

Stakeholders Consultation

Operationalizing and Testing a Human Rights-based Approach to Family Planning in Uganda

Meeting Report

March 30-31, 2015



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ACRONYMS AND ABBREVIATIONS

AAAQ	Accessible, available, acceptable, quality
AOGU	Association of Obstetricians and Gynecologists of Uganda
APC	
ARO	Africa Regional Office (Nairobi) IPPF
CIP	Costed Implementation Plan
CEHURD	Center for Health and Human Rights and Development
CSBAG	Civil Society Budget Advocacy Group
DFID	Department for International Development of the United Kingdom
DHO	District Health Officer
DHT	District Health Team
DHU	District Health Unit
EU	European Union
FP	Family planning
FPFSI	
FIDA	Federation of Women Lawyers Uganda
HEPS	Coalition of Health Promotion and Social Development
HRBA	Human rights-based approach
ICW	International Community of Women Living with HIV and AIDS
IEC	Information, education, communication
IPPF	International Planned Parenthood Federation
LG	Local Government
MGLSD	Ministry of Gender, Labour and Social Development
MOE	Ministry of Education
MOH	Ministry of Health
MSU	Marie Stopes Uganda
NAWMP	Network of African Women Ministers and Parliamentarians
NACWOLA	National Community of Women Living with HIV/ AIDS
NAFOPHANU	National Forum of People Living with HIV/AIDS Networks in Uganda
NUPIDU	National Union of Disabled Persons of Uganda
OBT	Output budget tool
PACE	Program for Accessible Health, Communication and Education
PANEL	Participation, Accountability, Non-discrimination, Empowerment, Linked to standards and treaty bodies
PATH-APC	
APPD-ARO	
POPSEC	Population Secretariat
PPD-ARO	Partners in Population and Development- Africa Regional Office
RBA	Rights-based approach
RH	Reproductive health
SIDA	Swedish International Development Cooperation
SRHR	Sexual and Reproductive Health and Rights
UBOS	Uganda Bureau of Statistics
UFPC	Uganda Family Planning Consortium
UGANET	Uganda Network on Law, Ethics and HIV/AIDS
UHMG	Uganda Health Marketing Group
UHRC	Ugandan Human Rights Commission

UMWA	Uganda Media Women's Association
UNASO	Uganda Network of AIDS Service Organizations
UNHCO	Uganda National Health Consumers' Organization
UNFPA	United Nations Population Fund
UPMA	Uganda Private Midwives Association
USAID	United States Agency for International Development
UWONET	Uganda Women's Network
UWOPA	Uganda Women's Parliamentary Association
VHT	Village Health Team
WHO	World Health Organization

I. EXECUTIVE SUMMARY

Background

Uganda held its first national family planning (FP) conference in July 2014, during which President Museveni endorsed voluntary FP as a key pillar for accelerating national social and economic transformation. The Ugandan Government's commitment to FP2020 is articulated in its new Family Planning Costed Implementation Plan (CIP), which explicitly pledges to protect and fulfil human rights in the provision of FP services. The Government regards access to FP as a human right, as well as both a means and an end in that it “helps women achieve their human rights to health, education, autonomy, and personal decision making about the number and timing of their children” (Foreword, pg. vii). The CIP affirms the Ugandan government's commitment to ensuring universal access to sexual and reproductive health and reproductive rights, and repeatedly states its dedication to ensuring that FP services are provided in accordance with human rights and quality of care standards. It specifies the importance of voluntarism, free consent, respect for privacy and confidentiality, equality and non-discrimination. This plan is unparalleled in its rights language and can serve as a model for other countries. Uganda's focus on human rights positions the program well to address underlying barriers that prevent people, especially those from vulnerable and marginalized groups, from accessing the FP information and services they want, enabling more people to achieve their reproductive intentions.

On March 30-31, 2015, the Ministry of Health (MOH) of Uganda and Reproductive Health Uganda (RHU), a member association of the International Planned Parenthood Federation (IPPF), convened a broad array of stakeholders in Kampala for a consultation on advancing a rights-based approach to FP in support of the MOH's FP CIP. The meeting was co-sponsored by the USAID-funded Sustainable Networks and Evidence Projects.

Meeting Purpose and Objectives

The purpose of the consultation was to engage partners in Uganda in an initiative to advance a rights-based approach to FP in support of the MOH's policies and plans, including the FP CIP, and broader development goals. This event launched a collaboration among the RHU and the USAID-funded Sustainable Networks and Evidence Projects to systematically apply and monitor, or field-test, the application of a rights-based approach in partnership with the Ugandan government. This is the first national effort of its kind.

