

# ANNUAL REPORT 2018

CENTER FOR HEALTH HUMAN RIGHTS AND DEVELOPMENT



**CEHURD**  
social justice in health

 [www.cehurd.org](http://www.cehurd.org)



# Center for Health, Human Rights and Development

2018 Annual Report



**CEHURD**  
social justice in health

## **Vision**

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

## **Mission**

To advance health rights for vulnerable communities through an integrated program of litigation, advocacy and action research.

# **CONTENTS**

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- 3. Foreword from the Board Chair**
- 4. Remarks from the Executive Director**
- 6. Introduction**
- 8. New Frontiers in 2018**
- 11. CEHURD on Social Media**
- 15. CEHURD's Health & Human Rights Footprint**
- 16. Strategy One: Advocacy Engagements**
- 18. Strategy Two: Documentation**
- 21. Strategy Three: Research & Policy Analysis**
- 24. Strategy Four: Litigation**
- 33. Strategy Five: Capacity Building**
- 35. Strategy Six: Campaigns**
- 38. Strategy Seven: International Engagements**
- 39. Strategy Eight: Partnerships & Networks at Global,  
Regional & National Levels**
- 41. Strategy Nine: Communications**
- 42. CEHURD's Work in Pictures**
- 45. Major Achievements of 2018**
- 47. Lessons from 2018**

# FOREWORD FROM THE BOARD CHAIR

CEHURD's success and progress this year has not come as a surprise. The Board is very aware of and pleased with the intensive ground preparations and careful planning of the entire team.

We recognize CEHURD's great leadership that is driving the organization's mission, our key donors who embraced and ran with the vision and CEHURD's staff for the relentless effort they exhibit.

We are confident that CEHURD's resilience and strategic approach to sensitive, often neglected, but vital issues will continue to positively impact East Africa and beyond. With a permanent address and conducive workplace facility, CEHURD's progress is unquestionable.

CEHURD will continue to uphold its main objectives of building local, national and regional awareness to institutionalize and mainstream health and human rights. It will promote access to health services and goods, address determinants of the right to health and maintain a strong, vibrant and sustainable center of excellence on health.

CEHURD's integrated program approach of litigation, advocacy and action research has already made a lasting impact and there is no doubt that they will continue to do so in our communities of operation and in the region.

Where there is even the slightest opportunity to make a change, CEHURD is seizing the opportunity. That includes challenging the needless deaths of women while delivering in government facilities, the unlawful detention of patients in health facilities for unpaid medical bills or the violations related to the failure of government departments to enact necessary laws.

The Board of Directors of CEHURD is more than committed and even more proud to be associated with the work of the team at the secretariat.

Sincerely,



Prof. Ben Twinomugisha  
Board Chair



# REMARKS FROM THE EXECUTIVE DIRECTOR



In December 2019, CEHURD will make 10 years of visible and tangible progress. With a great backbone provided by the Board of Directors, committed partners, a great staff and our communities of interest, we have managed to stay focused on the key issues, which has been essential to our success.

For the past nine years, we have held the banner for justice and the right to health for vulnerable and minority groups and I am proud to say we have returned solid results. We are continuing to lead the way to total enjoyment and observance of health and human rights by all.

As an assurance to the continuity of our cause and our unchanged core focus, we can point our success to earlier trials, the newly developed strategic plan 2019-2023, a new organogram, a case tracker and our committed partners.

We have seen the need to revise and introduce new programs that will revamp our mission and vision to secure even greater achievements, we acquired new computers to improve our performance and embarked on more new projects. The decision to take on any additional developments will be based on the needs of our target constituencies and on existing opportunities.

I am proud to mention that in 2018 CEHURD hosted and coordinated three national coalitions, networks and alliances, actively participated in a number of joint advocacy campaigns, strengthened the capacities of law enforcement officers from five districts and generated its own income base, among numerous highlights.

I am excited about this year and looking forward to reaching more milestones. We anticipate being more active and impactful in 2019. Every person is guilty for the good they did not do. At CEHURD we are committed to doing and influencing justice in health for the good of our communities.

Sincerely,

A handwritten signature in blue ink, appearing to be 'Mulumba Moses', written over a light blue rectangular background.

Mulumba Moses  
Executive Director

# ACRONYMS

Action Group for Health, Human Rights and HIV/AIDS Uganda	AGHA
Adolescent Girls and Young Women	AGYW
British American Tobacco	BAT
Center for Reproductive Rights	CRR
Civil Society Organization	CSO
Community-Based Organization	CBO
Community Health Advocate	CHA
Comprehensive Sexual Education	CSE
Global Financing Facility	GFF
Human Immunodeficiency Virus	HIV
International Conference on Family Planning	ICFP
Legal Empowerment and Social Accountability	LESA
Legal Support Network	LSN
National Environment Management Authority	NEMA
National Medical Stores	NMS
Non-Governmental Organization	NGO
Open Society Initiative for East Africa	OSIEA
People Living with HIV	PLHIV
Sexual and Gender-Based Violence	SGBV
Sexual and Reproductive Health and Rights	SRHR
Solidarity for African Women's Rights	SOAWR
Trade-Related Aspects of Intellectual Property	TRIPS
Uganda Human Rights Commission	UHRC
Uganda Law Society	ULS
Uganda Medical Association	UMA
Uganda Medical and Dental Practitioner's Council	UMDP

# INTRODUCTION

In 2018 CEHURD challenged myriad laws and policies that sought to undermine the right to health of both Ugandans and those beyond the country's borders. We mounted successful advocacy campaigns and we forged new partnerships. There were many challenges along the way, but through the efforts of the committed, multidisciplinary CEHURD staff and the support of a strong Board, along with our strategically situated partners, we were able to stay true to our mission and vision.

Our work in 2018 was guided by CEHURD's five-year strategic plan, which lays out the following objectives:

1. Build local, national and regional awareness and institutionalize/mainstream health and human rights
2. Promote equitable access to health services and goods
3. Address the underlying determinants to the right to health
4. Strengthen the institutional capacity of CEHURD through ensuring effective and efficient systems and structures

In 2018, we attempted to achieve these objectives through four major interventions or strategies:

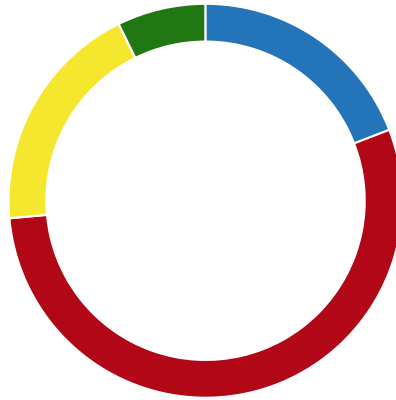
- a. Engaging with duty-bearers and communities to ensure increased participation toward an enabling policy and legislative environment, as well as a transparent and accountable health system that respects human rights and the right to health.
- b. Legal and policy advocacy through the use of litigation aimed at ensuring an enabling policy and legislative environment and a transparent and accountable health system that respects human rights and the right to health.
- c. Empowering and protecting the health rights of vulnerable and marginalized groups to increase participation, transparency and accountability.
- d. Building CEHURD's capacity at all levels, including resources, and putting in place systems and structures that enable CEHURD to meet its set goals.

CEHURD undertook a mid-term review of our Strategic Plan 2016-2020 to consider its effectiveness, relevance and sustainability and, specifically, to identify major outcomes achieved under the program between January 2016 and June 2018.

The overall objective of the mid-term review was to assess the progress toward achieving the outcomes within the Strategic Plan and to learn from and improve on the ongoing work or to redirect interventions to optimize outcomes.



# Project Contributions to the Thematic Areas



● Health Systems Strengthening and Governance ● Maternal and Child Health  
● Laws and Policies on Right to Health ● Social Determinants of Health

We registered tremendous growth, adding new accolades and achievements to our already impressive profile. CEHURD has also seen the growth of its institutional systems, networks and the reach of its programs. And efforts are now beginning in districts and thematic areas where we have not previously worked. We are excited to use the momentum we built in 2018 as a launching pad for bigger and more impactful accomplishments in 2019.

## Our Values

Inclusion and Non-Discrimination  
Integrity and Professional Ethics  
Empowerment  
Innovation, Drive and Excellence  
Teamwork and Oneness

Confidentiality and Privacy  
Transparency and Accountability  
Equity  
Learning and Reflection  
Mutuality and Partnership

# NEW FRONTIERS IN 2018

In 2018 CEHURD grew its programs and systems and moved closer to realizing its goals of enshrining social justice and human rights in health systems.

These developments included:

## Global Gag Rule

CEHURD worked to challenge this oppressive global health policy implemented by the United States. The Global Gag Rule, also known as the Mexico City policy, blocks U.S. federal funding for non-governmental organizations (NGOs) that provide abortion counseling or referrals, advocate to decriminalize abortion or expand abortion services. We protested this policy, re-introduced at the start of the Trump administration in 2017, through peaceful marches on Capitol Hill in Washington, D.C., and also through individual meetings with members from the U.S. Senate and House of Representatives, where we advocated for them to repeal it.

CEHURD participated in the International AIDS Conference, which was held in Amsterdam, Holland, in 2018. CEHURD staff used the opportunity to continue advocating for the permanent repeal of the Global Gag Rule. We also participated in the sexual and reproductive health and rights (SRHR) pre-conference, where we shared our experiences working on SRHR issues in a restrictive environment.

## Legal Empowerment and Social Accountability

CEHURD successfully implemented its Legal Empowerment and Social Accountability (LESA) project in Mukono and Gomba districts in Central Uganda. LESA taught more than 250 girls legal principles and supported access to justice initiatives for women and girls in Central Uganda who were at risk of suffering sexual violence. We selected Mukono and Gomba because of their high rates of sexual and gender-based violence (SGBV) and our hope is that through capacity building we will help mitigate this problem.

