



CEHURD
social justice in health



2020 | ANNUAL REPORT

▶ Advancing Health Rights during a Pandemic



2020

ANNUAL REPORT

**Advancing Health Rights
during a Pandemic**

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Message from the Executive Director



We are grateful to the Ministry of Health, which recognized the Center for Health, Human Rights and Development (CEHURD) as a partner in the national response to the COVID-19 pandemic and authorized us to continue operating, both at the national and the district level.

Dear colleagues and comrades,

I am profoundly proud of the fact that we have made it through one of the most unpredictable years in history under adverse circumstances and with valuable lessons to live by. I look back at 2020 with admiration for the level of flexibility and adaptability we exhibited, which saw us realise tangible achievements that have propelled us into 2021, with the challenge to do even better. Most notably, the positive constitutional judgment on the nine-year Petition 16 case, which recognised the provision of basic maternal health care services and emergency obstetric care as an obligation by the government and a constitutional right.

In 2020, we had a successful transference of our founding board of directors into a board of trustees (BoT), which appointed a new board of directors (BoD). We appreciate the outgoing board for their relentless service to this institution

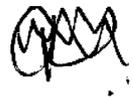
for ten years and welcome the new board. Throughout the year, we received valuable insights, support and guidance on matters of sustainability and strategic nature from both the BoT and BoD for which we are very grateful. Operationally, we strengthened our internal systems, structures and infrastructure to be able to implement our new 5-year strategic plan, 2020 - 2024. The focus on staff welfare and wellbeing enabled us to cope with the many social, economic and emotional challenges caused by the COVID-19 pandemic. Programmatically, we expanded our work to more districts, working with more partners through the Joint Advocacy for Sexual and Reproductive Health and Rights in Uganda (JAS) programme and the Development Initiative for Northern Uganda -Legal Empowerment and Social Accountability project. We solidified our sub-granting portfolio, working with both existing and new partners.

The COVID-19 pandemic demonstrated the importance of having the human rights-based approach at the center of planning and delivering health services, more so in times of emergency health situations. It presented opportunities for identifying gaps in the health system and the need to re-engineer primary health care (PHC). We are grateful to the Ministry of Health, which recognized the Center for Health, Human Rights and Development (CEHURD) as a partner in the national response to the pandemic and authorized us to continue operating, both at the national and the district level. This enabled us and our partners to provide the much-needed legal services to address the human rights violations, especially those on access to Sexual and Reproductive Health and Rights (SRHR) which escalated, especially among the most vulnerable people during the country lock-down.

The accreditation for us to operate a legal aid service from the Uganda Law Council was a major highlight, and enabled us to provide legal aid services to 309 vulnerable people in 9 districts, with human rights violations cases mainly on Sexual Gender Based Violence (SGBV).

We are optimistic about FY2021 and are ready to seize new opportunities, adapt to new technological advancements, embrace safe environments and be open to innovative ideas.

Special thanks to my CEHURD team, the Board of trustees, Board of directors, and our partners for the unwavering support to our cause of promoting the right to health. Stay well, Stay safe.



Mulumba, Moses
Executive Director

Message from the Chairperson, Board of Directors



We look forward to working with you all to implement the Petition 16 judgement, to ensure that every woman in Uganda, regardless of their social, economic status, can access basic maternal health services.

Colleagues and friends,

Welcome to the FY2020 edition of our annual report, themed “**Advancing Health Rights during a Pandemic**”. The need for social justice in health systems has never been as essential, as it has been demonstrated by the COVID-19 pandemic. The year taught us that the health and human rights needs of communities during health emergencies are enormous, unique and different from the usual. Addressing these needs requires an organisation to have a high degree of agility, adaptability and innovation. At the Center for Health, Human Rights and Development (CEHURD), we tested our potential for operating in different and unpredictable circumstances, and realised milestones operationally and programmatically.

We started the year with big plans and excitement as it marked the beginning of a new decade of our existence.

We were keen to start the implementation of our new, 5-year strategic plan (2020 - 2024); a new organisational structure; expanded programme of work, collaborations and partnerships; and plans for transition in our governance and other structures and systems. With the unprecedented COVID-19 global pandemic in sight, we had to ensure a balance between handling a change management process and working in an environment of a pandemic. I am glad to report that we were able to successfully swim through the choppy waters, and realised amazing milestones in all these key areas.

The land mark Constitutional Court Decision on Access to Basic Maternal Health Care in Uganda was a major highlight for CEHURD and the larger movement advocating for improved maternal health in Uganda, Africa and globally.

The judgement, which came after a 9-year long process, places the right to health and access to basic maternal health within the realm of rights that are now justiciable under Uganda's Constitution. This Court ruling demonstrates that public litigation continues to be a viable option for protection of Economic, Social and Cultural rights and ensuring access to justice. We look forward to working with you all to implement this judgement, to ensure that every woman in Uganda, regardless of their social, economic status, can access basic maternal health services.

Sadly, we lost Dr Charles Kiggundu, one of our board members, at the end of 2020. Dr Kiggundu's death was a blow not just to CEHURD, but to the wider sexual and reproductive health and rights movement in Uganda. His exceptional work in advancing maternal health rights in Uganda will live on as his legacy. May his soul rest in peace.

On behalf of the Board of Directors (BoD), I wish to extend our sincere gratitude to all of you our donors, supporters, partners and collaborators who generously supported us in achieving our FY2020 plans, despite the many challenges. I appreciate the team at the Secretariat for the hard work throughout the year.



Mark Tumwine
Board Chairperson

Acknowledgements

Our Donors and Partners

Our work was made possible by the generous support and contribution of our donors. We are committed to ensuring that this support and contribution is spent on efforts towards access to justice in health by the most vulnerable people.

We would like to sincerely appreciate each of our donors for enabling us to implement our strategic plan to achieve the mission of advancing the health rights of the most vulnerable people in Uganda as well as making a contribution to achieving the same in the African region and globally. We would like to appreciate the following donors for the year 2020:

- ◉ Action for Rural Women's Empowerment (ARUWE)
- ◉ Center for Reproductive Rights (CRR)
- ◉ Danish Family Planning Association (DFPA)
- ◉ European Development Fund through the Office of the Prime Minister in Uganda
- ◉ Foundation Open Society Institute (FOSI)/Open Society Foundations (OSF)
- ◉ International Planned Parenthood Federation (IPPF) SAAF
- ◉ International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)
- ◉ London School of Hygiene and Tropical Medicine
- ◉ Mannion Daniels Ltd. (For AmplifyChange)
- ◉ Open Society Initiative for Eastern Africa (OSIEA)
- ◉ Oxfarm Novib
- ◉ Partnership, Inspire, Transform and Connect for HIV response (PITCH)
- ◉ Planned Parenthood Global
- ◉ Population Action International, DBA (PAI)
- ◉ Rutgers
- ◉ Stichting Aidsfond
- ◉ Swedish International Development Cooperation (Sida)
- ◉ The Foundation to Promote Open Society (FPOS)
- ◉ The William and Flora Hewlett Foundation
- ◉ Wellspring Philanthropic
- ◉ WEMOS Foundation

Our Networks and Collaborations:

Centre for Health, Human Rights and Development (CEHURD) is indebted to its partners and collaborators both at individual and organizational levels; through coalitions, well-wishers for the financial, technical, and moral support throughout the year 2020. We are grateful that even with the outbreak of the COVID-19 global pandemic, you continued to encourage and support us to advance health rights for the vulnerable communities. CEHURD is greatly beholden to the support from partners below:

- ◉ Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)
- ◉ Civil Society Coalition on Reproductive Maternal New-born and Child Health
- ◉ Coalition on Access to Essential Medicines
- ◉ Civil Society Budget Advocacy Group (CSBAG)
- ◉ Sexual and Reproductive Health and Rights Alliance
- ◉ Solidarity for Women's Rights
- ◉ The Non-Communicable Disease Alliance Uganda
- ◉ Petition 16 Coalition
- ◉ Uganda HIV/AIDS advocates
- ◉ Voices for Health
- ◉ Professional Associations and Councils: Uganda Medical Association; Uganda Law Society; Uganda Law Council; Uganda Nurses and Midwives Council; Uganda Medical and Dental Practitioners Council

Government Institutions and Departments

Throughout the year, we collaborated with and received support from a number of Government Institutions and Departments, which contributed to a successful year. Some of these are:

- ◉ The Ministry of Health, Uganda
- ◉ The Ministry of Education and Sports
- ◉ The Ministry of Gender, Labour and Social Development
- ◉ Ministry of Justice and Constitutional Affairs
- ◉ Parliament of Uganda
- ◉ Uganda Human Rights Commission
- ◉ Equal Opportunities Commission
- ◉ Office of the Prime Minister
- ◉ Local government in all districts here we had interventions

List of Acronyms

AGYW	Adolescent Girls and Young Women
AMwA	Akina Mama wa Afrika
CEHURD	Center for Health, Human Rights and Development
CEP	Community Empowerment Programme
CHA	Community Health Advocates
CPN	Campaigns Partnerships and Networking
CBOs	Community Based Organisations
CSE	Comprehensive Sexuality Education
CSMMUA	Coalition to Stop Maternal Mortality due to Unsafe Abortion
CSOs	Civil Society Organisations
EALA	East Africa Legislative Assembly
EOC	Equal Opportunities Commission
GBV	Gender Based Violence
GFF	Global Financing Facility
GGR	Global Gag Rule
GUSO	Get Up Speak Out
HEPS	Coalition for Health Promotion and Social Development
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
HRAPF	Human Rights Awareness and Promotion Forum
KM	Knowledge Management
LESA	Legal Empowerment and Social Accountability
NAFOPHANU	National Forum of People Living with HIV/AIDS Networks in Uganda
NAWMP	National Association of Women Ministers & Members of Parliament
PICOT	Partners in Community Transformation
PLHIV	People Living with Human Immunodeficiency Virus
RMNCAH	Reproductive, Maternal New-born Child and Adolescent Health
RHRN	Right Here Right Now
RIA	Regulatory Impact Assessment
RAHU	Reach A Hand Uganda
SGBV	Sexual and Gender Based Violence
SHP	School Health Policy
SL	Strategic Litigation
SRHR	Sexual Reproductive Health Rights
TWG	Technical Working Group
UMA	Uganda Medical Association
UMDPC	Uganda Medical and Dental Practitioners Council
UNCST	Uganda National Council for Science and Technology
UNESO	Network of key population service organizations

About the Center for Health, Human Rights and Development (CEHURD)

The Center for Health, Human Rights and Development (CEHURD) is a non-governmental, not-for-profit indigenous research and advocacy organisation established to pioneer advocacy for the justiciability of the right to health in Uganda and East Africa, and with a regional and global impact. CEHURD works towards ensuring that the vulnerable communities in Uganda access health systems and that social justice and human rights in health systems are realized.



OUR VISION

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



OUR MISSION

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



OUR OVERARCHING GOAL

The Overall Goal of CEHURD is “Enjoyment and Observance of Health and Human Rights by All”.

OUR GOALS

1. Enabling a legal environment and justice system that promotes, respects, and guarantees the right to health.
2. Enhanced policies, laws, social norms, and practices for the realization of health and human rights.
3. A Centre of Excellence on Health and Human Rights in Uganda, Africa, and the Global South.
4. Rights holders and duty bearers at community level participating effectively in promoting the right to health.
5. An efficient, effective and sustainable centre of excellence on health and human rights.

OUR STRATEGIC OBJECTIVES

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

Introduction

This year 2020 marks the first year for the implementation of the five-year strategic plan of the Center for Health, Human Rights and Development (CEHURD), 2020 - 2024. The year was filled with the outbreak of the COVID-19 global pandemic that saw several changes, innovations and adaptations in ways of work across the board.

