

## Understanding the CEHURD CHA Model



According to the 2014 Global Initiative for Economic, Social and Cultural Rights; *A Rights-Based Approach to Participation. A GI-ESCR Practitioner's Guide*, Every person and all peoples are entitled to active, free and meaningful participation in, contribution to, and enjoyment of development in which human rights and fundamental freedoms can be realized. Participation and inclusion, as one of the basic principles of the human rights framework, requires that policies, processes

and procedures should provide opportunities for free, active, meaningful and inclusive participation in planning and development<sup>1</sup>.

Different conventions as well as national laws and policies have continuously recognized participation as a human right. For example, according to Article 25 and General Comment 25 on ICCPR;

*“...Every citizen shall have the right and opportunity ... to take part in the conduct of public affairs (including) all aspects of public administration; and the formulation and implementation of policy.”*

Participation The concept of participation means that all citizens should be involved in decision-making processes that affect them, to help create a society that fulfils their interests and desires. Community participation is not only a human right in itself, but is also increasingly being recognized as essential for realizing the right to health, Potts, H. (2008).

In Uganda, the right to participate in decision making processes and administrative decisions affecting them is spelt out in article 127 and Objective Principle II sub section (i) of the Constitution;

*The State shall be based on democratic principles which empower and encourage the active participation of all citizens at all levels in their own governance.*

According to the National Development Plan (NDP), the Government of Uganda commits to encourage and support communities to participate in decision-making and planning for health services provision, through Village Health Teams (VHTs) and Health Unit Management Committees (HUMCs).

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<sup>1</sup> National Economic and Social Rights Initiative. <https://www.nesri.org/programs/what-are-the-basic-principles-of-the-human-rights-framework>

However, according to the 2014 report published by the Regional Network for Equity in Health in East and Southern Africa (EQUINET), it is evident that the VHTs and HUMCs structures are not an effective vehicle for community participation for various reasons, including the lack of activism which is key for building social participation and power.

As an intervention, in 2013 the Center for Health, Human Rights and Development (CEHURD) established a community participation structure consisting of grassroots-based activists, known as community health advocates (CHAs).

Leadership of the CHA as an organization is vested in the executive committee which consists of a chairperson, vice chairperson, treasurer, general secretary and committee members who all report to the District coordinator. The CHA structure operates in eight sub counties in three districts of Buikwe, Kiboga and Kyankwanzi in central Uganda. There are 20 CHAs in both Kiboga and Kyankwanzi Districts operation in four sub counties of Wattuba and Mulagi in Kyankwanzi as well as Kibiga and Kiboga town council in Kiboga district. On the other hand, there are 24 CHAs in Buikwe district operation in four sub counties of Nyenga, Najja, Ngogwe and Buikwe Town Council. The reporting structure within the CHA model is largely informal and they majorly report to the CHA district coordinator who in turn reports to CEHURD.

CHA have been continuously sensitized on their role in claiming the right to health in their communities. The roles of CHAs include; identifying and documenting health rights violations within their sub-counties, gathering evidence that can be used for both district and national level advocacy, mobilizing communities to seek for health services, operating as an Alternative Dispute Resolution (ADR) mechanism within their communities to help solve health rights issues that can be dealt with outside the court process and litigation, as well as serving as a service monitoring tool which involves identifying health problems within their communities and at a health service delivery points and engage duty bearers in order to solve them.

CHAs have had their capacities built in the general principle of Human Rights, the legal and policy frame work on abortion and have also been values clarified on Sexual and Reproductive Health Rights. The CHAs continue benefiting from capacity building exercises organized for health workers, HUMCs, local leaders and other stakeholders in the respective districts. This has enabled them continuously improve their capacities thus effectively providing accurate information on accessibility of Sexual and Reproductive Health Services.

For effective implementation of their work, CHAs were facilitated and formed Community Based Organisations (CBOs) through formal registration with their respective District Local governments. CEHURD therefore continue providing CHAs with practical guidance and support in developing their annual work plans but also sub-grants them to effectively implement their developed action plans aimed at advancing access to SRH services.