The objectives of this consultation were to:

- Share how the government's commitment to human rights is articulated in policy documents, including the national FP CIP;
- Exchange information about what activities the MOH and implementing partners are engaged in or planning, and what resources they are using, to protect and fulfill human rights in their FP programs;
- Share the vision for a field test of human rights-based in FP in Uganda and introduce the Voluntary, Rights-based FP Conceptual Framework that will be used for assessing needs, designing interventions, plus monitoring and evaluating the field-test;
- Identify and prioritize key research questions (i.e., what do people want to learn from the field test?);

- Identify partners to engage and organizations that are committed to participating in the field test; and
- Form a Working Group to carry the field test forward.

Participants and Facilitation

A total of 40 experts participated, representing the MOH, District Health Officers, RHU, Parliamentarians, IPPF, donors, FP implementing partners, the Population Secretariat (POPSEC), the Ugandan Human Rights Commission and other civil society organizations. Dr. Collins Tusingwire, Assistant Commissioner MOH, chaired the meeting and delivered opening remarks on behalf of Professor Anthony .K. Mbonye, Director Health Services, Clinical and Community. Dr. Jackson Chekweko (Executive Director, RHU) co-hosted. Dr Betty Kyaddondo, Head of the Family Health Department at POPSEC, made opening remarks and Dr. Miriam Namugere (Gender and Human Rights Focal Person, MOH) gave an overview of the government’s commitment to human rights in FP as articulated in the new FP Costed Implementation Plan, and facilitated a session. Dr. Placid Mihayo (FP Focal Person, MOH) chaired several sessions.

The meeting was co-facilitated by a team consisting of Jackson Chekweko, Grace Nagendi (Sustainable Networks Project), Karen Hardee (Evidence Project), and Jan Kumar (Sustainable Networks project consultant) with the support of Vicky Boydell (Evidence Project) and Linnet Awor (RHU). Vicky Boydell and Seku Abdulhakim of the RHU served as rapporteurs.

A full list of participants can be found in Annex 1.

Agenda and Discussion Highlights

The first day of the meeting was devoted to establishing common basis for discussion among participants by sharing status updates on rights-related activities supported by the MOH and implementing partners, and introducing a framework for voluntary, rights-based FP that will be used to plan a national field test of a human rights-based approach to FP that will be carried out over the next two years. Dr. Miriam Namugere reported that the MOH, in collaboration with partners, has developed a Human Rights and Gender Manual aimed to operationalize a human rights and gender-based approach to service delivery. She noted that Uganda’s FP service standards are in line with a rights-based approach and that the new FP CIP is aligned with clients’ rights to information, choice, confidentiality, safety and continuity of care. The CIP also addresses some of the gaps in the rights-based approach, i.e. commodity security and demand creation. Using the Gallery Walk methodology, seven organizations shared overviews of rights-related activities they are currently engaged in or have planned. This was followed by discussion which highlighted the need for coordination, especially between service delivery and policy-related efforts, and the need to engage communities.

Participants analyzed case studies that put a human face on rights in family planning and facilitated the identification of factors at multiple levels that support and that challenge individuals’ ability to fulfill their human rights related to FP. The exercise led to the conclusion that it is important to take a comprehensive approach to rights-based FP programming, considering factors at multiple levels in the health system. In another session, they considered the various challenges to human rights that push people to get what they

don't want or block them from getting what they do want , and to reflect on those that are subtle (indirect or unintentional) and those that are overt (blatant). The discussion highlighted the fact that instances of blatant coercion, where they exist, draw a lot of attention and concern, but they are not the only challenge to human rights that programs need to guard against. There are subtle pressures and access barriers as well. Barriers actually affect more people. All challenges to choice and human rights warrant attention and corrective action.

Day 2 focused on operationalizing and testing a rights-based approach to FP in Uganda. Karen Hardee started with a brief presentation correlating the rights-based language in the FP Costed Implementation Plan with elements of the rights-based framework introduced on Day 1, demonstrating how well the two are aligned. In the next session, participants actively engaged in identifying human rights needs or challenges in the Ugandan context, opportunities to apply a rights-based approach to address those needs, and challenges envisioned. They selected the following priority challenges to address in the near term; see Table 1.

