

ANNUAL REPORT



2019

REBOUND | INNOVATE | SUSTAIN



CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT

2019 Annual Report

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Message from the Chairperson of the Board of Directors.



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At 10 years of existence, CEHURD is still at the apex of its road map to achieve social justice in health.

As a person who was present at the inception of this organisation, I am delighted with the work that has been accomplished including bringing human rights onto the itinerary of rights holders and duty bearers. The focus of advocacy, research and litigation in this country has been moved beyond civil and political rights enjoyment, into the social and economic domain, including health and human rights.

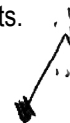
As Chairperson of the Board of Directors, I am more than happy to be a part of such a resilient team. The 10 years' journey has aided the organisation to continuously grow and ground itself as a key player in the health and human rights domain in Uganda. Congratulations CEHURD!

CEHURD has consistently worked through five major approaches in delivering its mandate in key areas that include; strategic litigation, capacity strengthening, research, policy analysis and advocacy, social movement building and institutional grounding. These have been strong pillars for the institution. I am also aware that an institution that does not assess its level of progress is not a powerful one. CEHURD is different. It has

over the past two years embarked on the review of its strategic plan and new ideas emerged. As a result, a new programme called Knowledge Management was introduced with an aim to generate knowledge which has been a great value addition to the Institution.

I am optimistic that with the launch of its new strategic plan 2020-2024 with a bold and futuristic title; “Rebound, Innovate, Sustain”, CEHURD will move the frontiers and continue to strengthen its institutional capacity in the coming years. Institutional capacity strengthening will aim to realise strengthened governance systems, strengthened human resources and staff welfare, maintenance of robust monitoring, evaluation, learning and financial systems, strengthened resource mobilisation, quality assurance and risk management.

The Board is confident that CEHURD has the ability to promptly execute strategies which will enable the institution to attain future targets.



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Prof. Ben .K. Twinomugisha
Board Chair.

Message from the Executive Director



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CEHURD celebrates 10 years at a time when health and human rights are a key component for sustainable development in Uganda, regionally and globally.

Through the years, CEHURD has not only transformed advocacy around the right to health, it has laid a foundation for health and human rights activists who have embraced the call and expanded it across the country and the region and for this we are grateful.

We have employed new frontiers like Movement building, redefined the Strategic plan, introduced the Knowledge management component to enhance institutional growth, created a legal rapid response team to address critical issues such as detention of patients in health facilities, the commercialisation of the new Mulago Super Specialised Women's and Neonatal Hospital, deplorable conditions of health centres, influencing policy formation and review. We are utilising the available legal redress mechanisms such as pro-bono services to provide legal support to advocate for the realisation of the right to health thereby exploring and expanding the functionality of formal and informal spaces for community participation.

CEHURD has undertaken a number of advocacy activities aimed at ensuring that stagnant policies that impact on Sexual and Reproductive Health Rights are passed or at least conversations are started with the relevant decision makers. Indeed, Members of Parliament passed a

motion on the floor of parliament regarding teenage pregnancies in Eastern Uganda and requested the Ministry of Education and Sports, and the Ministry of Health to provide progress on the state of the School Health policy and Adolescent Health policy.

We are now more focused on strengthening institutional capacity and operational efficiency to effectively deliver through restructuring management, creating stronger alliances, carrying out training and sensitising communities on legal empowerment and social accountability approaches. All this would not be possible without the support system of all our partners and networks in the various categories, the dedicated staff and an erudite Board of Directors. Thank you very much.

A great achievement is not the end of the road but rather the starting point for the next leap forward for the years ahead. CEHURD pledges to continue pursuing its goal and I believe our footprints will show that we were here and left a mark, in our case, ensuring that social justice is realised by all.

Sincerely,

A handwritten signature in black ink, appearing to be 'M. Moses'.

Mr. Mulumba Moses
Executive Director.

ACKNOWLEDGEMENTS

Center for Health, Human Rights and Development (CEHURD) is indebted to its partners both at individual and organisational levels; through coalitions, well-wishers for the financial, technical and moral support throughout the year 2019. CEHURD is greatly beholden to the support from partners below and more:

OUR PARTNERS:

- American Jewish World Service (AJWS)
- Amplify Change
- AIDS Fond
- AIDS Rights Alliance for Southern Africa (ARASA)
- Danish Family Planning Association (DFPA)
- Centre for Reproductive Rights (CRR)
- Campaign for Tobacco Free Kids (CTFK)
- Centre for Health and Gender Equality (CHANGE)
- International Planned Parenthood Federation of America (IPPPFA)
- Legal Aid Service Providers Network (LASPNET)
- London School of Hygiene and Tropical Medicines (LSHTM)
- Partnership to Inspire, Transform and Connect for the HIV response (PITCH)
- Rutgers
- Safe Abortion Action Fund (SAAF)
- Open Society Initiative for Eastern Africa
- Open Society Foundation
- University of Warwick
- Wellspring Philanthropic
- Validity Foundation

OUR NETWORKS:

- Coalition to Stop Maternal Mortality in Uganda (Petition 16 coalition)
- Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA)
- Civil Society Coalition on Reproductive Maternal Newborn and Child Health
- Coalition on Access to Essential Medicines
- Civil Society Budget Advocacy Group (CSBAG)
- Civil Society Coalition on Economic Social and Cultural Rights
- Health and the Law Cluster
- International Initiative on Maternal Mortality and Human Rights (IIMMHR)
- Legal Support Network (LSN)
- Sexual Reproductive Health and Rights Alliance
- Solidarity for Women's rights
- The Non Communicable Disease Alliance Uganda
- Uganda Law Society
- Voices for Health

ACRONYMS

AGYW	Adolescent Girls and Young Women
CDC	Center for Disease Control
CEHURD	Center for Health Human Rights and Development
CEP	Community Empowerment Programme
CHA	Community Health Advocates
CPN	Campaigns Partnerships and Networking
CRR	Center for Reproductive Rights
CSE	Comprehensive Sexuality Education
CSMMUA	Coalition to Stop Maternal Mortality due to Unsafe Abortion
CSOs	Civil Society Organisations
EAC	East African Community
EALA	East Africa Legislative Assembly
EQUINET	Regional Network for Equity in Health in East and Southern Africa
FGM	Female Genital Mutilation
GBV	Gender Based Violence
GFF	Global Financing Facility
GGR	Global Gag Rule
GSSR	Godwin Simon Strategic Research
GUSO	Get Up Speak Out
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
HUMCS	Health Unit Management Committee
KM	Knowledge Management
KPs	Key Populations
LASPNET	Legal Aid Service Providers Network

LESA	Legal Empowerment and Social Accountability
LGBTIQ	Lesbians, Gay, Bi-sexual, Transgender, Intersex, Queer
LSHTM	London School of Hygiene and Tropical Medicine
MoES	Ministry of Education and Sports
MoH	Ministry of Health
MOU	Memorandum of Understanding
MPs	Members of Parliament
PIL	Public Interest Litigation
PITCH	Partnership to Inspire, Transform and Connect for the HIV response
PLHIV	People Living with Human Immunodeficiency Virus
PWD	People with Disabilities
RAHU	Reach a Hand Uganda
RHRN	Right Here Right Now
RIA	Regulatory Impact Assessment
SGBV	Sexual and Gender Based Violence
SHP	School Health Policy
SL	Strategic Litigation
SRHR	Sexual Reproductive Health Rights
TB	Tuberculosis
TCA	Tobacco Control Act
TWG	Technical Working Group
ULS	Uganda Law Society
UNMC	Uganda Nurses and Midwives Council
UJCC	Uganda Joint Christian Council
VHT	Village Health Team
VIP	Very Important Person
YAC	Youth Advisory Committee
YEC	Youth Equality Center

Our Vision

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

Our Mission

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

Our Goal

The Overall Goal of CEHURD is
“ Enjoyment and Observance of Health and Human Rights by All ”

Our Core Values

- Inclusion and Non-Discrimination
- Confidentiality and Privacy
- Integrity and Professional Ethics
- Transparency and Accountability
- Empowerment
- Equity
- Innovation, Drive & Excellence
- Learning and Reflection
- Teamwork and Oneness
- Mutuality and Partnership

Promoting Social Justice in Health in Uganda

20

DISTRICTS

41

STAKEHOLDER
ENGAGEMENTS

35

COMMUNITY
OUT REACHES

28

CASES

2019 in numbers



1.0. INTRODUCTION

The year 2019 marked CEHURD's 10th year in health rights advocacy. It is also a unique year as the institution rolled out its new strategic plan 2020-2024 that builds upon the experiences, lessons and practices from the previous years. The strategic plan is focused on the theme; Rebound, Innovate and Sustain. The institution has successfully grown into the second stage of development - the youthful stage. At 10, CEHURD has experienced remarkable growth, innovation and learning but also challenges. During the year, CEHURD continued to consolidate its gains from the past, while exploring new strategies of engagement as a means to institutional strengthening. Our work contributes towards the achievement of national, regional and global health and human rights frameworks. These include: the Constitution of Uganda; the Public Health Act; Universal Declaration for Human Rights and Sustainable Development Goals (SDGs).

The new strategic plan introduces a number of changes for the betterment of CEHURD. These are both at the Management and Programmatic Level.

A. Management Level

At the management level, the plan envisions a filled up office of the Deputy Executive Director, a functional Human Resource office and two directorates — Operations and Finance as well as Programmes. These are priority areas of institutional development that CEHURD would wish to have rolled out by 2020.

B. Programmatic Level

At a programmatic level, the plan introduces a fourth programme- Knowledge Management as well as changes in programme names for example from Research Documentation and Advocacy to Campaigns, Partnerships and Networking.

