



THE 12TH ANNUAL NATIONAL INTER-UNIVERSITY CONSTITUTIONAL LAW MOOT COURT COMPETITION

THEME: “Navigating divergent perspectives in promoting reproductive and gender justice in Uganda”

MOOT PROBLEM

FACTS:

OVERVIEW OF THE COUNTRY PROFILE

1. The Federal Republic of Muwemba is a constitutional democracy in East-Central Africa, bordered by the Republic of Manywa to the North, the Sovereign Kingdom of Itanda to the South, the United States of Songa to the West, and the Great Mabira Lake to the East. The country has a total population of approximately 45 million people, 68% of whom are below the age of 35, according to the latest 2024 National Population Survey. The capital city, Mpanda, is a growing metropolitan and economic hub with a population of approximately 4.2 million residents. It has got three major federal regions; Kintu, Buseera, and Mwanja.
2. Muwemba has a Gross Domestic Product (GDP) of USD 61 billion, with an average annual growth rate of 4.5% over the past five years. The national economy is structured around three main sectors: agriculture, services, and industry. Agriculture remains the backbone of this economy, contributing 42% to the GDP and employing approximately 58% of the working population. The major exports include maize, coffee, vanilla, and cut flowers. The tertiary sector accounts for 36% of GDP and encompasses banking, telecommunications, education, tourism, and related services while the industrial sector, which is still developing, represents 22% of the GDP and is dominated by agro-processing and light manufacturing.
3. The National Budget for the financial year 2025–2026 was valued at USD 20.8 billion and is allocated across the following priority expenditures:

- **Defence and National Security** – 32% of the national budget
- **Education** – 28%, focusing on technical and vocational training, Science, Technology, Engineering and Mathematics (STEM) fields, and expanded digital literacy
- **Agriculture and Agro-industrial Development** – 20%, with investment in irrigation schemes, subsidies for mechanisation, and value-addition facilities
- **Health** – 5%, covering infrastructure expansion, maternal health programs, reproductive health commodities, and district-level hospital upgrades
- **Public Administration and Governance** – 15%

4. On obtaining Independence after the 1969 war of independence against the Belgians, the young State faced a lot of war and conflict. In 1982, the country promulgated its Constitution which was marked by significant efforts to institutionalise federal governance in the Federal Republic of Muwemba. Each of the three major federal regions of Kintu, Buseera, and Mwanja established Regional Senates composed of elected representatives and traditional council members, reflecting both modern democratic values and indigenous governance structures. Regional laws passed by these senates remained valid within their respective jurisdictions, so long as they did not contravene provisions of the National Constitution or other national legislation. A mechanism for resolving inter-regional legal conflict was also introduced through the Intergovernmental Arbitration Tribunal (IGAT), although it has only been invoked four times since its establishment in 1984.

LEGAL AND JUDICIAL GOVERNANCE FRAMEWORK

5. Since its post-independence Constitution of 1982, Muwemba has adopted the bicameral legislature consisting of the House of the People and the National Congress. The House of the People is directly elected by citizens on a proportional representation basis, while the National Congress is composed of delegates from each regional senate, ensuring equitable representation of the federal regions. National legislation can be introduced in either chamber but must be passed by both houses before being submitted to the President. As per Article 51 of the Constitution, any Bill rejected twice by the President can only be enacted into law after endorsement by a two-thirds vote in a joint sitting of both houses.

6. In accordance with Article 60 of the Constitution, the Federal Republic of Muwemba formally ratified several key international instruments, including the African Charter on Human and Peoples' Rights (ACHPR), the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (MAPUTO Protocol), the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights (ICCPR). These international instruments, once ratified by Congress, are binding and enforceable upon all state organs, subject to the enabling legislation. The government also established the Office of the Federal Treaty Oversight Commissioner (FTOC) to monitor compliance with international obligations, although recent reports have criticised the office for limited transparency and capacity constraints.

7. The Judiciary of Muwemba, structured in accordance with Articles 112 to 127 of the Constitution, is comprised of three principal courts: the High Court, the Appeals Court, and the Supreme Court. The High Court, located in each regional capital, exercises original jurisdiction in all civil and criminal matters, including those involving violations of constitutional rights. It also supervises lower Magistrate Courts established under regional legislation. The Appeals Court, situated in Mpanda Capital City, doubles as the Constitutional Court with original unlimited jurisdiction in matters requiring constitutional interpretation. Such matters may, however, originate in the High Court where their constitutionality is not a central point of concern in a given case. The final Appellate Court is the Supreme Court with appellate jurisdiction in appeals emanating from the Appeals Court or the Constitutional Court.

