CSMMUA STRATEGIC PLANING MEETING

COUNTRY LAKE RESORT, GARUGA

11TH – 12TH FEBRUARY, 2016

MEETING REPORT

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1.0 Background

The Coalition to Stop Maternal Mortality Due to Unsafe Abortion (CSMMUA) is a multidisciplinary Ugandan civil society coalition founded in July 2012. The Secretariat is maintained by the Center for

Health, Human Rights and Development (CEHURD). The Coalition engages in advocacy, education, research, and legal analysis to tackle preventable maternal deaths caused by unsafe abortion. The Coalition's vision is a Uganda where no woman suffers or dies from unsafe abortion.

The mission of the Coalition is to end unsafe abortion through working for improved laws and policies, promoting a more conducive environment for service delivery; increasing access to safe services for prevention and management of unwanted pregnancy, and fighting abortion stigma and discrimination through education and advocacy. Action to address these preventable maternal deaths could substantially and rapidly reduce Uganda's MMR. Likewise, efforts to tackle maternal death without addressing unsafe abortion will likely be inefficient and ineffective. Correcting maternal mortality due to unsafe abortion will require action on multiple fronts—from clarifying the legal and policy framework to fighting stigma among health workers and within the community.

In 2012 we began working together as advocates, service providers, and legal experts to address unsafe abortion in Uganda. A vision and mission for the coalition were developed and adopted by the Coalition, 3 goals were also developed to contribute to their achievement and these include;

Since then, there has been engagement of the coalition at different fronts with members of parliament, building capacity of service providers and holding dialogues intended to create awareness on the issue of unsafe abortions and its contribution to maternal deaths in Uganda.

As such, three years later, it became necessary to have a strategic planning meeting that will enable us take stock of our progress and challenges as the Coalition to Stop Maternal Mortality Due to Unsafe Abortion (CSMMUA), and to chart the way forward for the next three years, with an initial focus on 2016. We will reflect on our mission and vision, undertake a three-year strategic planning process, and do focused action planning regarding several activities we can take on together as a team.

1.1 Meeting objectives

1. Assess achievements, progress and challenges in implementing the current CSMMUA work plan
2. Agree on priority goals, objectives and outcomes that CSMMUA will achieve over the next three years
3. Develop a draft CSMMUA work plan with timelines a shared calendar and division of labor to support strategic plan implementation, evaluation and review
4. Agree to additional CSMMUA members and support structures to ensure a well-functioning Coalition
5. Agree on a targeted media strategy

2.0 DAY 1: 11TH FEB 2016

2.1 Introductory remarks by Joy Asasira (CEHURD)

Ms. Joy Asasira welcomed everyone to the meeting in which CSSUMUA will be taking stock of the progress and challenges it has faced as the Coalition to Stop Maternal Mortality Due to Unsafe Abortion (CSMMUA), and chart the way forward for the next three years, with an initial focus on 2016.

A puzzle exercise was done as a way breaking the ice. The participants were each given pieces of paper either with a question or an answer of a fact about abortion in Uganda and they had to go around the room looking for the matching answer or question. If they find their partner they would then introduce themselves to each other and get to know their expectations from the meeting and after the exercise they would each in turn introduce the other to the meeting.

2.1.1 Expectations from the meeting

The meeting participants had a number of expectations from the meeting, among the key expectations included; to understand the roles and responsibilities of the organizations in CSSUMUA, to get a clear road map and way forward of the Coalition in the next three years, to propose ways in which we can build a strong and diverse coalition, to assess the performance of the Coalition in the past three years, among others.

2.2 Welcome Remarks by Mr. Mulumba Moses (CEHURD)

Mr. Mulumba welcomed all the participants to the meeting. He noted that CEHURD was glad to have the opportunity to have everyone together, and for the different partnerships that have been established since 2012, particularly Health Gap.

He stated that in 2012, there was a worry of whether and how the coalition how would work.. This has been the greatest strength of the coalition for the past 3 years. Outside Uganda, the partnerships in other countries have been instrumental.