We collaborated with the Uganda Law Society (ULS) to establish the Health and the Law Cluster. Among its activities, the Cluster convened the first continuing legal education training on health.

## Maputo Protocol

Our regional advocacy work grew, including new efforts this year to advocate for the ratification, domestication and implementation of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa. Better known as the Maputo Protocol, it guarantees comprehensive rights to women, including the right to take part in the political process, to social and political equality with men, to improved autonomy over reproductive health decisions and calls for the end of female genital mutilation. Our new efforts came amid regional celebrations to mark 15 years of this groundbreaking women's protocol.

## Research Agenda

CEHURD's research agenda also grew. Among the new publications, "Business Unusual" offered the first in-depth exploration of the Global Financing Facility (GFF) in Uganda. This research interrogated the conceptualization and implementation of this initiative, which links concessional loans to domestic expenditures on health, by investigating the level of citizen participation at all levels of the process.

CEHURD worked with tobacco control partners including Tobacco Free Kids, the Uganda Health Consumers Organization, the Uganda Communications Alliance, the Centre for Tobacco Control in Africa and the Ministry of Health to create awareness about how the tobacco industry lures children into early use of tobacco products. We have held numerous meetings with members of the Tobacco Control Committee, which includes representatives from the Ministry of Trade, the Prime Minister's Office, the Ministry of Education, the National Environment Authority, the Uganda National Bureau of Standards, the Uganda Revenue Authority, and reviewed the findings from, "Big Tobacco, Tiny Targets" – a periodic monitoring campaign whose goal is to expose and discredit the tobacco industry's tactics of targeting young people and school children.

We emphasized the need to make information about the dangers of tobacco use more easily available in and around schools and, more generally, to improve access to information about the Law on Tobacco Control in Uganda, which governs the display and advertisement of tobacco products. At the same time, we pushed to strengthen this law to incorporate the message, "No sale to minors," on tobacco products.

## Maternal Health Campaign

A notable journalist and women's rights activist, Nuliat Nambaziira, died from pregnancy-related complications in May 2018. This devastating death spurred CEHURD to revitalize the campaign for maternal health in Uganda and attracted attention from groups that had not previously been involved in this effort, including women's rights groups, human rights-focused organizations and youth advocates.

The campaign began with a press conference at the NGO Forum, before marchers walked to the International Hospital, where Nambaziira had died from preventable pregnancy-related complications.

CEHURD, in collaboration with other women's rights organizations, also appeared before a select committee of Parliament to propose strategies to address sexual violence in schools. This is a particularly notable event given that a critical element of CEHURD's work is protecting and promoting the health rights of women and girls.

## Strategic Communication

CEHURD has been the country's lead organization for message development research on issues of SRHR through its partnership with Godwin Simon Strategic Research. The primary goal of this research has been to learn how to most effectively reduce stigma around SRHR, including abortion, and increase public support for women's access to comprehensive reproductive rights in Uganda. Knowing the topic is emotionally complex and culturally controversial, the approach we employed opened new pathways for talking, thinking and feeling about comprehensive reproductive rights in Uganda.

## In Addition

We also received recognition from the Uganda Revenue Authority and the National Social Security Fund for our compliance with the various statutory obligations as an organization. This reinforces the fact that CEHURD has grown and that its systems are stronger than they have been in the past.

Alongside our victories and accomplishments, we also faced some challenges:

The re-instatement of the Global Gag Rule by U.S. President Donald Trump. This meant CEHURD lost some of the funding it was receiving because we would not agree to abide by the terms of the policy.

Within Uganda, we have experienced increased and more visible opposition from SRHR opposition groups that are working to push back against the enactment of laws, policies, practices and interventions that would contribute to an enabling environment for SRHR in Uganda. Those groups have stalled the review of the Adolescent Health Policy and the National Policy Guidelines and Service Standards for SRHR within the Ministry of Health. And in the Ministry of Education and Sports, they are slowing the review of the National Sexuality Education Implementation Plan and the School Health Policy.

There have been protracted delays by the judiciary in hearing the cases CEHURD has filed. These delays mean that the individuals and communities on whose behalf the cases are filed do not receive redress and may continue to face violations.

# CEHURD ON SOCIAL MEDIA

Social media is an important tool and a vital part of CEHURD's work. It is how we keep our partners, stakeholders and the general public knowledgeable about our upcoming efforts and our successes. It is also the key way we track our activities within the institution. Social media gives us a voice to express what we stand for, to share quality content and to strengthen our credibility.



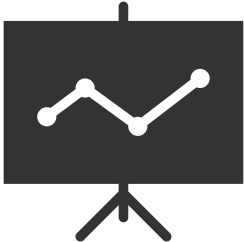
**532**  
Social Media  
Posts



**2,061,958**  
Reaches/  
Impressions



**21**  
Videos  
Uploaded



**380,000**  
Engagements



**52**  
Maternal  
Health  
Wednesdays



**14,945**  
New Followers

# Top Tweets

Top Latest People Photos Videos

**CEHURD Uganda** @cehurdu... · 05 Jan

Ms. Primah Kwagala writes new article | "In 2012, 150 babies on oxygen concentrators at a hospital in Jinja died after utility company UMEME Uganda Limited turned off the electricity with no prior notice.." [osiea.org/amplifying\\_voi...](https://osiea.org/amplifying_voi...)

When electricity means life or death in public health facilities

3 54 71

Top Latest People Photos Videos

**CEHURD Uganda** @cehurdu... · 11 Feb 18

Even one pint can make a difference. As CEHURD we believe absence of blood in Health facilities directly links with maternal mortality. Please come with a friend on 17th February, 2018 at **Canaan Sites** Playground. Donate blood and save a life (she could be a mother)



ISER Uganda and 8 others

28 27

Top Latest People Photos Videos

**CEHURD Uganda** @cehurdu... · 22 Feb 18

**Most young people** find mootings at @cehurdu... to be intellectually rewarding and highly enjoyable. It can be nerve-racking and frustrating but there is a lot to learn. We empower many **young people** to demonstrate their interest in advocacy as they work closely with our staff



13 40

Top Latest People Photos Videos

**CEHURD Uganda** @cehurdu... · 05 Mar 18

The Social Cultural Dialogue on Sexual and Reproductive Health rights is tomorrow at hotel Africana. We shall be discussing the role of Religion and Culture in promoting and regulating Sexual Reproductive Health and Rights. For more information contact Mr. Jjuuko 0775 394 096

**AL-CULTURAL DIALOGUE**  
SEXUAL AND REPRODUCTIVE HEALTH IN UGANDA

THEME: The role of Religion and Culture in promoting and regulating Sexual Reproductive Health and Rights

From 6am to 10am  
**HOTEL AFRICANA | 6<sup>th</sup> - 7<sup>th</sup> MARCH 2018**



SAUTIplus

2 12 21

Show this thread

← Tweet

**CEHURD Uganda** @cehurdu... · 24 Mar 18

Today the whole team is at @nwscug International Resource Center for the 4th InterGenerational Dialogue. Follow conversation online via #IGDug18



10:15 AM · 24 Mar 18

29 Retweets 62 Likes

Tweet your reply

Top Latest People Photos Videos

**CEHURD Uganda** @cehurdu... · 02 Apr 18

11 April, We shall be commemorating the International Maternal Health Day. Join us as we march against preventable causes of maternal morbidity & mortality by pushing for progressive maternal & SRHR policies to ensure access to an **integrated** set of commodities & services.



OSIEA and 8 others

4 45 73




# Top Tweets

Top Latest People Photos Videos

**CEHURD Uganda** @cehurduganda · 11 Apr 18

Did you know **7000** women die every year due to pregnancy and birth related conditions? This is why we are matching and dialoguing today.  
#MaternalHealthDayUg #IntIMHDay



780 views

1 59 67

Top Latest People Photos Videos

**CEHURD Uganda** @cehurduganda · 21 Oct 18

Observed any health/human right violation in your community? Report to us for rapid legal response through our toll free hotline 📞 0800 313131 | Open weekdays 8:00am - 5:00pm. Our strategic litigation team will be obliged to swing into action.



1 33 52

Top Latest People Photos Videos

**CEHURD Uganda** @cehurduganda · 14 May 18

Join the #ItCouldBeYou twitter conversation this afternoon as CEHURD, CSO and stakeholders under the Movement to End Maternal Mortality call for urgent action on the alarming rate at which women are dying in private and government facilities in the basic act of giving life.



3 78 104

Top Latest People Photos Videos

**CEHURD Uganda** @cehurduganda · 02 Nov 18

Meet **Nabunya Faith**, 21 | The youngest person at CEHURD, She is the vice president #GetUpSpeakOut Young Advisory Committee. Faith works in the communications department & is passionate about SRHR & working with young people. Today she has been applauded for her work in the Alliance

**faith Tendo** @faitrends  
Thanks to @SRHRAllianceUg for recognizing my active participation in the #AllianceWeek2018 & another applause to @cehurduganda for naturing me into an empowered...



1 14 37

Top Latest People Photos Videos

**CEHURD Uganda** @cehurduganda · 21 Sep 18

Dont miss out on the talk on maternal health in Uganda on #PWJK. How much are the mothers worth? Have we made the right investment in them? How has litigation shaped maternal health in Uganda? Ms. @PrimahKwagala | Our Programme Manager - Strategic Litigation will be a panelist.



15 32

Tweet

**CEHURD Uganda** @cehurduganda

Madudu health centre III - Mubende maternity ward ceiling has collapsed | We call for immediate response.