REPRODUCTIVE AND GENDER JUSTICE LANDSCAPE

8. The Federal Republic of Muwemba, while “constitutionally secular,” upholds numerous legal and policy agendas that reflect deep-rooted religious beliefs and cultural influences. These factors trace back to the colonial and post-independence eras when both Christian and Islamic missions established extensive educational and health infrastructures. As a result of this hegemony in institutional transformation, they embedded religious doctrine into public service delivery. Although Article 3 of the Constitution affirms the secular character of the State, several federal and regional laws continue to align with the moral prescriptions of dominant religious and cultural groups. This is particularly exhibited in ideologies across the citizenry concerning personal status, family relations, education, and health.

9. There is acceptance of certain religious values, beliefs and norms with influences on how the law and legal systems operate especially in the context of Sexual and Reproductive Health and Rights (SRHR). The Penal Code Act of Muwemba, last revised in 1999, criminalises termination of pregnancy under Section 152, except in cases where the life of the mother is at risk. Efforts by civil society groups and regional legislative bodies to expand the scope of permissible termination or decriminalise the practice altogether have consistently stalled in the National Congress. The most recent amendment proposal in 2021, which sought to introduce additional mitigating provisions on grounds of rape, incest, defilement, and fatal foetal anomalies, was withdrawn following strong opposition from the Interfaith Congressional Forum (ICF), a cross-party caucus backed by religious institutions.

10. Similarly, the proposed legislation to introduce no-fault divorce on grounds of irretrievable breakdown of marriage and also recognise consensual cohabitation as a basis for spousal support rights has failed to secure passage through the legislative process. The Family Law (Amendment) Bill of 2017 was indefinitely shelved after public hearings in Buseera and Mwanja provinces drew criticism from religious leaders who argued that the reforms undermined Christian family values. In line with this trend, commercial sex work remains a criminal offence under the Public Morality and Conduct Act (Cap. 214), which categorises such practices as “acts against public decency.” Attempts to decriminalise sex work under the 2019 Sexual Offences Reform Bill were blocked during the second reading stage, citing repugnance with the “public order and morality” under Article 35(4) of the Constitution.

11. Sexuality Education (SE) remains a contentious subject in the national curriculum. Although the Ministry of Education and Human Capital Development issued the National Framework for Sexuality Education (NFSE) in 2016, full implementation has been impeded by regional legislative vetoes and community-level objections led by faith-based education boards. As of 2024, only 9 out of 22 regional education authorities had integrated Sexuality Education in their primary and secondary school syllabi. In other regions, especially those governed by conservative senates, the SE curriculum is substituted with abstinence-only instruction or omitted entirely on the pretext of nurturing restraint from “immoral” bodily desires.

12. The health sector’s capacity to respond to reproductive and adolescent health challenges has further been weakened by these socio-religious constraints. Health indicators compiled by the Federal Planning Authority (FPA) reveal that adolescent pregnancy rates have remained above 27% nationally since 2015, with significantly higher figures recorded in districts where sexuality education is absent or restricted. Maternal mortality rates, particularly due to unsafe abortions, are highest in districts with strong cultural indifference to family planning methods and religious opposition to post-abortion care services.

13. The Federal Ministry of Health’s 2024 Health Sector Performance Report identified limited public investment in SRHR programmes as a major barrier to equitable healthcare delivery and effective integration of essential cross-sector service provision. Budget allocations for reproductive health have consistently remained below 6% of the total health budget, with the majority directed towards maternal delivery services and family planning commodities. The report also noted that fewer than 43% of the public health facilities offer integrated SRHR services due to staffing gaps, inadequate supplies, and sociocultural resistance. This has posed challenges in addressing other underlying social and structural factors that affect SRHR such as poverty, gender inequality, rights violation, and lack of education.

14. Religious institutions in Muwemba continue to exert substantial influence over public policy, not only through electoral mobilisation and congressional lobbying but also by managing over 60% of the country’s private educational and healthcare institutions. Many of these facilities operate under strict religious codes of conduct that prohibit use of contraceptive methods to prevent pregnancy, limit access to emergency obstetric care, and reject referrals for post-abortion care services. Federal oversight over these institutions remains limited due to exemptions granted under the Religious Institutions Regulation Act (2003), which allows faith-based service providers to adhere to their doctrinal principles unless federal law explicitly mandates otherwise. Many of these religious doctrines do not consider access to contraception as a fundamental reproductive health and human right.

