CENTRE FOR HEALTH AND HUMAN RIGHTS DEVELOPMENT (CEHURD)

2015 Annual Report
ACKNOWLEDGEMENTS

Centre for Health, Human Rights and Development (CEHURD) is indebted to its partners both at individual and organisational levels; through coalitions, well-wishers for the financial, technical and moral support throughout the year 2015. CEHURD is greatly beholden to the support from partners below and more:

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- American Jewish World Service (AJWS)
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- HIVOS
- International Development Research Centre (IDRC)
- International Planned Parenthood (IPPS)
- Open Society Initiative (OSI)
- Open Society Justice Initiatives (OSJI)
- PATH/USAID
- Safe Abortion Action Fund (SAAF)
- SIMAVI
- United Nations Development Program (UNDP)

Our networks:
- Coalition to Stop Maternal Mortality in Uganda (Petition 16 coalition)
- Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)
- Civil Society Coalition on Maternal Newborn and Maternal Health
- Coalition on Access to Essential Medicines
- Civil Society Budget Advocacy Group (CSBAG)
- The Non Communicable Disease Alliance
- Uganda Coalition on Access to Essential Medicines

Our partners:
- African Centre for Global Health and Social Transformation (ACHEST)
- AIDS Rights Alliance for Southern Africa (ARASA)
- Centre for Reproductive Rights (CRR)
- Guttmacher Institute
- Go4Health Consortium
- Harvard school of public Health (FXBCenter).
- Health GAP (Global Access Project)
- IPAS Africa Alliance
- Joint Action and Learning Initiative (JALI)
- KELIN Kenya
- Makerere University School of Public Health
- McGill University

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Mental Disability Advocacy Centre Foundation (MDAC)
Open Air
Planned parenthood Global (PPG)
Public Interest law clinic.
Regional Network on Equity in Health in Eastern and Southern Africa (EQUINET) Training and Research Support Centre (TARSC)
University of Cape Town (Learning Network for Health and Human Rights)
University of Wyoming
Women’s link worldwide (WLW)

We greatly appreciate all those that have sought legal assistance and other forms of support from CEHURD, community representatives, partners in the media, parliament, Uganda Human Rights Commission (UHRC), the different government ministries, departments, regional and international partners.
The Center for Health Human Rights and Development (CEHURD) is delighted to share with you the annual report for 2015. We have had a tremendous positive change that has immensely impacted on the realization of the right to health.

In 2015, we received three groundbreaking Court rulings on Maternal health, Emergency Obstetric Care and Mental health, which laid a significant foundation for the justiciability of the right to health in Uganda. In Constitutional Petition No. 16, of the Supreme Court of Uganda demanded that the Constitutional Court hears a maternal health case on its merits; specifically stating that the powers of the Constitutional Court in interpreting the Constitution should not be disqualified on grounds of the principle of separation of powers. Equally, the Constitutional Court allowed a petition on Mental health (Constitutional Petition No. 64 of 2011), noting that archaic discriminative laws that are not in line with the human rights language should be amended, while the High Court of Uganda made a progressive judgment on access to Emergency Obstetric Care as a right in Uganda (Civil suit No. 111 of 2012).

Further, CEHURD has been able to revise its strategic plan (2016-2020) setting out specific objectives, participated in the national conference on economic social and cultural rights, successfully held a student’s law moot competition, and an annual health camp in Buikwe District.
These and many more achievements as discussed in the report have been as a result of the committed CEHURD staff members, volunteers, interns and well-wishers. May God reward your commitment and passion for the right to health, no reward is enough to pay you back for passionately serving your country.

I am especially grateful for the Board’s continued leadership and insights which has both been fundamental in guiding CEHURD towards achieving its vision and mission in line with its strategic plan. Special thanks go to our partners for all the financial and moral support we received during 2015, we pledge to continue working together with you and strengthen our partnership for the contribution to health human right issues in East Africa.

As we head towards 2016, we are ready to score highly in realising the right to health but only considering that, all our partners continue that great relationship we have had in 2015 and even strengthen it more.

The struggle continues

Moses Mulumba
Executive Director
ACRONYMS

CHA  Community Health Advocates
CRR  Centre for Reproductive Rights
CSMMUA  Coalition to Stop Maternal Mortality due to Unsafe Abortion
CSOs  Civil Society Organisations
EC  European Commission
ESCR  Economic Social and Cultural Rights
Go4Health  Goals and Governance for Global Health
HUMCs  Health Unit Management Committees
HURINET  Human Rights Network
ISER  Initiative for Social Economic Rights
IP  Intellectual Property
LDC  Least Developed Country
MakSPH  Makerere University School of Public Health
MDG  Millennium Development Goal
OHCHR  Office of High Commissioner for Human Rights
PAR  Participatory Action Research
PILAC  Public Interest Law Clinic
PRA  Participatory reflection and action
SRHRs  Sexual Reproductive Health Rights
TRIPs  Trade Related Aspects of Intellectual Property Rights (Agreement)
UHRC  Uganda Human Rights Commission
UHMG  Uganda Health Marketing Group
UPR  Universal Periodic Review
WHO  World Health Organisation
WTO  World Trade Organisation

Values: non-discrimination, confidentiality, professional ethics, accountability, empowerment.
CHAPTER ONE

BACKGROUND

1.1 ABOUT CEHURD

Centre for Health, Human Rights and Development (CEHURD) is an indigenous, non-profit, research and advocacy organisation pioneering the justiciability of the right to health in Eastern Africa.

The organisation was formed in 2007 to contribute towards ensuring that laws and policies are used as principal tools for the promotion and protection of health and human rights of key populations in Uganda and in the East African region.