Uganda Police Force and 5 others

11:10 AM · 04 Nov 18

50 Retweets 48 Likes

Tweet your reply

## Top Hashtags

**#Voices4Health**

#BusinessUnusualUG

#MaternalHealthDayUG

#HIVTBProgrammeUG

#ItCouldBeYou

#CEHURDMoot2018

#EndSeclusion

**#EndSexualViolenceUG**



# CEHURD'S HEALTH & HUMAN RIGHTS FOOTPRINT IN 2018

In 2018, CEHURD continued to implement its Strategic Plan 2016-2020. The objectives steering this plan are:

1. To build local, national and regional awareness and institutionalize/mainstream health and human rights;
2. To promote equitable access to health services and goods;
3. To address the underlying determinants to the right to health;
4. To strengthen the institutional capacity of CEHURD by ensuring effective and efficient systems and structures.

In order to achieve these objectives, CEHURD utilized nine strategies, which we will explore in detail over the following pages.



*CEHURD distributing handbooks to Adolescent girls and young women during a Health Assembly in Gomba District*

# STRATEGY ONE: ADVOCACY ENGAGEMENTS

## Uganda Family Planning Consortium

Founded in 2010, the Uganda Family Planning Consortium is a non-profit membership organization in Uganda that brings together local and international actors in family planning and reproductive health. It unites the voices of member organizations to advocate for effective responses to family planning and reproductive health needs in Uganda. CEHURD subscribed to this platform and, in 2018, made a presentation on our work on family planning at the Consortium's coordination meeting of its Family Planning Budget Advocacy Group. CEHURD's value to this Consortium is meeting members' advocacy needs in the areas of policy and law.

## Social Accountability in Health Experiences

Through social accountability, duty bearers respond to rights holders and take steps to improve access to health service delivery.

Under the LESA project aimed at advancing access to quality HIV services for adolescent girls and young women (AGYW), CEHURD convened a district health assembly in Gomba district which brought stakeholders together. During this assembly duty bearers made commitments to improve access to HIV services for AGYW, including protection against SGBV. These discussions informed an advocacy workshop at the national level, which attracted representatives from Ministry of Health, the police and the judiciary, as well as policy makers, who further committed to utilize their platforms to advance access to HIV health and legal services for AGYW.

CEHURD participated in a meeting, which the Action Group for Health, Human Rights and HIV/AIDS Uganda (AGHA) conducted in Pallisa and Lyantonde districts. During this meeting, recommendations were documented on the sustainability of the project interventions, on how to continue to monitor what has been implemented and on how to lobby for more support from the Open Society Initiative for East Africa (OSIEA).

Each financial year, Uganda conducts national budget planning. CEHURD works with communities to understand how best they can participate. For financial year 2018/2019, we concentrated on supporting communities as they put knowledge into practice. As a result of these trainings, community members attended budget conferences, presented position paper before various district councils and pushed for key issues. Out of these efforts, the Buikwe district local government allocated funds for the construction of a placenta pit and maternity ward renovations at Buwagajjo Health Center III in Nyenga sub-county.

# Social and Cultural Dialogue on Sexual and Reproductive Health in Uganda

Religious and cultural leaders have been critical to the development of health programs, laws and policies. However when it comes to developing interventions related to SRHR, their engagement and involvement becomes more than critical, since they wield significant power and serve as key stakeholders. CEHURD embarked on a process of dialogue and sensitization of this group of stakeholders.

We convened this dialogue under the theme, "The Role of Religion in Promoting and Regulating Sexual and Reproductive Health and Rights: A Gender, Policy and Public Health Dialogue." The dialogue was designed for stakeholders to share their knowledge about SRH with each other and to create strategies to address issues they are facing.

More than 140 participants met at Hotel Africana in Kampala, Uganda, in early March. They included religious and cultural leaders, members of parliament, academics and researchers, civil society organization (CSO) representatives, members of parliament and the media and law enforcement officials. Many challenges were identified by the religious cultural leaders as hampering their positive engagement and support for interventions aimed at improving SRHR in Uganda. One that particularly stood out was how issues are packaged. They felt they needed to push back on some of the messages, which made it appear they opposed the interventions.

The strategies that were proposed to address this included:

- Adapting technical language to better communicate the components of SRHR;
- Considering options for relabeling or re-packaging sensitive issues;
- Clarifying myths and misconceptions on SRHR to attract wider support and contribute to an open dialogue;
- Showcasing the linkages between SRHR, human rights and population dynamics;
- Engaging forums of kingdoms and chiefdoms on issues of SRHR.

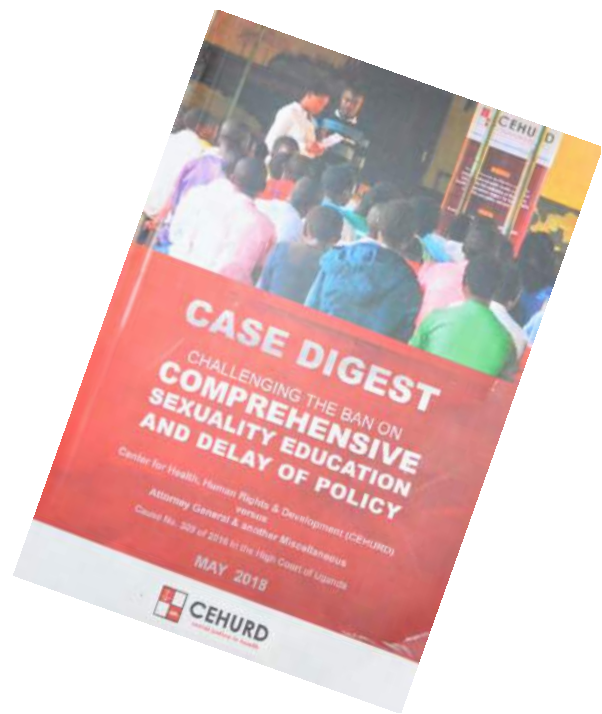
# STRATEGY TWO: RESEARCH & DOCUMENTATION

## No One Left Behind? A Study on the Intersection of Women's Rights and HIV/AIDS

As part of our efforts to build knowledge and jurisprudence around the right to health in Uganda and East Africa, CEHURD contributed to student research from the School of Advanced International Studies' International Human Rights Clinic at Johns Hopkins University. This research considered issues of HIV and gender-based violence and the findings were launched in May 2018. The publication is available at <https://sais-ihrc.wixsite.com/blog/reports>.

## Access to Safe Abortion in Uganda

The article written by CEHURD staff, outlines the available opportunities to leverage access to safe abortion services in Uganda through the harm reduction model. CEHURD published the harm reduction model in the peer-reviewed journal, the International Journal of Gynecology & Obstetrics. It is available at <http://onlinelibrary.wiley.com/doi/10.1002/ijgo.12190/full>.





## Litigators Guide

With the aim of improving access to justice in the face of health and human rights violations, CEHURD, with support from the International Development Law Organization, developed this manual for human rights lawyers and activists. It is designed to enable practitioners to effectively pursue remedies for survivors of HIV/AIDS-linked human rights violations and abuses and of SGBV. CEHURD developed this manual in response to the findings of a community mapping and assessment exercise conducted in Mukono and Gomba districts, which revealed the high prevalence of SGBV and, with it, the increased risk of HIV transmission. The research also found communities lacked confidence in institutions, including police, to achieve justice in cases of SGBV.

## Documentation of the Legal Empowerment and Social Accountability Model

Over the past two years, we have deployed a blend of legal empowerment and social accountability to advance access to quality HIV services for AGYW. This publication filled a gap in documentation of this model.



*Adolescent girls and young women petitioning the Kyampisi Local Council Authorities*

## Case Digest of CEHURD vs. Attorney General & Family Life Network

CEHURD developed a digest on the contents of this May 2018 case, known as the CSE case, which challenges the government's ban on comprehensive sexual education (CSE) in schools and its unwillingness to develop a sexuality education policy. In the digest, CEHURD offers simplified content about the case, background on CSE and the ban on CSE by the Parliament and Ministry of Gender Labor and Social Development, as well as the effect of the ban on young people's SRHR. We also explored why it is relevant to have a CSE policy in place.

## Documentation of Community Experiences on Contraceptive Use

CEHURD, with support from the Center for Reproductive Rights (CRR), documented the experiences Ugandans have had and the practices and challenges they have encountered while accessing and providing contraceptives as a means of family planning. This included identifying violations in contraceptive use among different stakeholders in Kampala, Buikwe, Manafwa, Gulu and Soroti.

In 2017 we managed to successfully engage and collect data from a range of key actors, including CSOs, Ministry of Health officials, health service providers, local government officials, pharmaceutical companies, people living with HIV (PLHIV), teachers, adolescents and sex workers. With technical support from CRR, CEHURD used this information to publish a report in late 2018, which will guide laws and policies on contraception in Uganda by highlighting barriers communities face in accessing contraceptive information and services.



*CEHURD and other CSOs march to protest the murder and kidnapping of women in Uganda.*

# STRATEGY THREE: LEGAL & POLICY ANALYSIS

To help build the body of knowledge on human rights and health, CEHURD embarked on a series of policy analyses. These included:

## Youth Position Paper on SRHR Following International Conference on Family Planning 2018

Organizers of the International Conference on Family Planning (ICFP) in Kigali, Rwanda, emphasized that the voices of young people matter in redefining narratives and practices around SRHR services. CEHURD lobbied Ministry of Health officials for reproductive health to be on the agenda of the post ICFP conference it held on 14th December 2018. This acted as a platform where young people, organized by CEHURD, presented a position paper they wrote detailing their unique SRHR challenges.

CEHURD mobilized youth-led and youth-serving organizations, particularly with young people who attended the ICFP, to contribute to the paper. We offered them opportunities to discuss issues, including their access to a vast array of SRHR commodities and services necessary to prevent unintended pregnancies and reduce the risk that they would seek unsafe abortions. We also afforded them the opportunity to get these messages in front of key decision makers.

