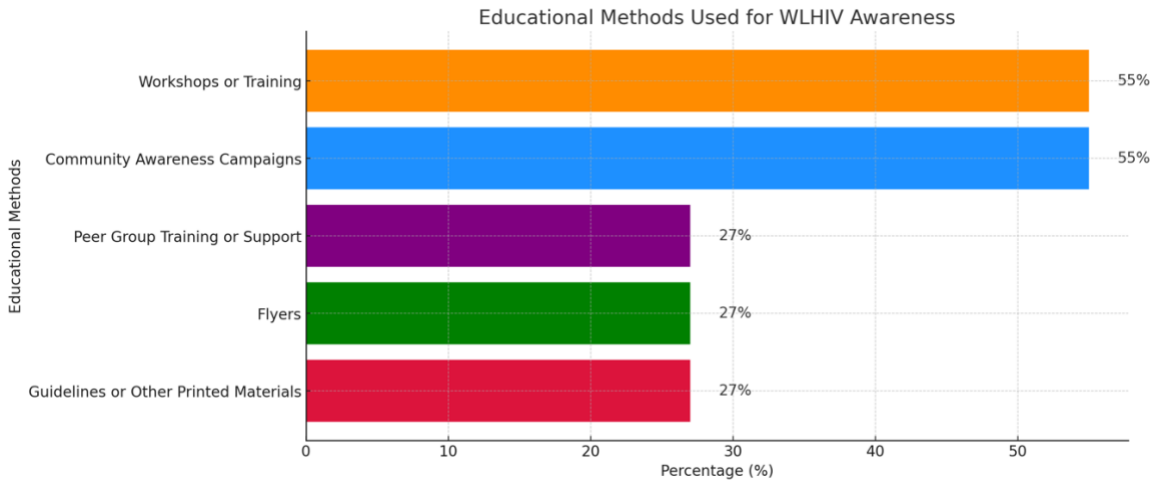
2.1 Levels of Understanding among WLHIV

2.1.1 WLHIV Awareness of Stigma, Discrimination and Human Rights (N = 19)



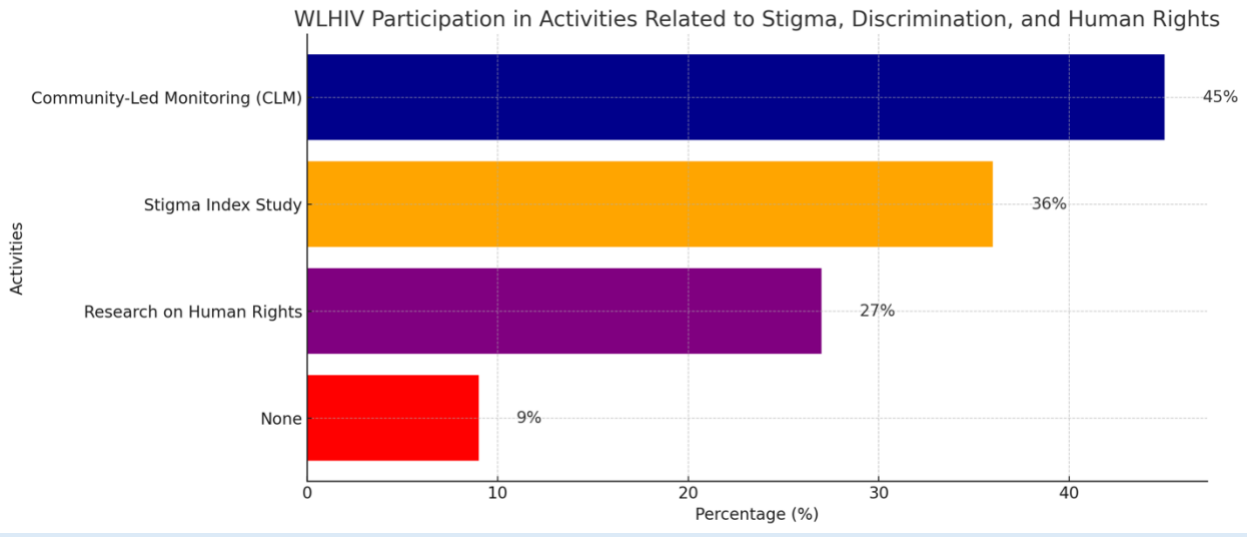
Graph Description: This pie chart represents the responses of WLHIV regarding their awareness of stigma, discrimination, and human rights. The respondents were asked whether they had received information on these topics. A significant majority (**91%**) of the respondents indicated awareness of stigma, discrimination, and human rights. A small proportion (**9%**) reported not being aware of these issues. This suggests that most WLHIV in the study had access to or had been exposed to information about these critical topics.

2.1.2 Educational Methods Used for WLHIV Awareness



Graph Description: This horizontal bar chart illustrates the various educational methods used to inform WLHIV about stigma, discrimination, and human rights. Respondents could select multiple methods, so percentages do not sum to 100%. Workshops or training and community awareness campaigns were the most common educational approaches, each being used by 55% of the respondents. Peer group training or support, flyers, and printed guidelines were each used by 27% of respondents. This distribution indicates that face-to-face engagement (workshops, community campaigns) is the dominant approach, but printed materials and peer support also play a role in spreading awareness.

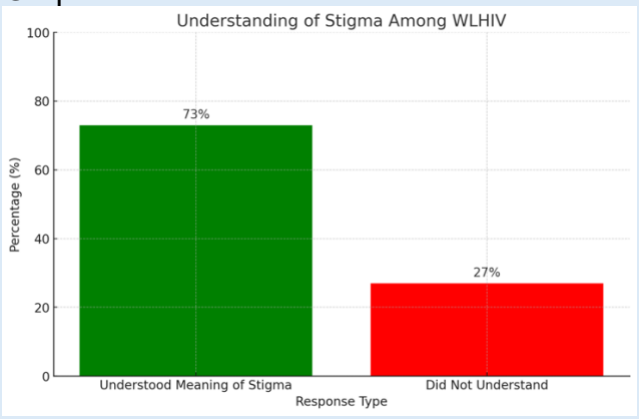
2.1.3 WLHIV Participation in Activities Related to Stigma, Discrimination, and Human Rights (N = 19)



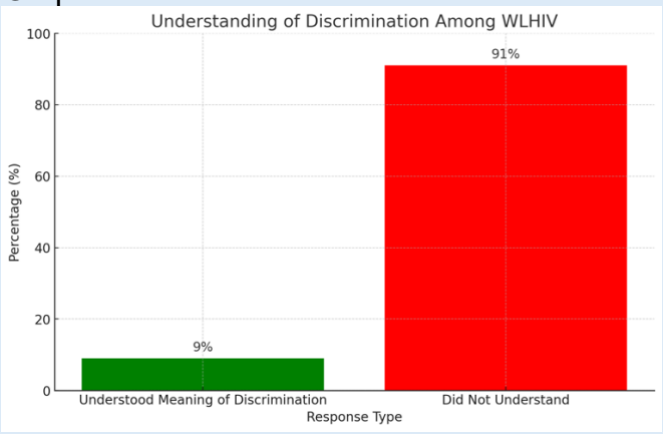
Graph Description: This horizontal bar chart illustrates the extent to which WLHIV respondents participated in various activities related to stigma, discrimination, human rights, and monitoring. The respondents were asked about their engagement in these activities. **Community-Led Monitoring (CLM)** had the highest participation, with **45%** of respondents involved. **Stigma Index Study** was the second most common activity, with **36%** participation. **Research on Human Rights** saw **27%** of respondents engaging. **9%** of respondents had not participated in any of these activities. This distribution suggests that while a significant portion of WLHIV has engaged in research and advocacy efforts, there is still a gap in broader participation.

2.1.4 Understanding of Stigma and Discrimination Among WLHIV (N = 19)

Graph 1:



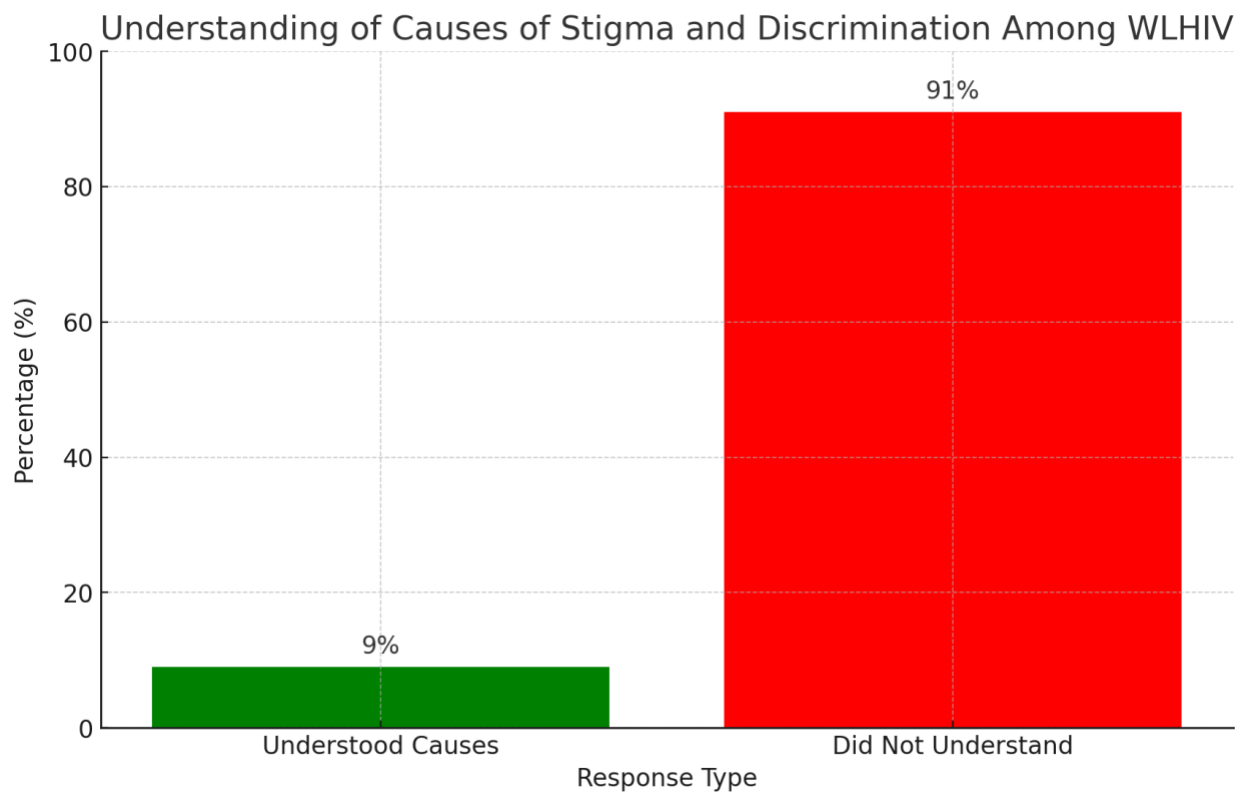
Graph 2:



Description: Graph 1 represents the level of understanding of stigma among WLHIV respondents based on their responses to a knowledge assessment question. **73%** of respondents correctly identified and understood the concept of stigma. **27%** provided incorrect responses, indicating a lack of full understanding. This suggests a generally good level of awareness and comprehension of stigma among WLHIV, although some individuals may still need additional education and clarification. This helps highlight the knowledge gaps and the need for further stigma-related education among some WLHIV respondents.

Graph 2 illustrates the level of understanding of discrimination among WLHIV respondents based on their responses. Only **9%** of respondents correctly understood the meaning of discrimination. A significant **91%** did not understand discrimination correctly, indicating a major knowledge gap. **64%** of those who misunderstood discrimination confused it with **stigma**. **27%** mistakenly identified discrimination as **violence**. These findings highlight the need for targeted education efforts to clarify the distinctions between **stigma, discrimination, and violence**, ensuring WLHIV can accurately recognize and address each issue.

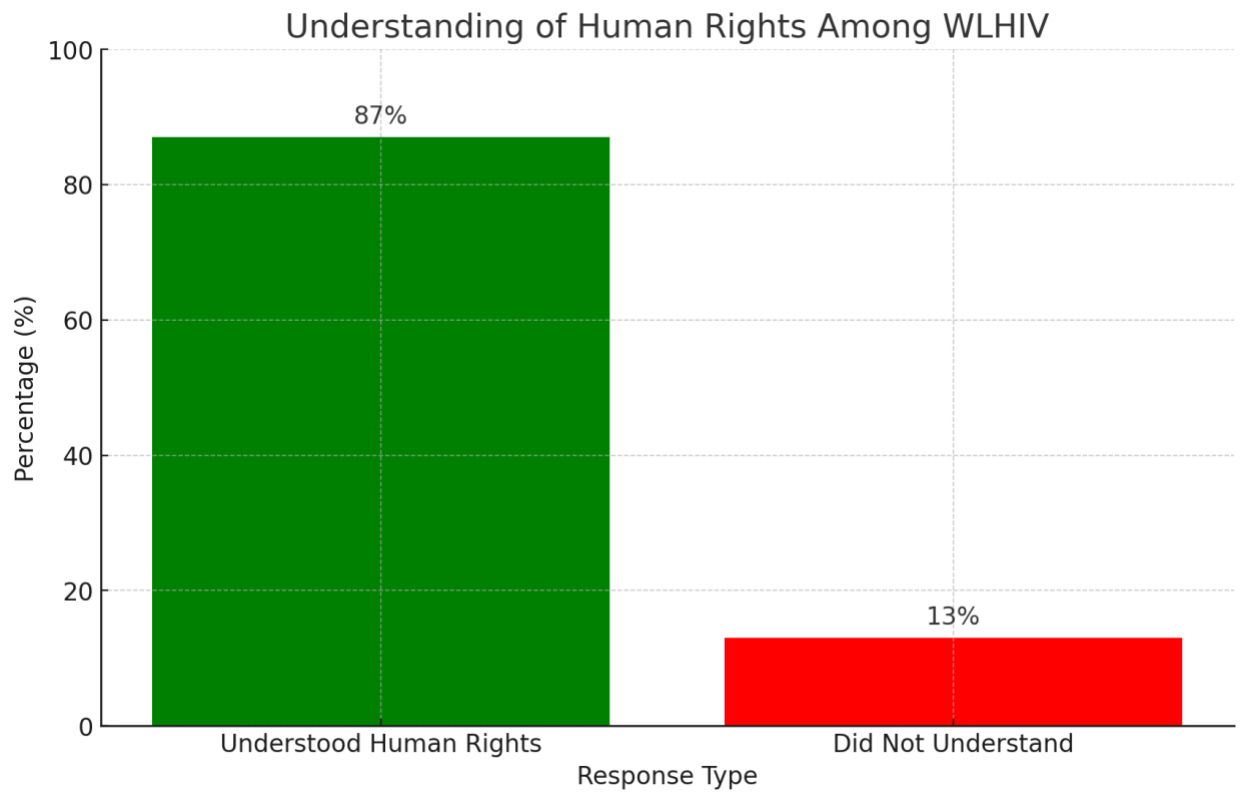
2.1.5 Understanding of Causes of Stigma and Discrimination Among WLHIV (N=18)



Graph Description: This bar chart illustrates the level of understanding of the causes of stigma and discrimination among WLHIV respondents based on their responses. Only **9%** of respondents correctly identified all key causes of stigma and discrimination. A significant **91%** either provided incomplete or incorrect responses, indicating major gaps in knowledge.