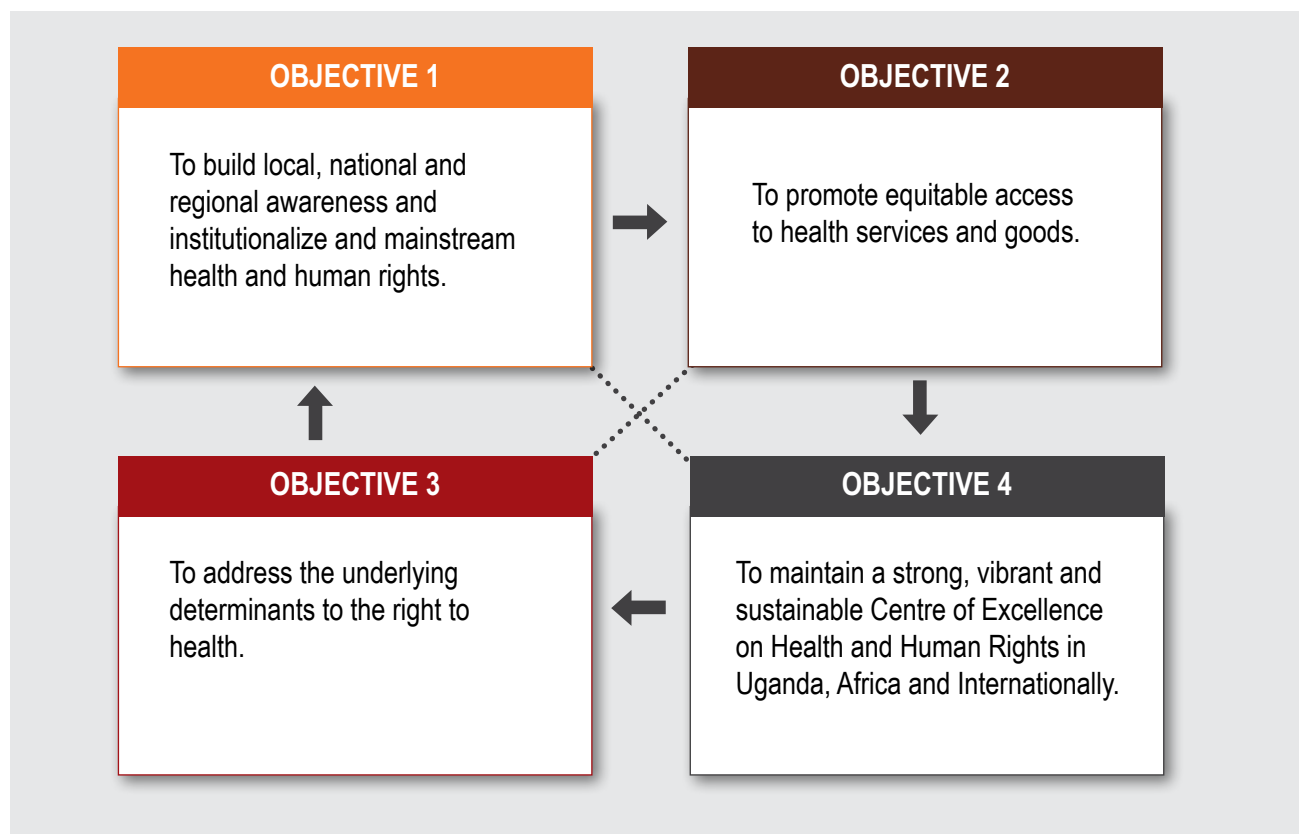
Over the years, CEHURD and partners have carried out work on Sexual and Reproductive Health Rights (SRHR) albeit in silence. In 2019, CEHURD introduced a methodology of work that it opts to roll out in 2020. A movement on SRHR was a missed opportunity for all years of doing work in this area. We are hopeful that in 2020, the institution will take forward the conversations from the first ever movement building meeting that identified visible and invisible SRHR issues.

CEHURD continued with litigation on strategic cases including the challenging of the turning of the would-be public services of the newly constructed Mulago Specialised Women's and Neonatal Hospital into a private service; litigating maternal health and child care cases; access to emergency obstetric care; clean and healthy environment; and mental disabilities, among others. We have also embarked on implementation of judgements made in Courts of law, identifying strategic partnerships, planning to start an onsite legal clinic and started conversations on a sexual and reproductive health and rights movement, among others.

2.0. CEHURD'S INSTITUTIONAL GOAL AND OBJECTIVES

The overall goal of CEHURD is
Enjoyment and Observance of Health and Human Rights by All

Our new strategic plan 2020 - 2024 is guided by four (4) major institutional Objectives; which have been **our driving** force and these include.



Progress on the programmatic work:

CEHURD's new strategic plan introduces a specific objective per programme but most purposively, strategies employed by each of its four programmes that contribute to overall institutional objectives. While the programme objectives are laid down as here under, the report will detail strategies employed under each of the four programmes.

CEHURD's new strategic plan maintains its old programmes Strategic Litigation (SL), Campaigns Partnerships and Networks (CPN), Community Empowerment Programme (CEP), but also a new programme Knowledge Management (KM), which was introduced this year. In addition, each of these programmes is aligned to a programme goal of the strategic plan and specific approaches.



2.1. STRATEGIC LITIGATION

Under the programme, CEHURD seeks to remain responsive to the changing and diverse needs of its target groups to ensure that access to justice in the area of health rights is sustainable. Six major strategies were implemented under this programme:

(i).	Litigation
(ii).	Legal Representation
(iii).	Legal Analysis
(iv).	Capacity Building of Key Justice Actors
(v).	Exchange Learning
(vi).	Strategic Partnerships & Collaborations

CEHURD partners with other like-minded actors within both the public and private sectors to expand litigation on health rights in Uganda. Key among the targeted partners include; Uganda Human Rights Commission, Equal Opportunities Commission, Uganda Law Society, Health professional bodies and associations, academia, private law firms, legal aid service provider networks and Civil Society Organisations. We build and strengthen capacities of Community Health Advocates (CHAs) to effectively identify and document cases that endanger citizen involvement in pursuance of the right to health.

Our litigation work has proved essential in defining and exposing the devastating right to health violations hence setting precedence in the cases. A total of two judgments were received in 2019 and one judgement implemented from those that were received in the past years.

CEHURD uses strategic litigation to address health system gaps and expand access to justice to victims of health rights violations. This is done by exploring and interacting with formal and informal justice mechanisms in the formal justice system, Courts of law, quasi-judicial bodies/tribunals and the Uganda Police Force.



Implementation of judgments: This was one of our greatest achievements in 2019. We have done this to ensure that the cycle of litigation is accomplished.

In 2017, Hon Justice Lydia Mugambe delivered a judgment against Mulago National Referral Hospital for its failure to provide a couple with one of the twins and denying them the right to access information. The Court awarded the couple Eighty Five Million Shillings (UGX.85 million) as compensation and provided guidance on what needs to be done, including police investigating the key nurses on duty, and Mulago allowing CEHURD space to regularly visit and find out what is happening in the facility, among others. In 2019, while all other orders had been implemented in previous years, we did work to ensure that compensation is provided to the couple. Up to Twenty Five Million Shillings (UGX.25 million) was paid with the hope of making a final payment in 2020.

In addition, we ensured that the couple is provided psychological care and support. Justice Lydia Mugambe had ruled that “the 1st Plaintiff shall ensure that the 2nd and 3rd Plaintiffs access psycho-social care and counselling services as part of their healing. Mulago hospital shall pay for any attendant costs in this regard”. This has since helped them and engagements with the couple later showed the value addition to the care they received from the hospital.

As part of this implementation, we ensured that Ms. Mandida Mariam, the midwife who handled the baby at birth is held to account for the movement of the baby from her care. We followed up a complaint that we had filed with the Uganda Nurses and Midwives council (UNMC) in 2018. We attended the hearing of this complaint before the UNMC, ensured that all witnesses attended and we currently await the decision of the Council.

As part of rolling out its strategic plan, CEHURD has worked with its Strategic Litigation programme on a number of strategies. These have included legal representation, legal analysis. Litigation, and capacity building for justice actors among others. A number of activities were done under these strategies as summarised below.

STRATEGY 1:

Litigation

The strategy focuses on strategic cases handled. CEHURD has a total 13 strategic cases. Litigation of cases filed in the past continued in 2019 and cases litigated ranged from tobacco control, power load shedding of public health facilities, turning public services private in hospitals, and lack of policies on comprehensive sexuality education, among others as illustrated below;

Turning public health services into private at Mulago Specialised Women’s and Neonatal hospital; CEHURD instituted a case against the Attorney General for turning public health services into private at the hospital. The Application seeks orders that the Uganda Human Rights Commission conduct a human rights impact assessment on fees policy at the hospital and order the Equal Opportunities Commission to carry out an audit on impact of charging fees on the impairment of equal opportunities. CEHURD also asked the Court to order the Parliamentary Committee on Health to investigate the operations of the Waiver Committee and implications of these operations on equity and human rights.

Challenging the Venereal Disease Act: In addition, CEHURD has filed Constitutional petition No. 8 of 2019 which challenges the Venereal Diseases Act Cap. 284 that it is in contravention of different provisions of the Constitution of Uganda. We filed the petition in the Constitutional Court of Uganda on 9th April, 2019 and served the Attorney General with the same, we also held a press conference at court on the same day to appraise the public of the petition. We intend to follow up with the court to ensure the Attorney General responds to the petition.

Furthermore, In 2019, CEHURD and Others filed a suit (Misc. Cause No.429 of 2019) challenging the approval and clearance of a clinical trial (Children's Oxygen Administration Strategies Trial) by Uganda National Council for Science and Technology and Uganda National Health Research Organisation without ascertaining that it caters for the care needed for critically ill patients which resulted into threat and violation of rights to health, life, rights of children and freedom from cruel, inhuman and degrading treatment.

CEHURD seeks a permanent injunction stopping the Children's Oxygen Administration Strategies Trial (COAST-TRIAL) from being conducted in Uganda, an order for Uganda Medical and Dental Practitioners' Council (UMDPC) and National Drug Authority (NDA) to investigate the effects of the trial in each of the research sites and make recommendations of reparation and an order for Uganda Human Rights Commission (UHRC) and the Equal Opportunities Commission (EOC) to make a human rights impact assessment of the trial. All the respondents have been served with the pleadings.

CEHURD also wrote to Uganda Human Rights Commission urging it to invoke its constitutional mandate to investigate human rights violations arising from illegal detention of patients at St. Francis Naggalama hospital on account of failure to pay medical bills. This followed the illegal detention of four mothers at hospital after delivery. We specifically requested the Commission to; Conduct a comprehensive investigation on detention of patients at St. Francis Naggalama Hospital and make recommendations; provide a human rights guidance note on illegal detention of patients in health facilities, work with St. Francis Naggalama Hospital to develop a human rights compliant guide on recovery of unpaid medical bills and make a declaration that detention of patients at St. Francis Naggalama Hospital is a violation of human rights. We will continue to pursue this matter in 2020.

Further, we have continued to strategically litigate cases on tobacco control. This case was the first of its kind where CEHURD applied to be joined as a respondent to defend a case with the Government. On 28th May 2019, we received a judgment in our favour and British American Tobacco Uganda's petition challenging the constitutionality of the Tobacco Control Act was dismissed with costs. British American Tobacco has since filed an appeal and we intend to respond and defend the judgment.

CEHURD has continued to pursue the comprehensive sexuality education case. Under this case, we challenge the the banning of Comprehensive Sexuality Education.

The maternal health case of 2011 is still being litigated in Court. Constitutional Petition No. 16 of 2011 challenges the State's failure to provide basic maternal health commodities in public facilities leading to the death of expectant mothers. We have continued with legal processes in the matter, filed

written submissions, and argued the matter before Court and awaiting a judgment.

In addition, we have followed up the termination of pregnancy case. CEHURD and two others filed constitutional petition No.10 of 2017, to challenge the State's failure to enact a law to regulate termination of pregnancy in Uganda as a violation of the right to health and women's rights enshrined in the Constitution. We have held writing workshops to develop and scrutinize conferencing notes and written submissions. We are working with the Court to ensure the case is fixed for conferencing and hearing in 2020.



The Health and Law Cluster together with the members from the Uganda Medical Association after a Meet and Greet session with partners from the Media.

Other cases CEHURD continued to litigate include:

1. The Comprehensive Sexuality Case
2. The case on right to clean and healthy environment
3. The case on failure of Buyende Local Government to provide Autism services
4. The access to medicines case focused on availability of septrin.

Litigating cases doesn't guarantee positive judgments. We have learnt over time that we litigate very unique and new areas in Uganda. We thus anticipate slow appreciation of these areas. In 2019, we lost two cases and have appealed both. We filed civil suit No. 170 in 2015 to challenge the lack of anti-rabies vaccine in the public wing of Entebbe General Hospital as a violation of the right to health. The Judge dismissed the case with costs saying we did not bring enough evidence to support our assertions. On 20th September, 2019, we filed a Notice of Appeal challenging this finding and a letter requesting for the record of proceedings. We sought the opinion of an independent lawyer on the veracity of the appeal and whether we should continue with the same. We are pursuing the appeal process.