Table 1. Priority Challenges to Address in the Near Term

Level	Challenges
Policy	<ul style="list-style-type: none"> ○ Funding for the CIP ○ Focus on implementing existing, good policies ○ Increase knowledge of the rights- based approach amongst policy makers
Service Delivery	<ul style="list-style-type: none"> ○ The right to information ○ Access to FP for young people ○ General access to FP services
Community	<ul style="list-style-type: none"> ○ Lack of information ○ Religious and cultural norms

In another session, Dr. Karen Hardee and Grace Nagendi shared their vision for operationalizing and field-testing a rights-based approach to FP in Uganda and noted what their projects (the Evidence Project and the Sustainable Networks Project, respectively) have to offer in support of the MOH and RHU throughout the process. Sustainable Networks offers support for implementing activities while Evidence will provide support for monitoring implementation of the action plan and conducting research.

Dr. Hardee then led a session on Finding Common Ground Between Researchers and Implementers that outlined the benefits and challenges of combining implementation with research. This was followed by a facilitated brainstorm to identify knowledge gaps to address in research as part of the field-test. The following responses were generated by the question: “What would you want to learn from this test of the rights-based approach?” Responses included:

- How can we inform citizens of their human rights?
- How can we empower people to demand their rights? How can we prepare providers to respond?
- How can we best present FP information to youth? What should be included and excluded? How to we deal with different ages?

- How do we include responsibility with rights?
- What is it that service providers can do about this? How to empower service providers to respond to empowered consumers?
- How do we ensure men don't violate the rights of women to access/use FP services?
- How do we ensure services providers' needs are met?
- How we do ensure a continuous supply of methods to ensure choice - at both local and national levels?
- How to find common ground between communities and researchers.
- How to harmonize M&E systems and tools?
- How to develop policies to address human resource issues and task shifting?
- How to incorporate FP into health insurance schemes?
- How do we empower parents to offer an enabling environment for the youth? How do we work with parents and enable parents to talk to youth about SRHR?
- How do we demonstrate the benefits of FP to decision-makers?
- How to support FP for youth under the age of consent without promoting promiscuity?
- What do health workers/services providers perceive their rights?
- What are community/ provider perceptions of side-effects?
- How does the service delivery system need to change to deliver RB services?

It is worth noting that many of these questions are similar to those raised about how to improve FP program quality and effectiveness. Focusing on human rights can lead to both improved rights and FP program outcomes.

Before the wrap-up, Jackson Chekweko of RHU led a discussion to identify organizations to potentially engage as active or coordinating partners to advance rights-based FP in Uganda. The group generated a long list under the following categories:

- Development partners
- Policy/accountability watchdogs
- Service delivery organizations
- Civil society organizations
- Human rights partners
- Research and evaluation resources
- Coordinating bodies
- Technical agencies/ development partners
- Other

Jackson introduced the idea of forming a Working Group to coordinate activities going forward.

Closing remarks were offered by Karen Hardee (the Evidence Project), Betty Kyaddondo (POPSEC), Dr. Mihayo (MOH) and the Hon. Milton Muwuma, a Member of Parliament.

Outcomes and Next Steps

The level of engagement and support for a human rights approach to FP was high throughout the consultation. By its conclusion, the group had prioritized issues to address programmatically and had identified knowledge gaps to address through research, as well as

both longstanding and potential new partners to engage in a multi-year initiative. The meeting ended with a discussion of the immediate next step, which will be to create an MOH-led, unified, national action plan for operationalizing human rights in FP in Uganda. This plan will be developed in a workshop which the group agreed would be held May 27-29, 2015. With technical and financial support from the Sustainable Networks project, RHU will take the lead in organizing this event and forming a Working Group in close collaboration with the MOH and other partners.

II. MEETING PROCEEDINGS

Consultation Day 1: March 30, 2015

The focus of Day 1 was on establishing common ground. During the opening session, the meeting Chair, Dr. Collins Tusingwire, and Jackson Chekweko, co-host, extended their welcomes and noted the Ugandan government's strong commitment to a rights-based approach to family planning, as articulated in various policy documents, notably the CIP. The noted that this workshop would build upon a workshop co-hosted by the MOH and EngenderHealth in August 2014 during which a framework for a rights-based approach to FP was introduced. Dr. Betty Kyaddondo and Karen Hardee offered opening remarks. Dr. Betty reported that POPSEC believes FP is the key to a better world and sustainable development. She appreciated the inclusive process that generated the CIP and noted the importance of partnership for carrying it out. No single group can do all that is needed. Karen congratulated Uganda for its model CIP which so clearly articulates the importance of human rights, and recognized the need to go from declaration to operationalizing.