Key Knowledge Gaps: The majority of respondents lacked a full understanding of the multiple contributing factors to stigma and discrimination. Common areas of misunderstanding included misinformation, cultural beliefs, and gender-based discrimination. This suggests a strong need for targeted education and awareness efforts to ensure that WLHIV fully grasp the root causes of stigma and discrimination and how to address them.

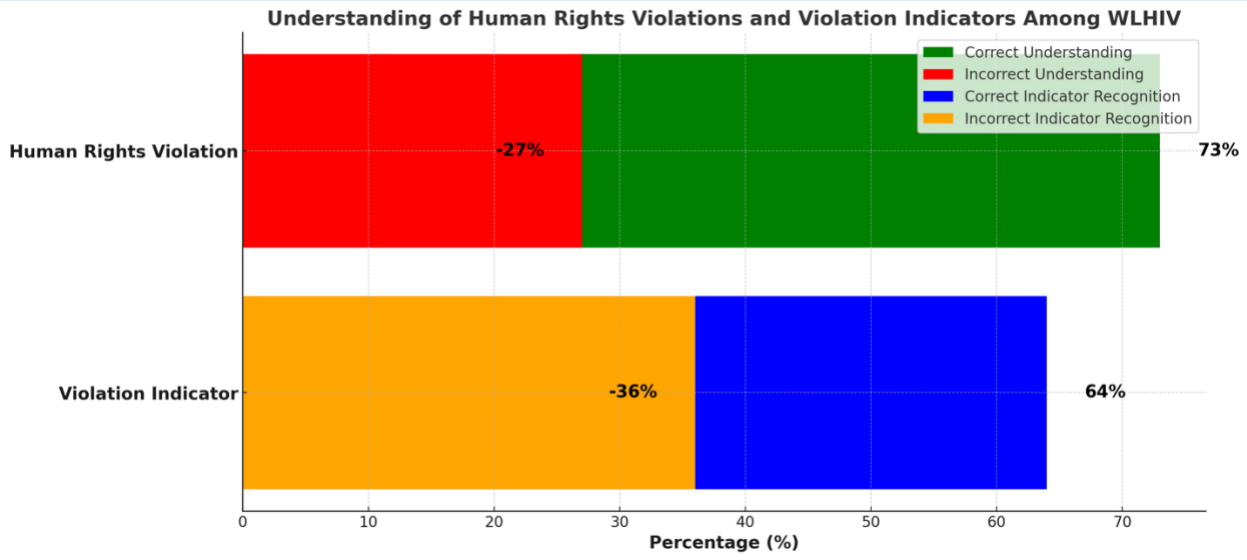
2.1.6 Understanding of Human Rights Among WLHIV (N = 18)



Graph Description: This bar chart illustrates the level of understanding of human rights among WLHIV respondents based on their responses. 87% of respondents correctly identified that fundamental rights are "Human Rights". 13% provided an incorrect response, mistakenly identifying human rights as "Birth Rights".

Key Knowledge Insights: The majority of respondents demonstrated a strong understanding of basic human rights. However, a small percentage (13%) still confused human rights meaning, suggesting a minor gap in knowledge. This indicates that while awareness is high, there may be a need for further clarification on specific human rights concepts to eliminate misunderstandings.

2.1.7 Understanding of Human Rights Violations and Violation Indicators Among WLHIV (N = 18)



Graph Description: This horizontal bar chart presents two distinct sections: Understanding of Human Rights Violations (Top), Measures whether respondents correctly identified what constitutes a violation and Understanding of Human Rights Violation Indicators (Bottom) – Assesses their ability to recognize specific indicators of human rights violations.

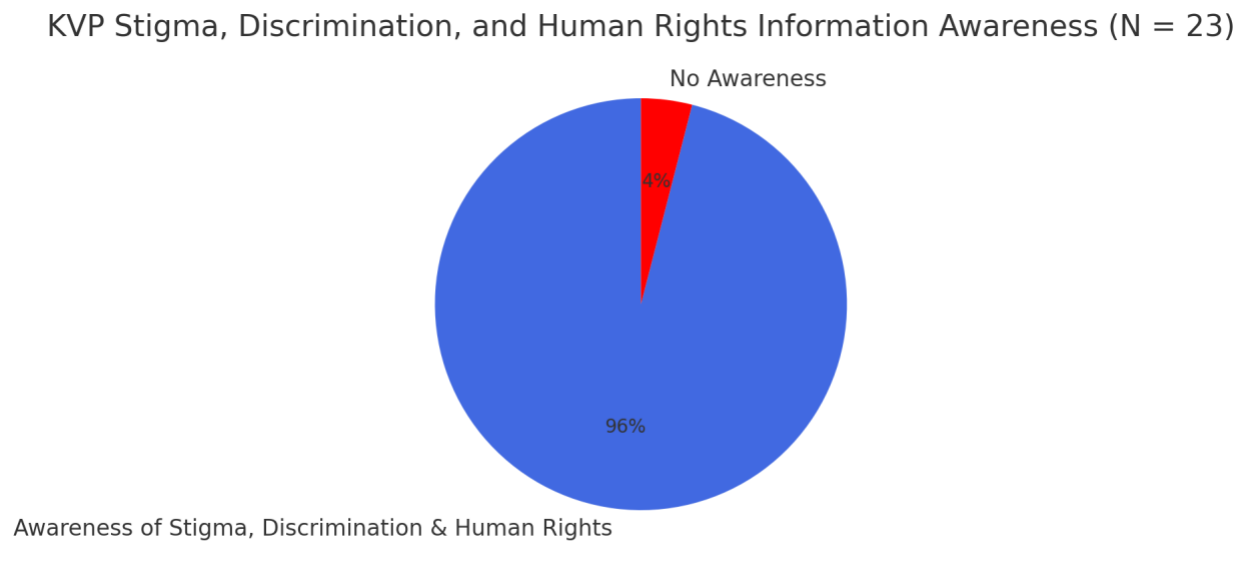
Understanding of Human Rights Violations: 73% correctly identified human rights violations as actions that infringe, ignore, or deny fundamental rights (Green Bar). 27% misunderstood the concept, with some thinking violations included "Ensuring equal rights for all" or "Raising community awareness about human rights" (Red Bar).

Understanding of Violation Indicators: 64% correctly recognized that "Arrest and torture without legal procedures" is an indicator of human rights violations (Blue Bar). 36% misunderstood the concept, confusing violation indicators with general human rights principles, such as "Freedom of expression" or "Access to healthcare for all" (Orange Bar).

Key Insights: The majority of respondents demonstrated a good understanding of human rights violations, but some still confused violations with human rights advocacy. A significant portion (36%) struggled to differentiate between basic human rights and specific indicators of their violation. Targeted education is needed to clarify the distinction between human rights, their violations, and indicators of violations to ensure respondents can accurately recognize and address these issues.

2.2Levels of Understanding among KVPs

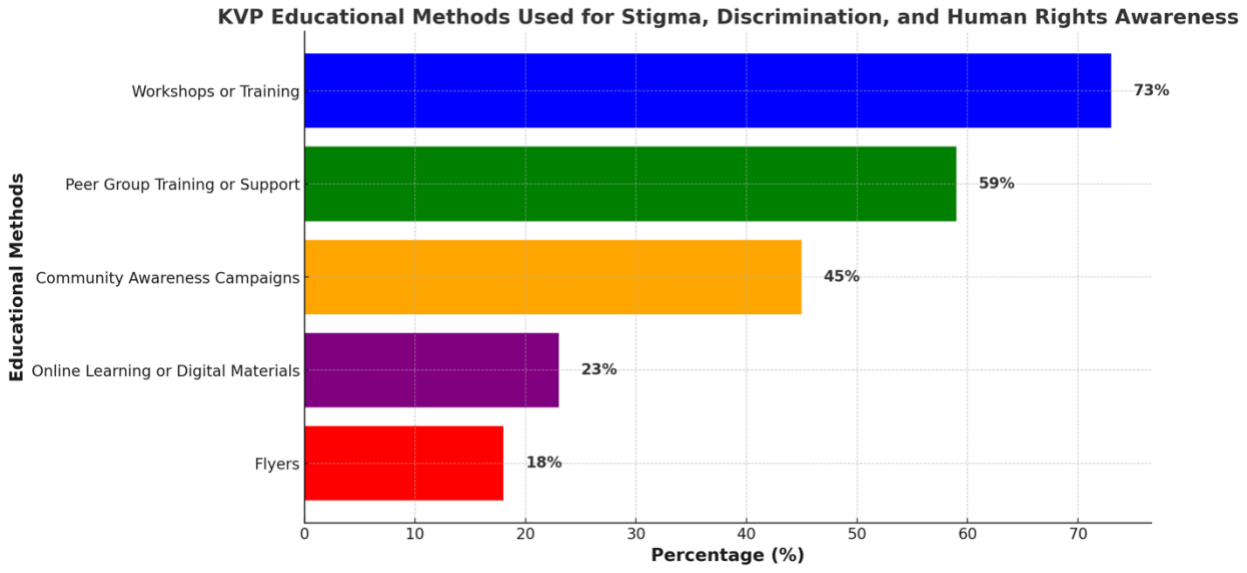
2.2.1 KVP Awareness of Stigma, Discrimination and Human Rights (N = 23)



Graph Description: This pie chart represents the level of awareness among Key and Vulnerable Populations (KVP) regarding stigma, discrimination, and human rights information. 96% of respondents reported having awareness of stigma, discrimination, and human rights. 4% reported having no awareness of these issues.

Key Insights: The high level of awareness (96%) indicates that efforts to educate KVP on these issues have been largely successful. However, the 4% who lack awareness highlight the need for targeted interventions to reach those who may not have access to essential information.

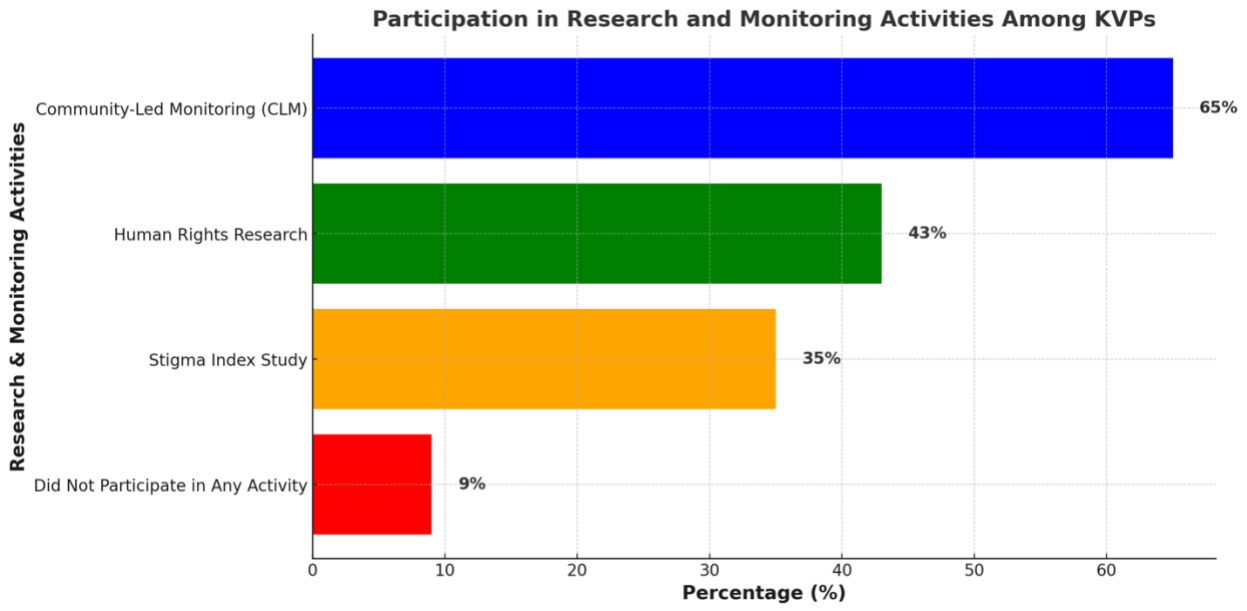
2.2.2 Educational Methods Used for Stigma, Discrimination, and Human Rights Awareness among KVP



Graph Description: This horizontal bar chart illustrates the different methods through which Key and Vulnerable Populations (KVPs)accessed information on stigma, discrimination, and human rights. Workshops or Training were the most widely used method, reaching 73% of respondents. Peer Group Training or Support was the second most common approach, utilized by 59% of respondents. Community Awareness Campaigns played a significant role, engaging 45% of respondents. Online Learning and Digital Materials were used by 23%, indicating a potential area for expansion. Flyers (printed materials) had the lowest uptake, at 18%, suggesting a preference for more interactive or visual learning approaches.

Key Implications: The high usage of workshops and peer education highlights the importance of interactive and community-driven learning. Community Awareness Campaigns remain an effective means of disseminating information but could be complemented with digital strategies. The low engagement with online learning and printed materials suggests an opportunity to enhance digital accessibility and alternative educational formats, such as videos or interactive learning tools.