CEHURD focuses its efforts on critical issues of human rights and health systems in East Africa such as sexual and reproductive health rights, trade and health, and medical ethics which affect the vulnerable and less-advantaged populations including women, children, orphans, people living with HIV/AIDS, marginalised groups, persons with disabilities, among others.

1.2 MISSION

To advance health rights for vulnerable communities through an integrated programme of litigation, advocacy and action research.

1.3 VISION

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

1.4 GOAL

Increased participation, transparency and accountability amongst office bearers and rights holders in towards the realization of the right to health.

1.5 OBJECTIVES

1. To Build Local, National and Regional awareness and Institutionalize/Mainstream Health and Human Rights
2. Promote Equitable Access to Health Services and Goods
3. Address the Underlying Determinants of the Right to Health

1.6 VALUES

- Non-discrimination
- Confidentiality
- Professional ethics
- Accountability
- Empowerment
- Transparency

Values: non-discrimination, confidentiality, professional ethics, accountability, empowerment.
CEHURD programs

CEHURD pursues its mandate through three strategic programs: Community Empowerment, Research, Documentation and Advocacy and Strategic Litigation.

CHAPTER TWO

2.1 COMMUNITY EMPOWERMENT PROGRAM (CEP):

The Program aims at building capacities and resources for health and human rights by among others mobilising communities to enhance participation and accountability with community networks, giving technical support on use of Human Rights Based Approach (HRBA) to community based organizations (CBOs), and support Health Unit Management Committees (HUMCs), Village Health Teams (VHTs) and other community structures for accountability. The diverse work done at the community level bridges the gap between national and community level advocacy. Usually most of the issues discussed at this level are picked up by our litigation program (in case they involve violation of the right to health) and or the research, documentation and advocacy program for advocacy at the national level.

2.2 RESEARCH, DOCUMENTATION AND ADVOCACY PROGRAM (RDA):

This program documents, influences and advocates for human rights and health law policies, plans, laws and best practices that impact and improve the social justice in health, access to medicines, and human rights in Eastern Africa.

2.3 STRATEGIC LITIGATION PROGRAM (SL):

The program uses legal tools with a bias on Litigation to bring about systemic change in health systems in Uganda and East Africa generally. Through this programme, CEHURD provides both Probono and public interest litigation legal services aimed at increasing access to justice. Cases to represent are chosen strategically to set important precedents, which have an impact beyond the scope of the specific cases and works to improve health and human rights in various areas.

Throughout 2015, these programs have worked hand in hand to achieve CEHURD’s set objectives. This has been through the different activities carried out as elaborated in the report.
CHAPTER THREE

KEY HIGHLIGHTS AND ACCOMPLISHMENTS IN 2015

This year, CEHURD set out to achieve a number of objectives as stipulated in its strategic plan 2016-2020. Although the finalization of the strategic plan ended in May, CEHURD achieved milestones in 2015. We innovated new ideas in realizing the right to health as well as following up on a number of strategic processes initiated in the previous year. These were cross cutting amongst the three programs as stipulated per objective:

3.1 OBJECTIVE 1:

TO BUILD LOCAL, NATIONAL AND REGIONAL AWARENESS AND INSTITUTIONALIZE/MAINSTREAM HEALTH AND HUMAN RIGHTS

CEHURD worked to ensure that national processes towards amending the Ugandan Constitution reflect the right to health; jurisprudence on the right to health set as well as started processes at regional and national level to promote the realization of the right to health.

3.1.1 Right to health is enshrined in the national Constitutions, other relevant legislation, policies and practices

In 2015, CEHURD laid a number of strategies aimed at creating awareness on the need to include the right to health in the national constitution. The activities implemented included conducting an annual conferences on ESCRs, holding an annual Law Schools’ student law moot to ensuring that regional and international processes such as equipping civil society with knowledge about Universal Periodic Reviews in preparation for submission of reports to the Human Rights Council.
In partnership with ISER, HURINET, PILAC, OHCHR and UHRC, CEHURD held a National Conference on Economic Social and Cultural Rights aimed at raising awareness on social exclusion and its impact on access to health services, build consensus around key issues for advocacy with regard to social and economic service delivery and promoting use of a rights based approach. This was also an opportunity for community groups to explore possibilities of supporting special forums to tell their own stories, generate dialogue, and foster critical thinking, share experiences on key issues and discuss potential solutions. The Conference also generated debate and was an active forum for citizens to their rights and responsibilities. It was an opportunity to foster citizen-government relationships, promote collective action, and accountability. The Conference was attended by over 500 participants including policy makers, officers from both Judicial and independent statutory bodies, human rights practitioners, health workers and activists, academicians, researchers, development partners, community groups and members of the general public.

In addition, CEHURD held a Civil Society Organisations’ training on the Universal Periodic Review in preparation for a report on Health generally and Sexual Reproductive Health Rights. The resultant report was submitted to the Human Rights Council prior to Uganda undergoing a periodic review in 2016. The training equipped members of society organizations with vast knowledge about UPR processes, and the need to participate through submission of shadow reports to the Human Rights Council. The team identified key issues to include in the report including the need to include the right to health in the constitution. This review is one of the key mechanisms to hold governments accountable and ensure realisation of the right to health. Further as an African regional coordinator of the Goals and Governance for Global Health (Go4Heath) project (www.go4health.eu/), CEHURD, in collaboration with the Community Working Group on Health (CWGH) Zimbabwe, convened a regional CSO and government consultation on health goals in the post-2015 Global development framework. The meeting sought feedback from stakeholders (including government and Civil society) on key ‘building blocks’ of the health system, including at least three for which international or global cooperation will be required that is– financing, health workforce, and medicines. Other issues noted were ‘community participation and accountability, health and environment. For each of these building blocks, different forms of global social contracts have been imagined. The purpose of the consultation was to find out which of these would help civil society most to hold the international community accountable post 2015.
Relatedly, **CEHURD** successfully conducted the 2nd Annual inter-university Law students' moot competition in partnership with the School of law, Makerere University. The moot attracted participation of Students from six accredited Law schools in Uganda. It empowered law students with skills and knowledge to transcend the knowledge acquired from the legal training to engage with the practical aspects of human rights litigation in Uganda today.

