



CEHURD
social justice in health

CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT

ANNUAL REPORT

Managing Change is
essential for institutional
growth

2022



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Message from the **Executive Director**



“ Among the many motivations for us in 2022, are the practical steps which were taken by the Ministry of Health to improve maternal health services in the country in response to our Landmark Constitutional Court judgement on Petition 16 (maternal health case). It was also exciting for us at CEHURD to receive an award from the Ministry of Health in recognition and appreciation of our advocacy efforts towards the human rights-based approach in advancing safe motherhood in Uganda.”

Our valued partners, colleagues and friends,

I warmly welcome you to the FY2022 edition of our Annual Report, under the Theme: “Managing Change is essential for institutional growth.” It was a year full of learning for us at CEHURD as we navigated through the changes that came with our leadership transition. We invested much in team cohesion, leadership development and further grounded our old and new staff on the vision and mission of CEHURD. We also gave significant attention to strategic communication with internal and external stakeholders about new developments at CEHURD. I can now confirm that we have had a smooth and successful year of transition and are open to share lessons with you. We

are grateful to you all our partners, friends and colleagues for giving us the support that has got us here. Amidst major institutional changes, we continued to integrate important lessons from the COVID-19 experiences into our operations and programming.

Our commitment towards advancing social justice in health and human rights for the most vulnerable communities continues to give us the reason to even work harder. We continued to contribute to precedents on the right to health through securing positive Court judgements as detailed in this report.

Among the many motivations for us in 2022, are the practical steps which were taken by the Ministry of Health to improve maternal health services in the country in response

to our Landmark Constitutional Court judgement on Petition 16 (maternal health case). It was also exciting for us to receive an award from the Ministry of Health in recognition and appreciation of our advocacy efforts towards the human rights-based approach in advancing safe motherhood in Uganda.

We set out to embrace partnerships and collaborations with open minds. This enabled us to have successful and rewarding engagements with Government Ministries, Departments and Agencies (MDAs) to implement Court decisions. In collaboration with our CSO partners, we sustained a process of evidence-based budget advocacy with the Parliament of Uganda and this generated positive results. We strengthened our relationship with other government MDAs and enabled our partners from the grassroots interface with them for their voices to be heard. Our engagements with regional and global partners contributed to our learning and quality improvement agenda.

We continued to grow an advocacy movement for health, human rights and sexual and reproductive health and rights (SRHR) at the national and sub-national level and created spaces for cross learning. We empowered communities in the remotest districts about their health rights and how

they can hold duty bearers accountable for service provision. Communities were also capacitated on how they can realise meaningful participation in governance processes for health and other social services. We were able to extend legal support to those who cannot afford it through our legal aid clinic.

I take this opportunity to appreciate our development partners for the sustained support towards the important work we do and for which we continue to have a shared vision. Our appreciation to the government MDAs for the continued collaboration and efforts towards realising social justice in health and other social services. I would like to appreciate our Board of Directors, the Trustees and the Staff who were the backbone of our successful leadership transition and change management throughout the year.

I hope that 2023 presents more opportunities for us to continue growing together in our work of impacting lives positively.

Yours Sincerely,

Fatia Kiyange
Executive Director

Message from the Chairperson, Board of Directors



“ Uganda Ministry of Health Award appreciating CEHURD for its advocacy efforts on human rights-based approach in advancing safe motherhood has inspired us to do more. It is also a testimony of our commitment towards collaborating with Government Ministries, Departments and Agencies in realizing good health and wellbeing for all people.”

Our dear partners, supporters and friends,

I take this opportunity to welcome you to the FY2022 edition of our Annual Report. It has been a good year of recovery post-COVID and the internal changes that we adopted under the new leadership. As a result of these, we focused much of our attention towards effective change management and learnt so much along the way. I am happy to report that we experienced successful change management.

As the Board of Directors, the management team and the staff, we derived so many lessons from our change management process throughout the year. The need to remain focused on achieving the vision and mission of the organization was central, as well as fulfilling our commitments towards our shared goals with you. Management

of the expectations of both internal and external stakeholders is another and ensuring that the change is well understood and embraced. For us, change management meant working with and testing new instructional structures; changes in staff roles and responsibilities and new relationship structures, among others. Readiness to learn along the way, strategic communication and agility in decision making were important factors for success. We are excited to share these lessons and more with other Civil Society Organisations who wish to go through leadership transition.

In June 2022, we realized 2.5 years of implementing our five-year strategic plan (2020 – 2024). We were able to undertake a mid-term review to assess the progress we have made. We were excited to learn from the review that

we are well on course. The review provided us with insights on emerging issues which we must integrate in our programming within the final two years of strategic plan implementation. The mid-term review was a smooth process because of the support and participation by many of you in various ways. I want to take this opportunity to appreciate you!

We continued to focus on our mandate of advancing social justice and human rights in health systems and paid attention to social determinants of health. We extended our reach to new districts in rural settings and continued to strengthen collective advocacy and voicing on the right to health and related Sustainable Development Goals (SDGs). We continued to grow and nurture our strategic partnerships and collaborations at community, national, regional, and global level and with government, Civil Society and private stakeholders.

Uganda Ministry of Health Award appreciating CEHURD for its advocacy efforts on human rights-based approach in advancing safe motherhood has inspired us to do more. It is also a testimony of our commitment towards collaborating with Government Ministries, Departments and Agencies in realizing good health and wellbeing for all people.

I want to appreciate the Trustees and fellow Board of Directors for guiding and supporting the institution through a successful change management process through the year. I thank the CEHURD management and staff for the resilience and remaining true to our mission and vision. In a special way, I appreciate our development partners, collaborators, supporters, clients and friends for trusting and believing in what we do. We remain committed to advancing our shared goals and objectives to impact those that are furthest behind.

We look forward to even stronger collaboration in FY2023.

Mark Tumwine
Board Chairperson.

Acknowledgements

Our Development Partners/Donors FY2022

We were able to register several milestones throughout the year because of the generous support, contribution and collaboration from our donors. We would like to appreciate the following donors who supported our work in FY2022.

- › Danish Family Planning Association (DFPA)
- › Embassy of France to Uganda
- › European Development Fund through the Office of the Prime Minister in Uganda
- › FOS Feminista
- › Foundation Open Society Institute (FOSI)/Open Society Foundations (OSF)
- › Foundation Open Society Institute (FOSI)/Open Society Initiative for Eastern Africa (OSIEA)
- › Godwin Simon Strategic Research (GSSR)
- › Guttmacher Institute
- › International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)
- › International Treatment Preparedness Coalition (ITPC)
- › National Democratic Institute (NDI)
- › National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANU)/The AIDS Support Organization (TASO)
- › Oxfam Novib
- › Planned Parenthood Global (PPG)
- › Population Action International (PAI)
- › Population Services International (PSI)/Self-Care Trailblazer Group (SCTG)
- › Reproductive Health Uganda (RHU)
- › Sonke Gender Justice
- › Swedish International Development Cooperation (SIDA)
- › The William and Flora Hewlett Foundation
- › United Nations Educational, Scientific and Cultural Organisation (UNESCO)
- › Urgent Action Fund
- › Wellspring Philanthropic Fund

Our Networks and Collaborations:

The realisation of social justice and human rights in health cannot be achieved without collective efforts. As such we appreciate our partners and collaborators from the sub-national, the national, regional and global level. We collaborated with other civil society organisations; government line ministries, departments and agencies; professional councils, associations and networks as well as the private sector. Our appreciation to you all, including the following:

- Afya na Haki Institute (AHAKI), Uganda
- Center for Education, Graduate Entrepreneurship and Empowerment (C4GEE)
- Civil Society Budget Advocacy Group (CSBAG)
- Civil Society Coalition on Reproductive Maternal New-born and Child Health.
- Coalition on Access to Essential Medicines
- Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)
- Coalition to stop maternal mortality in Uganda (Maternal health/Petition 16 coalition)
- Community Health Advocates
- Eastern Africa National Networks of AIDS and Health Service Organisations (EANNASO)
- Foreign Missions in Uganda
- Joint advocacy for sexual and reproductive health and rights partners
- Legal Aid Service Provider's Network (LASPNET)
- McCabe Centre for Law & Cancer, Australia
- Medical and Dental Practitioners Council
- Regional Network on Equity in Health in East and Southern Africa (EQUINET)
- Reproductive Health Network, Kenya (RHNK)
- Sexual Reproductive Health and Rights (SRHR) Alliance Uganda.
- Solidarity for Women's Rights (SOAWR)
- The Media fraternity
- Uganda HIV/AIDS advocates group
- Uganda Law Society;
- Uganda Medical Association;
- Uganda Nurses and Midwives Council
- University College Cork, School of Public Health, Ireland.
- Voices for Health

Government Institutions and Agencies

We wish to acknowledge and appreciate the collaboration and cordial working relationship with the following Government institutions and agencies:

- Equal Opportunities Commission (EOC)
- Local governments in all districts where we had interventions
- Ministry of Education and Sports
- Ministry of Gender, Labor and Social Development
- Ministry of Health, Uganda
- Ministry of Justice and Constitutional Affairs
- Office of the Prime Minister
- Parliament of Uganda
- Public and Private Universities
- Uganda Cancer Institute
- Uganda Human Rights Commission
- Uganda Law Reform Commission
- Uganda Police

List of Acronyms

AGYW	Adolescent Girls and Young Women
AMwA	Akina Mama wa Afrika
CEHURD	Center for Health, Human Rights and Development
CEP	Community Empowerment Programme
CHA	Community Health Advocates
CPN	Campaigns, Partnerships and Networks
COAST	Children Oxygen Administration Strategies Trials
COPASAH	Community of Practitioners on Accountability and Social Action in Health
COVID-19	Coronavirus Disease 2019
CBOs	Community Based Organisations
CSE	Comprehensive Sexuality Education
CSMMUA	Coalition to Stop Maternal Mortality due to Unsafe Abortion
CSOs	Civil Society Organisations
DINU	Development Initiative for Northern Uganda
DNDi	Drugs for Neglected Diseases Initiative
EAC	East African Community
EALA	East Africa Legislative Assembly
EOC	Equal Opportunities Commission
FIDA	Uganda Association of Women Lawyers
GBV	Gender Based Violence
GEF	Generation Equality Forum
GFF	Global Financing Facility
GGR	Global Gag Rule
GUSO	Get Up Speak Out
GTA	Gender Transformative Approaches
HEPS	Coalition for Health Promotion and Social Development
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
HRAPF	Human Rights Awareness and Promotion Forum
KELIN	Kenya Legal and Ethical Issues Network on HIV and AIDS
KM	Knowledge Management
LESA	Legal Empowerment and Social Accountability
MDA	Ministries, Departments and Agencies
MOU	Memorandum of Understanding
MSF	Médecins Sans Frontières
NAFOPHANU	National Forum of People Living with HIV/AIDS Networks in Uganda
NAWMP	National Association of Women Ministers & Members of Parliament
NHIB	National Health Insurance Bill
OPERA	Outcomes, Policy Efforts, Resources and Assessment

PAR	Participatory Action Research
PICOT	Partners in Community Transformation
PLHIV	People Living with Human Immunodeficiency Virus
PMIS	Performance Management System
PPE	Personal Protective Equipment
RAHU	Reach A Hand Uganda
RHRN	Right Here Right Now
RIA	Regulatory Impact Assessment
RMNCAH	Reproductive, Maternal New-born Child and Adolescent Health
ROM	Results Oriented Monitoring
SEATINI	Southern and Eastern Africa Trade Information and Negotiations Institute
SGBV	Sexual and Gender Based Violence
SHP	School Health Policy
SL	Strategic Litigation
SRHR	Sexual and Reproductive Health and Rights
TRIPS	Trade-Related Aspects of Intellectual Property Rights
TWG	Technical Working Group
UBTS	Uganda Blood Transfusion Society
UHC	Universal Health Coverage
UMA	Uganda Medical Association
UMDPC	Uganda Medical and Dental Practitioners Council
UNCST	Uganda National Council for Science and Technology
UNESO	Network of Key population Service Organisations
UPR	Universal Periodic Review

1.0 About CEHURD

FY2022 represents the third year of CEHURD's five-year strategic plan 2020 – 2024. During the year, major institutional changes were implemented. Among these, was a smooth leadership transition that presents lessons for other Civil Society organizations. CEHURD envisions a society in which social justice in health and human rights is realized in health systems, with a mission to advance the health rights of vulnerable communities through litigation, advocacy and research. This is achieved through the five strategic objectives highlighted in this report.