In Civil Appeal No. 23 of 2019, CEHURD challenged the upholding of a preliminary objection that CEHURD's suit disclosed no cause of action against the defendants. Court found the matter challenging acts of Umeme Ltd of disconnecting electricity supply at Kiboga General Hospital, which grossly disrupted the delivery of several health care services in the Hospital largely deals with contractual rights

and human rights cannot be used to enforce them. In 2019, all the requirements for civil appeals were adhered to and the matter is at the conferencing stage.

In Civil Appeal No. 155/2018, CEHURD challenged a decision made by Hon. Justice Stephen Musota where he upheld the practice of using seclusion rooms to treat persons with mental disorders as not violating human rights. This year, the appeal was conferenced and submissions were filed in Court. We wrote to the Court requesting for a hearing date.

STRATEGY 2:

Legal Representation

In 2019, CEHURD initiated discussions about its legal aid clinic. The clinic is in initial set up processes. In 2019 alone, we received up to thirty two (32) cases of walk-in complainants on violations of human rights. Our working methodology has been to make an assessment of the complaints, take on those that fit within the institutional mandate as well as refer some to other partners for further management.

Sexual and gender based violence case: We have watched briefs to represent clients in cases of sexual and gender based violence in Gomba District and worked closely with the State Attorneys. These cases were documented during a two year project that empowered adolescent girls and young women to seek justice in cases of rights violations. In this case, a boda boda cyclist seduced and had sexual intercourse with a 16 year old student.

Documentation of cases: We have documented a number of cases that we intend to prioritise in 2020.

From Mityana, we documented a case of a lady that died due to failure to receive emergency obstetric care services. The doctor demanded payment of Three Hundred Thousand Shillings (UGX.300,000) which she did not have and the service could not be offered. A letter was written to Mityana Local Government calling for a maternal death audit. CEHURD is in the final stages of putting court documents together.

In Mayuge District, three (3) cases of defilement were received and the accused were still at large. We worked with the police stations to have the cases forwarded to the Resident State Attorney of Iganga for sanctioning and will be a priority for our 2020 interventions in the district.

In Namisindwa District, a case of a maternal death of a one Nabifo Susan who had a botched caesarean section at the hands of an unqualified health worker was documented. Police and the facility officials were engaged and agreed to amicably settle the matter in 2020.



Cross border cases: As part of our regional engagements and cross learning under this strategy, we have worked with partners on cases. In 2018, we received a complaint of medical negligence following an operation performed on Alungat Juliet in Nairobi Hospital where they clipped her bile duct and she started leaking bile in her body. This is a case arising out of medical tourism, a relatively new phenomenon and we referred the matter to KELIN in Kenya. KELIN introduced us to lawyers that provide pro bono services and we work online with the lawyers on the case. Part of what we have done is to write letters to hospital administration as well as put court papers together. We intend to continuously follow up this matter until it is concluded.

STRATEGY 3: **Legal Analysis**

This year, we have worked on one case digest. As part of ensuring that various sections of our society understand the implications of the judgment in the tobacco control case, we have developed a case digest.

CEHURD conducted a legal and contextual analysis on the concept of consent as applied in Uganda. The legal context analysis identified liabilities that a health worker would face if a girl (under 18) or her parents accused the health worker for providing a service to a minor “without consent”. It also provided a picture of what other countries are doing that could be adapted to the Ugandan context. This framework is used for advocacy to influence policy decisions on the issue of age regarding access to treatment.

In addition, CEHURD has conducted an analysis to develop a legal defence for suppliers of abortifacients. We held meetings with various stakeholders to develop a legal defence for the suppliers of abortifacients based on the harm reduction model. This meeting worked to set the parameters of the legal defense and also highlight the opportunities for suppliers to operate within the law.

STRATEGY 4: **Capacity building for Justice Actors.**

CEHURD envisions justice actors to include the justice and order sector actors, judiciary, and members from the legal fraternity among others. This year, we carried out a number of interventions including the inter-university constitutional law moot competitions, continuous legal education trainings, and engagements of the health and law cluster as described below:

As the host and coordinator of Uganda Law Society (ULS) Health and the Law cluster, we conducted continuous Legal Education (CLE) training on health and the law for members of ULS specifically focusing on the use of expert evidence in law and the role of medicine during Court trials. Lawyers were also drawn into critical thinking of the opportunities that are availed in health and the law, especially in the era of practice. These engagements keep practising and non practising lawyers knowledgeable about health related issues and we assume this adds to the body of knowledge and jurisprudence in the area.

The Annual Inter-University law moot constitutions have for the past years been critical avenues for capacity building. In 2019, CEHURD held the 6th Inter university annual moot. This moot came at a time when Sexual Reproductive Health and rights was struggling from various angles, especially with the global gag rule implications and the ban on Comprehensive Sexuality Education in Uganda.

These developments brought about various engagements on the subject. The students were tasked with thinking and debating about the issue of consent to sexual reproductive health services and how stigma attached to these can affect the rights of those involved. Judges were drawn from various Court levels as well as practicing lawyers. It is such avenues that these also get to know more about what is happening on a selected subject.

The First ever Health awareness day for lawyers was held this year. CEHURD, being the lead and secretariat to the Health cluster did work with ULS to organise this day. This day critically considered self-care and how best lawyers can work to maintain good health. Uganda Medical Association (UMA) was key in providing lawyers with tips on the subject matter. The meeting of both professions is a clear indicator on the importance of working together.

In addition, the media has been identified as a critical partner in advancing the right to health in Uganda. We thus conducted a training of several journalists from different media houses on how to report SRHR issues. We discussed the use of the right language and shared experiences with journalists who have reported positively on the right to health. The reports on SRHR did not just increase but the quality of reporting improved.

Further, on 31st May 2019, we facilitated a session for ULS members on mental health in Uganda. We highlighted the laws on mental health in Uganda and emphasized the need for recognizing the legal capacity of persons suffering from mental disability.

STRATEGY 5:

Exchange learnings.

This year, we had staff's capacities enhanced through a fellowship with Section 27 in Johannesburg, South Africa. The six months' fellowship allowed the staff time to learn, re-learn, and unlearn key issues on litigating access to medicines and HIV as well as have bold discussions and experience in conducting health related campaigns (with Treatment Action Campaign).



Mr. Wasswa Paul Programme officer, SL with colleagues at Section 27 during his fellowship.

CEHURD intends to benchmark these experiences as it takes forward its work on Public Interest Litigation (PIL) and advocacy.

In addition, we had exchange learnings with the Tanzania Women Lawyers Association- TAWLA (an equivalent of the Federation of Women Lawyers in Uganda). This exchange visit was two-way; 1: to build their capacities in legal defence of the harm reduction model and 2: to understand the environment of abortion in Tanzania and how the institution copes with the situation. It was important that staff draw examples from what other countries' legislations provide and how women go about it.

STRATEGY 6:

Strategic Partnerships and Collaboration.

Within the litigation programme, we have maintained our leadership of the health and law cluster of the Uganda Law Society. The cluster has been engaged in various activities as earlier described and a clear work plan on what the cluster needs to be engaged is drawn. We have continued to provide the cluster members with topical health issues to engage in and where need be paid subscription fees for some members.

Further, we initiated discussions of having CEHURD accredited as a legal aid service provider. We are happy to report that all necessary documentation was filed and waiting for a final decision from the committee. CEHURD has maintained its strategic position with Uganda Medical and Dental Practitioner's Council (UMPDPC). We signed a Memorandum of Understanding with the council and have continued to provide legal support to the same.

Through the Legal Support Network (LSN), we rescued three health workers in Iganga, Bakomansimbi and Busia who were stuck in the criminal justice system. We trained health workers on the policy and legal framework of sexual and reproductive health rights in Uganda and also conducted compliance assessments in health facilities coordinated by Marie Stopes Uganda.

We have developed new partnerships that we hope to maintain. We attended a litigation surgery with Robert F. Kennedy (RFK) human rights and PALU in Arusha. While this was an opportunity to dissect the CSE case and get input from international experts, learn how to file claims to the African Commission, African Court and East African court of Justice, we found this a strategic partnership that we have since maintained.



Our Executive Director receiving a book titled “Medicine, The Law and You” authored by Dr. Sylvester Onzivua.

2.2. CAMPAIGNS, PARTNERSHIPS AND NETWORKS

In 2019, CEHURD continued to work creatively to promote, advocate and shift the normative discourse around the law, health and human rights. This has been through legal and policy analysis, lobby and policy influence, advocacy engagements, sexual and reproductive health campaigns, strategic communications, capacity building, movement building and nurturing and sustaining strategic partnerships and collaborations. This goes from grassroots, sub-national, national, regional and global spaces to promote and advance health rights and social justice so that no one is left behind due to their social, economic, cultural or political standing using the human rights based approach as our guiding principle.

The year 2019 CEHURD continued to reach out to its target constituents who include women, youth, adolescents, and the elderly, refugees and ethnic minorities, differently abled persons, key populations including people living with HIV, sexual minorities and the general public that includes health workers and the consumers of health services are reached.

The right to health is defined by the world organization as a “state of physical, mental and social – well-being in which disease and infirmity are absent”. This definition has broadened the scope of our work, creativity and innovation to design work methodologies that appeal to the duty bearers. These include line ministries —Ministries of Health, Education and Sports, Gender and Social Development, and Finance, among others; Members of Parliament, particularly the Health Committee and other relevant committees; the Judiciary; Uganda Law Reform

Commission; the Uganda Human Rights Commission; The Equal Opportunities Commission; Academic institutions; Religious and Cultural leaders; alliances and coalitions such as SRHR Alliance, CSMMUA, CSMM, SOWAR, RHRN, CHANGE, GSSR; the media fraternity; AOGU; UMA; development partners; likeminded civil society organisations and other stakeholders. These can now constructively address the legal and policy environment, religious, cultural, governance issues that potentially threaten the enjoyment and realisation of health for all.

They key highlights achieved through our innovative methodologies such as research, advocacy, lobby, campaigns, partnerships and networks were guided by eight strategies elaborated below:

STRATEGY 1:

Legal and Policy Analysis

In 2019, CEHURD continued to review and challenge the legal and policy environment in Uganda. A constraining environment is one of the top reasons the right to health has been underachieved. It also explains why health is only allocated less than 15% of the national budget, with the bulk of funds being in the form of aid from the West, especially the United States. This often times comes with conditions that violate a section of people’s rights in Uganda’s population, especially women and their sexual and reproductive health rights, LGBTQI, people living with

HIV/ AIDS, sex workers, adolescents and young women, the elderly, differently abled persons, the poor and children in and out of school .

The gaps in the law and continuous use of laws that were developed during colonial times continues to inform our legal and policy analysis as a tool map. We therefore continue to challenge laws that affect the realisation and enjoyment of health rights which are broad in nature. Most of these laws were developed based on religious and conservative cultural norms and practices. Some are in existence yet not applicable to the current needs of the population. Others were developed without key human rights principles guiding the crafters.