Dr. Collins then read opening remarks on behalf of Prof. Anthony Mbonye, Director Health Services, Clinical and Community of the MOH. Dr. Mbonye declared the government's commitment to taking a rights-based approach as part of its expansion of FP services by 2020, and acknowledged the government's duty to protect every individual's rights to the highest attainable standard of health as a basic human right. He said that the government takes seriously its obligation to respect, protect and fulfill the right to FP, which includes both preventing coercion and making information and services available, acceptable, acceptable and of high quality. He recognized renewed political commitment to FP and invited participants to help the MOH develop programs, systems and joint approaches that ensure and respect human rights.

In the second session, Dr. Miriam Namugere presented an overview of the government's commitments and recent actions specific to rights-based FP. Equity, she said, is a focus, which entails prioritizing vulnerable groups and conducting gender analysis to promote gender equity. Human rights and gender have been incorporate into most of the MOH's policies and plans. They have developed a human rights and gender manual to foster operationalizing a human rights and gender-based approach to FP services. There is also a focus on clients' rights to information, choice, confidentiality, safety, and continuity of care. She noted that the CIP addresses some key gaps, notably contraceptive security and demand creation; and also cited some challenges to applying a rights-based approach in FP, including lack of accurate information among stakeholders, lack of access to services in rural areas, insufficient monitoring and insufficient financing for FP. In the discussion that followed, the representative of the Ugandan Human Rights Commission noted that they work with the

Ministry of Planning to advocate for a human rights-based approach in government policy and programs. They have not worked directly with the MOH and were happy to learn of these efforts.

The next session was dedicated to sharing implementing partners' updates about their current or planned rights-related activities and lessons they have learned. Participants reviewed posters prepared by seven organizations in a Gallery Walk, which was followed by discussion. The organizations that shared updates were:

- The Ugandan Human Rights Commission
- The Ugandan National Health Consumers/ Users Organization
- Reproductive Health Uganda
- EngenderHealth
- Mityana District Local Government
- Mildmay
- POPSEC

Lessons included the following:

- Partnership is key. (RHU)
- Persistence and consistency is critical. (RHU)
- Patients' rights and responsibilities promote demand for services. (UNHCO)
- Quality of services is achieved through engagement between duty bearers and consumers. (UNHCO)
- Health users have the capacity to choose what is good for them. (UNHCO)
- Integration of a human rights perspective into voluntary family planning programs does not necessarily require additional resource, but instead reallocation of available human, logistical and financial resources. (EngenderHealth)

In the discussion that followed, it was noted that the work of these organizations represents efforts to protect and fulfill a variety of human rights and rights principles, including the rights to informed choice, to quality, to access, equity and accountability. Organizations approach rights different and each organization contributes different things. There is a lot to build upon.

The group also recognized a few needs and challenges:

- the need for greater coordination, especially across service delivery and policy-related efforts. What platforms exist? What gaps exist? Where are there synergies?
- the need to engage communities and clients, to hear from them.
- the "policy mirage"- good policies exist, but are not being implemented
- tracking and documenting needs to be strengthened

The next session was devoted to analysis of three case studies in small groups to give the discussion a human face and to identify factors at the policy, service delivery, community and individual levels that support and that hinder respect for, protection and fulfillment of human rights in FP programs. The groups actively engaged and found the situations described relevant to the Ugandan context. The conclusion of the activity was that there are factors that support and that hinder human rights at all four levels of the health system, and therefore programs need to take a holistic approach to human rights that considers all levels.

The next session built upon the outputs of the case study analysis to explore the full range of challenges and warning signs that indicate that human rights may be at risk or compromised. The message of this session was that all challenges to human rights, including those that exert directive or coercive pressure on people as well as those that pose access barriers, warrant attention and corrective action. In the discussion, the problem of limited method choice was discussed. While there are real resource constraints, there should be efforts to increase the range of methods offered.

In the final session of the day, Jan Kumar and Karen Hardee presented the voluntary, rights-based FP conceptual framework, which was initially introduced in Uganda in an MOH and EngenderHealth co-sponsored workshop in August 2014. This framework provides a holistic view of a rights-based approach to FP that unified the issues discussed throughout the day. It gave the participants a common frame of reference and enabled them to see where each organization is making a contribution to a greater whole. During the discussion that followed, participants expressed their support for a right-based approach and noted the needs to inform service providers and community members about what it means for them, and to coordinate at a national level to operationalize it on the ground.