2.2.3 Participation in Research and Monitoring Activities Among KVPs (N = 23)

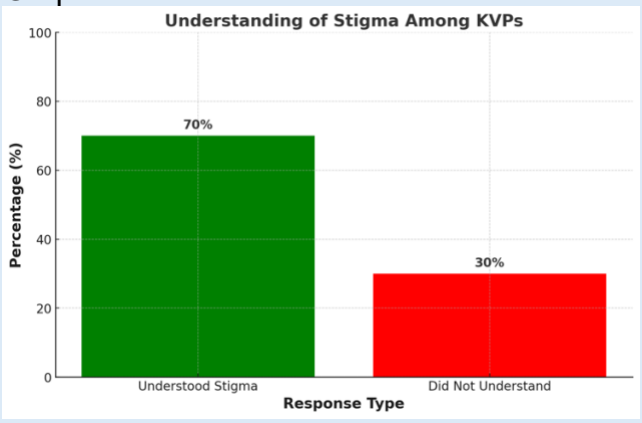


Graph Description: This horizontal bar chart illustrates how Key and Vulnerable Populations (KVPs) engaged in different research and community-led monitoring initiatives. Community-Led Monitoring (CLM) had the highest participation (65%), highlighting strong engagement in community data collection and advocacy. Human Rights Research was also notable, with 43% of respondents involved. The Stigma Index Study, which assesses HIV-related stigma, engaged 35% of respondents. 9% of respondents reported no participation in any research or monitoring activity.

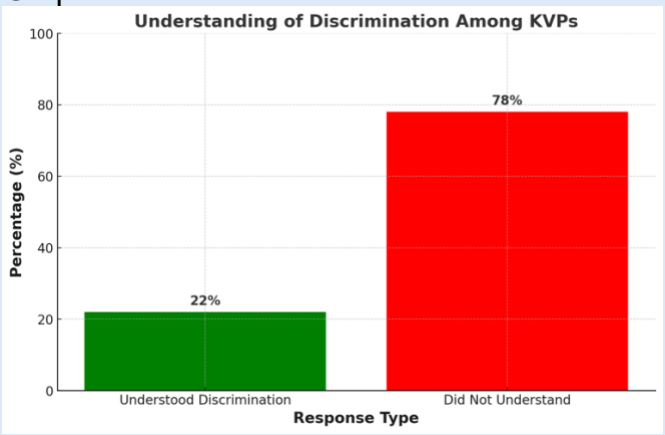
Key Implications: The high engagement in CLM suggests that KVPs are actively involved in tracking and addressing issues within their communities. Participation in human rights research (43%) indicates an awareness of broader structural and policy-related challenges. The 35% participation in the Stigma Index Study shows that some KVPs are engaged in understanding and addressing HIV-related stigma, though participation could be expanded. The 9% non-participation rate suggests an opportunity to implement more inclusive engagement strategies, ensuring that all KVPs have access to research and advocacy efforts.

2.2.4 Understanding of Stigma and Discrimination Among KVPs (N = 23)

Graph 1:



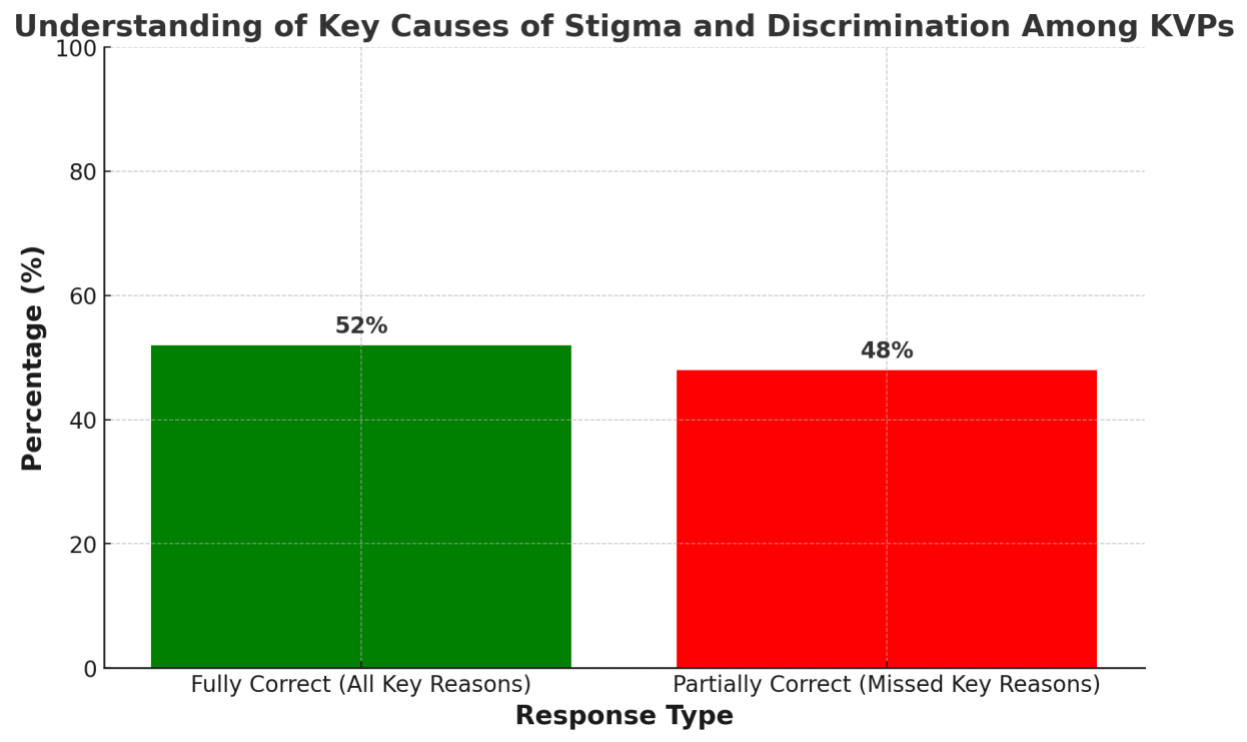
Graph 2:



Description: Graph 1 illustrates the level of understanding of stigma among KVPs based on their responses. **70%** of respondents correctly identified stigma, showing a good but not perfect understanding. 30% did not understand stigma correctly: 17% confused stigma with discrimination and 13% mistakenly identified stigma as violence. While most KVPs (70%) correctly understand stigma, misconceptions still exist. The confusion between stigma, discrimination, and violence suggests a need for clearer educational efforts. Improving knowledge in these areas can enhance advocacy and self-protection strategies among KVPs.

Graph 2 illustrates how well Key and Vulnerable Populations (KVPs) correctly identified the definition of discrimination. Only 22% of respondents correctly understood discrimination. 78% did not understand the concept: 61% confused discrimination with violence and 17% confused discrimination with stigma. The low correct response rate (22%) indicates a significant knowledge gap. Many KVPs mistake discrimination for other forms of mistreatment, which may impact their ability to recognize and respond to actual discrimination. There is a critical need for targeted education to clearly distinguish between stigma, discrimination, and violence to improve advocacy and rights protection.

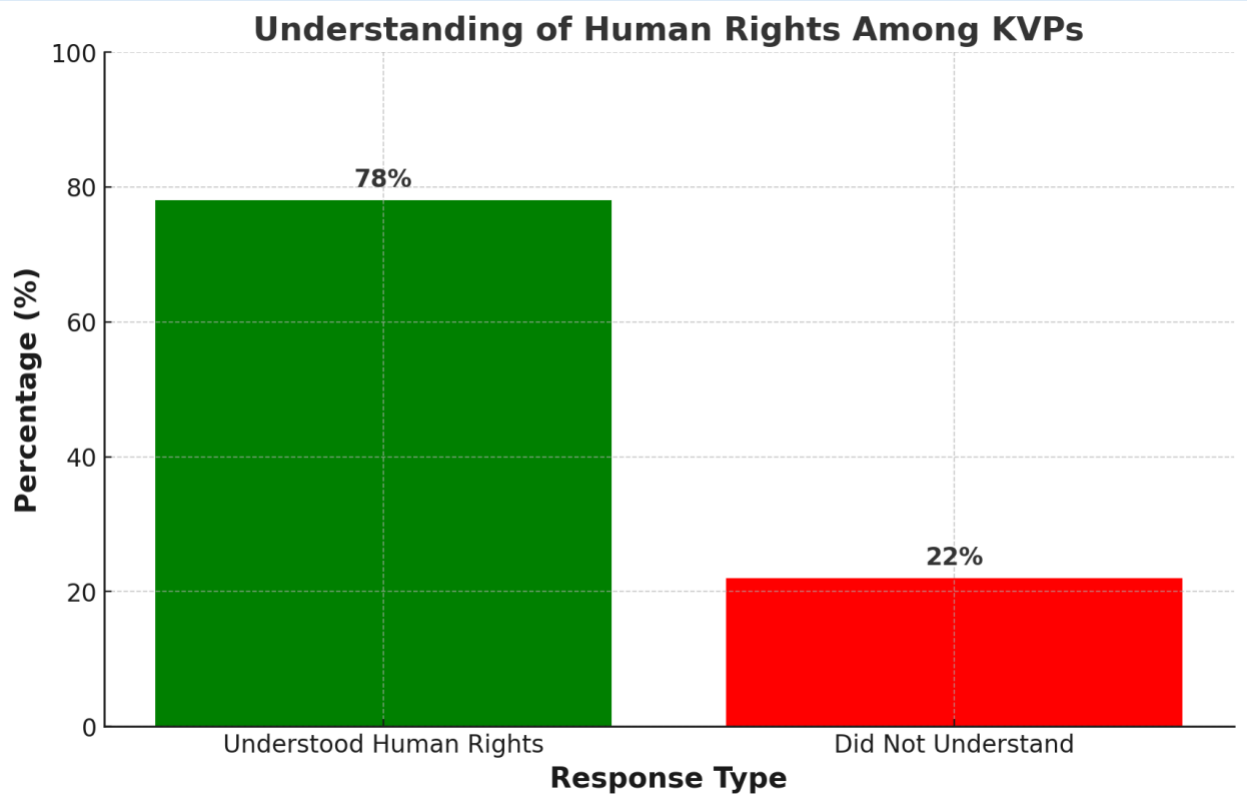
2.2.5 Understanding of Key Causes of Stigma and Discrimination Among KVPs (N = 23)



Description: This bar chart illustrates how well KVPs identified the key causes of stigma and discrimination. 52% of respondents correctly mentioned all key causes. 48% provided partially correct responses, leaving out at least one critical factor.

Key Implications: While a slight majority (52%) demonstrated full understanding, 48% showed gaps in knowledge, highlighting the need for additional education. The most commonly omitted causes included: Gender discrimination (26%), Cultural & religious beliefs (22%), Work-related discrimination (22%) and Lack of information (13%). These findings indicate a need for targeted awareness efforts to strengthen understanding and ensure a more comprehensive view of stigma and discrimination drivers.

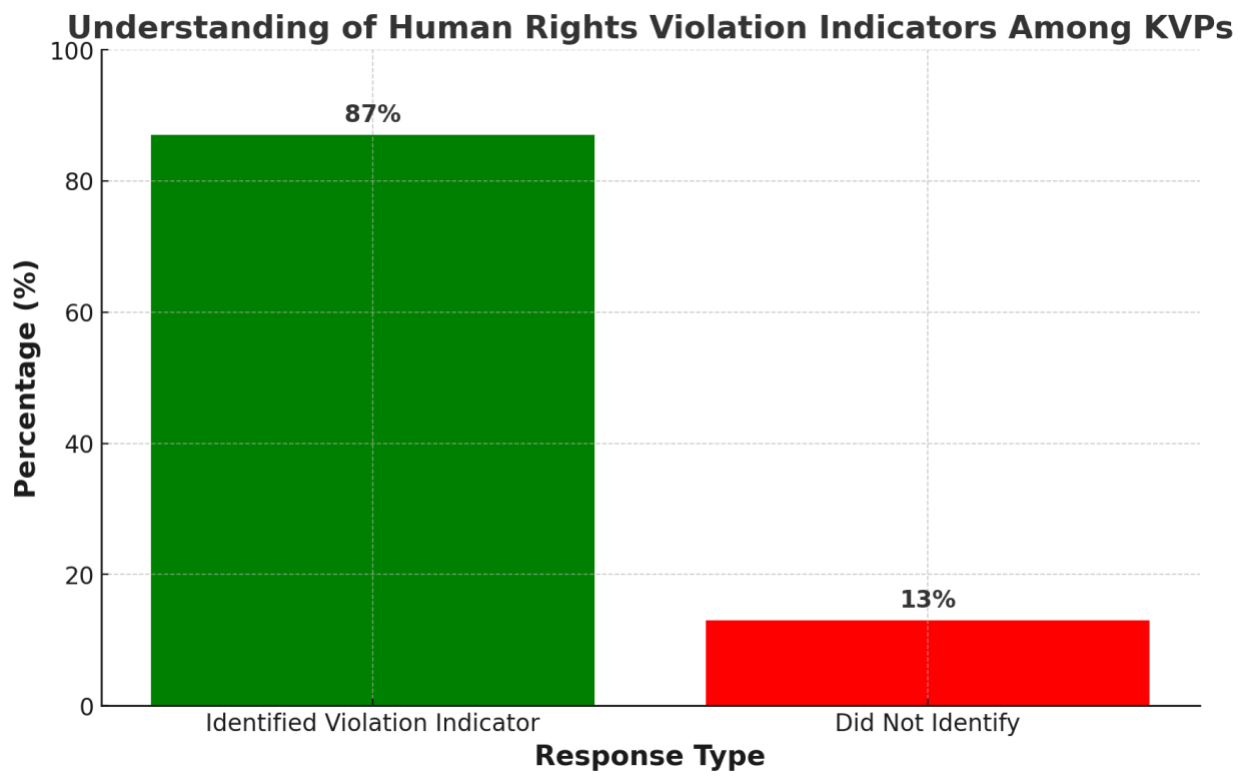
2.2.6 Understanding of Human Rights Among KVPs (N = 23)



Graph Description: This bar chart illustrates how well Key and Vulnerable Populations (KVPs) correctly identified the definition of fundamental human rights. 78% of respondents correctly recognized fundamental rights as "Human Rights". 22% misunderstood the concept: 17% believed that "KVP Rights" were equivalent to fundamental human rights and 4% mistakenly identified "Birth Rights" as human rights.

