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social justice in health



**AMBASSADE
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SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS COALITION

ADVOCACY STRATEGY

2023



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1.0 ABOUT THE SRHR COALITION

The Sexual and Reproductive Health and Rights (SRHR) coalition is comprised of four partners working to ensure a strong and more inclusive feminist movement that promotes and defends girls' and women's right to bodily autonomy and Sexual Reproductive Health and Rights in the districts of Kampala in the central Uganda, Mbale in the East, Kamwenge district western Uganda and Koboko District in West Nile. The coalition provides collective advocacy for the realisation of SRHR among the targeted groups. The coalition is implementing a one-year project titled: ***“For an intergenerational and creative feminist movement”*** Coalition Leaders Facility. The project overall objective is a strong and more inclusive feminist movement that promotes and defends girls' and women's right to bodily autonomy and Sexual Reproductive Health and Rights.

The coalition is comprised of 4 partners with CEHURD as its lead and secretariate. These partners include the following

1. **Center for Health Human Right and Development (CEHURD):** CEHURD is an indigenous non-governmental organization dedicated to advancing sexual and reproductive health and rights (SRHR) for women and girls and other vulnerable populations. Working with local and other partners, the Center conducts advocacy to ensure that the legal and policy framework on the realization of SRHR is progressive. Under this project, CEHURD will specifically coordinate the partners and provide capacity building for coalition members and mentorship them into advocacy.
2. **Women with a Mission (WWM):** Is a women-led, feminist membership-based organization and an indigenous human rights advocacy non profitable organization which aims at responding to the Gender inequality, Sexual Gender Based Violence, Human Rights Violations and Health related problems against Women and girls. Under the project, WWM will specifically operate in Mbale district and will target SRHR for sex workers
- 3.

4. **Embibo Gender Initiative:** is feminist rural collective that focuses its work on building capacity through trainings and necessary resource provision, advocacy efforts as well as research and documentation of the stories of African rural women. The organization leads the consortium in the implementation of the project in Kamwenge District
5. **Nile Girls Forum:** Is a girl led organization focusing on elevating resilient adolescent girls and young women aged 10 to 24 years with emphasis on equitable leadership, age appropriate SRHR and economic development. Their district of implementation under this project is Koboko in the West Nile region.

The coalition, while undertaking the implementation of this project will aim at achieving four (4) specific objectives which include;

- By 2023, strengthen the capacity of three selected youth feminist associations in implementing micro-projects in the sector of SRHR under the FSPi PISCCA support program for Ugandan feminist CSOs.
- By 2023, build bridges between youth and more established feminist organisations as well as with the culture/media world by training AGYW in all their diversity in their feminist organizations to exercise their SRHR and make autonomous decisions about their bodies free from coercion, violence and discrimination.
- By 2023, mentor and support young feminist organizations, associations, networks and movements to promote and protect bodily autonomy and SRHR.
- By 2023, support young feminist organizations in implementing concrete actions supported as a follow-up to the GEF at country level through capacity building and peer learning.

2.0 BACKGROUND AND CONTEXT ANALYSIS

Uganda is a party to several international and regional instruments that guarantee the rights of women and gender equality. These include: the Universal Declaration of Human Rights (UDHR), 1948; the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), 1979; the International Covenant on Economic, Social and Cultural Rights (ICESCR), 1966; the International Covenant on Civil and Political Rights (ICCPR), 1976; the Beijing Declaration and Platform for Action (1995), the Convention on the Rights of Persons with Disabilities (CRPD); the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), and the UN Sustainable Development Goals, in particular SDG 5 on gender equality and the empowerment of women.

These commitments have been expanded in laws, policies, frameworks and strategic plans of the country including: The Constitution of the Republic of Uganda (1995) as amended, HIV Prevention and Control Act, The Domestic Violence Act 2010, The Prohibition of Female Genital Mutilation Act 2010, Public Health Act 2023, National Gender Policy 2007, National GBV Policy 2016, Uganda Population Policy 2008, National Youth Policy 2001, HIV/AIDS and the World of Work Policy 2007, Reproductive Health Policy, National Health Policy, National Adolescent Health Policy, National Development Plan III, Uganda Vision 2040, National Sexuality Education Framework, National Policy Guidelines and Service Standards for SRHR 2011, Standards and Guidelines for Reduction of Maternal Mortality and Morbidity due to Unsafe Abortions 2015, Social Development Sector Strategic Plan 2015/16-2019/20, National HIV&AIDS Strategic Plan 2015/16-2019/20, Health Sector Strategic Plan 2015/16-2019/20 and the Sexual Offences Bill, among others. These legislations, policies and strategies have provisions meant to fulfil several of the commitments Uganda made in the sighted international and regional commitments above.