Consultation Day 2: March 31, 2015

Day 2 was dedicated to discussing how to systematically operationalize and test a rights-based approach to FP in Uganda. To start off the day, Karen Hardee gave a recap of Day 1 and shared an analysis of how the CIP aligns with the rights-based framework. She identified specific language in the CIP that corresponds directly with rights-supportive program elements at the policy and service delivery levels, and noted output indicators that mention rights. She noted that in the next workshop we will use the framework as a lens to identify program weaknesses and gaps that will be addressed in a government-led, comprehensive action plan and research agenda. The discussion that followed highlighted the following needs:

- to harmonize actual practice with what is written in policy documents
- to apply a RBA across health services, not just to FP
- to influence donors (e.g., regarding the rights vulnerabilities inherent in single method programs)
- for tools to measure a RBA
- to determine what a RBA means to a woman in the community; how to take local community issues and dynamics into consideration

Karen noted the need for programs to document what they are doing and what they are learning.

During the first full session of the morning, Dr. Miriam led the participants through a small group activity to identify human rights needs or challenges in the Uganda FP context that cut across implementing partners, to identify opportunities to apply a rights-based approach to these needs as well as challenges envisioned in applying a rights-based approach to issues identified. The emerging issues are summarized in Tables 2-4, by level (policy, service delivery and community).

Table 2. Emerging Issues: Policy Level

HR Need or Challenge	Opportunities	Challenges to the RBA
<ul style="list-style-type: none"> • Funding: MOH has a RBA policy, but hasn't prioritized rights in budgeting. Was adequate attention paid to RBA in setting funding needs for the CIP? • Budgeting is not evidence - based. The MOH increases it by a certain % annually. • Knowledge about the RBA among policy makers is low. • There are many policies; need to focus on implementation. • FP delivery for young people 	<ul style="list-style-type: none"> • When funding comes for CIP ensure there are adequate resources for implementing a RBA • Change the MOH's budgeting process to make it more evidence- based. • Review the relevant policies with a human rights lens • Review the CIP activities and indicators with a rights-based lens to identify gaps; does anything need greater emphasis? • Identify parliamentary champions for a RBA to FP to disseminate information to more parliamentarians and to advocate to get budget requests approved. • Ensure an adequate monitoring system for RBA Ensure that a RBA flows from national policies (especially the CIP) to norms, standards and service delivery guidelines. • Ensure that a RBA is reflected in national frameworks and policies (e.g., the National Development Plan). • At district level, ensure there is a budget for FP that includes a RBA. Include an indicator for RB-FP in the output budget tool (OBT) districts use to monitor the budget • Task sharing? • Include a RBA in CBD policy 	<ul style="list-style-type: none"> • Coordination • Political will - is our money going where it should be ?Funding

Table 3: Emerging Issues: Service Delivery Level

HR Needs or Challenges	Opportunities	Challenges to the RBA
<ul style="list-style-type: none"> • Lack of technical confidence/ competence • Insufficient supplies • Costs • In some place space is an issue • High client load • Right to privacy and confidentiality • Right to access • Right to choice • Right to information 	<ul style="list-style-type: none"> • Infrastructure in place • Including RBA in the monitoring tools • IEC materials in place (MOH) • Training health care workers • Implement quality improvement projects • Quality of materials • Some attempt to train service providers • Task sharing/ shifting to ensure/ contribute to RBA • Some stakeholders have attempted to train • Static clinics • Integrated O/Rs • Use of Village Health Teams (VHTs) • Special days • Every clinic day • Scale-up male engagement • Supply chain management • Lack of skilled healthcare workers • Many service providers trained by NGO • On-the-job- training • Supportive supervision 	<ul style="list-style-type: none"> • National stock outs • Project based services • Myths and misconceptions • Management of side effects • Insufficient male involvement • Privacy and confidentiality- mobile surgical camps compromise privacy • Ignorance of service providers • Language barriers • High staff turnover • Limited resources for trainings/ updating • provider bias • Challenge of delivering services to young people (and other discriminated groups)