Finally, CEHURD as a member of the steering committee for the Framework Convention on Global Health (FCGH) platform convened a regional consultation on the FCG aimed at engaging national and Africa region stakeholders to seek their views on the proposed FCGH and the form it could take. This followed a consultative meeting of legal experts convened in Uganda in September 2013 to discuss their views on a FCGH in terms of its necessity as an addition to existing conventions on global health, what their input or role would be in the campaign for such a framework, and its implications. We also developed policy briefs for advocacy around addressing the public health crisis of unsafe abortion in Uganda.
consultative meetings were conducted amongst health providers, lawyers and public health experts from within and the region to strategize on the best way to harmonize the restrictive law with the progressive policies to achieve public health and human rights in the implementation of abortion laws. The policy brief therefore provides information on how to best apply the laws and policies on abortion to promote maternal health and reduce morbidity and mortality from unsafe abortion in Uganda.

We further engages the Ministry of Trade, Industry and Cooperatives to establish the status of the Anti-Counterfeit Bill and identifying means of taking forward work related to intellectual property. The bill was earlier in 2011 submitted to cabinet, which owned it and presented for first reading in parliament and ruling made to have the bill reprinted, incorporating changes including parliament proposal.

In this meeting, it was reported that, in June 2015, the bill was presented to cabinet and passed. An agreement was made to have it in gazette and but has not yet been presented to parliament. During presentation to parliament, it is anticipated that cabinet will be new and advocacy from CSOs may be required. CEHURD will thus continuously follow up the same.

A national dialogue on access to medicines was convened under the theme;

Where we are and where we want to go: the state of access to medicines in Uganda.

The meeting sought to assess the National medicines policy and National Pharmaceutical Sector Strategic plan to access to medicines and the contribution they will make to access to medicines. The meeting provided a plat form for government, regulatory institution ie URSB, CSOs and distributors to dialogue and map out possible areas of collaboration for implementation of policies. Represenatives from Ministry of Health Pharmacy division, National Chemotheruputical Research Laboratory, Joint Medical Stores, CSO, made presentations reflecting their move in regard to access to medicines. The need for regulation of traditional medicines was the major highlight of the dialogue, as noted that it was/ is widely used by populations but without legal framework to protect the public from substandard or dangerous medicines. A recommendation was made to advocate for the passing of the Indigenous and Complementary medicines bill as a step towards a clear law on the products and practice of traditional medicines.
3.1.2 There is increased jurisprudence on the right to health

CEHURD celebrated the creation of jurisprudence on the right to health through three ground breaking court pronouncements in 2015 on maternal health, Emergency Obstetric Care and Mental health. These judgements came in at a time when the Ugandan parliament failed to consider the proposals made to it to include the right to health in the national Constitution at the time of constitutional reform. It’s now settled law that emergency obstetric care is a right in Uganda and its violation can lead to an award of damages. A number of other cases have also been filed in courts of law and other judicial tribunals as discussed here under.

In April, 2015, the High Court (in CEHURD & Others Vs. Nakaseke District Local government. Civil suit No. 111 of 2012) ruled that emergency obstetric care is a right. This was made in a case filed by CEHURD and others against Nakaseke district local government for the negligent death of a mother who suffered an obstructed labour, bled and died without due diligence of a specialist on duty. The court declared that the hospital had violated maternal health rights and children’s rights. Court awarded general damages to the family of the deceased amounting to 35million Uganda shillings. On October 30th 2015, the Constitutional Court in CEHURD Vs. AG, (Constitutional Petion No. 64 of 2011) declared that sections of the Trial on Indictment Act and the Penal Code Act that adjudged a person with mental health disabilities a “criminal lunatic” before their cases have been heard and decided by a competent Jury were unconstitutional. The court struck out all of the derogatory language used in relation to persons with mental disabilities and directed the government to review the impugned sections of the law.

On the same day the Supreme Court of Uganda directed the Constitutional Court to hear maternal health Constitutional Petition No.16 of 2011. This ruling followed an appeal by CEHURD to the Supreme Court arguing that the constitutional court had erred in law in refusing to hear a petition on maternal health rights basing on the political Question Doctrine. The Court decided that anyone who alleges an omission or that action by a government official or that non implementation of policies was resulting in human right violations ought to be heard and given redress. The Supreme Court thus ruled that CEHURD and others that had petitioned court’s attention ought to be given forum to present their case. The Supreme Court unanimously (Seven Judges) directed the Constitutional Court to hear the maternal health case.

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3.1.3 Justiciability on the right to health is realised

CEHURD has further identified and filed a number of strategic cases in courts of law and relevant judicial tribunals as well as following up on all those other cases that were filed in previous years on health and social determinants of the right to health.