He hoped that we could maintain the successes, improve the weaknesses, practice what we will suggest, use the program to build our capacities and fuel our networking and goals. He hoped that by Friday we would have the best out of the meeting.

2.3 PRESENTATION: Setting the scene together by Ms. Joy Asasira

The presentation focused on what is happening in the Coalition and where did Coalition come from. A brief exercise describing the Coalition's vision and mission was done.

2.3.1 Key issues from the presentation

The coalition has had a number of successes and these include; the S&Gs, the coordination is a plus, when we started no one knew where we wanted to be, the numbers have increased, educated the media

The coalition has also had setbacks/challenges and these included; the unclear law on abortion, the religious groups who are parallel to what the coalition is vying for, the loss of the political champions that had worked with the coalition for example Dr. Collins (RIP) who had played a great part in awareness of unsafe abortion, opposition although this was qualified that good work triggers opposition, linking the discussion to the community and lastly, underfunding of Sexual Health Rights (SHR).

2.3.2 Plenary Session

Why we are not happy to do what the constitution tells us?
There should be a law under which we can operate. The starting point would be to have a law in place. The initiatives to draft a bill on abortion have been there but championing it is the problem because of the controversy around it. The Constitution and the Penal Code Act are clear with the grounds of abortion. We have not popularized the law and the S&GSs that would have done it are stalling.
We need action on multiple fronts. We need status to deliver. We need communities to be empowered and use the legal environment progressively.

2.4 VCAT EXERCISE - Cross the Line by Dr. Caroline Tatua (Ipas Africa Alliance)

This was an exercise to make the participants reflect on their values on abortion and how they can take the fight against unsafe abortion going forward.

A line was drawn on the floor with tape and statements/ questions were read out to the participants and they would each cross to the each side of the line depending on their answers to the statements/questions. An opportunity was also given to representatives from each side to explain why they were on side of the line that they were on.

2.4.1 Reflections on the exercise

At any one point there is always one person who is on the other side of the line. Therefore, this should be taken into account when dealing with the subject on abortion. We all have different beliefs and values on abortion and this will ultimately affect the fight against unsafe abortion.

One of the participants was concerned that if we who are part of the coalition to stop unsafe abortions in Uganda are confused then what will the rest of the community do? It was agreed on that we should not keep the prejudices and values on abortion due to our backgrounds enslave us. We should always be ready to learn, unlearn and relearn certain values and prejudices about abortion.

It was also noted that one's beliefs, experiences and how they were raised affect their positions on abortion. It was further noted that the reality on the ground is the same, how do we then, in the kind of awareness deal with the issue of unsafe abortion.

2.5 PRESENTATION: Unsafe abortion in Uganda

This presentation encompassed what the legal, service delivery, and advocacy environment is in Uganda regarding reproductive and sexual health and unsafe abortion. It was made by Dr. Charles Kiggundu and Prof. Ben Twinomugisha.

2.5.1 Key issues from the presentation by Dr. Charles Kiggundu (Mulago Hospital/ AOGU)

Dr. Kiggundu's presentation comprised of service delivery of the abortion services. He noted that he has been providing abortion services to 22% which is still low.

There is an important question that should be addressed of who makes the decisions to abort or not. We should note that sometimes it is not the girls or women who make the decisions; it is the boy friends, husbands, parents or guardians.

Because of the delicate nature of the issue the girls/women do not access the services from the right people. The services are often provided by providers who do not have the appropriate skills or services in fact, majority of the people in the community do not have access to the services due to poverty.

He emphasized that there is no evidence yet that the maternal deaths resulting from unsafe abortion is reducing as there has been nothing done to ensure that it declines.

2.5.2 Plenary session

The colleagues at the Ministry of Health (MOH) are showing that things are getting better and yet this is wrong. The reality on the ground differs from what the Ministry is claiming and this is a challenge.