Table 4. Emerging Issues: Community Level

HR Needs or Challenges	Opportunities	Challenges to the RBA
<ul style="list-style-type: none"> • Lack of information about FP • Inequality of decision making- men decide for women • Religious and cultural norms and attitudes (prohibitions, myths, misconceptions) 	<ul style="list-style-type: none"> • MOH structure for health promotion (including informing youth about rights and services) • Male involvement • Implementing partners 	<ul style="list-style-type: none"> • Gender-based violence; realizing women’s rights could cause conflict at home • Cultural norms and attitudes- pro-natalist religious norms and leaders could contradict rights-based messages • Coordination among implementing partners, MOH, rights bodies • Balancing demand and supply- people could be trained to demand their right to services that are not available

In the next session participants prioritized challenges to human rights in the Ugandan FP context to address in the field-test of the rights-based approach. Building upon challenges identified in the previous session, they considering the following criteria:

1. What is the greatest need or urgency?
2. What affects the most people?
3. What is within our control to change?
4. What can we begin to address over the next year within our existing workplans?

All participants got to vote. The resulting priority challenges are summarized in Table 5.

Table 5. Priority Challenges to Address in the Near Term

Level	Challenges
Policy	<ul style="list-style-type: none"> ○ Funding for the CIP ○ Focus on implementing existing, good policies ○ Increase knowledge of the rights- based approach amongst policy makers
Service Delivery	<ul style="list-style-type: none"> ○ The right to information ○ Access to FP for young people ○ General access to FP services
Community	<ul style="list-style-type: none"> ○ Lack of information ○ Religious and cultural norms

The next session was dedicated to creating a shared vision for operationalizing and field-testing a rights-based approach. Grace Nagendi and Karen Hardee explained what the Sustainable Networks Project and the Evidence Project have to offer in support of the field test. Sustainable Networks offers support for implementing activities while Evidence will provide support for monitoring implementation of the action plan and conducting research. Sustainable Networks is managed by IPPF, which has a long history of advancing human rights in FP. They noted that Uganda is leading the global community by being the first country to systematically apply and monitor a rights-based approach across a national FP program. This is an opportunity to generate much-needed evidence about implementation of a rights-based approach.

Karen then led a session on finding common ground between researchers and implementers. She talked about the growing attention to evidence-based policies and programs, using the CIP as an example. She described the differences in what researchers and decision makers mean by evidence, and the different types of evidence and how they are used in policy making. She then explored common views of decision makers and of researchers about one another. She urged people to find common ground between the two perspectives, to make sure studies address MOH priorities and that findings are presented clearly and in a timely manner so as to be useful, and she called for greater use of evidence to strengthen programs and health systems. She then facilitated a brainstorm to brainstorm knowledge gaps that could be filled by research. The group generated the following list of potential research questions:

- How can we inform citizens of their human rights?
- How can we empower people to demand their rights? How can we prepare providers to respond?

- How can we best present FP information to youth? What should be included and excluded? How to we deal with different ages?
- How do we include responsibility with rights?
- What is it that service providers can do about this? How to empower service providers to respond to empowered consumers?
- How do we ensure men don't violate the rights of women to access/use FP services?
- How do we ensure services providers' needs are met?
- How we do ensure a continuous supply of methods to ensure choice - at both local and national levels?
- How to find common ground between communities and researchers.
- How to harmonize M&E systems and tools?
- How to develop policies to address human resource issues and task shifting?
- How to incorporate FP into health insurance schemes?
- How do we empower parents to offer an enabling environment for the youth? How do we work with parents and enable parents to talk to youth about sexual and reproductive health and rights?
- How do we demonstrate the benefits of FP to decision-makers?
- How to support FP for youth under the age of consent without promoting promiscuity?
- What do health workers/services providers perceive their rights?
- What are community/ provider perceptions of side-effects?
- How does the service delivery system need to change to deliver rights-based services?

PARTICIPANT COMMENTS

"Family planning is no longer business as usual. Taking the rights-based approach is the right way to go if we are to reduce unmet need."- *participant*

"Partnerships are very important. No one group can do all that is needed alone."- *Dr. Betty Kyaddondo*

"AAAQ (availability, accessibility, acceptability and quality) is not new. We've been following this, but not well. A Rights-based approach is new. We need to do more regarding method choice, male involvement, human resources and financing national health insurance. We can't keep depending upon donors"- *Dr. Placid Mihayo*

In the next session, Jackson Chekweko of RHU led a brainstorm to identify stakeholders who are or could be engaged as champions for a rights-based approach to FP; see Table 6 for the full list.