OUR MISSION

To advance health rights of vulnerable communities through litigation, advocacy, and action research



OUR VISION

A society in which social justice and human rights in health systems is realised.



OUR GOAL

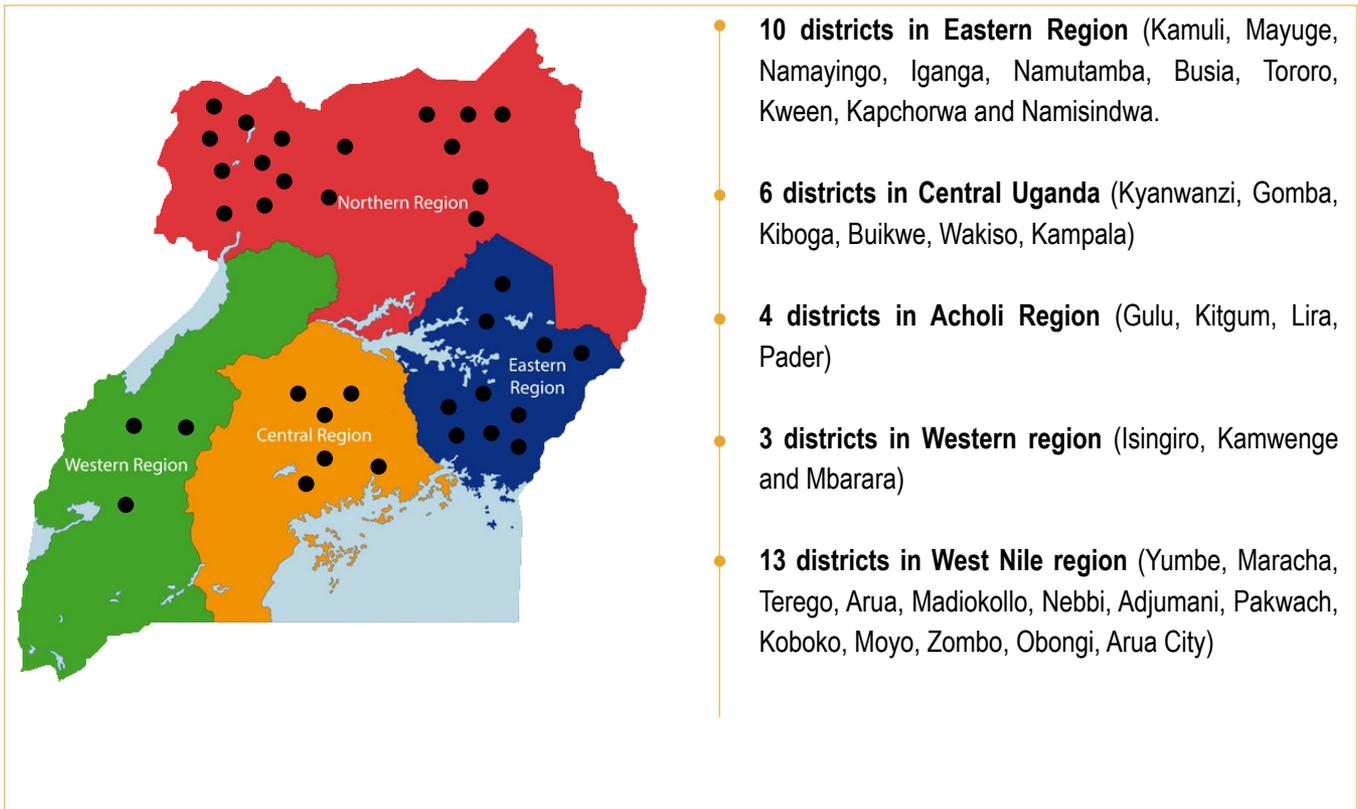
Enjoyment and observance of health and human rights by all.

OUR STRATEGIC OBJECTIVES

1. Promote sustainable access to justice in health and human rights in Uganda.
2. Position health and human rights as a key strategy for sustainable development in Uganda, regionally and globally.
3. Enhance institutional and programmatic growth through knowledge management.
4. Build community capacities and agency on health and human rights.
5. Strengthen CEHURD's institutional capacity, financial independence and operational efficiency to deliver on its mandate.

This report highlights CEHURD's key interventions, milestones, innovations, lessons, challenges and financial performance during the financial year.

2.0 OUR GEOGRAPHICAL REACH IN 2022



3.0 OUR KEY HIGHLIGHTS FOR THE FY2022

3.1 Promoting sustainable access to justice in health and human rights in Uganda

CEHURD seeks to create an enabling legal environment and justice system that promotes, respects and guarantees the right to health for all especially vulnerable communities. Our Strategic Litigation Programme provides leadership in the realisation of this goal. Among the key strategies and interventions implemented are: legal representation, strategic litigation, legal analysis, mediation, legal aid, legal awareness and exchange learnings.

i. Litigation

a) Six precedents secured on the right to health

CEHURD secured six (6) precedents on the right to health during the year. Two cases were on strategic litigation cases namely: the health rights of children living with disabilities and the welfare rights of medical interns. The other four precedents were pro bono cases arising from: negligence in a faith-based hospital resulting into death of a baby; negligence in another faith-based hospital resulting into amputation of a child's penis; denial of Tetanus vaccine in a private health facility resulting into death of a young man and the case of a doctor caught up in the Justice system for provision of Post-Abortion Care.

In addition to strategic litigation, CEHURD is increasingly using alternative dispute resolution mechanisms such as mediation to advance social justice in health. Mediation encourages and inspires unity and reconciliation between parties since it saves time and legal costs.

Health care facilities have embraced mediation to mitigate image damage and committed to structural and other improvements to ensure patient safety and protection. These precedents are further summarised below.

A total of 180 million Uganda shillings was paid as compensation to aggrieved parties in three cases that were successfully concluded of the six cases mediated during the year. The other three cases are still under mediation

The health rights of children living with disabilities - Victory was realised towards advancing the health right of early detection and management services for autism in children at the primary health care level. This case was against the Government failure through Buyende District Local Government, to provide rehabilitation and early detection services to Perez a child with autism. In her ruling, Justice Dr. Winifred Nabisinde emphasizes the need for Uganda through the responsible duty bearers to provide early detection and management services for persons with neurological disorders at the primary health care level. The ruling further sets precedence to inform policy advocacy in advancing the right to health for people living with disabilities.

The welfare rights of medical interns (HCMC No 347 of 2021) – CEHURD challenged the decision of the Director General of Health Services terminating intern contracts and evicting them from government facilities. The case was filed in collaboration with the Uganda Medical Association (UMA) and the Federation for Uganda Medical Interns (FUMI). During the hearing, the Director General Health Services reversed his decision to evict the medical interns by reinstating their internship, and meeting their welfare needs. This was an important action from government and in response, CEHURD, Uganda Medical Association (UMA) and the Federation for Uganda Medical Interns (FUMI) consented to the withdrawal of the matter thus saving parties and courts time to ensure the public is served better by the interns in health facilities

Family compensated by a faith-based hospital following medical negligence which resulted into death of a baby (Civil Suit No. 18 of 2021) – CEHURD challenged the negligent medical acts of a medical facility handling a one-month-old baby during a circumcision procedure which eventually led to his death in Mukono district. Following instructions from the family that lost the baby, the Plaintiffs in the case CEHURD provided mediation oversight and held several meetings between the hospital and the family to help both parties amicably settle the case with the seal of court.. This matter was successfully settled through a consent judgement before court with a financial settlement reached and has been duly fulfilled by the health facility.

Family compensated by another faith-based hospital following negligence which resulted into the amputation of a child's penis (Civil Suit No. 26 of 2017) – in this case, CEHURD challenged the wrongful act of amputating a child's penis in at health facility in Masaka district. Following a series of court appearances and mediation meetings between the parties, the matter was successfully settled through a consent judgement and a settlement reached and has since been fulfilled with damages paid in full. The minor and his family had experienced significant physical and emotional suffering arising from the hospital incident and prolonged court hearings was not helping the matter thus mediation was eventually appreciated in the mutual and timely settlement of the matter. In addition to the legal support provided by CEHURD, the minor continues to receive psychosocial and medical support from Kyampisi Childcare Ministries. The faith-based hospital undertook to submit a report to CEHURD within six (6) months from signing of the consent judgment on steps taken to ensure provision of quality health services, safety of patients and effective supervision of its health workers taskforce.

Family compensated following the denial of Tetanus vaccine in a private health facility which resulted into death of a young man – in this case, CEHURD challenged the acts and omission of a private hospital in Kampala for its denial to administer a Tetanus vaccine to a young man who was brought for management following an accident. This omission resulted into the death of the young man. Following a series of mediations, the matter was successfully settled out of court with a financial compensation awarded to the family of the deceased.

Positive Court ruling in a case of a doctor who was caught up in the justice system for provision of Post-Abortion Care (Criminal Case No. 56 of 2020) although the post-abortion care (PAC) is a legal health care service in Uganda, sometimes health care workers are arrested by police for its provision. This is because there is limited understanding of the law on the part of many duty bearers. In this case, the health care worker was arrested, charged for supplying abortifacients and remanded to prison. This affected the accused's work and the eventual closure of his pharmacy. CEHURD and the Legal Support Network (LSN) provided legal representation to him and the charges against him were dropped and the case closed. This case draws attention to how health service providers that are not able to seek legal services get trapped in prisons. Such arrests and charges on health care workers amidst saving lives draw them away from providing lifesaving interventions such as PAC.

b) Filed new cases and litigated those filed in previous years

During the year, CEHURD filed one strategic case in which a private hospital in Kampala detained a minor due to the failure of his parents to meet the hospital bills. This minor was denied basic necessities including medical care and access to his parents while locked up in one of the hospital rooms which was a typical violation of his mental and related human rights after being subjected to dehumanizing treatment.

The organization continued to litigate and follow up cases that had been filed before courts of law in previous years. A total of eleven (11) cases lay before the Constitutional court, High court and quasi-judicial bodies. The cases handled were on various health issues ranging from maternal health, ethics in research of human subjects, stockouts of sceptrin in public health facilities, the lack of government shelters for survivors of sexual gender-based violence (SGBV), discrimination of people living with HIV/AIDS on social media; lack of safety environments for health service providers and Government's failure to enact a law regulating termination of pregnancy.



CEHURD legal aid team extending justice to victims of illegal detention in a health facility

ii. Implementation of court judgements

We have embraced the approach of implementation of judgements to ensure that the intended beneficiaries of these cases receive justice beyond court pronouncements. Following Court judgements, CEHURD undertakes engagements with responsible government and non-government stakeholders to ensure that Court decisions are respected and implemented to improve the legal environment on the right to health.

a) Implementation of Constitutional Court Judgement on maternal health

The Ministry of Health continues to take leadership in implementation of the Constitutional Court Judgement on maternal health (Petition 16). The legal team within CEHURD in 2022 supported the Ministry to conduct the first national maternal health audit, in response to one of the court directives. In addition the Ministry presented the audit report to the Parliamentary Committee on Health in September 2022. The Ministry also conducted weekly maternal and perinatal death surveillance and response throughout the year in which real time data was collected and action taken on issues of maternal and perinatal deaths across the country. This is improving district accountability on maternal deaths and informing service improvement and working jointly with implementing partners to bridge the health skills gap through training and putting in place clinical mentorship teams in districts to track and report maternal death, scale up birth and death registration services and, strengthen responsiveness to maternal health emergencies.

b) The High Court judgement on sexuality education (Miscellaneous Cause No. 309 of 122016)

The High court decision in the Sexuality Education Judgement of 2021 gained attention and shaped discussions at international human rights platforms. The judgement was popularized in different stakeholder meetings including EALA and national members of parliament thus creating the need to have the SRHR EAC bill fast tracked to address teenage pregnancies and unsafe abortions to enable young people realise their full potential. Further under the technical working group on Universal Period Review (UPR) during the fiftieth session under recommendation 125.197 of Uganda's report observed that the implementation of the decision would reduce unplanned pregnancies and sexually transmitted diseases. This sets pace for continued advocacy for the implementation of the recommendations at regional and global spaces.

c) Constitutional Court judgement on seclusion (Petition 64 of 2011)

CEHURD revamped discussions to implement Constitutional Petition 64 of 2011. challenging use of derogatory language to refer to persons with mental disabilities caught up in criminal justice as criminal lunatics or imbeciles. At the National Mental health conference held during the year, CEHURD disseminated the judgement through a panel discussion. At the same conference the Ministry of Health disseminated the Mental Health Act 2021, which is more progressive as it addresses human rights on persons living with mental disabilities thus promoting dignified treatment in health facilities and care centres. There is low prioritisation

of mental health in the country, reflected by the low budget assigned. CEHURD plans to follow on case implementation through advocacy engagements with Ministry of Health, Uganda Law Reform Commission and likeminded civil society organizations to have regulations to the mental health act developed to fasten implementation of the mental health act.

iii. Legal aid services

In the provision of legal aid services, CEHURD undertakes case investigation, documentation, litigation, watches brief in criminal matters relating to SGBV and mediation in health rights violations and holding legal awareness sessions, community and facility based legal aid clinics linked with medical/health camps jointly with partners such as LASPNET, Uganda Law Society.

