

CSO'S POSITION PAPER ON PROGRESS TOWARDS ACHIEVING GENDER EQUALITY AND WOMEN EMPOWERMENT BY 2026 WITH FOCUS ON BODILY AUTONOMY AND SRHR



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1. INTRODUCTION

In 1995, Uganda declared its commitment to the Beijing Declaration by appending its signature¹ on the same. This declaration was adopted Twenty five (25) years ago after the Fourth United Nations (UN) World Conference on Women. During the affirmation of the Beijing Declaration and Platform for Action, Governments participating unanimously agreed that women's rights are human rights; that the eradication of poverty requires women's involvement in economic and social development; that there must be equal opportunities for women and men in sustainable development; and that peace is attainable and inextricably linked to the advancement of women.² The Beijing Declaration and Platform for Action (BPfA) is the most comprehensive framework for achieving women's empowerment and gender equality. Governments participating agreed to bear the major responsibility for implementing the Beijing Declaration and Platform for Action, but the UN system would also have a key role to play in realizing the goals of the Beijing Conference.³

Uganda is also party to international frameworks that have clearly defined and encouraged State parties to address Sexual harassment like the United Nations General Assembly (UNGA) Declaration on the Elimination of Violence Against Women; The Convention on the Elimination of all Forms of Discrimination against Women

(CEDAW) specifically, General Recommendation No. 12 (1989) made by the CEDAW Committee ;The Beijing Platform for Action; Protocol to the African Charter on Human and People's Rights on the Rights of Women in Africa (Maputo Protocol) among others.

The Beijing Declaration and Platform of Action has twelve (12) critical areas of concern. These critical areas have been mainstreamed in various development processes and legal frameworks for Uganda including the 1995 Constitution, the Equal Opportunities Commission Act (2007), the National Youth Policy (2016), Poverty Eradication Action Plan (PEAP) 2004/5, National Action Plan 2008, National Development Plan 2010/11 to 2014/15, Sector Investment Plans, Uganda's Vision 2040 and the District Development Plans.⁴ In addition the government of Uganda domesticated the provisions of CEDAW in the Constitution and strengthened the legal and policy framework to tackle this nature of violence starting with the Uganda Gender Policy, 2007; The National Policy on Gender Based Violence, 2010; The National Action Plan on Elimination of Gender Based Violence 2016-2021; The Employment (sexual Harassment) Policy 2012; The National School Health policy: The Sexuality Education Policy, SRHR policy guidelines among others have been passed.

1. Uganda (2014): National report on implementation of the Beijing Platform for Action (1995) and the outcome of the twenty third special session of the United Nations General Assembly (2000)

2. UN General Assembly 1995.

3. IANWGE (2020): A review of the UN system's support for the implementation of the Platform for Action from 2014-2019

4. Ibid

2. CSO PLATFORM FOR GENERATION EQUALITY FORUM

To accelerate the progress for gender equality by 2030, a global public conversation for urgent action and accountability for gender equality was set to celebrate the power of women's rights activism, feminist solidarity and youth leadership to achieve transformative change. This led to the formation of the Generation Equality Forum (GEF) a global gathering for gender equality convened by UN Women and co-hosted by identified governments with the close partnership of civil society. As like-minded CSOs, formed a coalition to undertake national level interventions with influence over the global processes and decisions at the GEF in the areas of Sexual Reproductive Health, Rights and Bodily Autonomy and Integrity and sexual gender based violence.

3. CONTEXT

Over the years the government has undertaken a raft of measures to improve access strengthens bodily autonomy and access to reproductive health services for women and girls. However Uganda still suffers a persistently high maternal mortality ratio (MMR) currently at 336 per 100,000 live births⁵ with a bulk of these deaths attributed to unsafe abortion. The major reasons for these unfortunate statistics lies in the restrictive legal environment in Uganda, which criminalises abortion providers, the woman, and anyone who knowingly supplies anything for termination of pregnancy as reflected in Sections 141, 142 and 143 of the Penal Code Act⁶ yet also allows for termination of pregnancy to save the life of a woman. Uganda ratified the Maputo Protocol with reservations of article 14 (C) interpreted in a way conferring an individual right to abortion or mandating a State Party to provide access thereto. The Government has neglected to operationalize Article 22(2) of the Constitution as a way of regulating safe and legal abortion in Uganda. It's unfortunate that Uganda has a high unmet need for family planning with statistics showing that only 51% of sexually active unmarried women are currently using a family planning method, and 47% of the same categories are using a modern method.⁷ This can be attributed to myths and misconceptions but also to the persistent stock out of family planning commodities that plague the state especially during the Covid-19 pandemic. This has led to high numbers of unintended pregnancies many of which end in unsafe abortion.

