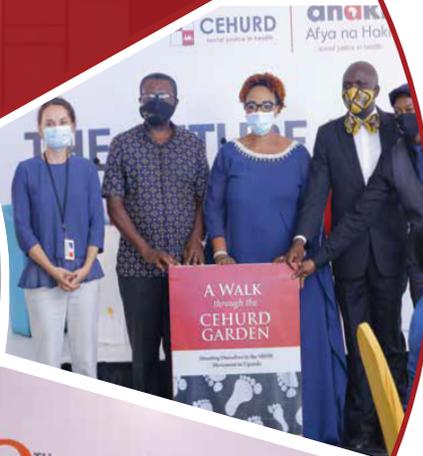


Smooth Leadership Transition is Possible for African NGOs



CEHURD
social justice in health

2021
ANNUAL REPORT

2021 | ANNUAL REPORT



CEHURD
social justice in health

Smooth Leadership
Transition is Possible
for African NGOs

Table of Contents

Message from the Out-going Executive Director.....	4	Rights as a Key Strategy for Sustainable Development in Uganda, Regionally and Globally	27
Message from the In-coming Executive Director.....	6	Strategic Objective 3: Enhance Institutional and Programmatic Growth Through Knowledge Management.	33
Message from the Chairperson, Board of Directors	8	Strategic Objective 4: Building Community Capacities and Agency on Health And Human Rights	37
Acknowledgements.....	10	Strategic Objective 5: Strengthen Cehurd's Institutional Capacity, Financial Independence and Operational Efficiency to Deliver on Its Mandate	41
Acronyms	13	Main Challenges and Lessons Learned	49
About CEHURD	15	CEHURD in Numbers	50
Introduction	16	Financials	58
2021 At A Glance	18	2020 Staff Members	59
2. Programme Development And Implementation	22		
Strategic Objective 1: Promote Sustainable Access to Justice in Health and Human Rights in Uganda	22		
Strategic Objective 2: Position Health and Human			

Message from the Outgoing Executive Director



Over the past twelve (12) years, the Center for Health Human, Rights and Development (CEHURD) has evolved from a department in a law firm to a reputable non-governmental organisation pioneering social justice in health and human rights in health systems in Uganda, on the continent, and globally through litigation, advocacy and community empowerment.

Since its inception, I have been at the helm of CEHURD as the founding Executive Director. We have been able to record growth, successes and have impacted society by working with a dedicated team and an enabling governance structure who have guided and supported me since 2009. CEHURD has received support and goodwill from all of you, who believed in our potential to fill the existing gap in the right to health advocacy space. You have also nurtured our capabilities through both direct and indirect support towards our efforts and this has seen us achieve milestone after milestone. Our vision and mission remain alive and relevant 12

“

As the founding Executive Director of the organisation, I am aware of the importance of managing the transition well. To that effect, steps have been taken to ensure that the transition takes place as seamlessly as possible.

years later.

Transitioning

In June 2020, some of CEHURD's Founding Board of Directors, having served their terms, transitioned into a Board of Trustees and a new Board of Directors was appointed. This followed the ushering in of our third five-year strategic plan of 2020 – 2024. In the same way, having steered CEHURD for the past 12 years, I am transitioning from the role of CEHURD's Executive Director to continue growing the CEHURD establishment in a different way effective 1st January 2022, as elaborated further in the final section of this communication.

New Leadership at CEHURD's Secretariat

Ms Fatia Kiyange, who has served CEHURD as the Deputy Executive Director in the last two years will steer the institution forward as the new Executive

Director effective 1st January 2022, with the support of the Board of Directors; the Board of Trustees; the staff team and all our partners and stakeholders, many of whom are already updated on this development.

The Executive Leadership transition at CEHURD has also come with a review of the institutional structure. Moving forward, CEHURD's Senior Management Team (SMT) will constitute two deputy executive directors, including one for programmes (Ms Nakibuuka Noor Musisi) and another for operations (Mr Gracias Atwiine); the Director of Finance (Ms Naome Juliet Namusoke) and Human Resource Manager (Ms Florence Nakanwagi). The SMT will be supported by a team of Managers and Heads of Departments who constitute the Middle Management Team (MMT).

Change management

As the founding Executive Director of the organisation, I am aware of the importance of managing the transition well. To that effect, steps have been taken to ensure that the transition takes place as seamlessly as possible. The change management process has been ongoing through the last two years and will continue with my support and that of the Board of Directors and Trustees. Related concerns and fears of staff and partners were identified and are being addressed continuously. Staff have expressed commitment to supporting Ms Kiyange in taking forward the work of CEHURD and continuing to work towards a vibrant and sustainable organisation.

Next steps on my end

Despite CEHURD's institutional progress made in the areas of health, human rights, and sexual and reproductive health and rights (SRHRs) advocacy, there is not enough work yet to build the capacities

of the actors and institutions from an Afrocentric point of view. The art and methodology of activism remains largely undocumented and untaught, leaving future advocates to learn on the job. There is also no repository for these lessons for future generations to utilise. The result is that transfer of knowledge and the opportunities for innovation within the space of health, human rights and SRHRs advocacy remains inadequate to respond to the challenges of the contemporary issues faced by the advocacy moment

To fill this void, CEHURD is creating, [Afya Na Haki Afrika](#) (ahaki), - as its Centre of Excellence, to serve as a hub for multi-sectoral and regional coordination in health, human rights and SRHRs advocacy and as a crucible for innovation in this field. This will be a centre for innovating, researching, teaching and, above all, sustaining health, human rights and SRHR from an Afrocentric point of view. It will deepen, align and maximise our impact through documentation, greater collaboration and regional knowledge sharing across Africa. The CEHURD Board of Trustees have entrusted me to spearhead this innovation, for which I will serve as the Director General from January 2022. As we begin the life of Afya na Haki Afrika, we would like to spend a considerable amount of time understanding what Afrocentrism means in doing work on health, human rights and SRHRs.

For now, I call upon you all – the staff, Board of Directors, Trustees, our partners and stakeholders to accord Ms Kiyange the same support you have given me for the past 12 years. I am confident that she will steer CEHURD to exceptional heights, as we strive to achieve social justice in health and human rights for our various constituents.

Thank you.

Mulumba, Moses,
Founding and Outgoing Executive Director

Message from the Incoming Executive Director



“ I am convinced that health and social justice systems can be changed using the law and policy to eliminate the current inequities, inequalities and injustices. This requires us to continue being deliberate in addressing emerging and critical health and human rights issues; seizing advocacy opportunities; using evidence-based advocacy; a focus on realising systemic change, as well as impact at the community and individual level; building and sustaining a strong movement and coalitions for collective advocacy; resource mobilisation; managing change and adapting to the fast-changing operational environment.”

Dear colleagues, friends, partners and supporters of CEHURD,

Allow me to congratulate you upon the milestones you have realized as individuals, institutions and communities in this year, 2021. I thank you for the support and mutual collaboration you have accorded CEHURD this year and throughout the journey of 12 years of advancing social justice in health and human rights in Uganda and the African region.

Among our milestones at CEHURD this year, is the evidence-based stance on executive leadership transition which has seen the Founding Executive Director, Mr Moses Mulumba hand over leadership to me as the new Executive Director of CEHURD.

I feel honoured, being trusted by the Trustees, Board of Directors and Management of CEHURD to take forward the vision and mission of this vibrant indigenous organisation, which has set the mark through its work on advancing social justice in health and human rights for the most vulnerable communities.

While this feels like a big challenge ahead of me, I know that CEHURD shares this vision and mission with you all and together we will realise this goal. We have together achieved so much in the field of health, human rights and Sexual and Reproductive Health and Rights (SRHR) and yet we still have a lot ahead of us. CEHURD's past work with you all already provides many

opportunities which we need to innovatively tap as we continue with the work ahead of us. I therefore invite you to continue walking with CEHURD in this journey of ensuring the realization of social justice in health for all. Our major task continues to be bringing forward those furthest behind.

Having served CEHURD as the Deputy Executive Director in the last two years, and with more than 20 years of my career grounded in the realisation of social justice in health and social welfare systems, I know that there are still many people who are not able to access quality health care for many different reasons. I am convinced that health and social justice systems can be changed using the law and policy to eliminate the current inequities, inequalities and injustices in the health system. This requires us to continue being deliberate in addressing emerging and critical health and human rights issues; seizing advocacy opportunities; using evidence-based advocacy; a focus on realizing systemic change, as well as impact at the community and individual level; building a strong movement and coalitions for collective advocacy; resource mobilisation; managing change and adapting to the fast-changing operational environment.

All of us at CEHURD including the Management, Trustees and Board of Directors are committed to taking CEHURD into the next phase of its journey. In this journey, we will carry with us lessons from the past and build onto the achievements and strong foundation established in the last 12 years. This will only be possible with the support we have in you. We will embrace and work with the existing and new partnerships and collaborations. Internally, our new leadership will sustain, strengthen and work on robust internal systems and structures that will ensure institutional sustainability for CEHURD.

Please also allow me to congratulate the entire CEHURD community for the establishment of the new African Center of Excellence for Health, Human Rights and SRHR Advocacy – *Afya na Haki (Ahaki)* which was launched on 4th November 2021. The semi-autonomous entity has been established with a mandate is to foster and nurture Afrocentric leadership and innovation in health, human rights and SRHR advocacy, as well as focus on sustainability of this work as the institution. With Mr Moses Mulumba, the founding and out-going Executive Director of CEHURD committed to the growing of this new entity as the Director General from January 2022, I have no doubt that the wealth of experiences, knowledge and lessons drawn from CEHURD's work over the last 12 years coupled with new research and innovations in health, human rights and SRHR will be harnessed further to impact on health and social welfare systems in Africa and globally.

I look forward to working with you all to create more impact at the systems and individual level in this new portfolio as Executive Director of CEHURD. The CEHURD Secretariat, together with the African Center of Excellence for health, human rights and SRHR - *Afya na Haki* - are excited with these new developments and look forward to work with you in the new year to continue with advocacy work as well as research and advocacy capacity development.

Thank you.

Fatia Kiyange,
Incoming Executive Director

Message from the Chairperson, Board of Directors



“As a Board, we pledge our continued support to the new leadership and call upon our stakeholders and partners to support CEHURD as it continues to manage these important changes. We remain focused on achieving the commitments we made through our 5-year strategic plan.”

Colleagues and friends,

Welcome to the FY2021 edition of our annual report, themed “Smooth Leadership Transition is Possible in African NGOs.” The year will remain a historical one for the Center for Health, Human Rights and Development (CEHURD) as we experienced great milestones and major institutional changes amidst the exceptional programmatic and operational work undertaken by the Secretariat staff.

Throughout the year the Board has been providing strategic guidance to the management at CEHURD on important institutional processes; key of which was leadership transition from our Founding Executive Director, Mr Mulumba, Moses to Ms Fatia Kiyange. This was informed

by an evidence-based process that involved commissioned research in which key CEHURD stakeholders were consulted on the transition process. As part of the process, we had a review of literature and case studies analysis on the experiences of other non-governmental organisations (NGOs) on founding leadership transitions in Africa. Together with the staff at CEHURD, the board informed the transition process and ensured that key emerging issues were picked up, documented and implemented as part of the process. This research, combined with the strong internal systems and structures we have put in place, provided us with a road map and options for a smooth leadership transition. We remain open to sharing our experiences and lessons with other NGOs on leadership transition.

Our incoming Executive Director, Ms Fatia Kiyange joined CEHURD more than two years ago as Deputy Executive Director. In her role, she demonstrated significant support to the Executive Director in providing leadership for the operationalisation of our five-year strategic plan (2020 – 2024). The Trustees and Board of Directors are confident that Ms Kiyange has what it takes to lead CEHURD into its next phase of growth and development. Leadership changes at CEHURD have also come with a review of the institutional structure that has seen the introduction of two Deputy Directors to enhance efficiency and effectiveness of the incoming Executive Director to deliver on her mandate. As a Board, we pledge our continued support to the new leadership and call upon our stakeholders and partners to support CEHURD as it continues to manage these important changes.

We remain focused on achieving the commitments we made through our 5-year strategic plan. Our third strategic objective is to enhance institutional and programmatic growth through knowledge management and as part of this, we set out to establish a Center of Excellence (COE) for Health and Human Rights in Uganda, Africa and the Global South. I am glad to report that we were able to establish an African COE for health, human rights and Sexual and Reproductive Health and Rights (SRHR) in the name of [Afya na Haki](#) (Ahaki), which is a research and training institute. AHAKI was officially launched by the Uganda Minister of Health, Hon. Jane Ruth Aceng Ocerro on 4th November 2021. The Board of Trustees tasked CEHURD outgoing Executive Director, Mr Mulumba, Moses to support the operationalisation of this Center as the first Director General. Please join me to congratulate him!