Cumulatively, CEHURD had litigated **167 pro bono cases** by FY2022. These are cases where CEHURD provides free legal representation to clients admitted to its legal aid clinic. Of these cases, a total of 132 cases were handled/followed-up throughout the year. Of the 132 cases handled, 90 were new and were reported from more than ten districts in the country. Among these districts are: Arua, Buyende, Hoima, Kampala, Kiboga, Kibuku, Kyakwanzi, Luwero, Masindi, Mayuge, Mubende, Mukono and Namisindwa. In regards to the nature of the cases, **29 were maternal health violations, 63 were Sexual Gender Based Violence (SGBV) and 40 were other rights to health violations** litigated from various courts of law and quasi-judicial tribunals spread across the country. Our clientele for legal support grew from **78 in 2021 to 156 in 2022**.

The full operationalization of our toll-free call Centre contributed to the rise of numbers of cases reported. **Out of the 174 calls** received through the centre throughout the year, **36 cases** were reported on the right to health violations and these were documented. Nineteen (19) cases were closed due to different reasons including lack of evidence and loss of interest in the cases by clients. Seven SGBV cases received positive judgement and convictions within the year: These cases were registered from the districts of Hoima, Kiboga and Kyankwanzi. These were mainly defilements summarised in table 1 on the next page.

Another **73 cases of Sexual and Gender Based violence** were handled by the Human Rights Awareness and Promotional Forum (HRAPF) in the districts of Yumbe and Kampala, with support from one of our collaborative programmes. CEHURD also received **33 cases** which were outside CEHURD's mandate and these were referred to other justice actors for management.

During the year, CEHURD extended **legal services to communities through legal aid clinics**. These clinics enable communities to access lawyers without hustling to find them. We held legal clinics in informal and hard to reach settings such as markets and islands. We extended legal services to Bussi Island and through two health camps in Kampala and Wakiso districts. We received, registered and documented **a total of twenty-one (21) cases** through these clinics. These community and facility based legal aid clinics also enable CEHURD to provide legal aid information to communities in order to reduce community barriers for accessing justice. The lack of legal information for example is cited as a reason for the failure of communities to report defilement

Table 1: Summary of defilement related judgements and convictions during the year

Victim		Sentence for the accused	Additional information
1	7-yr-old girl	14 years in prison	Uganda v Katumba Monday Saidi (CO68/2021). The case arose from Kiboga District and heard by High court of Masindi. The accused was convicted of aggravated defilement on his plea of guilt.
2	14yr-old girl	14 years in prison	Uganda V. Parum James (CRR001/2021). The case arose from Hoima District and heard in the High court of Masindi. The accused was convicted of aggravated defilement on his plea of guilt.
3	6yr-old girl	19 years in prison	Uganda V. Pirworth Franco. The case arose from Hoima District and heard in the High court of Masindi. The accused was convicted of aggravated defilement on his plea of guilt.
4	13yr-old girl	14 years in prison	Uganda V. Aruwa Avo (CRR060/2019). The case arose from Hoima District and heard in the High court of Masindi. The accused was convicted of aggravated defilement on his plea of guilt.
5	10yr-old girl	15 years in prison	Uganda V. Katushabe Henry SD 19/18/1/2022. The case arose from Hoima District and heard in the High court of Masindi. The accused was convicted of aggravated defilement on his plea of guilt.
6	7yr-old girl	10 years in prison	Uganda V. Masiko Elasto CRB 413/2020. The case arose from Hoima District and heard in the High court of Masindi. The accused was convicted of aggravated defilement on his plea of guilt.
7	14yr-old girl	28 years in prison for 2 of the accused	Uganda V. Kalebu Salim & 6 Others. This was a gang rape with 6 men involved. The case arose from Butalejja and was heard in the High court of Tororo. The case underwent a full hearing and accused convicted with gang rape

cases, as well as not keeping intact the chain of evidence required by Courts of law in defilement cases. Evidence preservation is one of the topics covered in community awareness sessions during legal aid clinics.

iv. Legal analysis

Legal analysis produces evidence which informs our litigation and advocacy work aimed at realising social justice in health and human rights. Our legal analysis takes the human rights based, public health and gender equality lenses. Our legal analysis reports help shape legal and policy discussions and considerations in the country. Our analysis and recommendations for the Venereal Diseases Act contributed to the discussions for the amendment of Public Health Act 2022. The archaic clauses of the Venereal Diseases Act were repealed in the Public Health Act 2022, and this supports CEHURD's venereal disease case filed in Constitutional Court. We also analysed the human rights implications of the **Organ Transplant Bill** and presented recommendations to the Parliamentary Committee on Health for their consideration.

V. Capacity building of justice actors

The 9th Annual National Inter-University Constitutional Law Moot Court Competition

"You were well prepared, knew the sections and the implications for not applying those sections. Justice is about fairness and truth. That is what you should uphold. You are the generation we are hoping to revive the old law. I know you are going to make this country a better place." Hon. Justice Bamugemereire

"Thank you for a job well done. You did in-depth research at both national and international levels. As young lawyers' society expects you to create a change in every aspect of society" – Hon. Lady Justice Margaret Tibulya

"We should organise as many moots as possible. It is in the experiences that we get from here that will be shaping our legal profession in future. I thank the participants for taking this exercise very seriously" – Hon. Rtd. Justice Remmy Kasule

"These moots expose students to skills beyond classroom, to be able to represent people that can't afford to find justice on their own" Fatia Kiyange - Executive Director CEHURD.

The law moot aims to train law students in the practical aspects of litigating health and human rights within Uganda's Courts of Law. The competition is held to equip prospective lawyers with knowledge and skill for the court room environment. The 9th moot was held under the theme "Gender Discrimination: The Plight of Pregnant Girls in Schools." Twelve (12) universities participated in the moot. These were: Cavendish University, Nkumba University, Kampala International University, Uganda Pentecostal University (Fort Portal and Kampala campuses), Makerere University Kampala, Gulu University, Uganda Islamic University in Uganda (Mbale and Kampala campuses), International University of East Africa, Uganda Christian University (Mukono and Kampala Campuses). Makerere University emerged the winner of the moot; Cavendish University as the Runners Up; Gulu University presented the best pleadings and Kampala International University presented the best

written submission. The best oralist was awarded a three (3) months' internship at CEHURD. Through the moot competitions, we have seen the rise and improvement of universities in preparation of oral and written pleadings and submissions. The annual moot competitions are resulting into improved appreciation of the right to health among university students.

CEHURD recognizes the increased willingness of judges to be part of the moot despite their very busy schedules. The 2022 moot **attracted 5 judges** from the Court of Appeal, Anti-Corruption Court and retired judges as well as **6 magistrates**. This provided students with an opportunity to have real exposure and experience of the court process while at the same time receiving guidance from the judges on how best to present themselves before court.



The group photo with the judges, students making their submissions and trophy awarding ceremony to the winners of the 9th Annual Law moot court competitions 2022, 5th November, 2022, Hotel Africana Kampala

vi. Best practices in legal aid and litigation shared and adopted through exchange learning

CEHURD is a learning organisation committed to continuous improvement of its work. We therefore engage in exchange learning with likeminded partners. During the year, our legal aid and litigation team undertook learning visits with the Human Rights Awareness and Promotion Forum (HRAPF) and Reproductive Health Rights Network Kenya (RHNK) to exchange best practices in litigation, management and provision of legal aid services. We learnt that both institutions had innovative ways of documenting cases in ways that preserve the privacy of clientele. Their online filing system was also a major area for our learning.

vii. Partnerships and collaboration

CEHURD coordinates the Legal Support Network (LSN), a network of lawyers capacitated in rapid response and provision of legal aid services to health care workers caught up in the justice system as they provide lifesaving interventions to vulnerable communities and also conducting compliance checks and monitoring visits in health facilities to ensure they are operating within the law. The LSN lawyers were also engaged through legal experts meetings to make technical input into strategic cases such as petition 10 to draw best strategies to ensure the case on lack of a clear law on regulating abortion health care in Uganda gains momentum. In addition the lawyers continue supplementing CEHURD efforts through providing legal rapid response when need arises in different districts of operation to women and girls seeking abortion related health care and medical service providers held liable for allegedly procuring abortion related services to ensure reproductive justice is served.



Bi-annual residential retreat for the members of the Legal Support Network (LSN) both lawyers and health service providers at Kampala Nile Resort, Namanve

3.2 Positioning health and human rights as a key strategy for sustainable development in Uganda, Regionally and Globally

During the year, our main areas of interventions under this objective were: policy analysis; follow-up of commitments previously made by policy makers and legislators; engagement in global accountability mechanisms; policy and legal advocacy and conducted several campaigns aimed at bringing critical health issues to the forefront of policy makers, legislators and the public for attention. A summary of the key interventions and milestones are outlined below:

i. Advocacy engagements

During the year, CEHURD pursued a number of laws, policies and guidelines that impact on health and human rights, with a human rights lens. These include: Public Health Amendment Bill of 2022, Organ Transplant Bill, East Africa Community Sexual and Reproductive Health Bill (EAC SRH) 2021, National Health Insurance Bill, The Penal Code Act and Reproductive Maternal Newborn Adolescent and Child Health (RMNACH) sharpened plan. Over 12 advocacy engagements were conducted, reaching out to decision and policy makers from government line Ministries, Departments and Agencies such as the Parliament.

a) Engaged the Ministry of Gender, Labour and Social Development (MoGLSD) on the development of sexuality education guidelines for the out of school young people

To address the existing gap for sexuality education for out of school young people, CEHURD collaborated with the MoGLSD to take forward the process for drafting and reviewing the guidelines. The drafting of the guidelines was informed by the National Sexuality Education Framework (NSEF) 2018 which only targets young people in school. CEHURD reviewed the draft guidelines and provided recommendations to the MoGLSD that aim to ensure that they are responsive to the sexual and reproductive health needs of young people who are out of school for different reasons, including teenage pregnancies. We also collaborated with the Ministry to get the guidelines reviewed by religious leaders to ensure that there is consensus, taking lessons from the NSEF process. This collaboration is summarised in the remarks below:

“We would like to appreciate CEHURD for the technical contribution to this process. The paper presented highlights important omissions which we will adopt and include in the revised Guideline.”
Mr Mondo Kyateka, Assistant Commissioner for Youth and Children Affairs.

b) Implementation of commitments by the Health Committee of the 11th Parliament in September, 2021

CEHURD continued to engage the Parliamentary Committee on Health in regards to the implementation of the Consensus statement on key health issues they committed to address during their five year tenure in Parliament. Among the commitments was the amendment and fast tracking of some laws that include: Public Health Act to include Non-Communicable

Diseases (NCDs) and replace punitive approaches with public health approaches; the Penal Code Act; Sexual Offences Bill; Venereal Diseases Act; Patient's Rights Bill and the Constitution to explicitly include the right to health. The Committee also committed to passing new health laws such as on clinical trials, organ transplant and geriatric health care. The Public Health Amendment Act was passed by the Parliament of Uganda at the end of 2022 with CEHURD recommendations considered. The Bill is pending assenting to by the President. For example, the Venereal Diseases Act and Immunization Act of 2017 were repealed in the amended Act. The Organ Transplant Bill was also tabled as a new bill and analysed by CEHURD as earlier reported. The National Health Insurance Bill was sent back to the Ministry of Health. CEHURD and partners have been part of the review process by the Ministry of Health and the Bill awaits presentation before cabinet and finally re-tabling before parliament.

c) Evident increase in the overall budget allocation to the health sector for the FY2022/2023