Key Implications: While a majority (78%) correctly understood human rights, 22% still have misconceptions. The most common misunderstanding (17%) suggests some KVPs may prioritize group-specific rights over universal human rights protections. Further education is needed to clarify that human rights apply equally to all individuals, and specific group rights (such as KVP rights) fall under broader human rights protections.

2.2.7 Understanding of Human Rights Violation Indicators Among KVPs (N = 23)



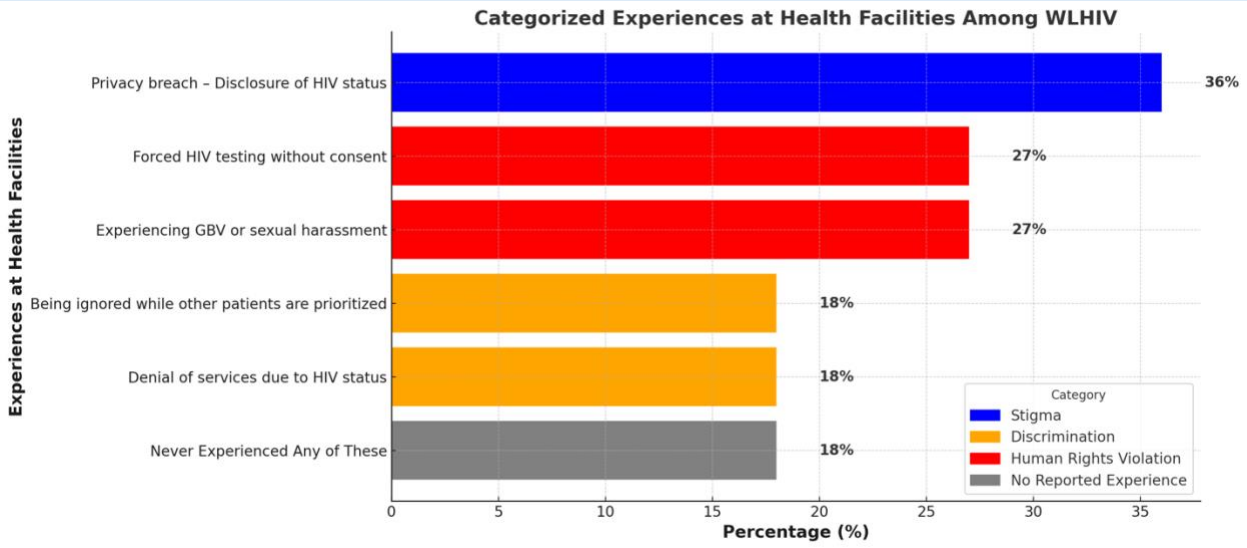
Graph Description: This bar chart illustrates how well Key and Vulnerable Populations (KVPs) identified the correct indicators of human rights violations. 87% correctly recognized that "Arbitrary arrest and torture without due process" is a clear indicator of human rights violations. 13% incorrectly identified "Access to healthcare for all without discrimination" as a violation indicator, when it is a fundamental human right rather than an indicator of its violation.

Key Implications: The high correct response rate (87%) suggests that most KVPs accurately recognize human rights violations. However, 13% still confuse human rights with their violation indicators, highlighting a minor gap in understanding. Further education is needed to clarify the difference between human rights and indicators of their violation, ensuring stronger advocacy and rights protection.

3.0 Stigma, Discrimination, and Human Rights Violations in Health Facilities

3.1 Experiences of WLHIV

3.1.1 Categorized Experiences at Health Facilities Among WLHIV (N = 18)



Graph Description: This graph illustrates the different types of stigma, discrimination, and human rights violations experienced by WLHIV in healthcare settings, as well as those who reported no such experiences.

- **Stigma**: 36% of respondents reported experiencing privacy breaches where their HIV status was disclosed without consent.
- **Human Rights Violations**: 27% faced forced HIV testing without consent. 27% experienced gender-based violence (GBV) or sexual harassment from healthcare providers.
- **Discrimination**: 18% were ignored while other patients were prioritized. 18% were denied services due to their HIV status.
- **No Reported Experience**: 18% of respondents indicated that they never experienced any of the above forms of stigma, discrimination, or human rights violations in healthcare settings.

Key Implications: The majority (82%) of WLHIV respondents reported experiencing at least one form of stigma, discrimination, or human rights violation in healthcare. Only 18% reported never experiencing any of these violations, highlighting the widespread nature of these issues. Privacy breaches (36%) are the most reported issue, emphasizing

the need for stronger confidentiality protections. Human rights violations such as forced testing and GBV (27%) require urgent intervention.

3.1.2 Focus Group Discussion – Experiences of WLHIV at Healthcare Settings

3.1.2.1 Experiences of Stigma and Discrimination

- **Healthcare Provider Stigma:** Nurses and doctors display negative attitudes and discrimination toward PLHIV.
- **Breach of Confidentiality:** Disclosure of HIV status without consent, especially for those in Care and Treatment Clinics (CTC).
- **Verbal Abuse:** Some healthcare workers use harsh or offensive language, making clients feel unwelcome.
- **Forced Disclosure:** PLHIV are often pressured to reveal their status to partners against their will.
- **Neglect in Healthcare Services:** Some WLHIV feel that their concerns and symptoms are dismissed or taken less seriously.
- **Discrimination in Maternal Health Services:** Pregnant WLHIV face judgment from nurses and midwives, leading to poor treatment in labor wards.
- **Bribery for Services:** Some healthcare workers demand unofficial payments to provide necessary services.

3.1.2.2 Common Human Rights Violations in Healthcare Facilities

- **Lack of Privacy:** Confidential medical information is often shared without consent.
- **Disrespect in Maternal Health Services:** Pregnant WLHIV experience mistreatment and judgment.
- **Limited Access to Information:** Many WLHIV report not receiving enough guidance on their health rights and available services.

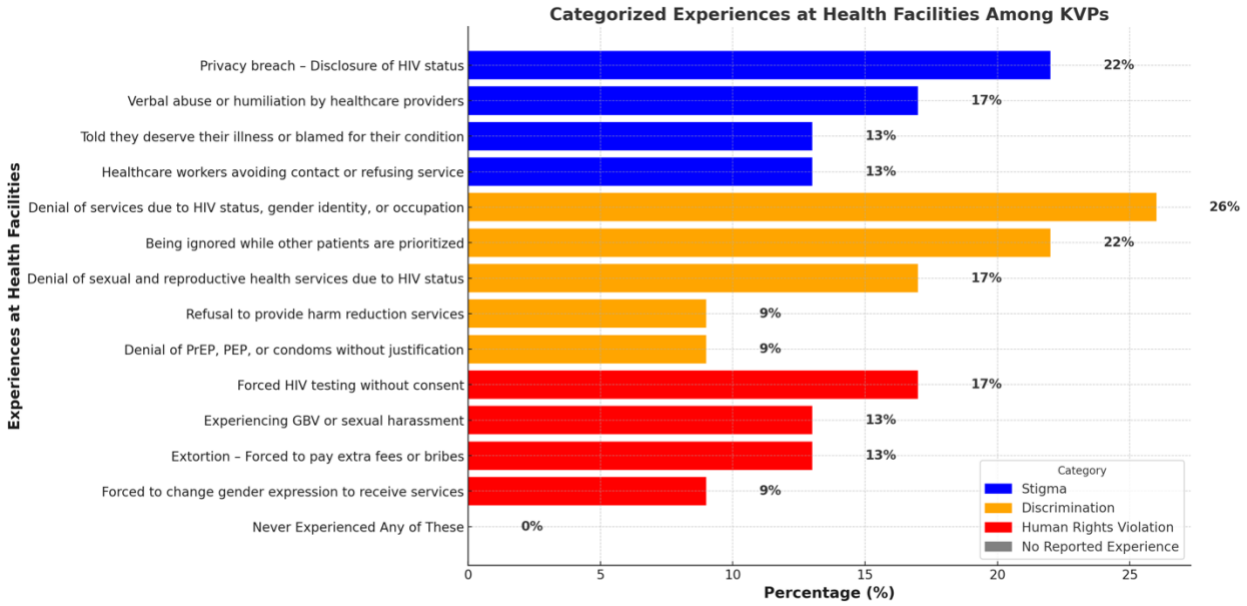
3.1.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards WLHIV

- **Training for Healthcare Providers:** Continuous sensitization on how to offer services without stigma or discrimination.
- **Improvement of Maternal Services:** Ensure respectful and non-judgmental care for pregnant WLHIV.
- **Stronger Confidentiality Policies:** Enforce strict regulations to protect client health information.

- **Access to Essential Medications:** Ensure that life-saving drugs such as Septrin are always available at CTCs.
- **Strengthening Support Systems:** Establish safe spaces where WLHIV can share experiences and report discrimination.

3.2 Experiences of KVPs

3.2.1 Categorized Experiences at Health Facilities Among KVPs (N = 23)



Graph Description: This horizontal bar chart presents the different types of stigma, discrimination, and human rights violations experienced by KVPs in healthcare settings.

- **Stigma**: 22% reported privacy breaches, where their HIV status was disclosed without consent. 17% experienced verbal abuse or humiliation by healthcare providers. 13% were blamed for their illness. 13% reported healthcare workers avoiding contact or refusing to serve them.
- **Discrimination**: 26% faced denial of services due to HIV status, gender identity, or occupation. 22% reported being ignored while other patients were prioritized. 17% were denied sexual and reproductive health services due to their HIV status. 9% were denied harm reduction services, such as clean syringes or methadone. 9% were denied PrEP, PEP, or condoms without medical justification.
- **Human Rights Violations**: 17% faced forced HIV testing without consent. 13% experienced gender-based violence (GBV) or sexual harassment from healthcare providers. 13% were forced to pay extra fees or bribes to access healthcare. 9% were forced to change gender expression to receive services.

- **No Reported Experience**: None of the respondents indicated that they never experienced any of these forms of stigma, discrimination, or human rights violations in healthcare settings.

Key Implications: Every respondent reported experiencing some form of stigma, discrimination, or human rights violation, demonstrating the widespread challenges KVPs face in accessing healthcare. Discriminatory practices (26%), including denial of services, were among the most reported issues. Privacy breaches (22%) highlight the urgent need for stronger confidentiality protections in healthcare. The complete absence of respondents who had never experienced any of these issues underscores the systemic nature of the problem. Immediate policy interventions and training programs for healthcare workers are essential to ensure dignified and non-discriminatory healthcare for KVPs.

3.2.2 Focus Group Discussion – Experiences of FSW at Healthcare Settings

3.2.2.1 Experiences of Stigma and Discrimination towards FSW

- **Harsh Treatment in STI Clinics:** FSW seeking treatment for sexually transmitted infections (STIs) are often judged and mistreated.
- **Forced HIV Testing:** Some FSW report being tested for HIV without their informed consent.
- **Discriminatory Language:** Healthcare providers use demeaning terms or make moral judgments about FSW.
- **Denial of Services:** Some FSW are denied access to services such as PrEP, PEP, condoms, and reproductive health services due to stigma.
- **Police Harassment:** Reports of law enforcement targeting FSW when accessing healthcare services, including forced disclosure of their profession.
- **Sexual Exploitation in Healthcare:** Some FSW face requests for sexual favors in exchange for healthcare services.

3.2.2.2 Experiences of Human Rights Violations towards FSW

- **Denial of STI Treatment:** Some healthcare workers refuse to provide treatment or prescribe medications with judgment.
- **Harassment by Law Enforcement:** Reports of police conducting unnecessary arrests or demanding bribes when FSW seek medical help.
- **Forced Disclosure:** Some healthcare workers disclose their work status, putting them at risk of further stigma.

3.2.2.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards FSW

- **Non-Discriminatory STI Services:** Train healthcare workers to provide services without judgment.
- **Legal Protection:** Advocate for policies that prevent law enforcement from harassing FSW when seeking medical care.
- **Accessible Reproductive Health Services:** Ensure that FSW can access PrEP, PEP, and condoms without restrictions.
- **Accountability in Healthcare:** Introduce mechanisms to report and address cases of discrimination and abuse in medical settings.
- **Safer Healthcare Spaces:** Establish community-friendly clinics where FSW can receive care without stigma.

3.2.3 Focus Group Discussion – Experiences of PWUID in Healthcare Settings

3.2.3.1 Common Forms of Stigma and Discrimination in Healthcare Settings towards PWUID

A. Stigma

- Being called derogatory names such as "teja," "kijugu" (slang terms for drug users).
- Judgment based on appearance and clothing.
- Being blamed for drug use and seen as a person who "brought it upon themselves."
- Being perceived as only suffering from drug-related issues and no other illnesses.
- Delayed healthcare services due to stigma.
- Being treated as mental disorder patients (**madness, insanity, lunatic**)

B. Discrimination

- Punished by healthcare providers for minor actions, such as asking questions.
- Denied a platform to share concerns or report issues.
- Forced to take unnecessary treatments, such as mental health medication, based solely on drug use history.
- Locked up or placed in psychiatric wards against their will.

- Lack of gender-sensitive services for women who use drugs—no child-friendly spaces at methadone clinics.
- Delayed treatment when seeking help for non-drug-related health concerns.
- Ridiculed instead of receiving counseling.
- Unjust punishments, such as denial of medication for minor reasons like untidy clothing or failing to do chores at the clinic.
- Suspended from methadone treatment for two weeks if caught consuming alcohol.
- Ignored when raising concerns about social, health, or family issues.
- Assumed to be thieves within healthcare settings.
- Denied proper treatment for chronic conditions, such as abscesses or chronic wounds.
- Denied HIV services at CTC due to unpaid hospital bills for other treatments.
- Healthcare workers lack knowledge and empathy in handling drug users in CTCs.
- Violation of privacy and confidentiality regarding drug use and HIV status.
- Discrimination from peer educators within healthcare centers.
- Treated differently based on drug use methods (e.g., injectors facing more stigma than others).
- Excluded from financial opportunities due to drug use history.