Finally, I would like to applaud the CEHURD Board of Trustees, the Board of Directors, the Founding Executive Director and Management team as well as the staff team for realising great milestones in the year and professionally managing major institutional changes. I wish to acknowledge and appreciate the significant support we received from our partners, donors, supporters and other key stakeholders that enabled us realise major milestones, including the smooth leadership transition process. We look forward to greater collaboration with you all as we move into the next phase of CEHURD's journey for realising social justice in health systems.

Mark Tumwine
Board Chairperson

Acknowledgements

Our Donors and Partners

The year 2021 had great achievements and milestones for CEHURD and this was possible because of the sustained support from our donors and partners. We acknowledge and appreciate this support and pledge our continued commitment towards advancing social justice in health and human rights, especially for those that are furthest behind. The following donors and development partners are appreciated for their support through the year.

- Aidsfonds
- Amplify Change
- Center for Reproductive Rights (CRR)
- Danish Family Planning Association (DFPA)
- European Development Fund (EDF) through the Office of the Prime Minister (OPM) in Uganda
- Foundation Open Society Institute (FOSI)/ Foundation to Promote Open Society (FPOS)
- Open Society Initiative for Eastern Africa (OSIEA)
- International Planned Parenthood Federation (IPPF)
- International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR)
- London School of Hygiene and Tropical Medicine
- National Democratic Institute (NDI)
- Planned Parenthood Global
- Population Action International (PAI)
- Reproductive Health Uganda (RHU) / Rutgers
- Safe Abortion Action Fund (SAAF)
- SEATINI
- Self-Care Trailblazer Group / Population Services International (PSI)
- SONKE Gender Justice
- Stichting Aidsfonds
- Swedish International Development Cooperation (Sida)
- The William and Flora Hewlett Foundation
- Wellspring Philanthropic Fund
- WEMOS Foundation

Our Networks and Collaborations:

CEHURD continued to realise progress against its five-year strategic plan with major achievements throughout the year 2021 because of the sustained support and positive relationship with its partners and collaborations that include individuals, organisations, coalitions and consortia. We are grateful for this partnership and collaboration. Some of these partners and collaborations are:

- Civil Society Budget Advocacy Group (CSBAG)
- Civil Society Coalition on Reproductive Maternal Neonatal Adolescent and Child Health
- Civil Society Advocacy Consortium responding to long-term health and social sector problems and structural weaknesses exposed by Covid-19
- Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)
- Coalition on Access to Essential Medicines
- Coalition to Stop Maternal Mortality in Uganda (CSMMU / Petition 16)
- Generation Equality Forum Coalition Partners
- JAS Programme Partners at national level
- JAS Programme Partners at district level
- Local Sustainable Communities Organisation (LOSCO)
- Professional Associations and Councils
- Sexual and Reproductive Health and Rights Alliance
- Solidarity for Women's Rights
- The Non-Communicable Disease Alliance Uganda Uganda HIV/AIDS advocates
- UN Women
- Voices for Health partners

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:

- Equal Opportunities Commission
- Law Reform Commission
- Local Government in districts where we have interventions
- Ministry of Justice and Constitutional Affairs
- Office of the Prime Minister
- Parliament of Uganda
- Professional Associations and Councils: Uganda Medical Association; Uganda Law Society; Uganda Law Council; Uganda Nurses and Midwives Council; Uganda Medical and Dental Practitioners Council
- The Ministry of Health, Uganda
- The Ministry of Education and Sports
- The Ministry of Gender, Labour and Social Development
- Uganda Human Rights Commission

List of Acronyms

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

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

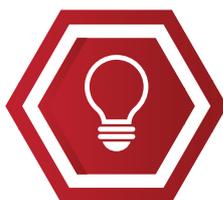
About CEHURD

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 access to social justice in health and human rights for the most vulnerable communities.



OUR MISSION

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



OUR VISION

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



OUR GOAL

Enjoyment and Observance of Health and Human Rights by All.

OUR 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 realisation 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.

1. INTRODUCTION

This report is a consolidation of CEHURD's key interventions, achievements, challenges, lessons, recommendations and financial performance during the year 2021. This marks the second year of implementation of CEHURD's five-years strategic plan 2020- 2024.

During the year, CEHURD continued to operate within the context of COVID-19 while adhering to the national set guidelines for the protection and prevention of the spread of COVID-19. The year 2021 was historical for CEHURD with major institutional developments. During the year, CEHURD implemented an executive leadership transition plan for the first time, a process which was informed by research. This led to a successful appointment of CEHURD's second Executive Director, replacing the organisation's Founding Executive Director. As part of realising its third strategic objective, CEHURD established an African Research and Training Institute for Health,

Human Rights and Sexual and Reproductive Health and Rights (SRHR) – *Afya na Haki* (Ahaki), which is a semi-autonomous institution that is aimed at harnessing Africa's potential in health and human rights within the African region.

CEHURD continued to strengthen and have close collaboration with key government line ministries and agencies and other partners as a way of influencing a common voice to address the right to health challenges experienced in the country. The implementation of the Petition-16 Constitutional Court ruling on maternal health was a major highlight for CEHURD and its collaborating partners, with the Ministry of Health making commitments and critical advancements such as the first maternal health audit in the country being flagged off in the year. CEHURD secured another two landmark Court Rulings in the year: the regulation of Covid-19 treatment and management costs and on Comprehensive Sexuality Education

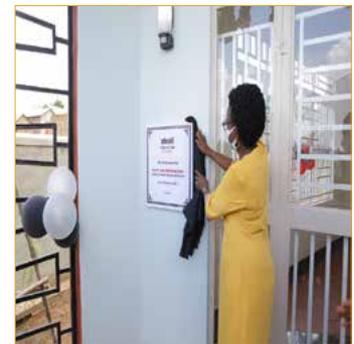
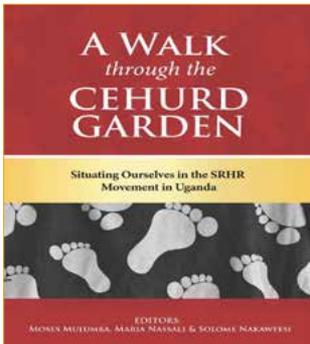


(CSE). In the same year, the Health Committee of Parliament endorsed a consensus statement with 15 commitments on health, human rights and SRHR to address during their five year tenure. In recognition of CEHURD's outstanding contribution towards the realisation of the right to health in Uganda, our Executive Director, Mr Mulumba, Moses was nominated for the European Union Human Rights Defenders Award and one of our lawyers, Ms Rose Wakikona was nominated for the Women in Law Award. One of our youngest staff, Ms Marian Kayaga was appointed the president of the Youth Advisory Committee of SRHR Alliance.

During the year, CEHURD implemented interventions in 27 districts with an expansion to 15 districts including: Yumbe, Aura, Kitgum, Packwach, Pader Namutumba, Iganga and Iganga municipality,

Isingiro, Mbarara, Busia, Yumbe, Butaleja, Kamuli, Gulu and Lira. This was possible through formal partnership and collaboration with community-based organisations (CBOs) including those led and coordinated by Community Health Advocates (CHA) empowered and nurtured by CEHURD. This collaboration is also extended to local government by securing Memoranda of Understanding (MoU) with the district authorities.

Overall, more than 30 decision-makers and policymakers, and 305 partners were engaged throughout the year, including CSOs, Government institutions, media, private sector, professional councils and associations. This facilitated realisation of outstanding success and milestones that were registered in the year as summarised in the next section below.



2021 AT A GLANCE

STRATEGIC OBJECTIVE 1



Increased access to justice through litigating

189 *new complaints were received* from different parts of the country through referrals, the call centre, legal aid tents, and walk-ins and 54 SGBV cases were investigated.

43 *cases handled* 18 are strategic and 24 are pro-bono cases

2 *strategic landmark court rulings* were received which set precedent on the right to health in Uganda. These include; (i). The COVID-19 fees case and (ii) the CSE case ruling.

2 *successful mediations were handled.* One on maternal health, and another where a family was assisted in the release of the body of their loved one due to failure to pay hospital bills during the second wave of COVID-19.

4 cases were filed in court out of which 3 were strategic cases and 1 pro-bono case on maternal health to further CEHURD's mandate.

11 *strategic cases were handled* out of which 3 cases were concluded and pending judgment.

5 *health workers arrested* for providing PAC services were rescued.

33 medical interns who were arrested for demonstrating due to government failure to fulfil their commitment to raise their salaries were rescued.

14 watch briefs for SGBV cases

Decision makers became responsive in implementation of judgements received by CEHURD demonstrated through actions taken as reflected below;

Memoranda

- Under the COVID-19 case, the Ministry of Health developed a fees structure which is pending presentation to parliament and gazette.
- Under Constitutional Petition No. 16, The maternal health audit is conducted by the Ministry of Health and reports

to be presented to parliament on a quarterly basis.

- Under Constitutional petition 64, the issue of derogatory language to refer to persons with mental problems was addressed in the Mental Health Act. It helped the court to question and problematise the language in the law.
- CEHURD was approved to be part of Legal Aid Service Provider (LAPSNET) which expands collaboration with diverse legal aid service providers across the country and opportunity for capacity building in legal aid service delivery.

189 community members were provided with free legal aid services

- Increased number of universities that participated in the 8th Annual inter- University Constitutional Law Moot Competitions from 8 universities in 2020 to 11 universities in 2021. This creates a cohort of young lawyers who can litigate and advocate for the right to health

2021 AT A GLANCE

STRATEGIC OBJECTIVE 2



5 Progressive laws, policies, and guidelines that impact health and human rights tabled, discussed, and/or enacted with a human rights and gender-sensitive lens:

- National Sexual and Reproductive Health and Rights Policy.
- Sex Offences Bill – facilitated a session in Parliament.
- Proposed amendments in the NHIB, passed by Parliament with CEHURD recommendations.
- National Self-Care Guidelines.
- Self-Care and the concept of consent to services for adolescents were incorporated in the draft National Adolescents Health Policy and the National Adolescent Health Strategy drafts.

452 people trained on health and human rights - health workers, members of parliament, district leaders, journalists, religious leaders, and police, among others.

The Ministry of Health consideration to include annual maternal audit status report into the sharpened plan for reproductive, maternal, neonatal, adolescent, and child health.

Political commitments were made on health and human rights with the major one being the consensus statement endorsed by the Health Committee of Parliament with 15 commitments on health, human rights and SRHR to address during the Committee 5 year term.

On 2nd November, 2021, the Minister of Health committed to have the fees' structure for Covid-19 treatment and management to guide charging of fees in private health facilities gazetted.

Coordinated local CSOs participation in Generation Equality Forum (GEF) in Paris – including the submission of CSO position paper on bodily autonomy and SRHR.

CEHURD provided national leadership for self-care advocacy.

Universal periodic review report for the health rights cluster highlighting the human rights gaps submitted to the UN Human Rights Office of the High Commissioner, and reviewed in the 40th session during the third cycle of UPR. This is an opportunity to hold governments accountable for the actions taken to improve human rights violations in Uganda.

6 successful critical campaigns

were undertaken with some of these generating immediate results amidst Covid-19 country lock-down: the access to oxygen campaign, cost of Covid-19 treatment and management campaign, Health budget cut, Gender Equality Forum, safety in public health facilities and digital campaign on safe and legal abortion.

10 major advocacy engagements were conducted, reaching 936 people.

Embraced inclusivity and diversity in advancing SRHR and the right to health nationally by expanding space for engagement with partners including mental health, differently-abled people, and gender diversity, among others.

Strengthened partnerships with key government Ministries, Departments, and Agencies (MDAs including the Ministry of Health, Ministry of Education and Sports, Ministry of Gender, Labour and Social Development and Parliament that culminated in collaboration to review policy documents and discussions to implement decisions made in Court of Law.

Brought on board strategic partners, including: National Youth Council (NYC), National Union of

2021 AT A GLANCE

Women with Disabilities (NUWO-DU), Women With A Mission (WWM), Women's Probono Initiative (WPI), UN Women, Awesome Mind Speaks Uganda, and Nile Girls Forum, among others.

As part of regional work, CEHURD Convened the Community of Practitioners on Accountability and Social Action in Health (COPASAH) partnership, East & Southern Africa – Kenya, Uganda, Rwanda, South Africa, Zimbabwe

STRATEGIC OBJECTIVE 3

8 research reports written and published on health, human rights, and SRHR – men, masculinities & SRHR; Gender Equality; Global Health Financing facility & results-based financing, etc.

SRHR journey documented to provide reference and evidence on advocacy done over the years to improve SRHR.

Centre of Excellence launched to operationalise CEHURD's sustainability plan and research agenda.