This year, the COVID-19 pandemic created unprecedented challenges including a total country lockdown for three months and limitation to public gatherings. While this posed challenges for the timely execution of our 2020 annual plans based largely on physical methodologies, it presented us with unique opportunities that saw us lean to work differently by; a) adapting virtual approaches; b) Registering the institution as a legal aid service provider to enable us support the most vulnerable to access justice during the pandemic; c) media collaborations; d) strengthening of our collaboration with the Ministry of Health and other line ministries as well as expanding our sub-granting portfolio among, others.

We adapted innovative approaches which enabled us to make progress despite the many COVID-19 related challenges. We adapted virtual ways of working to deliver on our annual commitments and significantly increased the use of social media. We requested and obtained Ministry of Health approval to operate during the country lock-down due to COVID-19 pandemic, and supported our partners in districts to obtain similar approval from district COVID-19 task-forces. We explored new areas and constituencies, including the provision of legal aid services to sex workers who experienced human rights violations related to COVID-19 restrictions. We also received many cases of sexual gender-based violence, which were escalated during country lock-down, with some of these happening

in public health facilities. We capitalized on joint fundraising with partners, which facilitated the expansion of our sub-granting port-folio through which we are able to support the institutional development of indigenous organisations with shared goals and objectives. We negotiated the adjustment of project budgets with our donors to accommodate emerging costs due to COVID-19 such as PPEs for staff and target communities and partners.

The annual report highlights CEHURD's key interventions, achievements, performance results, challenges, and lessons this year. The report also highlights our financial performance this year.



Clients with the litigation team at the CEHURD offices after a clients meeting

2020 at a Glance

This year, we reached and implemented interventions in more than **20 districts** in the country. Some of these are: Buikwe, Busia, Gomba, Gulu, Hoima, Iganga, Isingiro, Kabale, Kampala, Kamuli, Kiboga, Koboko, Kyankwanzi, Kyotera, Masaka, Maracha, Mayuge, Mbale, Mukono, Nakasongola, Tororo and Wakiso. In all these districts, we provided information and empowered communities on advancing the right to health during a pandemic and holding duty bearers accountable. In districts such as Mayuge, we advanced community voices by empowering communities through the community Health advocates to apply and participate on the COVID-19 District task forces.

We worked with more than **100 partners**, including our sub-grantees and those in coalitions and networks under our coordination, Civil society Organizations (CSOs), Community Based Organizations (CBOs), Government institutions, regional and global institutions working on issues of health and human rights.

Our advocacy, community empowerment, strategic communications, and strategic litigation (including legal aid services) interventions reached more than **3,389 people**, including policy makers; community and local leaders, community health advocates and religious

leaders; health care workers; justice actors and legal practitioners; vulnerable populations such as the youth and young people, girls and women, PLHIV and key populations such as sex workers, among others.

Internally, we continued to strengthen our institutional capacity with a focus on governance; human resources; resource mobilisation; infrastructure development; staff capacity and welfare; risk management and monitoring, evaluation, and learning (MEL). We also strengthened the institutional capacity for our sub-grantees, which are indigenous organisations with a shared mission and objectives on health and human rights.

This year, we have demonstrated that an indigenous organisation can efficiently and effectively receive and manage resources that are used to support the work of local organisations to achieve shared goals and objectives.



Community sensitisation on SRHR in Bukatuube Sub-county, Mayuge District

A summary of **key achievements** and milestones by **Strategic Objective**



Strategic Objective 1:



Access to justice in health & human rights

- Increased access to justice through litigating 40 cases. 16 were strategic and 24 were pro-bono cases.
- Set a precedent when the right to maternal health care (and the right to health broadly) were granted a place in Uganda's Constitution via Constitutional Court Judgement in Petition 16 maternal health case
- Registered as a legal aid service provider with Uganda Law Council.
- Provided free legal aid services to 309 community members including vulnerable people, from 8 districts

- Formalised the Legal Support Network (LSN) which 400 healthcare workers were trained on occupational health and safety, their rights and responsibilities during COVID-19 & provided with legal support when needed.

Strategic Objective 2:



Health and human rights as a key strategy for sustainable development

- Strengthened relationship and collaboration with line Ministries of Health; Education & Sports; Gender, Labour & Social Development; Justice & Constitutional Affairs & Internal Affairs with Police.

- ◉ Successfully secured approval from the Ministry of Health (MoH) to continue operating in districts as a MoH partner in national response to COVID-19 during the country lock-down.’
- ◉ A successful blood campaign that saw a supplementary budget of UGX 20b passed by Parliament for the work of the Uganda Blood Transfusion Services (UBTS).
- ◉ Strengthened movement building on SRHR in Uganda. We collaborated with more than 100 organisations and institutions at different levels within and outside the country, more than 30 of these were new, including 13 indigenous organisations which we sub-granted funds in the year, and their constituencies.
- ◉ We supported the Ministry of Health in the development of National guidelines on the Continuity of Care on SRHR during COVID-19, in collaboration with the Uganda Family Planning Consortium (UFPC). These guidelines were passed and adopted by the Ministry of Health and they are being implemented.
- ◉ Published papers to inform policy change and advocacy in the area of health and human rights. We engaged experts to develop peer reviewed technical briefs on health, human rights and COVID-19. The briefs made practical recommendations for addressing the impact of the pandemic on health and human rights and were disseminated widely through a webinar which was attended by 229 participants
- ◉ As part of advancing a social movement for SRHR at the national and grassroots level, we assessed and sub-granted funds to six national implementing partners. We also undertook district level assessments to pave way for sub-granting of Community Health Advocates (CHAs) through their CBOs in 14 districts.
- ◉ We increased our focus on grant development during the year where we prepared and submitted proposals in partnership with like-minded organizations. This enabled our income to grow by 44% from that of FY2019.
- ◉ Attracted the attention of decision makers and the media on SRHR through the National SRHR E-Conference - this national event was held in November 2020 - under the theme *“Unifying Efforts towards the Realization of SRHR and the Right to Health during Health Emergencies in pandemics.”* This conference, which was officiated by the Ministry of Health; the Office of the Speaker of Parliament; the WHO Country Office; United Nations Population Fund (UNFPA) and the Swedish International Development Agency (Sida).

Strategic Objective 3:



Institutional and programmatic growth through knowledge management

- ◉ Produced 8 knowledge products on SRHR in collaboration with Universities such as Warwick in the UK; partners such as WEMOS and experts in SRHR.
- ◉ Secured formal research collaborations with Makerere University School of Gender Studies and Makerere University School of Law undertake a national study on masculinities and its influence on the realization of SRHR in Uganda. A research fellow was recruited to support this research.

Strategic Objective 4:



Building community capacities & agency on health and human rights

- ◉ We empowered more than 1,500 members of communities including Sexual Gender Based Violence (SGBV) champions in various districts to demand for their rights and duty bearers on their rights and responsibilities; local Governments were supported to develop and pass bylaws; our community health advocates recognised as part of district COVID-19 response and we strengthened community partnerships and networking.
- ◉ We empowered 1,244 community members from the districts of Koboko and Maracha on budget advocacy at the district level.
- ◉ We had community level interventions in more than 15 districts in the year, including: Buikwe, Busia, Gomba, Gulu, Hoima, Isingiro, Kamuli, Kampala, Kiboga, Koboko, Kyankwanze, Lira, Maracha, Mayuge, Mbarara, Wakiso and Yumbe.
- ◉ A total of 55 cases of health rights violations in SRHR were reported for legal support and intervention by CEHURD, following the training of 132 Community Health Advocates (CHAs) on the human rights-based approach (HRBA) and their responsibilities in governance and social accountability. Trained CHAs played a critical role in reporting health rights violations in their communities during the country lock-down due to COVID-19 lock down.
- ◉ In Mayuge district, a Child Protection Bill was drafted by the district council with our technical legal support and awaits discussion of council and passing into an ordinance. This followed the training of 127 duty bearers in the district on the HRBA and their responsibilities, including 23 Members of Parliament from the wider Busoga region. Overall, we reached more than 350 duty bearers in the year from the districts of Buikwe, Hoima, Koboko, Maracha and Mayuge, including members of Parliament, Health Unit Management Committees and political leaders, among others.
- ◉ Strengthened working relationships with Police within the districts where we had interventions and this enabled us to achieve success in most of the SGBV and GBV cases which we handled in the year. CEHURD received official recognition through a letter from the Mayuge Police for its efforts in combating SGBV in the district.
- ◉ CEHURD was given approval by the Mayuge district COVID-19 task force, following the petitioning of the district Resident District Commissioner (RDC) by our trained CHAs to take action on sexual violence against women and girls that was increasing during the country lockdown.
- ◉ On invitation by the Wakiso district gender and human rights committee, CEHURD provided training to the committee on gender mainstreaming as well as the Human Rights Based Approach to advancing access to Sexual Reproductive Health Rights (SRHR). This engagement strengthened the working relationship between CEHURD and the Wakiso District Local Government in advancing the right to health in the district and Uganda at large.



CEHURD meeting with Uganda members of Parliament and Ugandan representatives from the East African Legislative Assembly to discuss opportunities for re-tabling the East African Community SRHR bill.

Strategic Objective 5:



Strengthened Institutional Capacity

- A successful transition of our founding Board of Directors to the Board of Trustees and appointment of a new Board of Directors.
- Revised and new policies approved for implementation. Expanded our staff complement from 40 in 2019 to 47 in 2020 where we implemented a new organisational structure.
- Established a fully functional Human Resources Office.
- Our Financial Accounting system (Quick Books) was upgraded and is now functional.
- Realised growth in annual income by an increase 44% in FY2020, assets, operations and programmes.
- Steady growth and expansion of our sub-granting portfolio and provision of technical support for institutional development of our sub-grantees.
- Significant growth of our social media following and visibility due to strengthened communications and media engagement
- A focus on staff welfare and wellness enabled us to cope well with the COVID-19 pandemic as an institution. Two (2) staff retreats; monthly reflections, physical activity initiatives were organised for staff throughout the year.
- More vigilant with risk identification and management, including compliance with covid-19 pandemic.
- Kick-started the construction of the African Center of Excellence for health and human rights.

A Deeper Dive into the Year

Strategic Objective 1:



Promote sustainable access to justice in health and human rights in Uganda

In achieving this strategic objective, CEHURD seeks to remain responsive to the changing and diverse needs of its target groups and ensure that access to justice in health rights is sustainable. Six major strategies are used in the achievement of this strategic objective this includes: Litigation; Legal Representation; Legal Analysis; Capacity Building of key Justice Actors; Exchange Learning; Strategic Partnerships and Collaboration; and Planning Monitoring Learning and evaluation.

CEHURD has over the years filed strategic cases to enforce the right to health and promote equitable access to health services and goods. While Court operations have been interrupted by COVID-19 restrictions which limited the Court hearings to only emergency matters, CEHURD had court attendances for some of the cases and concluded all pre-trial processes in others.

During the year, CEHURD handled a total of 40 cases of which 16 were strategic and 24 were pro-bono cases. One (1) court decision was received for the strategic cases and 4 cases closed among pro bono cases. The cases are handled in courts of law and quasi- judicial bodies. At the same time, 282 vulnerable people from 7 districts were provided with free legal aid services. The highlights under the objective are provided below;

i) Litigation

Landmark maternal health judgment in Constitutional Petition No. 16 of 2011

After a long nine years of waiting, we finally received the judgment in the famous Petition 16 maternal health case, on 19th August 2020. Through this judgment, the right to maternal health care (and the right to health broadly) was granted a place in Uganda's Constitution. This judgment recognizes provision of basic maternal health care services and emergency obstetric care as an obligation by the government.