## Monitoring the Implementation of the Tobacco Control Act

CEHURD is among the tobacco control advocates that are spearheading the implementation of the Tobacco Control Act of 2015 in Uganda. CEHURD has contributed to the development of regulations under the law and has authored legal advisory letters to institutions whose activities infringe on the Tobacco Control Act. In 2018, CEHURD advised Nakasero Hospital to remove a smoking zone at the hospital and cautioned Sino Hydro Energies Ltd., which had supervisors who were exposing employees to second-hand smoke.

## Legal Analysis of the Draft Mental Health Bill

CEHURD undertook this analysis to interrogate the overall compatibility of the bill with Uganda's obligations under the Constitution and international law. Using the lens of Articles 12, 13, 14, 19 and 25 of the United Nations Convention on the Rights of Persons with Disabilities to address concerns with specific provisions of the bill. The analysis also made specific recommendations to members of parliament about how the bill could be made more compliant with human rights regulations.

Despite finding that the bill is an important step in the protection of persons with mental illnesses, as it repeals the archaic 1964 Mental Treatment Act. However, if passed into law in the state that it was at the time of the analysis, the bill posed a number of risks, including being one-sided in its efforts to protect practitioners.

The question of consent is also not fully embraced in the bill and it becomes, an absence that is even more acute when it comes to treatment of prisoners that may suffer mental illness. It was our recommendation that the bill should therefore try to focus on the need to protect the rights of the patients, while not putting the safety of the public or the patient at risk. It should include minimum obligations to provide services that are available, accessible, acceptable and of appropriate and good quality.

## The National Sexuality Education Framework Policy Analysis

CEHURD conducted a desk review of sexuality education and analyzed the National Sexuality Framework of 2018 to address the gaps. We also attempted to inform the ongoing approach to comprehensive sexuality education that is currently to develop a strategic communication project. We looked at the public perception on sexuality education and how the framework addresses the knowledge gaps of teachers and their parents.

We were also asked to develop messages that will influence parents and teachers to deliver sexuality education to children using a human rights-based approach.

## Building Capacities of Lawyers within the Health and the Law Cluster

CEHURD hosts the Health and the Law Cluster of the ULS to mentor lawyers on emerging trends in the field. In addition, CEHURD signed memorandums of understanding with the Uganda Medical Association (UMA) to offer legal support to doctors on issues of health that intersect with the law.



## Capacity-Building Efforts

Among the biggest beneficiaries of CEHURD capacity-building interventions in 2018, were the health workers trained on human rights-based approach to care, medical ethics and negligence and SRHR, with a focus on access to safe and legal abortion and the harm-reduction model.

The capacity building initiatives also focused on the law and order sector, including the police who are often the first point of contact when human rights violations have occurred. However, a human rights-based approach to their activities of regulating law and order has often been lacking, leading to further violations of the rights of individuals seeking justice. Survivors of SGBV often have their rights further violated, as we learned during the legal empowerment and social accountability project we implemented in Mukono and Gomba districts. A critical lesson was that to truly empower and build capacity in a sustainable and meaningful way, right holders must be assured of their access to justice.

## Training and Mentoring Law Students in Health Rights Litigation

CEHURD has continued to mentor law students in the litigation of health and the law through annual national inter-university constitutional law moots on health issues. In 2018 the theme of the moot was, "Business, Health and Human Rights." These moots aspire to train students in legal writing, arguing cases in court, conducting themselves professionally while arguing cases and preparing court pleadings. The moot has become famous for integrating judges of the Supreme Court, the Court of Appeal and the High Court of Uganda, who engage upcoming legal professionals in the litigation of social and economic concerns. It has also cemented CEHURD's working relationships with the judiciary and opens the doors for those judges to understand emerging issues in the health and human rights discourse, which might influence their thinking during future litigation.

CEHURD also offers internships to brilliant students who have demonstrated an interest in litigating the right to health.

# STRATEGY FOUR: LITIGATION

Throughout 2018 CEHURD made tremendous progress in litigation, registering momentous decisions that challenge a status quo where most Ugandans are unable to access quality health care services. CEHURD used both public interest and pro bono litigation to promote sustainable access to health and human rights in Uganda and to create an enabling environment and justice system that promotes, respects and guarantees the right to health.

The activities in our key cases include:

## **CEHURD, Akite Grace & Kivumbi Lawrence vs. Attorney General & National Medical Stores – Miscellaneous Case No. 318 of 2018**

Filed on 16th November 2018, this case challenges the government's failure to ensure the uninterrupted supply of essential drugs for PLHIV, particularly septrin, in public health facilities in Lira and Kiboga districts. CEHURD and others contend that this failure is a breach of the government's minimum obligation to provide essential drugs and to take concrete, targeted and deliberate steps to provide essential drugs, thereby violating the right to health, dignity and life contrary to Article 8A, 20, 22, 24, 45 and Objective XIV (b) and XX of the National Objectives and Directive Principles of the state policy of the Constitution of Uganda, 1995 as Amended. As such, the applicants seek an order from the court compelling the government to ensure that septrin be made immediately available in all public health facilities. This case is pending the allocation of a hearing date by the judge.

Drug stock outs have happened repeatedly, with the Ministry of Health doing little to prevent them from occurring again. It is our hope that this case will force the government to definitively address this issue and prioritize health and access to essential medicine.

## **CEHURD, Prof. Ben Twinomugisha & Dr. Rose Nakayi vs. Attorney General – Constitutional Petition No. 10 of 2017**

This case challenges Uganda's failure to enact a law regulating the termination of pregnancy as required by the Constitution. The grounds of the petition are that the Parliament's omission to formulate and pass a law regulating termination of pregnancy contravenes Articles 22(2), 79(1) and (2) of the Constitution of Uganda.

The petitioners are asking the court to declare that the failure to enact a law on termination of pregnancy is a violation of the Constitution of Uganda and order the Parliament to take steps to make a law on abortion within two years of judgment and then report every six months on the steps taken to implement the order. CEHURD and the other petitioners are now moving that the court begin the scheduling process for the case. On 29th May 2018, the team filed conferencing notes in the Constitutional Court and duly served the attorney general.

## **British American Tobacco vs. Attorney General and CEHURD – Constitutional Petition No. 46 of 2016**

British American Tobacco (BAT) filed a petition in 2016 challenging provisions of the Tobacco Control Act in the Constitutional Court. In its petition, BAT alleged that the Tobacco Control Act contravenes several provisions of the Constitution by prohibiting smoking in public places, imputing personal criminal liability on directors and managers of companies, requiring the display of graphic health warning covering up to 65 percent of packaging, restricting the display of tobacco products at points of sale and prohibiting interaction between the tobacco industry and public officials involved in the implementation of public health policies. The case was concluded and CEHURD is awaiting judgment from the Constitutional Court on notice.

## **CEHURD vs. Attorney General – Civil Appeal No. 155 of 2018**

This appeal arose from a case CEHURD and Kabale Benon filed in 2015 against the attorney general. The plaintiffs argued that the practice of seclusion of patients with mental impairments at Butabika National Mental Referral Hospital violates the right to health, the right to freedom from torture and the right to be free from cruel, degrading and inhuman treatment. In addition, the plaintiffs alleged that it breaches the right to liberty and the right to a clean and healthy environment contrary to Articles 23, 24, 31, 44 (1) and 45 of the Constitution of the Republic of Uganda and Section 3 of the Prevention and Prohibition of Torture Act, 2012. The judge dismissed the case and we filed the appeal documents with the Court of Appeal and served the attorney general on 2nd July 2018. The case is waiting conferencing before that court.

## CEHURD vs. Attorney General & Family Life Network – Miscellaneous Case No. 309 of 2016

CEHURD filed a case challenging the ban on CSE in schools by the Parliament of Uganda and the inordinate delay and omission by the Ministry of Education and Sports in issuing the sexuality education policy. The team filed CSE submissions in rejoinder on 5th May 2018. CEHURD is awaiting a ruling on the issue.

## CEHURD vs. Attorney General – Constitutional Petition No. 29 of 2018

CEHURD is challenging the government's failure to put shelters in place, for victims of SGBV as a violation of women's rights. The case has not yet come up for conferencing before the Constitutional Court, because the attorney general has not yet responded to the issues raised in the case. An application was also filed to redact the name.

## CEHURD, Prof. Ben Twinomugisha, Rhoda Kukkiriza & Inziku Valente vs. Attorney General – Constitutional Petition No. 16 of 2011

This case is challenging the state for its failure to provide adequate maternal health services to women in Uganda. The scheduling conference of the case was completed and the issues in the case have been revised. The case is now pending a hearing date.

## CEHURD & Others vs. Buyende District Local Government & Attorney General – Civil Suit No. 135 of 2017

CEHURD filed this case to challenge the lack of services for children with autism in Uganda. We are charging that Buyende District failed to provide adequate health services to Perez Mwase, a 12-year-old boy with autism. The plaintiff claims that the defendants' failure to provide screening services for early detection and rehabilitation and habilitation services amounts to a violation of the right to equality and freedom from discrimination. The pleadings were filed and served, but Buyende District local government refused to acknowledge receipt. The team then filed an application for substituted service, which was heard and accepted, and the summons to Buyende District local government was published in *The Daily Monitor*. CEHURD is asking the court to hear the case *ex parte*, or independently without the government.

## **Kajumba Goretti & Samuel Egesa vs. Attorney General & Dr. Byarugaba Baterana – Civil Suit No. 325 of 2014**

In May 2017, CEHURD entered into a memorandum of understanding with the Legal Aid Service Providers Network, which referred this case to CEHURD to proceed with litigation. Gorretti's baby went missing soon after she delivered at Mulago National Referral Hospital in 2012. She has been unable to recover her child ever since. In 2017 CEHURD made several appearances in court to adjudicate this matter and in July 2018 the team held a meeting with the clients to extract evidence for the witness statements. The case is currently being heard by the High Court at Kampala.