STRATEGIC OBJECTIVE 4

Community Health Advocacy Model developed to provide a framework for designing and programming evidence-based community-led advocacy initiatives.

60 district leaders were engaged through meetings, dialogues, and community Barazas where the health service delivery gaps were identified.

CEHURD was officially recognised to serve on the Wakiso District Local Government Human Rights Committee to provide technical expertise in human rights and gender mainstreaming

Community-driven advocacy engagements are promoted demonstrated through meaningful engagement of community structures with district leaders. 196 advocacy engagements were held reaching more than **2,819** people in **15** districts.

155 district leaders are oriented to their roles & responsibilities in

promoting good governance, performance, and accountability.

116 Community Health Advocates from **7** districts capacitated on health, human rights, SRHR, legal empowerment & social accountability – Koboko, Maracha, Buikwe, Gomba, Kiboga & Kyankwanzi, Wakiso.

35 cases of health rights violations were reported by CHAs from **5** districts - Hoima, Buikwe, Maracha, Wakiso, Kiboga – GBV, and maternal health.

2021 AT A GLANCE

STRATEGIC OBJECTIVE 5

Expansion of grants portfolio and work under CEHURD's key thematic areas through partnership grants which boost inclusive movement building.

14 policies were approved by the Board to advance CEHURD's institutional growth

Staff competencies strengthened in different areas where all staff had an opportunity to undertake capacity building in at least one area.

Board Committees operationalised: Governance, Finance, Human Resource

In 2021, a total of **26** grants and collaborations were active and being implemented through **26** projects. Of the **26** grants implemented this period, **9** were new

A total of 34 sub-grants were awarded to 28 indigenous organisations.

All staff underwent Covid-19 tests & **33** (54 per cent) supported by CEHURD to be vaccinated against the coronavirus.

The staff complement grew from **47** in **2020** to **61** in **2021** bringing on board staff with diversified experience in varied capacity areas.



2. PROGRAMME DEVELOPMENT AND IMPLEMENTATION

During this period, CEHURD operated in over 27 districts with expansion in the eastern region (Bukedea and Sebei), Northern Uganda, and West Nile implementing district-based projects. Some of the districts include; Buikwe, Butalejja, Gomba, Gulu, Hoima, Jinja, Kampala, Kiboga, Koboko, Kyankwanzi, Mayuge, Mbale, Mbarara, Mukono, Ngora, Tororo, Wakiso, Iganga, Namutumba, Arua, Maracha, Yumbe, Kitgum and Pader.

A summary of the key interventions and achievements in the year against the five strategic objectives is described below.

STRATEGIC OBJECTIVE 1



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

Under this strategic/programme objective, CEHURD seeks to create an enabling legal environment and justice system that promotes, respects, and guarantees the right to health. Strategies and interventions are implemented mainly by the Strategic Litigation Programme supported by other Programmes.

i. Litigation

CEHURD has a total of twenty-two (22) ongoing strategic

cases in court. During the year, court appearances, legal experts' meetings, filing of written submissions, and negotiations for settlements were made for eleven (11) cases. Trial processes were concluded for three (3) cases and are now pending judgments from the court. They include; the Case challenging the privatisation of the New Mulago Specialised Women and Neonatal hospital (Misc. Cause No. 235 of 2019); a case challenging the actions of the China Communications Construction Company Ltd of blasting rocks within area without permit from NEMA (Civil Suit No. 14 of 2018); a case challenging various sections of the Plant Varieties Protection Act (Constitutional Petition No. 22 of 2015); and a case against the government challenging the conducting of COAST on children with respiratory diseases as a violation of their right to life (Misc. Cause No. 429 of 2019 (Ethics case).



ED Moses Mulumba (middle) addresses media about the case on regulating fees for COVID-19 treatment

Two (2) strategic cases were filed to challenge human rights violations which include (i). Miscellaneous Cause No.198 of 2021 (the Covid-19 case) which is challenging the lack of regulation of fees charged in private health facilities and was concluded through a consent judgement. Implementation of the judgement is ongoing and (ii). Constitutional Application No. 05 of 2021 (the Budget case) which is challenging the failure of the Government to prioritise and increase funding for maternal health as instructed by Constitutional Petition No. 16 of 2011 judgement which was challenging the failure of the government to provide basic maternal health commodities.

Two (2) conclusive court rulings received for strategic cases and implementation is in progress. Through these cases, CHEURD Secured 2 strategic precedents on the right to health in Uganda. . They include;

- (i). Miscellaneous Cause No.198 of 2021 (the Covid-19 case), a case challenging the lack of regulation of fees charged in private health facilities. A consent judgement was entered, with the Ministry of Health agreeing to develop a fees structure to guide the charging of fees in private health facilities. The fees' structure was developed by the Ministry and is pending submission to the Cabinet for consideration. This was affirmed by the Minister of health during the launch of the Center of Excellence on 4th November 2021.

“The Court ruling has given me powers to regulate the cost of treatment for Covid-19. These have been developed & are being gazetted soon”. Hon. Dr. Jane Ruth Aceng Oceru, Minister of Health

- (ii). Miscellaneous Cause No. 309 of 2019 (the CSE case) where CEHURD challenged the ban of Comprehensive Sexuality Education (CSE) as a violation of the rights to; access information; education and health. The ruling was delivered in November 2021 and Hon. Justice Lydia Mugambe directed the Ministry of Education and Sports to develop a comprehensive sexuality education policy within two years, among other orders. CEHURD has taken steps to popularise the judgment to ensure awareness.

During the year, two Judgements received in previous years were implemented to promote the right to health. They include;

(i). The landmark Constitutional Petition No.16 of 2011 on maternal health for which the Ministry of Health is undertaking weekly maternal and neonatal surveillance. Plans for the Ministry to conduct the first maternal health audit in the country were in advanced stages by end of 2021. Plans are underway for the surveillance and audit reports to be presented to the Parliament of Uganda as ordered by Court. This was acknowledged as a best practice by other member states of the East African Community during their meeting in Burundi.

(ii). In the child health case (baby theft) against Mulago National Referral hospital where a court decision was released in 2017, CEHURD for the first time in Uganda filed in Court a report on the implementation of the judgment on social economic rights. The report highlights the progress on the implementation of the judgement and areas that require further directives from Court, including management of new borns at Kawempe

Hospital. The filing of this report attracted significant media attention on Twitter, reaching 327,000 people.

Relatedly Hon. Justice David Batema highlighted that CEHURD's Mental Health case decision addressed the issue of the derogatory language used in colonial laws like the Mental Health Act.

"We have had political independence but we have not had legal independence. The laws we apply are colonial... If we are going to become more independent, let us look at the laws that we are applying so that we generate our own jurisprudence; we amend and repeal the colonial laws so that we care about how to ... treat people with mental disabilities... we have laws talking about people with mental disabilities as lunatics, imbeciles, idiots. It is until CEHURD brought a case to court that we began questioning and problematising such language in our law" Hon. Justice David Batema.

ii. Legal representation

During the year, CEHURD received and documented 189 new complaints from different parts of the country through referrals, the call centre, legal aid tents, and walk-ins. The complaints were largely on Sexual Gender Based Violence (SGBV) from which we followed up and investigated a total of 54 cases. More than 60% of our new cases are received through the Call Centre. Other cases we received and managed in the year are in the areas of: maternal health, abortion related, health mismanagement, failure to pay medical bills and wrong diagnosis. We also received cases of child neglect, land matters and succession which were referred to our partners working on these areas.

Twenty one ongoing probono cases in court and quasi-judicial bodies were handled. Through legal support, there were 14 SGBV cases watch briefs, two convictions secured on pleas of guilty, four (4) committals overseen to the high court and attended court in eight (8) cases.; CEHURD and attended court to finalise trial process of seven (7) civil cases in the year.

Successful mediations were conducted in three matters that included;

1. A settlement with one of the private hospitals in Kampala where a dead body that was detained due to failure of the family to pay fees during second wave of COVID 19 was released. Following this intervention, [the Medical Dental and Practitioners council warned the hospitals against detaining bodies;](#)
2. Mediation and settlement were conducted with a Health Center III in Maracha district over a maternal health case where a mother delivered on the roadside having been turned away from the health facility;
3. A settlement agreement was drafted for the maternal death case with St. Charles Lwanga Buikwe District



CEHURD team addressing media about a newly filed Maternal Health case of Namisindwa at Mbale High court.

One new pro bono case was filed in the High Court of Mbale district challenging the maternal death of a woman caused by the quality of care received at Butiru Hospital.

More cases were managed through our sub-grantee partners. Human Rights Awareness and Promotional Forum (HRAPF) for example managed 20 GBV cases reported from the refugee settlement in Yumbe District and these were mainly in the areas of physical violence/assaults, emotional violence, defilement, rape and economic abuse. They were able to manage another 10 LGBTIQ cases reported from Kampala District in the areas of defilement, personation, abortion related, having canal knowledge against the order of nature, discrimination and name change.

iii. Legal analysis

A position paper on the legal implications of making the decision to terminate a pregnancy to save a life of a woman based on biological, physiological, and social risks associated with pregnancy was developed and validated. The paper will be used as a reference document during the preparation of case documentation related to abortion and as an advocacy tool against retrogressive laws and policies on access to safe and legal abortion. Ministry of Health officials, CSOs, and medical associations, among others participated in the validation of the paper. For the first-time policymakers from the Ministry of Health appreciated the unique challenges that women go through that inform their decisions to terminate or seek abortion services and the linkages between maternal and mental health and the need for more collaborations between the two fields, especially in the management of pregnancies. The paper will be published in 2022.

iv. Capacity building of Justice actors

Eighty-eight (88) stakeholders including health workers and CSO partners were oriented on the laws and policies on abortion. These trainings empowered our partners to undertake advocacy and service provision within a restricted legal environment on abortion. Partners such as Populations Services International (PSI) and Marie Stopes benefitted from this initiative.

This year we realised an increase in the number of universities that participated in the 2021 8th Annual National Inter-University Constitutional Law Moot Court competition from eight (8) in 2020 to eleven (11) in 2021 attended by 167 participants. The moot provided opportunity of training law students in practical aspects of litigating health and human rights within Uganda's Courts of Law. The annual moot competition creates a cohort of young lawyers who can litigate and advocate for the right to health. The 11 universities which participated included; Makerere University, Kampala International University, Uganda Christian University Mukono, Islamic University Kampala, Cavendish University, Islamic University Mbale, Uganda Pentecostal University, International University of East Africa, Gulu University, Nkumba University, and Uganda Christian University Kampala campus. Makerere University emerged as the winner. The moot attracted Justices of the Constitutional Court, High Court, and Magistrates who presided over the preliminary, semi-final, and final rounds of the moot. CEHURD was appreciated for steering the realisation of the right to health in Uganda as further elaborated below.

“On a personal note, I would like to thank CEHURD for remembering to invite me, this is the second



Judges and the winners of the 8th Annual Inter-University Constitutional Law Moot Court Competitions 2021.

time I'm participating in the moot and I am impressed by the standards that are exhibited and the relevant topics CEHURD always chooses," Retired Honourable Justice Kania Augustus.

"I and my colleagues have participated in other moots in other institutions offering Law, but this one stands out to be the best arranged and the best handled," Justice Susan Okalany

v. Partnerships and collaborations under strategic litigation programme

CEHURD's application to join the Legal Aid Service Providers Network (LASPNET) was approved. This expands collaboration with diverse legal aid service providers across the country and opportunity for capacity building in legal aid service delivery.

Five major engagements with the Uganda Law Society through the Health and the Law cluster were held, key among which were; the 13th Annual Rule of Law Symposium, the Wellness Conference, and a Continuing Legal Education session. More than 200 lawyers attended



CEHURD staff receiving a membership certificate from LASPNET

these engagements both physically and virtually. At one of these engagements, the Permanent Secretary of the Ministry of Health and the representative of the Attorney General committed to implementing the orders given in the Petition 16 and COVID-19 costs case rulings. The platform provided popularisation of CEHURD's cases and methodologies of achieving social justice in health among the lawyers' fraternity.

Strengthening the Legal Support Network (LSN); CEHURD coordinates the LSN whose mandate is to provide legal support to health workers caught up in the criminal justice system for providing safe abortion services. During the year LSN lawyers secured the release of five health workers arrested for providing post-abortion care services, despite these being legal in the country.

CEHURD in collaboration with the Uganda Medical Association (UMA) supported the release of 33 medical interns and the UMA president who were arrested at Central Police Station (CPS) and the Parliament of Uganda. The intern medics were striking and marching to parliament to deliver a petition to the Speaker of Parliament demanding the government to fulfil the commitment of a salary rise. CEHURD held

negotiations with the authorities at parliament and CPS and later the doctors were released. Following the arrest and release of the doctors, the government agreed to pay interns immediately. This partnership with UMA is further demonstrated through the observation below from the UMA President.