The 2010 Equal Opportunities Act, for example under section 32, provides

for affirmative action in favour of “groups marginalized on the basis of gender, age, disability or any other reasons created by history.” In addition, Of relevance to women’s rights, is Article 33(1) of the Constitution which provides that “women shall be accorded full and equal dignity of the person with men.” The State is also enjoined to provide the facilities and opportunities necessary to enhance the welfare of women to enable them realize their full potential.

With these commitments from the Government of Uganda, and its move to domesticate and ratify the several international covenants, the country is commended for making has made good progress on women empowerment and emancipation. Indeed, For example, the number of women Members of Parliament rose from 38 (14%) in 1989 – 1996 to 131 (35%) in 2021 - 2016 and the current 11th Parliament has close to 200 women representatives . CEHURD’s research and publication on Uganda’s progress on the Beijing commitments “From Beijing to Paris – An assessment of Uganda’s commitments at Generation Equality Forum and the future of bodily autonomy and SRHR demonstrates that since 1996, the women’s movement has gained momentum attributed to political will and support towards addressing concerns relating to oppression of and discrimination against women . The legal and policy environment has enabled the feminist movement to thrive in Uganda and there is a need to sustain this.

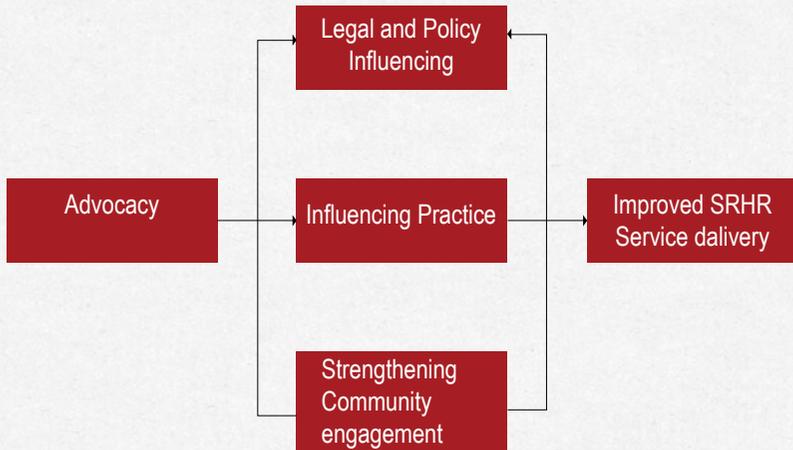
Despite these efforts, there are persistent challenges - unequal access to healthcare, violence against women, lack of protection of the rights of women, discrimination against the girl child, among others. SRHR remains a controversial and contentious topic in Uganda’s social, legal and policy environment in both formal and informal spaces. This is attributed to a number of competing approaches in religious, cultural and legal/policy debates. There are wide range of SRHR issues such as access to family planning, sexuality education, adolescent health, teenage pregnancies, unsafe abortion, maternal mortality and morbidity, sexual orientation gender identity and expression, sex work, Sexually Transmitted Infections (STIs) including HIV, child abuse, Gender-Based Violence, sexual abuse and exploitation that; constitute serious public health, human rights and

social equity issues that affect thousands of girls and women in Uganda.

This Advocacy Strategy therefore seeks to set a framework for influencing policies and practices that lead to the promotion of Sexual and Reproductive Health Rights in the project implementation districts. The advocacy strategy will be implemented at both local government level and at national level.

3.0 The Advocacy theory of Change

The theory of change espoused under this strategy is to increase demand of services and information through strengthening capacities of targeted communities to demand for SRHR services and information, generate evidence to support advocacy engagements, create and exploit advocacy spaces and lead to improvement in the quality and quantity of SRHR services. The advocacy strategy will also target to influence the legal and policy framework while at the same time strengthening the supply side of SRHR to be able to improve the practice in the provision of SRHR service. The figure below is a diagrammatic representation of the theory of change.