3.2.3.2 Common Human Rights Violations in Healthcare Settings towards PWUID

- Denied necessary medical treatment based on their drug use status.
- Denied quality maternal healthcare, especially during childbirth.
- Neglect in handling pregnancy complications—miscarriages in women who use drugs are not properly managed.
- Unjust punishments—forced to perform chores, such as cleaning toilets, for access to services.
- Sexual harassment by healthcare peer educators at MAT clinics.
- Mistreatment by peer educators—some block access to treatment or expel individuals instead of offering support.
- Lack of freedom to express concerns—patients are punished for raising issues.

- Denied methadone or delayed access for minor infractions.
- Physical violence and psychological distress due to harsh decisions made by healthcare providers.
- Neglected during overdose incidents, leading to increased fatalities.
- Forced rehabilitation through psychiatric medication or injections in mental health institutions (e.g., Lutindi, Milembe).
- Denied methadone treatment while in detention or prison.

3.2.3.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards PWUID

- Train healthcare providers on proper, stigma-free service delivery to PWUID.
- Ongoing training for peer educators working within healthcare settings.
- Educate PWUID on their rights and how to report stigma, discrimination, and human rights violations.
- Create forums for dialogue between healthcare providers and PWUID to address service delivery challenges.
- Strengthen collaboration between CSOs, service providers, and PWUID to improve healthcare access.
- Train emergency healthcare providers on overdose management.
- Establish gender-sensitive harm reduction services for women who use drugs.
- Train healthcare providers on reproductive health services for women who use drugs.
- Develop strategies to help PWUID access health insurance coverage.

3.2.4 Focus Group Discussion – Experiences of Trans People, MSM, in Healthcare Settings

3.2.4.1 Common Forms of Stigma and Discrimination in Healthcare Settings towards Trans People, MSM.

1. **Conversion Therapy:** Many transgender individuals and MSM face forced counseling or religious interventions aimed at changing their gender identity or sexual orientation.
2. **Systemic Barriers:** Healthcare structures and setups that do not accommodate the needs of trans individuals, MSM, and LBQ women, creating discomfort and exclusion.
3. **Labeling and Name-Calling:** Being subjected to derogatory names, misgendering, and verbal abuse by healthcare providers.
4. **Delayed Access to Healthcare:** MSM, trans people, often experience long wait times and are deprioritized despite arriving on time.
5. **Being Charged for Free Services:** Some MSM, trans individuals, report being charged for services that should be free, such as HIV testing.
6. **Denial of Medication Without Valid Reasons:** Healthcare providers refusing to provide necessary treatment without justification.
7. **Experiencing Stigma from Fellow Patients:** MSM, trans people, face discrimination and stigma from other patients in healthcare facilities.
8. **Preaching Instead of Treating:** Healthcare providers prioritize moral or religious lectures over medical treatment, urging MSM and trans individuals to "change their ways."
9. **Lack of Privacy in Consultation Rooms:** Multiple healthcare providers demand explanations about their health conditions, breaching their confidentiality.
10. **Discrimination Against Masculine-** Some are forced to change their dress code before receiving medical treatment.

3.2.4.2 Common Human Rights Violations in Healthcare Settings towards Trans People and MSM Right to Privacy:

Breaches of confidentiality, including forced disclosure of gender identity or sexual orientation.

1. **Denial of Healthcare Services:** Stigma and discrimination lead to refusal or inadequate treatment for MSM, trans individuals.

2. **Right to Employment:** Lack of employment opportunities for trans individuals and MSM within healthcare facilities.
3. **Right to Dignity and Respect:** Verbal abuse, derogatory remarks, and mistreatment from healthcare providers.
4. **Forced HIV Testing:** Instances where MSM and trans individuals, are coerced into taking HIV tests without informed consent.
5. **Extortion and Unfair Charges:** Some individuals are forced to pay extra fees or bribes to access necessary healthcare services.
6. **Denial of Medical Treatment Due to Dress Code :** Some are refused services based on their appearance.
7. **Forcing to Bring Partners for Treatment:** Some LBQ women are required to bring a partner before receiving certain medical services.
8. **Lack of Recognition in Healthcare Documentation:** Some of the KVP's groups experience exclusion from major health studies and surveys, such as THIS (Tanzania HIV Impact Survey) and IBBS (Integrated Bio-Behavioral Surveillance Survey).
9. **Forced anal examination:** forced anal examinations continue to be conducted under court orders, creating a legal loophole that allows for their continued use.

3.2.4.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards Trans People and MSM:

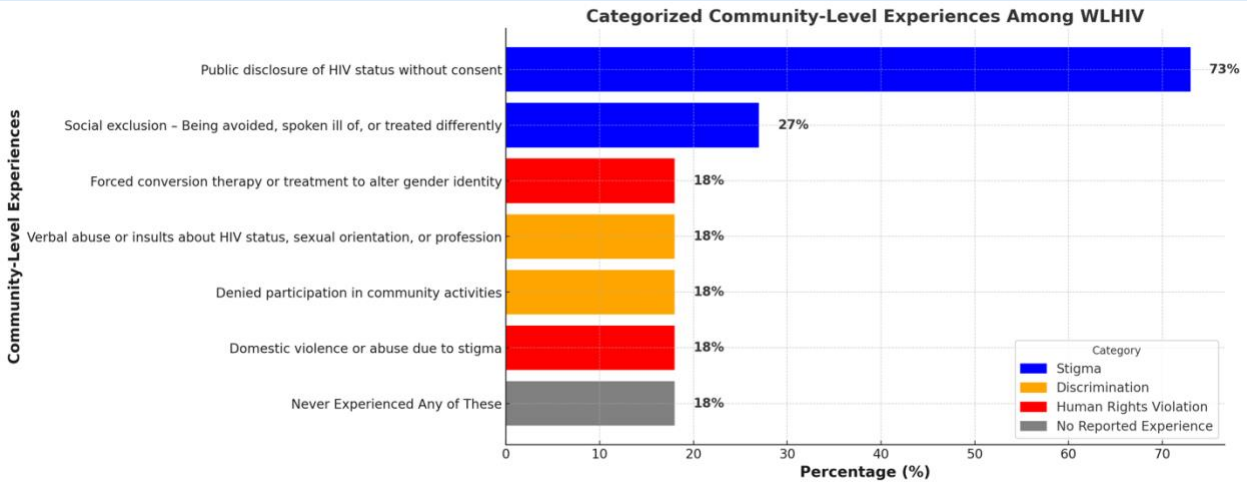
1. **Awareness and Sensitization for Healthcare Providers:** Training healthcare workers on gender diversity and sexual orientation to provide inclusive and respectful services.
2. **Legal Gender Recognition:** Government recognition of gender in health setup beyond male and female, ensuring proper healthcare inclusion.
3. **Integration of other KVP's group Specific Services in National Health Programs:** Ensuring that inclusive and friendly services are integrated into existing healthcare structures.
4. **Human Rights Documentation:** Systematic documentation of human rights violations against MSM and trans individuals to serve as evidence for advocacy.
5. **Community Empowerment and Awareness:** Educating KVP's groups about their human rights, ensuring they can demand fair and equal treatment.

6. **Stronger Legal Protections:** Enforcing anti-discrimination laws to ensure that KVP groups receive equal healthcare access without prejudice.
7. **Peer Support and Safe Reporting Mechanisms:** Encouraging KVP groups to report violations and receive support from community-led organizations.
8. **Strengthening Mental Health Support Systems:** Addressing mental health challenges caused by stigma and discrimination in healthcare settings.
9. **legal reforms:** to explicitly ban the practice, closing loopholes in the government's circular that allow court-ordered exams, and judicial training to prevent the use of such examinations as evidence. The health sector must enforce ethical standards, with doctors refusing to conduct these exams, while law enforcement must stop using them as a tool for harassment.
10. **Community advocacy and strategic litigation**: push for policy changes, while **international pressure** can encourage compliance with human rights standards.

4.0 Stigma, Discrimination, and Human Rights Violations at the Community Level

4.1 Experiences of WLHIV

4.1.1 Categorized Community-Level Experiences Among WLHIV (N = 18)



Graph Description: This horizontal bar chart presents different forms of stigma, discrimination, and human rights violations experienced at the community level among Women Living with HIV (WLHIV), along with those who reported never experiencing any of these issues.

- **Stigma**: 73% of respondents experienced public disclosure of their HIV status without consent by family, neighbors, or employers. 27% faced social exclusion, such as being avoided, spoken ill of, or treated differently by family or neighbors.
- **Human Rights Violations**: 18% of respondents reported being forced into conversion therapy or treatment to alter their gender identity. 18% experienced domestic violence or abuse due to stigma.
- **Discrimination**: 18% faced verbal abuse or insults related to HIV status, sexual orientation, or profession. 18% were denied participation in community events, such as weddings, funerals, school meetings, or other social gatherings.
- **No Reported Experience**: 18% of respondents indicated that they never experienced any of these forms of stigma, discrimination, or human rights violations in their communities.

Key Implications: Public disclosure of HIV status (73%) is the most common stigma-related issue, indicating a serious breach of privacy that affects individuals' safety and

well-being. Social exclusion and verbal abuse (18-27%) highlight how discrimination manifests within the community, further isolating affected individuals. Human rights violations, including forced conversion therapy and domestic abuse (18%), require urgent intervention and legal protection. The 18% who reported no experience of stigma or discrimination suggest that while these issues are prevalent, some WLHIV have managed to navigate their communities without facing these challenges. Stronger community education, legal protections, and awareness efforts are needed to combat stigma, discrimination, and rights violations at the community level.

4.1.2 Focus Group Discussion – Experiences of WLHIV at Community-Level

4.1.2.1 Experiences of Stigma and Discrimination

- **Personal Stigma**: Internalized negative attitudes and self-blame due to community perceptions.
- **Social Stigma**: Being avoided, spoken about negatively, or treated differently by family and neighbors.
- **Cultural Stigma**: Community members linking HIV to immoral behavior, leading to social rejection.
- **Exclusion from Social Spaces**: Being denied participation in community events such as weddings, funerals, and religious gatherings.
- **Verbal Abuse and Humiliation**: Being insulted or ridiculed based on HIV status, particularly in public spaces.
- **Economic Discrimination**: Being denied employment or business opportunities due to HIV status.
- **Denial of Support**: Lack of community or family support, particularly for women living with HIV who are pregnant.

4.1.2.2 Common Human Rights Violations at Community-Level

- **Forced Disclosure**: Being coerced into revealing HIV status, especially to partners or family members.
- **Limited Access to Healthcare Services**: Facing barriers in accessing treatment, including delays and discrimination at health facilities.
- **Denial of Property Rights**: WLHIV being denied inheritance or evicted from family homes due to their status.
- **Gender-Based Violence**: Experiences of domestic violence due to stigma related to HIV status.

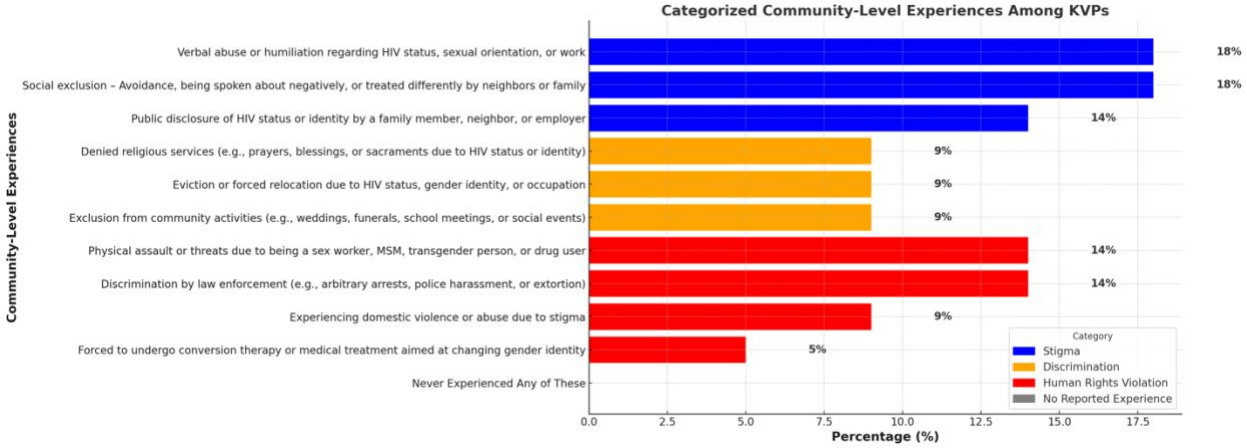
- **Denial of Basic Needs**: Struggles to access food, shelter, and education for children due to stigma.

4.1.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards WLHIV

- **Continuous Community Education**: Conduct awareness campaigns to change societal attitudes toward WLHIV.
- **Engagement with Religious and Traditional Leaders**: Involve key community influencers to challenge harmful beliefs and promote inclusivity.
- **Strengthening Legal Protections**: Advocate for the enforcement of policies that protect the rights of WLHIV.
- **Economic Empowerment**: Provide income-generating opportunities for WLHIV to reduce economic dependence and vulnerability.
- **Mental Health Support**: Establish psychosocial support programs to help WLHIV cope with stigma and discrimination.

4.2 Experiences of KVPs

4.2.1 Categorized Experiences at Community-Level Among KVPs (N = 23)



Graph Description: This horizontal bar chart presents stigma, discrimination, and human rights violations experienced at the community level among Key and Vulnerable Populations (KVPs). The categories have been grouped together for better visualization, and an additional bar is included to indicate that no respondents reported never experiencing any of these issues.

- **Stigma**: 18% reported experiencing verbal abuse or humiliation related to their HIV status, sexual orientation, or profession. 18% faced social exclusion,

such as being avoided, spoken about negatively, or treated differently by neighbors or family. 14% experienced public disclosure of their HIV status or identity by a family member, neighbor, or employer.