CEHURD staff celebrating the landmark Constitutional Court judgement of the petition 16 maternal health case with Rhoda Kukiriza (Centre), one of the parties in the case.

It is through unremitting advocacy, litigation and activism that we achieved this landmark decision. It took a whole movement/coalition to stop maternal mortality and partners to realize what a few thoughts would be impossible. We now turn our efforts to the implementation of the orders in the judgement. Investing in maternal health is a political and

social imperative, as well as a cost-effective investment in strong health systems overall. We are grateful that the #Petition16 judgment entails some powerful declarations and orders on health financing. This case creates positive jurisprudence and makes it possible for people to sustain a cause of action in the right to health against the state for failing to provide the basic minimum health care package.

The judgement has since been disseminated to stakeholders including the grassroots of Arua and Mityana districts, the Ministry of Health Maternal Child Health Technical Working Group (MCH TWG) and to WHO Headquarters in Geneva - Department on Maternal, newborn, Child and Adolescent health. All these provided technical guidance on judgement implementation. To expand publicity of the judgement, publications were developed and posted on our website to popularise the judgment. We have adapted several approaches for implementing this important judgement. We were able to go back to the communities in Mityana and Gulu where the cases originated to disseminate petition 16 judgment in a way that they understand.

The judgement is a valuable advocacy tool for maternal health in Uganda, regionally and globally as emphasised by a renown advocate and champion for social justice in health below:

The win on Petition 16 has set precedence for maternal health. The challenge to CEHURD is to build on the ruling from petition 16 as evidence for advocacy for the maternal health.”

Prof. Ben K Twinomugisha, Makerere University, School of Law

Implementation of judgment a case filed to challenge mismanagement of new-borns at Mulago National Referral Hospital

As part of CEHURD's implementation of its successful Judgment against Mulago National Referral Hospital, follow-up was done with the hospital and duly recovered UGX 85,000,000 (Eight Five Million Uganda Shillings) awarded by Court as general damages to the affected family. In March 2020, our clients, in the case received their last instalment of UGX 60, 000, 0000 (Sixty Million Uganda Shillings) from Mulago National Referral hospital.

ii) Legal representation

Authorisation to operate the legal aid clinic from Law Council and case load in the clinic

CEHURD obtained accreditation as a legal aid service provider from the Uganda Law Council. As such 309 vulnerable people from 8 districts were provided with legal aid services in FY20. Districts that benefitted are: Hoima, Iganga, Jinja, Kampala, Masaka, Mayuge, Tororo and Wakiso. These were mainly cases of maternal deaths; health worker arrest for providing post abortion care; negligence in service provisions; suspected COVID-19 patients; Sexual Gender Based Violence (SGBV) including sexual violence in public hospitals; violence against sex workers. Cases were received through our toll-free line 0800131313; others were walk on clients; referrals from CEHURD trained district-based Community Health Advocates (CHAs); partner referrals, CEHURD social media contacts, police and friends and families. The survivors and victims were supported to navigate the complex legal justice system. There was a steady increase of SGBV complaints during and post COVID-19 lock-down, including defilement of children and young girls as well as violations on sex workers. Among the cases were two unique ones of sexual violence in hospitals where caregivers were sexually assaulted within the health facility premises.

These cases were largely criminal in nature and we used them to ensure people who suffer violations of health rights, access justice efficiently and promptly by providing them with legal support.



Our legal aid team reaching out to an SGBV survivor in Hoima District



Our legal aid team providing legal services to a health care professional in Buikwe District

Litigated pro bono cases before Court and Quasi-judicial bodies

CEHURD continued to provide legal support and representation to victims of health rights violations. During this period, CEHURD handled three cases in the High Court of Uganda: two complaints before the Equal Opportunities

Commission (EOC) and three complaints before Uganda Medical and Dental Practitioners Council (UMDPC). The cases focus on informed consent; maternal health; clean and safe environment in a private health facility. We also filed a new complaint on a maternal death due to negligence of health workers with UMDPC.

Successfully mediated a case of an expectant mother who was assaulted by a duty bearer and lost her twin babies

CEHURD received a complaint relating to assault of an expectant woman by an LC1 Chairperson in Wakiso district. The expectant woman suffered a miscarriage, and she lost her twin babies. CEHURD conducted several arbitration meetings with the parties creating an atmosphere for them to agree on a settlement which was successfully achieved.

iii) Capacity building of key justice actors

Continuous Legal Education (CLE) training

A total of 106 lawyers of the Uganda Law Society (ULS) under the health and the law cluster participated in the CLE training. The discussions centred on opportunities for lawyers to create linkages between public health and human rights. By the end of the training, they were able to identify areas of engagement and CEHURD as the secretariat of the cluster will provide an oversight for implementation of key actions from this training aimed at improving the synergies between public health and human rights in advocacy for health rights.

Sexual Reproductive Health and Rights service providers trained to operate within existing legal and policy frameworks

CEHURD trained over 500 health workers on provision of safe abortion care services within the existing legal and policy frameworks and shared reference materials.

The training focused on the policy and legal framework on abortion, concept of consent, harm reduction model and its legal defence. The trained health workers operate under health service provider networks which include; Marie Stopes Uganda (MSU), Population Services International

(PSI) and Association of Obstetricians, and Gynaecologists of Uganda (AOGU). With the enhanced capacity building sessions, the health workers have reported confidence in providing information on SRHR including family planning, safe abortion and post abortion care.

Annual inter- university students moot



The 7th Annual inter-university moot focused on access to health care in a pandemic. Students from law teaching universities presented arguments on the impact of COVID-19 restrictions on access to health care in Uganda. Participating universities included; Islamic University in Uganda, Bishop Stuart University, Gulu University, Uganda Christian University, Makerere University, Cavendish University and Uganda Pentecostal University. While Uganda Christian University - Kampala Campus emerged the winners, all participants were exposed to research skills, preparation of pleadings and practical aspects of enforcing the right to health amidst a pandemic. Senior judicial officers that presided over the final round-built capacities of the students on framing and presentation of

arguments, persuasion of Court and Court decorum. The Judicial officers included; Retired and the current Principal Judge, a justice of the Supreme Court, a justice of the Constitutional Court / Court of Appeal and a Magistrate Grade One.

The moot was attended by a total of fifty-five (55) participants who attended physically and reached 431,370 people over social media including Facebook live streaming and twitter under the hash tag,

#CEHURDMoot2020 ■



◀ *“One of the satisfying things is to work and mentor young people. The results have been amazing - CEHURD Moots were started and are run by young people. It’s now a big thing with top Judicial Officers judging in the Moots. Thank you so much team centre for Health, Human rights and Development for keeping the fire burning on developing new professionals practicing health and the law.”*

Prof. Ben Twinomugisha, Makerere University, School of Law

This moot was well published in social and print media and articles are accessible here: Senior judges tip law students on arguing cases - Daily Monitor and UCU wins moot court competition - New Vision

iv) Strategic Partnerships and Collaboration

Collaboration with Uganda Medical Association and the trained lawyers under the Health and the law cluster

CEHURD continued to host and coordinate Uganda Law Society’s (ULS) Health and the Law cluster. In a deliberate effort to bridge the gap between law and medicine, CEHURD has continued to support the Uganda Medical Association (UMA). In this reporting period, a joint press conference was held between the Health and Law cluster coordinated by CEHURD and UMA to highlight the absence of personal protective equipment (PPEs) required by frontline health workers in handling COVID -19 patients. This advocacy has enabled the Government to be more deliberate on stocking all the COVID-19 management centres with PPEs.

At the same time, CEHURD supported UMA to conduct

a training of health service providers on occupational health and safety, their rights, and responsibilities during COVID-19. A total of 100 health service providers, 57 male and 43 females were reached with this intervention. This was formed by government’s reluctance in protecting front line health service providers that saw the country lose a number of them to COVID-19.

Legal support provided to Uganda Medical and Dental Practitioners Council

CEHURD entered a memorandum of understanding with Uganda Medical and Dental Practitioner’s Council in 2015. This is a health professional body charged with the responsibility of licensing, monitoring, and regulating the practice of medicine and dentistry in the country. In this reporting period, CEHURD allocated a lawyer to

support the Council in its day-to-day legal issues which include: receiving and review of complaints; advising on the veracity of complaints; participating in inquiries and writing Council decisions/ rulings. CEHURD's legal support has facilitated faster determination of complaints by the Council. CEHURD supported in the review of the Uganda Medical and Dental Practitioner's Council Amendment Act and Regulations which is aimed at expanding the mandate of Council while determining unethical complaints, among other objectives.

CEHURD formalised the Legal Support Network (LSN)

CEHURD gazetted and registered the LSN service mark, making the network for visible and sustainable. Through the network, CEHURD conducted training on the right to health and legal framework on abortion and legal defense of the Harm Reduction Model (HRM). A total of 8 trainings were held for more than 300 health workers under Marie Stopes Uganda (MSU), Population Services International (PSI), Association of Obstetricians and Gynaecologists of Uganda (AUGO). Another 100 health care workers were trained under Uganda Medical Association (UMA) on occupational health and safety, their rights and responsibilities during COVID-19. As a result of the training, health care workers are seeking legal support from the network.



Strategic Objective 2:



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

CEHURD through its Campaigns, Partnerships and Networks (CPN) Program seeks to realise enhanced policies, laws, social norms and practices for the realization of health and human rights as a strategy for sustainable development. The main strategies used in achieving this objective are: Legal and Policy Analysis, Lobbying and Policy Influence, Advocacy Engagements, Strategic Communications, Media Engagements, SRHR Advocacy Campaigns, Capacity Building, Building a Reproductive Rights Movement in Uganda, Strategic Partnerships and Networks at National, Regional and International Levels.

i) Policy analysis and advocacy engagements

Legal and policy reviews aimed at developing legal opinions that promote the enactment or change of laws and policies anchored on human rights-based approach

During the year, ten (10) laws, polices and bills were reviewed and analysed: the Global Gag Rule (GGR), The Geneva Consensus Declaration of October 2020; the Public Health Amendment Bill; the National Health Insurance Scheme Bill; Sexual Offences Bill; Penal Code Act on Abortion law reform; Digest for the Tobacco case developed to support implementation of the Law; National Guidelines on SRHR; the National School Health Policy and East Africa Community (EAC) SRHR Bill. The legal and policy reviews and analysis made recommendations for policy provisions informed by a human rights-based

approach and best practices which were shared with relevant key stakeholders from government line ministries and agencies; CSOs; policy makers and the law makers to enable them to make more progressive laws and policies on the right to health.

■ **An insight of laws and policies analysed or reviewed during the year is shared below:**

The Penal Code Act, The Trial on Indictments Act, and the Evidence Act reviewed and model provisions developed - A discussion was held with Uganda Law Reform Commission (ULRC) and Ministry of Justice and Constitutional Affairs (MOJCA) on the status of the ongoing revision of criminal related laws in Uganda. CEHURD analysed the suggested amendments and made input through sharing model provisions for consideration by ULRC and MOJAC. CEHURD's recommendations and proposals for amendment of these laws were taken into consideration by the First Parliamentary Counsel. These engagements have strengthened the working relations and created exchange; learning platforms for government agencies to appreciate the synergies in coming up with progressive laws that meet the needs of the people.

Penal Code Act on Abortion provisions – CEHURD shaped the discussion with Uganda Law Reform Commission (ULRC) to reform the Penal Code Act on abortion provisions and lobbied for the reconsideration of the Termination for Pregnancy Bill of 2015. Recommendations made by CEHURD on reform of the penal code Act were recognized by ULRC which they presented to the Attorney General and First Parliamentary Council. Whereas the revision of the Act may not be immediate, CEHURD was advised by the First Parliamentary Counsel to pursue a Reproductive Health Rights Bill, instead of Termination of pregnancy Bill. This process is one of CEHURD's key engagements in 2021.