2.5.3 Key issues from the Presentation by Prof. Ben Twinomugisha (School of Law, Makerere University);

Prof. Twinomugisha gave an overview of the Legal and Policy framework in Uganda.

He highlighted that abortion in Uganda is not illegal as most people think although it is restricted by law. The Constitution of Uganda is clear Article 22; right to life, however, it is not absolute. It qualifies it for example death sentence. The article also talks about termination of life of unborn child as authorized by law.

There are still questions that seem to blur the understanding of the law on abortion. Among these questions is; who is an unborn child? What does "may be authorized by law", mean?

In the legal sense, a child is one who has proceeded from the mother. In law a fetus is not a child.

"May be authorized by law" means that termination of pregnancy has to be authorized by law; there is a law that already authorizes termination of pregnancy, Section 224 allows abortion. It also includes other laws that Uganda has ratified for example Maputo Protocol; the first in the world to address women rights in Africa. At the international level there is CEDAW. Article 14 of the Maputo Protocol talks about the woman's right to abort in plain language. It also provides the grounds under which it can be done. Implementation of the Maputo Protocol is by African Commission. In its General Comment No. 2 it urges states parties to put into practice Article 14.

Uganda entered a reservation as regards to Article 14. However, this does not take away Uganda's obligation to ensure that there are safe abortions in the country as there is a law in Uganda under section 224.

Similarly, Articles 24 and 33 of the Constitution can also be resorted to in preservation of the woman's rights and the reservation does not take away this obligation. A mere reservation does not take away Uganda's obligation to ensure that women access accessible, quality services of abortion.

Parliament is commanded to make a law which operationalizes the Article 22(2) of the Constitution.

2.5.5 Challenges despite the law in section 224 and Guidelines

A number of challenges are still hindering the achievement of the Coalition's goal and these include are; information gap in the masses as they are not aware of the policies and the laws; misinterpretation of the law; the Hippocratic Oath sworn by the doctors contains questionable statements for example in Gulu University, the oath sworn by the doctors includes a statement that reads, "I will not offer a pill of abortion to a woman."; the promoters have also not been creative to explore what can be done with the tools available; negative attitudes and stigma; rigidity/conservativeness and lastly men are not actively participating in this fight against unsafe abortion.

2.6 PRESENTATION OF THE WORK DONE BY THE ORGANIZATIONS IN THE COALITION

Different coalition members were called upon to share updates of work they have done to contribute to the coalition objectives;

Human Rights Awareness and Promotion Forum (HRAPF)

As an organization, it mainly carries out advocacy among the sex workers and the LGBTI. It is also part of the Legal Service Network (LSN).

Center for Human Rights and Development (CEHURD)

The organization is part of the LSN. It has been coordinating the coalition since inception in 2012 and engages in coalition building. It carries out research and documentation especially at community

level, community empowerment work especially on stigma on SHR. The organization has had two health camps were they partnered with the organizations that provide different health information and services. Furthermore, they have dealt with media on training on how they report on abortion. Litigation on cases of abortion has not yet happened but they are still looking for test cases that can be litigated upon.

Ipas Africa Alliance

It has worked with CEHURD and the consortium as a whole in dealing with the issue of unsafe abortions. The organization carries out a lot of work is at the regional level. It developed a compendium on abortion and it was adopted by the Human Rights Commission. In terms of advocacy they have worked with CEHURD, Mulago, and UPMA. They have so far trained 60 service providers in Busia and Tororo. In addition to the above, they have also carried out research about abortion stigma.

PACE Uganda

The organization partners with the government especially at the district level. It also carries out BCC work with the community especially in family planning, service delivery, capacity building, values clarification with the service providers, address the issue of attitudes. In addition to the above, it has carried out research dispensing habits with the pharmacies and provider bias. It also sells some Family Planning commodities and MVA kits.

Coalition for Health Promotion and Social Development (HEPS)

It has carried out research in 120 clinics including sensitization and educating the communities on abortion laws and defending health workers. They also disseminate commodities together with MOH and NMS.