- **Discrimination**: 9% were denied religious services, including prayers, blessings, or sacraments, due to their HIV status or identity. 9% faced eviction or forced relocation due to their HIV status, gender identity, or occupation. 9% were excluded from community activities, such as weddings, funerals, school meetings, or other social events.
- **Human Rights Violations**: 14% experienced physical assault or threats due to being a sex worker, MSM, transgender person, or drug user. 14% reported discrimination by law enforcement, including arbitrary arrests, police harassment, or extortion. 9% experienced domestic violence or abuse due to stigma. 5% were forced to undergo conversion therapy or medical treatment aimed at changing their gender identity.
- **No Reported Experience**: 0% of respondents indicated that they never experienced any of these forms of stigma, discrimination, or human rights violations, meaning every respondent had encountered at least one of these issues.

Key Implications: Every respondent has experienced some form of stigma, discrimination, or human rights violation, underscoring the pervasive and systemic nature of these issues. Stigma (18%) remains a widespread challenge, affecting social relationships and emotional well-being. Discrimination (9%) occurs in religious spaces, housing, and community participation, highlighting social and structural barriers. Human rights violations (14%), such as police harassment, violence, and forced medical interventions, require legal protection and policy interventions. Urgent legal protections, advocacy, and community awareness campaigns are necessary to combat these challenges and ensure the rights and dignity of KVPs.

4.2.2 Focus Group Discussion – Experiences of FSW at Community-Level

4.2.2.1 Experiences of Stigma and Discrimination towards FSW

- **Family Rejection**: Being excluded and stigmatized within their own families.
- **Homelessness**: Facing evictions without legal recourse or support.
- **Lack of Economic Opportunities**: Exclusion from employment and financial services.
- **Denial of Property and Inheritance Rights**: Being disinherited against legal provisions.

- **Limited Decision-Making Power**: Exclusion from family and community decision-making spaces.
- **Children Facing Stigma**: Their children being discriminated against and mistreated.

4.2.2.2 Experiences of Human Rights Violations towards FSW

- **Raids on Workplaces (Hotspots)**: Arbitrary destruction of workspaces without legal justification.
- **Violence from Police and Clients**: Physical abuse by law enforcement officers and clients.
- **Sexual Violence**: High prevalence of rape and sexual assault.
- **Unlawful Evictions**: Being forcibly removed from rental houses or accommodations.
- **Limited Access to Employment**: Exclusion from alternative job opportunities.
- **Arbitrary Arrests**: Detention without cause or fabricated charges.
- **Robbery and Theft**: Targeted theft by criminals and confiscation of assets by authorities.
- **Exclusion from Leadership**: Barriers preventing FSWs from participating in community leadership roles.

4.2.2.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards FSW

- **Community Education on Sex Workers' Rights**: Awareness-raising campaigns to promote understanding and acceptance.
- **Legal Awareness and Advocacy**: Training sex workers on their legal rights to empower them to seek justice.
- **Police and Law Enforcement Training**: Sensitization for higher-ranking police officers on stigma and discrimination issues.
- **Policy Engagement and Advocacy**: Strengthening advocacy efforts to influence government decision-makers and improve legal protections for sex workers.

4.2.3 Focus Group Discussion – Experiences of PWUID at Community-Level

4.2.3.1 Common Forms of Stigma and Discrimination at Community-Level towards PWUID

- **Criminalization of Drug Use**: The assumption that all PWUID are criminals and threats to society.
- **Distrust from the Community**: Former and current drug users are perceived as untrustworthy.
- **Internal Stigma**: Discrimination even among PWUID based on drug use methods (e.g., injectors facing more stigma).
- **Social Exclusion**: Exclusion from family, community, and political decision-making spaces (e.g., voting, leadership).
- **Religious Discrimination**: Being judged and shunned in places of worship.
- **Limited Professional Opportunities**: Lack of opportunities to study and contribute to drug addiction recovery programs.
- **Violence and Extrajudicial Killings**: PWUID are often targets of mob justice and police brutality.
- **Exclusion from Family Decisions**: Denied the right to participate in household discussions or decisions.
- **Education and Employment Barriers**: PWUID face discrimination in schools and workplaces.
- **Social Mockery and Public Humiliation**: Facing ridicule for getting married or attempting to lead a normal life.
- **Partial Reintegration**: The community accepts only those who have completely stopped drug use, excluding active users.
- **Negative Stereotypes from Leaders**: Public statements from leaders further stigmatize drug users.

4.2.3.2 Common Human Rights Violations at Community-Level towards PWUID

- **Mob Violence and Lynching**: Beatings, sometimes leading to death, due to accusations of theft.
- **Vigilante Justice**: Community members taking the law into their own hands, leading to severe injuries or loss of life.

- **Unlawful Arrests and Detentions**: Arbitrary arrests by police without explanation or legal due process.
- **Fabrication of Charges**: PWUID are often falsely accused of crimes they did not commit.
- **Forced Evictions**: Being expelled from family homes and communities.
- **Denial of Dignity and Participation**: PWUID are denied a voice in their communities, subjected to humiliation, and stripped of their privacy.
- **Criminalization of Drug Use**: Laws that penalize drug use increase stigma and discrimination, preventing access to harm reduction services.
- **Lack of Overdose Response Services**: Communities lack proper mechanisms to respond to overdoses, leading to preventable deaths.

4.2.3.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards PWUID

- **Life Skills and Economic Empowerment**: Provide training and income-generating opportunities for PWUID.
- **Community Education on Drug Use and Harm Reduction**: Raise awareness on drug use, dependency, and effective harm reduction approaches.
- **Decriminalization and Policy Reform**: Advocate for legal reforms that shift the focus from punishment to health-based interventions.
- **Family and Community Sensitization**: Promote inclusive approaches that help reintegrate PWUID into society.
- **Access to Health and Harm Reduction Services**: Strengthen community-level overdose prevention programs and access to healthcare services.

4.2.4 Focus Group Discussion – Experiences of Trans People and MSM, Community-Level

4.2.4.1 Common Forms of Stigma and Discrimination at Community-Level towards MSM and Transgenders

- **Eviction from Families and Rental Houses :** Trans and MSM face forced displacement by families and landlords due to their gender identity or sexual orientation.
- **Family-Level Rejection:** Many MSM individuals are expelled from home, ostracized, and undervalued in family decision-making.

- **Educational Barriers (Trans People & MSM):** Forced out of school or denied opportunities to continue education due to gender identity or sexual orientation.
- **Social Exclusion:** Facing rejection from society, isolation, and loss of friendships, including being excluded from community events (e.g., weddings, funerals, social gatherings).
- **Employment Discrimination:** Difficulty securing jobs, sudden terminations, and lack of legal recourse.
- **Verbal Harassment:** Frequent insults and degrading remarks based on gender identity or sexual orientation.
- **Lack of Social Acceptance:** The community refuses to acknowledge their gender identity or sexual orientation, leading to systemic discrimination.
- **Denial of Identity Recognition:** Society does not recognize or validate their gender identity, resulting in further exclusion and marginalization.
- **Housing Discrimination:** Facing eviction from rental properties based on sexual orientation, gender expression, or the company they keep.
- **Police Harassment:** Arbitrary arrests, fabricated charges, and lack of legal protection.

4.2.4.2 Common Human Rights Violations Community-Level towards Msm and Transgenders

1. **Right to Privacy :** Violation of personal confidentiality, forced disclosure, and lack of safety in housing and workplaces.
2. **Right to Education :** Denied access to schooling or forced out of educational institutions.
3. **Right to Life and Security:** Facing threats, violence, and in some cases, death due to their identity.
4. **Right to Work :** Unjust denial of employment opportunities and workplace harassment.
5. **Right to Inheritance and Decision-Making:** Being denied property rights, inheritance, or the ability to have their voices heard in family or legal matters.
6. **Freedom of Association:** Limited ability to form or join community groups, participate in advocacy efforts, or gather in safe spaces.
7. **Right to Worship:** Denied participation in religious practices and communities due to their identity.

8. **Right to Be Heard:** Lack of representation in decision-making bodies and exclusion from leadership roles.
9. **Restricted Freedom of Movement:** Facing limitations on mobility due to fear of harassment or violence.
10. **Right to Legal Aid:** Limited or no access to lawyers or legal support when facing discrimination or legal issues.

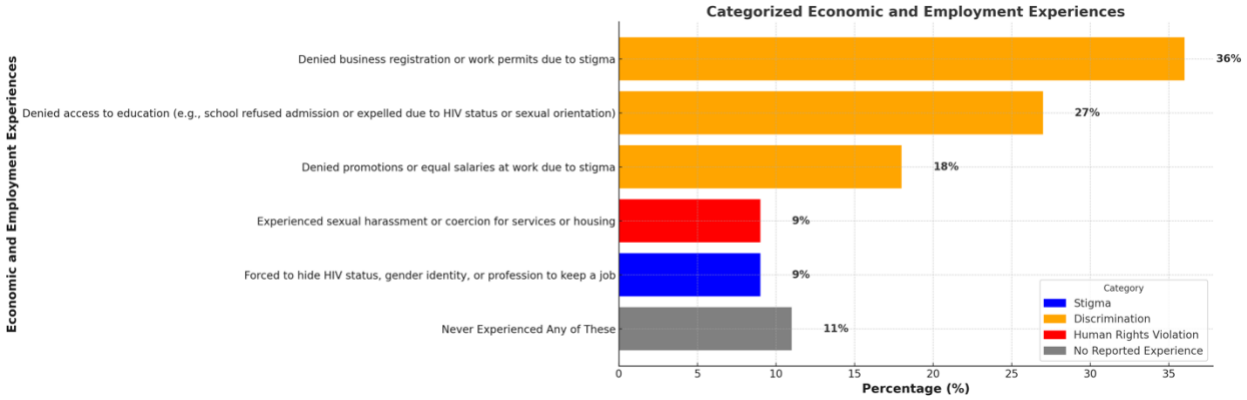
4.2.4.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards MSM and Transgenders

1. **Community Education on Human Rights:** Awareness-raising initiatives at the community level to reduce stigma and discrimination.
2. **Legal Support System:** Strengthening legal aid and representation for MSM, trans individuals, to ensure justice.
3. **Policy and Law Reforms:** Enacting local regulations that promote gender equality and protect the rights of marginalized groups.
4. **Empowerment and Community Engagement:** Encouraging MSM, trans individuals to participate in social and economic activities to foster inclusion.
5. **Support Systems:** Establishing safe spaces, mental health services, and economic support for trans individuals and MSM to help them navigate societal discrimination.
6. **Legal Literacy and Advocacy:** Providing MSM and trans individuals, with knowledge about their legal rights and protections.
7. **Family and Community Sensitization:** Educating families and communities to foster acceptance and reduce prejudice towards gender and sexual minorities.
8. **Provision of Legal Aid:** Ensuring dedicated legal support services for MSM and trans individuals, facing discrimination or harassment.
9. **Greater Inclusion in KVP Programming:** Ensuring that KVP are actively included in community-led initiatives, policies, and funding allocations.
10. **Community Sensitization through Business Partnerships:** Working with clubs, bar owners, and social gathering organizers to raise awareness and foster safer spaces for KVP.

5.0 Stigma, Discrimination, and Human Rights Violations in Accessing Socio-Economic Services

5.1 Experiences of WLHIV

5.1.1 Categorized Experiences Among WLHIV in Accessing Socio-Economic Services (N = 18)



Graph Description: This horizontal bar chart illustrates different forms of stigma, discrimination, and human rights violations in economic and employment settings, along with those who reported never experiencing any of these issues.

- **Discrimination** (Most Reported Issue): 36% were denied business registration or work permits due to stigma. 27% were denied access to education, including school refusal or expulsion based on HIV status or sexual orientation. 18% faced workplace discrimination, such as denied promotions or unequal salaries.
- **Human Rights Violations**: 9% experienced sexual harassment or coercion for services or housing.
- **Stigma**: 9% were forced to hide their HIV status, gender identity, or profession to keep a job.
- **No Reported Experience**: 11% of respondents indicated that they never experienced any of these forms of stigma, discrimination, or human rights violations in economic or employment settings.

Key Implications: Economic discrimination is the most common issue, affecting business, education, and workplace opportunities. Workplace inequality (18%) reflects structural discrimination that limits career advancement. Human rights violations (9%), such as sexual exploitation, require urgent intervention. Stigma-related

pressures force individuals to conceal their identities, impacting their mental health and job security. The 11% who reported no experience of stigma or discrimination suggest that while these issues are prevalent, some individuals have managed to avoid such challenges. Stronger legal protections and inclusive policies are needed to ensure equal access to employment, education, and economic opportunities.

5.1.2 Focus Group Discussion – Experiences of WLHIV in Accessing Socio-Economic Services

5.1.2.1 Experiences of Stigma and Discrimination

- Lack of job opportunities and barriers to employment.
- Lack of economic empowerment and limited access to financial services.
- Denial of property ownership rights, particularly for widows living with HIV.
- Family and community discrimination leading to isolation and exclusion.
- Barriers in accessing business registration and support services.

5.1.2.2 Common Human Rights Violations

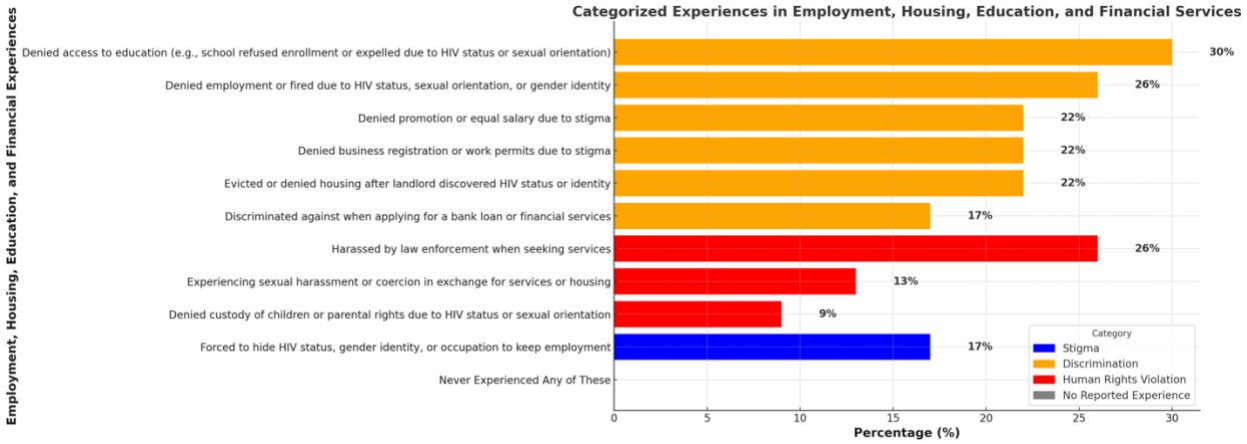
- Denial of business registration or financial support.
- Being denied access to social welfare programs due to HIV status.
- Exclusion from leadership and decision-making processes.
- Denial of inheritance rights.
- Limited access to essential public services, including banking and financial aid.