Today I woke up with a heavy heart, my plan was to go to CPS and see what to do for intern doctors even when we are closed. My heart was full of joy when I saw CEHURD had taken action and they are out on bond! Dr. Odongo Samuel Oledo President UMA

A formal arrangement was made to strengthen strategic partnerships. As such, CEHURD signed Memoranda of Understanding (MoUs) with three organisations including; **Population Services International (PSI), Women's Link Worldwide (WLW), and Kyampisi Child Care Ministries.** This will strengthen joint advocacy for SRHR, benefits from the legal support network services, and collaboration to provide psycho-social support to child survivors of health and human rights violations respectively.



CEHURD team with a Sexual and Gender Based Violence survivor in Hoima District. CEHURD provides legal aid and can be accessed through the toll free line 0800300044

STRATEGIC OBJECTIVE 2



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

Under this strategic objective, CEHURD seeks to realise enhanced policies, laws, social norms, and practices for the realisation of health and human rights.

The major areas of engagement with key partners under this objective centred around maternal health, gender equality, budgeting for health, policies, and laws to promote SRHR, among others. Below are the details of the key engagements and milestones registered in the year.

i. Legal and Policy Analysis

During the year, CEHURD's advocacy efforts contributed to progressive laws, policies and guidelines that impact on health and human rights being tabled, discussed and/or enacted with a human rights and gender sensitive lens. Four laws and/or policies were analysed and used to inform advocacy for reviews and incorporation of SRHR.

1. CEHURD analysed global instruments, regional and national SRHR policies to identify those that recognised self-care as a strategy for addressing SRHR. This is a new initiative being led by the Ministry of Health in Uganda with support and guidance from the World Health Organisation (WHO). The findings were used by CEHURD to engage in discussions with the Ministry of Health and other platforms to shape advocacy for the institutionalisation of self-care in the country's laws, policies, and strategies. **Self-Care and the concept**

of consent to services for adolescents were incorporated in the draft National Adolescents Health Policy and the National Adolescent Health Strategy. The two documents are spearheaded by the Adolescent Health Technical working group under the Ministry of Health - Reproductive health division.

- 2. The Sexual Offences Bill** passed by Parliament during the year was analysed, gaps were identified and recommendations were made for areas that require legal reform. This was done in collaboration with the Uganda Network on Law, Ethics and HIV/AIDS (UGANET) and the International Community for Women Living with HIV in East Africa (ICWEA), among other partners. Successful engagements with Members of Parliament and the President's Office on this matter saw the President of Uganda sending back the Bill to Parliament for review and consideration of further recommendations.

CEHURD continued to follow-up with the Parliamentary Committee on Health to ensure that its proposed amendments in the National Health Insurance Bill (NHIB) were retained in the Bill when it was passed during the year. CEHURD continued to undertake advocacy in relation to the Mental Health Act 2018 and Global Gag Rule.

ii. Advocacy engagements

CEHURD held ten major advocacy engagements reaching 936 people including Members of Parliament, stakeholders from government ministry departments, agencies, CSO partners, and local government. As a result, four (04) political commitments were secured on

health, human rights and SRHR. In addition, six issue-based strategies were finalised to strengthen capacities and systematic advocacy work for both CEHURD and partners. Among the strategies developed are, Gender transformative strategy, Self-care advocacy strategy, Wellness charter, and the SRHR campaign strategy. A number of milestones were registered out of the advocacy engagements as highlighted below;

A number of milestones were registered out of the advocacy engagements as highlighted below;

Parliamentary motion on the protection of teenage girls influenced and presented in Parliament: CEHURD worked with champions in Parliament to influence the passing of a Parliamentary motion [urging the Government to develop and enforce policies and strategies to protect teenage girls against](#) escalating cases of teenage pregnancy and child marriages through dialogues and media engagements such as press conferences.

The new parliamentary health committee agreed to address 15 issues on health, human rights and SRHR during their five-year tenure: CEHURD convened members of the 11th August House to discuss the state of the country's health situation including laws that need to be reviewed, amended, repealed, and implemented. Critical issues were identified on health and human rights that require the attention of the Parliamentary Health Committee and the Parliament of Uganda. A [consensus statement](#) with fifteen (15) commitments highlighted was endorsed by the chairperson of the parliamentary health committee following an engagement of the wider health and other relevant committees as part of their orientation

to the issues. **The Ministry of Education and Sports to table before Cabinet the draft National School Health Policy;** For the past four years, CEHURD and other partners have been advancing the need to finalise and adopt the National School Health Policy. In September 2021, the policy was brought to the attention of Members of Parliament, and the Prime Minister assured MPs that the [Ministry of Education and Sports will soon table before Cabinet the draft National School Health Policy as soon as the costed plan for the policy is finalised and a certificate of financial implications secured from the Finance Ministry.](#)

CEHURD provided leadership for key global mechanisms on health, human rights and SRHR. CEHURD through the national stakeholders' forum on the Universal Periodic Review (UPR), spearheaded the submission of the Health Cluster Report on the right to health to the UN Human Rights Office of the High Commissioner. The report highlighted gaps for health rights in the country. The UPR cluster represents 33 organisations and the report is among those that was reviewed at the 40th session during the third cycle of UPR. This provided an opportunity to hold the government accountable for the actions taken to improve health and rights violations in Uganda. CEHURD also coordinated

the participation of Uganda CSOs in the Generation Equality Forum (GEF) which took place in June/July 2021 in Paris, France and resulted into the Global Acceleration Plan (GAP) which is being implemented by countries.

Active engagement in the increased budget for health for the financial year 2021/22; CEHURD in partnership with Akina Mama wa Afrika (AMwa) responded to the media reports on the proposed national health budget cut that was published in the New Vision on February 10th, 2021. The response involved a press conference, media article, and filing of a case challenging government's failure to implement the Constitutional Court Petition 16 judgement on maternal health. These advocacy efforts led to the positive development of the Ministry of Finance's allocation of an additional UGX 0.536 billion to the Uganda Blood Transfusion Society (UBTS) and to the Ministry of Health.

Relatedly, CEHURD participated in the third National Health Financing Conference to advance the need to regulate charges levied by hospitals and increased budget allocation for the minimum maternal health package in order to actualise recommendations under the Constitutional Court Petition 16 judgment. The conference provided space to engage with decision-makers and identify ways of influencing the health financing agenda in the 2022/2023 national and sub-national budgets.

Advocacy for TRIPS waiver for COVID 19 vaccines; CEHURD held [joint advocacy](#) efforts with international, regional, and national partners on the Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver for COVID-19 vaccines. Partners involved included; Médecins Sans Frontières (MSF) and Drugs for Neglected Diseases

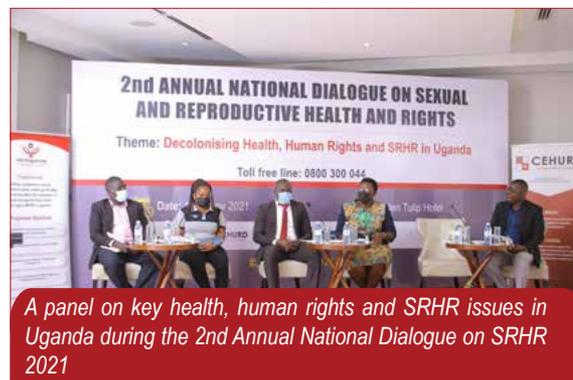


initiative (DNDi), Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN), Coalition for Health Promotion and Social Development (HEPS Uganda), and Southern and Eastern Africa Trade Information and Negotiations Institute (SEATINI), Uganda. The media coverage set precedent for [discussions](#) around the access to medicines including the COVID-19 vaccine. A [CSO statement](#) calling for action from relevant ministries and stakeholders in Uganda and Kenya statement in this regard was released. The Ministry of Health in Uganda waived the requirement for national identity cards to access the vaccines and free vaccines were provided through international partners.

CEHURD provided national advocacy leadership for the institutionalisation of self-care in SRHR working in collaboration with the National Self-care expert group chaired by the Ministry of Health of Uganda. Our advocacy led to the review of the National Adolescent Health policy and National SRHR policy drafts to incorporate self-care. Part of this advocacy involved the creation of awareness on self-care for SRHR among stakeholders, especially CSOs within the SRHR movement.

The 2nd National Sexual and Reproductive Health Rights Dialogue; CEHURD hosted the National SRHR Dialogue Under the theme “Decolonising Health, Human Rights and SRHR in Uganda” on 19th November. The dialogue brought together stakeholders to take stock of the progress in realising universal access to SRHR. A key issue raised was the increasing cases of teenage pregnancies during the lockdown. There was unanimous agreement on the need to increase funding for SRHR commodities, ensure the provision of information to empower young people to strengthen their SRHR rights, and the need to increase access to blood transfusion services to health Centre IVs.

“We have seen a dramatic increase in pregnancy among girls between 10 – 14 which is really worrying.” Annelie Areskar, National Program Officer, SRHR - Embassy of Sweden



iii. Advocacy Campaigns

In the course of the year, CEHURD conducted four (4) successful advocacy campaigns focusing on: access to oxygen, regulation of Covid-19 treatment and management prices in private health facilities, health budget cuts, and safety in health facilities.

Campaign on access to oxygen; This was done in response to the oxygen crisis in the country during the devastating second wave of Covid -19. The campaign was undertaken through a series of advocacy initiatives which included a [joint press conference](#), an [investigative story](#) on the choked health system of Uganda due to lack of oxygen in the public health facilities, exorbitant prices charged in health facilities and a [CSO joint statement](#) on the interest free loan (USD 1 billion) which was extended to Uganda for Covid-19. The recommendations made for government to take action included; regulating or subsidising prices billed in hospitals; consideration for a supplementary

budget for Covid-19 and tax waivers on oxygen. A number of milestones were realised in the same month related to the campaign which include; Mulago National Referral Hospital embarked on [installing a fifth oxygen plant](#) to meet the increasing demand of oxygen during the Covid-19 pandemic; the [President of Uganda publicly tasked the Permanent Secretary Ministry](#) in the Ministry of Health to pay attention to the high oxygen prices. He made these remarks during the national prayer day, which was aired on national television and radio stations. Additionally, the supplementary budget for Covid -19 was passed, and [private health facilities also agreed to cut the prices](#). This provided momentum for the campaign which saw an increase in the supply of oxygen in health facilities and [a reduction of prices](#) for the same.

National campaign on access to safe and legal abortion; CEHURD and partners under the Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA) ran a widespread campaign on access to safe and legal abortion. This was in the run up to the Global Day of Action for Access to Safe and Abortion, which is marked every 28th September. Activities included a digital campaign, a community dialogue, and a national public dialogue which were both live streamed and televised. On social media platforms there was a total of 500 tweets on the campaign with a reach of 1,060,060, and had a total impact of 14,753,465 from the likes, comments and engagements with the tweets. This was the first time to have an open televised talk show on safe legal abortion.

iv. Building a reproductive movement in Uganda

CEHURD grounded itself and embraced inclusivity and diversity in advancing SRHR and the right to health by expanding space for engagement with partners. A number of partners were brought on board including partners working on mental health such as Owsome Mind Speaks Uganda, sexual minorities, and differently abled people such as the National Union of Women with Disabilities of Uganda (NUWODU). These partnerships contribute to creating a representative movement that addresses inclusivity of diverging right to health needs.

Relatedly, CEHURD actively engaged with the East African Regional Coalition on the East African Community (EAC) SRHR Bill and was also adopted into the East African Community civil society movement that will undertake advocacy for the East African SRH Bill. This is an opportunity to engage spaces that will promote joint advocacy efforts for national and regional laws and policies with lessons that can be adopted locally.

Generation Equality Forum platform established in Uganda; CEHURD in collaboration with UN Women and five women/youth led partners formed a Generation Equality Forum (GEF) platform in Uganda. The GEF is a civil society centered global movement on gender equality convened by UN Women and co-hosted by the governments of Mexico and France. The Uganda GEF coalition is composed of five youth-led, women-led, grassroots based, and women with disabilities constituencies. These include: Uganda Association of Women Lawyers (FIDA Uganda), Reach A Hand Uganda (RAHU), NUWODU, Women With A Mission (WWM) and Women's Probono Initiative (WPI). The GEF platform's mandate is to work towards the elimination of all forms of gender inequality and promotion of a progressive environment for women and girls, and their sexual and

reproductive health and rights. The Uganda GEF partners have undertaken a number of complimentary interventions to popularise gender equality in Uganda. These include [CSO position paper](#) on bodily autonomy presented by UN Women during GEF events. CEHURD will continue to coordinate the Uganda GEF Coalition to sustain the momentum on gender equality with a focus on SRHR and the realization of bodily autonomy for girls and women.

v. Strategic Partnerships and Networks

CEHURD actively participated in the existing coalitions, networks and strategic partnerships and continued hosting health, human rights and SRHR related coalitions. CEHURD was also able to attract new strategic partnerships and collaborations. We worked with and collaborated with three hundred and five (305) partners at national, regional and global spaces in advancing social justice in health. These included: CSOs, Government institutions, media, private sector, professional councils and associations, among others. About 30 of these were new partnerships and collaborations. Some of the new strategic partners brought on board are: National Youth Council; NUWODU; WWM; WPI; UN Women; Awesome Mind Speaks Uganda; Nile Girls Forum; French Embassy; Dutch Embassy; National Democratic Institute (NDI) and the Open University.