Reproductive Health Uganda (RHU)

The issue of abortion is one of the thematic areas of the organization. Research has been done a knowledge, attitude and practices (KAPs) of Members of Parliament and Refugees. They also hold stakeholder meetings at all levels; carry out advocacy, service delivery and capacity building.

Marie Stopes Uganda (MSU)

It focuses more on service delivery, values clarification and attitude, Comprehensive Abortion Care (CAC) services, stigma and psychosocial support, training VHTs and the service providers, distribute vouchers under the access to abortion services, Post Abortion Care (PAC) among others. Family planning services are offered at 60% within their clientele to prevent them from coming back to the

same procedures. The organization has hot-line services in the communities and they offer referrals if the situation is out of their mandate.

In addition to the above, they have carried out research and documentation on stigma, social marketing and sales, BCC activities in the communities, among others. They are also in the process of registering MISO as an organization.

Association of Obstetricians and Gynecologists of Uganda (AOGU)

These are service providers of abortion services. They also provide trainings, distribute MVA kits, and have a team full of researchers.

Pathfinders (Uganda)

The organization carries out advocacy mainly on family planning, and youth friendly services.

Faith to Action Network (DSW)

Faith to Action Network mainly engages in Family planning and budget advocacy. They do not deal directly with abortion but they tackle it in prevention; capacity building, resource mobilization to implement family planning, advocacy, research on Asia and Europe

Federation of Women Lawyers in Uganda (FIDA)

It mainly engages in the legal and policy framework to expand the protection of women and children, challenging the positions that exist in the law, providing legal services to the poor and vulnerable and also those with very difficult situations, community outreach to enable people know about the law and the rights, and trainings for judicial officers.

Reach a Hand (U)

It is a youth-focused organization, with a peer educators' academy program and therein are sessions about abortion. They also carry out social marketing mainly on social media and dialogues to engage the youth in unpacking the policies on abortion.

Uganda Private Midwives Association (UPMA)

These are mainly service delivery at the community level. They also carry out post abortion care, and also work with the training schools to reduce stigma and attitudes about abortion.

Haven Anti-Aids Foundation

It has not done a lot of work yet on abortion, however, it carries out sensitization in the communities and home visits.

2.6.1 Plenary of Emerging Issues by Adrian Jjuko (HRAPF)

Mr. Adrian Jjuko summarized the emerging issues from the day's presentations and discussions. The emerging issues that he identified were; unsafe abortion is a key concern and there is no evidence that the rates are reducing; the coalition has had achievements and there is need to build on them; and lastly, there are challenges faced by the coalition and therefore we should focus on reducing them.

He also identified a number of issues that needed to be addressed by the Coalition and these were; Legal framework and implementation; Media reporting on abortion; Stigma and Attitudes; Increased opposition to the work we are doing; Changes among the allies e.g. the death of Dr. Collins (RIP); Community engagement and getting them on board; How to work with the religious groups and cultural leaders

2.7 PRESENTATION: Introducing a theory of change exercise by Ms. Norah Matovu, Consultant

This presentation comprised of walking backwards from what the coalition wanted to achieve in three years and addressing questions including: What do we want to win? (Goals and objectives) Who can give this to us? What do we need to do to secure victory? How do we begin? How will we know it's working, or not working? What are the major barriers to progress?

2.7.1 Key issues from the presentation

Expression: "Theory of change" is a statement of belief on how and why an initiative will work. It is generally about theorizing assumptions behind the theory and working from a point of conviction. The coalition came together in 2012 and at that time they were motivated by the problem in our society; abortion.

As a coalition we need to be clear about what our strength is when we came together. The actions we take as a coalition must be the ones we can evaluate.