4.0 THE COALITION ADVOCACY OBJECTIVES

4.1 Objectives

- To increase awareness and support for SRHR, bodily autonomy and feminist approaches for women and girls in their diversity by decision makers, religious and cultural leaders and the target communities.
- To strengthen the capacity of partners and target beneficiaries to creatively and skilfully engage in influencing locally, nationally and internationally for SRHR and bodily autonomy for women and young people in their diversity.
- To build strong and strategic advocacy partnerships at district, national levels

4.2 Expected Outcomes of the Advocacy Strategy

1. Increased awareness and support for SRHR, bodily autonomy and gender transformative approaches for all women and girls among decision makers, religious leaders, cultural leaders, Civil Society Organisations and the community.

The first outcome of this strategy is increased awareness and support for SRHR, bodily autonomy and gender transformative approaches for women and young women in all their diversities. Our target groups will include decision makers, religious, cultural leaders and SRHR advocates. The current knowledge of SRHR is clouded by religious and cultural beliefs that negate the realisation of SRHR. This limited awareness has been instrumental in the growth of discrimination and stigma against especially the marginalised groups+

2. Strengthened capacity of partners and target beneficiaries to creatively and skilfully to engage in advocacy at local, national and international level.

This advocacy strategy will emphasise strengthening the capacity of the coalition on SRHR advocacy. The coordinating entity will conduct capacity building trainings for the coalition partners and will provide ongoing mentorship. The coalition partners will in turn build the capacities of district stakeholders including target beneficiaries

3. Strong and strategic partnerships built at District and national levels

As a core part of this strategy, emphasis will be placed on building strategic partnerships with government and non-government institutions.

5.0 STAKEHOLDER ANALYSIS

A mapping exercise was conducted to establish the key stakeholders and their knowledge levels about SRHR issues among women and girls. To be able to achieve the objective of this advocacy strategy, CEHURD and partners will engage as many stakeholders as possible in different Advocacy processes. The stakeholders will be categorized depending on what role they are anticipated to play and this will either be allies, and or opponents. Arising from the mapping, the coalition will maintain a stakeholder's matrix which will be updated from time to time. Some of the broad categories of the target audience envisaged under this strategy are elaborated below.

5.1 Cultural leaders

Cultural leaders have the authority and ability to mobilize, organize and appeal to the masses- they galvanize and shape public opinions and attitudes towards sexual and reproductive health. Negative cultural practices have affected uptake of SRHR services for example negating the role in promoting SRHR, female genital mutilation among others. In the implementation of this strategy, the coalition will target the influential cultural leaders in Kamwenge, West Nile and Elgon with transformational messaging with a view of building a movement of progressive cultural leaders that will in due course be used as change agents.

5.2 Religious leaders

The role of religious leaders in enhancing access to SRHR services cannot be discounted. This is especially because they own a large number of schools in the country. In addition, they have huge influence on the communities and among the political elite and their perceptions and understanding have a great bearing on the realisation of SRHR. Under this strategy, specific emphasis will be placed to reach out to the religious leaders through their own structures that are spread across the country.

5.3 Civil Society Organisations

CSO's are instrumental in the process of deepening SRHR for the target group. This will include, professional associations, Community based Organization, Faith Based Organizations, women groups among others. The CSOs will bring on board unique skill sets and knowledge to boost any advocacy engagement. The coalition will seek the participation of different categories of CSOs including local and international partners, academia and those involved in generation of new knowledge.

Young adolescent girls and women

In the Spirit of Human Rights Based Approach, active involvement of the target project beneficiaries in their diversity in advocacy engagements both as a target but also as partners. This will involve the identification of key SRHR Advocacy Issues, sharing of experiences and ensure their presence in key advocacy platforms. We cherish the principle of "Advocacy with" and will as such engage the beneficiaries of Advocacy in the entire cycle of Advocacy. Primary Health Care (PHC) encompasses four principles, key of which includes community participation. The Coalition embraces community involvement as a key ingredient for its success. Building friendly relationships.