The cases relate to the government’s failure to provide free anti rabies medicine in government health facilities leading to a violation of the right to health (CEHURD & Others Vs. Wakiso District Local Government & Medical Superintendent of Entebbe General Hospital, High Court Civil Suit No 173 of 2015): quality of health care services provided by private health facilities leading to violation of the right to life and health (CEHURD & Others Vs. The Registered Trustees of Mengo Hospital, High Court Civil suit No. 170 of 2015): detention of persons with psychosocial disabilities in seclusion rooms in Butabika violating of patients’ freedom from inhuman or degrading treatment and the right to health (CEHURD & Others Vs. The Attorney General, High Court Civil suit No.94 of 2015): Right to clean and healthy environment, access to safe and clean water and the right to health Center for Health, Human Rights and Development vs. Mukono District Local Administration, NEMA and China Communications Construction Company Ltd (C.C.C.C) Civil Suit No. 172 of 2014): a case related to states failure to ensure community participation while formulating laws CEHURD & Others Vs. The Attorney General Constitutional Petition No. 22 of 2015); and a case on the right to health, right to access health information, rights to family and the child [Civil Suit No.212 of 2013 (CEHURD & Ors .V. Executive Director Mulago National referral Hospital and Attorney General)]; complaint against electricity disconnections of public health facilities (UHRC complaint No. 66 of 2013) and a complaint on access to maternal health services before Uganda Medical and Dental practitioners council.

CEHURD has been able mediate and accomplish a number of cases/complaints outside court and some of its clients got compensated while some cases were referred to UHRC. These complaints related to allegations of procuring abortion without consent, wrongful dismissal from work without compensation following an accident that impacted on health of a client (complaint was referred to UHRC), and denial of medical treatment to an HIV/AIDS patient in Kiboga Hospital. The other cases related to failure of an investment company to compensate its employee whose knee got injured having been hit by a stone by one of his supervisors. Our intervention saw him being compensated by SEYANI international co. and his salary arrears were recovered.
Further, through working with community health advocates, CEHURD was able to identify three cases of rights violations, two of these were maternal deaths resulting from absence of health workers at two public health facilities in Arua district, 1 Maternal death case resulting from delayed referral by public health facility in Kiboga district, and one was a violation of the right to a clean and healthy environment in Buikwe District. The strategic litigation program has taken up these complaints and investigations have since started. During the course of the year, Uganda was considering exportation of some of its high cadres in the health care system to Trinidad and Tobago. This would in effect affect the realization of the right to health. As an organization working to ensure the justiciability of the right to health, CEHURD worked with partners to petition the UN Special Rapporteur on the right to health seeking his intervention on the Government of Uganda’s proposal to export health workers to Trinidad and Tobago. The office of the UN Special rapporteur in turn wrote to government and the government abandoned the idea of exporting health workers out of the country.
Under this objective, CEHURD set out to ensure that communities demand and take up health services and goods through a number of novel activities like health camps, sports to ensure access to health information through targeted strategies like music dance and drama.
Some of the patients waiting for services on the second day of the annual health camp

3.2.1 Communities in the districts in which we work demand and take up health services and goods, and are able to demand redress for violation of health rights

Under this objective CEHURD set out to ensure that communities demand and take up health services and goods through a number of novel activities like health camps, sports to ensure access to health information through targeted strategies like music dance and drama.
In the year 2015, CEHURD mobilised partners to hold the annual health camp in Buikwe district. The camp attracted 3000 community members to access free health care services and information. The objective of this camp was to directly benefit communities by facilitating community reflection on their health needs, successes, and gaps by coupling this process with on-site services, health education, and tangible resources. In this regard, services in oral health, HIV/AIDS, family planning, and male/female sexual and reproductive health were offered with emphasis to testing and screening for cancer(s), diabetes, high blood pressure, sexually transmitted infections and hypertension; safe male circumcision as well as counselling services. Thanks to our financial partners; HIVOS, OSIEA, and SAAF as well as partners, who supported us in this process including; Reproductive Health Uganda, Uganda Health Marketing Group (UHMG), Pepsi, Baba FM, Kawolo Hospital, Buwagajjo HCIII, St. Francis Mbikko, St. Charles Lwanga, DHO’s office, African social development health initiatives, Health Initiative Africa, Buikwe HC 111, Makindu H/C 111, Zziwa memorial medical Centre, Kisimba Muslim mission, and Kampala Pharmaceutical Industries.

Following the engagements with two Health Unit Management Committees (HUMCs) at two Health Centre Ills, one in Kiboga and another in Kyankwanzi in Kikoolimbo and Nyamiringa health centres respectively, trainings and work plans were developed and follow ups were made with each of the Health Committees to check on their progress, achievements and challenges in performing their roles. With advocacy, Kikoolimbo Health Centre II through the Committee, were able to secure 3 more health workers for the facility. CEHURD availed the two committees with materials to enable them perform their roles.

In addition, we have been able to continuously build capacities of a cohort of community health advocates that act as our watch dogs at community level and are able to provide accurate information to communities to be able to demand for services and accountability from duty bearers. They have been trained in key issues including health, human rights, community participation in health programming, sexual reproductive health and rights and equipped with skills on how to document cases of rights violations. At the end of each training, they develop work plans that we later facilitate to ensure continuity of work on health in the communities.

We used novel ideas to bring SRHR services closer to communities. Through working with community health advocates in Kiboga and Kyankwanzi, we utilized sports to attract over 2000 youth to access free sexual reproductive health information and services. During the event, we provided free condoms (including training the youth on how to use them), free counselling services, family planning and SRHR information. The platform also gave an opportunity to teenage mothers to share their experiences an aspect which sparked off various contributions from the youth.
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The novelty extended to Utilizing Music Dance and Drama to promote access to SRHR information and services in Kyankwanzi district under the theme:

[ SRHR; MY CHOICE ]

This event was carried out in collaboration with the District Education Officers of Kiboga and Kyankwanzi, as well as Our lady Technical and Vocational Institute (OLATV). The event attracted 9 schools and 4 took part in the competitions. Over 787 different community members, including youth out of school attended the event. For the first time in the districts, the education and health departments were meeting over the same cause. Health service providers had the opportunity to provide health information to school going youth and those out of school including information on SRHR services provided in various hospitals in the two districts.
We have built capacities of stakeholders at the community level to be able to participate in the budget processes at local government level as a way of demanding for provision of services.