In collaboration with the Joint Advocacy for Sexual Reproductive health and rights partners; Civil Society Budget Advocacy Group (CSBAG); the wider SRHR movement and champions in government, CEHURD was actively involved in budget advocacy. This was in relation to the FY2022/2023 national health budget, and as part of influencing the implementation of the Petition 16 Court order by Government. This contributed to the increase of the overall budget allocation to the health sector from 3.1 trillion in the 2021/22 FY to 3.7 trillion in the 2022/23 FY reflected in the budget speech. Specific votes reflecting the recommendations by CEHURD

was an increase in budget allocation for Uganda Blood transfusion Service from 18 billion shillings to 23 billion shillings, also to cater for Health Centre IVs; 395 billion shillings for additional wage reflecting the investment in recruitment, motivation and retention of staff in public health facilities; 3 billion allocated for functionalisation of regional equipment workshops and 37 billion allocated to local governments for procurement of equipment in response to the request for Ministry of Health to maintain and purchase medical equipment to ensure quality health care service. There was also 5 billion shillings allocated as seed capital for operationalisation of National Ambulance system. Also 257 billion was allocated for Primary Health Care (PHC) grant and 6 billion for the training of Village Health Teams (VHTs) to facilitate health promotion. Of the 12 key recommendations CEHURD and partners presented to the Parliamentary Committee on Health through the CSO position paper 9 were considered. CEHURD and its partners appreciated this positive step by Government and called on incremental financing for health in consequent years in order to realise the 15% commitment in the Abuja declaration.

d) Sustained efforts towards the integration of self-care in national policy and legal frameworks

CEHURD continued to be a member of the National Self-Care expert group chaired by the Ministry of Health and provided leadership for self-care advocacy at the national and sub-national level. CEHURD collaborated with the Ministry of Health to support the integration of self-care in the draft National Essential Medicines List (NEML) and draft Clinical Guidelines which are under periodic review. Proposals such as the inclusion of self-testing kits for malaria in Antenatal Care and self-testing

for diabetes were recognised in the NEML and Clinical Guidelines. Self-care was also integrated in the costed plan for the draft National Adolescents Health Policy; the National Adolescent Health Strategy and the 2030 Family Planning commitment. Self-care remains an important option for relieving the already overstretched health system, and lessons from COVID-19 demonstrated this well. The role of self-care interventions in the realisation of good health outcomes has become more critical, especially with Sexual Reproductive Health and Rights (SRHR). When well supported by the health care system, self-care interventions have the potential to contribute towards the realisation of good health and wellbeing for everyone and contribute towards Universal Health Coverage (UHC).

e) CEHURD sustained engagement with the regional mechanisms

Recommendations made by the health cluster in Uganda adopted in Working Group report of the 3rd cycle of Universal Periodic Review (UPR) in Geneva in January 2023 - with the leadership and coordination from CEHURD, 33 organisations submitted a Health Cluster Report on the right to Health and persistent gaps to UN Human Rights Office of the High Commissioner. The report is among those that were reviewed in the 40th session during the 3rd cycle of UPR. An alternative report was also submitted to the UN human rights Council detailing the status of maternal health in Uganda and proposing a number of recommendations to the government of Uganda. A number of the recommendations made by health cluster in Uganda were included in the UN Summary of stakeholders' information that was presented during the review of Uganda's record on the 27th January, 2022.

Among the fifteen (15) recommendations made, six (6) were adopted by member states and included in the report of the working group on the UPR and these can be accessed online. We organised stakeholders' meetings to create awareness about the adopted recommendations and inspire accountability for their implementation. Meetings targeted stakeholders such as: Human Rights Committee of Parliament, the Parliamentary Health Committee, representatives from the government ministries of Education and Sports and Health as well as civil society organisations.

Engagement on the East Africa Community Sexual and Reproductive Health Bill (EAC SRH), 2021 and advocacy for other regional frameworks

- CEHURD and partners launched a 3-week long campaign aimed at demystifying the objectives of the Bill and countering the misinformation about it. The campaign was informed by our legal analysis and it aimed at advocating for the support of in-country and regional Members of Parliament for the Bill which is progressive and more inclusive Bill that addresses the gaps for in-country SRHR policies and laws. The campaign was an opportunity to create awareness and popularise the Bill, which if passed will be a regional law that will respond the legal gaps at country level on sexual reproductive health. The campaign called on Members of Parliament and other stakeholders to support the passing of the Bill into law. CEHURD further participated in the public hearing of the Bill in Uganda. This was the final consultative process that sets stage for the tabling of the bill before EALA for discussion. More advocacy needs to be done to mobilise support for this progressive Bill as divergent views still exist on areas such as sexuality education

for young people. Overtime, we have been able to, through constructive engagement build consensus on some contentious issues as indicated by one of Uganda's representatives to EALA below.

"I interacted with EAC SRH Bill in 2018. I was at a graduation and my religious leader talked about the Bill that it promotes immorality and foreign interests. My first assignment was to go to EALA and fight the Bill and ensure that EALA objects to the saving of the Bill which I did on the floor of the House. I have been oriented and now appreciate that this is indeed a progressive Bill and its intention is meant to save lives. I must confess that I am now a convert. I am a strong supporter of the Bill ."

We also advocated for government endorsement of the renewed Eastern and Southern Africa (ESA) ministerial commitment on the education, health and wellbeing of adolescents and young people (2021 – 2030). Uganda, Kenya and Rwanda are yet to endorse this important commitment.

ii. Advocacy campaigns

We carried out several advocacy campaigns throughout the year to attract the attention of policy makers, legislators and the public towards critical issues of attention on health and human rights. Through these, we reached and engaged stakeholders including members of the Ugandan Parliament; members of the East African Legislative Assembly (EALA), the media, Civil Society leaders, Ministries, Departments and Agencies among

others. The campaigns focused on the following areas of health:

- Keeping pregnant girls in school
- Commemoration of the International Day of Action for Women's Health, 2022
- Sixteen days of Activism against Gender Based Violence

a) Keeping pregnant girls in school campaign

The campaign followed the re-opening of schools, after a two-year closure that was aimed at controlling the spread of COVID-19. The Ministry of Education and Sports issued revised guidelines for management of teenage pregnancies in schools. At the time of re-opening, a Bishop was quoted in the national media indicating that pregnant girls would not be readmitted to Anglican schools. This generated debate on the place of pregnant girls in Uganda's education system. CEHURD collaborated with Center for Education, Graduate Entrepreneurship and Empowerment (C4GEE) and Ministry of Education and Sports to convene a national dialogue on reintegration of pregnant girls and young mothers into school. It was also an opportunity to unpack the national school re-entry guidelines to partners and their implication on re-integration of pregnant and breast-feeding girls back in school. CEHURD, in collaboration with its partners advocated for the implementation of the guidelines and documentation of feedback to provide the Ministry of Education and Sports with evidence that can facilitate the revision of the guidelines. Full implementation of the guidelines is yet to be realised, and it is constrained by divergent views on the issue.

b). Commemoration of the International Day of Action for Women's Health; Sixteen days of Activism against Gender Based Violence and World Patient Safety Day

We joined the rest of the world to commemorate the International Day of Action for Women's Health in May 2022 through a week-long digital campaign. This was under the theme: "Trends in Women's Health: Unmet needs, Challenges and Key recommendations." The campaign was concluded by the issuance of a press statement through which CSOs called on the government to prioritise women's health to facilitate the realisation of gender equality and empowerment.

CEHURD also commemorated the sixteen days of Activism against Gender Based Violence in November under the theme: "UNITE! Activism to End Violence Against Women and Girls." CEHURD engaged in several activities including a twitter space themed "Harnessing young people focused approaches to address GBV. The conversation covered Gender based Violence (GBV), how it can be prevented and the available spaces for young people to participate in advancing gender justice. It was amplified by influencers through the hashtags #UnitedToEndGBV. We also aired spot messages and squeeze backs on NBS television based on a documentary which highlighted the experiences of a GBV survivor and those who supported her to thrive. Our activities raised awareness and showcased the role of the community and other stakeholders in fighting GBV. They also inspired public support for gender justice and solidarity in fighting GBV.

We hosted a twitter space and conversation on the commemoration of the World Patient Safety Day on 17th September 2022. Barriers were highlighted in realising

gender justice in health facilities. These include: lack of GBV survivor's shelters, lack of clinicians to fill out police form 3A and medical examination for victims of GBV. This conversation reached 1,839,007 people.

c) Blood which is a lifesaving health commodity collected to benefit vulnerable communities

In commemoration of the World Blood Donor Day on 14th June, CEHURD in partnership with Uganda Blood Transfusion Service and Uganda Red Cross Society, organised a blood donation drive in which a total of **144 units of blood were collected**. On the same day, CEHURD issued the press statement highlighting policy issues relating to access to blood, such as maternal deaths due to haemorrhage. The blood donation drive was also instrumental in advocacy for increased funding of the Uganda Blood Transfusion Service.

iii. Building a reproductive health movement in Uganda

a) Strengthening the Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)

CEHURD hosts and coordinates CSMMUA, a multidisciplinary membership Ugandan civil society coalition committed to the reduction of unsafe abortion in the country. The coalition has a total of 70 institutional and individual members comprised of health service providers, legal service providers, professional associations, community members, researchers and advocates, among others. During the year, the coalition's governance structure was

streamlined. In August, 2022, an inaugural meeting of 36 Executive Directors' and Chief Executive Officers' of CSMMUA member organisations was held. A steering Committee for the Coalition was selected using a participatory and democratic process. The Committee provides strategic guidance to the work of the coalition. The selection was based on the need for each Cluster of the Coalition to be represented: service provision, legal and policy advocacy, community engagement and knowledge management.

In September 2022, CEHURD leveraged on the Global Day of Access to Safe and Legal Abortion in collaboration with CSMMUA members to highlight the existing barriers women face to access sexual and reproductive health and rights services as well as information. It was also an opportunity to highlight the consequences of these barriers which lead to negative indicators such as the rise in unsafe abortion but also to have a conversations on possible solution towards reducing the existing high maternal mortality rates. The commemoration was steered under the theme **“SRHR in uncertain times”**. Among the activities implemented was a digital campaign that included running of radio dramas, conversations on twitter that were supported by social media influencers and a televised public dialogue with policy makers and CSMMUA partners. Other coalition members conducted several activities in support of the commemoration and these included webinars, twitter spaces and media cafes. We will continue building onto this momentum for advocacy on safe and legal abortion.

We are delighted to have started the community small grants initiative through which we awarded small grants to four (4) CSMMUA member organisations working

at community level to undertake SRHR advocacy interventions. The grants would specifically focus on the prevention and reduction of unsafe abortions at community level and related interventions. **Kyetume Community Based Health Care Programme (KCBHCP)** implemented a project on preventing teenage pregnancy in Buikwe District. **The Institute of Social Transformation (IST)** implemented a unique project which improved access SRHR information and awareness among market women and adolescent girls in Iganga District, which resulted in access to SRH services through service providing partners such as Reproductive Health Uganda (RHU). The **Alliance of Women Advocating for Change (AWAC)** used their small grant to promote self-care and prevention of unsafe abortions among sex workers. **Peer to Peer Uganda (PEERU)** implementing the i-Care initiative, an advocacy drive to prevent and/or reduce maternal mortality due to unsafe abortion among adolescent girls and young women at grassroot level.

In partnership with Afya na Haki we documented the CSMMUA 10-year journey through a participatory approach of coalition members. The documentation is available at CEHURD.



CSMMUA partners stage for a photo after their quarterly meeting at Golden Tulip Hotel, Kampala

b) A successful reflection of the Sexual and Reproductive Health and Rights (SRHR) Movement

In October, 2022, CEHURD successfully convened the second SRHR movement retreat that brought together more than 45 key actors within the different sub-movements of the wider SRHR movement. The three-day retreat provided an opportunity to reflect on the progress realized since the 2019 retreat; the emerging issues that require attention from the SRHR movement and sub-movements; the gaps and challenges the movement is facing and how to sustain the SRHR movement amidst the fast-changing operational environment. Among the many achievements was the growth and strengthening of the SRHR at the grassroots level; a focus of partners on strengthening internal systems and processes for better compliance; positive Constitutional Court judgements for maternal health and comprehensive sexuality education and contribution towards the development of national guidelines for SRHR self-care, among others. Partners were able to identify who else needs to be part of the movement and these included: people living with disabilities; ethnic minorities and ethnic majorities for a big voice, religious sector, corporate or private sector, artists, academia, NCDs sector, those in humanitarian settings, older persons, people who use drugs, development partners and members of parliament specifically representing those with disabilities.