2.7.2 Feedback on theory of change exercise

The meeting participants were engaged in a brainstorming exercise on the different ideas of the change that they would like to see in the next strategic plan. A number of changes were highlighted and these were; Women's reproductive choices respected; Legal and policy framework that advances and protects the SRHR; Safe and comprehensive services available; Free engagement and discussions on abortion/ stakeholders talking people about abortion; Integrating abortion; SRHR and IEC into the curriculum of students and higher institutions of learning; Strategic and diversified

members of the coalition; Changing attitudes, behaviours and beliefs; Breaking the myth around abortion being illegal; More involvement of the power holders and circles of influence in our society; and Significant reduction in the contribution of unsafe abortion to maternal mortality.

The meeting participants were then asked to list the priorities that can be addressed in the next strategic plan; things within which they have power to impact and achieve. The three things that were listed were; a) Influencing the circles of influence in our society and changing attitudes, behaviours and beliefs; b) Policy and legal framework; c) Safe and comprehensive service delivery.

Ms. Norah composed a theory of change for the Coalition for the next three years, and it reads;

"If we the members of the Coalition and our allies resolve to remain committed to our collective vision and action, applying our resources appropriately, engaging in deep reflection and learning by tracking, documenting and publicizing our gains to various communities and key stakeholders, and ensuring that all our actions influence positive change in the behaviour and praxis of women and men within the reproductive age of 15 – 49 years, and those of policy makers and leaders then reduction in the incidence of unsafe abortion and the advancement and protection of the right to life, dignity and bodily integrity of women in Uganda shall be achievable."

2.8 PRESENTATION: The role of the media in securing campaign progress by Mr. Amon Mulyowa, Consultant

The session was action packed as it consisted of discussions on the things that have to be considered when working with the media, developing a media strategy through, analyzing coverage, setting goals, building our capacity as advocates.

2.8.1 Key points from presentations

There are a number of considerations that need to be made when working with the media, that is,

The model that is used in picking the media to engage should be one of best practice. The media should also be one that is actionable, measurable doable and visual

The information shared with the media should be credible. Therefore extensive research has to be carried out to ensure authenticity of the information.

The media persons engaged should have a necessary skill and be knowledgeable about the particular task on which they are engaged.
The media should also be involved in the planning and implementation process. Engaging them will enable you use them to scan and map opportunities in the media that the Coalition can use.

The Coalition should also be able to facilitate the media persons. There should also be a form of recognition in form of awards/ certificates for the best performing media persons as a means of motivation.

He provided a step by step guide on developing a media strategy. a) State your goal; it should be actionable and specific; b) Create your proposition, statement or theme in one or two sentences for example, "stop unsafe abortions"; c) Clear objectives; need to be precise on how to achieve them; d) Do research; when you know what you want to achieve, you will probably discover that you need to know about the issue; e) Identify your target audience; it is important to identify all your stakeholders; f) Audience profiling; create a profile for each audience; g) Budgeting and funding; h) Format tactics and tools.

The media strategy should be able to T-Touch the people; E-Enthuse the people and Act it should call people to action.

Mr. Mulyowa also equipped the meeting participants with the 7 Cs of communication; C- Clear, C-Cater to the heart, C-Communicate the benefit, C-Create trust; credibility, C-Consistent message, C-Command attention, C-Call to action.

2.8.2 Plenary session

What is the feasibility of the things that we listed above, for example facilitation of the media people, and also controlling the number of media people?

Have a list of the media people; however it should not be a blanket one. Similarly have different facilitation rates for the different people. You should be clear when you are contracting them about the terms and references.

2.9 Close of Day 1

Ms. Joy Asasira closed the first day of the meeting by appreciating the participants for actively participating in the long and action-packed day and she hoped they had learnt something.

She urged the participants to keep time the following day so as to be able to perform all the activities on the agenda.

3.0 DAY 2: 12th FEBRUARY 2016

Moderator: Ms. Norah Matovu, Consultant

Opening prayer by Caroline Aruho (HEPS)

3.1 Sharing of experiences in Advocating for an abortion law in Malawi by Mr. Chrispine Sibande, Malawi Unsafe Abortion Coalition

3.1.1 Key points from the presentation

At the start of the Malawi Unsafe Abortion Coalition, there was a question of the composition of the Coalition; whether the coalition had to consist of NGOs only or whether influential individuals could also form part of the coalition. The membership consists of Government Departments, NGOs, CBOs, Lawyers, Doctors, Nurses and Midwives, Media Practitioners, Chiefs, Religious Leaders, Activists and Youth.