This we have done through bringing them together in advocacy dialogues aimed at analysing how they can participate more meaningfully in district budget processes and how they can influence change towards improvement in delivery, and access to better health services for reduction of preventable deaths among mothers and children. The different stakeholders gave their understanding of how the budget process is done at the district, who participates and when, what role they play, their level of contribution and what the district’s major source of funding is in line with the budget. We continue making interventions into the communities, it is important that clear interventions are made for next year’s financial budget and ensure meaningful participation of communities into the same, to effect access to equitable health services and goods.

The coalition to stop maternal mortality further held a breakfast meeting with the health committee of parliament where the findings from the analyses of budget frame work paper 2015/16 and Ministerial Policy statement was presented. The committee recommended engagement of other MPs and the speaker of parliament in order to gain more support about the issue from various stakeholders. An open letter was written to the speaker of parliament and published in media with aim of increasing public awareness of the problem and holding duty bearers liable to addressing the problem. However no response was received from the speaker.

The meeting was followed by writing a motion about increasing the health budget to contribute to motivation and retention of health workers. The Member of Parliament was identified to influence the motion to be included on the agenda of parliament and also table the motion on the floor of parliament. However, the timing of the process was not viable because the budget was due for reading and little could be done to address the concern.
3.2.3 Reduction in maternal mortality in communities in which we work.

CEHURD continued to work with the coalitions and other stakeholders to reduce maternal mortality through research, advocacy, education and legal analysis.

Working with the Coalition to Stop Maternal Mortality Due to Unsafe Abortion (CSMMUA) CEHURD was able to work with the ministry of Health to accomplish and Launch the Standards and Guidelines for the Reduction of Maternal Morbidity and Mortality from Unsafe Abortion in Uganda. The S&Gs are a comprehensive document that incorporates all aspects of prevention of unintended pregnancies through promoting and increasing access to safe, effective, appropriate, and quality family planning, counselling and contraception services, thus reducing the number of unsafe abortions and related complications and deaths. Once implemented, the guidelines will lead to a reduction of maternal mortality occurring as a result of unsafe abortions.

During the launch of the guidelines, media was engaged as a powerful tool in communicating information and changing perspectives amongst the public. This was geared towards advocacy to improvement in maternal health. It thus brought light the issues contributing to poor maternal health indicators highlighting why the standards and guidelines had been developed and their importance in reducing maternal deaths from unsafe abortions. This media briefing also resulted into wide coverage and reporting on the S&Gs in national newspapers, television and radio which increased public knowledge about the S&Gs and their benefit to health providers in comprehensive abortion care.

In the bid to fight the maternal mortality and morbidity levels the government of Uganda adopted, planned and implemented a number of policies and strategies. However, maternal mortality remains high in the country. In that regard, a consultant was hired to analyse these SRHR policies, strategies and laws and expose the gaps that exist in the functionalising of the key SRHR and FP policies in relation to availability, accessibility and provision of quality sexual reproductive health and family planning services as an intervention directed towards the legal, standards and service delivery. We intended to use the finding of this study as a talking paper with key mapped out national level stakeholders including Parliamentarians, Ministry of Health, Ministry of Justice, and Uganda Law Reform Commission to discuss the strategy for legal reforms on abortion in Uganda, with a specific discussion on the need for penal reforms to end maternal mortality.

We have carried out baselines on sexual reproductive Health and utility of contraceptives in Buikwe district as
well as access and acceptability to modern contraceptive services amongst adolescents and youth in Kiboga and Kyankwanzi districts was conducted. The aim was to gather information on Sexual and reproductive Health services in government health facilities (HC II, III & IV) as well as identifying the Knowledge, Attitudes and practices (KAP) on sexual reproductive Health and utility of contraceptives. We also worked with communities to develop work plans with interventions and activities to address their barriers to SRHR. These interventions identified unsafe abortions as key factors leading to maternal mortality and ideas on tackling the same drawn.

In addition, we conducted a rapid research and assessment of health implications of Female Genital Mutilation (FGM) on access to health care and rights violations that occur with it. We revealed that more strategies need to be implemented in order for the FGM law to have effect on the practice as it is done under cover and has diverse effects to the women in receiving health care services. Some of the side effects identified were stylization of women, failure to access health services in health facilities and difficulties during delivery. We have similarly built capacities of youth peer educators working with Family Life education Program, Busoga Diocese (FLEP) to empower them advocate for sexual reproductive health and rights for youth in their respective communities. These will in turn improving information accessibility on SRHR as well as curbing on misconceptions around access of family planning services, is through ensuring the structures at community level are equipped with relevant skills and information to be able to advocate for the rights.

Further we have had a series of trainings of health service providers in districts of operation on the human rights based approach on access to services using the developed manual. This we have done in collaboration with the Ministry of Health and World Health Organization (WHO) using a gender and human rights manual for health professionals. The training also meant to build capacities of health service providers on how to effectively capture data aimed at improving family planning and comprehensive abortion care services and the legal aspects of abortion in an effort to strengthen the existing Health Management Information Systems (HMIS) tool and improve access to maternal health services and curb maternal mortality.

CEHURD also creatively used social media to stem up discussions on reduction of maternal mortality. This it did through the Launch of the ‘one million signature campaign’ in Uganda. Through the campaign, CEHURD is soliciting for One million signatures to petition the speaker of parliament to have a law reform on abortion, to prevent women from dying due to unsafe abortion. In addition, a social media group was identified to boost the campaign aiming at creating awareness on the myth surrounding abortion. We also contracted a consultant to provide technical support in the shooting, editing
and producing of a human interest video aimed at de-mystifying some of the common perceptions relating to abortion in Uganda. The video was played on 28th September 2015 where CEHURD commemorated the Global day of access to safe and legal abortion.