Stakeholders of the SRHR Movement pose for a photo during the SRHR retreat at Kampala Nile Resort Hotel, Namanve

The movement committed to among others, invest more in Strategic Communication for SRHR with a view to contextualizing and localizing SRHR to garner community and public support. This also encompasses reframing and messaging SRHR in a way that will be understood by even those with divergent views. Partners also reflected on the importance of using public health approaches to compliment the human rights-based approach. The key reflections, actions and commitments were captured in an outcome document at the end of this retreat which is available with CEHURD.

v. Strategic partnerships and networks

a) Continued to establish new partnerships and maintained the existing ones

Throughout the year, CEHURD collaborated with 110 partners including CSOs, Government institutions, media, private sector, professional councils and associations. Over 11 of the partners with whom we established formal collaboration were new including the Embassy of France in Uganda, United Nations Educational, Scientific and Cultural Organisation (UNESCO), Network of Public Interest Law (NETPIL) and C4GEE. We strengthened our collaboration with the Regional Network for Equity in Health in East and Southern Africa (EQUINET) for which CEHURD coordinates the Health and Law cluster. Other collaborations included the Uganda Cancer Institute; McCabe Centre for Law & Cancer; Australia, Reproductive Health Network; Kenya (RHNK) and University College Cork and School of Public Health

CEHURD recognised and appreciated by the Ministry of Health for its advocacy efforts on human rights-based approach in advancing safe motherhood

During the safe motherhood conference of the Ministry of Health in October 2022, CEHURD was recognised for its litigation and advocacy efforts aimed at improving maternal health in the country. CEHURD's support to the Ministry of Health towards this cause was much appreciated.



vi. Capacity building

Through the year, we trained 438 stakeholders on health and human rights. Among them are: 90 health workers, 25 journalists, 22 from the Justice Law and Order actors and the rest were CSO representatives. Specific areas of capacity building included: self-care for SRHR; Gender Transformative Approaches (GTA); patients' rights and responsibilities using the Patients' Rights Charter and legal framework on SRHR, among others.

We observed improved media reporting on SRHR issues throughout the year resulting from the training of 25 journalists on SRHR and the human rights-based approach through our annual media fellowship programme. Resulting from this programme, fourteen (14) stories were published and broadcast on different media platforms. The stories covered different regions of the country, and diverse SRHR issues including: maternal health services for people living with disabilities; sexuality education and teenage pregnancies; HIV/Aids stigma and the 95-95-95 target; myths and misconceptions on family planning; laws on safe abortion and access to safe and legal abortion, among others. Trained journalists are also able to report on topics such as abortion which were previously avoided.



CEHURD together with other CSO partners at a press conference under the Women's health matters campaign.



Our team at a blood donation drive



CEHURD team, UN delegate and other stakeholder after a meeting on the Universal Periodic Review (UPR) process.

3.3 | Enhancing institutional and programmatic growth through knowledge management

Knowledge generation, sharing and utilisation continues to be essential for CEHURD. This supports evidence-based advocacy and continued quality improvement for our work, being a learning organisation. During the year, we carried out action research as well as operational research. We also produced various knowledge products that support our national level and sub-national advocacy. We participated in ten (10) learning spaces on health and human rights and SRHR, where we shared our work, learned from best practices of others and established new partnerships at national, regional and global level.

i. Participated and presented in strategic conferences

a) 5th Annual Scientific Conference of the Reproductive Health Network, Kenya (RHNK), June 2022, Mombasa

CEHURD's executive director and one of its legal officers participated in the 5th Annual Scientific Conference of the Reproductive Health Network, Kenya (RHNK) in Mombasa. This conference was held under the theme: *“Advancing Access to Adolescents and Youth Sexual and Reproductive Health and Rights in a Pandemic.”* We participated on panel discussions where we shared ***the self-care innovations already in place in Uganda; the challenges health professionals are facing and what opportunities/ lessons which could be borrowed by***

Kenya on self-care policy and guideline formulation. We also spoke about the challenges young people faced in accessing SRHR information and services during the COVID-19 lock down in Uganda and innovative solutions that were applied. Several references were made by other panelists and delegates in regards to the lessons shared by Uganda and an acknowledgement of the developments there. Health care workers made open requests to undertake learning visits to Uganda, similar to the one which was earlier undertaken by RHNK. It was clear from the discussions that there are also lessons Uganda can pick from Kenya such as the training of pharmacists on self-care and litigating contentious SRHR areas like abortion.

b) Virtual conference of the 2022 Regional Network for Equity in Health in East and Southern Africa (EQUINET)

The EQUINET regional conference in 2022 “Catalysing change for health and social justice” was a three and a half days regional engagement with full participation of CEHURD. CEHURD is a member of the EQUINET steering committee and coordinates the policy and law cluster of this network. The conference had three main focus areas: Reclaiming the resources for health; Reclaiming the state and Reclaiming collective agency and solidarity in health. We led the focus area on Reclaiming collective agency and solidarity in health on day three of the conference and also presented on ***“advancing the right to health in the ESA region - from law on paper to claim and practice.”*** Delegates were concerned about the deepening resource extraction from Africa that harms environments and

depletes resources for current and future generations. They observed that public sector-led health systems and comprehensive primary health care are central elements of the robust, redistributive and participatory states that are essential to meet challenges for health systems, including from pandemic, conflict and climate injustice, and to address global drivers of injustice and inequity. They recognised the pivotal contribution that human rights, values of solidarity, collective organisation and social power make in supporting self-determined action towards social, economic and ecological justice. They agreed on key actions to be taken forward from the conference as outlined in the resolutions document. The conference demonstrated that there is a growing regional movement for health equity which needs to be supported and nurtured further.

c) The International Conference on Family Planning, November 2020, Pattaya, Thailand

A team of three staff from CEHURD attended this important global conference for advancing the family planning and broader SRHR agenda. Our team shared lessons and best practices in areas such as self-care for SRHR; litigation of contentious SRHR issues such as sexuality education and abortion health care and SRHR movement building. We also picked lessons from approaches and models for SRHR advocacy and litigation from partners working across the world. We engaged with existing and new partnerships on the strategic direction of the work we do in a fast-changing environment leading to new partnerships. Several countries shared their progress on FP2030 Commitments and this constituted lessons for Uganda including the identification of areas

to focus our family planning related advocacy. We held focused meetings with the Ministry of Health to reflect on emerging areas from the conference which required the attention of government and partners like CEHURD. We are continuing to make follow-up on these conversations to catalyse action.



CEHURD team joins other partners for the International Conference on Family Planning 2022 (ICFP) in Pattaya, Thailand

d) Union for International Cancer Control (UICC) World Cancer Congress, October 2022, Geneva, Switzerland

This global congress unites and supports the cancer community to reduce the global cancer burden, to promote greater equity, and to ensure that cancer control continues to be a priority in the world health and development agenda. CEHURD's Executive Director participated in this congress and made a presentation on *“Using advocacy lessons from other fields of health and human rights to advance Universal Health Coverage (UHC) and cancer control: Examples from Uganda.”* This presentation was jointly prepared with Uganda Cancer Institute and delivered within a session on “Linking Universal Health Coverage with cancer prevention and control” organised by McCabe Centre for Law & Cancer based in Australia. The session explored the role of law in cancer control and the legal approaches being used

to advance this agenda across different countries in the world. It was re-assuring to learn that many countries in the world, including developed countries do not have a specific law on cancer control and Uganda offered lessons in this area. The intersectionality between cancer and sexual reproductive health and rights (SRHR) was discussed and especially the implication for adolescents and young people. Interventions such as fertility preservation were highlighted to be essential for people going through cancer treatments that affect fertility. This is a critical issue for Uganda as the country takes forward its Assisted Reproductive Technology (ART) Bill. Through a special invitation process, the Executive Director attended the WHO High-level Reception for Cancer Leaders which convened international partners and stakeholders for informal engagement and networking with the secondary goal to rally around a global agenda to support Member States in cancer control through an integrated approach.

CEHURD also made presentations on approaches being used to advance the right to health at other related conferences at the national, regional and global level. Some of these are: Ministry of Health annual Safe Motherhood Conference ; 7th International Palliative Care Conference of the African Palliative Care Association in August 2022 and International Society of Paediatric Oncology Conference hosted by Uganda Cancer Institute in Kampala in March 2022.



CEHURD ED and other delegates at the 7th International Palliative Care Conference of the African Palliative Care Association in August 2022

ii. Finalised and released knowledge products

a) Published the second edition of the pocket handbook on self-care for sexual and reproductive health and rights (SRHR) in Uganda

We revised and published the second edition of the pocket handbook on self-care for sexual and reproductive health and rights (SRHR) in Uganda which provides basic information for stakeholders. Copies of the handbook were disseminated through the year.

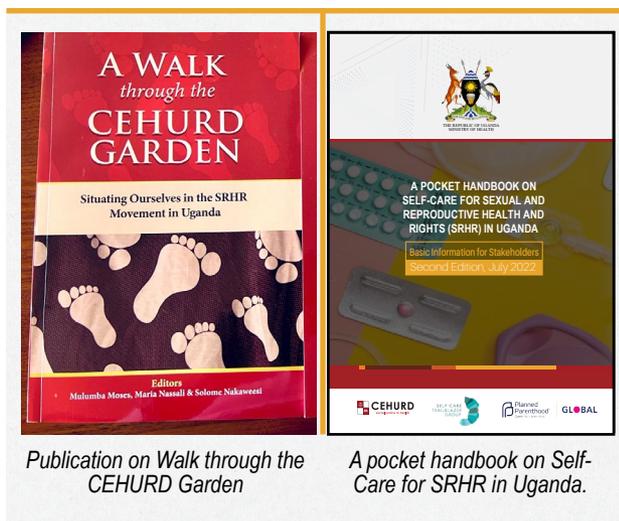
b) Published and printed the SRHR book titled “A Walk Through the CEHURD Garden: Situating Ourselves in the SRHR Movement in Uganda”

This important book was completed, reviewed and published by Fountain Publishers following a review to ensure that the publication is accurate and fit for purpose. The book is a documentation of CEHURD’s journey on SRHR and how this has evolved. It is intended to provide SRHR information to scholars, adds to available local evidence on SRHR and guides future research. We plan to ensure that this book is available in the national library and in institutions of higher learning for easy access.

c) Reference guides for healthcare workers on providing post-abortion care and related services

These were developed to guide health care workers to keep within the legal framework of the country and acceptable principles while providing post abortion care

and related services. The guides are based on life at risk model, will also inform advocacy aimed at reducing unsafe abortions in Uganda.



Publication on Walk through the CEHURD Garden

A pocket handbook on Self-Care for SRHR in Uganda.

d) Exchange learning visits

As mentioned earlier in the report, several learning visits were undertaken throughout the year to enable staff learn and adapt best practices especially in litigation and advocacy from like-minded partners. Our Litigation and legal aid team had a learning visit at HRAPF and we also collaborated and supported the legal team for Kenya's Petition 10 abortion case in Malindi which received a positive pronouncement of the High Court of Kenya.

3.4 Building community capacities and agency on health and human rights

CEHURD aims to ensure that rights holders and duty bearers at the community level participate effectively in promoting social justice in health and human rights. Locally driven initiatives on the right to health were promoted through establishing community structures and strengthening partnerships with district stakeholders. Our community level approaches included: Legal Empowerment and Social Accountability Model (LESA Model); Community Advocates Model (CHA); community mobilization and dialogues; media engagements; capacity building; documentation; Participatory Action Research (PAR); promotion of stakeholder participation; partnerships, and networking and the Human Rights-Based Approaches (HRBA), among others. With leadership from our Community Empowerment Programme, several interventions were implemented at the community level and these are elaborated in this section along with key milestones.

i) Community level advocacy on health, human rights and SRHR

a) The draft National Guidelines on self-care for SRHR were piloted in the existing health care system in Mukono district

As part of piloting the draft guidelines led by the

Ministry of Health with support from the National Self Care Expert Group, CEHURD led awareness creation activities among communities to enable them support and utilise the self-care model in accessing SRH services. This is part of our role as the national lead partner for advocacy and social behavior change communication (SBCC) interventions. The pilot was done in 10 public health facilities within the different settings in the district – rural, landing and fishing sites and peri-urban, in which self-care for SRHR interventions were implemented. This process was preceded by the orientation of the district health leadership and training of facility-based health care workers on self-care to ensure their full participation. From the monitoring and evaluation of the pilot process, it was reported that the health care facilities were embracing self-care interventions and that this approach has potential to relieve them of the heavy work load. Health care workers were recording information on patients/clients seeking and accessing self-care for sexual reproductive health products and services, which is important for generating early data and evidence on self-care interventions. Monitoring data also identified some gaps which need to be addressed: the lack of standardised recording tools for self-care interventions; the varying contextual understanding of self-care for SRH among health care workers; a knowledge gap on self-care among key stakeholders such as the Village Health Teams who have key support and referral role and then community who are the main users of self-care. Lessons from Mukono will be used to finalise the guidelines, take them through government approval process and support for their full-scale implementation. The integration of self-care in the National Health Management Information System (HMIS) and health sector budget remain key priorities in the next level of interventions.

b) Deepened our community level advocacy interventions to address sexual gender-based violence (SGBV)

Efforts towards fighting SGBV at the national and sub-national level are constrained by the lack of safe shelters for survivors and the lack of information on human rights and intervention approaches among society gate keepers including religious and cultural leaders. Arising from our engagement with 30 duty bearers in Hoima districts, a High court and 2 magistrates courts were gazetted for the district and 2 additional police stations set up with the aim of improving the management of SGBV cases. The district had only one police station. The duty bearers who were engaged include: the Resident City Commission, Deputy Chief Administrative Officer, Probation officer, representatives from the police, and district councilors, among others. CEHURD continues to engage these leaders on resource allocation for SGBV safe shelters in the district.