Partnerships sustained with key government Ministries, Departments and Agencies (MDAs); Collaboration between MDAs and CSO networks is fundamental to ensuring governments can develop and implement effective strategies that meet the needs of citizens. CEHURD continued to work in close collaboration with MDAs including Ministry of Health; Ministry of Gender, Labour and Social

Development; Ministry of Education and Sports Ministry of Justice and Constitutional Affairs and the Parliament of Uganda, among others to promote social justice in health through various engagements held in the year.

CEHURD benchmarked on other countries to inform strategies to advance progressive SRHR policies. This involved engagement in exchange learning spaces to learn strategies and lessons that CSOs in their respective countries have employed to achieve the progressive laws and policies on SRHR. Partners from Mozambique, Rwanda, Ethiopia and Kenya were engaged through virtual and physical meetings to share their experiences in their respective countries. As part of this regional work, CEHURD convened the Community of Practitioners on Accountability and Social Action in Health (COPASAH) partnership, East & Southern Africa – Kenya, Uganda, Rwanda, South Africa, Zimbabwe. Recommendations made informed the development of strategies that will guide discussions on progressive SRHR policies in Uganda. The leadership and active engagement of CEHURD in the promotion of the right to health was recognised and reflected through positive feedback provided by partners from these different countries. This is demonstrated through the feedback below on the CEHURD coordinated coalition, which was aired during an exchange learning visit for CEHURD and its partners hosted in Kenya.

“CSMMUA is the strongest coalition on advocacy for safe abortion in the region as compared to the coalitions in Rwanda, Tanzania, Ethiopia and Kenya” – Dr. Angela Akol, Director, Ipas Africa Alliance

vi. Capacity Building

At least 452 stakeholders oriented on health and human rights; Stakeholders included health workers, members of parliament, district leaders, journalists, religious leaders, and the police. The orientation sharpens appreciation of the context of contested SRHR issues from a factual and non-biased lens. This has since seen many partners' confidence grow and boldly advocate for contested SRHR issues. One of the unique areas of work was on gender transformative approaches (GTA) and meaningful youth participation that a number of organisations embarked on to incorporated in their work. CEHURD developed a Gender Transformative Strategy that will guide gender mainstreaming in advocacy and programming for CEHURD and partner organisations. The strategy will also support in challenging gender inequalities, harmful social, cultural, religious norms and practices and strengthen institutional capacity in gender transformative approaches.

STRATEGIC OBJECTIVE 3



Enhancing institutional and programmatic growth through knowledge management.

Under this objective, CEHURD seeks to realise a Center of Excellence on health and human rights in Uganda, Africa and Global South. This involves the broadening of the scope of knowledge on health and human rights as this informs advocacy, resource mobilisation and programming through generation of cutting-edge research on various dimensions of health and human rights.

This year, CEHURD launched an African centre of excellence (COE) on health, human rights and SRHR Advocacy. This centre known as *Afya na Haki*, is a research and training institute established as part of the realisation of our goal of becoming, among others, a COE on health and human rights in Uganda, Africa and the global south . The Institute aims to enhance advocacy capacities in health, human rights and SRHR through Afrocentric approaches. The launch of the centre was held in November 2021, graced by the Uganda minister of Health, Hon. Dr. Jane Ruth Aceng Oceró and a number of other dignitaries both in government and other agencies. The minister highlighted the importance of CEHURD's work in informing the implementation of her mandate , specifically mentioning the High Court decision of regulation of prices in private health hospitals, in response to a case filed by CEHURD. She committed to collaborating with the centre to strengthen the evidence base that will inform policies and laws. She recognised the COE as an important initiative for innovations in the health sector as reflected in her remarks below.

“Innovations by the centre have the potential to attract resources to grow research to strength health systems to realise the right to health. It is exciting to have this innovation started here in Uganda, Ministry of Health is open to collaborate with the centre to strengthen evidence that will inform policies and laws” Dr Jane Ruth Aceng, Minister of Health.



Dr Jane Ruth Aceng at the launch of CEHURD's Center of Excellence

i. Knowledge generation and management

During the year, eight (8) evidence base knowledge products were finalised to inform advocacy on health, human rights and SRHR. The knowledge products were on Men, Masculinities and SRHR; Gender Equality; the Global Health Financing Facility, and Results-Based Financing, among others. Below are the details of the different knowledge products;

Sexual and Reproductive Health and Rights journey in Uganda documented; CEHURD's commitment to shared learning and innovation was reflected by the initiative to document its contribution to the SRHR movement.

The documentation aims to support ongoing learning and expanding evidence on SRHR in Uganda both by CEHURD and the broader SRHR movement. The documentation is titled; A Walk Through the CEHURD Garden: Situating ourselves in the SRHR movement in Uganda. Organisations rarely document and theorise their work for public scrutiny, and this initiative is likely to inspire other partners to take the same step which will inform knowledge base for SRHR movement building. The book will be published in 2022.



Delegates pose for a photo at the launch of the SRHR book: "A walk through the CEHURD Garden".

National Study on Masculinities and the Sexual Reproductive Health and Rights (SRHR) Realisation in Uganda disseminated; In collaboration with School of Law and School of Women and Gender Studies of Makerere University, CEHURD conducted a study to examine the impact of masculinities on the realisation of SRHR in Uganda. The study focused on how masculinities are constructed and represented in different cultural contexts and communities; the different forms of masculinities practices and behaviour amongst the youth and adult men. It revealed that the feminization of SRH not only contributes to inadequate SRH information to men, but also exacerbates men's resistance because

they largely view SRHR as a women's affair. [The study report](#) was disseminated to stakeholders through different fora including webinars, TV, Radio and Twitter spaces and during the SRHR dialogue. Findings are being used to shape appropriate interventions that can lead to change of deep rooted societal norms and practices which remain barriers to the realisation of SRHR by all people.

Operationalisation of the OPERA Framework in Advancing the Right to Health in Uganda documented;

CEHURD conducted research to document the utility of the Outcomes, Policy Efforts, Resources, and Assessment - OPERA Framework process in improving advocacy for the right to health in Uganda. The study aimed to assess government's efforts in fulfilling human rights obligations and the right to health aimed at achieving Universal Health Coverage (UHC) in Uganda. This research informed a paper on the interpretation of the meaning, usefulness and impact of OPERA, and participatory action research (PAR) in policy advocacy, and monitoring of implementation. This is evidence of the continuous advocacy for UHC in Uganda and across the region. The paper is titled "[Operationalisation of the OPERA Framework in Advancing the Right to Health in Uganda.](#)" The paper demonstrated the experiences of utilisation of the OPERA Framework as a monitoring and advocacy tool to influence the National Health Insurance Scheme (NHIS) process in the country.

Study on emerging issues of social accountability in health during Covid-19; CEHURD convenes the East and Southern Africa social accountability on health hub. This hub provides a platform where regional based civil society groups together with the global Community of Practitioners on Accountability and Social Action in Health (COPASAH)

discuss issues affecting the health sector in the region. This year, with support from Population Action International (PAI), CEHURD engaged partners under COPASAH to document the practices and emerging issues of social accountability during the COVID-19 pandemic in the eastern and southern Africa region. The [case studies](#) highlight best practices, successes, challenges, lessons learned and innovations towards the practice of social accountability in the health sector during Covid-19.

The implementation of global financing mechanism in the health sector focusing on Global Financing Facility (GFF) disseminated;

CEHURD conducted research on the implementation of the Global Financing Facility project on Reproductive, Maternal New-born Child and Adolescent Health (RMNCAH) in Uganda. The study explored the role and contribution of the private sector and CSOs in the implementation of the GFF in Uganda; assessed the readiness and effectiveness of the beneficiary health facilities in the implementation of the Results Based Financing (RBF) model under the GFF and 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 were disseminated and 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. The study was disseminated to key stakeholders including Ministry of health, Ministry of finance, and CSOs, among others.

Study on the assessment of implementation of Uganda's commitments at Generation Equality Forum (GEF) conducted; As part of reflection and learning that followed participation in the Generation Equality Forum (GEF) in the month of June/July 2021, CEHURD and likeminded partners focused on a study to assess Uganda's commitments at the Forum and their impact on advancement of bodily autonomy and SRHR. The Study report is accessible online under the title *"From Beijing to Paris: An assessment of Uganda's commitments at Generation Equality Forum (GEF) and the future of bodily autonomy and Sexual and Reproductive Health and Rights (SRHR)"*. The study was disseminated to stakeholders and will continue to serve as baseline upon which Uganda's progress against the GEF commitments through the Global Acceleration Plan (GAP) will be measured.

Documentation of challenges of access to justice among SGBV survivors informed improvement in case management in Bukedea region; CEHURD conducted an assessment of formal and informal structures for addressing SGBV in the Bukedea region (Busia, Butaleja and Tororo districts). Among the key findings was the delay in court proceedings that affected access to justice. The findings were discussed with key stakeholders in the districts and there has been observable improvement in reporting and handling of SGBV cases identified, especially the district of Tororo. CEHURD handled 22 SGBV cases from the region, where decisions on two of these were received on aggravated and simple defilement and rape. .

Baseline study for Generation Gender Justice programme; During the year, we embarked on the implementation of a new initiative on gender justice. The Generation Gender programme (Generation G) aims

to raise public support, advocate for improved policies and laws, and strengthen civil society, focusing specifically on gender-based violence, the unequal division of care, and women's lack of access to civic space as a way of contributing to gender justice. To inform effective project design and implementation that would achieve the anticipated project goals, objectives and outcomes, a baseline study was conducted in six (6) target districts of the project including; Iganga, Namutumba, Kapchorwa, Kween, Bukwo and Adjuman to understand key gender justice issues to be addressed by the programme. The findings of the study were used to guide planning of interventions to address knowledge gaps in order to improve the programme design and to inform the strategies related to the pathways on public support, advocacy and capacity strengthening of CSOs. The programme is implemented by CEHURD in partnership with Uganda Association of Women Lawyers (FIDA-Uganda) and Reach A Hand Uganda (RAHU). Through this programme, CEHURD and its implementing partners are continuously identifying the factors contributing to gender inequalities in the target districts and addressed these in collaboration with the communities, local government and Government ministries with leadership from the Ministry of Gender, Labour and Social Development.

Exchange learning; CEHURD strongly believes in inter-institutional and inter-country learning as a strategy that prevents re-inventing the wheel and makes efficient use of limited resources available. During the year, CEHURD hosted exchange learning for staff from the Health Development Initiative (HDI) in Rwanda in which advocacy lessons on safe abortion

issues were shared to inform their programming and advocacy. Our staff & CSSMUA partners undertook an exchange visit in Kenya to exchange lessons on advocacy for contested SRHR issues in Kenya. Such exchange learning opportunities with partners in the region and beyond enable CEHURD to understand cross cutting SRHR issues.

Some innovations during the year; Among our key innovations implemented through the year are: successful virtual exchange learning exchanges, both South to South and North to South; documentation of CEHURD's contribution to Uganda's SRHR journey; filing a report on the implementation of a Court judgement on Social Economic Rights for the first time and an application for a certificate of emergency for the Covid-19 cost of treatment and management case. CEHURD remains open to sharing details of these innovations with its partners as part of exchange learning.

STRATEGIC OBJECTIVE 4:



Building community capacities and agency on health and human rights

Under this strategic objective, CEHURD aims to ensure that rights holders and duty bearers at community level participate effectively in promoting the right to health.

i. Participatory Action Research and Documentation

Community participation in evidence generation; CEHURD collaborated with Community Health Advocates (CHAs) to gather evidence on safety in health facilities in the districts of Buikwe, Gomba, Kiboga, Kyankwanzi and Wakiso districts. The CHAs were engaged in context specific inquiry about defined areas of measurement to determine safety in selected public health facilities in their respective districts. The findings were used to inform discussions during the district dialogues with stakeholders which facilitated community understanding of problematic situations in health facilities. Action points were devised to have identified challenges in health facilities addressed, with duty bearers committing to take action. The findings will inform 2022 priorities that CHAs will pursue in order to realise results.