Relatedly, to promote the understanding of the laws and policies on safe abortion, we held sensitization meetings with pupils from three schools of Lwahaha S.S, Kisawayi Primary and Bumbo Senior Secondary in Manafwa district. It was during these engagements that three SRHR clubs where established in the three schools. We further held sensitisations meetings with religious, cultural leaders, police constables and the general community members to discuss reproductive health issues as well as increasing the understanding of the legal and policy framework of abortion in Uganda in a bid to reduce maternal mortality.

Further, CEHURD held a meeting with police officers as law enforcement agents who play a critical role in addressing the problem of unsafe abortion in Uganda. The meeting ensured that during the enforcement of the law on abortion, police avoids violation of human rights of women, including the right to health and accessing emergency care. The meeting was facilitated by resource persons from Ministry of Health, World Health Organisation, Ministry of Justice and CEHURD. The meeting increased the knowledge and appreciation of the sexual and reproductive health and rights of women; the legal framework on termination of pregnancy; and the ethical issues involved in providing health care to women in different situations.

Further, brought together a regional group of media fellows from Uganda, Kenya, Tanzania, Rwanda and Burundi. The value of the regional group is to ensure more support in media houses from the countries. The training aimed at building capacities of the media to undertake high-quality and informative reporting through investigation and documentation on SRHR issues. The trainees were chosen through a very competitive process through a panel of experts evaluating applications that were sent in response to a widely circulated call for applications. The link for the media fellowship can be found at: http://www.cehurd.org/wp-content/uploads/downloads/2014/11/Final-call-for-concepts.pdf. After the comprehensive training, a call for investigative story ideas on Sexual Reproductive Health in East Africa was circulated for journalists in main stream media to apply for the grant award. The call was based on the theme Sexual Reproductive Health Rights: Getting your government involved.

We additionally trained 25 journalists across Uganda on a human rights based approach to covering health and social services that necessitate creating awareness in Uganda. The training was aimed at building capacity of journalists to competently report health issues and main stream human rights in reporting health issues. The training was informed by the media analysis report and
covered key issues including malaria, HIV/AIDS, nutrition, maternal and child health and other social determinants of health. The media analysis was conducted on health and human rights related issues reported in print with data collected from articles published in major national dailies. The analysis aimed at identifying critical issues in health as reflected in media reports, identifying capacity gaps in reporting on health issues and human rights to increase citizens’ awareness of their rights and responsibilities related to health and social services. To build up on data collected from print media, write ups were obtained from 4 key health reporters / media champions. The write-ups pointed out the underlying messages and human rights issues emerging and an assessment of quality and quantity of media reports on health.
3.3 OBJECTIVE 3:

Address the Underlying Determinants of the Right to Health

Under this objective, CEHURD focused on access to information, traditional and complimentary medicines, as a key determinant of the right to health.

CEHURD laid strategies aimed at making an analysis on the need for a regulatory framework for Traditional and Complimentary Medicines in Uganda. In a meeting with the director of National Chemotherapy and research Laboratory it was indicated that, Traditional medicines is heavily relied on in the community and as a result, indigenous practitioners, medicinal plants and herbal medicines form part of the informal primary health care system. However, even with the health reliance on traditional medicines, there is no regulatory framework for the practice of traditional and complimentary medicines in Uganda. CEHURD therefore carried out an analysis of laws, policies and government strategies including the bill to ascertain existence of a regulatory framework. Recommendations were made for the need to regulate traditional and complimentary medicines practice in Uganda and possibility of integration into the conventional health care system.

Below: FGD with residents of Bamutakkude Village on access to information.
In addition, as a key determinant of the right to health, CEHURD instituted cases challenging failure to access public health information. The cases were filed against Mulago cancer Institute and the National Environment Management Authority (NEMA). These were filled following information requests with the cancer institute but the administration of the cancer institute failed to respond. In the case of NEMA various communities complained of stone quarrying activities affecting their health and environment. CEHURD filed requests for information for environment impact assessments done prior to awarding stone quarrying licenses and none of the several letters written was honoured. CEHURD decided to seek redress in courts of law against these public institutions.

**CHAPTER FOUR**

**INSTITUTIONAL DEVELOPMENT**

*This year, we have been able to develop and accomplish our strategic plan with clear set objectives running from 2015-2020. The plan sets out a theory of change we anticipate to contribute to in ensuring the realization of the right to health in Uganda.*

In 2015 CEHURD worked with 21 permanent staff members, 2 volunteers, and 3 interns. These it has been able to build their capacities in various fields as part of institutional development in collaboration with partners. To enhance advocacy work, the team received capacity building in advocacy strategy development. The training was organised by PATH under Advocacy for Better Health project, aimed at building capacities to develop and identify strategic issues for advocacy. A draft of the advocacy strategy for the organization was developed and yet to be reviewed to guide the team in implementation of advocacy interventions.

PATH further trained one of the programme officers in resource mobilisation that built capacity for the officer in raising funds for the programme. The programme is in the process of developing the mobilisation strategy to further build base in fundraising for the programme, in the effort to realise social justice in health.

Values: non-discrimination, confidentiality, professional ethics, accountability, empowerment.
Through its staff retreats, CEHURD continued to build capacities of its staff in trending issues in health. This year, CEHURD invited a Justice of the high court to train staff in new and emerging trends of trial advocacy. This exposure prepares staff for litigating and advocacy around the right to health.

In addition, CEHURD continued its collaborations with Women’s Link Worldwide (WLW) and Centre for Reproductive Rights (CRR) to build staff capacities in developing a litigation strategy for lower court precedent setting on abortion and also document test cases of women who have had arrests as a result of carrying out an abortion.