Through dialogue, we engaged 175 community gate keepers including religious and traditional leaders on SGBV prevention and SRHR in the districts of Mayuge and Namayingo in November 2022. These were inter-generational dialogues with participation from women and girls and facilitated the discussion of SRHR challenges of the community as well as joint solutions for SGBV prevention and response. Child labour characterised by working in late hours was identified to be exposing young girls to sexual abuse. Neglect of parental responsibilities and obligations to young girls including the provisions of items such as

pads was exposing them to risky sexual transactions. The lack of sexuality education and ignorance about SRHR was also exposing women and girls to SGBV.

In November 2022, CEHURD joined the rest of the world in observing 16 days of activism against violence on women and girls under the theme “UNITE! Activism to end violence against women and girls.” We reached 129 participants men and women through community dialogue to discuss issues of SGBV in Madiokollo district. We also brought together 30 duty bearers in the same district from police, Local council leaders, cultural leaders, District Health Officer, VHTs, District Local Government officials, sub county chiefs, sub county councilors and religious leaders, among other stakeholders working to address SRHR and SGBV issues. The community members raised many barriers responsible for inadequate access to SRHR and SGBV services. These include: persistent challenges in accessing health facilities; the lack of youth-friendly spaces; the lack of professional health service providers in the health centers to handle SRH-related issues; the high number of teenage pregnancies in the respective sub-counties; the depletion of family planning supplies and the lack of information on sexual reproductive health that impeded access to services and led to unsafe abortions, maternal deaths, and infant mortality. The failure of health service providers to examine survivors on time was due to their absence at health facilities, a lack of skills in examination and filling out legal medical forms, and a dread of appearing in court. The dialogues provided an opportunity for community members and key stakeholders/duty bearers to plan and lay the groundwork for addressing the identified challenges. They also provided a space to clarify

some of the myths, misperceptions and misconceptions that affect the reproductive health of women and young girls. The importance of coordinated efforts between the community, the society gate keepers and the duty bearers in fighting SGBV was acknowledged.

c) Engaged Members of Parliament and health professionals from districts reporting persistent high maternal deaths

As part of the implementation of Petition 16 maternal health Constitutional court judgement and following a request from the Ministry of Health, we jointly engaged members of parliament from the districts in upper Mubende region. Among these districts is Mityana, which was central to Petition 16. These districts have continued to report high numbers of maternal deaths. We organised a meeting of key stakeholders to discuss the challenges relating to high maternal mortality rates in the region and draw an action plan to address them. This meeting brought together decision makers from the districts into the same space with national level decision makers. This engagement with 37 Members of Parliament; representatives from the Ministry of Health; District Health Officers; representatives from the National Youth Council; Assistant District Health Officers and Chief Administrative Officers among others identified challenges and solutions. Main challenges identified are: inability by some of the districts to recruit relevant health officials which was responsible for poor state of health; poor supervision of health facilities and limited access to blood even when government procured blood fridges. As a result of this meeting, a Local Maternal, Neonatal Health System (LMNS) was established and meets weekly to discuss the Maternal Perinatal Death Surveillance Report for the greater Mubende region. The LMNS has strengthened

coordination and cross learning among the districts in the region. Since the establishment of the of the LMNS, a number of online capacity building initiatives have been accomplished and weekly LMNS meetings held to respond to challenges identified. CEHURD will continue to support the Greater Mubende region in the response to the high maternal deaths, in collaboration with the Ministry of Health, including through monitoring visits.

ii. Contributed to HIV/TB prevention and treatment efforts in West Nile region

With support from the National Forum of People Living with HIV/AIDS Networks in Uganda (NAFOPHANO)/ The AIDS Support Organization (TASO), CEHURD led efforts to orient health workers in TB contact tracing as well as supporting them to conduct TB contact tracing in 11 districts of; Arua, Arua city, Nebbi, Pakwach, Terego, Yumbe, Moyo, Maracha, Koboko, Madiokollo and Adjumani district) in the West Nile region. This is important for improving TB treatment through referral to health care facilities and the prevention of further spread in communities.

Throughout the year, we facilitated over 419 health service providers from 34 health facilities to conduct TB contact tracing for all confirmed pulmonary TB adult patients and children. A total of 786 contacts were traced ,screened and 34 contacts diagnosed with TB were enrolled for treatment. This data was fed into the TB contact tracing database hence contributing to government efforts to reduce the TB burden in the West Nile region. This approach can be replicated in other districts in the country.

A total of 10 Community Based Organisations in Arua, Yumbe, Koboko and Maracha districts were supported with capacity building grants and through their grassroot networks they implemented community dialogues, health talks, moonlight candle HIV testing services reaching approximately 1140 people at health facilities during ART clinic days and in communities. Social mobilisation through the PLHIV-People Living with HIV networks, expert clients was done and all these contributed towards improving treatment Success Rate, client's retention in care and adherence to TB and HIV medicines in the West Nile region.

iii. Capacitated health care workers on the rights of patients

To ensure that health care workers provide health services that are based on human rights-based approach, CEHURD trained 25 of them on the rights of patients in alignment with Ministry of Health Patients' Rights and Responsibilities Charter. These were health workers from Namulonge, Nabutiti, and komamboga health centre IIIs in Wakiso district. Emphasis was put on patient participation, prohibition of discrimination, the right to Medicare and keeping medical records and SRHR. The following proposals were made for improving safety of patients in the public health facilities:

1. The need to strengthen Health Unit Management Committees to strengthen community voice in the management of health facilities;
2. Putting in place clear measures to ensure safety of health service users;

3. The health workers need to encourage community leaders to hold community dialogues through which they can discuss the safety of children as they come to access health services.

iv. Strengthened community participation in district governance systems and social accountability mechanisms

Community participation is essential for improving local governance systems. It is therefore beneficial to build community capacities for meaningful participation and for them to demand for accountability from duty bearers. We built capacities of communities at the grassroots level in 13 districts on legal frameworks relating to health service delivery and their role in governance processes. This enables them to monitor health service delivery and identify persistent gaps for discussion with duty bearers. They are also able to report violations in the communities as well as hold duty bearers accountable.

We also organised platforms and spaces where communities interacted with duty bearers (political and technical leadership in local government) about health and other social services. These were in form



Community radio outreaches on LESA in Koboko, and Maracha Districts.

of community dialogues, community baraazas, radio outreaches, technical and coordination meetings, participation in budget processes, among others. These spaces have become important accountability platforms through which duty bearers update the community on important developments and community also bring up issues requiring their attention. Throughout the year, we organised more than 28 dialogues, 7 radio outreaches in Buikwe, Wakiso, Gomba, Koboko, Maracha, Hoima, Arua, Pader, Kitgum and Yumbe districts, reaching about 3,741 people. These enhanced community participation in governance. In addition, CEHURD in partnership with Partners In Community Transformation (PICOT) conducted neighbourhood assemblies in Koboko district that reached 512 people. These provided opportunities for the community members to identify key social, economic, and governance issues that were limiting them from participating in governance processes. These majorly increased participation of women in governance discussions compared to the past years.

v. Continued to strengthen and sustain the Community Health Advocates (CHAs) model

CEHURD supports and empowers a community level structure to deliver on community advocacy on social justice in health and human rights. We have so far empowered and collaborated with a total of 222 CHAs in 11 districts of Gomba, Buikwe, Wakiso, Kiboga, Kyankwanzi, Koboko, Maracha, Yumbe, Kitgum, Pader and Arua. Among these were 90 new CHAs identified in 2022 and their capacities built to advance community led advocacy. The community Health Advocates (CHAs) are structures that work as change agents at grassroots to sensitize communities on the right to health; identify

and report the right to health violations; monitor and identify gaps in health service delivery and, hold duty bearers accountable for improved service delivery. They work closely with communities and district local government authorities to voice and address health challenges in the districts. The structures have enabled community led advocacy interventions in the districts demonstrating empowerment of communities.

Below are some of the key highlights of work done by empowered CHAs:

a) Community-led advocacy spaces secured to hold duty bearers accountable: 40 Community Health advocates of Pader, Kitgum, Yumbe, Arua, and Maracha districts held dialogues with duty bearers to demand for improved funding for HIV/TB related services. Relatedly, 50 Civil Society Organizations (CSOs) were oriented on community led advocacy including gender equality to address Gender Based Violence issues affecting People Living with HIV in the districts in order to empower and ensure sustainable structures that can undertake advocacy in the districts. Following these engagements, GBV ordinance was passed in Pader district to address the rampant GBV in the community.

b) Community Health Advocates (CHAs) of Kiboga and Kyankwanzi districts demonstrate effectiveness of community led advocacy: CHAs organised community-based advocacy interventions throughout the year, identified and followed up on health rights violations especially cases related to SGBV to ensure they are not frustrated. For instance, CHAs in Kiboga and Kyankwanzi were able work collaboratively to follow up

on a rape case that was identified in August 2021. They followed up on the case from local government (LC 1) to police to ensure it was not frustrated at that level, until it reached court. The case was filed under Chief magistrate of the High Court of Masindi and was finalized in March, 2022, where the suspect was remanded. They worked closely with CEHURD, the Community Development Officer (CDO), Probation Officer and State Attorney of Kiboga district that supported in the filing and litigation of the case. CHAs were also able to participate in mediation of a maternal health violation against Kiboga hospital, where the hospital agreed to the violation committed by an intern and promised to provide direct supervision for the interns.

“Previously we had no cases reported from the district, our capacity to handle cases has improved greatly with support from CEHURD, we are able to follow up beyond community to engage justice actors” A CHA in Kiboga.

Increased visibility of CHAs and appreciation of their work by partners and key stakeholders: The CHAs are recognized and invited by different stakeholders to participate in strategic meetings and capacity building sessions both at the national and district levels. They attended capacity building sessions on SRHR for young people, Gender Based Violence (GBV) sensitization, counselling, district-based review meetings and palliative care to enable them identify and refer patients that require the service to Mildmay in Kiboga district. CHAs in Wakiso district were invited during the launch of a report on 2021 human rights situation in Wakiso district by Wakiso Human rights committee. These spaces enable CHAs to identify and prioritise advocacy issues

as well as building their capacity to facilitate sensitization meetings to address violations in the communities in collaborations with other district partners.



CEHURD team sharing findings from the study on men, masculinities and SRHR in districts of Lira, Kamuli and Buikwe



Community Health Advocates of Wakiso district in a dialogue with local leaders in Kireku and after stage for a photo.

3.5 | Strengthen CEHURD's institutional capacity, financial independence and operational efficiency to deliver on its mandate

i. Strengthened governance and leadership systems

a) Successful leadership transition at CEHURD

FY 2022 was a year of transition for CEHURD with major changes at the leadership and operational level. The transition was carefully managed internally and externally to ensure that the institution sustains its stability. We undertook public and partner communication about the transition. We also invested in the re-orientation of our staff team on CEHURD's strategic direction. This transition was informed by research and carefully managed by the Board of Trustees and Board of Directors. We can now report a successful transition year with lessons to share with other CSOs in Uganda and Africa. We plan to publish our transition journey and make it available for this purpose.

b) Continued to strengthen our governance function

To support ease the work of the Board of Directors (BoD), we fully operationalised committees of the board which include the Executive, Finance and Human Resource committees. These committees held meetings ahead of each of the quarterly board meetings to deliberate on matters within their mandate and make recommendations to the board for approval or final resolution. The BoD approved 2 new policies during the

year including the Internship and Volunteer Policy and HIV workplace policy. The BoD also approved policy amendments for several existing policies. Both new and amended policies are being implemented following staff orientation.

c) Strengthened our leadership capacities

We strengthened our Leadership and Management Team (LMT) through a 3 days reflection retreat between the Senior Management Team (SMT) and Middle Management Team (MMT). This was essential given that the organisation was going through a leadership transition with new leadership in place. We identified key issues affecting leadership and management and instantly addressed some of them. We developed and implemented an action plan which enabled us to address others issues identified.