National Health Insurance Scheme Bill – An analysis of the national Health Insurance Scheme was made, and recommendations presented twenty (20) parliamentary and sector committees with over eighty-five (85) members. The Parliament sectoral committees represented include Committee on HIVAIDS, Gender, Human Rights and East Africa affairs, Finance and Planning, Budget, National Economy, Climate Change, Public Accounts, Local Government and Public Service, Physical Infrastructure, Legal and Parliamentary Affairs, Agriculture, Trade and Tourism, Natural Resources, COSASE, Education, Science and Technology, ICT and Government Assurances. The analysis and recommendations are available on CEHURD's website.

The East Africa Community (EAC) SRHR Draft Bill Draft – CEHURD is an associate member of the Eastern African Networks of Aids and Health Organizations (EANNASO), CEHURD was nominated to the technical legal committee that is currently reviewing the EAC SRHR Bill to ensure that it is comprehensive in nature. This is still work in progress and it is hoped that the recommendations shall inform the EALA legislators on the best provisions for a progressive SRHR Bill in the region. To keep the momentum, CEHURD identified a champion for the bill in Uganda Honourable Odongo George a member of the East African Legislative Assembly to support in tabling the EAC SRHR bill. He was engaged to author an article on the impact of COVID-19 on SRHR in East Africa and the need to emphasize the re-tabling and passing of the EAC SRHR Bill to address the regional SRHR issues. The said article was published in The East African newspaper. If the bill is passed, we will have a regional Law to inform and harmonise the gaps in the national SRHR Laws of the East African countries.

Uganda's representatives in the East African Legislative Assembly commit to championing the Finalization of the East African Community SRHR Bill

CEHURD convened a strategizing meeting with the Ugandan Members of Parliament and Ugandan Representatives in

the East African Legislative Assembly on the East African Community SRHR Bill. The meeting was attended by EALA Uganda's representatives and the national members of parliament from the parliamentary committees on health, Legal Affairs, Uganda Women Parliamentary Associations, National Association of Women Members Ministers and Members of Parliament (NAWMP) and other officials from other government line ministries and agencies like Health, Education and Sports, National Population Council and Civil society organizations. It was aimed at updating members on the current status on the Bill and sharing the legal, human rights and the SRHR opportunities that Uganda and the East African region will attain if bill is passed into law.

The meeting availed an opportunity to identify national champions who committed to support the re-tableting of the amended Bill and for the rest of the members from both parliaments appreciated the Bill and the urgency of having it finalized. Additionally, the meeting discussions and recommendations were amplified across the partners in the East African Community and they went a long way in informing the redrafting of the Bill that is yet to undergo public consultations in the different EAC partner states.



Participants in the strategy meeting on EAC SRHR Bill



Hon. Odongo George, Uganda representative in EALA elaborating the legal & human rights opportunities for the EAC SRHR Bill

The Global Gag Rule (GGR) and its implications on constitutional rights for SRHR in Uganda - CEHURD undertook a legal analysis of the national, regional, and global laws, treaties and policies to unmask the trickledown effect of the GGR and make recommendations to the development partners, government agencies and other key stakeholders on its effect in the advancement of progressive legal SRHR laws and policies. We engaged in international discussions for the same. In February, 2020, our Executive Director was an expert witness at the House Foreign Committee in Washington DC alongside other health practitioners from across the World. The Committee was examining the far-reaching impact of the Global Gag Rule on women, access to essential health services and the work of civil society organizations.

CEHURD was the only organization represented from Africa and used this opportunity for strategic positioning and global visibility. A testimony was presented that provided a compelling account of the challenges women and girls in Uganda face trying to access basic reproductive health services and the devastating impacts that the GGR has on organisations. CEHURD is working to ensure that health care facilities have adequate stocks of lifesaving medicines and supplies including those that can be support women to access safe and post abortion care services.



“It is not an easy choice to comply and keep the funding or refuse and lose access to those resources; jobs and indeed lives are on the line. Nevertheless, CEHURD cannot work on one area of health and not others or prioritize some human rights and not others. This would compromise our values as an institution.”

Mr Moses Mulumba stated as he presented his testimony at the House Foreign Committee, Washington DC, February, 2020

Geneva Consensus Declaration of 2020 - This is a non-binding international anti-abortion law that is aimed at pushing back efforts by UN bodies seeking to protect abortion access. It is likely to affect the development of laws that promote SRHR. Uganda is among the 35 countries that signed this declaration, and together these countries aim at forming a strong coalition to oppose SRHR. CEHURD mobilized other SRHR advocates, coalitions and movements in Uganda to collectively push against the declaration. A joint petition was submitted to the Ministry of Foreign Affairs as an expression of concern on the likely impact of the declaration which may affect the realisation of progressive SRHR policies. In addition, a campaign was launched by CEHURD and partners to denounce the Geneva Consensus Declaration for the government to withdraw its endorsement. As part of this, a press conference was held to create awareness on the impact of the declaration on Sexual and Reproductive Health Rights, which attracted media attention beyond the press conference.

National guidelines on the Continuity of Care on SRHR during COVID-19 – CEHURD in collaboration with the Uganda Family Planning Consortium (UFPC) supported the Ministry of Health to develop guidelines for SRHR, focusing

on access to modern contraceptives in the context of COVID-19. CEHURD used this opportunity to highlight the ignored SRHR challenges of young people during the pandemic time, such as: access to contraceptives, SGBV referral pathway and ensuring that parents are supported to avail correct and age-appropriate information to the young people as they stay locked down. These guidelines were passed and adopted by the Ministry of Health and they are being implemented.

Public Health Amendment Bill – CEHURD analysed the Public Health Amendment Bill and made recommendations on areas of legal reform which are consistent with Uganda’s Constitution, regional and International human rights instruments. Recommendations were presented to stakeholders at a meeting convened by the Ministry of Health.

Sexual Offences Bill 2019 - CEHURD also reviewed the Sexual Offences Bill 2019 which seeks to consolidate all laws on sexual violence in Uganda. Key recommendations were presented by CEHURD to the Legal and Parliamentary Affairs Committee in September 2020. Key among these is the need for the law to provide for access to free

medical care including medical examinations psychosocial support in public shelters by survivors of sexual violence. The recommendations were put into consideration by the committee who also committed to prioritize support for the Bill and have it passed into law and assented to by the President before close of the 10th Parliament. CEHURD will continue to undertake advocacy until this materialises.

The speaker of parliament endorses the urgent need to pass laws and policies that will address SRHR issues - During the year CEHURD undertook advocacy influencing decision makers to prioritise the finalisation and passing of laws and policies that have stalled for years. This was after a meeting held with CEHURD and other legislators to discuss issues on finalisation of National School Health policy (NSHP) and other SRHR issues. The issues discussed with the speaker were around the finalisation the school health policy; operationalisation the resolution to ending teenage pregnancies and child marriages in Uganda and the blood shortage during COVID-19.



CEHURD Team engaging the Rt. Hon. Speaker of Parliament on the urgent need to finalise the NSHP; address rising numbers of teenage pregnancies escalated by COVID-19 and the blood crisis in the country.

The meeting was attended by 15 participants including members of Parliament from committees of Health, Education, Gender, and the Hon Minister for Youth Affairs. During the meeting, the Speaker paid attention especially

to the issue of a blood crisis in the country and teenage pregnancies rising due to COVID-19. This was timely because after the meeting the speaker had a planned session on the same day with members of parliament where she tabled the same issues on the floor of Parliament. The parliamentary Committee of Health was tasked to come up with a resolution on the content of the NSHP that would be debated in Parliament.

National E-Conference on the realisation of SRHR and the Right to Health during Health Emergencies in Uganda, November, 2020



Hon. Safia Nalule making a speech on behalf of the Rt. Hon. Speaker of Parliament, Rebecca Kadaga at the E-conference

CEHURD attracted the attention of decision makers and the media on SRHR through the National SRHR E- Conference held in November 2020. This national event was held under the theme “*Unifying Efforts towards the Realization of SRHR and the Right to Health during Health Emergencies in pandemics.*” This conference was officiated by the Minister of Health, who was represented by the Director of Curative Services, Ministry of Health, Dr Charles Oloro; the Office of the Speaker of Parliament; the WHO Country Office; the Swedish International Development Cooperation (Sida); National Population Council and the United Nations Population Fund (UNFPA). The conference was attended by 85 participants in the physical meeting

and over 2,000 people online live streaming on Facebook and NBS TV. The discussions featured the challenges and possible interventions to ensure consistent access to SRHR services especially for the most vulnerable in times of health emergencies, and fast tracking of the commitments made by the different policy makers. Key issues highlighted included the access to SRHR for the young people and their meaningful participation; the long-term closure of schools and unclear approaches for inclusive education during the COVID-19 pandemic.

In her speech, read by Honourable Safia Nalule, the Rt. Hon. Speaker of parliament committed to: continue engaging the relevant ministries of health and finance to budget appropriately to implement the court orders in petition 16 judgement; the blood crisis issue; fast tracking the implementation of the various resolutions passed by parliament on maternal health and SRHR including the 2019 parliamentary resolution to stop teenage pregnancies.



Right - Left: Dr Charles Olaro, MoH; Mr Mulumba Moses, CEHURD; Dr Betty Kyadondo, National Population Council and Mr. Ola Hallgren, Embassy of Sweden at the E-conference & Launch of the JAS Programme

The social, economic and emotional realities experienced by the communities as a result of the COVID-19 pandemic were discussed and solutions proposed, as remarked by the key speakers and discussants.

“We all realise that the pandemic is a reality across the world which is not only a health crisis but also a human, economic and social crisis attacking societies at their core.” Dr. Betty Kyadondo National Population Council.

“Even when the pandemic rages, SRHR needs cannot be stopped. The health services should be planned for and continue as normal because they operate in abnormal/ unpredictable environment. Said Dr. Olive Ssentubwe, WHO

The discussions at the E-conference have continued to shape national debates within an operating environment of a pandemic. The JAS Programme was officially launched during this event. The conference was widely publicized and conference details are accessible from this link: <https://bit.ly/2YEwggj> and a related article was published.

Advocated for the rights and needs of health care workers amidst Covid-19

During the year, we collaborated with UMA to put up press conferences aimed at highlighting the challenges, concerns and needs of frontline and other health care workers in COVID-19 response. These included inadequate PPEs, delayed salaries and compensation of those affected. This advocacy resulted into commitment of the Ministry of Health to safeguard health care workers through the procurement of PPEs and fast tracking of their salaries. Additionally, development partners such as the United Nations Population Fund (UNFPA) donated PPEs worth 2.4b for the safety of health care workers in response to the advocacy as captured on this link: <https://www.facebook.com/767949523254855/posts/3861804303869346/?app=fbl>

iii) Strategic partnerships and collaborations

Strengthening and expanding our local and national partnerships

CEHURD cultivated and nurtured strategic partnerships and collaborations with more than 20 new organisations during the year. For its 12-year journey, CEHURD has learnt that working with partners and a diversity of constituencies enables advocacy with a stronger voice and shared success. We worked in collaboration with such partners in key processes that included: discussing the gaps in the laws that caused retrogression in realising SRHR in Uganda; technical support to advance litigation of strategic cases; advocating for the re-tabling of the East African Community SRHR Bill and building a resilient SRHR movement amidst COVID-19, among others. Some of the new partners and constituencies we have fully brought on board are the networks of sex workers that include: Network of Key Population Service Organisations (UNESO) and Alliance of Women Advocating for Change (AWAC).