Media houses

The coalition will work closely with the media as a tool for both sensitization

but also as a tool of shaping perceptions, opinions and shaping discussions at different levels. The coalition will rely on the partners communications strategies and donor branding guidelines as a framework for external engagement, branding and communication of advocacy messages. As part of ensuring regular contact with communities on matters relating to SRHR, and bodily autonomy the media will be central. Media will be critical in amplifying the advocacy messages, sensitization, experience sharing. To be able to interest the media and build their capacity in SRHR, feminist approaches and bodily autonomy, we will provide support- both logistical and capacity building to enhance their knowledge of SRHR issues in their diversity. We will engage both local and national media houses. Through the media, we will influence key public discourse on specific issues through opinion columns, exposure visits for the media, outdoor broadcasts, press conferences, press releases among others

6.0 ADVOCACY STRATEGIES

Advocacy and Lobby engagement meetings

Advocacy and Lobbying meetings will be held with targeted duty bearers to influence policy, laws and actions in favour of the target beneficiaries. The Lobby meetings will be both formal and informal. These will be critical not just for building political and enhance constructive partnerships. Lobby and side meetings will be held with Political and technical leadership both nationally and at local government level. Under this strategy emphasis will be placed on;

- Round table talks with policy makers and implementers
- Conduct engagement meetings with cultural and religious leaders to influences their perceptions on SRHR and agree on actionable issues.

Capacity Building and mentorship

Capacity building for coalition partners under this strategy is a continuous

learning through knowledge sharing and mentorship to be able to strengthen knowledge and advocacy capacities for SRHR. Capacity building will be conducted for both members of the coalition and other stakeholders that the coalition works with including the project beneficiaries. Through regular engagements with partners, the coordinating entity will be able to establish capacity gaps in advocacy and these will be addressed through mentorship and provision technical support. Under capacity building emphasis will be placed on;

- Building the capacity of cultural and religious leaders on SRHR for women and young people in their diversity.
- Training members of the coalition on the art of Advocacy and provide continuous mentorship on advocacy.
- Enhancing the capacity of project beneficiaries to be able to advocate for and demand for their SRHR rights.
- Conduct information sessions with stakeholders including project beneficiaries.
- Develop context specific advocacy training materials.

Community engagement

The SRHR coalition will mobilize community members to support SRHR and bodily autonomy for young people in the implementation areas. Community mobilization will be done through the use community dialogues; community champions, talk shows among others. We will produce and air media programmes to deepen understanding on the right to health as thus we will engage on the following:

- Conduct engagements with community members and community gate keepers including the cultural leaders, religious leaders and opinion leaders.
- Conduct community round table with policy makers, implementers and the young people in their diversity.
- Disseminate Information, Education and Communications materials.
- Participate in 16 days of activism against Gender Based Violence at national and local government level.

Research and documentation

The coalition believes in the importance of evidence-based advocacy. Further, a number of researches and studies will be conducted to ensure that Advocacy engagements are based on scientific and evidence-based information. The research will take the form of baseline studies, develop research paper, assessments, reviews aimed at highlighting key challenges and trends among others. The reports will make clear recommendations based on evidence available to address specific issues raised by the research. To enhance credibility and ownership of the Advocacy engagement, the coalition will seek to partner with Government agencies and reputable research institutions or firms for this purpose. From the research, simplified versions of the reports will be developed for easy reading and understanding by different categories of stakeholder, produce factsheets and other related IEC materials. To further maximise impact, dissemination meetings for the findings of the research will be held. The dissemination meetings will involve relevant government Ministries, Departments and Agencies, Civil Society organisations, media and representatives of target communities. For research to achieve impact, we will put in place a robust follow up plan for the recommendations made with duty bearers and other stakeholders. Under this intervention, we will do the following;

- Conduct baseline to assess reproductive health in Zombo District.
- Conduct a baseline study for findings on the policy environment for access to SRHR change agents for Sex workers.
- Develop research paper linked to issues identified by the coalition.
- Develop simplified Information, Education and Communication materials for communities.
- Document best practices in the SRHR advocacy.