Our Senior Management Team completed a six months leadership and management training delivered by CivSource Africa. This training incorporated coaching sessions from professional coaches. Feedback from staff indicated positive changes such as better use of delegation, empathetic leadership and problem solving, among others. Our Middle Management Team will undertake this same training in 2023.

d) Midterm review of the strategic plan

CEHURD's Strategic Plan (2020 – 2024) made two-and-a-half years in June 2022. We completed a mid-term review of the implementation of the strategic plan using a participatory approach and this enabled us to assess

progress and draw lessons for the remaining period. Results were discussed with our Board of Directors and Trustees who guided on how these can be utilised from a strategic focus. Our staff were oriented to the results and guided on integration of the recommendation from the review in our institutional planning.

The mid-term review of the strategic plan indicated that we are largely on track and that our interventions are well aligned and contributing to the realisation of Uganda's Vision 2040; National Development Plan III – Human Capital Development Program (HCDP) and the Ministry of Health Strategic Plan 2020/21 – 2024/202. From the recommendations and building onto our previous efforts, we will deepen our attention towards the highly relevant focus areas. These include: sexual and reproductive health and rights (SRHR); health systems strengthening; interventions on HIV/AIDS, TB and Malaria; mental health and Non-communicable diseases. We also learnt that CEHURD and other key stakeholders are not giving much attention to policy and legal issues relating to tobacco control, which we will give more attention by building onto previous litigation work.

In relation to target constituencies, we will deepen our focus on constituencies where much attention has been put (women and girls, youth, vulnerable and marginalized populations, PLHIV/TB). The need to include substance abuse and needs of people using and injecting drugs needs our further consideration. We will also give more attention to survivors of violence, torture and conflict – specifically deepen GBV work and bring on board refugees and displaced people as well as special groups like Albinos given the escalated health

rights violations. This aligns with our value on inclusion and non-discrimination.

We will also put more focus on cross cutting issues such as climate change and how this impacts the right to health as well as other social determinants of health such as education. Integration of issues, partnerships and collaboration will continue to be at the heart of our interventions in the remaining years of our strategic plan.

e) CEHURD appointed to support on governance bodies of partner organisations and institutions

Our Executive Director was re-appointed to serve on the Board of Directors of the Uganda Cancer Institute and our Finance Manager was appointed to serve as Treasurer on the Board of Directors for Legal Aid Service Provider's Network (LASPNET). Our Strategic Litigation Manager is also an active member of the Board of Directors of the Food Rights Alliance in Uganda. CEHURD was also re-appointed to serve on the Steering Committee of the Network on Equity in Health in East and Southern Africa (EQUINET), leads on health rights and law cluster. We draw lessons from these partners for our own institutional strengthening as well as discuss issues of the right to health in the course of our service in these strategic spaces.



ii. Strengthened our human resources and staff wellness

a) Our staff compliment in 2022

To address the staff gap created by the leadership transition and establishment of the Center of Excellence - Afya na Haki, ten new staff joined CEHURD in the early months of 2022. This brought our staff compliment to 54. By the end of the year, CEHURD had a total of 50 staff with 30 of these female (60%) and 20 male (40%). Two staff received and accepted scholarships for further studies outside the country, while 2 staff took on new career challenges. CEHURD staff are complimented by volunteers and intern students from within and outside Uganda.

b) Nurturing the young generation on social justice in health and human rights through internship

One of the objectives of CEHURD's internship and volunteer policy is to provide an opportunity to members of the community that would like to serve and dedicate their time, effort, knowledge and skills in fighting for social justice in health and human rights on a voluntary basis. We hosted nine (9) interns and volunteers placed under our difference programmes and departments to increase their knowledge about health and human rights. These came from McGill University, Canada; Uganda Christian University; Makerere University School of Law and the Law Development Centre in Uganda. These were exposed to all activities of the organisation including community level intervention and court sessions.

c) Commissioned a salary and benefits market survey

During the year, we completed a salary and benefits survey with participation of organisations that are comparable to CEHURD. Findings from the survey indicate that CEHURD's salaries and benefits are competitive with market rates, with only few adjustments on positions whose pay is below the average market rates. The findings are important for guiding staffing related decisions. We appreciate all organisations which accepted to participate in this survey and provided us with necessary information.

d) We stop, reflect, plan and monitor our work through staff retreats

We held two staff retreats in the year, in January 2022 and July 2022. These enable us to plan and reflect on priorities of the year as well as review progress and pay attention to emerging issues. We draw our annual workplans and review performance against them through these retreats. The retreats are also used to orient staff on institutional policies and policy amendments. We also use these spaces to build capacities of staff on technical

areas to enhance their programmatic performance. We covered technical areas such as: harm reduction programming for Persons Using Drugs (PWUDs); Human Rights Based Approaches; COVID 19 and CEHURD's role in SRHR and the health sector; self-care and SRHR and Values Clarification and attitude transformation (VCAT) on contentious SRHR work. Staff were also trained on general etiquettes and report writing as well as compliance matters. We also use staff retreats for the orientation and induction of the new staff and bonding with the rest of staff teams.

e) Staff development

To strengthen organisational efficiency, we continued to invest in the development of our staff capacities in different areas. All staff had an opportunity to train in specific areas to enhance their knowledge and skills to better their performance. Four (4) of our staff and a volunteer completed their practice diploma at the Law Development Centre (LDC) – we wish to congratulate them. This enabled them to embark on the process of obtaining their practicing certificates. Our Finance staff were supported to participate in the annual seminar organised by the Institute of Certified Public

Accountants in Uganda (ICPAU) as part of continuous professional development. Other trainings undertaken by staff included: Risk management, safe guarding, cost recovery, management and leadership, project planning and management and safety and security.



CEHURD staff in the mid year 2022 staff retreat at Kalangala Island, Kalangala district.

iii. Maintain Robust Monitoring, Evaluation, Learning and Financial Systems

a) We are increasingly embracing digital technology, our multi-functional Performance Management Information system (PMIS) was finalised and is operational

The PMIS is configured to our strategic plan, 2020 – 2024 and was designed to track progress of the implementation of the strategic plan and running projects. It is intended to enable central management of data for both the strategic plan and individual project performance. All our staff were oriented to this PMIS to enable them enter data directly in the system. The system is expected to enable us have system generated programme performance and management reports. It is also designed to support our grant management function and sub-granting.

b) Upgraded our financial management system

This is enabling us to realise optimal use in areas such as budget tracking, monitoring and reporting. Refresher training was done for our staff on the upgraded system.

iv. Quality assurance and risk management

a) Strengthened our compliance and internal audit functions

These functions are essential for our institutional sustainability and reinforce our culture of integrity,

transparency and accountability internally and externally. We developed our first compliance and internal audit manual to provide a framework for interventions under these two functions. The manual was approved by our Board of Directors. Manual also serves to guide and create an understanding among staff on the scope of our compliance and internal audit work.

b) Finalised our risk management framework

CEHURD has created a whole organisation risk management culture and all staff are involved in risk identification, mitigation and management as required by our risk management policy. We report to our Board of Directors the status of risk identification and management on a quarterly basis. This year, we finalised the development of our risk management framework, and this was approved by our Board of Directors. The risk management framework guides the implementation of the risk management policy and provides all relevant processes and tools.

v. Strengthened Communications and Media Engagements

We continued to invest in our institutional visibility throughout the year. We uploaded 10 publications on our website contributing to evidence in the field of health, human rights and sexual reproductive health and rights. Our highly downloaded publications include: Civil Society Organisations' Position Paper on the Health Sub-Programme in Response to the National Budget Framework Paper Financial Year 2022/23 which was downloaded 3,487 times. Our publication on Court

Judgement in the Autism Case -Perez Mwase: (CEHURD and Ors Vs Buyende District Local Government and Anor) was downloaded 3,302 times

We also realised growth in our social media with Facebook increasing to 9,741 followers from 9,332 in 2021; Twitter had 12,500 followers from 9,332 in 2021. Twitter remains our most engaging social media platform. Social media campaigns undertaken in collaboration with our partners, such as the one on the East Africa Community SRH Bill got the most engagement.

vi. Institutional sustainability

a) Finalised our financial sustainability plan

With approval from our Board of Directors, we completed a financial sustainability and forecast assessment which led to the development of our financial sustainability plan. The plan is guiding the development of our resource mobilisation. Implementation of the plan started and will continue through FY2023 and beyond.

b) Strengthening our Information and Computer Technology function

We upgraded our server and network infrastructure to enable effective working environment for the staff. This expansion caters for efficient internet distribution and increased memory and storage space that allows larger programs to run without slowdowns. The upgrade also provided for the internal sharing of information using shared drives. The performance of the server has greatly improved. On and off site back up of information

was enhanced to minimize the risk of loss of data and improve data safety. We also obtained a firewall to guard the institution against cyber-attacks and harassment. We also computerised our payroll system and upgraded our QuickBooks Enterprises financial management system as part of strengthening our adaptation of digital technology.

c) Growth in our sub-granting portfolio

CEHURD recognises the importance of sharing resources with its partners in building a strong social movement on health, human rights and SRHR. As such we share both technical and financial resources, with national level and sub-national level organisations. We pay more attention to strengthening institutional capacities of small and young organisations especially those operating at the community level. Our sub-grantees increased from 27 in 2021 to 45 in 2022. This expansion is explained by the addition of 10 community-based organisations supported through our NAFOPHANU/TASO Global Fund supported project on reducing human rights related barriers to community access to HIV/TB services and another 8 largely community level grants supported through other development partners on SRHR. We compliment our sub-grants with technical support to our partners to strengthen their programming and institutional capacities.

4. INNOVATIONS

i. Nurtured and sustained an accountability platform for CSOs and Government Ministries, Departments and Agencies on issues of SRHR and social justice in health and human rights

We sustained an accountability space that brings us and other CSOs together with government line ministries, departments and agencies (MDAs) to share feedback from our work and discuss issues affecting access to health and other social services at the community level for their attention and action. The MDAs we engaged in this space are: Ministry of Health; Education and Sports; Gender, Labour and Social Development; Justice and Constitutional Affairs (specifically the Law Reform Commission) and members of Parliament. This is increasingly becoming an important accountability space between CSOs and government MDAs in which we take stock of progress on our commitments. It is also strengthening the multi-sectoral approach in addressing issues of SRHR and other health rights, thereby generating positive outcomes.

ii. Exchange learning as part of movement building for SRHR

We are increasingly utilizing exchange learning to benefit partners within the sexual and reproductive health and rights movement within Uganda and the East African region. Our hosting of an exchange learning visit for Reproductive Health Network – Kenya (RHNK) enabled them to learn about Uganda's efforts towards the adaptation of national self-care guidelines for SRHR.

Through this visit, and working closely with Kenya's Ministry of Health, RHNK made great progress on advancing the national agenda for self-care.

5. KEY LESSONS

i. Voluntary leadership transition enables institutional growth and stability

Through our voluntary leadership transition, there are critical lessons for other civil society organisations. Succession planning should be intentional as it is part of good governance and leadership. It protects organisations from the founder syndrome which has seen many great organisations stagnate. As part of leadership transition processes, organisations should put in place and implement strategies for change management as well as continuously build leadership capacities. CEHURD has intentions for publishing its leadership transition journey to make lessons widely available.

ii. Use of alternative dispute resolution compliments litigation approaches and is appreciated by communities

During the year, we increasingly embraced mediation in health rights violations as had several cases settled out of court. Over 180 million Uganda shillings was paid as compensation for rights violations through alternative dispute resolution. Mediation was well appreciated by parties involved in our health rights violations and maintains peace and reconciliation.

iii. The power of collective advocacy and voicing on issues of SRHR

Sexual and reproductive health and rights issues continue to be contested in Uganda and the East African region and this continues to constrain policy and legal reviews and considerations. The EAC SRH Bill for example has great potential to enable member countries implement their commitments on improving access to sexual reproductive health services and information, but has received contestation from people with divergent views. Creating an understanding of the importance of such frameworks through collective advocacy and voicing continues to be essential. In 2022, CEHURD coordinated the SRHR movement in Uganda to support such advocacy including with members of parliament from Uganda and East Africa Parliament and these efforts need to continue. Addressing issues of abortion healthcare is another highly contested area which needs collective advocacy and voicing and this was demonstrated in 2022 during court hearings related to termination of pregnancy related cases.

iv. Commitments made by policy and other decision makers are an important advocacy tool

We have learnt that consistent follow-up and provision of technical support to policy makers, legislators and other decision makers to implement their commitments on issues of SRHR and other health rights issues yields positive outcomes. These commitments are used in holding duty bearers accountable at the national and sub-national level.

v. Well researched legal and policy analysis is essential for effective advocacy

Policy makers, legislators and other decision makers are responsive in positive ways when they are given evidence-based information, through processes such as legal and policy analysis used by CEHURD. Our evidence-based recommendations to Parliamentary committees on budget allocation for health and the Public Health Amendment Bill were considered and honoured in 2022.

vi. Need to for Civil Society organisations (CSOs) to focus more on institutional sustainability

Many donors are changing their focus and priorities as a result of emerging issues in their own countries and continents that require financing. The war between Russia and Ukraine is a typical example of an emerging and critical issue that many countries are responding to. This is coupled with changes in foreign government policies which requires some of the countries to adjust their development aid to prioritise domestic matters over foreign issues. It is therefore important for CSOs to assess their financial health and think about their continuity, despite relying largely on short-term restricted grant funding. Conversations with donors on longer term institutional support are more critical now than ever before.