Strengthened relationship and collaboration with Government ministries and institutions

These include line Ministries of Health; Education & Sports; Gender, Labour & Social Development; Justice & Constitutional Affairs & Internal Affairs with Police. We also strengthened our collaboration with other Government institutions, including the Parliament and the committees that are relevant to our work. This is also helping us to redefine the way we work with Government institutions, which is very critical at this time when the civic space for human rights CSOs is shrinking. It is also essential for our goal of movement building on health and human rights, more so, SRHR. Arising from our relationship with Ministry of Health, CEHURD received MoH approval to continue operating in the districts as a MoH partner in national response to COVID-19 during the country lock-down.



CEHURD secured COVID-19 IEC materials including National Guidelines on the prevention of COVID-19 from the Ministry of Health, printed them and made them available to sex workers through their national networks that include AWAC and UNESO. Left - Right, the Executive Directors of AWAC and UNESO receive the materials from CEHURD staff.

iv) SRHR Advocacy Campaigns

A successful campaign to address the blood crisis in the country by increasing funding for Uganda Blood Transfusion Services (UBTS)



Blood campaign procession led by CEHURD demanding for increased investment in safe blood for all -Kampala

We undertook and sustained a successful blood campaign in the year in response to the blood crisis in the country. As a result, the Parliament approved a supplementary budget of UGX 20b for the Uganda Blood Transfusion Services (UBTS). This engagement also resulted into a relationship between CEHURD and UBTS and other key players who are advocating for the same. It was also crowned with a blood donation drive in which CEHURD staff, partners and communities participated and a total of 187 units of blood were collected. The campaign took several media engagements including an investigative story aired on NBS television on the shortage and sale of blood in hospitals. In addition, a petition indicating the urgent need for blood to reduce maternal death was signed by 935 citizens and handed to the speaker of parliament. It was also published online petition. Community needs and experience were reported to be an inspiration for those who participated in the blood campaigns and shared below:

"I care about humanity. My own sister died due to severe bleeding during childbirth and there was no blood to save her life." A 35-year-old female participant in the procession.

The Campaign to end maternal deaths due to preventable causes

CEHURD ran campaign dubbed #WhyWomenDie, with an objective to bring to light the invisible sexual reproductive health challenges women face on a daily that leave many with health-related complications and death. This campaign was tagged to the commemoration of World contraceptives day and the global day of access to safe and legal abortion. It involved a tweet chat, an e-candlelight vigil, publishing a newspaper article and 2 TV shows to further draw more public awareness and the need to pass progressive SRHR laws, policies and guidelines to save lives soon. More than 2,909,356 people were reached and 4,332,842 impressions realised in the Campaign to end maternal deaths occurring from preventable medical causes.



v) Strategic Communications

Training Journalists on reporting about Sexual and Reproductive Health and Rights

CEHURD in collaboration with the African Institute of Investigative Journalists is conducting a media fellowship for journalists. The objective of the fellowship was to equip the journalists with the right information to ensure accurate reporting on SRHR. 15 journalists from different media houses participated and were taken through different topics including breaking down what SRHR is about, the politics of SRHR, the challenges, opportunities, and gaps. The desired outcome is to have more positive reports on SRHR from an informed point of view to create public awareness on issues often ignored. This is intended to garner public support to ensure the relevant stakeholders are held accountable to improve service delivery and access by the public demanding for these health rights. The trained journalists were given an opportunity to pitch stories on SRHR and CEHURD will support them to document investigative stories that will be used for advocacy for improved SRHR services.



CEHURD team taking the fellows through a Value's Clarification and Transformation Attitude Exercise (VCAT) on SRHR during a media fellowship for journalists

Amplified key SRHR issues affecting young people amidst COVID-19

Perspective
WITH JOSEPHINE KARUNGI
PRIORITISE ADOLESCENTS & YOUNG
PEOPLES REPRODUCTIVE HEALTH

MR MONDO KIATEKA
Commissioner for Youth
and Child Affairs

DR MARGANDA DINAAH
Asst. Commissioner for
Adolescent and Youth Health

MR FACIL MANDY
Senior Education Officer

KIKUNDAKWE ANNAH
Programme Officer for CEHURD

NICOLE MUSHIME

Sunday 12th JULY 2020
@ 8:00Pm
Watch online on www.ntv.co.ug/live

NTV
Turning on Your World

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CEHURD facilitated a Tv talk show on NTV's perspective with Josephine Karungi. The show that featured Policy makers from the Ministry of Health, Gender Labour and Social Development, senior Educationist, a young person in school was aimed at amplifying key SRHR issues that are affecting young people, during and post COVID19 pandemic. The talk show availed an opportunity to fast track the commitments made by the different policy makers in different engagements that CEHURD had organized and also called upon the government line ministries of education, health, Gender Labour and Social Development and parliament to pass relevant laws and policies including the national school health policy.

vi) Building a Sexual and Reproductive Health Rights Movement in Uganda

Developed a Sexual and Reproductive Health and Rights Movement Wellness Charter

CEHURD believes that advancing health and human rights requires building a critical mass of advocates at all levels – grassroots, sub-national, regional, and international. We continued to invest in building movements of like-minded actors and harnessing efforts through partnerships. We coordinated conversations which attracted a cross range of stakeholders across the various sub-movement that comprise the wider SRHR movement from different constituencies. A SRHR Movement Wellness Charter was developed for the members to consider their wellbeing as they undertake their work. This was undertaken through a wellness workshop for SRHR advocates and champions, facilitated by renown experts in the field of health and wellbeing.

“In order to sustain energy, take care of your wellbeing. Know where and which well to dip in your cup to get nourishment, so as to meet the obstacles and challenges you face every day.” Asimwe Jaqueline, one of the experts who facilitated the workshop.

Launched the Joint Advocacy for Sexual and Reproductive Health and Rights Programme (JAS Programme)

We launched the Joint Advocacy to SRHR (JAS) programme that focuses on building a movement for SRHR. The programme supports organisations working on SRHR to jointly work together to advance SRHR. It is spearheaded by CEHURD and six national Programme Implementing Partners that include: Reach a Hand Uganda (RAHU), Akina Mama wa AfriKa (AMwA), Coalition for Health Promotion and Social Development (HEPS), Human Rights Awareness and Promotion Forum (HRAPF), National Forum for People

Living with HIV/AIDS Networks in Uganda (NAFOPHANU), and Network of Key Population Service Organisations (UNESO). Organisational capacity assessments were completed for these national partners and formal collaboration through a sub-granting mechanism was established, enabling them to implement the JAS Programme using approaches that bring their constituencies on board to strengthen and expand the SRHR movement in the country.

Fourteen project districts were also assessed and supported to make preparations for programme implementation. These include 5 pilot districts of Buikwe, Gomba, Kiboga, Kyankwanzi and Wakiso where programme implementation started. The programme has already resulted into formal collaboration with partners to advance a movement for SRHR at the national and grassroots level in 14 districts in the country. CEHURD also provided technical support for its sub-grantees towards institutional capacity development in areas such as policy development.



E-conference & Launch of the Joint Advocacy to SRHR (JAS) programme

Strengthened networks and collaboration

We collaborated with more than 100 organisations and institutions at different levels within and outside the country, more than 30 of these are new collaborations. This includes 13 indigenous organisations which we sub-granted funds in the year, and their constituencies. As a convening partner for the Coalition to Stop Maternal Mortality due to Unsafe Abortions (CSMMUA), we brought together the more than 20 organisations which have membership in the coalition to reflect on how COVID-19 pandemic had affected their operations and the strategies for strengthening their advocacy for SRHR. During the year, CEHURD conducted advocacy capacity assessments for CSMMUA members to facilitate the designing of a capacity development strategy and road map for improvement of advocacy for SRHR during pandemics. The growing number of partners is enabling us to achieve our goal for movement building on SRHR.

Strategic Objective 3:



Enhance institutional and programmatic growth through knowledge management.

CEHURD through its Knowledge Management Program aims to become a Centre of Excellence on Health and Human Rights in Uganda, Africa and the Global South. We seek to advance the creation of a pool of knowledge resources to inform advocacy and litigation and use of generated knowledge to inform advocacy and resource mobilisation. The main strategies employed are: Knowledge Generation; Curriculum and Module Development; Capacity Building; Development of Business Models to Sustain the Health and Reproductive Rights Movement; Knowledge Management and Planning, Monitoring, Evaluation and Learning.

i) Knowledge generation and management

Research on the implementation of global financing mechanism in the health sector with a specific focus on the Global Financing Facility (GFF)

CEHURD conducted phase two research on the implementation of the Global Financing Facility project on Reproductive, Maternal Newborn Child and Adolescent Health (RMNCAH) in Uganda. The study approval and ethical clearance were secured from Ministry of Health and Uganda National Council for Science and Technology (UNCST) respectively. Objectives of the study are: to explore the role and contribution of the private sector and Civil Society Organizations in the implementation of the GFF in Uganda; assess the readiness and effectiveness of the beneficiary health facilities in the implementation of the Results Based Financing (RBF) model under the GFF and to assess the extent to which the implementation of GFF in Uganda is underlined by Human Rights-Based approaches to development. Data was collected in Kampala, Oyam and Namisindwa districts. The findings of this research will inform various stakeholders on the implications of results-based financing on the health sector and health service provision, contributing towards the body of knowledge for the right to health and governance for health.

Baseline study for the Development Initiative of Northern Uganda (DINU)

CEHURD in collaboration with Partners in community Transformation (PICOT) is implementing work aimed at Integrating Legal Empowerment and Social Accountability for improved local government performance and governance in the districts of Koboko, and Maracha in Northern Uganda. As part of this initiative, CEHURD empowered communities on their social, economic and cultural rights so that they can demand and access justice, and hold duty bearers accountable for improved service

delivery. We also empowered duty bearers to carry out their roles and responsibilities more competently hence improving both their performance and accountability. We conducted a baseline study in six sub counties of Lobule and Kuluba, Tara, Oluffe and Oleba in Koboko and Maracha districts to assess the level of knowledge on participation, governance and accountability in service delivery of various stakeholders.

The baseline focused on the level of knowledge on participation, governance, and accountability in service delivery of various stakeholders in the target districts to generate initial data against which project success will be measured. Findings indicate that there is limited community awareness of the specific roles and responsibilities of the different duty bearers within the local government system. This undermines the ability of communities to hold duty bearers accountable on their specific roles.

There are also mechanisms in place for communities and non-state actors to participate in planning and budgeting, which are either not fully exploited or have been rendered ineffective due to several of reasons. Implementation of the project is in progress.



CEHURD & PICOT in a DINU community dialogue, North Division subcounty-Koboko District

Collaborative research

We collaborated with Universities to generate knowledge on sexual reproductive health and rights. We developed a paper titled: “Systematic review of the effectiveness of rights-based approaches to Sexual and Reproductive Health in low and middle-income countries” in partnership with the University of Warwick in the UK. CEHURD also secured formal research collaborations with Makerere University School of Gender Studies and Makerere University School of Law under the JAS Programme to lead and support a national study on Masculinities and its influence on the realization of SRHR in Uganda.

Documenting the Sexual and Reproductive Health and rights journey in Uganda

This is part of the plan to strengthen evidence available on SRHR in Uganda. CEHRUD identified experts to undertake this documentation and these spent time in FY 2020 laying out the conceptualization and strategies to finalizing this research.