## **Kasumba Simon Peter vs. Kiboga District Local Government – Uganda Human Rights Commission Complaint No. 32 of 2016**

CEHURD helped Kasumba Simon Peter lodge a complaint against Kiboga District local government on behalf of his spouse Joyce Bundoli, who died from a ruptured uterus. The death could have been avoided had health workers attended to her in a timely way. The Uganda Human Rights Commission (UHRC) investigated the case and it has been sent to the tribunal. The UHRC has a copy of the death certificate, which needs to be certified, and then the complaint will be fixed for a hearing.

## **CEHURD vs. Attorney General, Electricity Regulatory Authority, UMEME Ltd. – Civil Suit No. 1020 of 2015**

CEHURD initiated a case against the defendants for disconnecting power from Kiboga General Hospital. On 24th November 2015, UMEME agents served Kiboga Hospital with a disconnection notice and immediately disconnected its electricity supply. That immediately and severely affected the delivery of health care services. Dental machines, CD4 machines and oxygen concentrators stopped operating. Expectant women who went to the hospital could not access emergency obstetric care because there was no electricity supply to the operating theater. The defendants raised preliminary objections that CEHURD had no cause of action and that the case does not fall under Article 50(2) of the Constitution. The judge upheld the objections and dismissed the case. We have filed a notice to appeal.

## **CEHURD, Nakayima Fatumah vs. Executive Director of Mulago National Referral Hospital & Attorney General – Civil Suit No. 327 of 2016**

In 2015 Nakayima Fatumah gave birth by Caesarean section at Mulago National Referral Hospital. The newborn immediately disappeared from the hospital and officials refused to respond to Fatumah's requests for her child. CEHURD and Nakayima Fatumah filed a suit requesting the court to order the respondents to find the child and return it to her. Mediations were closed and three preliminary objections raised by the government were rejected by the court. CEHURD is waiting for the court to set the date of the main case.

## **CEHURD, Action Aid Uganda, Food Rights Alliance & Southern and Eastern Africa Trade Information and Negotiations Institute vs. Attorney General – Constitutional Petition No. 22 of 2015**

CEHURD and other organizations filed a petition in the Constitutional Court challenging the legality of the Plant Variety Protection Act of 2014 on the grounds that it gives plant breeders exclusive intellectual property rights in perpetuity. The farmers most affected by the legislation were not involved in its enacting, which is unconstitutional. The content and manner of the legislation of the Plant Variety Protection Act is inconsistent with and in contravention of Article 2(1) & (2), 8A, 26, 38, 88, 94 (1) and Principle II (i), XIV(b), Objective XXII (a) of the National Objectives and Directive Principles of State Policy of the Constitution of Uganda.

Agro-Genetics Ltd., a plant breeding company, was added as an interested party to the petition on 10th March 2017. In March 2018, the team held meetings with the parties to the case to update them, raise funds and set advocacy strategies. Additional updates on advocacy efforts took place in July 2018. The case needs to be scheduled, allocated a panel of judges and have a hearing date fixed.

## **CEHURD, Nantumbwe Ritah, Kitaka Ronald vs. Registered Trustees of Mengo Hospital, Mengo Hospital Medical Director Dr. William Bukenya, Deputy Medical Director Nassazi Sylvia, Namuli Sophie, Dr. Martha Namusobya – High Court Civil Suit No. 176 of 2015**

This case challenges the quality of health service delivery in private health facilities. A student nurse was left unsupervised to attend to a patient and it is believed that the student administered a dosage of a drug meant for an adult to a newborn baby. The baby died as a result. The High Court in Kampala is currently hearing the case.

## **CEHURD and Others vs. Registered Trustees of the Roman Catholic Diocese of Masaka – Civil Suit No. 26 of 2017**

CEHURD filed a case in the High Court of Masaka on behalf of Mayanja Ann Angel and Wasswa Benson, a minor, against the Registered Trustees of the Roman Catholic Church in Masaka Diocese, as well as Mutebi George and Dr. Moses Male Kawuma on 1st June 2017. Benson, the son of Ann Angel, was playing with a motorcycle ball bearing on the 23rd February 2016 and fell asleep. Later the ball bearing refused to come off and his mother took him to Villa Maria Hospital where Mutebi amputated his penis. The matter was fixed for a hearing on 13th November 2018, but negotiation meetings are still ongoing.

## **CEHURD, Christine Munduru, Emmanuella Anzoyo (suing through friend Christine Munduru) vs. Wakiso District Local Government, Medical Doctor Entebbe General Hospital – Civil Suit No. 170 of 2015**

Emmanuella Anzoyo was bitten by a stray dog and taken to Entebbe General Hospital's public wing by her mother for medical care and treatment. She was examined by a health worker, who recommended that an anti-rabies vaccine be administered. Her mother was informed that there was no treatment in the public wing of the hospital and she could only obtain assistance from the private wing with payment. The health workers advised that the treatment is a four-dose vaccine and each dose cost 50,000 Ugandan shillings. Christine Munduru, a good Samaritan, paid 250,000 Ugandan shillings in total for the rabies vaccine. Witnesses for both the plaintiffs and defendants have been called and the matter is set for judgment.

## **Implementation of Judgment in CEHURD & Others vs. Executive Director Mulago National Referral Hospital – Civil Suit No. 212 of 2013**

In collaboration with Mubangizi Michael and Musimenta Jennifer, CEHURD filed a human rights case against the executive director of Mulago National Referral Hospital and the attorney general in the High Court for the violation of fundamental human rights guaranteed in the Constitution. This case challenged Mulago Hospital in the disappearance of the couple's baby.

In its judgment, the court found the defendants to have subjected the couple to cruel, inhuman and degrading treatment and that the defendants violated their right to health and access to information. The court directed Mulago National Referral Hospital to take steps to ensure and enhance the respect, movement and safety of babies in the facility, dead or alive, and to improve access to psychological care services for families. The court also ordered the police to conclusively investigate the disappearance of the child and that CEHURD have access to the hospital to oversee the implementation of the investigation. The midwife who handled the delivery is to be held accountable and the couple were awarded damages.

In executing its mandate granted by the court, CEHURD had an engagement meeting with the hospital administration to improve the handling of newborns. The hospital is implementing standard operative guidelines, installing security measures in the new Mulago Specialized Women and Neonatal Hospital, has provided psychological care to the couple and committed in writing to pay the damages. We also developed a case digest and policy brief for dissemination.

## CEHURD vs. Mukono District Local Government & Others – High Court Civil Suit No. 14 of 2018 (formerly Civil Suit No. 189 of 2015)

CEHURD filed this case to challenge human rights violations arising from stone quarrying activities a Chinese company was conducting in the communities of Bamutakudde and Kiryamuli in Mukono District. The case contends that the blasting of stones emits dust that contaminates the communities' only source of natural clean water. In addition, several residents have suffered and continue to suffer health complications from inhaling the dust. The residents were not adequately informed of these risks before the blasting began. The case has been transferred several times, before ending up in front of the recently established High Court Circuit in Mukono. The matter is now fixed for hearing.

In its efforts to enhance its advocacy for the case, CEHURD worked with a journalist to document the situation in Bamutakudde and Kiryamuli villages. The resulting documentary is called, "Stones of Blood."



*Civil society organizations protest against maternal deaths*

## Legal Support Network

Through the Legal Support Network (LSN), CEHURD conducted legal compliance visits at 60 health facilities and instructed these facilities on how to address the identified gaps. LSN has continued to train health workers on providing safe and legal abortion care services and provides legal support to those caught up in the criminal justice system. It has a membership of 20 lawyers.



## Access to Information

Complementing our litigation strategy are access to information efforts aimed at legally ensuring that information that is in the hands of a government agency or another party that has a bearing on the realization of the right to health of an individual or groups of individuals is made available within the shortest possible time.

That includes requesting:

- Environmental impact assessment audit reports on the quarrying operations in Bamutakkude and Kiryamuli villages in Mukono District from the National Environment Management Authority (NEMA);
- The names of brands and costs of family planning medicines from the National Medical Stores (NMS);
- Full accountability for the distribution of three thousand doses of yellow fever vaccine from Kampala Capacity City Authority (KCCA);
- Licenses relating to all of the medical devices at the Uganda Cancer Institute that use radiation and inspection reports from Uganda Atomic Energy Council, as well as information on the number of patients affected by breakdown of the radiotherapy machine and alternative treatments for patients that were using the machine.

In many of these cases, CEHURD has received positive decisions from the court. So far NEMA and NMS have made the requested information available. The ruling in the matter against KCCA is still pending. The secured information has been instrumental in informing CEHURD's advocacy.

## Quasi-Judicial Bodies

CEHURD also used other quasi-judicial mechanisms in 2018, including filing of cases before the Uganda Medical and Dental Practitioner's Council (UMDPC).

In 2013, CEHURD filed a complaint before the UMDPC against Dr. Christopher Bingi. CEHURD alleged that Dr. Bingi, then a postgraduate surgery student, offered a discounted rate to an expectant mother if she elected to deliver at his private clinic, rather than have the surgery recommended at a public hospital. Dr. Bingi allegedly neglected the patient, who died waiting for his assistance. In 2018 the Council suspended his license for one year for exhibiting medical negligence and unethical behavior towards an expectant mother.

This case set a precedent on professional punishment for medical negligence in the country and delivers a specific message to health providers who might attempt to profit off of people's medical crises. This case also established CEHURD's relationship with the Council, to which the team has continued to provide legal support upon request.

Also, through the use of mediation strategies, the Registered Trustees of Mengo Hospital have agreed to compensate a mother and more rigorously follow medical ethics guidelines following their failure to supervise an intern nurse. She injected a newborn with a treatment that was meant for the mother, leading to the baby's death.