5.1.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards WLHIV

- Increase awareness and advocacy on the economic rights of WLHIV.
- Provide financial literacy and economic empowerment programs.
- Strengthen legal frameworks to protect inheritance and property rights.
- Ensure inclusive social welfare programs that do not discriminate based on HIV status.
- Strengthen partnerships with financial institutions to create friendly policies for WLHIV.

5.2 Experiences of KVPs

5.2.1 Categorized Experiences Among KVPs in Accessing Socio-Economic Services (N = 23)



Graph Description: This horizontal bar chart presents the different forms of stigma, discrimination, and human rights violations experienced in employment, housing, education, and financial services, now grouped together by category for clearer visualization. Additionally, a bar is included to indicate that no respondents reported never experiencing any of these issues.

- **Discrimination** (Most Reported Issue): 30% were denied access to education, including school refusal or expulsion based on HIV status or sexual orientation. 26% were denied employment or fired due to their HIV status, gender identity, or sexual orientation. 22% faced workplace discrimination, such as denied promotions or unequal salaries. 22% were denied business registration or work permits due to stigma. 22% were evicted or denied housing after a landlord discovered their HIV status or identity. 17% faced discrimination when applying for a bank loan or financial services.
- **Human Rights Violations**: 26% were harassed by law enforcement when seeking services. 13% experienced sexual harassment or coercion in exchange for services or housing. 9% were denied custody of children or parental rights due to HIV status or sexual orientation.
- **Stigma**: 17% were forced to hide their HIV status, gender identity, or profession to keep a job.
- **No Reported Experience**: 0% of respondents indicated that they never experienced any of these forms of stigma, discrimination, or human rights

violations, meaning every respondent had encountered at least one of these issues.

Key Implications: Discrimination (30%) in education access is the most common issue, highlighting systemic barriers to learning. Employment-related discrimination (26%), such as firing or unequal pay, limits career progression. Housing discrimination (22%), including eviction due to HIV status or identity, highlights social marginalization. Human rights violations (26%), such as law enforcement harassment, require legal interventions. Forced identity concealment (17%) reflects social stigma and pressure to hide one's true identity for survival. Not a single respondent indicated never having experienced any of these challenges, emphasizing the widespread nature of these issues. Stronger workplace protections, anti-discrimination policies, and financial inclusion efforts are needed to address these systemic inequalities.

5.2.2 Focus Group Discussion – Experiences of FSW in Accessing Socio-Economic Services

5.2.2.1 Experiences of Stigma and Discrimination towards FSW

- **Family exclusion** – Many FSWs are rejected by their families, leading to social and economic instability.
- **Loss of housing and forced evictions** – Being removed from their homes without legal recourse.
- **Limited economic opportunities** – Exclusion from financial programs, business opportunities, and employment.
- **Denial of inheritance and property ownership** – FSWs are often denied their legal rights to inherit property.
- **Lack of decision-making power** – Being excluded from making choices that affect their lives.
- **Harassment of their children** – Their children face discrimination and bullying due to their mothers' work.

5.2.2.2 Experiences of Human Rights Violations towards FSW

- **Workplace violations** – Destruction of workplaces (hotspots) by authorities.
- **Physical violence** – Assault by law enforcement officers and clients.
- **Sexual violence** – Increased risk of rape and sexual exploitation.
- **Evictions without legal recourse** – Being expelled from housing without following legal procedures.

- **Lack of alternative employment opportunities** – Difficulty accessing formal jobs due to stigma.
- **Arbitrary arrests and detention** – FSWs are frequently arrested without valid reasons.
- **Theft and robbery** – Loss of personal belongings through both informal and state-sanctioned means.
- **Exclusion from leadership roles** – Being denied the right to participate in community governance and leadership.

5.2.2.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards FSW

- **Increased education on sex workers' rights** – Raising awareness of their legal protections and entitlements.
- **Legal empowerment** – Educating FSWs on their basic human rights and legal protections.
- **Police sensitization** – Training police officers at higher levels to reduce stigma and discrimination from law enforcement.
- **Stronger advocacy efforts** – Expanding lobbying efforts to engage decision-makers and government officials to support the protection and rights of FSWs.

5.2.3 Focus Group Discussion – Experiences of PWUID in Accessing Socio-Economic Services

5.2.3.1 Common Forms of Stigma and Discrimination towards PWUID in Accessing Socio-Economic Services

- **Denial of property ownership and inheritance rights** – PWUID are often excluded from inheriting family property.
- **Limited access to economic opportunities** – Lack of financial support, including denial of business loans and capital.
- **Exclusion from income-generating activities** – Being barred from engaging in businesses or economic activities due to stigma.
- **Discriminatory decision-making** – Some authorities do not follow proper guidelines in implementing economic opportunities for PWUID.
- **Self-stigma among PWUID** – Many believe they are unworthy of economic participation, further limiting their opportunities.

- **Workplace discrimination** – Facing stigma at workplaces once their history of drug use is known.
- **Discriminatory job advertisements** – Some job postings explicitly exclude people with a history of drug use.

5.2.3.2 Common Human Rights Violations towards PWUID

- **Denial of workplace benefits** – PWUID are often denied legal entitlements such as compensation for work injuries.
- **Unfair job terminations** – Employees who are discovered to have a history of drug use are often dismissed without due process.
- **Denial of employment benefits** – Employers refuse to grant pensions or work-related benefits to those identified as drug users.

5.2.3.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards PWUID

- **Education for employers** – Sensitize employers on how to support employees recovering from drug use.
- **Enforcement of legal protections** – Ensure laws governing fair employment practices are upheld.
- **Community awareness** – Educate community leaders and the public about drug use and the rights of PWUID.
- **Encouraging PWUID participation in community activities** – Promote their involvement in social and economic programs.
- **Economic empowerment programs** – Establish initiatives through organizations and methadone treatment centers to support PWUID in entrepreneurship and employment.
- **Peer support networks** – Facilitate professional peer mentoring and support systems for PWUID in recovery.

5.2.4 Focus Group Discussion – Experiences of MSM and Transgenders in Accessing Socio-Economic Services

5.2.4.1 Common Forms of Stigma and Discrimination towards MSM and Transgenders in Accessing Socio-Economic Services

- **Denial of Employment Opportunities:** Many trans individuals and MSM are denied jobs due to gender identity or sexual orientation.

- **Challenges in Business and Organization Registration:** Bureaucratic and discriminatory barriers hinder MSM from formally establishing businesses or organizations.
- **Limited Access to Financial Services:** Trans individuals and MSM experience difficulties obtaining loans and financial support due to systemic bias.
- **Job Termination (MSM):** MSM individuals are often dismissed from jobs based on bias rather than performance.
- **Limited Career Advancement:** MSM and trans people often lack promotions and professional growth opportunities due to discrimination.
- **Harassment and Discrimination in Business Environments:** Competitors and customers spread misinformation and discourage engagement in queer-owned businesses.
- **Exclusion from Development Programs:** Trans individuals face systematic exclusion from socio-economic development initiatives.
- **Discrimination in Housing and Places of Worship:** Trans individuals and MSM face rejection from rental housing and religious institutions, limiting their safety and social inclusion.

5.2.4.2 Common Human Rights Violations towards MSM and Transgenders in Accessing Socio-Economic Services

- **Right to Employment and Fair Labor Practices:** Many are denied job opportunities, fair salaries, and career progression due to stigma and discrimination.
- **Right to Freedom of Worship:** Exclusion from religious spaces due to gender identity and sexual orientation.
- **Right to Freedom of Association:** Limited participation in community groups and networks due to discrimination.
- **Right to Business Ownership:** Barriers in registering and owning businesses due to systemic stigma.
- **Right to Economic Stability:** Denied equal access to financial services, entrepreneurship support, and job security programs.
- **Denial of Career Progression:** Many are passed over for promotions due to their identity rather than performance.

5.2.4.3 Proposed Solutions to Reduce Stigma, Discrimination, and Human Rights Violations towards MSM and Transgenders

1. **Human Rights Education:** Raising awareness on the rights of trans people and MSM, among policymakers, employers, and communities.
2. **Economic Empowerment Programs:** Providing financial literacy training, entrepreneurship support, and job placement programs tailored to the needs of trans people and MSM individuals.
3. **Inclusion in Financial and Employment Policies:** Ensuring access to loans, microfinance, and fair employment opportunities for trans people and MSM, individuals.
4. **Encouragement of Self-Employment:** Promoting entrepreneurship as a means of achieving economic independence and overcoming workplace discrimination.
5. **Capacity-Building Education:** Training for employers and employees on workplace inclusivity, fair hiring practices, and non-discrimination policies.
6. **Financial Literacy and Job Security Training:** Equipping individuals with skills to navigate financial systems, entrepreneurship, and secure sustainable employment.
7. **Advocacy for Inclusive Labor Policies:** Ensuring workplaces adopt non-discriminatory hiring, promotion, and equal pay policies.
8. **Community Support Systems:** Establishing safe spaces, mental health services, and economic support programs for trans individuals and MSM, and individuals to mitigate socio-economic exclusion.
9. **Integration into Development Programs:** Ensuring trans individuals and MSM, are included in socio-economic development and empowerment initiatives.

6.0 Testimonials and Lived Experiences

6.1 Personal Stories WLHIV Facing Stigma, Discrimination and Human Rights Violations

Testimonial 1: **Denied Leadership Due to HIV Stigma and Gender Bias**

"I decided to enter political leadership, but every time I tried, I was rejected by society because they viewed me as a person living with HIV. This year, I attempted again, and when I went to collect my candidacy form, I was deliberately delayed and given the runaround before finally receiving it.

After submitting my form, people started spreading stigma, saying that because I am HIV-positive, I would die soon, making me unfit for leadership. Others dismissed me entirely because I am a woman. I was subjected to intense verbal attacks and defamation.

What hurt me the most was that the outgoing leader, who had paralysis and could barely function, was still nominated and supported, while I was completely rejected. This unfairness was difficult to endure. Due to the overwhelming discrimination and stigma, I lost the election.

Despite this, I continue to focus on my entrepreneurial activities and other efforts to empower myself.

This incident happened in Dodoma, and the discrimination was most evident during the election process, where people openly talked about my HIV status and even accused me of using my position to exploit men and infect them with HIV if I won the election."

Testimonial 2: **Denied Healthcare Services for Pregnant Young Women Living with HIV**

"Young women living with HIV are often required to bring their male partners when seeking maternal healthcare services. This policy disproportionately affects young women who may not have disclosed their HIV status to their partners, creating a risk of relationship conflict, abandonment, or violence.

Recently, a young woman who had just completed secondary school unexpectedly became pregnant while attending a study camp for exams. She lived with her grandmother, as her father resided elsewhere. When she went to the health center for prenatal care and prevention of mother-to-child transmission (PMTCT), she was told she could only receive services if she brought her partner.

Since her partner was unaware of her HIV status, she was unable to access care for two months. The health facility continued to demand that she bring her partner, making it

impossible for her to receive treatment. Now, her partner is financially supporting her through the pregnancy, but if he discovers her status under these circumstances, it could lead to serious consequences, including rejection or violence."

Testimonial 3: Overcoming Stigma Through Media Advocacy and Community Participation

"I am grateful for the support I received in gaining the confidence to speak openly about my experiences in the media. This opportunity helped me grow emotionally and mentally, giving me the courage to advocate for myself and others.

I also participated in local leadership elections for a street committee position, but I was unsuccessful. People claimed that I was too occupied with HIV-related activism, which they saw as a reason to disqualify me. Despite the loss, I have accepted the outcome and remain committed to my advocacy work and personal growth."

Testimonial 4: Best Practices in Leadership Inclusion and Economic Empowerment for PLHIV and PWUD

"There has been significant progress in ensuring the inclusion of PLHIV and People Who Use Drugs (PWUD) in leadership and decision-making spaces. In some areas, Cluster leaders are now actively engaged in HIV/AIDS committees at the local government level, ensuring that their voices are heard in policy and funding decisions.

In Tanga City, a notable funding initiative has been introduced. Last year, a grant of TZS 30 million was allocated TZS 10 million for PWUD and TZS 20 million for WAVIU, coordinated through their Clusters. This year, the amount has been increased to TZS 60 million, signaling a growing commitment to economic empowerment.

Additionally, the Tanga Municipal Council has established a verification system where they visit WAVIU groups before approving them for financial support. In the most recent round, WAVIU groups received TZS 20 million, which they used to purchase a motorcycle (guta) and reinvest in income-generating activities. The guta generates TZS 100,000 per week, amounting to TZS 400,000 per month, providing sustainable income for the group.

This initiative came about through advocacy efforts, emphasizing the need to support PWUD with economic opportunities, especially after starting medication-assisted treatment (MAT), as many remain idle without structured activities.

The Tanga grant program has existed for WAVIU for many years, but PWUD were only included last year, marking an important step toward economic inclusion. Moving forward, it is crucial to expand this model to other regions and track whether similar grants are being allocated elsewhere. WAVIU and PWUD must also be prepared to take advantage of these opportunities by forming organized groups and demonstrating readiness to engage in productive activities."

6.2 Personal Stories KVPs Facing Stigma, Discrimination and Human Rights Violations

6.2.1 Testimonials from a PWUIDs

Testimonial 1: Surviving Stigma and Abuse in a Mental Health Ward

“In 2008, while actively using drugs, I sought help to quit substance use but couldn't afford the fees for a sober house. Desperate for assistance, I went to Bugando Hospital, specifically to the underground Mental Health Unit, hoping to find an opportunity to enter a sober house since methadone treatment was unavailable at the time.