Malawi has a Termination of Pregnancy Bill drafted by the Law Commission, the Bill is being printed and thereafter it will be taken to Cabinet. Some of the sections in the Bill include: grounds on abortion; incest, rape, and defilement, mental and physical health of a woman and if it threatens the life of a woman. Who should provide abortion? The primary consideration is that the young girl understands the procedure and if not consent is provided by the parents. Conscientious objections and it repels all the sections on abortion in the Penal Code

There are a number of similarities between Uganda and Malawi; legal, social and political structures, we can therefore borrow what they are doing.

3.1.2 Plenary Session

Whether there were challenges to the title of the Bill?

The Bill was developed by people from different backgrounds. In the legal task force they identified a lawyer who came up with the title of the Bill. As a coalition, they have a coalition strategy addressing the different groups for example the youth, religious leaders, doctors, among others. This enabled them to deal with the different groups in addressing the challenges. Furthermore, packaging is very important.

3.2 Focus on young people by Caroline Aruho (HEPS)

A panel was formed in this session of the organizations that engage in the mobilization, education, and engagement of the youth. The focus was mainly on how we get the young people to be more active in the Coalition as key allies?

The panel was comprised of representatives from Haven Anti-Aids Foundation, YPPN, RHU and RAHU. The panelists all shared the challenges faced in dealing with the youth.

Ddungu Joseph (Haven Anti-Aids Foundation): The youth are not getting the information and the parents do not tell them so they devise means of getting to them and they do door to door but they are also called do to talk to strangers; the parents thin that they have a different agenda

Collin Saabwe (YPPN): The interventions are homogenous; they are not tailored to meet the needs of the young women and girls. The community does not also understand abortion as a rights element.

Alex Kiwanuka (RHU): Information is a challenge; the way the NGOs and the CSOs package the information does not bring the message home to the youth.

Humphrey Nabimanya (RAHU): the stakeholders are also a hindrance as they do not allow the information to get to the young people due to their religious or cultural beliefs.

3.3 Debating and refining coalition priorities in small groups by Ms. Norah Matovu (Consultant)

The participants broke off into four small groups in which they each discussed one of the proposed strategic objectives of the Coalition from 2016-2019, clearly stating the strategies, actions, indicators and who is to take up the role of achieving the objectives.

The proposed objectives were;

a) Promote Legal and Policy framework in place that advances and adequately protects women and girls from unsafe abortion.

b) Support access through advocacy to safe and comprehensive abortion and post- abortion care services for women within the reproductive age range of 15 – 49 years in Uganda.

c) Foster change in attitudes, behaviour and beliefs among key stakeholders towards women's health (15 -49 years) and in particular their reproductive choices.

d) Sustain a strategic & diversified Coalition that is fully engaged with the action to reduce incidences of unsafe abortion throughout the three years.

3.3.1 Feedback from small groups and plenary discussion

Group 1: Promote Legal and Policy framework in place that advances and adequately protects women and girls from unsafe abortion.

What is it that we can do to be given quick results and successes?

We have to ensure that we conclude the Standards and Guidelines. We should also carry the same message as a coalition.
Once the dissemination is sanctioned the coalition should be involved strongly and invest in it
Develop a bill; the current draft bill engaged the Law Reform and the MOH and it is waiting the right political time. It is still a process and the new political will determine a lot in the progress.
Momentum has been built especially on the S&Gs and we need to identify what the immediate steps should be to keep the momentum going. We need to have an immediate strategy.

The coalition has a role to build the Bill and we need to focus on what we can do as a coalition to contribute towards the Bill.

The role of the health workers is important and therefore this should be given more attention.