Others bills have since been shelved and never been passed into laws or policies thus creating loopholes, infringement of human rights and ambiguity in their application. These instances include the abortion provisions in the Constitution of the Republic of Uganda; recalling of the SRHR Standards and Guidelines of 2017; ban of sexuality education in and out of schools; non-State response to foreign policies such as the Global Gag Rule (GGR) that negatively impact the realisation of SRHR; and the lack of a national health insurance scheme that has led to many Ugandans dying due to failure to afford the very basic of health services.

These gaps on the right to health saw us engage with the Uganda Law Reform Commission (ULRC), a body established under Article 248(1) of the Constitution of the Republic of Uganda 1995. Its mandate is to periodically review, conduct analysis and form legal opinions to the Attorney General, Ministry of Justice and Constitutional Affairs. These then present recommended laws and regulations of Uganda for repeal, amendment and striking off some irrelevant laws to Parliament.

Parliament then develops and approves laws that are relevant and speak to the living situation of the population. This engagement bore some good fruits.

CEHURD with concerted efforts from its likeminded and diverse alliances and coalitions compiled laws that have over the years continued causing retrogression in realising SRHR in Uganda. The platform created and nurtured with ULRC has led to roundtable discussions on how to best realize the change in the laws, something we have wanted to see for a good while. CEHURD was given guidance and welcomed to ULRC offices to further fine tune the compendium of laws to inform future legal reform. This was achieved through holding several consultative meetings with technical working groups on different laws and policies.

Other laws and policies reviewed include: Intellectual Property Laws on access to medicines and generic drugs; the School Health Policy that has been on the shelf for over 18 years yet it is meant to guide and protect children from all forms of abuse while in school; and the National Sexuality Education Framework passed in 2018 that adopted the values based approach rather than the human rights based approach thus putting a dent in enabling children to access relevant and age appropriate sexuality education and information. The implementation of this framework was put on hold as some religious and cultural leaders raised concerns including the issue of them not being consulted.

These engagements saw us highlight policies, laws, social norms and practices to promote the realization of health and human rights.

STRATEGY 2: Advocacy and Policy Influence

CEHURD continued to monitor different spaces where power lies and where decisions that affect the realization of the right to health are made, domestically, regionally and internationally. Engaging in what was happening in the parliament of Uganda, the East African Legislative Assembly, civil society spaces, coalitions and networks has helped us collect data and package our information in line with our programme objective.

We were able to hold five lobby meetings with relevant key players in different power positions and offices to push for the consideration of policies that were long overdue such as already mentioned above. We engaged Ministry of Education officials in charge of secondary basic education, a commissioner at the Ministry of Gender & Social Development, and the Members of Parliament on the

parliamentary health committee. A meeting with the office of the Nabagereka (Queen of Buganda Kingdom) was also held.

These meetings were held to rally support for the realisation of SRHR by collectively working to address the alarming cases of school defilement and early dropout due to poor management of menstrual school hygiene, corporal punishment and an overall poor school environment. Legislators, policy makers, SRHR experts and civil society partners were all engaged. These engagements led to commitments at various levels towards pushing for the passing of the school health policy. Parliament committed to playing an oversight role in ensuring that the Ministry of Education passes the policy.

The Advocacy engagements with members of parliament led to the passing of a parliamentary resolution on teenage pregnancies, urging the Government to establish and implement policies on SRHR including the School Health



Our Executive Director together with the president of Uganda Medical Association, Ministry of Health Officials and the CRR partners Launch a Report.

Policy, and strengthening the existing laws to stop the high rates of teenage pregnancies in Uganda. It was raised as a matter of national importance and Parliament committed to call upon the different and concerned line ministries to give updates on said policies. The motion was seconded and supported by Parliament. As a result, the chairperson of the parliamentary committee on health appeared on NBS Live at 1 news bulletin on Wednesday 28th August, 2019 to speak about the motion. The chairperson lobbied the Executive to prioritise and fulfill their tasks as stated in the motion, and also prepare to give status updates on development of these SRHR policies, clearly indicating when they will be finalised and launched.

Over the years, CEHURD has been advocating for the finalisation of the EAC SRHR Bill since its first reading in the EALA in 2017. This Bill encountered challenges, and did not go beyond its first reading. To supplement the advocacy efforts to have this Bill appreciated by the different partner states, CEHURD held a lobby meeting with the chairperson of the General Purpose committee. This lobby meeting was aimed at following and strengthening collaborations at the East African community level on the bill.

STRATEGY 3: Advocacy engagements

CEHURD in the past years has been consistent in its goal of promoting health rights for all through advancing social justice in health. We have used the law and the human rights based approach from grassroots, subnational to regional and international spaces. This has caught the attention of the public leading to an appreciation of the right to health, reporting of health rights violations, holding the responsible duty bearers accountable and following budgetary allocation to health and other social and cultural

norms that threaten the realisation of the right to health. All this is attributed to our consistency in advocating for the right to health thus gathering and gaining trust from the public and development partners.

We have marched the streets when women have died due to preventable maternal health related complications and circumstances. These have included lack of the top 10 commodities at health facilities, lack of blood, medicines, theft of babies in hospitals, and medical negligence. We have mobilised members of the community through CSMMUA to attend court sessions and demand for justice where strategic litigation cases are filed and not given priority by the courts of law. This has mounted pressure and caused judges to empathise and agree that certain matters are lifesaving and should be given due attention, especially issues on maternal health care.



Our Director of Programmes Ms. Noor Nakibuuka Musisi addressing the Media.

Some of the steps taken since then include, increase in blood donations campaigns through community blood harvesting; increasing quality of care initiatives; plans for the MoH to build up to 81 health facilities; and ensure all health centre IVs are functional as well as improve access to emergency healthcare services. The MPs committed to work on the National Health Insurance Bill, interventions. CEHURD will take these interventions forward in 2020 to include maternal healthcare as a service that every Ugandan woman should be able to enjoy.

Other advocacy spaces explored included the Buganda Women Convention, and Ministry of Health technical working groups. The international CSOs space was also explored under Solidarity for African Women's Rights (SOWAR) on the progress countries are making in implementing the Maputo Protocol.

STRATEGY: 4

Media Engagements

CEHURD has continued to work and partner with the media fraternity. We have provided learning platforms for journalists to learn more about the right to health through media fellowships to influence accurate reporting. This enables lobbying and advocacy through creating public awareness in different media spaces on television, radio and in the newspapers, and builds strong relations, identifying progressive journalists who then become our champions.

Monitor Publications, NTV and NBS TV and radio stations such as Sanyu FM, Capital FM, Radio One and Mama FM have been great partners and as such we have been able to air touching issues on the lived realities of women and girls and other target constituencies through documentaries, interviews and media comments.

This includes “**CEHURD shot a video Mature before 18**”, which capitalizes on the key issues that girls in school face necessitating the passing of the school health policy. The video was used as a lobby tool to further conversations initiated with the Ministry of Education and parliament on the policy. The Minister of Health, during the Annual Reproductive, Maternal, New-born, and Child Adolescent Health (RMNCAH) Assembly 2019 applauded NBS TV and partners for highlighting such key challenges faced by young people in schools and promised to make the necessary action in reducing teenage pregnancies and supporting MOES in passing of the Policy.



Our Programme officer, CPN Ms. Annah Kukundakwe attending a radio talk show with Dr. Charles Kiggundu.



CEHURD addressing public through different TV Shows.

We have also continued being active online and using our social media platforms such as Twitter, Facebook, LinkedIn and the CEHURD website. We use these platforms to update our partners, coalitions, networks, and development partners about our work. Digital media also highlights our advocacy issues thus reaching out to various voices and responsible policy makers and line ministries and has prompted action from their end.

STRATEGY 5: **SRHR Advocacy Campaigns**

CEHURD has developed campaign strategies on health rights specifically SRHR. We partnered with Youth Equality Center (YEC) and other national partners to hold a youth marathon as a pre-event for the commemoration of the International Youth Day 2019 under the theme, “Transforming Education and Keeping Girls in School”. CEHURD also facilitated a panel discussion on the role of the National SHP and other SRHR policies in transforming education on the same day. The youth marathon was used as an opportunity to exhibit our work, disseminate the various publications that we have developed over time as well as call upon responsible officers to think about SRHR issues in schools.

CEHURD is advocating for the finalization and passing of the National School Health Policy which pending Regulatory Impact Assessment (RIA) of the SHP. We have attended various technical working group meetings where our input has been sought. Part of the comments from such meetings to the consultant developing the RIA included widening the scope of the legal framework to capture as many policies about health and SRHR issues as possible as well as revising the timelines in the road map. CEHURD’s efforts in these conversations were noted by the ministry, further compounding the institution’s relevance.

The International Day of Safe and Legal Abortion is one of the days that CEHURD under the umbrella of the Coalition to Stop Maternal Mortality due to Unsafe Abortion (CSMMUA) commemorates on an annual basis. This year, we marked the commemoration with a multi-sectoral dialogue and discussed the prevailing hindrances to sexual and reproductive health services including the restrictive laws and policies. Colleagues from Rwanda and Kenya came in handy to suggest ideal solutions to Uganda’s problems. These, we know are countries that have progressed in access to safe abortion and learning from them was timely. Our policy makers and Ministry of Health

officials who participated in the dialogue were in position to identify practical solutions. CEHURD will continue the engagements at various levels.

STRATEGY 6:

Strategic Communications:

CEHURD has conducted substantial research on highly contested issues within our society. These usually lead to heated debate on issues of morals and values versus human rights. Most notable of these are sexuality education as a human right, abortion rights, bodily autonomy, consent issues and sexual minority rights. This debate slows down the realisation of progressive laws and policies. A classic example was the recalling of the SRHR standards and guidelines by the Ministry of Health because the policy has a family planning provision to adolescents aged 15 years and above, and access to comprehensive abortion services.

The Minister in recalling them stated that this was corrupting the morals of this country by encouraging reckless sexual behaviour. This was a learning curve for CEHURD. We realised that oftentimes, it is important to design smart communication tools through correct messaging and holding roundtable conversations with dissenting voices to understand their fears or attitudes against certain SRHR issues.

This led to a journey of developing an evidence-based strategic institution communications manual on contested topics that CEHURD has boldly taken on in the past years. CEHURD in partnership with the Godwin Simon Strategic Research (GSSR) Consultancy Firm are currently implementing interventions on abortion rights and sexuality

education messaging as a human right with the aim of studying public discourse on the said highly contested and controversial topics. These interventions include designing messages using the heart wired methodology to help the public appreciate these rights beyond the misconceptions built from religious, cultural and personal beliefs to realise progressive SRHR for all..

STRATEGY 7:

Capacity Building;

In building these capacities, CEHURD innovated collaborative efforts. It thus joined Reach a Hand Uganda (RAHU) to train head teachers from 29 schools, Ministry of Education and district officials across Jinja and Mayuge districts. The theme of the meeting was “The National School Health Policy: What You Need to Know” and was aimed at discussing the recently launched National Sexuality Education Framework and School Health Policy under review by the Ministry of Education and Sports. The role of education stakeholders specifically the head teachers in the policy’s rollout and implementation was also highlighted. It encouraged the head teachers to support the passing of the National SHP.