We also have two more complaints in front of the UMDPC. In **Eng. Semujju Abbas vs. Dr. Nakintu Noor and International Hospital Kampala**, CEHURD filed an ethical complaint against Dr. Nakintu and International Hospital Kampala on behalf of Eng. Semujju Abbas after the hospital failed to provide timely and adequate health care to Eng. Semujju's wife when she had an elective Caesarean section there. The matter was heard by the Council's ethics committee and CEHURD is waiting for the disciplinary committee to make a decision of the committee on whether the matter raises ethical issues.

The second case is **Mukiibi Brian and Tendo Florence vs. Kiwoko Hospital**. CEHURD supported Mukiibi Brian and Tendo Florence to file an ethical complaint with UMDPC against Kiwoko Hospital over the failure of a doctor there to obtain informed consent from the complainants prior to conducting a permanent family planning medical procedure and over their failure to provide adequate information on risks associated with the different procedures. The respondents have filed a response denying all allegations and we are waiting for a hearing to be fixed.

We have also filed a complaint with Equal Opportunities Commission, **Auma Mercy Immaculate vs. UMC Victoria Hospital**. CEHURD filed the complaint on behalf of Auma Mercy Immaculate over the hospital's violation of Auma's rights to equality and non-discrimination, health and freedom from cruel, inhuman and degrading treatment. This complaint challenges a discriminative act by an orthopedic surgeon at UMC Victoria Hospital, who denied Auma treatment, but provided the same care to another patient who came later in the day. The doctor then insulted Auma when she raised concerns and chased her away. The hospital filed a response and the commission has not yet fixed a hearing date.



*CEHURD lawyers in court for the hearing of the tobacco case*

# STRATEGY FIVE: CAPACITY BUILDING

Since CEHURD is one of the only institutions in Uganda that is pioneering the justiciability of the right to health, building the capacity of other organizations is a key strategy for us. On this front, CEHURD's efforts in 2018 included:

## Conducting Capacity Assessment for Community-Based Organizations

In order to embark on a systematic process of capacity building, CEHURD conducted assessments of community-based organizations (CBOs) and paralegals in Mukono and Gomba. The goal was to determine their ability to carry out interventions that promote access to justice for vulnerable women and girls who have survived SGBV in their communities. We also wanted to determine their capacity to commemorate international health days and distribute education and communication materials on the right to health.

Under the DREAMS program to improve HIV services for AGYW, CEHURD implemented a project to integrate LESA into HIV services for AGYW in Gomba and Mukono districts. CEHURD conducted a community assessment and to map out key stakeholders the organization could potentially work with. We identified potential partners in four sub-counties – Kyampisi, Kasawo, Kanoni and Kyegonza – and conducted the capacity assessment of each one.

Under this advocacy and empowerment program to strengthen the capacity of communities to hold service providers accountable for improved quality of HIV-related services for AGYW, the CBOs we selected for this project include: Kyegonza Child Centered Community Development in Kyegonza sub-county, Uganda Youth Development Link in Kanoni Town Council, Tewali Kitasoboka Development Association in Kasawo sub-county and Nama Wellness Center in Kyampisi.

During this exercise, the team also mapped out challenges the community faces in accessing HIV service for AGYW in the two districts. The team also engaged with local or village health committees, who offered insight into areas of importance for capacity building.

## Fostering Capacities in Legal Empowerment and Social Accountability

During the implementation of the LESA project in Gomba and Mukono districts, CEHURD enlarged the scale of its social accountability work. We did this by increasing the capacity of the existing community health advocates (CHAs) and spreading the program to more districts. At the moment, there are 146 CHAs spread across Kiboga, Kyankwanzi, Buikwe, Gomba and Mukono districts. They have been empowered to push for policy change in health and human rights, specifically by spearheading social accountability work using a community score card. During the implementation of the community score card, rights holders and service providers were brought together to jointly analyze issues underlying service delivery and later come up with common ground by sharing ways of addressing the identified challenges.

Seven petitions and complaints have been forwarded so far to the appropriate duty bearers on issues that include upgrading health facilities, improving the quality of care in facilities, addressing the lack of ambulances, upgrading roads leading to health facilities and improving the state of maternity wards. To ensure that providers are held accountable on these issues and to raise them to the level of national concern, CEHURD has held country-level dialogues on a series of issues, including: HIV, GBV, human rights and the law; laws and policies affecting girls before, during and after conflict; and retrogressive policies that impact on the realization of the right to health.

## Building the Capacity of Law Enforcement Officers in Legal and Policy Aspects of SRHR

CEHURD organized a police and DPPs colloquium at Hotel Africana in Kampala, along with lawyers from LSN. The participants learned about the rights and responsibilities of patients, laws on abortion, dealing with the criminal justice system.

# STRATEGY SIX: CAMPAIGNS

## Maternal Health Campaign

CEHURD has been spearheading the effort to improve maternal health since 2011, when we filed our maiden case to challenge the death of mothers due to preventable maternal mortality. CEHURD has undertaken various campaign activities each year since and 2018 was no different.

CEHURD joined the global commemorations of International Maternal Health and Rights Day on 11th April with support from OSIEA and Amplify Change. CEHURD partnered with the Uganda Women Parliamentary Association, Action for Rural Women Empowerment and Family Life Education Programme, the Network of African Women Ministers and Parliamentarians, the Coalition to Stop Maternal Mortality Due to Unsafe Abortion, and the Coalition to Stop Maternal Mortality in Uganda to hold a peaceful demonstration in Kampala.

The team also convened a multi-stakeholder dialogue on 11th April 2018 and petitioned members of parliament to improve maternal health rights. The theme for the event was, “Rights-Based Approaches to Maternal Health in Uganda,” and it centered on the conviction that no woman should die while giving life.

The commemoration offered an opportunity for stakeholders to track progress toward addressing preventable maternal morbidity and mortality, while delineating strategies to accelerate that progress. This meeting made clear that there is a need to engage members of Parliament on commitments they make and that continuous engagement will keep maternal health on their agenda. Participants at the gathering also emphasized the opportunities to advocate for the 13 lifesaving commodities on radio and TV talk shows, in news publications and at advocacy meetings with NMS and others.

## Legal Empowerment and Social Accountability for the Rights of Adolescent Girls and Young Women

When the Minister of Gender, Labor and Social Development suggested at a public event that Uganda would introduce compulsory HIV testing in schools and those pupils found living with HIV would be dismissed, CEHURD worked closely with partners to petition the minister on the rights that would be violated under such a policy. The minister ultimately apologized to the public, although she blamed the incident on poor reporting.

# Campaign for the Ratification and Domestication of the Maputo Protocol

CEHURD joined regional efforts through the Solidarity for African Women's Rights (SOAWR) network to advocate for the ratification, domestication and implementation of the Maputo Protocol. SOAWR is a coalition of 47 civil society organizations working across 24 countries. Established in 2004, SOAWR works to ensure that the rights of girls and women, as articulated in the Protocol to the African Charter on the Rights of Women in Africa, also known as the Maputo Protocol, are prioritized by policymakers on the African continent.

In 2018, CEHURD took part in a meeting to revive and strengthen the Uganda Chapter of SOAWR by identifying opportunities to lift the reservation Uganda has on Article 14 (2) (c) of the Maputo Protocol. The reservation is interpreted as conferring an individual right to abortion or mandating a state party to provide access to it. The state is not bound by this clause unless permitted by domestic legislation expressly providing for abortion. Uganda made this ratification on the understanding that the above clause of the Maputo Protocol will not apply within the country. This happened against the backdrop of various regional efforts to push for ratification, domestication and implementation of the Protocol, including the High Level Panel at the 62nd ordinary session of the African Union Commission in Nouakchott, Mauritania. That Panel took stock of progress made and issued a call to action to countries that have not yet ratified the Protocol.

The campaign for universal ratification, domestication and implementation of the Protocol in 2018 ended with a regional commemoration at the African Union Commission Headquarters in Addis Ababa, Ethiopia, between 12th and 13th December 2018. These celebrations preceded a two-day, high-level consultation with states that have not yet ratified the Protocol to discuss the challenges that have precluded them from ratifying the instrument and opportunities they have to overcome them.

CEHURD notes with pride that it is a member of SOAWR, which helped to organize the 15th anniversary commemoration of the ratification of the Maputo Protocol in collaboration with African Union Commission. And we will continue our efforts to advocate for the domestication and implementation of the articles of the protocol in Uganda, in addition to the lifting of the reservations on Article 14(2) (c).

## Pushing Back Against the Global Gag Rule

From the International AIDS Conference held in Amsterdam, Holland, to the corridors of Capitol Hill, CEHURD has contributed to the efforts to reverse the Global Gag Rule and end its devastating effects on low- and middle-income countries that draw support for their health programs from the U.S. government. We have directly felt the effects of the reinstatement of the Global Gag Rule, having lost two USAID-funded grants. This has had a devastating effect on the reach of our work, forcing us to cut short projects that were focused on maternal and child health advocacy.

CEHURD continued its work to challenge the Global Gag Rule through national and regional campaigns aimed at raising awareness of its impact and by providing legal support to partner organizations that were affected by its enactment.

## Blood Donation Campaign

At the start of 2018, the country was plagued by blood shortages. We joined with partners to build awareness about the dire consequences of these blood stock outs and, in collaboration with the Uganda Blood Transfusion Services and the local leaderships of Nakwero A and Ndazabazadde villages in Wakiso District, we convened a blood donation exercise. This tied into our work raising awareness about postpartum hemorrhage, which is among the leading contributors to maternal mortality. We collected 75 liters of blood, which helped ensure that patients who needed transfusions could get them.



*Launch of the Silence is Deadly campaign*

## Anti-Tobacco Campaign

CEHURD's anti-tobacco work began in 2015. This year we took part in the World Conference on Tobacco or Health, which was organized by The International Union against Tuberculosis and Lung Disease and held from 7th to 9th March 2018 in Cape Town, South Africa. Under the conference theme, "Uniting the World for a Tobacco-Free Generation," more than 2,500 people, including several CEHURD staff members, networked, identified new areas of work on tobacco control and deepened their understanding of the latest research.