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

During the year, CEHURD's Community Health Advocacy Model was reviewed and documented. This is a framework for guiding community level interventions. Community participation and community led evidence

generation are a marker to empowered communities for advocacy and sustainability of community interventions. These are reinforced by reference documents to inform implementation of interventions at community level. To achieve this, CEHURD's Community Health Advocacy Model was reviewed to provide a framework for designing and programming evidence-based community led advocacy initiatives. In addition, a handbook on governance and accountability was developed and is used as a reference for CHAs in creating awareness on governance and accountability issues in the districts.

Meaningful engagement of CHAs with district leaders enhanced; CEHURD has 132 CHAs who are change agents in the districts of Buikwe, Gomba, Kiboga, Kyankwanzi, Wakiso, Koboko and Maracha. We continued to capacitate these CHAs on health, human rights, SRHR, legal empowerment & social accountability. To ensure meaningful engagement and sustainability of the structures, they were registered with the respective districts as CBOs and were supported by CEHURD to undertake community level advocacy. The CHAs were able to undertake community-led initiatives in their respective districts where they engaged more than 60 district leaders through meetings,



CHAs discussing their roles in enhancing community participation towards planning and budgeting for improved service delivery.

dialogues, radio talk shows and spearheading community service activities. Through these engagements, CHAs were able to identify advocacy issues that have been and or will be prioritised in the coming year. Thirty-five (35) cases of the right to health violations were identified by CHAs and documented from 5 districts of Hoima, Buikwe, Maracha, Wakiso and Kiboga and these were mainly SGBV and maternal health related cases.

In the districts of Buikwe, Gomba, Kiboga, Kyankwanzi and Wakiso, Community Health Advocates through their CBOs we facilitated with motorcycles to facilitate their community level advocacy for health, human rights and SRHR.

Additionally, 134 district decision makers were oriented to the interventions supported by CEHURD in their districts and expectations for such support were discussed. These were mainly law enforcement officers, sub-county chairpersons, secretaries for health and gender, sub-county chiefs and health service providers. These are working in harmony with CHAs and providing necessary support for successful interventions.

iii. **Community partnerships and networking**

CEHURD is part of the Wakiso District gender and human rights committee; CEHURD was officially invited to serve on the Wakiso District Local Government Human Rights Committee to provide technical expertise in human rights and gender mainstreaming. This is a great platform that CEHURD will use to discuss and address human rights violations in the district. The lessons learnt will be used to influence establishment or strengthening of human rights committees in other districts where CEHURD works to

support in strengthening systems to address violations, especially SGBV.

CEHURD work expanded in more districts and more public support was realised; CEHURD realised growth in its project portfolio that led to scaling up in 15 new districts of operation. To ensure strengthened partnerships, Memorandum of Understanding (MOUs) were signed with 13 district local government and community based organisations in the districts of Yumbe, Koboko, Isingiro, Mbarara, Lira, Gulu, Busia, Kamuli, Buikwe, Kiboga, Kyamkwanzi, Gomba and Wakiso. Inception meetings were held with key stakeholders in these districts to introduce CEHURD and their support and collaboration in the implementation of interventions to address health, human rights and SRHR issues. All the district local government stakeholders were receptive and committed to support in the realisation of the goal of social justice in health and human rights.. As part of support towards the implementation of MOUs

with districts, funds in form of sub-grants were provided to 13 CBOs across 13 districts.

iv. Social accountability at district and community levels

Community driven advocacy engagements promoted; One hundred ninety-six (196) advocacy engagements were held reaching more than 2,819 people in 15 districts of Buikwe, Wakiso, Gomba, Koboko, Maracha, Hoima, Arua, Pader, Kitgum and Yumbe where a number of commitments were made by decision makers . The interventions are a reflection of empowered communities that can hold duty bearers accountable and responsiveness of duty bearers to fulfil their mandate. Different tools and strategies were adopted to engage duty bearers including; an issue paper that was developed and presented to decision makers to take action in the district of Koboko and Maracha where more than four commitments were made out of the recommendations made in the paper. Relatedly, CEHURD supported in taking forward



The Director of Operations Ms. Nakanwagi Gertrude together with other CEHURD team handing over motorcycles to Community Health Advocates to smoothen their work in communities.

advocacy for issues identified in the communities that had to be handled by national level decision makers including charging clients filling police form 3 and medical examination for SGBV cases. As a milestone to this, on 10th November, 2021, the Director General of Health services in the Ministry of Health passed a memo against charging victims of SGBV for filling police form 3.



Duty bearers oriented on their mandate; At least 155 local government leaders in the districts of operation have a better understanding of their roles and responsibilities in promoting good governance, performance and accountability after CEHURD oriented them on the same. More than 28 community dialogues were held in Buikwe, Wakiso, Gomba, Koboko, Maracha, Hoima, Arua, Pader, Kitgum and Yumbe districts reaching 2,367 people reached. A total of 07 radio outreaches were held in Koboko and Maracha districts reaching 1,374 people aimed at empowering them on their rights to enable them hold duty bearers accountable on health and human rights.

v. District Public Engagements

Establishment of SGBV District Coordination Committee structures; Two District Coordination Committee structures were established and the first meetings held in the month of September 2021 in the districts of Butaleja and Busia, respectively. During these meetings, findings from the mapping of SGBV in Bukedi region were disseminated and stakeholders committed to work closely with CEHURD to prevent and respond to SGBV cases including locally raising funds to set up a shelter for SGBV victims. Improved SGBV case management has been reported in these districts.

INSTITUTIONAL OBJECTIVE 5:



INSTITUTIONAL DEVELOPMENT

Strengthening institutional capacity has been CEHURD's focus to help work towards delivering on its mandate. This is aimed at realising an efficient, effective and sustainable centre of excellence on health and human rights

i. Strengthening Governance Systems

During the year, CEHURD's Board of Directors was fully reconstituted following the demise of one of board members at the end of 2020 due to the Covid-19 pandemic. We continued to strengthen our governance function and as such four meetings of the Board of Directors were held, with two of these being undertaken in form of board retreats that combined the Board of Directors and the Board of Trustees. Through these meetings, a total of 14 institutional policy, strategy and guidelines documents were approved by the board for implementation. They include: ICT policy; Health, Safety and Environment Policy; Anti- Sexual Harassment Policy; Security Policy and Gender and Equity policy, among others. In addition, four (4) Board of Trustees (BoT) meetings were held to discuss critical institutional sustainability issues, guide and support the executive leadership transition, and review the organisational structure.

In the same year, the Committees of the Board of Directors were operationalised. These include: Governance, Finance and Human Resource Committees.

Leadership transition; With support and guidance from

the Board of Trustees and Board of Directors, CEHURD successfully went through its first executive leadership transition process that saw the transfer of the Founding Executive Director to its Deputy Executive Director. This process was informed by a research which encompassed a desk top review and interviews with CEHURD's key stakeholders. Many partners are looking forward to learning from CEHURD's documented journey on leadership transition

ii. Strengthened Human Resources and Staff Wellness

Under human resource management, the key focus was orientation of new staff and ensuring that the new institutional policies are implemented. During the year, fifteen (15) new staff were onboarded, and resources management systems and practices were strengthened to support the achievement of CEHURD's mandate. Arising from the second wave of Covid-19 that led to the second country lock-down by Government, staff were supported to work remotely, and those affected by the virus and other medical challenges were also supported to access medical care.

Our staff portfolio grew from forty-seven (47) in 2020 to sixty-one (61) staff in 2021 bringing on board staff with diversified experience in varied capacity areas. CEHURD takes pride in the committed and dedicated workforce that has enormously contributed to the achievement of commendable milestones realised in the year.

Sense of shared experience and staff bonding to work better promoted through staff retreats and reflections;
The institution has maintained the practice of having the

two (2) staff retreats every beginning and midyear to provide opportunity for staff to reflect on achievements, lessons and challenges from the previous work done. The retreats are also a time to review work plans and budgets and set priorities for the year or remaining period of the year. The retreats focused on grounding of staff through orientation on the strategic plan, organisational structure, policies and manuals and preparation for the leadership transition. Work plans and budgets that informed the work done throughout the year were approved by the board.

Staff competencies strengthened in different areas;

During the year, almost all staff had an opportunity to undertake capacity building in at least one area. Among the training opportunities obtained include; safety and security, SRHR, leadership, project management, risk management, online data collection, social norms and culture, advocacy, gender transformative approach, and gender equity among others. The training opportunities were offered by different stakeholders including;

Makerere University - School of Public Health, DECOY Services Ltd, Centre for Compassionate Leadership in USA in collaboration with the Task Force for Global Health, and Department of Global Health in the University of Washington through Imprint Uganda, among others.

Institutional Compliance with National Guidelines on COVID 19; Arrangements were made to ensure all staff were tested for Covid-19 and vaccinated. Throughout the year, staff were tested for Covid-19 and those that tested positive supported to manage the situation, personal protective equipment (PPE) were provided throughout the year both at office and at events organised outside the office, staff checked daily at entry of office premises, and social distancing encouraged.

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

a) Robust Monitoring, Evaluation, Learning



CEHURD team stage for a photo during the mid-year staff retreat in Jinja

Development of a Performance Management System (PMIS): CEHURD contracted Data Care (U) Limited to support in the development of PMIS in order to have a central online system to manage CEHURDs data and track performance across projects and the strategic plan. The PMIS will be finalised for use in 2022.

Project reflection meetings; As part of the reflective practice at CEHURD, project-based review meetings were held for all running projects at institutional level, and with implementing partners. These reflection processes allowed objective discussions about what was achieved and what needs to change. This informed the basis for generating learning in relation to the project results. Priorities for the remaining period of the year were identified and plans for 2022 initiated.

Capacity building of partners in results-oriented monitoring and reporting; CEHURD and Generation Gender coalition partners held a participatory results-based monitoring and reporting training for coalition members. The training provided space for partners to appreciate the basics in monitoring, evaluation, learning and reporting in relation to the Generation Gender project. The training was also a platform for the coalition partners to review and discuss the programme reporting tools that are currently being used. This provided opportunity to discuss the weaknesses and strengths that are further being discussed at the global level during the bi-weekly technical planning, monitoring and evaluation and research working group meetings for guidance.

Successful results-oriented monitoring (ROM) process attained; CEHURD was selected from a

pool of other EU-DINU funded projects to undergo a results-oriented monitoring (ROM) process by a consultant hired by the European Union. The process is a short-term evaluation to assess the project's achievements and extent to which the project outcomes were attained to enable EU provide recommendations on areas that require improvement and best practices to carry forward during the project implementation. The consultant recognised the commendable achievements realised in the districts of Koboko and Maracha through CEHURD's interventions as reflected in feedback below.

*“ If I were in CEHURD, I would be clapping. That kind of report from an EU Consultant is rare” DINU-LESA
Project person in the Office of the Prime Minister*

b) **Maintaining Financial systems**

Strengthened financial systems demonstrated through unqualified opinion from external audits for FY2020; Unqualified opinion was received from four (4) audits where three (3) of these were project based and one institutional audit that were finalised during the first half of the year. Action plans were drawn and the recommendations have been fully implemented. The recommendations informed the addressing of programmatic and operational gaps identified.

Finance retreat to strengthen the functionality of the department; A two-days retreat was held specifically for the finance staff to reflect on the financial functions of CEHURD. The retreat provided space to discuss the team organisation, work demands, approaches and plans ahead that informed the resolutions to enable the smooth running of the department. By the end of the year, the department had transitioned into a directorate led by the Director of Finance to strengthen the efficiency of our financial management.

iv. Strengthened Resource Mobilisation

Expansion of grants portfolio and work under CEHURD's key thematic areas; During the year, CEHURD implemented a total of Twenty-six (26) projects. Nineteen (19) were continuing projects while seven (7) were new projects started in 2021. Previously, most of the projects focused mainly on SRHR, maternal health and good governance. This year, CEHURD was privileged to have new projects that have enabled exploring other areas of work such as gender equity, HIV/TB, young people and budget advocacy. This also saw CEHURD expand to fifteen (15) new districts of implementation which provides opportunity to build public support for the advancement of the right to health at grassroots level.

Collaborations strengthened through partnerships grants; During the year, eleven (11) grant applications were submitted to donors out of which nine (9) were funded and are currently being implemented. We observed change in strategy of donors, where all the call for applications handled in the year were partnership strengthening grants. CEHURD worked with likeminded partners in different thematic areas of work to respond to grants calls from different funders. The partnership grants provide an opportunity to advance the right to health movements at national and regional level. The projects focus on HIV/AIDS/TB, gender equality, abortion, self-care and SRHR.