Strategic litigation should be part of one of the strategies; it is not just about the cases but also about the advocacy that comes with it.

How do we find the possible cases in the communities?
We need to link up with the community organizations to find the cases for example there is a case of abortion that was reported in Bundibugyo. We can engage the CSOs or CBOs in Bundibugyo for easier access.

Group 2: Support access through advocacy to safe and comprehensive abortion and post-abortion care services for women within the reproductive age range of 15 – 49 years in Uganda.

The coalition cannot engage in service delivery. However, it can have a database of the service providers and have referral mechanism for the regions of the service providers. Therefore, mapping should be done of the service providers in the coalition. We should maintain the role of filling in the gap of advocacy, any work of mapping should be evidence building to beef up the advocacy role. The value added by the coalition is advocacy of the issues.

Group 3: Foster change in attitudes, behaviour and beliefs among key stakeholders towards women's health (15 -49 years) and in particular their reproductive choices.

We need to speak in a united voice as a coalition as such we need a communication plan on communicating collectively as a coalition.

As a coalition, we have to be strategic in choosing what we will focus on so that we do not become a busy body. We need to map whose attitudes we are trying to impact, identify the stakeholders for example, women and men (15-49years), health workers, police, MPs, religious leaders, cultural leaders, community leaders, and MOH.

Group 4: Sustain a strategic & diversified Coalition that is fully engaged with the action to reduce incidences of unsafe abortion throughout the three years.

The Coalition needs a coordination plan for example, holding regular meetings which may not necessarily be expensive; for example Skype meetings.

The other ways that were suggested were; exchange of ideas, achievements, what has been done by the different organizations in the coalition, extending the coordination role; increases accountability and responsibility, the governance structure should be established- the steering committee whose role is to monitor the task forces who in turn ensure that the organizations in the coalition are working towards the goal.

3. 4 Next Steps/ Way Forward

Next steps were agreed upon by the meeting participants.
Different roles were distributed to the member organizations.

COALITION	ACTORS
Steering committee	CEHURD and RHU
Quarterly meeting	
Guidelines	
SC/TF	
Legal Policy	Faith to Action Network (DSW), HRAPF, CEHURD
Access to Services	HEPS, MSU, Pathfinder, YPPN, PACE, Haven Anti-Aids Foundation, AOGU, Faith to Action (DSW)
Attitude and Behaviour Change	DSW, YPPN

A draft Strategic document of 2-3 pages will be shared with the Coalition members by the end of March.
The secretariat was also tasked to come up with an elaborate work plan for the Coalition and send it to the member organizations.
A new banner has to be purchased that does not include the different logos of the member organizations as some organizations join and some drop off.

The coalition should have a hash tag for the social media platforms that are used by the member organizations.

The coalition should have a meeting with the new members of the AOGU.

There should be a VCAT in the organizations that are part of the coalition.

3.5 Closing remarks by Ms. Asia Russell (Health GAP) and Mr. Mulumba Moses (CEHURD)

Ms. Asia thanked the participants for actively taking part in the meetings and she knows that in 2019 when there will be another meeting, the coalition would have moved a long distance. A shout out was made to Mr. Chrispine Sibande (COPUA, Malawi) who travelled all the way from Malawi and Dr. Caroline Tatua(Ipas Africa Alliance) from Kenya, Norah Matovu, the consultant who put it all together, all the facilitators, and the CEHURD team. She wrapped up by wishing all the participants a safe journey back to Kampala and promised to keep in touch in terms of next steps of the Coalition.

Mr. Mulumba thanked everyone for taking off the two days to be part of the important meeting which will define the way forward of the coalition in the next three years. He expressed his gratitude that the meeting finally took place as it was a dream that the Coalition move from being a "CEHURD- Health Gap thing" to include other organizations. He continued to thank the regional partners for the role that they play in taking the work of the Coalition forward e.g. Ipas. He concluded his remarks with the hope that other organizations will partner with them to contribute to the work that the coalition does.

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