# STRATEGY SEVEN: INTERNATIONAL ENGAGEMENTS

CEHURD staff members attended and presented at conferences, events and workshops at national, regional and international levels throughout 2018. This offered us an opportunity to increase our outreach, but also allowed the institution to acquire knowledge on current trends and discussions around the right to health. Some of these opportunities included:

## International AIDS Conference

CEHURD representatives participated in a panel that discussed global trends on SRH and responded to questions on the Global Gag Rule. The panel specifically addressed what governments, especially in sub-Saharan Africa, must do to cover up the deficit created by a reduction in funding for family planning.

## World Health Assembly

CEHURD participated in the 71st World Health Assembly, the WHO executive board and contributed to civil society engagement on the achievement of Health for All. At the WHA, CEHURD worked with Oxfam and other CSOs to organize a side meeting to feed into the Commonwealth Civil Society Policy Forum on Universal Health Coverage, with sessions on sustainable financing, a sufficient health workforce and equitable access to medicines.

## Canadian Conference on Global Health

CEHURD participated in the 24th Canadian Conference on Global Health and presented a paper on Religion, Culture and Politics as Drivers of Unsafe Abortions in Uganda: Implications for SRHR for Women. This paper shared CEHURD's experiences and emphasized a number of critical issues, including the government's need to revisit the role of science and evidence in tackling unsafe abortions in Uganda and the importance role NGOs and other non-state actors can play.

## Maputo Protocol Anniversary

CEHURD representatives participated in an international discussion in December 2018 in Ethiopia on advancing SRH issues among communities in Africa. The primary objectives of the meeting were to discuss how to improve local knowledge on the use of international human rights mechanisms, how to create space for CSOs and human rights defenders working on SRHR issues, and how to advance access to SRH rights and services. Participants from Djibouti, Ethiopia, Kenya, Rwanda and Kenya attended the meeting organized by the United Nations Population Fund and the Office of the United Nations High Commissioner for Human Rights. These engagements improved our ability to use regional and international mechanisms to advance access to SRH services.



# STRATEGY EIGHT: PARTNERSHIPS & NETWORKS AT NATIONAL, REGIONAL & GLOBAL LEVELS

Over the years CEHURD has established many strong partnerships, which we have learned are critical to carrying forward the mantle of championing the justiciability of the right to health. Not only did we continue to nurture old partnerships, we also entered and cemented new ones in 2018:

## Collaborations

2018 marked a new level of growth for this exciting collaboration, cemented by the signing of a memorandum of understanding with the [UMDPC](#) and [UMA](#) to provide them with legal support on the intersection of law with the health profession. The team has provided legal support to UMDPC and has assisted UMDPC with technical legal support during inquiries and sittings of the tribunal. We also have a relationship with the [Uganda Parliamentarians' Forum on Food Security, Population and Development](#) and the [Uganda Nurses and Midwives Council](#).

CEHURD has signed an MoU with the [Equal Opportunities Commission](#) to discuss possible collaborations in SRHR work, especially in addressing issues of gender disparity that remain embedded in SRHR laws and policies.

We have also written to UHRC to initiate a partnership on promoting the right to health. CEHURD identified UHRC as one of the avenues where cases addressing violations of the right to health can be handled.

## Solidarity for African Women's Rights

CEHURD is working within SOAWR, which is a network of 50 organizations in 25 African Union states working towards the domestication and full implementation of the Maputo Protocol. CEHURD was the 47th women's rights organization to join SOAWR. Our activities around the 15th anniversary of the Protocol are detailed above.

## The Center for Reproductive Rights

On 26th October 2018, CEHURD made a presentation at a side event organized by the CRR on access to SRH information in Uganda. This came amid the 63rd ordinary session of the African Commission on Human and Peoples' Rights in Banjul, Gambia. During this session, CEHURD had an opportunity to discuss the challenges women and girls face in accessing information on family planning. We focused specifically on evidence gathered during fact finding exercises CRR supported.

CEHURD also discussed some of the achievements in advancing access to information when it comes to commitments the Ugandan government made at the Family Planning Summit in London, UK, on 11th July 2017. We also shared our experience on existing challenges, including the Global Gag Rule, the government's recalling of the Standards and Guidelines for Reducing Morbidity and Mortality Due to Unsafe Abortion, the staying of the national guidelines and service standards for SRHR and the ban on CSE in Uganda.

## Sexual Reproductive Health and Rights Alliance

We joined the Sexual Reproductive Health and Rights Alliance in Uganda, where we play a critical role in advocacy and legal expertise work. Under the Alliance, we implement the Get Up, Speak Out for Youth Rights project, which works to ensure that legal, social and cultural issues don't prevent young people from enjoying their rights.

## Intergenerational Dialogue on Litigation, Law and SRHR

In collaboration with Reach a Hand Uganda, CEHURD facilitated and participated in an Intergenerational Dialogue on 24th March 2018 at the National Water and Sewage Corporation International Resource Center, Kampala. CEHURD participated in a panel discussion on, "Litigation, the Laws and Policies on SRHR." The dialogue brought together more than 150 people including government officials, members of Parliament, CSO representatives, young people and religious leaders. Panel members called on them to invest in young people's reproductive health rights, to play their role in offering sex education and to develop clear policies for tackling the SRHR needs of young people.

## Partnering to Address Drug Stock Outs in Uganda

CEHURD has held a series of meetings at the national and regional level to revitalize the discussion on access to medicines in Uganda. To take this conversation forward, CEHURD signed an MoU with the Coalition for Health Promotion and Social Development to move forward with litigation that challenges stock outs of medicines for PLHIV in Uganda.

At the regional level, CEHURD partnered with KELIN Kenya to implement a project that promotes access to medicines through the full utilization of the trade-related aspects of intellectual property (TRIPS) flexibilities. We undertook a study on the gaps and the opportunities of the utilization of TRIPS flexibilities to promote access to medicines for PLHIV. These findings could shore up advocacy efforts to improve access to medicines.

# STRATEGY NINE: COMMUNICATIONS

## Strategic Research on Abortion

In partnership with Women's Link World Wide and the public opinion research firm, Goodwin Simon Strategic Research, CEHURD rolled out research on abortion with the aim of developing effective messages to reduce stigma within the public discourse on abortion. The intended outcome of this messaging is to increase acceptance and improve access to safe abortion services for women and girls in Uganda. We hope this strategic messaging approach will be mainstreamed within CEHURD's work, where the communication of issues that are deemed socially sensitive is promoted as a way of fostering progressive SRHR laws, policies, services and programs.

## Media Reports, Op-eds and Special Inserts or Programs in National Dailies or on Television and Radio

Through our media fellowship and training program, we worked with the journalists to produce an article on the public health crisis of unsafe abortion on 28th September 2018, the International Day for Safe Abortion.

Our staff also wrote articles on a range of health and rights issues. Some of these articles include:

*Comment: Universal Health Coverage (The Independent)*  
*Abortion Adverts Have an Impact on Maternal Health (The Daily Monitor)*

*Take Protections of Uganda's Newborns Seriously (The Observer)*

*Protect Uganda's Newborns (The Daily Monitor)*

*Universal Health Coverage: Missing Link to Low Maternal Death (The Daily Monitor)*

*Policing Maternity in East Africa Will Not End Maternal Deaths (The Daily Monitor)*



CEHURD officer on NBS TV discussing drug incineration

# CEHURD'S WORK IN PICTURES

Take a look at some of the great work we did captured in photos:



*CEHURD presenting a petition to the Speaker of Parliament requesting the operationalization of the maternal health resolution of 2011*



*CEHURD participating in the No Gag Rule march in Washington, D.C.*





*CEHURD  
supporting  
the blood  
donation  
campaign*

*National  
Police  
Colloquium on  
Maternal  
health rights*





*The Eastern and Southern Africa IP Meeting organized by CEHURD in partnership with ARASA, Oxfam and Kelin*



*Judges awarding winners of the Annual Inter-University Law Moot Court Competition*



# MAJOR ACHIEVEMENTS IN 2018

## A Strong Regional and Global Advocacy Footprint

CEHURD's regional and global advocacy work grew immensely in 2018. This is evidenced by the interventions to commemorate the 15th Anniversary of the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, which included taking part in the high-level panel held at the 62nd ordinary session of the African Union Commission in Nouakchott, Mauritania.

We also facilitated and took part in a session on the role of CSOs in the implementation of the Addis Ababa Declaration on Population and Development at the International Conference on Population and Development +25 regional review held in Accra, Ghana.

On a global front, we have been at the forefront of pushing back against the Global Gag Rule and its harmful impact on access to health care. Especially its impact on access to life-saving reproductive health services in Uganda and other low- and middle-income countries that depend on U.S. foreign assistance to fund most of their health programs. Our advocacy stretched from the corridors of Capitol Hill to the global stage at the International AIDS Conference and beyond.

## Expanded Reach of the Community Empowerment Program

We expanded the geographical reach of our community empowerment efforts and formalized our work with other CBOs in Mukono and Gomba districts.

As an indigenous organization, working with communities through empowerment programs to enable them to hold power brokers accountable and to protect the right to health, is the crux of our work. Therefore, in 2018 we embarked not only on continuing to empower communities through the use of the strategies that we have employed in the past, but we added a new level of empowerment through the LESA approach.

The LESA interventions in 2018 sought to provide legal empowerment to CHAs as they implement, monitor and evaluate the provision of health care services through the application of a participatory monitoring framework. They also shared experiences using access to information as a tool to realize other human rights and freedoms. The LESA approach was particularly instrumental in the programs to address sexual violence in districts. AGYW were empowered with legal skills to exercise their rights to freedom from SGBV and also to seek redress where sexual violence had happened.