Being an organization that works to realize the right to health, we have continuously supported staff through aerobics classes to ensure fit and healthy staff. It’s also imperative to note that this year, many of our staff has been able to join higher institutions of learning to upgrade on their academic qualifications. CEHURD provides ample time for staff to balance between work and school. Some staff have continuously held studies out of the country and CEHURD provides technical support to them.
CHAPTER FIVE

ACHIEVEMENTS

Strategic plan: We have been able to accomplish a strategic plan for 2015-2020.

Judicial precedents: We have set precedents on access to emergency obstetric care as a right, maternal health and received directions from court annulling laws that discriminate persons with psychosocial disabilities.

Publications: Published the community research in a peer review journal, “International Journal for Equity in Health”.

Media: We have engaged with over 30 mainstream media houses as well as social media including influencers to cover issues on health rights.

Health Club in University: With support from UNDP, Four universities which include: Nkumba University, Kyambogo University, Makerere University and Uganda Christian University were sensitised on health which culminated into their carrying out of activities such as; marathons, workshops and competitions to increase knowledge on health related conditions like; HIV, Non-Communicable Diseases, SRH health among others.

Health Clubs in Secondary schools: This year, we have established three health clubs on Sexual Reproductive Health (SRH) in three schools in Manafwa District as a way of ensuring that youth in schools are reached with SRHR information.

Registration in Districts. We have been able to renew our areas of operation by finalizing registration of CEHURD with 3 districts and obtained certificates of operation (Buikwe, Kiboga, and Kyankwanzi) and have initiated registration in 3 other districts including Butambala, Luweero and Wakiso.

Partnerships: We have Strengthened partnerships with three Community Based Organizations (CBOs) and signed MoUs with them (ARUWE, WENLICE, ARDI)

Community health advocates: To ensure sustainability and continuity of work in districts, we have successfully trained a new set of CHAs on issues of SRH in various districts.

Providing support to CBOs on HRBA: We have been able to build capacities of three organizations on HRBA including Justice and Rights Associates (JURIA) in Kitgum, Rural Women Empowerment (ARUWE) in Kyankwanzi and West Nile Legal Initiative for Community Empowerment (WENLICE) in Arua.

Values: non-discrimination, confidentiality, professional ethics, accountability, empowerment.
Provision of SRHR information to communities through novel ideas: We have been able to provide SRHR information through innovative ideas, including; through using music dance and drama festivals and sports that attracted the youth.

Held a successful National Stakeholders Meeting to end unsafe abortion in Uganda bringing together members of parliament, Ministry of Health, UN Population Fund (UNFPA), the Swedish embassy, bilateral development agencies, civil society and media practitioners, etc.
Sustainability of community interventions, as a challenge some initiatives risk closure to funds for continuity especially when their grant periods have come to an end.

Managing community, client and partner expectations.
Fear of litigation from clients on sensitive cases.

Theory of Change (ToC)

A Theory of Change or Programme Theory sets out what the key levers of change are, i.e. what the key interventions are that will bring about the required change. This is situated within the context of the programme, and sets out the key assumptions that are being made in the programme. The Theory of Change is ideally based on the best available evidence about likely causes and effects. It is important that a programme has a clear Theory of Change, as this assists to understand where we need to focus our efforts. It also needs to be clearly outlined, so that we can use the evidence elicited from the M&E processes to test, through experience, the extent to which the Theory of Change stands, and whether it needs to be changed in some way. In making this assessment, it is important to consider whether the programme’s results relate to the way in which the programme was implemented, or the theory itself. This learning contributes to the generation of reliable knowledge about what works in which circumstances.

A Theory of Change usually includes the following:

- The problem to be addressed;
- What we will do (the activities/interventions we intend to implement);
- How we will do it (the strategies we will employ for implementation);
- What we want to achieve (the outcomes);
- What we believe the intended impact will be (noting that impact statements often speak to the contribution that a programme will make towards addressing a problem, rather than taking responsibility for addressing the full extent of the problem).
- Evaluation is usually concerned with:

Values: non-discrimination, confidentiality, professional ethics, accountability, empowerment.
Reviewing the data (from the monitoring processes as well as additional evaluative activities) to reflect on and learn about the efficacy (and challenges) of the approaches adopted in the programme, so as to strengthen the implementation work that is carried out;

Generating evidence as to whether and how the programme has contributed to and/or brought about the intended (or unintended) results (programme outcomes and objectives), and whether this has had the desired impact (or other unanticipated impacts)

Reflecting on the theory of change and whether it was sound, and then determining how it needs to evolve, so that results can be sustained, and the programme replicated, as relevant (this could include adaptations based on a range of contextual factors).

In addition to the above, monitoring and evaluation also differ in terms of who the audience is, when they are conducted, why they are conducted and their main foci. The table below provides a summary of these differences
CHAPTER SEVEN
CONCLUSION

Over all CEHURD was able to accomplish most of the activities and targets that were planned in 2015 especially respecting the specific deadlines for particular projects. With the analysis of achievements, it indicates that CEHURD is on course with the implementation of the current strategic plan. The invaluable support from our funders, development partners, like minded CSOs, the Media cannot not be under looked.

NETWORKING:

Exchange visit to Uganda

An exchange visit was made by South African delegates to Kiboga and Kyankwanzi aimed at building networks and share experiences in the project on community participation and this followed a visit by the project team from CEHURD to Cape Town, South Africa.

CEHURD also gives internship opportunity to acquire work experience and workplace skills.
Suing hospitals over negligence way to go – don

The recent High Court judgment in which Nakasero Hospital was ordered to pay Shs 55 million to a family whose member died in labour has set a precedent for suing health facilities who violate patients' rights, a Makerere University law lecturer has said.