Publications on Petition 16 landmark Constitutional Court Judgement on maternal health

Several web-based publications were developed and posted on our website to popularise the judgment. A notable one is one published by the Executive Director on invitation by Harvard University, titled: Ugandan Court Decision Enshrines Access to Basic Maternal Health Care as a Right – and accessible from: <https://blog.petrieflom.law.harvard.edu/2020/08/26/uganda-maternal-health-care-right/>

Cases digest for the Tobacco case - CEHURD also developed a digest for the Tobacco case following a successful judgment received in 2019. The digest has

recommendations on the effective implementation of the Tobacco Control Act.

ii) Knowledge management

During the year, eight knowledge products were published to contribute to evidence on different aspects on the right to health, as described further below:

Analytical paper on the Global Action Plan to accelerate health and wellbeing

CEHURD also worked with the Governance for Health partners under Kampala Initiative to publish a paper on critical analysis of the Global Action Plan for Healthy Lives and Wellbeing for All. This paper is titled: A Critical Civil Society Perspective on The Development, Potential Impact and Implementation of the ‘Global Action Plan for Healthy Lives and Well-Being for All. This was written in partnership with WEMOS; Medicus Mundi International (MMI); Human Rights Research Documentation Centre and People’s Health Movement Uganda (HURIC/PHM). This work was duly launched on the respective organizational websites including the Equinet Africa newsletter.

Technical briefs on health, human rights and COVID-19

To contribute to the knowledge base and evidence on COVID-19 and impact on health and human rights, we engaged experts to develop peer reviewed technical briefs on health, human rights and the pandemic. The key areas covered by the technical briefs are: COVID-19 response and the Realization of the Right to Health in Uganda; Reproductive Health, Maternal, New-born and Child Health and COVID-19 in Uganda; How COVID-19 and the Response of the Uganda Government to COVID-19 may Affect Mental Health in Uganda; Gender dynamics of the COVID-19 response in Uganda and Safeguarding Rights of our Frontline Health Workers in the COVID-19 Response

in Uganda. The briefs made practical recommendations for addressing the impact of the pandemic on health and human rights and were disseminated widely through a webinar which was attended by 229 participants. These policy briefs have contributed to evidence available on health and human rights in emergency situations.

A policy brief on the legal provisions of abortion in Uganda

A policy brief titled “Promoting the health and Human Rights of Adolescent Girls and Young Women using the existing legal framework on abortion in Uganda” was published. This provides an interpretation of Uganda’s law on abortion and suggest recommendations that duty bearers and policy makers need to prioritize to address the issue of teenage pregnancies and unsafe abortions among young people in Uganda. In addition, a fact sheet analysing the statistical data on teenage pregnancies, unsafe abortion, and maternal deaths in Uganda especially among young people was developed. The fact sheet highlighted SRHR indicators and statistics among AGYW in Uganda.

A technical brief on the role of the Judiciary in adjudicating SRHR violations during the pandemic

The technical brief which highlights the role of the judiciary in adjudicating SRHR violations was developed with support from the Hon. Justice Suzan Okalany. The recommendations point to improving access to justice for victims of SRHR violations. They include: utilization of technology better by the judiciary to ensure improved access to justice for SRHR violations; more public awareness raising on SRHR rights and partnerships between the Justice, Law and Order Sector (JLOS), other government sectors, as well as civil society actors, in the realization of SRHR. The brief, which is an important advocacy tool for judicial officers and other advocates, was published on CEHURD website and has so far received 76 downloads.

iii) Development of Business Models to Sustain the Health and Reproductive Rights Movement

A review of the Community Participation Model

In FY2020, CEHURD engaged a resource person from Guatemala in developing a community participation model that will ease the communication of CHAs with the outside world. A conceptual frame work was developed by the resource person and 3 Focus Group interviews were conducted with CHAs and CEHURD staffs to get views that would shape the final outcome of the model. The model will help ease work of the CHAs in advocacy at both district and national level. Recommendations from this work will facilitate the development of a community dashboard aimed at improving data collection at the community level.

Strategic Objective 4:



Building community capacities and agency on health and human rights

CEHURD through its Community Empowerment Program aims to ensure that rights holders and duty bearers at community level participate effectively in promoting the right to health. The main strategies used in achieving this objective and goal are: Participatory Action Research and Documentation; Capacity Building; Strengthening and Sustaining the CHA Model; Community Partnerships and Networking; District Public Engagements; Social Accountability at District and Community levels. Key interventions and achievements realised this period are described below:

i) District Public Engagements

Memorandum of Understanding with district authorities

Since its establishment, CEHURD has worked with district structures in its journey to realize the right to health. The collaboration with districts and the partners at that level is formalized through a memorandum of understanding (MOU). In that respect, CEHURD has signed memorandums MOUs with nine (9) districts this year. The districts are: Buikwe, Gomba, Hoima, Kiboga Mayuge, Koboko, Kyankwanzi, Maracha and Wakiso. The MoUs provided a framework within which CEHURD continues to achieve its goals and objectives while working collaboratively with district authorities, CSOs and Community Based Organizations including, particularly through the CEHURD specific structure of Community Health Advocates (CHAs). They also contributed to strengthening our relationship with the district authorities and other stakeholders.

ii) Strengthen and sustain the Community Health Advocates (CHAs) model

Strengthening the CHA model through training and technical assistance

The Community Health Advocates model is one of the strategies adopted by CEHURD to promote participation of communities in health systems at grassroots. These are groups of people are selected in different districts to spearhead advocacy for improved health service delivery at district level. In 2020, CEHURD reached a total of 132 CHAs in the districts of Buikwe, Kiboga, Kyankwanzi, Mayuge, Gomba, Wakiso, Koboko and Maracha. CEHURD supported the development, signing and registration of constitutions with local government and Uganda Registration Services Bureau (URSB) for CHAs in the 8 districts.

This registration enabled the CHAs to become formal Community Based Organisations (CBOs), enabling us to work with them through formal structures where we can have Memorandum of Understanding (MoUs) and sub-granting arrangements. We also worked with these districts in the transition of leadership and identification of governance and operational priorities required in preparation for the implementation of the JAS Programme. The priorities were all addressed and CHAs are to receive funds in the first quarter of FY21. More information about the CHA model is available: <https://www.cehurd.org/publications/download-info/understanding-the-cehurd>

CHAs in Mayuge district joined the District COVID 19 Task force with CEHURD support

In July 2020, CEHURD supported CHAs in Mayuge through the formal processes to seek entry into the COVID 19 district taskforce during the country lock down.

Given its impactful contribution towards improvements on health in the districts of operation, permission was

granted and enabled CHAs to continue with their work on health and human rights, more so on SRHR issues in their districts. This enabled CEHURD to continue with its work in the district during country lock-down in collaboration with the district based CHAs and other key stakeholders. A team of 12 CHAs were able to hold radio talk shows, through which they engaged duty bearers on ensuring access to SRH services especially contraceptives for people in communities.

They distributed IEC materials on SGBV, SRHR violations referral pathways and messages in different health facilities. During this period, CEHURD through its Strategic Litigation received 10 SGBV cases reported by the Community Health Advocates of Mayuge district. Out of these 10 cases, 5 were referred to Iganga High Court as the CEHURD Lawyers followed up for judgement. In the same year, CEHURD was recognized by the Mayuge Police Headquarters for its work of ensuring access to justice for victims of SGBV in the district - <https://www.cehurd.org/mayuge-police-appreciates-cehurd-for-fight-against-sgbv/>



CHAs reaching out to peers and community members in Mayuge

iii) Social Accountability at District and Community levels

Referrals for cases of human rights violations for legal aid services by trained Community Health Advocates:

A total of 32 cases of health rights violations in SRHR were reported for legal support and intervention by CEHURD, following the training of 132 Community Health Advocates (CHAs) on the human rights-based approach (HRBA) and their responsibilities in governance and social accountability. The cases reported include were mainly in the areas of Sexual and Gender Based Violence (SGBV), violation of patients and health workers' rights and vicarious liability. SGBV cases rose throughout the year, out of the 32 cases reported by CHAs, 15 cases were specifically related to SGBV. CEHURD Lawyers addressed these SGBV cases in various courts of law. These CHAs are actively engaged in governance and social accountability processes in their districts and are demanding for their rights. Trained CHAs played a critical role in reporting health rights violations in their communities during the country lock-down due to COVID-19 lock down. The CHAs were also able to write 3 articles on SRHR violations during COVID-19 lockdown, and challenges faced by young people such as GBV. These were published on CEHURD website, bringing the community voice on health rights violations. One severe case of SGBV committed on a teenager is described below:

The case of sexual gender-based violence on a teenager in Hoima district

Sarah (not real name), a teenager in Hoima district was defiled by her own uncle, and got pregnant. Her uncle threatened to harm her if she did not carry out an abortion. Her safety and security was threatened and she needed urgent safe

shelter. CEHURD's community empowerment team worked with the police and district probation officer to support Sarah to find safe shelter in an established centre, Kyampisi Christian ministries.

With safe shelter secured, Sarah's needs quickly shifted to accessing maternal health services, as well as psychosocial care and legal support. The cost of her accessing maternal health care became a challenge since this was not a core area of intervention for the shelter home. CEHURD worked closely with this shelter home and well wishers to ensure that she accessed the care. She safely gave birth to a baby boy. This shelter home has become her permanent home.

The case described above demonstrates the urgent need for shelter homes for survivors of SGBV, yet these are not readily available. We carried out media engagements through TV, print and social media platforms to highlight this unaddressed need in the country. A documentary covering SGBV cases in Hoima district was developed to give insight on the rising SGBV cases in the country, especially among young girls for the attention of decision makers at the national and local government level. The documentary highlighted the need for the government and development partners to support the establishment of safe shelters for SGBV survivors. Cases reported by CHAs trained in redress mechanisms for SGBV survivors and provided IEC materials which elaborate available referral pathway. CEHURD was officially recognised by the Mayuge Police Headquarters for its work of ensuring access to justice for victims of SGBV in the district.

Another 27 clients benefitted from CEHURD's legal services during community health camps such as one organised in Jinja in collaboration with the SRHR Alliance.

Orientation of Health Unit Management Committees (HUMCs) to strengthen social accountability

As part of our response to the SGBV problem in Hoima district, a total of 54 members of HUMCs from 15 health centres were oriented on their roles and responsibilities in ending SGBV and functionalization of the use of suggestion boxes in health facilities. This was aimed at ensuring that the available local redress and justice processes is strengthened and popularized. The HUMCs were identified from the health facilities of Kigoroby Health Center III, Karongo Health Center III, Toonya Health Center III, Buseruka Health Center III, Mpalangasi Health Center III, Kihunkya Health Center III, Kibaale Health Center III, Kapaapai Health Center III, Kibaire Health Center III, Buraru Health Center III, Butema Health Center III, Dwoli Health Center III, Hoima Regional Referral Hospital, Nuhanika Health Center III. These were taken through gender concept and relations plus the referral pathway, the legal and policy frame work in addressing SGBV to gain their support on the same.

CEHURD trained CHAs influenced service delivery by engaging duty bearers

In districts such as Mayuge, CEHURD trained CHAs successfully engaged the District Health Officer and District Council to establish a youth corner. They also influenced the construction of a pit latrine and extension for the maternity ward of Buweyise Health Center III. This is as a result of their orientation on the Human Rights Approach (HRBA) among young people. During the year, 118 duty bearers in the districts of Buikwe, Koboko, Maracha and Mayuge were oriented on the HRBA to strengthen their capacities to support improvements in access to SRHR among young people. Those oriented included: health workers, district health and political leaders, religious leaders, police officers, local leaders and selected CHA representatives. From such orientation, duty bearers commit to supporting young people as they access SRHR in their respective communities.