In addition, CEHURD has built capacities of health service providers in advocacy. In collaboration with the Association of Gynecologists and Obstetricians (AOGU), CEHURD has continued to build capacities of AOGU members and other stakeholders in advocacy for safe abortion services. It should be noted that service providers who have been most affected by the Global Gag Rule are, perhaps, one of the best advocates to look out for since they have hands-on experiences with key issues. CEHURD’s role in this has been to provide legal support, which we will continue to do.

STRATEGY 8:

Building a Reproductive Rights Movement in Uganda

CEHURD has over the past years appreciated the power of collaborations to achieve a common goal. This learning as informed by Petition 16 that brought different women organizations working on SRHR and the right to health such as Health Gap to support the public interest litigation case CEHURD has filed in the court, on the high cases of maternal mortality that were skyrocketing in the country yet nothing significant was being done by the government through the ministry of health to address the concerns.

This coalition birthed a conversation on SRHR movement building, which took place in July 2019. The conversation attracted more than 45 SRHR activists, policymakers, funding partners, and other stakeholders – focusing on the need to strengthen a sexual and reproductive health and rights movement in Uganda. The meeting came up with key resolutions and actionable ways forward such as SRHR advocates building consensus on SRHR in Uganda.

STRATEGY 9:

Strategic Partnerships and Collaborations

CEHURD getting to celebrate its 10th year of existence in November 2019 journey has only been possible because of the strategic partnerships formed and nurtured at various levels. We have continued to grow our base of partners, friends and well-wishers. We do not take this for granted. We have honoured our memorandums of understanding and partnership agreements. Nationally, all CSSMUA and SRHR Alliance CSOs having continued to enjoy working with us.

These CSOs include Right Here Right Now (RHRN), Uganda Platform, LASPNET ,OXFAM, Association of Obstetricians and Gynecologists (AOGU), Uganda Medical Association (UMA), Uganda Family Planning Consortium (UFPC), Uganda Law Society (ULS), The Judicial Training Service Institute, the Uganda Law Reform Commission (ULRC) , Schools of Law, Women and Gender Studies, and Public Health, Makerere and Mukono universities, and Justice Centers Uganda, among others.



Participants of an Advocacy meeting that included Parliamentarians and Officials from the Ministry of Health.

At the regional level, we continue to work with the African Coalition on Safe Abortion (ACSA), KELIN, Planned Parenthood Kenya, African Reproductive Initiative in Kigali (ARRI), the Solidarity for African Women's Rights (SOWAR) and the East African Legislative Assembly on the EAC SRHR for the region.

Internationally, various partners including but not limited to; WEMOS that works with us on the Global Financing Facility (GFF); World Health Organisation in Geneva and the United Nations Office of the High Commissioner Human Rights; Amplify Change; Population Aid International (PAI); COPASH; University of Michigan; Validity Foundation; and Privacy International through Unwanted Witness, to discuss areas of collaboration and tell them about our work in health. We agreed to work together on SGBV related issues.

CEHURD has remained secretariat to CSMMUA and the Coalition to Stop Maternal Mortality in Uganda (CSMMU). We have held various engagements with these coalitions and made decisions on engaging line ministries on maternal health related and SRHR issues. These have resulted in continued discussions on the stayed standards and guidelines for reduction of maternal mortality and morbidity due to unsafe abortions, as well as strategic discussions on SRHR policies.



Participants at a Regional Meeting on Access to Medicines and Intellectual Property Rights. This Meeting was co-organised with our partners KELIN - Kenya

As part of maintaining our partnerships, we held meetings and supported technical working groups in the Ministry of Health. We made presentations on adolescent SRHR, status of maternal health, and the status of 13 life-saving commodities.

We continue to recognise our champions at all levels. From the community health advocates, working partners in the media, civil society, parliament, line ministries, these are recognised by receiving accolades when we mark major milestones such as making 10 years in existence. We appreciate the support of our Board of Directors in advancing health rights and social justice for all. With this support, there is no doubt that 2020 will see us with stronger relations at all fronts.



Our Programme Associate, Ms. Angella Nairuba conducting a session with community leaders.

2.3. COMMUNITY EMPOWERMENT

Within this programme, CEHURD has reached out to various communities with different strategies. The institution works either in communities directly or through the established structures of community health advocates, who are identified and trained as health rights champions in their constituencies. The programme uses a number of strategies as discussed below;

STRATEGY 1:

Participatory Action Research and Documentation

CEHURD conducted a baseline study on formal and informal mechanisms in addressing SGBV in Hoima District. The study aimed at identifying the gravity of SGBV as well as the formal and informal redress mechanisms for SGBV cases in the district. This study's findings have informed different interventions including capacity building exercises for different stakeholders. CEHURD has purposely disseminated these findings in all training of stakeholders. This training is held for the stakeholders to understand the magnitude of the problem and also identify solutions for the same within their constituencies.

STRATEGY 2:

Capacity Building

CEHURD strengthens the capacities of rights holders, duty bearers and communities to enhance the rights holders' agency and voice to challenge health and human rights

violations. It also enhances the duty bearers' willingness to protect and guarantee these health and human rights. Communities are empowered to hold duty bearers accountable, demand for rights and monitor observance and enjoyment of health rights for all. CEHURD uses a cross range of models in its capacity strengthening interventions.



Community Health Advocates of Mayuge District after a Capacity Building Workshop.

The baseline conducted in Hoima clearly indicated that health service providers needed continuous education on their roles and responsibilities in handling SGBV cases. This necessitated hands-on training on the laws that provide this responsibility. Additionally, which forms to fill when they receive such cases and what it means for them to fill the cases.

We collaborated with the Resident State Attorney of Hoima and the district health officer to conduct this training. It should be noted that these engagements have since seen more responsive health professionals willing and handling Sexual Gender Based Violence (SGBV) cases and reporting the same back to CEHURD for legal support.

Further, the local/village health committees and district leadership of Hoima and Mayuge districts attended a capacity building session on human rights based approaches (HRBA) for the provision of SRHR for young people, including protection against SGBV. This was done in recognition of the pertinent oversight role played by HUMCs and VHT intended to increase knowledge of local village committee members in advancing access to SRHR for young people.

This year, CEHURD focused on building capacities of young people to advocate for access to SRHR services for their peers. In Mayuge District, young people were trained on strategies of high level engagement with the district leadership. This involved visiting and interacting with the Local Council 5 Chairperson and the district heads to enable young people present SRHR challenges before high level settings including before the district health officer.

This was followed by a dialogue between health service providers, CHAs and their peers, justice actors, local leaders and district focal persons on SRHR challenges faced by young people, drawing possible solutions with the aim of improving working relationships between service providers and young people.

Harm reduction has proved a more acceptable approach towards women's access to sexual and reproductive health and rights services of their choice. It also allows health service professionals a chance to provide these services despite Uganda's restrictive legal and policy environment on SRHR. This has, however, not been an automatic acceptance. Over the years, CEHURD has worked to ensure that a legal defence of the model is developed in Uganda to allow health service providers a friendly environment to provide access to safe and legal abortion services without fear.



This also necessitated CEHURD orienting these providers into the model itself as well as its legal defence. Hence the Uganda Private Midwives Association (UPMA) and the Uganda Nurses and Midwives Council (UNMC) collaborated with us to ensure that nurses and midwives under these umbrella organisations are trained on the same.

It was observed that there was a need to work with the Ministry of Health to issue guidelines on the HRM, which the health workers can implement, It is also important to have a dialogue with enforcement officers, religious leaders and the community on the need for providing information to reduce risk. Existing laws and policies on abortion also need

to be clarified for all involved. It is important to interrogate how the health workers can conduct business within the existing laws. Similar training was also extended to health service providers under Reproductive Health Uganda in Tororo District.

STRATEGY 3:

Strengthen and sustain the Community Health Advocates Model (CHA)

CEHURD believes that health and human rights require building a critical mass of advocates at all levels – grassroots, sub-national, regional and international. CEHURD created its own community outreach and social mobilisation model –the Community Health Advocates (CHA) model, which is critical in building progressive social movements at grassroots level. CEHURD invests in building movements of like-minded actors. The CHA database has been developed to create an information system with a pool of CHA details such as names, age, addresses and telephone contacts. This exercise was done to determine the enrollment of CHAs, generating information on the advocates to enable effective communication and budgeting, among others

CEHURD has continuously ensured that communities demand and take up health services and goods as well as seek redress for violation of health rights, participate in decision-making in health programme planning and implementation, including on budgets and expenditure among others. CEHURD realises this by working with CHAs who empower communities as well as advocate for improved health service delivery at the local level.

To ensure that the CHA model is sustained, CEHURD has continued to build their capacities in various areas. In 2019, report writing, advocacy and monitoring were key areas that CHAs were trained in. This was meant to allow them to report their work back to CEHURD but also keep track of the outcomes of their interventions within the districts. Since these trainings, CHA reports have since improved and there has been continuous monitoring of interventions undertaken in communities.

In addition, CHAs have received continuous re-orientation in the different approaches such as HRBA, HRM and LESA, and in other areas like district budget advocacy. This has empowered them to demand for services and hold duty bearers accountable in the different spheres of service delivery but with emphasis on health issues. They are also able to seek redress for violation of health rights, participate in decision-making in health programme planning, and implementation, including on budgets and expenditure, among others. Training on SGBV prevention and response have also been conducted in Mayuge and Hoima districts.

STRATEGY 4:

Community partnerships and networking

As we work towards empowering communities to speak out and exercise their agency, CEHURD employs different approaches such as strengthening partnerships and improving networking strategies in the districts of operation.

In that regard, CEHURD conducted two inception meetings with Mayuge and Hoima District local governments and have signed two MOUs with Wakiso and Mayuge District Local Governments. These meetings were aimed at presenting to the different district stakeholders about CEHURD work as well as the projects (Warwick and GUSO) that will be implemented in the two districts. These meetings brought together district local government officials, district local leaders, justice actors, health service providers, and CSOs among others.

We engaged the neighbouring community to create awareness in the community on what CEHURD is, and what it does and also get to know the issue affecting the communities in the areas of health and human rights.

The community members who included local leaders, women leaders and a few selected community members appreciated CEHURD for their efforts in the health sector. They raised concerns with the long distances they have to move to access health services and pointed out dirty water sources around the area. CEHURD intends to engage on some of these issues in 2020. On the issue of how to access CEHURD services, the institution availed the community members with its toll free contacts in case of any concern.

We have continued to build our partnerships with like-minded organisations and the networks to which we belong. This year, our young people participated in various workshops organised by these institutions. These include a training workshop on transforming education and embracing menstrual hygiene. We attended the 6th International Palliative Care Conference in Kigali aimed at developing an advocacy strategy framework to link global, regional and national advocacy for the integration, implementation and financing of palliative care within UHC at the national level in Kenya, Uganda and South Africa over the next two years.

STRATEGY 5: District public engagement

Under this strategy, CEHURD conducted various community dialogues in Mayuge District, in the different sub-counties of Imaniro, Bukatube, Mpungwe, Buwaaya, Wairasa and Mayuge town council to enable them to present their challenges and play a meaningful role in SRHR interventions. Following these, CEHURD intends to meet district heads of departments to lay strategies on creating an enabling environment to advance SRHR service delivery as well as follow up issues arising.

Further, CEHURD participated in community dialogues with SGBV champions and Reproductive Health Uganda (RHU) in Hoima District. These dialogues were an opportunity for the trained champions to reach out to communities with information on SGBV prevention. CEHURD's role was to monitor the quality of information being provided by SGBV champions and also provide legal aid information to the participants.