Table 6. Champions for a Rights-Based Approach to Family Planning

Stakeholder Type	Organization
Coordination	<ul style="list-style-type: none"> • MOH • DHO • Pop Sec • DHU • RHU/SN/IPPF • Ministry of Gender • Population Secretariat
Support	<ul style="list-style-type: none"> • RHU • Sustainable Networks Project (IPPF) • Evidence Project • MGLSD • POPSEC • EngenderHealth
Development partners	<ul style="list-style-type: none"> • UNFPA • Plan Uganda • USAID • DFID • WHO • SIDA • World Bank • EU • Irish Aid
Policy/Accountability watchdogs	<ul style="list-style-type: none"> • UNHCO • White Ribbon Alliance • Parliament (NAWMP, UWOPA, FPFSI) • PPD-ARO • POPSEC • UFPC • HEPS • Ministry of Education • MOH • Action Aid • CSBAG
Others	<ul style="list-style-type: none"> • UMWA • Community for health con
Journalists	<ul style="list-style-type: none"> • UMWA • Communication for Health communication • AfricomNet
Service delivery	<ul style="list-style-type: none"> • DHOs • HC • UPMA • Mulago Hospital • AUGO

	<ul style="list-style-type: none"> • MildMay • Jhpiego • MSU • PACE • UHMG • LGs • APC (FHI360) • Regional Referral Hospitals (1 per region)
Civil Society	<ul style="list-style-type: none"> • FIDA • National Youth Council • Uganda Youth positive • NUDIPIU • NAFOPHANU • NACWOLA • ICW • Save the Children • Straight Talk Foundation
Human rights partners	<ul style="list-style-type: none"> • Human Rights Commission • UHRC • CEHURD • UNHCO • UGANET • UWONET • UNASO
Research/evaluation	<ul style="list-style-type: none"> • Makerere School of Public Health • Save the Mothers projects • Makerere institutes of Population Studies • UBOS • PATH-APC • Evidence Project • PACE
Technical Agencies/ Development Partners	<ul style="list-style-type: none"> • EngenderHealth • WHO • UNFPA • PATH - Sayana Press • FHI360 - Uniject

Jackson noted that participants for the next workshop for designing a unified, national action plan will be drawn from this list and others will be engaged in implementing the action plan. The action plan development workshop will be held May 27-29, 2015.

In the wrap-up and closing session Jackson and Karen thanked all participants for their active engagement during the consultation and for their efforts to date to integrate human rights into the CIP and into FP services. Dr. Betty called on the group to follow the CIP as a guide for how to deliver FP services. Dr. Mihayo thanked the organizers and highlighted the need to focus on making FP services available, accessible, acceptable and of high quality. He called on the honorable MPs present to help in increasing resources for the health sector. Finally Hon.

Milton Muwama, Member of Parliament, thanked the participants and donors, voiced his commitment to advance rights-based FP and officially closed the meeting.

ANNEX 1: LIST OF PARTICIPANTS

LIST OF PARTICIPANTS TO THE CONSULTATIVE MEETING ON HUMAN RIGHTS BASED APPROACH 30-31 MARCH 2015, PROTEA HOTEL KAMPALA

No.	Name	Designation	Institution	Email
1.	Dr. Betty Kyaddondo	Head, Family Health	Population Secretariat	bettykyad@gmail.com
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3.	Dr. James Tanu Duworko	FP/RH Advisor	USAID	jduworko@usaid.gov tdwaks@yahoo.com
4.	Dr. Lwasampijja Fred	District Health Officer	Mityana District	lwasamp@yahoo.com
5.	Dr. Mwebya Charles	DHO's Office	Iganga	
6.	Dr. Peter Ibembe	Director of Programmes	Reproductive Health Uganda	pibembe@rhu.or.ug
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8.	Dr. Tonny Kapsandui	Director Of Programs	JPIEGO	Tony.Kapsandui@jhpiego.org
9.	Dr. Vicky Boydell	Accountability and Rights Advisor, The Evidence Project.	IPPF Central Office	vboydell@ippf.org
10.	Hon. Milton Muwuma	Member of Parliament & Chairperson Forum on Population.	Parliament of Uganda	mkmuwuma@parliament.go.ug
11.	Hon. Rosemary Nakikongoro	Member of Parliament & NAWMP.	Parliament of Uganda	nakikongoro@yahoo.co.uk
12.	Lucy Asaba	Program Medical Associate	Engender health	lasaba@engenderhealth.org
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24.	Mr. Sekulima Abdul Hakim	HRRA	RHU	Seku.abdul@ymail.com
25.	Mr. Ssande John	MOH	MOH	
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41.	Ms. Miriam Namugere	HR Desk Officer 1	Ministry of Health	nmigeere@yahoo.co.uk
42.	Ms. Paula Biraro	Head of Unit, Right to Health	Uganda Human Rights Commission	paulabiraro@yahoo.com
43.	Ms. Robina Biteyi	Executive Director	White Ribbon Alliance	biteyi.robina@gmail.com