15. Meanwhile, a generational divide has begun to emerge. Urban youth, increasingly exposed to global media and digital platforms, have used social media campaigns, public demonstrations, and online petitions to call for a more public health and rights-based approach to healthcare and gender justice. Movements such as *Muwemba Youth for Choice and Digital Daughters* have criticised the State’s perceived capitulation of sovereignty to religious conservatism, advocating for constitutional interpretation that foregrounds individual dignity, bodily autonomy, and access to evidence-based information. These calls have been met with a mixture of support and backlash, including state-imposed internet restrictions against technology facilitated protests and the use of undercover operations to deter the organisers by evoking the Public Assemblies and Cyber Conduct Act (PACA).

POLITICAL AND SOCIO-RELIGIOUS CONTEXT

16. In Muwemba, adolescents face a regressive legal regime that severely limits their access to SRHR services. The intersection of political ideologies, socio-religious beliefs, and legal frameworks creates a hostile environment for young people seeking equitable healthcare and enjoyment of their fundamental human rights. The resulting friction between progressive youth-led movements and conservative religious establishments continues to shape the national discourse on governance, identity, and public health. While the Federal Constitution remains the supreme law, its implementation in areas affecting SRHR and gender justice is heavily influenced by socio-religious tendencies. Unfortunately, these influences are deeply embedded in the country's political economy and institutionalised religious hegemony.

17. Muyodi Juliana, a 19-year-old first year student from Busika village with a dream of becoming a doctor, joined Pokot University in August 2024 on a government scholarship. She was raised by a single mother who works tirelessly in the market epitomising the everyday struggles of many low-income families in Muwemba. Although she excelled academically, the new life at university posed several challenges for her to cope with. She led a life of abstinence from immoral behaviour and focused on her dream of becoming a medical doctor, mostly buried in reading her text books, and quietly hoping to change the world.

18. On a Friday night in early March 2025, she was persuaded by the roommates to attend her first campus party held in Kwera, a suburb in Muwenda. Nervous but eager to fit in, she borrowed a red dress, applied lip gloss for the first time, and convinced herself she would only have one drink at the party. However, the promise of just a soda was broken when a charming senior student offered a drink that left her disoriented. By morning, she had no recollection of leaving the party or how she got back to her dorm and the final-year student named Davis was gone. It all seemed like a nightmare because she was left with a pounding headache throughout the day and clad in a dress she did not recognise.

19. As weeks went by, she started to have the unsettling feeling that something was wrong in her stomach. She soon began experiencing missed periods, bouts of morning sickness also set in and as days passed by the jeans became uncomfortably tight. Then, one evening in a crowded communal bathroom, Juliana took a pregnancy test and two red lines appeared confirming her worst fears. She stared at them in silence, mind racing about what her mother and community in Busika would say? What would the university do? What will become of her scholarship? Her future? The words "expelled" and "scandal" haunted her thoughts.

20. Desperate, she thought to herself what could possibly have gone wrong and how best to respond to her "pregnancy dilemma." She remembered that she had at one time noticed a sign post on the street outside her dorm with the words "For abortion services, call 239 004 4722." However, she also quickly recalled an article headlined on the front page of the "Daily News-Times," one of the leading newspapers of the Federal Republic of Muwemba few weeks ago titled "Merchants of Abortion." The newspaper was exposing and highlighting the different dangerous networks that lure vulnerable women and young girls to provide them with abortion services but trick them into unsafe and clandestine procedures.

21. With great fear and desperation, Muyodi decided to confide in her close friend, Kiara. The friend whispered about a "Quick Fix Pack," sold under the counter for girls who "can't afford to mess up." Muyodi paid 60,000 shillings via mobile money, received an unmarked envelope under the door of her dorm, and took the pills alone in her bed around 8:45 pm on 3rd April 2025. She believed that this would resolve her predicament but instead her hope faded and pain rose. By midnight, blood soaked her sheets, she was rolling on the floor, screaming. Her roommates rushed her on a boda-boda and sped towards Mpanda.

22. They arrived at Light of Grace Medical Centre just after 10:30 pm. Despite its gleaming façade and reputation for treating students, the clinic enforces a strict policy forbidding any safe abortion or post abortion-related care, even in emergencies. It is owned by Hon. Dr. Joseph Mean, the Federal Minister of Faith and Family Values who religiously observes the policy. Dr. Wepeka as the attending physician, confirmed that Muyodi had ingested misoprostolic acid. Her bleeding was rapid and heavy with a lot of cramping.

23. Her friends begged him for help. He paused, then turned to Muyodi and said:
"As a holy hospital and responsible law abiding citizens of this country, we cannot help a sinner to abort her child. We have a duty to preserve the miracle in her womb. She needs counselling and prayers. It is a hospital policy."
Bloodied and broken, Muyodi was turned away and she went back to her dorm.