2.4. KNOWLEDGE MANAGEMENT.

This programme has run unique strategies in 2019. It should be noted that this programme is a recent development informed by CEHURD's new strategic plan 2020-2024. The innovative strategies include knowledge generation, knowledge management and curriculum and module development.

STRATEGY 1:

Knowledge Generation

This year, we have worked on various research under this programme. We have successfully applied for and secured ethical approvals for a number of these including;

Integrating Legal Empowerment and Social Accountability (LESA) for Sexual Reproductive health and HIV services for Young People in Selected Slum Areas in Uganda: In collaboration with the University of Warwick, CEHURD is carrying out research entitled "Integrating Legal Empowerment and Social Accountability for Sexual Reproductive Health and HIV Services for Young People in Selected Slum Areas of Kibwa and Kileku in Uganda". The aim of this research is to identify and act on underlying factors that impact on the realisation of SRHR for young women in Wakiso District.

A study on the Ethnographic analysis of right to health based monitoring of and advocacy for the progressive realisation of universal health coverage in Uganda using the Opera framework. The aim of this research is to establish how CSOs use the right to health to facilitate and monitor the progressive realisation of universal health coverage and

health systems strengthening in Uganda. The ethnographic research is being implemented in partnership with the London School of Hygiene and Tropical Medicine (LSHTM).

We have researched and disseminated findings from a fact finding exercise on Human Rights Implications of Inadequate Contraceptive Access and Use in Uganda available at here. This research was done in collaboration with the Center for Reproductive Rights (CRR). It is informed by data collected from the districts of Gulu, Soroti, Manafwa, Buikwe and Kampala. The same has been widely disseminated in all districts where the research was carried out.

We have researched and disseminated initial findings from online Participatory action research conducted in collaboration the Regional Network for Equity in Health in East and Southern Africa (EQUINET) and the Training and Research Support Centre. The research was conducted online as a participatory action research (PAR) aimed at addressing the research question, "How is the use of health targets such as in results performance based financing, disease targets for service performance incentives affecting health workers professional roles, work and interaction with communities and their ability to deliver comprehensive primary health care?"

We have generated a number of publications including "A Comparative Review of the Implementation of Constitutional Provisions on the Right to Healthcare in Kenya and Uganda" (EQUINET: Discussion Paper 118). CEHURD produced this paper as part of the theme work on health rights and law of the Regional Network for Equity in Health in East and Southern Africa (EQUINET). The paper examines the

implementation of constitutional provisions on the right to healthcare in Kenya and Uganda, two countries in East Africa. It aims at identifying factors and mechanisms that have facilitated implementation of constitutional provisions on the right to healthcare, including how the constitutions were developed and framed. We compare implementation in Kenya, where the right to healthcare is explicit in their 2010 Constitution, and in Uganda, where the right to healthcare is implicit in the National Objectives and Directive Principles of State Policy.

A policy brief on Securing Human Rights in School Health was developed.

A paper on promoting access to quality, affordable and timely HIV, TB in Uganda was developed as a research for evidence building; Capacity strengthening to increase demand and uptake of services; and Advocacy to influence policy development, change and or implementation available here.

Capacity of Adolescents to Consent to Sexual and Reproductive Health Services: The Case for Policy, Legal and Pragmatic Reform: Uganda's laws prescribe 18 years as the age of adulthood, at this age an individual is deemed to have the capacity to make their own decisions. The capacity of minors to consent is an area of contention with conflicting laws, policies and practices.

While it is reasonable that parents should contribute in the making of major decisions for their under-age children, many adolescents have evolving capacities depending on their circumstances and environment which makes them mature and or emancipated before the age of 18 and requiring them to provide parental consent would instead hinder access to critical health care services.

Lastly, CEHURD initiated a research study on the implementation of GFF which is a World Bank supported programme on results based financing in Uganda. This study was a follow up from a research study done on the conceptualisation of the GFF under the title "Business Unusual: The Conceptualisation and Implementation Readiness of the Global Financing Facility (GFF) in Uganda".

STRATEGY 2: **Curriculum and Module development**

Under this strategy, we have developed various modules and curricula including:

Gender and Human rights mainstreaming manual for health professionals: We have worked with the Ministry of Health to finalise and print the Gender and Human Rights Mainstreaming Manual for Health Professionals. We have also continued to use the same manual to reach out to health service providers in various districts to ensure that rights are given a priority while providing services. While these efforts have been done, it is important to note that CEHURD has not spread through the whole country yet there is need to. The Ministry too reports limited funds to take forward such training.

CEHURD has implemented the CHA model for years in a number of districts. This year, we concentrated on initiating the development of the model for dissemination and use. While this is still work in progress, we are relying on the experience gained while working with this model to have the same documented, printed and disseminated for further use.

3.0. INTERNATIONAL ENGAGEMENTS

CEHURD has continued to provide staff opportunities to present work in various fora, regionally and internationally. These spaces have not only built their advocacy capacities at such levels but allowed the Institution to acquire knowledge on current trends and discussions around the right to health. These fora include; 1) the Women Deliver Conference held in Canada; 2) Hewlett's' annual grantee meeting for local advocacy convened in Senegal 2019 3) Uganda's review of the Maputo Protocol which took place from 21st October-10th November 2019 in Gambia; 4) Universal Health Coverage Conference in USA 2019. CEHURD also attended the ICPD+25 convening which took place in November 2019 in Nairobi; accountability and Advocacy convening on SRHR in Nairobi which happened in October 2019 as detailed below.

The 2nd National Health Financing Conference under the theme "Accelerating Universal Health Coverage; tracking SRHS, maternal and child health financing groups in Uganda". To CEHURD, this engagement was an opportunity to disseminate research materials on the GFF and access to healthcare commodities. The conference was also an opportunity for CEHURD to take part on a panel and present about the GFF. Increased civil society awareness on the global financing facility's conceptualisation and financial structure, with multiple organisations picking up publications on the subject.

Conference on "donor influence to public health programming": This was organised by the Open Society Foundation partners to discuss the influence of donors on national and global priority setting in public health, held in Marrakech, Morocco. There was partnership commitment

to monitoring and sharing of relevant information and data on global financing facility implementation best practices from each participating country.

Symposium for partnerships, policy and systems development for Universal Health Coverage hosted by Supporting Policy Engagement for Evidence-Based Decisions (Speed) for UHC under the theme "Partnerships for Health Improvements across Governments and Societies at Local, National and Global Levels". CEHURD organised side sessions on vital subjects ranging from the shift in funding landscape, public private partnerships in health and intellectual property rights and access to healthcare.

AFP SMART advocacy training conference organised by Reproductive Health Uganda in partnership with PPDARO aimed at introducing partners to advocacy and differentiate it from activism and social behaviour change communication and how to use the AFP SMART advocacy strategy in the work of promoting the right to health in the society. By the end of the training, CEHURD staff who participated had a clear understanding of what advocacy is and the attributes of a good advocate. They were in position to understand the different decision makers and the different messengers that can be used to reach them.

Orientation in grant writing: In an effort to build the team's capacities in writing winning proposals, three staff were facilitated to attend a two-day grant writing workshop organised by Eight Tech. The workshop tackled the following areas; developing a strategy of sourcing and responding to grant opportunities; understanding and Interpreting the Call; what funders really need; developing a problem



Mr. Abdulkhair Muhumuza a Programme Officer, CPN on a panel at the COPASAH conference in New Dheli - India.

tree and the associated logical framework; managing the writing processes; developing a winning budget; checking compliance and managing the submission process. These trainings have exposed staff and built capacities that are meant to sustain the institution.

ICPD+25 conference: CEHURD participated in the Nairobi International conference for population and Development to which the President of the Republic of Uganda HE Yoweri Kaguta Museveni committed to operationalise the National Sexuality education framework and reduce the unmet need for family planning among others. We are aware that such international commitments set the agenda priorities for countries and working towards ensuring that girls in Hoima access family planning will be an added value to the project as many have dropped out of school due to lack of information and services. We intend to work more closely with RHU on this.

Expert Group Meeting on Human Rights, Sustainable Development Goals and Sexual Reproductive Health Rights organized by the World Health Organisation (WHO) in Geneva. This meeting was aimed at exploring linkages between human rights, SDGs and SRHR as well as to identify strategies and appropriate approaches to advocate for realisation of SRHR at the grassroots level, using human rights and SDGs

Country's experiences in the implementation of the Global Financing Facility (GFF) conference: Our Executive Director participated as a panelist in participated in Atrium, World Bank Group headquarters, Washington DC and gave feedback to the GFF Secretariat about Uganda's experiences in the implementation of the same citing missed opportunities and implications.

African Health Agenda International conference in Kigali whose goal was to generate Universal Health Coverage

(UHC) key asks from youth, CSOs, government leaders, academia, health professionals, donors and other development partners ahead of the September UN general Assembly High Level Meeting (UNHLM) on UHC. This allowed staff an opportunity to speak as panelists and share experiences towards achieving UHC through youth led accountability and innovative solutions towards achieving UHC in Africa.

The SRHR social mobilisation knowledge and learning exchange conference held in Johannesburg South Africa provided an opportunity for countries from the region to present and share what different institutions are doing in the area of social mobilisation in SRHR and exchange knowledge to strengthen skills development and joint advocacy for the advancement of SRHR in Eastern and Southern Africa. Key SRHR challenges and themes were identified and innovative and sustainable solutions to the problem statements created presented in groups. There was a learning & knowledge exchange market where various organisations displayed the work they are doing, allowing participants to learn and exchange at every station.

Some of the recommendations included working together as civil society if we are to succeed and one of the ways we can do this through forming alliances; values clarification exercises should be called values appreciation exercises because at the end we don't get to choose values over others; making cancer a priority because cancers like cervical and prostate cancer are becoming rampant so we should advocate for screening and vaccination in young women and men as well; advocating for implementation of all the treaties and protocols that we sign and ratify; and advocating for youth friendly health services.

The International Reproductive Health local advocacy strategy grantee and civil society convening: supporting local advocacy shifting the Balance of Power held in Senegal.

This HEWLETT annual grantee meeting was aimed among others at understanding how the Hewlett 5 principle based approach of supporting local advocacy, sharing evaluation findings to inform another phase of implementation and understanding power and power shifting among Funders, Grantees and CSOs are trickled down to partners that gain from the grants. It also gives an opportunity to grantees to provide feedback to Hewlett on what works better and what needs to be improved. CEHURD utilised this opportunity to have an exchange learning visit to PPG Senegal office and its implementers and exchanged learning ideas from its opposition and lobby work carried out in Uganda.

Workshop on Accountability and Advocacy for the realisation of SRHR in Eastern and Southern Africa organised by Aids Foundation of South Africa held in and directed towards unpacking Accountability and developing Advocacy priorities for CSOs working towards the realisation of all inclusive SRHR- leaving no one behind.

Training of Trainers (TOT) on the Global Gag Rule/ protecting life in Global Health Assistance: CEHURD participated in a three-day (4th - 6th February, 2019) TOT on the Global Gag Rule. The training was held in Johannesburg, South Africa, organised by Centre for Health and Gender Equality (CHANGE), amFAR and PAI funded by Open Society Initiative. The purpose was to train lawyers and advocates on key information to strengthen their work with other organisations and key stakeholders around the Global Gag Rule (GGR).