Creating an enabling policy environment on Child Protection

In Mayuge district, a Child Protection Bill was drafted by the district council with our technical legal support and awaits discussion of council and passing into an ordinance. This followed the training of 127 duty bearers in the district on the HRBA and their responsibilities, including 23 Members of Parliament from the wider Busoga region. The Bill would address the escalating cases of child labour on sugar cane plantations, stone quarries, sand mines, bars, restaurants as well as late night hawking of edibles. Such activities exposed young girls to Sexual and Gender based violence and sexual harassment in the district. CEHURD undertook similar engagements with district officials in Busia and Tororo where they also realised the existence of Ordinances on child marriages and gender-based violence which they could use to address issues of SRHR.

iv) Community Partnerships and Networking

Orientation of Wakiso district gender and human rights committee on gender mainstreaming

Orientation of Wakiso district gender and human rights committee on gender mainstreaming – After the Wakiso District Local Government Launched the Human Rights Committee on the 5th of August 2020, CEHURD received an invitation to orient the newly appointed committee on issues concerning Health and Human Rights. In September 2020, CEHURD Lawyers together with the Assistant Director, Litigation and Advisory Services of the Parliament of the Republic of Uganda conducted a capacity building workshop for the human rights reporting procedures since the committee is obliged to submit regular reports to national and international human rights bodies, Human Rights and Gender mainstreaming, as well as the Human Rights Based Approach to advancing access to Sexual Reproductive Health Rights (SRHR). This engagement

strengthened the working relationship between CEHURD and the Wakiso District Local Government in advancing the right to health in the district and Uganda at large.

Strengthened working relationship with duty bearers

Strengthened working relationships with Police within the districts where we had interventions and this enabled us to achieve success in most of the SGBV and GBV cases which we handled in the year. CEHURD received official recognition through a letter from the Mayuge Police for its efforts in combating SGBV in the district.

Empowered communities to participate in district budgeting
A total of 1,244 community members from six sub counties in the districts of Koboko and Maracha were empowered on citizen participation in district budget processes through sensitisation meetings. This was done in collaboration with Partners in Community Transformation. Radio talk shows were also conducted by CHAs on Pacis FM in Arua and Spirit FM in Koboko districts targeting duty bearers to amplify voices from communities to improve service delivery.



A community dialogue on governance and accountability under the DINU initiative in Tara Sub-Country in Maracha District.

CHAs and duty bearers sensitised on SGBV prevention

A total 729 (495 Female and 234 Male) community champions from six sub-counties in Hoima district were sensitised on SGBV prevention. They were drawn from the sub counties of Kitooba, Buhanika, Kyabigambire, Kigoroby, Buseruka and Kahoor. The champions were able to sensitise communities on SGBV on referral pathways aguided on access to justice mechanisms in cases of SGBV. From their reports, the SGBV champions were in position to register more than 6 cases of SGBV that were referred to police during and after the sensitization. The SGBV champions were in position to coordinate with other justice actors like the local councils, police and community development officers from their respective sub counties which strengthened collaboration between rights holders and duty bearers in addressing SGBV in their communities.

A total of 500 copies of IEC posters with information on SGBV prevention and response were produced and printed. These were disseminated by the SGBV champions to different health facilities of Butema health centre iii, Buseruka health centre iii and ii, Kigoroby health centre iv, Kyabigambire health centre iii, Kahoor health center iv and health center iii. The materials are valuable tools for health workers and the community members visiting the health centres as they elaborate the SGBV referral pathway.

Improved working relationship between young people and duty bearers in Mayuge district

As a means of strengthening working relationships between rights holders and duty bearers, CEHURD convened orientation workshops which brought together young people and duty bearers including: local leaders, youth representatives, health workers and police officers. These came from six sub counties of Imaniro, Bukatuube, Wairasa, Mayuge Town Council, and Mpungwe. Whereas,

these stakeholders were further oriented through utilizing the Human rights-based approach to advancing access to SRHR among young people, it created an enabling environment for CHAs to effectively conduct their community advocacy work. CHAs had an opportunity of airing out their experiences in accessing SRHR as well as duty bearers responding to some of the issues raised by the young people including offering solutions and commitments to support the young people.

Media engagement on SRHR and SGBV

CEHURD together with the Community Health Advocates of Mayuge district and the Mayuge district Covid 19 task force conducted radio talk shows on different radio stations in three districts of Jinja, Mayuge and Iganga. These engagements widely disseminated information about the need for young people to access SHR services most especially during the COVID 19 lockdown. Six more radio talk shows were conducted by CHAs together with health service providers, police officers and local leaders to further reach out to young people and the community at large on the need for young people to access SRHR including protection from SGBV.

Strategic Objective 5:



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

CEHURD works towards the realisation of an efficient, effective and sustainable center of excellence on health and human rights. It also strives to achieve a well-

resourced, sustainable and professional organization. The objective is realized through seven management priorities, and progress against these for this reporting period is summarized below:

Strengthening Governance systems - CEHURD realised a successful transition from the founding Board of Directors (BoD) to the Board of Trustees which appointed a new the Board of Directors. Three BoD committees were established to support the work of the BoD: Executive Committee; Finance Committee and Human Resource Committee.

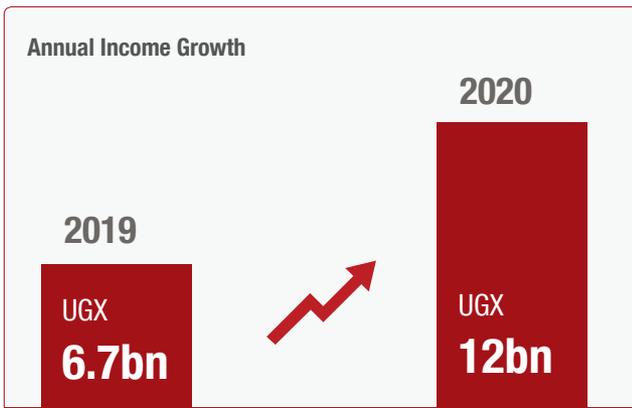
Revised and new policies approved and under implementation - These include 8 revised policies: Human Resource Manual; Financial Policies and Procedures Manual; Grants Management Manual; Whistle Blowing Policy; Anti-Fraud Policy; Safe Guarding Policy; Travel Policy; Procurement and Disposal Manual. Six new policies were: Risk Management Policy; Vehicle Use and Management Policy; Conflict of Interest Policy; Reserve Fund Policy; Board of Directors Manual and Board of Trustees Manual.

Implementation of the new organisational structure - we expanded our staff compliment from 40 in 2019 to 47 in 2020 in alignment with our new organisational structure. Seven (7) new positions were filled in the year, including: Deputy Executive Director; Human Resource Manager; Communications Manager; Legal Officer; Finance Officer; Finance Assistant and an Administrative Assistant. This also enabled us to have a fully fledged Human Resources Office which has addressed staff matters that come with increasing staff numbers, including the enforcement and monitoring of staff compliance with COVID-19 Standard Operating Procedures (SOPs).

Upgraded our financial system - our Financial Accounting system (Quick Books) was upgraded and is now functional. Training to use the system was given to our Finance staff.

Growth in income - we realised growth in annual income from UGX 6.7bn in 2019 to UGX 12bn in 2020, an increase by 44%. We received 10 new grants during the year.

Steady growth and expansion of our sub-granting portfolio. In FY20, we made 18 sub-grants to 13 indigenous organisations using funding from our various projects and programmes. This goes with technical support to these organisations to enable them manage the sub-grants and grow programmatically. As part of our quality assurance function, due diligence assessments were done before sub-granting partners; monthly audits undertaken to inform management decisions and ongoing improvements.



Significant growth of our social media following and visibility due to strengthened communications and media engagement

A total of 25 videos were uploaded on YouTube and the most viewed was CEHURD at 10-year Journey (157 views). Petition 16 judgment contributed to CEHURD’s visibility that attracted wide media coverage by local and international press. The SRHR conference stood out to become the most watched and most followed event of the year 2020. 17 publications and 51 blogs were uploaded on the CEHURD website and the most downloaded publication was Constitutional Court Petition No. 16 of 2011 judgment.



CEHURD Team during a Radio talk show on Petition16 back home, Mityana

Constitutional petition 16 on maternal health judgement received a wide media coverage by local and international press, following its release. Stories on what the judgment means featured in the Daily Monitor, New Vision, NTV, NBS, Radio One and several other media outlets. Internationally, the judgment was covered by the BBC’s Focus on Africa, The Guardian newspaper and several legal and medical blogs such as Harvard Law’s Petrie Flom Centre. Op-eds explaining the implications of the Petition 16 judgment.

Relatedly, spot messages, documentaries and investigative stories were aired by different media houses to highlight right to health issues including access to SRHR services and commodities including blood for maternal health and shelters for SGBV survivors. As a result of the publicity, this is believed to have contributed to the key milestones

A Total of	Reached Over	17 Publications
25 YouTube Videos	157 Viewers	51 Blogs
Uploaded		

registered under advocacy engagements. These included accountability for maternal mortality, conversations on teenage pregnancies, a talk show on rolling back teenage pregnancies in Uganda, and a dialogue on access to safe and legal abortion. Among the discussions was the need for the government to accelerate the plan on the phased opening of schools so that school going children are less exposed to these health risks.

Institutional Compliance with National Guidelines on COVID 19 – In preparation for the opening of the lock-down ahead of staff returning to work from Office, Guidelines for health and safety at work place during COVID-19 period were developed and are being implemented. Staff was oriented to the organizational COVID-19 prevention strategy as well as the health and safety guidelines. These also apply to the Trustees, Board of Directors, CEHURD partners, visitors and beneficiaries. The guidelines are in alignment with Ministry of Health (MoH) and World Health Organization (WHO) Guidelines as well as presidential directives. The strategy is accessible online.

All staff were provided with face masks and are required to wear them as they enter the building for work; temperatures are measured, sanitizers available at every entrance and registration done for whoever accesses CEHURD premises. Social distancing is encouraged and staff is continuously reminded to observe Ministry of Health SOPs. Awareness sessions on the reality of COVID-19 were provided where a frontline health care worker Dr. Raymond Odokonyero from Mulago Hospital COVID-19 Centre facilitated one of the sessions.

More vigilant with risk identification and management - A risk management policy was approved and staff oriented in risk management. A risk register was established and updated on a monthly basis. Risk identification and management training done and tools adapted. A risk management committee was established and became operational. The Secretariat reports to the BoD on risk management as part of Secretariat report every quarter.

Staff development through capacity building – staff were trained in different areas throughout the year to enhance their productivity and effectiveness. Key areas of training included: effective leadership and management; Sexual Reproductive Health and Rights Movement Building and institutional culture; risk management; SRHR, Monitoring, evaluation and learning (MEL) and sub-granting, among others. Two staff (Director of Finance and Operations and Knowledge Management Manager) enrolled and completed a Leadership Course with the Department of Global Health in the University of Washington, linked to Imprint Uganda. Several staff undertook exchange learning with partner organisations with shared goals and objectives. Four staff from the legal aid clinic visited the Uganda Law Society legal aid service wing in Kampala in August 2020 to pick lessons on how to manage and run a fully-fledged legal aid chamber.

Capacity building on results-based monitoring and Evaluation also included our partners under the JAS Programme. A total of 17 staff and partners were trained on results-based Management (RBM). The training provided insights in monitoring and evaluation of advocacy programmes, which is challenge to many organisations. It enabled participants to appreciate the uniqueness in monitoring advocacy programmes to focus on tracking outcomes / milestones whose data is mainly qualitative at outcome level. There has been acknowledgement among the programme partners of having better understanding of the M&E requirements for advocacy programmes and projects as further elaborated below:

“From this training, I have learnt that with advocacy projects, success stories, case studies and documentation of most significant change can be used to measure or verify the success of the project.” **Shared one of the participants on the training.**

Compliance with National Guidelines on COVID 19 – we developed and implemented an organisational strategy for the prevention of COVID -19 COVID-19 in alignment with Ministry of Health (MoH) and World Health Organization (WHO) Guidelines. In preparation for the opening of the lock-down ahead of staff returning to work from Office, Guidelines for health and safety at work place during COVID-19 period were developed and implemented. Staff were given orientation on this strategy and the guidelines, as well as on the clinical aspects of COVID-19.