SGBV continues to be one of the major development and human right challenges facing both women and men in Uganda. 22% of women and men aged 15-49 in Uganda have experienced some forms of SGBV. Women and girls are disproportionately affected and are more than twice as likely to experience sexual violence as men. Approximately 22% of women between 15-49 years are experiencing SGBV compared to 8% of men (UDHS, 2016).⁸ Upon ratification of the Convention on elimination of all forms of discrimination against women, In spite of the progress in establishing a legal framework, the country faces challenges in the implementation of the policies and laws established, access to sexual and reproductive health information and services for adolescents are still inadequate or lacking completely, and a young woman's right to privacy, confidentiality, respect and informed consent is often not considered. Adolescent girls are both biologically and psychosocially more vulnerable than boys to sexual abuse, violence and prostitution, and to the consequences of unprotected and premature sexual relations. The trend towards early sexual experience, combined with a lack of information and services, increases the risk of unwanted and too early pregnancy, HIV infection and other sexually transmitted dis-eases, as well as unsafe abortions.

4. GUIDING FRAMEWORK

Article 12 of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) enjoins state parties to take all appropriate measures to eliminate discrimination against women in the field of health care. General comment No.22 on the sexual and reproductive health (Arising from Article 22 ICESCR) right to sexual and reproductive health is an integral part of the health as enshrined in Article 12 International Covenant on Economic, Social and Cultural Rights (ICESCR).

The 2030 agenda for sustainable development: The government of Uganda committed under the 2030 agenda for sustainable development committed to physical and mental health and wellbeing including accelerating the progress made to reduce maternal mortality, ensuring universal access to sexual and reproductive health care services which includes the provision of family planning information and education.

5. Uganda Bureau of Statistics (UBOS) 2016 Key indicators report for the sixth Demographic and Health Survey, Kampala, Uganda

6. Cap 120

7. Cap 120

8. Uganda Bureau of Statistics (2016), Uganda Demographic Health Survey report

5. RECOMMENDATIONS TOWARDS ACHIEVING BODILY AUTONOMY AND SRHR FOR GENDER EQUALITY AND WOMEN EMPOWERMENT

i. **Laws and Policies:** Government should enact policies and/or review existing policies that progressively and sustainably address the SRHR needs of Adolescent and Young People. The government should expedite the finalization of the School Health Policy, Adolescent Health Policy, and other policies on adolescent health and SRHR. Once passed, these policies and laws are expected to make it possible for every learner to access relevant health services, information, knowledge and skills that are appropriate for their age, gender, culture, language and context, among others and provide guidelines on how to manage cases of pregnant school girls, address issues of menstrual health, mental health and obesity in schools.

ii. **Regional and International commitments:** The government should remove its reservation on Article 14(2) of the Maputo Protocol and review its abortion law to ensure it is consistent with international and regional human rights standards. The state should develop clear plans aimed at re-instituting and implementing the standards and guidelines for reduction of morbidity and mortality from unsafe abortion and train health service providers on the same and amend the law to ensure that provisions that criminalize abortion are expunge and adopt international best practice that facilitate regulation as opposed to criminalization

iii. **Use of Innovative approaches:** We recommend government to fully embraces the Self-Care for SRHR approach that is grounded in human rights principles as it has the potential to address the challenges of adolescents in accessing SRH services, and expedite the finalisation of self-care guidelines. Innovative approaches like the Harm Reduction Model (HRM) an approach used to reduce risky health behaviors like abortion and drug use among adolescents. These have been proved as viable and essential options

iv. **Tackling Gender Based Violence:** We recommend government to support the implementation of the Gender Based Violence Policy and Action Plan 2016. Since most survivors of SGBV are suffering in silence or submitting to

their violators due to lack of services including health, justice, psychosocial and safe spaces for SGBV survivors that are nonfunctional. The government should also commit to ratify and implement the ILO Convention 190 on eliminating Gender-Based Violence and Harassment in the world of work by 2026 in close partnership with the private sector and review the Employment (Sexual Harassment) Policy, 2012.

6. CSOS COMMITMENTS TOWARDS ACHIEVING BODILY AUTONOMY AND SRHR FOR GENDER EQUALITY AND WOMEN EMPOWERMENT

CSOs play a crucial role in working towards gender equality and women's rights through representing, supporting and defending vulnerable groups of women; keeping gender equality and women's rights issues on policymakers' agendas; fighting for women's rights at a legislative level; and holding governments and other stakeholders to account over their implementation of gender-related commitments. The CSOs GEF commits to:

- Continuously work with and engage policy makers, development partners and communities to contribute towards ensuring a progressive environment that respects and upholds bodily autonomy and Sexual and Reproductive Health and rights as key elements for achieving gender equality
- Play a crucial role in working towards gender equality and women's rights through institutional policy programming and include gender equality interventions at implementation level.
- Strengthen partnerships with government and work with Development Partners, likeminded Civil Society Organizations, Religious and Traditional/Cultural Institutions and the Private Sector on prevention and response to end Gender Based Violence.

Generation Equality Forum CSOs Platform-Uganda: Center for Health, Human rights and Development (CEHURD), National Union of Women With Disabilities of Uganda (NUWODU), Reach A Hand Uganda (RAHU), The Uganda Association of Women Lawyers (FIDA Uganda), Women with a mission (WWM) and the Women's Probono Initiative (WPI)