The policy prohibits USA global health assistance funds from going to non – US non - government organisations (NGOs) that perform abortion related activities, including providing abortion as a method of family planning counselling, and referring to abortion as a method of family planning or advocating for the liberalisation of abortion laws, even if such activities are paid for by funds from other donors.

The role of the TOT was to provide clarity and leadership to organisations as they navigate this challenging policy and to come up with strategies to mitigate its impact on organisations work and the beneficiaries of this aid. The knowledge acquired will be used to feed into the study on the effect of the GGR to CSOs and develop training tools and materials for organisations affected by the Mexico City policy under the Trump administration to create awareness and clarity on the impact of the policy on their activities and funding opportunities.

Participated and facilitated the maternal health session during the 3rd Annual convening of the Africa Reproductive Rights Initiative (ARRI) Network in Kigali Rwanda: The overall objective of the meeting was to strengthen the ARRI Network's capacity to leverage opportunities and respond to threats that may hinder the advancement of reproductive rights in Africa.

The key topics for discussion were shrinking/closing civic space, SRHR in conflict, Adolescents and SRHR, and maternal health and abortion. Recognising the gaps, challenges and opportunities that exist in relation to the realisation of these rights, and the need for evidence-based research to drive reproductive health programming, advocacy, and the development of laws and policies on SRHR.

Participated in the 20th International Conference on AIDS and STIs in African (ICASA) which was held in Kigali from 1st – 4th of December 2020. The team that attended was able to present two abstracts on “Using Legal and Policy Advocacy to Advance Informed Consent for Adolescents to Access HIV and Sexual Reproductive Health (SRH) Services” and “Utilising the Harm Reduction Model and the Legal Defense to Integrate HIV into Sexual Gender Based Violence Programming in Hoima District”. Additionally, CEHURD under CSSMUA and partners (Health GAP, KELIN, Great Lakes Initiative for Human Rights and Development (GLIHD), SPECTRA Rwanda) organised a “South-to-South regional learning on abortion.” This meeting brought together over 30 representatives from both parliaments and Civil Society Organizations from Zimbabwe, South Africa, Kenya, Nigeria, Zambia, Uganda, Kenya and Rwanda.

Regional Community Dialogue on Health Research and Development; “Evidence for Change, the role of communities” in Nairobi on the 30th of October 2019. The overall goal of the meeting was to initiate and facilitate an inter-regional community lead dialogue between the East Africa Health Research Commission (EAHRC), civil society, faith based organisations, and CBOs on the regional health research agenda, and the anticipated role of communities and other multiple stakeholders in the East African Community context.



4.0. INSTITUTIONAL DEVELOPMENT

Under this strategic objective, we would like to build an institution that is resilient enough to challenge the ever changing operational context and power dynamics. As such, CEHURD is employing seven (7) management priorities each specifying the outputs and outcomes as committed to under the strategic plan. These priorities are;

1. Strengthened Governance Systems;
2. Strengthened Human Resources and Staff Wellness;
3. Maintain Robust Monitoring, Evaluation, Learning and Financial Systems;
4. Strengthened Resource Mobilization;
5. Strengthened Communications and Media Engagements;
6. Quality Assurance and Risk Management and;
7. Explore Sustainability for CEHURD.

In this section, we will explain the institutional development engagements for the year 2019

Staff capacity building: CEHURD has concentrated on building staff capacities both internally but also ensuring that staff are exposed to regional and global engagements as part of building their capacities. We have participated in various national and international conferences as earlier discussed in this report.

Internally, CEHURD staff capacities have continued to be grown in purposeful staff retreats. The retreats are purposely set to take stock of what we planned to achieve in previous years but also prioritise key issues for a specific

year. It is during these retreats that we develop yearly work plans and identify partners to engage with during the year. Opportunities are provided to staff to get to learn more about the institution and the approaches it uses. In the 2019 retreat, staff capacities were built in human rights approach, the global gag rule and its implications on SRHR, harm reduction model and its legal defence, and community participation, among others.

Mentorship programme: CEHURD has continued to nurture its staff capacity through a mentorship programme. We have found that these are crucial sessions that allow staff to grow in various fields that may not specifically be work related but which potentially affect staff performance. Staff are grouped and allowed time to engage with mentors and assessments done during the staff retreats.

Fellowships: CEHURD has attracted three strategic fellows, two from Global Health Corps (2018-2019) and one from Open Society Foundation (2019-2020). CEHURD believes that these spaces provide staff with opportunities to learn from the fellows that come with a wide range of expertise but also fellows get to learn from not only staff but the approaches CEHURD applies in its day-to-day work.

Internship programme: The institution has continued to run its internship programme by attracting very brilliant students from various universities including the University of McGill in Canada and Makerere University in Uganda through the Public Interest Law Clinic. We have continued to provide placement to the best students from the annual Constitutional Law moot competitions that happen every year. These add great value to health rights advocacy beyond having their capacities built in the same area.

Strengthening CEHURD's internal systems and control measures: CEHURD concentrated on building its systems. In 10 years of serving this country, the institution has worked towards ensuring that systems like the accounting system, management information and a case tracking system are built and utilised by staff. The management information system is not yet fully utilised as staff is still undergoing capacity development but we are happy to report that the other two are fully functioning.

Human resource: We have continued to develop and grow our human resource. By December 2019, CEHURD advertised for very critical positions in the institution including the Deputy Executive Director, Human Resource Manager, Communications Manager and an Accounts Officer. We received very promising applications and we are happy to report that all these were confirmed in December. We hope that they will join the Institution in 2020.

Saving scheme: We have allowed our staff to grow through an in-house saving scheme. Each staff is allowed an opportunity to save as little as Fifty Thousand Uganda Shillings to any amount they can afford. This gives them the opportunity to grow financially .

Insurance and NSSF: We have staff with rights. We also believe that as a human rights institution, we must abide by the law and lead by example. Our staff are all insured and the institution fulfils its National Social Security Fund requirements.

Quality assurance and control measures: CEHURD has a fully functional quality assurance department. At 10 years of service, the institution found it necessary to have internal control measures as part of ensuring that it works differently and mitigates risks. The recommendations from various reviews are what CEHURD bases on to ensure compliance.



5.0. CEHURD 2019 ACHIEVEMENTS

We registered numerous and measurable milestones in all our areas of operation summarised below;

- Filed a matter in the High court of Uganda challenging the lack of sexuality education in schools this prompted the Ministry of Education to come up a National Sexuality Education Framework , a move that has since led to numerous debates on Comprehensive sexuality Education in Uganda
- Established SRHR clubs in districts of implementation and work hand with community health advocates who reach out directly to young school going children and youth and document field findings to inform advocacy on SRHRs.
- Conducted policy reviews and lobbied policy makers on progressive policies i.e. school Health policy, adolescent health policy, National Sexuality education framework, SRH policy guidelines and service standards (withheld), Sexuality Education Framework for out of school children some are in draft form others at level of implementation review plan, Generated knowledge, continued to conduct research informing position papers and also monitoring and evaluation on SRHRs in schools and communities and develop training tools for different stakeholders to promote progressive realization of SRHR in schools.
- Coalitions and networking with regional and international CSOs and human rights bodies to strategise, share ideas in advancing SRHR in schools and in general. This also help to inform research and advocacy, community empowerment and strategic litigation cases to realise better policies and an enabling environment on SRHR and push for the actual implementation of the Sexuality Education Framework and Ministry of Health guidelines that were recalled.



CEHURD @ 10 Celebrations



- CEHURD's 10 Years Anniversary and the launch of the new strategic plan 2020 – 2024
- We filed a case in the High Court of Uganda, Civil Division challenging the act of turning a public service at the Mulago Specialised Women's and Neonatal Hospital into a private service
- We received a positive judgment in the Tobacco case and set precedent in Uganda having applied to be sued as interested parties- an area that most CSOs fear to engage in.
- Secured the release of patients from detention at St. Francis Naggalama Hospital
- We secured payment of the 1st installment of damages from Mulago hospital to Musimenta Jennifer and Mubangizi Michael
- Developed a database for CHAs and trained them on different models such as LESA, HRBA and Harm Reduction, budget cycle and advocacy, making work plans and report writing sessions to improve the quality of reports
- Most importantly, we maintained a human resource base that has kept CEHURD alive, relevant and innovative in the kind of work it does. This can never be taken for granted.



6.0. CHALLENGES AND LESSONS LEARNT

CHALLENGES FACED

- It goes without saying that we faced challenges during the implementation of some of the activities as follows;
- In cases filed against the Attorney General, no appearances were made in some of the cases that came up for hearing thereby leading to adjournments, the Attorney has not filed submissions and responses to some of our matters
- Faced a challenge of hostility from parties who did not want to accept service in cases filed against them.
- Failure to renew some projects which led to discontinuation of some work, especially the LESA work in Mukono and Gomba. We are hopeful that new areas of work will be continued in these districts.

LESSONS LEARNT

- We learnt that there is a lot of ignorance among the public on human rights and their application. Many people are unsure on how to identify a human rights violation and how to seek redress in case of a violation. This makes us a relevant institution in this country.
- It is important to initiate engagements with regional bodies and mechanisms like the ACHPR, the AU Health Ministers technical committee, the Pan African Parliament, and other structures like EAC, ECOWAS, SADC, among others to popularise our work and borrow experiences at the regional level.

- We should partner with regional professional alliances working on health and human rights issues
- In future trainings will be held out of Kampala and they will be residential to allow participants concentrate and avoid losing the time that they would have used to travel to the venue.
- We learnt that there is a need to do refresher training on opposition monitoring so that the advocates become more conversant and confident about countering opposition.



Annual Overview



14,061,958

REACHES / IMPRESSIONS



960,000

ENGAGEMENTS



5,945

NEW FOLLOWERS



31

VIDEOS
UPLOADED



432

SOCIAL MEDIA
POSTS



48

MATERNAL HEALTH
WEDNESDAYS



**Social Media
Analytics for 2019**

AUDIENCE GROWTH

 **7,477** Likes

 **5,544** Followers

 **9,200** Followers

 **3,644** Followers

Engagement per month

JANUARY	
JAN 2019 SUMMARY	
Tweet impressions	New followers
58.6K	56

FEBRUARY	
FEB 2019 SUMMARY	
Tweets	Tweet impressions
6	116K
Profile visits	Mentions
157	11
New followers	
86	

MARCH	
MAR 2019 SUMMARY	
Tweets	Tweet impressions
120	115K
Profile visits	Mentions
4,096	275
New followers	
137	

APRIL	
APR 2019 SUMMARY	
Tweets	Tweet impressions
116	131K
Profile visits	Mentions
3,945	351
New followers	
178	

MAY	
MAY 2019 SUMMARY	
Tweets	Tweet impressions
88	122K
Profile visits	Mentions
3,618	394
New followers	
129	

JUNE	
JUN 2019 SUMMARY	
Tweets	Tweet impressions
112	140K
Profile visits	Mentions
4,285	406
New followers	
227	

JULY	
JUL 2019 SUMMARY	
Tweets	Tweet impressions
96	122K
Profile visits	Mentions
3,661	252
New followers	
131	

AUGUST	
AUG 2019 SUMMARY	
Tweets	Tweet impressions
97	234K
Profile visits	Mentions
3,335	491
New followers*	
122	

*Data for this month may not be exact due to a service outage.