Grants and Sub-grantees

Throughout the year, CEHURD continued to support other like minded organisations with shared goals

at national and district level through its sub-granting programme. Some of our sub-grantees include;

- **Civil Society Advocacy Consortium responding to long-term health and social sector problems and structural weaknesses exposed by Covid-19:** Action Group for Health, Human Rights and HIV/AIDS (AGHA), Uganda National Health Users/Consumers' Organisation (UNHCO), Action for Rural Women's Empowerment (ARUWE), African Institute of Investigative Journalism (AIJ), Reach A Hand Uganda (RAHU), and The Coalition for Health Promotion and Social Development (HEPS).
- **Generation Equality Coalition Partners:** FIDA Uganda, National Union of Women with Disabilities, Reach A Hand Uganda, Women's Probono Initiative and Women With A Mission
- **JAS Programme Partners at national level:** Akina Mama wa Afrika, Human Rights Awareness and Promotion Forum (HRAPF), Network of Key Population Service Organisations LTD (UNESO), Reach A Hand Uganda (RAHU), The Coalition for Health Promotion and Social Development (HEPS) – Uganda and The National Forum for People Living with HIV/AIDS Networks in Uganda (NAFOPHANU).
- **JAS Programme Partners at district level:** Community Health Advocates Association of Buikwe District (CHAABD), Community Health Advocates Association of Gomba District (CHAAGD), Community Health Advocates Association of Kiboga District (CHAAKD) Community Health Advocates Association of Kyankwanzi District (CHAAKYD) and Community Health Advocates Association of Wakiso District (CHAAWD), Women with a Mission (WwM) in Busia, Voice of Community Empowerment

in Gulu, Integrated Community Based Initiative (ICOB) in Isingiro, Holistic Initiative to Community Development (HOLD) in Kamuli, Partners in Community Transformation (PICOT) in Koboko, Global Forum for Development (GLOFORD) in Lira, Harm Reduction and Reproductive Health Initiative (HRRHI) in Mbarara and Community Empowerment and Development Network (CODNET) in Yumbe.

- Local Sustainable Communities Organisation (LOSCO)

We continue to value collaborative work and joint resource mobilisation efforts.

v. Strengthened Communications and Media Engagements

CEHURD continued to significantly integrate communication into the organisation's broader advocacy strategies. **The institution's Communication Strategy was finalised and approved by the Board.** It will serve as a guide on how CEHURD communicates with internal and external audiences. The strategy consists of branding guidelines therein that have also been incorporated into the Performance Management Information System, that is under development.

A number of communications initiatives were used to amplify key messages on specified advocacy issues to shape public opinion. Diversified approaches were used including talk shows, webinars, documentaries, the website, social media, newspaper articles, and media engagements among others. More than 50 media engagements were held, had over 500 tweets on Twitter and 350 posts on Facebook.

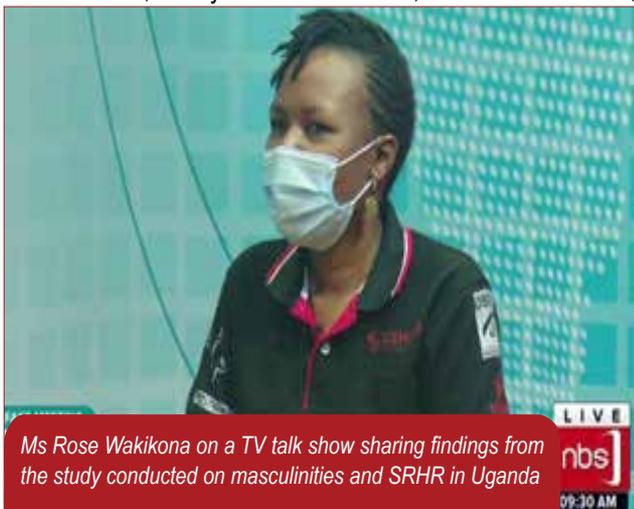
Evidence on health and human rights issues popularised through the website; Forty-three (43) publications were uploaded to the website contributing to evidence generated in the field of health, human rights undertaken in the year. The publications cut across key advocacy areas such as: [the High Court ruling on the government's ban of comprehensive sexuality education\(CSE\)](#); patient and health workers' safety in health facilities; [informed consent and SRHR for adolescents](#); implementation of the Mulago baby theft case; Covid-19 TRIPS Waiver; the 2020 annual report; medical and public health implications of the Constitutional Court Petition No. 16 of 2011, case digests on petition-16, new born mismanagement in Mukono General Hospital, maternal health and the health sector budget, Covid-19 and oxygen scarcity, regulating rates of Covid-19 management, gender equality, research on men masculinities and SRHR, among others.

The most downloaded publications this year include [the Court Ruling in the Comprehensive Sexuality Education \(CSE\) Case](#) (107 downloads); [CEHURD's 2020 Annual Report](#) (114 downloads); [a Case Digest and Strategy Paper on Petition 16](#) (84 times) ; [a study report on COVID-19 and Sexual and Gender Based Violence in Uganda](#) (67 times); and [a discussion paper on The Global Gag Rule \(GGR\): A Legal Audit of its Implications on Sexual and Reproductive Health and Rights \(SRHR\) in Uganda](#) (33 downloads).

Twenty four (24) articles were written in commemoration of key International and National days related to health and human rights, including: [World Health Day](#), [World Malaria Day](#), [International day of the Midwife](#), [World Press Freedom Day](#), [World Population Day](#), [World Hepatitis Day](#), [Zero Discrimination Day](#), [International Women's Day](#), and

World Tuberculosis Day, among others.

Media engagement scaled up to amplify critical right to health issues; CEHURD continued being a reliable information source on health and human rights at community, national and global level through broadcast media engagements. More than 50 media engagements including news interviews, radio and TV talk shows, radio and TV dialogues, and investigative stories. For instance, in the run up to the Global Day of Action for Access to Safe and Legal Abortion for example, we had a series of talks shows on CBS Fm and Spectrum on Radio One; a community dialogue which aired on Spark TV in Luganda, and a live national dialogue on NTV Uganda. During the country lockdown, we leveraged on the media including TV, radio and social media with our advocacy for critical emerging issues arising from the second wave of Covid-19, and received more than eight (8) media invites to comment on issues such as the cost of Oxygen at the time. These engagements were complemented by digital online advocacy campaigns. We also tried out new media such as podcasts, which foster open conversations that may be restricted in mainstream media. Our focus was on access to safe abortion; safety in health facilities; access to vaccines;



Ms Rose Wakikona on a TV talk show sharing findings from the study conducted on masculinities and SRHR in Uganda

scarcity of oxygen in the country; the high cost of Covid-19 treatment and management, revisiting Government's priorities, budget cuts for the health sector, among others. These engagements greatly enhanced our visibility and demonstrated our leadership on contemporary issues of health and human rights. Details of all publications and key media engagements are listed in Appendix 1 of this report.

Investigative stories used as one of the key advocacy approaches to keep momentum for accountability on the right to health; Over the years, CEHURD has used investigative stories to unearth facts related to health service delivery as evidence to hold duty bearers accountable and influencing action. This year, we carried out two investigative stories. Notably, [the story on safety in health facilities](#) attracted the attention of Hon. Florence Nebanda, the Woman Member of Parliament of Butaleja District who visited Busolwe Hospital, which was featured in the story. Following the visit to the hospital, the honorable presented the issue of improving patient and health workers' safety in health facilities to the floor of Parliament. The Daily Monitor, also ran an [editorial](#) on the issue on September 14th. The editorial features what a newspaper believes is the important topic of the day.

Social media leveraged on to promote instantaneous sharing of messages on critical right to health issues; To ensure visibility of our work and create further awareness, we heavily leveraged on social media this year, as more audiences are getting their information from online platforms. These updates included messages and photos for the activities implemented at district, nationally, regionally and globally. As a result of these engagements, our social media audiences have grown as illustrated below.



Ms Mariana Kayaga on a Radio talk show speaking about Mental health and SRHR for young people.

(i). Facebook, we got more than 600 new page likes, growing our audience on the platform to 8,632; of these 7,882 consistently interact with our content; (ii). on Twitter, we got 2,457 new followers reaching a total of 8,821 at the time of reporting. The most engaging tweet was the webinar on Generation Equality Forum Uganda CSO platform and UN Women. The likes and followers mean more people following CEHURD's work since these can also share and retweet to their audience increasing visibility of our work. Notably, there has been improved collaborative / joint communication with partners on specified advocacy issues which is critical in building movements and addressing fragmented and or disparate advocacy interventions on related issues.

Communication materials used as tools to enhance branding and visibility; The Communications Department developed numerous materials including flyers, backdrops, banners, advocacy placards, study reports, adverts and much more to enhance the visibility and branding of CEHURD and partner organizations for key events. To ensure standardization of communication the Communications Strategy was approved by the board to ensure an identifiable CEHURD way of communication.

QUOTES

"Unsafe abortion is a leading cause of maternal mortality that can be prevented through the promotion of sexuality education, contraception, safe abortion services and post abortion care." Rose Wakikona, Senior Programme Officer - CEHURD #SelfAndLegalCare

"Availing contraception also helps to improve maternal health as well. Young people need information about sex and the consequences of sex such as pregnancy and dropping out of school" - Anne Kukundakwe, Program Officer CEHURD, #PostWorldContraceptionDayUG #WCD

"We've prosecuted cases before where a national hospital had failed to track the babies that were being delivered. It has taken a lot of advocacy efforts for us to convince them to actually install cameras & have systems to ensure that babies are safe." Mr Moses Mulumba on #SafetyInHealthFacilities

"Regulations on abortion should primarily be on the safety of the service than criminalizing it. They should be concentrating more on enabling services - availability and accessibility but this is not attained on the African continent." Prof. Charles Ngwenya, #SafeAndLegalCare

"We like the fact that the President listened to scientists, health practitioners plus other experts and made a decision to partially open up, hence acknowledging that there should be a balance between public safety and economic survival." - Mr Moses Mulumba, while

speaking about the impact of the 42 days lockdown on the health sector

"In 2015, the Auditor General performed an audit, and it was found out that we didn't have the resources to maintain equipment. This exactly is the worry we have with the #COVID19 intervention." - Mr. Peter Eceru, while speaking about access to medical Oxygen on NBS TV

vi. Quality Assurance and Risk Management

Identification and mitigation of risks reinforced;

Vigilance in identification and mitigating of risks continues to be a priority to CEHURD. At the beginning of the year 2021, staff identified risks anticipated in the year during the planning retreat. In the course of the year, staff continued to report more risks as they were identified. The risk management committee actively engaged in scrutinising the risks and held meetings to pave mitigation plans for the respective risks identified. The status report for the same is discussed periodically.

Due diligence and pre-award assessments for project partners; As CEHURD's sub granting portfolio grew, due diligence and pre sub award assessments were conducted to establish the status of potential sub-grantees and their capacities to implement collaborative grants. This was done for both national level and district-based implementing partners. The pre-award assessment findings informed the terms and conditions for collaborative projects. Capacity building for partners is encouraged for capacity areas of improvement identified through these processes.

vii. Explore Sustainability for CEHURD

During the year, we commissioned our financial sustainability assessment being led by a South Africa based development and management consultant. This will be finalised for implementation in 2022.

As earlier reported, CEHURD's Centre of Excellence (Afya na Haki) was launched on 4th November 2021.

The Centre is part of CEHURD's strategy for long term sustainability of the institution as well as the cause for realizing social justice in health and human rights.



CEHURD Staff pose for a photo at the launch of the Center of Excellence



Prof. Seggane Musisi



Hon. Justice David Batema

4. CHALLENGES

Disruptions were experienced due to the second wave of Covid-19 pandemic that affected staff and operations.

Interruptions by political campaigns and elections – the shutdown of social media affected our social media activities and limited our engagement during that period. CEHURD had no control over this challenge.

5. LESSONS LEARNED

Implementation of judgments is important and possible if relevant actors are engaged. The Ministry of Health have demonstrated support in implementation of court orders received which is attributed to the strengthened collaboration.

Movement building can be attained through collaborative fundraising. This has seen CEHURD explore engagement with partners that work on unique focus areas that has informed inclusive partnership. This also facilitates the strengthening of technical and institutional capacities of community based organisations working on issues of health, human rights and SRHR which is critical in ensuring that national level advocacy is informed by community level advocacy and addresses critical issues of communities.

Context-driven evidence generation facilitates accountability and promotes ownership of interventions which was demonstrated by the commitments made through the social accountability interventions in some districts of operation.