24. The following day, friends called another boda-boda and rushed her to “We Care” Private Hospital, arriving just after midnight. There, doctors found her in hypovolemic shock, with uterine sepsis after an incomplete abortion. They provided emergency treatment for the abortion complications, post-abortion counselling and advice, and linked Muyodi to other existing reproductive health care services to avoid a similar situation in the future. However, due to the delay in receiving the much need “urgent care,” the sepsis had caused severe damage to her uterus and as part of the emergency procedure given to her, the uterus had to be evacuated. She was informed by the doctor, that her dream to “have children in the future” had unfortunately come to an end.

25. Word spread quickly across campus. The university administration suspended Muyodi for “indecent conduct and dishonouring the institution.” Her government scholarship was also revoked as a result of pregnancy and attempted termination. On Whatsapp groups, students circulated rumours: “Freshers get pregnant easily,” “She aborted,” “She’s a disgrace.” Even professors avoided eye contact when she walked into class.

26. At home, her mother wept when she saw Muyodi arrive home after suspension. “We worked so hard for this,” her mother whispered. Relatives avoided her in the village. Meanwhile, Davis who had impregnated her (in her intoxicated state) was left to continue with his education and was reading hard to finalise his fourth and final year of university.

27. Light of Grace which turned Muyodi away continues operating with full funding from the Government of Muwemba. The Minister of Faith and Family Values, Minister Joseph Mean, has never publicly commented or been bothered by the issue at all.

THE LEGAL SUPPORT AND JUDICIAL PROCESSES

28. After suffering the devastating consequences of unsafe abortion and subsequent denial of care Muyodi Juliana lived in despair. Although discouraged and disappointed, one day she heard an advert while listening to a radio programme on the Voice of Kintu which provided information about free health legal aid services offered by the Aweri Health Lawyers Initiative (AHLI), a Non-Governmental Organisation (NGO) operating in Central Mpanda. Muyodi went to their offices and sought legal assistance on how best to hold the state accountable. Upon hearing her story, Namirimu, a qualified Advocate from AHLI, assessed her case and determined that her rights to access quality reproductive health care services had been violated and Aweri Health Lawyers Initiative (AHLI) would assist her pursue legal redress.

29. Muyodi gave them formal instructions to handle the case. Aweri Health Lawyers Initiative (AHLI) developed the case pleadings and jointly with Muyodi instituted a suit against the Attorney General of Muwemba and Light of Grace Medical Centre in the High Court of Muwemba under the Constitution, and the Human Rights Enforcement Act of Muwemba for human rights violations occasioned to Muyodi Juliana.

LEGAL GROUNDS BY AHLI FOR INSTITUTING THE LAWSUIT IN THE HIGH COURT CENTRED ON VIOLATIONS OF HER CONSTITUTIONAL RIGHTS, INCLUDING:

a. The right to access healthcare services and essential life-saving commodities guaranteed by the Constitution of Muwemba, particularly due to refusal of Light of Grace Medical Centre (a government-funded facility) to provide Muyodi with quality Sexual and Reproductive Healthcare (SRH) services in such a dire state of emergency.

b. The unlawful dismissal of Muyodi from Pokot University (a government-owned institution) based on her pregnancy and its termination, which violated her right to the highest attainable standard of physical and mental health and freedom from discrimination.

c. The failure of the Federal Republic of Muwemba to put in place laws and policies that protect young women and girls from unsafe abortion contributing to the high maternal mortality ratio of 370 deaths per 100,000 live births, translating into eight (8) deaths per day.

d. The failure of the government of Muwemba to take steps aimed at ensuring equal access to education and health care services for all people irrespective of their religious beliefs and cultural affiliations is a violation of the Constitution of Muwemba.

30. The case was filed in the High Court of Muwemba where AHLI argued that refusal to provide timely and adequate medical care at Light of Grace Medical Centre was not only a healthcare failure but a violation of Muyodi's constitutional right to health. Additionally, they asserted that the university's expulsion of Muyodi for being pregnant constituted gender discrimination and a violation of her right to education enshrined in the Constitution. Her pregnancy was harshly treated as a moral failing rather than being attended to as a medical or personal crisis.