SEPTEMBER	
SEP 2019 SUMMARY	
Tweets	Tweet impressions
92	209K
Profile visits	Mentions
3,861	348
New followers*	
97	

*Data for this month may not be exact due to a service outage.

OCTOBER	
OCT 2019 SUMMARY	
Tweets	Tweet impressions
122	252K
Profile visits	Mentions
6,208	372
New followers	
211	

NOVEMBER	
NOV 2019 SUMMARY	
Tweets	Tweet impressions
120	202K
Profile visits	Mentions
5,039	500
New followers	
197	

DECEMBER	
DEC 2019 SUMMARY	
Tweets	Tweet impressions
40	78.9K
Profile visits	Mentions
1,743	334
New followers	
109	



Social Media
Insights

Top Campaigns Hashtags

28 Online Campaigns

#Voices4Health

#MaternalHealhDayUG

#HumanRightsFPUG

#UgandaVsBAT

#WhereAreTheWomen

#CEHURDMOOT

#FreeMulago4all #Mulago4All

#PassThePolicy #MatureBefore18

#SafeSex #Wekuume

#InfantsAreNotSpecimen #TheEthicsCase #ClinicalTrialInUganda


#HumanRightsFPUG



Social Media
Insights

BIGGEST OPPOSITION


CEHURD Uganda @ceh... · 06 Aug 19
 CEHURD amplifying the effects of the lack of a school health policy this afternoon. Together with everyone we call upon government to pass and implement the school health policy as a matter of urgency. #PassThePolicy #MatureBefore18



Ministry of Health- Uganda and 8 others

1 4 12

Ssempa = Gabriel Baab... · 06 Aug 19
 But can we first discuss the policy? Please invite me.



Ssempa = Gabriel Baaba Gwanga'M... @martinssempa

We need to have a conversation on the root of this problem. I told the organizer's of #MissHIV of the harmful consequences of sexualizing and normalizing #HIV @cehurduganda @reachahand @PEERTOPEERUG @SMUG2004 @UNYPA1 @aidscommission @USAmbUganda

Ssempa = Gabriel Baaba Gwa... · 18 Sep 19
 #Chemsex parties are causing #HIV rates to skyrocket in European 'gay destinations' "People are not scared any more of HIV. Many people say 'it's only a matter of time anyway, so I might as well have some fun.'" #ZeroStigma ...

CEHURD Uganda @ceh... · 10 Aug 19
 When a girl gets pregnant, she's chased out of school, her future is at stake. We want the school health policy because it will help minimise the rate of teenage pregnancy and keep girls in school. ~ Jane Peace | Alliance secondary school #YouthRun4Education



2 4 19

Ssempa = Gabriel Baab... · 11 Aug 19
 My mother was told to abort me. I was born of illegitimate relations between Indian young man and a Muganda woman. It was my mother's faith in God which kept her from aborting me. Let's stop #Babymurder calling it abortion or family planning

2 2 16

Ssempa = Gabriel Baaba Gwanga'M... @martinssempa

Replying to @cehurduganda

My mother was told to abort me.. I was born of illegitimate relations between Indian young man and a Muganda woman. It was my mother's faith in God which kept her from aborting me. Let's stop #Babymurder calling it abortion or family planning

9:05 AM · 11 Aug 19 · Twitter for Android

2 Retweets 16 Likes

Lokolo woman maama ... · 11 Aug 19
 Replying to @martinssempa and @cehurduganda

Sensitize the youth about their health and the risks they face, support this who have taken the wrong path to the right path...pregnancy doesn't mean drop out

ON OUR ALLIES; Champions, Coalition Colleagues and Media

CEHURD Uganda @ceh... · 13 Sep 19
 Victims of unsafe abortion usually lack a support system. Knowledge about the available SRH services such as contraceptives and post abortion care and they face stigma from were they would have gotten help- Dr. Kiggundu Charles, AOGU



Family Planning 2020 and 3 others

1 2 11

Ssempa = Gabriel Baaba Gwanga'M... @martinssempa

Replying to @cehurduganda @FP2020Global and 2 others

You got things opposite..my Muganda mother was told to abort me because my Indian father and racism. She refused and bore the

Ssempa = Gabriel Baaba Gwanga'M... @martinssempa

Replying to @BakshiAsuman @HiRolla1 and 8 others

So who is this March leader and script writer?



4:07 PM · 30 Sep 19 · Twitter for Android

Ssempa = Gabriel Baaba Gwanga'M... @martinssempa

Replying to @cehurduganda @FP2020Global and 2 others

You got things opposite..my Muganda mother was told to abort me because my Indian father and racism. She refused and bore the stigma of my pregnancy. So glad she DID NOT abort me. You need a program to help the women who choose not to ABORT. They save lives

4:22 PM · 13 Sep 19 · Twitter for Android

Ssempa = Gabriel Baaba... · 30 Jul 19
 Having been born in illegitimate love relationship between a Muganda mother and an Indian father. My mother was commanded to abort me. Thankfully her Catholic Faith which values life as from God made her reject them and I am alive today. Please @CanaryMugume stop #Babymurder

CEHURD Uganda @c... · 30 Jul 19

"Having come from a family with a legal background helped me understand abortion beyond just a personal perspective but rather what the victim is going through. This bo...





■ SRHR

■ CASE

■ PARTNERSHIPS

■ CALL FOR ACTION

■ COMMUNITY APPROACHES

■ POLICY / LEGAL ANALYSIS

■ OTHERS



Social Media
Insights

How we made News in the year - 2019



15

Television
Talk shows



11

Radio Talk
shows



14

News paper
Articles



32

Online
Campaigns

7.0. CEHURD IN MEDIA



nbs Presents **THE INTERNATIONAL DAY OF THE MIDWIFE LIVE DISCUSSION ON THE MIX UP SHOW**

Date: Sunday May 05 2019 Time: 8:00 - 9:30 Am

▲ **Huzairu Nyanzi**
NAFORHANSU

▲ **Nabunya Faith**
Communications - CEHURD

▲ **Tumwine Hosea**
Restless Development

Topics for discussion:

- Who is a midwife and what is their role at the health facility?
- What is the role of the midwife in providing 'youth friendly services'?
- How can the government or other development partners support midwives to be more efficient in their roles?

SRHR ALLIANCE

#MidWifeDay



NXTRADIO 106.1

THE MORNING ZONE

CEO MOMENT

Mr Mulumba Moses
Executive Director
Center for Health, Human Rights and Development (CEHURD)

WATCH BIG INTERVIEWS
LIVE ON **nextradio.co.ug**

12TH FEB 2019
with Marcus and Otiul

#NxtMorningZoo

CEHURD in Newspapers.



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 give 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


.....
Executive Director

Date... 15th March 2020

FINANCIALS

Consolidated Statement of Financial Position



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T +256 414 370 373/533 963
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/SAT 01-17/AUD-2019**

Your Ref:

REPORT OF THE INDEPENDENT AUDITOR TO

The 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

Introduction

We have conducted an audit relating to the costs declared in the Statement of Expenditure of Center for Health, Human Rights for Development (CEHURD) for the period from January 1st 2019 to 31st December 2019, prepared in accordance with the contribution agreements between and Center for Health, Human Rights and Development (CEHURD).

The Financial Report is to be presented to CEHURD and furnished to the partners under the Letters of Agreements. Our responsibility is to express an opinion on the financial report based on our audit. Our organization is qualified to deliver this audit certificate in full compliance with the audit terms of reference of CEHURD.

Scope

We conducted our audit in accordance with International Standards on Auditing (ISAs) respecting ethical rules. Those standards require that we plan our audit to obtain reasonable assurance about whether the financial report is free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts in CEHURD financial report. The above-mentioned Financial Report was examined and all tests of the supporting documentation and accounting records deemed necessary were carried out in order to obtain reasonable assurance for our opinion. An audit also includes assessing the accounting principles used.

Our audit included assessing that the amount of the total eligible costs declared in the CEHURD financial report is complying with the conditions established in the Letters of Agreements and accompanying audit Terms of Reference of the implementing partner (CEHURD).

Opinion

In our opinion the costs declared in the CEHURD 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 projects covered by the agreements with partners 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.

ALLIED
(Certified Public Accountant of Uganda)

7

Partners :
Kiyita M. Kyambadde
Ndawula .N. Martin

FINANCIALS

Consolidated Statement of Financial Position

CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT LTD (CEHURD)

(LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)

FUNDS ACCOUNTABILITY BALANCE STATUS FOR THE PERIOD ENDED 31ST DECEMBER 2019

Surplus for the year	<u>881,258,784</u>
Fund balance as at 31st December 2019	<u><u>881,258,784</u></u>

Represented by:

Cash and Bank balances	<u><u>881,258,784</u></u>
------------------------	---------------------------

The financial reports was approved by the Directors on 18/03.....2020 and was signed on its behalf by:

CHAIRMAN BOG



EXECUTIVE DIRECTOR

FINANCIALS

Consolidated Statement of Financial Position

CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT LTD (CEHURD)


(LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)

STATEMENT OF FINANCIAL POSITION AS AT 31ST DECEMBER 2019

	NOTES	2019 U. SHS
Non Current Liabilities:		
Property and Equipment	2	2,412,840,396
Current Assets:		
Cash and bank balance	3	881,258,784
		<u>881,258,784</u>
TOTAL ASSETS		<u><u>3,294,099,180</u></u>
EQUITY AND LIABILITIES		
Non-Current Liabilities:		
Capital Development Funds		<u>2,412,840,396</u>
Current Liabilities:		
Restricted project funds		881,258,784
		<u>881,258,784</u>
TOTAL EQUITY AND LIABILITIES		<u><u>3,294,099,180</u></u>

The accounting policies on 11 and the notes from page 12 form an integral part of the financial statements. The financial statements on 8-10 were approved by the Proprietor on 19/03. 2020

..... Chairman BOD


..... Executive Director

FINANCIALS

Consolidated Statement of Financial Position

CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT LTD (CEHURD)

(LIMITED BY GUARANTEE WITHOUT SHARE CAPITAL)

STATEMENT OF REVENUE AND EXPENDITURE FOR THE YEAR ENDED 31ST DECEMBER 2019

		2019
	SCHED.	U SHS
GRANT REVENUE	A	<u>6,747,547,663</u>
Less: EXPENDITURE		
COMMUNITY EMPOWERING PROGRAM (CEP)	B	581,804,827
COMPAGN PARTNERSHIP & NETWORK (CPI)	C	1,484,822,024
STRATEGIC LITIGATION (LS)	D	585,519,235
STAFF SALARIES	E	1,568,503,623
INDIRECT COSTS	F	<u>1,645,639,170</u>
TOTAL EXPENDITURE		<u>5,866,288,879</u>
SURPLUS		<u>881,258,784</u>

The accounting policies on page 11 and the notes from page 12 form an integral part of the financial statements.

CEHURD STAFF 2019



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Director of Programmes



MOSES MULUMBA
Executive Director



GERTRUDE NAKANWAGI
Director of Operations &
Finance



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Programme Manager, SL



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Senior Programme Officer



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M&E Officer



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Senior Finance Officer



ANNE LUMBASI
Senior Programme Officer,
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CEHURD STAFF 2019



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