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Gov’t Sued over Butabika ‘Human Rights Violations’

The Centre for Health, Human Rights and Development (CEHURD) has instituted a case in the High Court against government calling for its intervention to impede what it describes as “ongoing violations of fundamental human rights and freedoms of patients subjected to seclusion” at Butabika National Mental Referral Hospital.

The organisation called upon the court to issue declarations that human rights and freedoms such as the right to privacy, clean and healthy environment, liberty and freedom from cruel, inhuman degrading treatment or punishment are violated when patients are secluded in mental health facilities.

CEHURD Executive Director Moses Mukumba said many patients in Butabika hospital have been subjected to solitary confinement.

*The patients are often man-handled, heavily sedated, undressed and dumped into seclusion rooms. These rooms have no beddings, toilets and have very tiny and elevated windows and ventilators. Patients are barely supervised by the medical staff,* he noted.

*Ventral disorder must be of a certain severity in order to justify seclusion. Seclusion is not a form of treatment and should only be resorted to when there is immediate risk of harm to the individual and others. Even under seclusion, the patient ought to be monitored at intervals. The duration of the patient should not be prolonged.*

This website understands Butabika has around 800 beds, but it contains around 700 patients – many share beds or sleep on the floor.

CEHURD said the special Rapporteur on freedom from torture noted inhuman degrading treatment or punishment has declared that there can be no therapeutic justification of solitary confinement and prolonged restraint of persons with disabilities in psychiatric institutions.

It further stated that both prolonged seclusion and restraint constitutes torture and ill-treatment and...
Center for Health Human Rights and Development
Financial Statements
For the year ended 31 December 2015

STATEMENT OF DIRECTORS’ RESPONSIBILITIES

The management of CEHURD was required to prepare financial statements for the year ended December 31, 2015 which gives a true and fair view of the state of affairs of the Center as at the end of the financial period and of its income and expenditure statement for that period. Management is also required to ensure that the Center keeps proper accounting records, which disclose with reasonable accuracy at any time the financial position of the Center. They are also responsible for safeguarding the assets of the Center.

CEHURD management accepts responsibility for the financial statements, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates and the provisions of the Grant Contract agreements. CEHURD management is of the opinion that the fund accountability statement gives a true and fair view of the state of the financial affairs of the center and of its operating results. CEHURD management further accepts responsibility for the maintenance of accounting records, which may be relied upon in the preparation of the fund accountability statement and financial statements, as well as adequate systems of internal financial control.

Nothing has come to the attention of the Directors that CEHURD will not remain a going concern for at least the next twelve months from the date of this statement.

Signed on behalf of Program and Project management by:

Chairperson

Secretary

30/11/2015

Date
REPORT OF THE AUDITORS TO THE MEMBERS OF CEHURD
We have audited the accompanying financial statements of Centre for Health, Human Rights and Development as set out on pages 5 to 24.

CEHURD’S Responsibility for the Financial Statements
The Board of Directors and Management of CEHURD are responsible for the preparation and fair presentation of these financial statements in accordance with the International Financial Reporting Standards in as far as they are applicable. This responsibility includes: designing, implementing and maintaining internal controls relevant to preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility
Our responsibility is to express an opinion on these statements based on our audit. We conducted our audit in accordance with generally accepted auditing standards (ISA 800). Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance that the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Board of Directors and management, as well as evaluating the overall presentation of the financial statements.

We have obtained all the information and explanation that to the best of our knowledge and belief were necessary for the purpose of our audit, and, We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.
Opinion
In our opinion, proper books of accounts have been kept and the accompanying financial statements, which are in agreement with the books of accounts give a true and fair view of the financial position of CEHURD as at 31st December 2015, and of the operational results for the period then ended in accordance with International Financial Reporting Standards and the terms and condition of funding agreements.

Reporting on other Legal and Statutory Requirements

The Non-Governmental organizations’ Act 2006 (Cap 113) require that in carrying out our audit we consider and report to you on the following matters. We confirm that:

i. We have obtained all the information and explanations which to the best of our knowledge and behalf were necessary for the purpose of our audit.

ii. In our opinion proper books of account have been kept by the organization, so far as appears from our examination of those books and;

iii. The organization’s financial statements are in agreement with the books of account.

Sebira & Company
Certified Public Accountants
Kampala
23 May 2016

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Tel: +256 414 666666, Email: info@sebira.co.ug, Sebira.cpa@gmail.com
Website: http://www.sebira.co.ug

Partners: Bukomya Isaac Muyomba, CPA (U), PODATA (asse) PGCBA (MULS),
Mac Acc & Fin (MUA)
Seebukaesa Ramejwa, CPA (U), PGDFM (UMI)
# Statement of Financial Position

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

31st December 2015

Center for Health Human Rights and Development

Financial Statements

For the year ended 31 December 2015

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<th>ASSETS</th>
<th>2015 Shs</th>
<th>2014 Shs</th>
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<td><strong>Non-current assets</strong></td>
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<tr>
<td>Property and equipment</td>
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<td><strong>TOTAL ASSETS</strong></td>
<td>1,233,585,484</td>
<td>320,132,446</td>
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**REPRESENTED BY:**

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<th>2015 Shs</th>
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<td><strong>TOTAL FUND</strong></td>
<td>1,233,585,484</td>
<td>320,132,446</td>
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The financial statements on pages 6 to 18 were approved by the Board of Directors on 30th May 2016 and were signed on its behalf by:

[Signature]

Mulumba, Moses
(Executive Director)

The statement of financial position is to be read in conjunction with the notes to and forming part of the financial statements set out on pages 9 to 16.
CEHURD Staff >>>

Birungi Halima
Administrative Assistant

Abdul Kharim Muhumuza
Volunteer Community Empowerment

Richard Hasunira
Technical Collaborator

David Edibu
Security Officer