FACTS FOR THE ATTORNEY GENERAL IN THE HIGH COURT:

a. The Attorney General of Muwemba denied any form of liability and noted that Light of Grace Medical Centre was not a Government Facility, and so the Medical Centre had to be held personally liable and accountable, not Government. He argued that although the government provides occasional funding to the facility, this does not make it accountable for upholding the same legal obligations as state-run hospitals.

b. The Attorney General also noted that Government is currently in the process of developing the Reproductive Care Guidelines (RCG) and these have provisions for emergency reproductive care services, when needed. He emphasised that the lack of formal guidelines at the time should not be held against the government as they were actively working on reforms that will be implemented soon.

c. The Attorney General further claimed that the issues raised and fronted by the Applicants in the matter at hand merely raised questions of constitutional interpretation, which should therefore be a preserve of the Appeals Court of Muwemba sitting as a Constitutional Court. He reasoned that the High Court did not have jurisdiction to hear the case as it largely concerns issues of constitutional law that go way beyond the ordinary matters involving violation and enforcement of fundamental human rights.

FACTS BEFORE THE APPEALS COURT:

a. The High Court of Muwemba ruled in favour of the Applicants Aweri Health Lawyers Initiative (AHLI) and Muyodi Juliana, and awarded them costs.

b. The Court observed that: *"It is not enough for Government to simply deny accountability, since it is the main protector of human rights. Therefore, it had to ensure that all persons including its agencies within the Federal Republic of Muwemba were protecting, respecting and fulfilling human rights."* Besides, the matter brought by the Applicants before it, raised issues of human rights violations and enforcement (i.e. right to access quality health care services and commodities, statutory obligation for citizens to be accorded the highest attainable standard of physical and mental health, freedom from discrimination, right to equal treatment, among others), hence they were rightly before the High Court of Muwemba."

c. The court also held that *"the government of Muwemba needs to demonstrate its commitment to ensuring equitable access to healthcare services, especially for the most vulnerable groups such as adolescents and young women. Therefore, the State had a duty to expeditiously finalise and pass the Reproductive Care Guidelines (RCG), to guide the provision of emergency reproductive health care services as unsafe and incomplete abortions were becoming endemic in Muwemba."*

d. The Court further held that *"Pokot University had no justifiable reason whatsoever to expel Muyodi Juliana from her studies on grounds of pregnancy and/or attempted termination. It noted that gender-based discrimination in this form was unconstitutional in a secular State like the Republic of Muwemba. The Court stressed that pregnancy should never be a ground for dismissal in an educational institution, highlighting that gender equality was a cornerstone of the country's legal framework."*

e. The Court ordered that *"Pokot University accordingly reinstates Muyodi Juliana's study scholarship as the grounds for her expulsion were a denial of the right to education."*

Despite the favourable judgement from the High Court of Muwemba in favour of the applicants, the Attorney General was dissatisfied and appealed its ruling and the orders therein to the Appeals Court of Muwemba.

FACTS BEFORE THE SUPREME COURT

a. On hearing the matter, the Appeals Court reversed the decision of the High Court and held in favour of the Appellants (the Attorney General).

b. Court held that: *“The journey is not the destination on matters of the law. The principle of separation of powers is very well established in our jurisdiction and the National Congress would best be placed to make certain decisions. Courts of law only monitor such decisions. The law does not operate in a vacuum, but it must capture the heart and soul of the society which it serves, as the society does not serve the law, but the law serves the society. As an institution governed by its own policies, Pokot University should be allowed to manage its moral standards to reinforce national ethical aspirations.”*

“Even as Government has the primary obligation to protect human rights, it is not an island that floats on a sea of obscurity, but it is assisted by the oars of the people, who also have the responsibility to protect these rights, while complementing the State. The Court has to be cautious in determining human rights claims involving such policy matters so as to avoid judicial overreach, particularly in areas of public morality.”

c. Court also held that *“Government is not run on a bottomless tank of resources but often has to ration these very scarce resources, which, unfortunately, means that some sectors may have to wait longer than others before they can be replenished.”*

d. In this regard, the *“Federal Republic of Muwemba had to ensure that the people maintain high levels of morality using the means available to them through their religious and cultural ethos (Regardless of whether it was a Secular state or not).”*

The Appeals Court concluded that *“there was a fundamental miscarriage of justice in the judgement of the High Court which failed to correctly determine the matter before it having considered the grounds on which its merits were premised and all facts of the case. There was no discriminatory intention present in the decision to expel and the university does not have an obligation to provide emergency healthcare in cases of unsafe abortion.”*

The judgement was given in favour of the appellants, and the Appeals Court reversed the orders made by the High Court of Muwemba. The Respondents (Aweri Health Lawyers Initiative (AHLI) and Muyodi Juliana) were aggrieved by the decision of the Appeals Court and appealed to the Supreme Court, for redress.

END