A focus on staff welfare and wellness - this enabled us to cope well with the COVID-19 pandemic as an institution. Two (2) staff retreats; monthly reflections, physical activity initiatives were organised for staff throughout the year. Four (4) staff were recognised for exceptional performance throughout the consecutive quarters of the year and annual performance.

Among them are: Ms. Lumbasi Anne, Ms. Faith Nabunya, Ms. Jane Namaganda as employees of the quarter and Ms. Joselyn Nakyeeyune as employee of the year.

Strengthened monitoring, evaluation and learning - In MEL, we developed and implemented a data base for monitoring performance; revised MEL tools and templates and produced periodic performance reports. We were able to comply with both donor and management reporting throughout the year.

Center of Excellence for health and human rights in Africa - we kick-started the construction of the African Center of Excellence for health and human rights, with plans to officially open it in FY2021.

Acquired new assets – CEHURD acquired new assets during the year, which have enhanced the effective delivery of our work.



Staff carrying out their weekly physical activity under an instructor

Main Challenges and how we addressed them

- ◉ Slow progress during country lock-down due to Covid-19 - During the country lock-down, we were not able to make progress with some of our planned activities out of the need to comply with the lock down. Our legal aid services were mainly affected as we could not represent our clients in courts of law, which were not fully functional. Time was spent making paper-based preparations and researching cases, offering virtual guidance and support to our clients using virtual approaches such as through our toll – free line.
- ◉ CIVID-19 Pandemic also interrupted our community level interventions, as a result of the requirement to comply with national guidelines and SOPs in the lock-down and thereafter.
- ◉ Heavy workloads later in the year due to earlier country lock-down - we clogged most of our activities and interventions in the second half of the year, due to implementation delays caused by the Covid-19 lock-down. This came with potential for staff burn out. The mid-year staff retreat, monthly staff reflection days and physical activity were useful in addressing potential for staff burn out.
- ◉ Unanticipated cost of Personal Protective Equipment (PPE) – PPEs became part of the new normal and needed to be procured for staff and all beneficiaries of our activities. We experienced high costs associated with PPEs which were not anticipated in drawing the annual budget. We addressed this by requesting donor to authorise the use of existing budgets for PPE, as well as including them in all new budgets.
- ◉ Psychosocial needs for legal aid clinic clients - Our increasing number of clients for the legal aid clinic are presenting with enormous psychosocial issues which are beyond our mandate. Our staff in the legal aid clinic are also experience emotional stress arising from the may needs and suffering of the clients they handle. These are currently being addressed through referral to psychosocial care providing agencies and staff were supported by the Human Resource Office. We plan to look for funds to address this area in the consequent years.
- ◉ Increasing opposition against work on invisible issues - we have received a lot of backlash for openly speaking about the invisible SRHR issues like safe abortion, sex work and homosexuality. This is in form of institutional and collective attacks online. We have mobilised partners who are potential for these attacks and organised opposition monitoring training. From this training, an action plan was developed and CEHURD is coordinating its implementation. We also plan to prepare position papers on these issues and make them widely availability to clarify the health and human rights context which informs our work on such contested issues.
- ◉ Delayed reporting by sub-grantees - we undertook monitoring visits which aimed at providing support to partners as well as review of their compliance with grant requirements.

A Summary Of Key Lessons

- Adapting to new ways of work - virtual working – an approach where much can be delivered – awareness creation activities; capacity building and advocacy. The need to be flexible in a changing working environment was inevitable amidst COVID-19.
- Importance of planning for risk management, as we have had to deal with security and health and safety risks that have come with COVID-19 pandemic.
- The need to budget for PPEs moving forward as Covid-19 is still with us.
- Through the sub-granting programme, young and small organisations demonstrated very high commitment and took action towards institutional capacity strengthening, taking advantage of available opportunities. This is an important lesson which justifies the ongoing need to support small and upcoming organisations with which we have shared goals and objectives.



2020

in Numbers



CEHURD
social justice in health



Annual Overview



Promoting Social Justice in Health in Uganda



243

Community Outreaches



50

Stakeholder Engagements



69

Trainings/Workshops



45

Advocacy Campaigns



25

DISTRICTS



35

CASES



15

PUBLICATIONS



2,274,863

NUMBER OF PEOPLE REACHED

Media Analytics



Media Overview



23

RADIO TALKS SHOWS



36

TV TALKS SHOWS



35

DIGITAL CAMPAIGNS



1285

SOCIAL MEDIA POSTS



9

Documentaries



18

Newspaper Articles



102

News Features



28

Blogs

Oversight



In 2020, CEHURD and the right to health enjoyed massive coverage in both mainstream and digital media channels. In the wake of the COVID19, we leveraged on more scientific interventions/strategies. We also tried out a bunch of new ideas, strategies and platforms. This helped us reach more people and do bigger impact and massively improved on our digital footprint.

We held over 36 TV Talk Shows, 23 RadioTalk Shows, 35 digital campaigns. In the year, we made over 1285 social media posts, featured in the News 102 times, documented 9 documentaries, wrote 18 Newspaper articles and 28 blogs among others. We scored massive audience growth on social media of upto 2645 followers.

Social Media Insights



5,061,958

IMPRESSIONS/REACHES



857,430

ENGAGEMENTS



2,645

NEW FOLLOWERS



1285

SOCIAL MEDIA POSTS



2,274,863

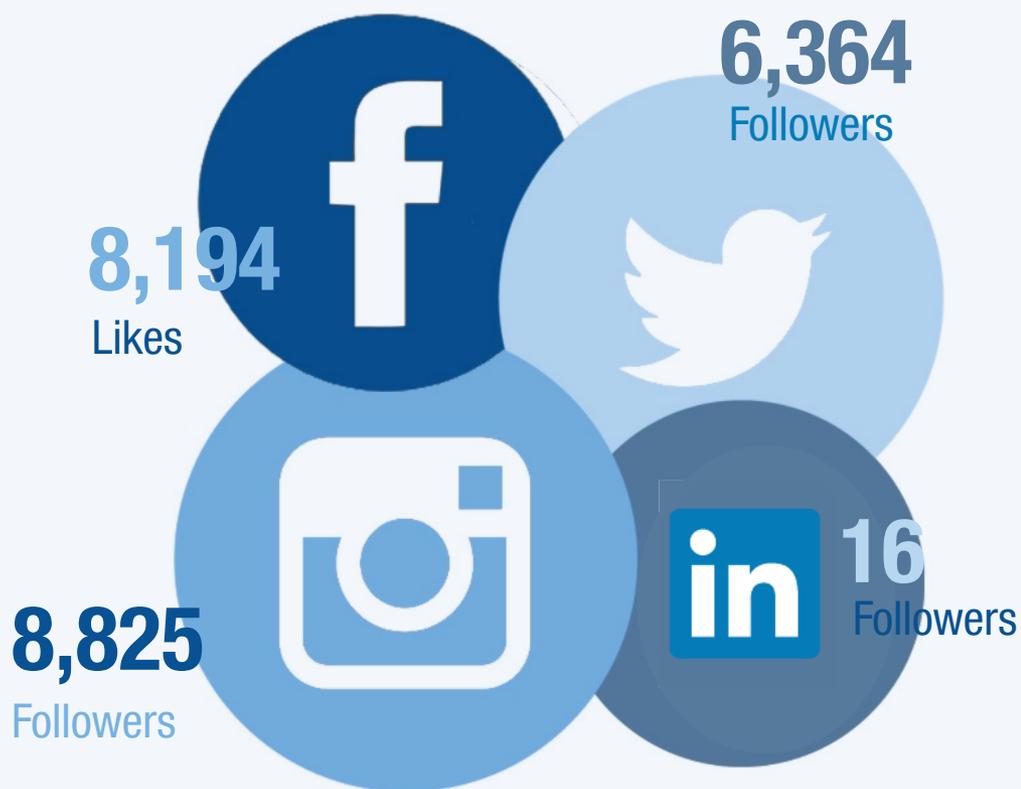
NUMBER OF PEOPLE REACHED



31

YOUTUBE VIDEOS

Audience Growth



35



Digital Campaigns

#V4H

#GetUpSpeakOut

#TimeToCare4Blood

#Shelter4GBVSurvivors

#Petition16

#SRHRWednesday

#NSHPNowNow

#NotAnotherWoman

#EndGGR

#PassThePolicy

#SRHRServices4AGYW

#GBVAndCOVID19

#SRHRConference

#Petition16BackHome

#16DaysOfActivism

#JASProgramme

#MyBodyMyConsent

#MatureBefore18

#CEHURDMoot2020

#COVID19AndHealthWorkers

#BehindTheBloodCrisis

#MaternalHealthUG

#UnifyingSRHR

#MatureBefore18

#NoGCD4Uganda

#SRHRAndCOVID19

CEHURD in MEDIA



FINANCIALS

Consolidated Statement of Financial Position

CENTER FOR HEALTH HUMAN RIGHTS AND DEVELOPMENT (CEHURD) (A COMPANY LIMITED BY GUARANTEE)
STATEMENT OF FINANCIAL POSITION AS AT 31 December 2020

	NOTES	2020 U.SHS
CURRENT ASSETS		
Cash and cash equivalents	2	5,162,787,473
Receivables	3	292,137,923
		5,454,925,396
NON CURRENT ASSETS		
Property, Plant and Equipment	4	3,055,859,490
Work in progress	5	1,154,626,400
		9,665,411,286
LIABILITIES AND FUNDS		
CURRENT LIABILITIES		
Payables	6	330,761,125
		330,761,125
NON CURRENT LIABILITIES		
FUNDS		
Capital Funds	7	3,055,491,254
General Funds	8	1,560,038,002
Restricted Funds	9	4,719,120,904
		9,334,650,160
		9,665,411,286
TOTA LIABILITIES AND FUNDS		


.....CHAIRMAN


.....EXECUTIVE DIRECTOR

2020 STAFF MEMBERS



MOSES MULUMBA
Executive Director



FATIA KIYANGE
Deputy Executive Director



GERTRUDE NAKANWAGI
Director of Operations & Finance



NAKIBUUKA NOOR MUSISI
Director of Programmes



FLORENCE MATOVU
Human Resource Manager



IBRAHIM NSEREKO
Programme Manager, SL



DOROTHY AMURON
Programme Manager, CPN



FRANCIS SERUNJOJI
Programme Manager, CEP



CHRISTOPHER BAGUMA
Programme Manager, K.M

2020 STAFF MEMBERS



JACKSON KIYAGA
Finance Manager



GRACE KEGANZI
Communications Manager



GORRET NAMYALO
Senior Quality Assurance
Officer



ANNE LUMBASI
Senior Programme Officer, CPN



ROSE WAKIKONA
Senior Programme Officer



ADRIAN DDUNGU
Senior Finance Officer



ASSUMPTA NALUKWAGO
Senior M & E Officer



CLAIRE KIZITO
Finance Officer



ISAAC MWAKA
Accounts Officer



FRANK ATEGEKA
M&E Officer



JACQUELINE TWEMANYE
Communications Officer



JOY GLORIA NASSIMBWA
Administrative Officer

2020 STAFF MEMBERS



GLORIA LAKER
Programme Officer, SL



ANNA KUKUNDAKWE
Programme Officer, CPN



JOSELYNE NAKYEYUNE
Programme Officer, K.M



VIVIEN NAKIYINGI
Quality Assurance Officer,



ESTHE DHAFA
Programme Officer, CPN



PAUL WASSWA
Programme Officer, SL



JORDAN TUMWESIGYE
Programme Officer, SL



JOB KOMAKECH
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