2022 in Numbers

A YEAR IN REVIEW

IN 2022, WE REACHED MORE THAN 4,021,400 PEOPLE BOTH ONLINE AND OFFLINE



PEOPLE SUPPORTED THROUGH OUR TOLL FREE HOTLINE

At the end of the year 2022, CEHURD had on 79 cases/complaint at the legal Aid clinic ranging from sexual gender-based violence cases, maternal death, health mismanagement, arrest of health workers providing post abortion care, child neglect and abuse, domestic violence, environmental and land etc. 72 of the cases handled by the CEHURD Legal Aid Clinic were SGBV related.



FREE LEGAL HELP
0800-300-044

Report any health right violations in your community

Open Monday to Friday | 8:00am - 5:00pm



79 total cases

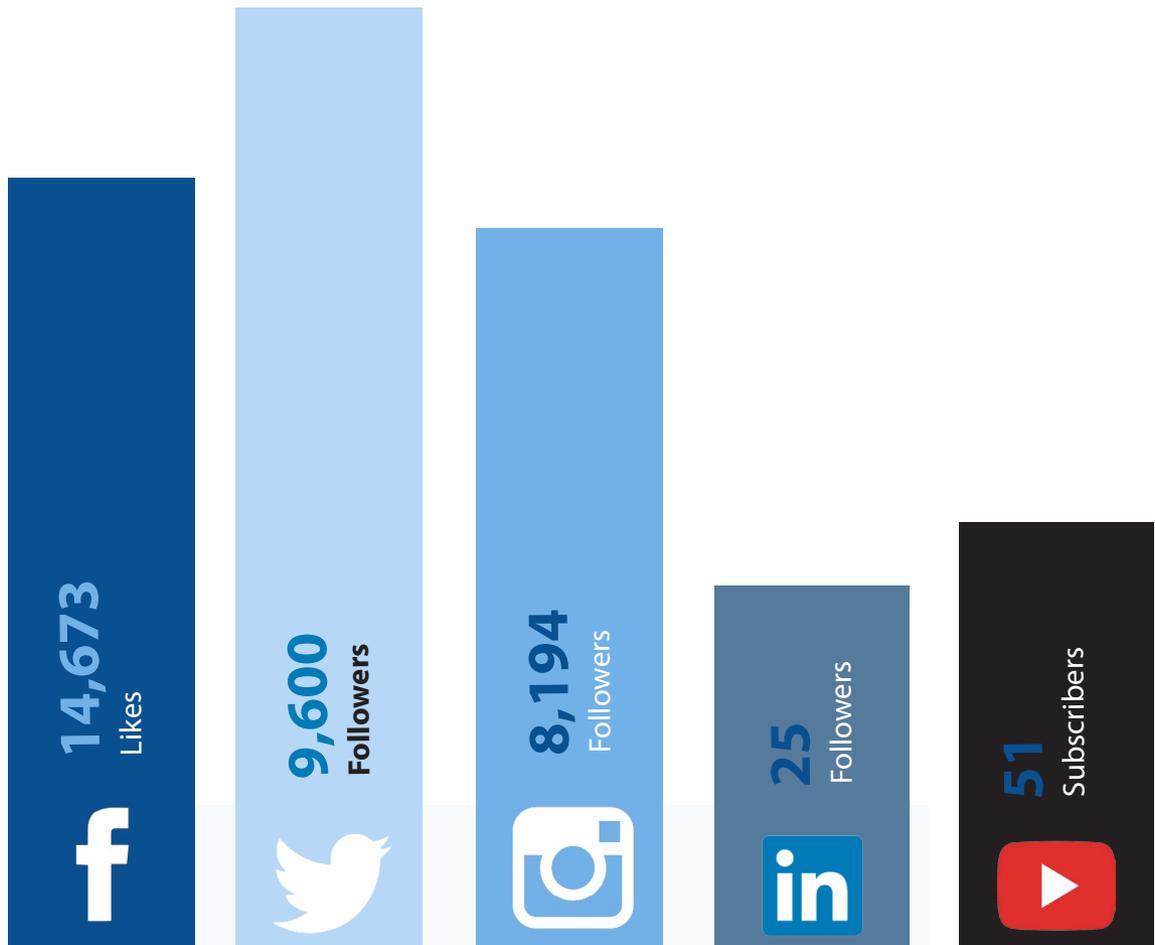




Audience

GROWTH

We gained 3000+ followers on Social Media in 2022



CEHURD IN MEDIA

BREAKFAST MEETING

TOPIC
Drug stock outs: Challenges and Prospects

WEDNESDAY
Feb 8th, 2023
10.00AM

GUEST
Peter Eceru
Programme Coordinator, Advocacy - CEHURD

#NBSMorningBreeze

CEHURD SELF-CARE FOR REPRODUCTIVE HEALTH AND RIGHTS

UK POLICE LAUNCH PROBE INTO MO FARAH'S TRAFFICKING REVELATION

LIVE
11:26 AM

Sexuality education: Is it a game changer?

During the national consultations by the East African Legislative Assembly (EALA) on the East African Community Sexual and Reproductive Health (SRHR) Bill, a section of clerics argued that sexuality education is unsafe for children and that children have no business engaging in sex. They further argue that sexuality education for children should be left to the parents. Discussions on sexuality education have always been a polarising debate and this is partly fuelled by misconceptions and misinformation. For a long time, there has been the misconception that sexuality education and sex education are the same thing. However, sexuality education is a curriculum based means of teaching and learning about cognitive, emotional, physical and social aspects of sexuality. It aims to equip young people with broad skills, attitudes and values that will empower them to realise their health, well-being and dignity and develop respectful social and sexual relationships. It provides them with the opportunity to explore their own values and attitudes, make their decisions, communicate and resolve the risk of un-healthy sexual and reproductive behaviours. Sexuality and reproductive health education for young people are currently being implemented in schools. Pregnancy rates among young people are alarming with one out of every four (25 percent) getting pregnant. A 1 per cent prevalence of HIV sexually transmitted infections and in-

Formal sexuality education has been found to reduce adolescent sexual risky behaviours when provided before sexual initiation. It is important to note that the world is already saturated with sex and the high levels of teenage pregnancies attest to this. In Uganda, children are over-entitled to view sex as a dirty word. Some people believe that talking about sex openly will normalise sex among young people. It is this perception that limits sexuality education and thereby contributes to Uganda's high teenage pregnancy rate currently at 25 percent. Evidence from countries that have enhanced sexuality education shows that there have been lower teenage pregnancy rates compared to those that have not. Research confirms that the quality of sexuality education improves young people's self-confidence and esteem, positively changes attitudes, and gender and social norms, strengthens decision making and communication skills and builds self-efficacy. Many people fail to acknowledge the fact that sexuality education embedded in Africa's traditional societies. Different cultures used disciplining and correction to teach about sexuality.

The author is the president of the Youth Advocacy Committee, SRHR Alliance and a Programme Associate at CEHURD.

UGANDA'S MMR AT 336 DEATHS PER 100,000 LIVE BIRTHS

CHINA CALLS FOR DE-ESCALATION IN UKRAINE FOLLOWING ATTACKS

LIVE
10:25 PM

THE URGENCY OF SEXUALITY EDUCATION

DHAFA ESTHER - PROGRAM OFFICER STRATEGIC LITIGATION, CEHURD

LIVE
09:20 AM

CEHURD SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS DIALOGUE

Programme Goal
Building a progressive social movement to boldly challenge the structures that affect the realisation of sexual and reproductive health and rights (SRHR) in Uganda.

Programme Objective
Building a progressive social movement to boldly challenge the structures that affect the realisation of sexual and reproductive health and rights (SRHR) in Uganda.

LIVE
03:37 PM

Health and sustainable development in Uganda, Globally

OKUKUDA KU MASOMERO: OKULAMBIKA EKY'ABAYIZI ABAAFUNA EMBUTO

ANDA PEOPLE'S DEFENCE FORCES (UPDF) TO DIFFERENT RANKS

LIVE
08:48 AM

CEHURD TALKSHOW

HOST: VICTOR
08:18 PM

DISCUSSION: Today we are hosting guests from

CEHURD
Vision: A society in which social justice and human rights in health systems is realized.
Mission: To advance health equity and human rights in health systems.

CEHURD TALKSHOW

HOST: VICTOR
08:18 PM

DISCUSSION: Today we are hosting guests from

6. CHALLENGES

i. High fuel rates increased the cost of operations and impacted on staff

During the year, the high fuel costs increased the overall cost of our operations and also made it expensive for staff to travel to work on a daily basis. We responded to this by considering hybrid working where staff can work from both office and home. This comes with the need to adapt appropriate supervision and performance management options.

ii. Judicial processes take long to be completed and are sometimes emotionally draining for our staff

There were too many adjournments in courts of law for different reasons including the absentia of Judicial Officers leading to prolonged delays in hearing of our strategic cases for which we have no control. This is in addition to the nature of our litigation and legal aid cases which are emotionally draining for our staff. We address this through having multi-disciplinary case conferences to discuss and provide support through difficult situations. We also organise staff reflections and retreats to facilitate debriefing. We are continuing to explore options for psychosocial support for our staff team and clients.

iii. Impact of foreign policy on our work

Similar to the Global Gag Rule, the US Supreme Court reversal of Roe V Wade affects local advocacy efforts towards a review of SRHR laws to make them more progressive.

iv. Sub-granting related challenges

Most of our sub-grantees are grassroots community-based organisations with systems and structures that are not yet well established. Their compliance to partnership agreements remains a challenge including timely reporting. We are providing technical support to our sub-grantees in areas that cut across financial management and effective programming.

2022 FINANCIALS

CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT ANNUAL REPORT AND FINANCIAL STATEMENTS FOR THE PERIOD ENDED 31ST DECEMBER 2022

Statement of Fund Balances

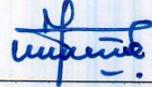
	Note	December 2022 Ugx	December 2021 Ugx
Non-current assets			
Property and equipment	12	2,291,624,507	2,495,145,522
Work in Progress	13	-	4,867,849,532
		<u>2,291,624,507</u>	<u>7,362,995,054</u>
Current assets			
Cash and bank balances	15	3,256,884,581	7,655,672,742
Receivables	14	163,105,077	1,166,364,186
		<u>3,419,989,657</u>	<u>8,822,036,928</u>
Total Assets		<u>5,711,614,164</u>	<u>16,185,031,982</u>
Funds and Liabilities			
Funds			
General/Restricted Reserve Fund		2,952,687,346	13,338,339,003
Capital Reserve Fund		2,291,624,507	2,497,777,286
		<u>5,244,311,853</u>	<u>15,836,116,289</u>
Current liabilities			
Payables	17	446,437,833	348,915,695
Provision for Gratuity	16	20,864,478	-
		<u>467,302,311</u>	<u>348,915,695</u>
Total Funds and Liabilities		<u>5,711,614,164</u>	<u>16,185,031,984</u>

The significant accounting policies and notes on pages 12 to 21 form an integral part of these financial statements

The financial statements on pages 8 to 21 were approved by the board of directors on th 12 MAY 2023 and signed on its behalf by


Board - Secretary
Ms. Fatia Kiyange


Board - Treasurer
Mr. Zziwa Akram


The Chairman-Board of Directors
Mr. Mark Tumwine



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