2021 in Numbers

A YEAR IN REVIEW



IN 2021, WE REACHED MORE THAN **5,295,726** PEOPLE BOTH ONLINE AND OFFLINE

5,274,863

ONLINE

20,863

OFFLINE

THROUGH

261

COMMUNITY
OUTREACHES

31

STAKEHOLDER
ENGAGEMENTS

29

STRATEGIC
CASES

30

DISTRICTS

28

ADVOCACY
CAMPAIGNS

38

TRAININGS/
WORKSHOPS

72

LEGAL AID
CASES

26

TV TALKSHOWS

29

RADIO
TALKSHOWS

971

SOCIAL
MEDIA POSTS

106

NEWS FEATURES

**120+ PEOPLE SUPPORTED
THROUGH OUR TOLL FREE HOTLINE**

**250+ PEOPLE SUPPORTED BY THE
CEHURD LEGAL AID CLINIC**

In the year 2021, CEHURD received and documented a total number of 140 cases ranging from sexual gender-based violence cases, maternal death, health mismanagement, arrest of health workers providing post abortion care, child neglect and abuse, domestic violence, environmental and land etc. 72 of the cases handled by the CEHURD Legal Aid Clinic were SGBV related.



FREE LEGAL HELP
0800-300-044

Report any health right violations in your community

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



Oversight

In 2021, 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 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 26 TV Talk Shows, 29 RadioTalk Shows, 28 digital campaigns. In the year, we've made over 1285 social media posts, featured in the News 68 times, documented 5 documentaries, wrote 10 Newspaper articles and 37 blogs among others. We scored massive audience growth on social media of upto 2561 followers.

Media Overview



29

RADIO TALKS SHOWS



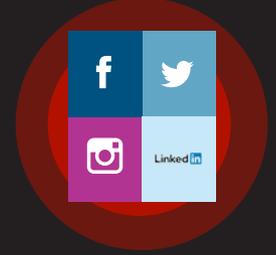
26

TV TALKS SHOWS



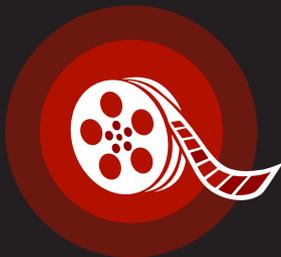
28

DIGITAL CAMPAIGNS



971

SOCIAL MEDIA POSTS



5

DOCUMENTARIES



10

NEWSPAPER ARTICLES



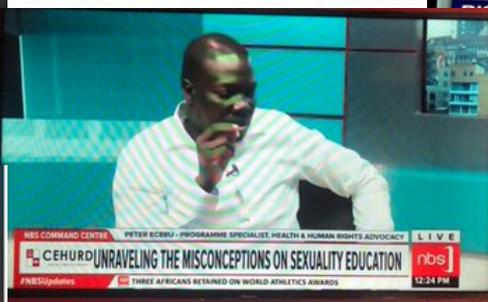
68

NEWS FEATURES



37

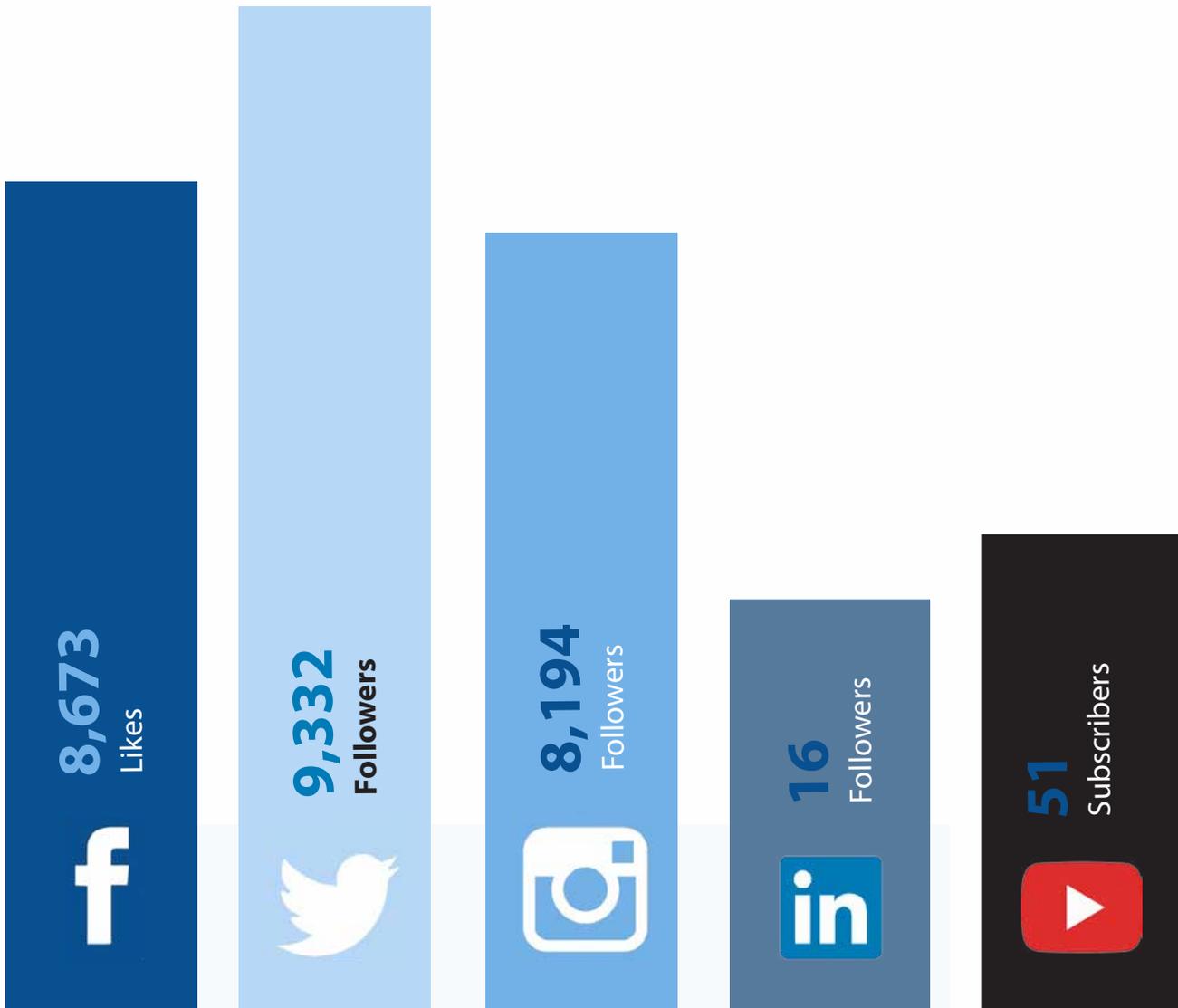
BLOGS



Audience GROWTH

Social Media Insights 

2,561
NEW FOLLOWERS



28 CAMPAIGNS

16 DAYS OF ACTIVISM

SAFETY IN HEALTH FACILITIES

NO HEALTH BUDGET CUT

REGULATE COVID TREATMENT FEES

EQUITABLE ACCESS TO OXYGEN

NSHP NOW NOW

SAFE AND LEGAL CARE

MEN, MASCULINITIES AND SRHR

THE FUTURE IS AFRICA

CSE CASE RULING

GENERATION GENDER

GENERATION EQUALITY FORUM

MATERNAL HEALTH UG

CSE RULING

RIGHT HERE RIGHT NOW

HEED THE PETITION 16 JUDGEMENT

KNOW YOUR BUDGET

SRHR WEDNESDAY

CEHURD MOOT 2021

END GBV HOIMA

AFYA NA HAKI

CSE CASE RULING

GENERATION GENDER

SRHR DIALOGUE 21



FINANCIALS

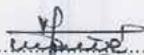
Center for Health, Human Rights and Development (CEHURD)
Annual Report and Financial Statements for the period ended 31st December 2021

2.2 Statement of Financial Position as at 31st December 2021

	Note/ Ref	2021 UGX	2020 UGX
ASSETS			
Non-Current Assets:			
Property and Equipment	2.6.8	2,495,145,522	3,055,859,490
Work in Progress		4,867,849,532	1,154,626,400
		<u>7,362,995,054</u>	<u>4,210,485,890</u>
Current Assets:			
Accounts Receivable and Prepayments	2.6.10	1,166,364,186	292,137,923
Cash and Bank	2.6.11	7,655,672,742	5,162,787,473
		<u>8,822,036,928</u>	<u>5,454,925,396</u>
Total Assets		<u>16,185,031,982</u>	<u>9,665,411,285</u>
FUND BALANCES AND LIABILITIES			
Fund Balances:			
General Funds	2.3	4,891,727,705	1,560,038,002
Restricted Funds	2.3	8,446,611,298	4,719,120,904
Capital Fund	2.3	2,497,777,285	3,055,491,254
		<u>15,836,116,288</u>	<u>9,334,650,160</u>
Liabilities:			
Accounts Payable	2.6.12	348,915,695	330,761,125
Total Fund Balances and Liabilities		<u>16,185,031,983</u>	<u>9,665,411,285</u>

The Financial Statements were approved by the Board of Directors on 27 May 2022 and were signed on its behalf by:


.....
The Executive Director
Ms. Fatia Kiyange


.....
The Chairman - Board of Directors
Mr. Mark Tumwine


.....
Treasurer
Mr. Zziwa Akram

NB: The notes, explanatory schedules and annexes form an integral part of these financial statements

2021 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



JULIET NAOME NAMUSOKE
Finance Expert



PETER ECERU
Programme Specialist
Advocacy



JOSELYN NAKYEYUNE
Executive Assistant



SARAH AKAMPURIRA
Programme Specialist, CEP

2021 STAFF MEMBERS



IBRAH NSEREKO
Programme Manager, SL



DOROTHY AMURON
Programme Manager, CPN



JACKSON KIYAGA
Finance Manager



GRACE KENGANZI
Communications Manager



FRANCIS SERUNJOJI
Programme Manager, CEP



CHRISTOPHER BAGUMA
Programme Manager, KM



ANNE LUMBASI
Senior Programme Officer, CPN



GORRETI NAMYALO
Senior Programme Officer, QA



ROSE WAKIKONA
Senior Programme Officer, SL



ABDULKHARIM MUHUMUZA
Senior Programme Officer, KM



ADRIAN DDUNGU
Senior Finance Officer



ASSUMPTA NALUKWAGO
Senior M&E Officer

2021 STAFF MEMBERS



HELLEN KASEDE

M & E Specialist



CLARE KIZITO

Finance Officer



ISAAC MWAKA

Finance Officer



ANNE KUKUNDAKWE

Programme Officer, CPN



RUTH AJALO

Programme Officer, SL



JORDAN TUMWEASIGYE

Programme Officer, CPN



EDITH SIFUNA

Programme Officer, CPN



TWEMANYE JACQUELINE

Communications Officer



JUDITH NAKALEMBE

Programme Officer, CEP



CHRISTOPHER OGWANG

Programme Officer, CEP



DERRICK NSIBIRWA

Programme Officer



JANE NAMAGANDA

Programme Officer

2021 STAFF MEMBERS



ESTHER DHAFA

Programme Officer, SL



WASSWA PAUL

Programme Officer, SL



MARK ARTHUR NSUBUGA

Finance Officer



FRED IBANDA

Finance Assistant



VIVIEN NAKIYINGI

Q&A Officer



FRANK ATEGA

M&E Officer



ANGELLA NAIRUBA KYAGERA

Programme Officer, CEP



MIRIAM KYOMUGISHA

Programme Officer, CPN



GLORIA LAKER

Programme Officer, SL



JOY GLORIA NASSIMBWA

Administrative Officer



FAITH NABUNYA

Communications Associate



MARIANA KAYAGA

Programme Associate, CEP

2021 STAFF MEMBERS



FATIHA NKOUBE
Communications Associate



JAMES KAWEESA
IT Specialist



PATRICIA NAKIIBI
IT Assistant



IMMACULATE BUKIRWA
Accounts Assistant



KATIA OLARO
Programme Associate, SL



ESTHER KAMEDE
Programme Associate, SL



RAYMOND ONGOM
Programme Associate, SL



DORIS KWESIGA
Research Fellow



SIMON PETER ALAKU
Programme Officer, CEP



MARIA BIRUNGI
Programme Associate, KM



PAMELA LENI
Programme Associate, KM



RITAH BABIRYE
Administrative Officer

2021 STAFF MEMBERS



FATNA MWEBWE ATWIINE
Communications Associate



PETER IJOTRE
Project Officer



FRED OPON
Project Officer



DAN JOSEPH MULINDWA
Administrative Assistant



GEORGE WILLIAM KIBUUKA
Administrative Assistant



NANTAJJA JOHN
Administrative Assistant



DAVID EDIBU
Office Assistant



ZAIDI MBAZIRA
Security



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



Tel: +256 414 - 532283,
Toll free - 0800300 044
P.O. Box 16617 Kampala.



info@cehurd.org



www.cehurd.org



CehurdUganda



CehurdUG



Cehurd256