Media Engagements

We will creatively use the media to reach out to the target audience to ignite and shape discussion on key advocacy issues. In making a choice on which media to use, reliance will be placed on the target audience, timing and listenership. The media will be used also be used to carry out the general sensitization of all stakeholders including the beneficiary community,

decision makers etc. We will utilise the following media platforms

a). Print media: The print media which involves newspaper and magazines shall be used to produce newspaper articles, opinion pieces, and popularize issues and research findings. Posters, leaflets, fact sheets, info-sheets and booklets with advocacy messages will be produced and distributed and displayed in public places.

b). Radio: We will utilise radio for dissemination of findings of research, community sensitisation, feedback and seeking community opinions and experiences. Emphasis will be placed on the use of Community radios for the sole purpose of compatibility with the target communities in terms of language of communication and accessibility.

c). Television: This will be used to air out TV programmes, talk shows, people's parliament shows, and adverts to disseminate information, sensitize communities, and mobilize project beneficiaries and duty bearers to take action on specific SRHR advocacy issues. The different TV programmes and publications will be intended to ignite and shape public debate and opinion on different issues affecting the sector.

d). Social media: As being one of the most recent communication channels, social media will also be used to relay information, mobilize stakeholders to the platform's activities, and disseminate information. To further the reach of social media, we will rally the support of social media influencers to shape social media discussions. WhatsApp, mass google groups mailing, twitter, Facebook etc. will be used to ease communication.

Emphasis will be placed on the following;

- Conduct 6 radio talk shows
- Conduct twitter spaces
- Organise and participate in people's parliament in commemoration of 16 days of activism against GBV
- Develop and publish media briefs
- Conduct a documentary on the effects of restrictive legislation on SRHR for Sex Workers.

Collaboration and Partnership

The coalition will mobilize partners and stakeholders working in the area of SRHR for women and young people to actively participate in Advocacy for progressive SRHR policy and legal framework and practice. In the mobilization process, emphasis will be placed on ensuring meaningful participation of young people. Specific attention will be placed on ensuring that women and young people in their diversity are targeted, mobilized and capacitated to participate in decision making spaces. These stakeholders will be at community, Local Government Level and National level. At community Level, we will mobilize religious leaders, opinion leaders, local Government, Political and Technical leadership and target communities. At National Level we will engage with the Members of the various coalitions, professional bodies and other key stakeholders to spearhead advocacy. Under this, emphasis will be placed on;

- Nurture and sustain strategic partnerships with likeminded organizations at local and national level
- Nature and sustain strategic relationships with relevant district stakeholders in the project implementing districts and at national levels

Participate in national, regional and international coalitions and partnerships

7.0 STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS

Strengths	Weaknesses
<p>The members of the coalition have a history of working with different key strategic stakeholders. Individual members will build on the existing connections and partnerships built over time. In addition, the partners will leverage on collective stakeholders.</p> <p>Capacity to work with different groups of people. These include Ministries, Departments, local government and Agencies, communities, the media, sex workers and young people. As a result, the coalition will not begin from a clean sheet.</p> <p>The coalition also prides itself in the fact that the coalition brings together partners with unique skills sets, areas of expertise, connections and unique constituencies. These different skill sets are critical for successful execution of the coalition advocacy agenda.</p> <p>The coalition has availability of resources both human capital and financial resources. In terms of Human resources, the coalition members have staff with wide experience in the implementation of advocacy projects. Some of the members have staff with experience in the implementation of SRHR for women and girls in their diversity. The coalition prides itself in its ability to share the limited human resources and expertise across the membership resources.</p>	<p>There still exists gaps in generation of adequate knowledge to support advocacy engagements. This largely because of limited documentation and research capabilities among the partners.</p> <p>High staff turnover among the partner organizations is another weakness but due to continuous capacity strengthening, new staff will be strengthened to take on the project.</p> <p>Inability to mobilize and empower grassroot groups to do advocacy. This has been largely because limited capacity of grass root structures to actively engage. To address this, the coalition will emphasize on building the capacity the grassroot structures and providing mentorship.</p> <p>Bodily autonomy, feminist approaches and some SRHR issues are contested in our environment and have in most cases have been opposed and equated to sexual immorality. This is in part of the reasons there are non-progressive laws and policies on SRHR.</p>