ANNEX 2: AGENDA

Stakeholders Consultation

Field- testing Human Rights-based Family Planning in Uganda

March 30- 31, 2015

Kampala, Uganda

Purpose:

To engage partners in Uganda in an initiative to advance a rights-based approach to family planning (FP) in support of the MOH's policies and plans, including the FP Costed Implementation Plan, and broader development goals. The consultation will establish common ground among participants by a) sharing status updates on rights-related activities supported by the MOH and implementing partners, and b) introducing a framework for voluntary, rights-based FP that will be used to plan a national field test of a human rights-based approach to FP that will be carried out over the next 2 years. This kick-off event will launch a multi-year collaboration among the RHU and the USAID-funded Sustainable Networks and Evidence Projects to plan and conduct the field-test in partnership with the Ugandan government. It will elicit input from a wide range of stakeholders for defining a research agenda that will be carried out as part of the field test, and will identify champions and implementing partners to engage in planning, implementing and evaluating other field test activities.

Objectives:

- Share how the government's commitment to human rights is articulated in policy documents, including the national FP Costed Implementation Plan
- Exchange information about what activities the MOH and implementing partners are engaged in or planning, and what resources they are using, to protect and fulfill human rights in their FP programs
- Share the vision for a field test of human rights-based in FP in Uganda and introduce the Voluntary, Rights-based FP Conceptual Framework that will be used for assessing needs, designing interventions, plus monitoring and evaluating the field-test
- Identify and prioritize key research questions (i.e., what do people want to learn from the field test?)
- Identify partners to engage and organizations that are committed to participating in the field test
- Form a Working Group to carry the field test forward

Agenda:

Day 1: Establishing Common Ground		
9:00-9:15	Introduction	Dr. Collins Tusingwire, MOH, Chair Dr Betty Kyaddondo, POPSEC
9:15-9:45	Official Opening: Remarks by <ul style="list-style-type: none">• Prof. Anthony Mbonye - Director Health Services, Ministry of Health	Dr. Collins Tusingwire
9:45-10:05	Government of Uganda's Commitment to Human Rights Programs in Family Planning	Dr. Miriam Namugere, MOH
10:05-10:20	Break	

10:20-11:00	Current program efforts to respect, protect and fulfill human rights in FP programs in Uganda	Grace Nagendi, Sustainable Networks Project, IPPF, ARO
11:00-12:15	Small Group activity: Case study analysis	Jan Kumar, Consultant
12:15-1:00	Lunch	
1:00-2:15	Challenges to human rights and how to manage them	Jan Kumar
2:15-2:30	Break	
2:30-3:30	Introduction to a conceptual framework for a rights-based approach to FP programs	Karen Hardee, Evidence Project Jan Kumar
3:30-4:00	Wrap-up and Conclusion	Dr. Placid Mihayo, MOH
Day 2: Field-testing a Rights-based Approach		
9:00-9:20	Introduction to Day Two	Karen Hardee
9:20-10:40	Needs, opportunities and challenges in the Ugandan country context	Dr. Miriam Namugere
10:40-11:00	Break	
11:00- 11:45	Prioritize issues to address	Grace Nagendi
11:45-12:30	Shared vision for operationalizing and field-testing a rights-based approach in Uganda	Karen Hardee Grace Nagendi
12:30-1:15	Lunch	
1:15-2:00	Finding common ground between researchers and implementers What do we want to learn from the field test?	Karen Hardee Vicky Boydell
2:00-2:45	Champions and networks to engage	Jackson Chekweko
2:45-3:00	Break	
3:00-4:00	Wrap-up, next steps and closing remarks	Jackson Chekweko Karen Hardee Dr. Betty Kyaddondo Dr. Placid Mihayo Hon. Milton, Member of Parliament