Upon admission to the mental health ward, I began to recover gradually and was given small tasks to assist around the facility. My efforts were appreciated, and I found solace in contributing to the hospital community. However, one night, I encountered a harrowing experience that exposed the cruelty of stigma and abuse within the facility.

A medical assistant came to the ward at night and forcibly took me and a young female patient to another room. He tried to coerce me into sexually assaulting the girl, claiming that she was "mentally unstable" and that it didn't matter. The girl resisted, crying, and showing clear distress. Despite the assistant's pressure, I refused to follow his orders because I saw how unwilling and terrified she was.

I returned to my room that night, deeply shaken, and never reported the incident to anyone. Although I was not mentally ill, I was treated like a psychiatric patient due to my drug dependence. I was occasionally given sedatives that left me disoriented, further worsening my vulnerability within the ward.

After that traumatic event, I intensified my efforts to leave the hospital and the psychiatric ward. To this day, the same medical assistant who tried to orchestrate the assault still works at Bugando Hospital.”

Testimonial 2: Overcoming Workplace Stigma and Discrimination

*“In 2019, after quitting drugs, I found employment as a **Satellite Dish Installation Technician**, a skill I had trained for. My employer was the same person who had mentored me in the trade. However, I faced severe **stigma and discrimination** from my colleagues at work.*

*Instead of assigning me technical tasks, they deliberately gave me unskilled labor jobs, hoping to frustrate me into quitting. They made me do helper tasks rather than the work I was qualified for. This deeply affected me, but my employer at the time encouraged me to stay strong. Unfortunately, he later relocated to **Dubai**.*

*The person who had mistreated me was then promoted to **manager/boss**, and the situation worsened. He **reduced my salary** and restricted my participation in **Harm Reduction movement meetings**, which my previous boss had supported. The working conditions became unbearable, and I eventually resigned due to the **low salary** and continued mistreatment.*

*I now work as a **self-employed technician**, using my expertise in satellite dish installation to sustain myself."*

Testimonial 3: **Denied Inheritance Rights Due to Stigma**

"In 1993, my mother fell ill. She was financially stable and owned houses, land, and farms. We were three children. However, since I was using drugs at the time, my relatives, including my maternal grandmother, took advantage of the situation. They started selling off my mother's properties, claiming that I was mentally unfit to manage anything, and that my younger siblings were too young to have a say.

In 1994, my mother passed away. No one informed me—I only found out through outsiders. When I returned, I discovered that she had already been buried. When I tried to ask questions, my family refused to engage with me. Overwhelmed with grief, I collapsed, but instead of support, I was met with stigma. People accused me of neglecting my mother due to drug use and labeled me a thief, saying I could steal from them.

Later, I started hearing rumors that my mother's properties had been sold without my knowledge. During the forty-day mourning period, when my mother's belongings were distributed, my grandmother refused to give me anything, stating that as a drug user, I would sell whatever I received. At that time, I had two children—one of whom I was carrying on my back.

One compassionate person decided to help me seek legal assistance. However, when we went to the police, they refused to intervene, dismissing my case because of my history of drug use. They told me the matter should be resolved within the family, leaving me powerless to reclaim my rightful inheritance."

Testimonial 4: Denied Economic Opportunities Due to Stigma

"*After recovering from drug use, I joined a **women's support group**, which was officially registered in **2019**. We followed all the necessary steps to apply for a **municipal loan**, meeting every requirement. Our group was inspected three times as part of the approval process.*

*However, during the final inspection, some of our leaders were unavailable. Despite this, similar groups that applied for loans in **2020 and 2021** received funding without issue. Later, we were informed that our group had been denied a loan because we were*

*supposedly found **"sleeping"** during the inspection, which was entirely untrue—we were not even present at the time.*

*When we followed up, we received no cooperation from the officials. It was clear that we were deemed **unfit and ineligible for loans simply because we were former drug users**. This blatant discrimination denied us a critical economic opportunity that could have helped us rebuild our lives."*

Testimonial 5: **Denied Urgent Healthcare Due to Drug Use**

"*I work at MEFADA, and one of my outreach workers suddenly stopped showing up. I later discovered that he was seriously ill due to a self-inflicted injection injury. When we tried to get him medical care at a local health facility, they refused to treat him because he was a drug user. The healthcare providers realized what had happened and declined to offer any assistance.*

Even the gender-based violence (GBV) response team refused to intervene. The situation deteriorated until he was in critical condition, close to death. Desperate for help, I made several calls to find an alternative solution. Eventually, we managed to transfer him to Muhimbili MAT, where he was re-enrolled into the methadone program as a recovering user. That was the only way he finally received the medical care he needed.

Had we not fought for an alternative, he might not have survived."

6.2.2 Testimonials from MSM and LBQ Women

Testimonial 1: **Fighting for Promotion Despite Discrimination**

"*There was a teacher who, despite having pursued higher education up to a master's degree, was denied a promotion simply because he was MSM. Even though he was highly qualified, he faced workplace discrimination that blocked his career advancement.*

However, he refused to give up. He took his case directly to the Ministry of Education, where he presented his concerns. After persistent advocacy, he was finally granted his promotion, surpassing those who had initially denied him the opportunity."

Testimonial 2: **Evicted Due to Gender Expression and Stereotyping**

"I moved into a rented house, but just a few days later, I was served with an eviction notice. The reason? My behavior was deemed "unusual" by the landlord. It appeared that the security guard had reported concerns about me.

The main issue was my partner's masculine appearance, which seemed to raise suspicions. Additionally, the landlord and neighbors assumed we were unemployed because they couldn't understand how we sustained our lifestyle. These assumptions led

to forced eviction without any justifiable reason, simply based on gender expression and social stereotyping.”

7.0 Conclusion and Recommendations

7.1 Conclusion

This shadow report highlights the persistent and widespread stigma, discrimination, and human rights violations faced by Women Living with HIV (WLHIV) and Key and Vulnerable Populations (KVPs) in Tanzania. Despite ongoing advocacy and policy reforms, systemic barriers continue to hinder their access to healthcare, social services, employment, and legal protections. The findings reveal that these populations experience significant violations of their fundamental rights, limiting their ability to lead dignified and empowered lives.

7.1.1 Experiences of Women Living with HIV (WLHIV)

WLHIV continue to face high levels of stigma and discrimination, particularly in healthcare settings where breaches of confidentiality, forced disclosure, and denial of maternal health services remain prevalent. Social stigma extends to exclusion from community events, economic marginalization, and denial of inheritance and leadership opportunities. Many WLHIV struggle to access justice when their rights are violated, as stigma influences both law enforcement and community responses. A lack of understanding of discrimination among WLHIV (91%) further exacerbates their vulnerability, making them less equipped to challenge injustices and advocate for their rights. However, increased representation in local governance and economic empowerment initiatives has shown promising best practices that should be scaled up to ensure sustainable change.

7.1.2 Experiences of Key and Vulnerable Populations (KVPs)

KVPs, including sex workers, people who use/inject drugs (PWUID), men who have sex with men (MSM), transgender individuals, and continue to experience extensive violations of their rights across healthcare, employment, housing, and community spaces. Every respondent reported experiencing some form of stigma, discrimination, or human rights violation, demonstrating the systemic and entrenched nature of these injustices. KVPs are frequently denied healthcare, subjected to physical and verbal abuse, evicted from homes, and excluded from economic opportunities due to their identity, occupation, or health status. Law enforcement remains a significant perpetrator of abuse, with reports of arbitrary arrests, extortion, and violence against KVPs. The lack of legal protections and persistent criminalization of behaviors and identities continues to fuel stigma and limit access to justice.

7.1.3 Key Takeaways

The findings in this report underscore the urgent need for policy reforms, strengthened legal protections, and community-led advocacy to address the widespread human rights

violations against WLHIV and KVPs. While some progress has been made—such as the inclusion of community leaders in HIV/AIDS decision-making bodies and the provision of municipal grants for economic empowerment—these efforts remain inconsistent and underfunded. Sustainable change requires systemic reforms in healthcare, employment, law enforcement, and social protection, alongside stronger accountability mechanisms to address discrimination and violence. Addressing these challenges is not only a human rights imperative but also a crucial step toward achieving equitable access to healthcare and social justice for all.

7.2 Community-Driven Recommendations

7.2.1 Policymakers

1) Develop and enforce anti-discrimination policies that specifically protect WLHIV and KVPs from stigma, exclusion, and human rights violations in healthcare, employment, housing, and law enforcement.
2) Strengthen accountability mechanisms to ensure government institutions uphold human rights protections, including disciplinary actions against healthcare workers and law enforcement officers who engage in discriminatory practices.
3) Ensure equitable access to healthcare services, including HIV prevention, treatment, and harm reduction programs for KVPs, without requiring unnecessary documentation, partner consent, or criminalization-related barriers.
4) Increase funding for community-led initiatives that support WLHIV and KVPs in economic empowerment, mental health services, and legal support programs to enhance their socio-economic stability and resilience.
5) Establish clear legal protections that decriminalize behaviors and identities associated with KVPs, ensuring that sex workers, PWUID, MSM, transgender people, can access essential services without fear of arrest or discrimination.

7.2.2 Development Partners

1) Prioritize funding for community-led initiatives that address stigma, discrimination, and human rights violations against WLHIV and KVPs. Investments should focus on legal aid, mental health support, economic empowerment, and access to justice programs.
2) Support capacity-building programs for civil society organizations (CSOs) and community networks to strengthen their ability to advocate for policy changes, monitor human rights violations, and document cases of discrimination effectively.
3) Collaborate with local governments to ensure the inclusion of KVPs and WLHIV in decision-making structures related to healthcare, economic empowerment, and HIV prevention and treatment services.

4) Push for policy and legal reforms by engaging with the government and other stakeholders to decriminalize behaviors and identities associated with KVPs, ensuring their access to services without fear of legal repercussions.
5) Increase technical and financial support for data collection, research, and monitoring on human rights violations and service access barriers for WLHIV and KVPs to inform evidence-based interventions and advocacy.

7.2.3 Implementing Partners

1) Strengthen community engagement and service delivery by ensuring WLHIV and KVPs have access to non-discriminatory, inclusive, and stigma-free services, particularly in healthcare, legal aid, and economic empowerment programs.
2) Ensure meaningful participation of KVPs and WLHIV in program design, implementation, and evaluation to align interventions with their real-life experiences and needs.
3) Support legal literacy and human rights education for KVPs and WLHIV to empower them to challenge discrimination, report violations, and advocate for their rights.
4) Scale up harm reduction programs for PWUID by expanding access to methadone-assisted treatment (MAT), psychosocial support, and community-led outreach initiatives.
5) Expand economic empowerment opportunities for WLHIV and KVPs by promoting entrepreneurship, vocational training, and access to financial services to reduce dependence and vulnerability to discrimination.
6) Increase coordination among civil society organizations (CSOs), networks, and local government to ensure better case documentation, advocacy efforts, and service delivery, creating a unified approach to addressing stigma and human rights violations.
7) Develop monitoring and accountability mechanisms to track human rights violations in healthcare facilities, workplaces, and law enforcement, ensuring timely responses and legal interventions.

7.2.4 Networks, NGOs, CSOs and CBOs

1) Strengthen advocacy efforts by pushing for policy reforms and legal protections that address stigma, discrimination, and human rights violations against WLHIV and KVPs.
2) Enhance community-led monitoring (CLM) initiatives to track human rights violations, discriminatory practices in healthcare, and law enforcement abuses, ensuring proper documentation and reporting.

3) Expand psychosocial support programs for WLHIV and KVPs, including mental health services, peer support networks, and legal aid to assist survivors of discrimination and violence.
4) Increase capacity-building efforts by training WLHIV and KVP communities on human rights, leadership, economic empowerment, and self-advocacy to strengthen their engagement in decision-making spaces.
5) Promote collaboration and coalition-building among networks and organizations working on HIV, human rights, and gender equality, ensuring a unified front in advocating for inclusive policies and equitable resource allocation.
6) Scale up economic empowerment programs that support WLHIV and KVPs in entrepreneurship, vocational skills training, and access to financial resources, reducing vulnerability to stigma-related economic exclusion.
7) Engage with local governments to monitor the implementation of HIV policies, access to health services, and allocation of municipal grants to ensure sustained financial support for economic initiatives benefiting WLHIV and KVPs.
8) Leverage media and digital platforms to amplify the voices of WLHIV and KVPs, counter misinformation, and challenge stigma narratives that fuel discrimination in society.

7.2.5 Community in General

1) Promote a culture of inclusivity and acceptance by addressing stigma, discrimination, and misconceptions surrounding WLHIV and KVPs, ensuring that all individuals can live with dignity and respect.
2) Encourage community-led support systems that empower WLHIV and KVPs through peer mentorship, economic opportunities, and safe spaces where they can seek guidance and support without fear of judgment.
3) Challenge harmful societal norms and gender biases that perpetuate discrimination, particularly against WLHIV, sex workers, PWUID, MSM, transgender people, in healthcare, employment, and social participation.
4) Enhance community involvement in HIV prevention, treatment, and awareness programs to ensure accurate information dissemination and reduce misinformation that fuels stigma.
5) Report and act against human rights violations affecting WLHIV and KVPs by engaging in community advocacy, holding local leaders accountable, and supporting survivors of discrimination and abuse.
6) Promote economic inclusion by supporting WLHIV and KVP-led businesses, cooperatives, and social enterprises that contribute to financial independence and reduce reliance on external aid.

7) Engage religious and traditional leaders to foster compassionate messaging that reduces stigma and encourages community members to embrace diversity and inclusion.

Annexes

1. 2021- PLHIV Stigma Index Survey.
2. Community-Led Monitoring National reports 2025.
3. National AIDS Control Program (NACP) – Tanzania HIV Impact Survey (THIS), 2024.
4. UNAIDS Global Report on HIV/AIDS, 2023.
5. Testimonies and Focus Group Discussions with KVP, 2025.
6. Tanzania Legal and Human Rights Centre (LHRC) Report on HIV and Human Rights, 2024.
7. "'If We Don't Get Services We Will Die': Tanzania's Anti-LGBT Crackdown and the Right to Health. February 2020.