Our community presence was also bolstered through the formalization of our work in Mukono and Gomba districts. We also renewed certificates of registration in the districts of Kiboga, Kyankwanzi and Buikwe, ensuring efforts that had been initiated in previous years in these districts were not threatened.

## A Robust and Innovative Research Agenda In Health and Human Rights

One of CEHURD's key strategies is undertaking research to build the body of knowledge on health and human rights as a way of informing policy, practice and programming. We are particularly proud of our research, "Business unusual? The conceptualization and implementation readiness of the Global Financing Facility in Uganda." This research was the first time that a civil society group interrogated the conceptualization and implementation of the global health assistance programs under the GFF by checking the level of citizen participation.

## Ongoing Success in the Legal Arena

We have remained a leading litigation hub on the right to health cases, pursuing strategic cases and offering pro bono services promoting sustainable access to health and human rights. Thus creating an enabling environment and a justice system that promotes, respects and guarantees the right to health.

## Evaluating Our Own Efforts

We undertook a midterm review of CEHURD's Strategic Plan 2016-2020 and the adoption of a new strategic direction. By considering its effectiveness, relevance and sustainability, we have been able to assess our progress toward achieving the goals we identified and to learn and improve on ongoing work or redirect interventions to optimize outcomes.



# LESSONS FROM 2018

Our mid-term review had indicated that CEHURD's interventions have been extremely relevant to our target groups, to the human rights movement and the broader CSO landscape in Uganda. In addition, CEHURD has strategically positioned itself as a leader in health and human rights in Uganda. As such, CEHURD will continue to undertake programs that are relevant to its core mandate and responsive to the target beneficiary groups and to the operating context.

We note that the interlinked nature of SRHR work presents specific challenges. If there is a setback on one issue, it can impact the other issues we advocate around. We have found it strategic to work with partners who advocate for a variety of issues, from maternal health rights to family planning access to abortion access and beyond.

The previous delineation of the stakeholders working on these issues into small, disjointed coalitions has cost us as health advocates. The disconnect between service delivery groups and advocates is particularly glaring. Taking lessons from the women's rights movement and political movements, it is our considered view that that we need to move away from piecemeal coalitions and invest resources, time and energy in the creation of a strong unified movement for SRHR.



**CEHURD**  
social justice in health

# FINANCIALS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

CENTER FOR HEALTH HUMAN RIGHTS AND DEVELOPMENT LTD  
(CEHURD)  
*(LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)*

### STATEMENT OF DIRECTOR'S RESPONSIBILITIES

Management of Centre for Health, Human Rights and Development (CEHURD) is required to prepare financial reports which present fairly in all material respects the state of affairs of the entity as at the end of the financial year

Management of CEHURD is also required to ensure that proper accounting records are maintained, which disclose with reasonable accuracy at any time the financial position and performance of the entity.


Management is also responsible for safeguarding the assets of the center.

Management of CEHURD is responsible for the preparation and fair presentation of the financial reports in accordance with the accounting policies and guidelines of the center. This responsibility includes designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial reports that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies and making estimates that are reasonable in the circumstances.

Management accepts responsibility for the financial reports, which has been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates, in conformity with the accounting guidelines policies and guidelines of the center. Management is of the opinion that the funds accountability statements gives a true and fair view of the state of the financial affairs of the center and its operating results. Management further accepts responsibility for the maintenance of accounting records which may be relied upon in the preparation of the financial reports as well as adequate systems of internal financial control.

Signed on behalf of the board of directors by:

  
.....  
Chairman

  
.....  
Secretary

Date 29-03-2019

# FINANCIALS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION



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F +256 414 531 371  
E allied@alliedcpa.ug  
W www.alliedcpa.ug

The Firm is Licensed and Regulated by ICPAU

Reg No: AF 0034

Our Ref: CEHURD/MscO1-17/AUD-2018

Your Ref:

The Board of Directors  
Center for Health Human Rights and Development (CEHURD)  
Plot 4008, Justice Road  
Canaan Sites Nakwero  
Gayaza Kalagi Road  
P. O. Box 16617  
Wandegeya - Kampala

### REPORT OF THE INDEPENDENT AUDITOR

#### Opinion

We have audited the financial reports of Center for Health Human Rights and Development (CEHURD) (Limited by Guarantee), which comprise the financial report as at 31<sup>st</sup> December 2018, and notes to the financial report, including a summary of significant accounting policies.

In our opinion the costs declared in the Financial Report comply with all conditions as mentioned above. The accounting procedures used in the recording of eligible costs and receipts respect the accounting rules of the state in which the implementer is established and permit the direct reconciliation between the costs and receipts incurred for the implementation of the project covered by the agreements with donors and the overall statement of accounts relating to the agreements' overall activities. This report is intended solely for the use of CEHURD Board of Directors, management and should not be used for any other purpose.

#### Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the receipts and payments statement section of our report. We are independent of the organization in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial reports in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion as there is not yet a financial standard on the nonprofit organizations yet.

#### Key Audit Matters

Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial reports of the current period. These matters were addressed in the context of our audit of the financial reports as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Partners: Associates:  
Kiyita M. Kiyita  
Ndawula Martin  
By: Mugaba R. Africanus  
Nakimuli Florence



# FINANCIALS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

Our opinion on the receipts and payments statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial reports, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial reports or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

### **Responsibilities of Directors and Those Charged with Governance for the financial reports**

The directors are responsible for the preparation and fair presentation of the receipts and payments statements in accordance with the policies laid by them and for such internal control as the directors' determination is necessary to enable the preparation of receipts and payments statements that are free from material misstatement, whether due to fraud or error.

Those charged with governance are responsible for overseeing the organization's financial reporting process.

### **Auditor's Responsibilities for the Audit of the financial reports**

Our objectives are to obtain reasonable assurance about whether the financial reports as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial reports.

### **Report on other Legal Regulatory Requirements**

As requested by the Company Act 2012 we report to you, based on our audit, that:

- i. We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of the audit;
- ii. In our opinion records have been kept by the organization, so far as appears from our examination of those records; and
- iii. The organization's Receipts and Payments statements and other comprehensive income are in agreement with the records.

  
**ALLIED**  
Certified Public Accountant of Uganda





# FINANCIALS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

### CENTER FOR HEALTH HUMAN RIGHTS AND DEVELOPMENT LTD

(LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)

#### FUNDS ACCOUNTABILITY STATUS FOR THE YEAR ENDED 31ST DECEMBER 2018

Surplus for the year	<u>1,099,125,626</u>
<b>Fund balance as at 31st December 2018</b>	<b><u>1,099,125,626</u></b>

**Represented by:**

Cash and Bank balances	<u>1,099,125,626</u>
------------------------	----------------------

The financial reports was approved by the Directors on 29/3/2019 2019 and was signed on its behalf by:

  
\_\_\_\_\_  
**CHAIRMAN**

  
\_\_\_\_\_  
**EXECUTIVE DIRECTOR**

# FINANCIALS

## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

### CENTER FOR HEALTH HUMAN RIGHTS AND DEVELOPMENT LTD

(LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)

STATEMENT OF FINANCIAL POSITION AS AT 31<sup>ST</sup> DECEMBER 2018

	NOTES	2018 U. SHS
<b>Non Current Liabilities:</b>		
Property and Equipment	2	2,380,707,746
<b>Current Assets:</b>		
Cash and bank balance	3	1,099,125,626
		<u>1,099,125,626</u>
<b>TOTAL ASSETS</b>		<u>3,479,833,372</u>
<b>EQUITY AND LIABILITIES</b>		
<b>Non-Current Liabilities:</b>		
Capital Grants		<u>2,380,707,746</u>
<b>Current Liabilities:</b>		
Restricted project funds	3	1,099,125,626
		<u>1,099,125,626</u>
<b>TOTAL EQUITY AND LIABILITIES</b>		<u>3,479,833,372</u>

.....Chairman BOD

.....Executive Director

# CEHURD STAFF 2018



**Kabanda David**

Programmes Coordinator



**Moses Mulumba**

Executive Director



**Nakanwagi Getrude**

Operations Manager



**Nakibuuka Noor Musisi**

Program Manager - CEP



**Kwagala Primah**

Program Manager - SL



**Asasira Joy**

Program Manager - RDA



**Kiyaga Jackson**

Finance Manager



**Ddungu Adrian**

Accounts Officer



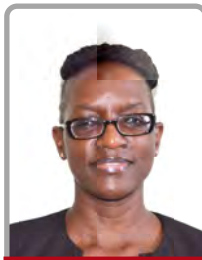
**Nassimbwa Jacqline**

Research & Grants Officer



**Nsereko Ibrahim**

Program Officer - SL



**Clare Kizito**

Accounts Officer



**Nalukwago Assumpta**

M & E Officer



**Jjuuko Dennis**

Program Officer - RDA



# CEHURD STAFF 2018



**Serunjogi Francis**

Program Officer - CEP



**Frank Ategeka**

M&E Associate



**Muhumuza Abdul Karim**

Program Officer - RDA



**Wakikona Rose**

Program Officer - SL



**Anne Lumbasi**

Program Officer - RDA



**Nakiyingi Vivien**

Administrative Assistant



**Aguti Lilian**

Program Officer - CEP



**Hasunira Richard**

Technical Collaborator



**Mulindwa Dan Joseph**

Administrative Assistant



**Wasswa Paul**

Volunteer - SL



**Dhafa Esther**

Volunteer - RDA



**Komakech Job**

Volunteer - SL



**Nakyeyune Joselyne**

Volunteer - Research & Grants



**Nabunya Faith**

Communications Volunteer



**Abenakyo Iryne**

Volunteer - CEP



**Nkoobe Fatiha**

Communications Volunteer



**Edibu David**

Security Officer



**Mbazira Said**

Security Officer



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CehurdUG



CehurdUganda



Cehurd256