Opportunities	Threats
<p>Government commitment towards the project focus areas. This is evident through the various national and international commitments demonstrated through the available legal frameworks. These include the Sustainable development Goals, ICPD, the Universal Periodic Review, the Generation Equality Forum among others.</p> <p>Existing decisions of the Courts in Uganda on key issues RHRN2 is advocating for. The Court decision in the CSE cases provides a unique opportunity for advocacy for Comprehensive Sexuality Education and provision of information on SRHR for young people.</p> <p>The willingness of stakeholders to engage on key advocacy issues. These include Ministries, Departments and Agencies, religious leaders, cultural leaders among others.</p> <p>Availability of development partners such as the French Embassy that are willing to invest resources and support established organizations to mentor and strengthen capacities of startup organisations. This will a long way in creating more like-minded civil society organisations that are able to advance the work.</p>	<p>The narrowing civil society space is a threat to SRHR advocacy. This especially so because of the growth of a strong opposition with connections to the power center.</p> <p>Retrogressive policies and legislations that roll back progress made towards the realization of SRHR for especially for sexual minorities and sex workers.</p> <p>The growing strength of opposition groups including the growth of religious fundamentalism.</p>

8.0 RISK ANALYSIS AND MITIGATION MEASURES

Advocacy is a potentially risky engagement and this justifies risk identification and development of mitigation strategies. The table below, though not conclusive, provides a list of risks and mitigation measure. Over the course of the implementation process, coalition partners will continue to be identified and mitigation measures developed on an ongoing basis.

Identified Risk	Mitigation measures
Shift in Western politics (Geo politics) and the funding priorities which affects the funding for SRHR interventions.	<p>Flexibility and diversification in the way work is undertaken</p> <p>Staff to monitor global developments and implication on our work, identify and take necessary actions e.g. the repealing of Global Gag Rule by the USA requires us to undertake strategic advocacy for reconsideration of lost funds</p>
In country political trends including the narrowing of civic space. Over the years, a number of organizations have been closed on the grounds of alleged noncompliance or broken into by unknown individuals. The area of SRHR is specifically becoming a contested area in area.	<ul style="list-style-type: none"> • Balance approaches to Government - include an empowering approach. • Redefining the work, we do and make it known. • Strengthen compliance with the available legal frameworks that regulate the CSO operations.
Increased Opposition to Sexual Reproductive Health Rights	<ul style="list-style-type: none"> • Capacity strengthening in opposition monitoring and mitigation. • Sustain the opposition monitoring and mitigation movement. • Develop a crisis development strategy and a safety and security plan to ensure safety of all including those below the age of maturity.

	<ul style="list-style-type: none"> • Devise other means of generating income • Strategic communication / being consistent with our narrative and positive messaging to counter opposition
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9.0 IMPLEMENTATION FRAMEWORK

PISCCA partners collectively have a presence in the implementing districts and bring on board a wide range of expertise. The project will rely on partners to carry out advocacy and communications activities including outreach, engagement, communications, and sharing advocacy messages. The Coordinating entity will provide support to the partners in terms of coordination, facilitation of knowledge sharing and enhancing skills in advocacy

10.0 MONITORING AND EVALUATION

The M&E department at CEHURD will take lead in planning and supporting staff and partners in the evaluation of this advocacy strategy. The M&E department will work with officers responsible for Advocacy to ensure alignment. The M&E methodology will be guided by the following questions:

- What is to be monitored and evaluated?
- How will monitoring and evaluation be done (tools)?
- Who will be involved in what?
- When should the monitoring and evaluation be done?
- Orienting (training) of the M&E implementers is key to this Advocacy Strategy.

An effective Monitoring and evaluation (M&E) plan will be put in place aimed at improving performance and achieving results. The M&E plan shall ultimately aim at improving current and future management of our outputs, outcomes and impact. It will enable the organization and partners to assess performance of the programme.

Key Performance Indicators. The coalition will develop key performance indicators

(KPIs) to help in measuring progress of implementation and achievement of results (outputs, outcomes and impact). This shall also include setting performance targets and milestones.

Progress Reports. Progress reports will be generated by coalition partners implementing the activity and follow the general coalition reporting processes. Where circumstance warrant, the reports shall be shared with partners and other stakeholders through email and meetings.



CENTER FOR HEALTH, HUMAN RIGHTS & DEVELOPMENT



Plot 4008, Justice Road,
Canaan Sites, Nakwero,
Gayaza - Kalagi Road.



Tel: +256 200 - 956006
Tel: +256 414 - 532283
Toll free - 0800 300 044



P.O. Box 122329, Kampala.

info@cehurd.org



www.cehurd.org



CehurdUG



CehurdUganda



Cehurd256