# Supplementary information on the Republic of Uganda scheduled to be reviewed by the United Nations Committee AgainSt Torture during its 75th Session

**(31st October 2022 – 25th November 2022)**

Dear Honorable members of the Committee,

## Introduction

The Center for Reproductive Rights (“**the Center**”) and the Network for Community Development (“**NCD**”) submit this letter to provide the Committee Against Torture (“**the Committee**”) with relevant information about the status of compliance by the Republic of Uganda (“**Uganda**”) with its obligations under the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (“**the** **CAT**”). The Center is an international non–governmental legal advocacy organization that uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to respect, protect and fulfill. NCD is a nongovernmental Organization that aims at improving the lives of the poor and underserved communities in Uganda through capacity building, service delivery, information sharing and advocacy.

## Background

This letter shall focus on the right to health, particularly the right to the highest attainable standards of sexual and reproductive health and the instances where the violation of these rights amount to torture, cruel, inhuman and degrading treatment (“**TCIDT**”).

In addition to being a party to the CAT, Uganda is also bound by other international laws that prohibit TCIDT including the International Covenant on Civil and Political Rights (Article 7) and the African Charter on Human and People’s Rights (Article 5). It is also bound by international instruments that safeguard the right to health such as the International Covenant on Economic, Social and Cultural Rights (Article 12), Convention on the Elimination of All forms of Discrimination Women (Article 12) and the Protocol to the African Charter on Human and People’s Rights on the Rights of Women in Africa which expressly provides for reproductive rights in Article 14. Domestically, Uganda has enshrined the freedom from TCIDT in Article 24 of the Constitution of the Republic of Uganda (“**the** **Constitution**”) and recognized it as a non-derogable right under Article 44 of the Constitution. As noted by the government in paragraph 28 of its state report, it enacted the Prevention and Prohibition of Torture Act in 2012 to provide for the implementation of its obligations under both the Constitution and international law. Uganda has also enshrined the right to health as an enforceable right under National Objectives and Directive Principles of State Policy no. 14 and 20 as read with Article 8A of the Constitution.[[1]](#footnote-1)

These laws, both international and domestic, place on Uganda the obligation to not only ensure the highest attainable standard of health, including sexual and reproductive health, but also ensure that, in realizing their right to reproductive health, all persons, including women and girls are not subjected to TCIDT and this obligation is both immediate and non-derogable.[[2]](#footnote-2) In light of this, this submission shall canvas the challenges that women and girls face in Uganda when seeking to realize their sexual and reproductive rights which rise to the level of TCIDT. In particular, this letter shall canvas:

1. Challenges relating to maternal healthcare;
2. Challenges relating to abortion care; and
3. Forced pregnancy testing in schools.

## Challenges relating to maternal healthcare

Maternal mortality in Uganda stands at 336 deaths per 100,000 live births[[3]](#footnote-3) which translates to approximately 16 women and girls dying every day.[[4]](#footnote-4) Most of these deaths are as a result of preventable causes such as puerperal sepsis, post-partum hemorrhage, complications arising from unsafe abortion and hypertensive disorders. The failure to prevent and manage these conditions arises from delays in deciding to seek healthcare services, delays in getting to care and delays in receiving care while at health facilities all of which are occasioned by the government’s failure to ensure availability, accessibility, acceptability and quality maternal healthcare.[[5]](#footnote-5), [[6]](#footnote-6), [[7]](#footnote-7) For instance, research focusing on the experiences of rural women found that availability and accessibility of health services was a key barrier for rural women. In one instance, the nearest clinic was 6 km away and the nearest hospital was 30 km away, so pregnant women were unable to walk to these facilities. Also, the only reliable mode of transportation was by motorbike which many women struggled to find the money to pay for. Where women were able to reach health facilities, they encountered under-staffed and ill-equipped health facilities. Many facilities, especially middle and lower cadre facilities below district level facilities (that is, health center IV, health center III and health center II facilities), lack medicines and other supplies. Furthermore, because of far distances to health center III and IV facilities, which are the ones supposed to handle deliveries, many women end up delivering at health center II facilities which are ill-equipped to provide intrapartum care. Additionally, even at health center III and IV facilities, there is often lack of doctors and nurses to provide emergency obstetric care and the staff who are present are forced to work 10–12-hour shifts in a bid to ensure 24-hour care even though they are facing staff shortages. In the case of midwives, single midwife in Uganda conducts between 350 and 500 deliveries per year; more than twice the 175 deliveries as recommend by World Health Organization[[8]](#footnote-8). Furthermore, health workers’ absenteeism, especially on weekends and public holidays, is a common practice that leads to lack of access to maternal health.[[9]](#footnote-9)

The lack of healthcare personnel, equipment and commodities is further compounded by abuse and mistreatment of women, especially during labour and delivery. Women report being neglected or being subjected to physical and verbal abuse. Neglect on the basis of income was a common experience such that poor women often experienced delays in care or were denied care altogether because of their inability to pay. These experiences led women to prefer delivering at home alone or with the help of traditional birth attendants who lack the expertise and equipment to provide skilled care especially where complications arise.[[10]](#footnote-10),[[11]](#footnote-11)

The situation is even more dire for adolescent girls. Uganda has relatively high teenage pregnancy rate with 25% of adolescents aged 15-19 years having begun childbearing.[[12]](#footnote-12) Furthermore, 17.2% of the 6,000 women and girls who die each year are adolescent girls aged 15-19 years.[[13]](#footnote-13) Many pregnant adolescents lack support from parents, their partners and their community. This includes financial support which means that they are often unable to afford to travel to or seek maternal health services. Thus, they suffer verbal abuse and other degrading treatment at health facilities because of their inability to pay for services. This disrespect and mistreatment are further exacerbated by negative social attitudes towards adolescent sexuality, especially female adolescent sexuality, which leads to abuse and ridicule for being pregnant while young and/or unmarried. This leads to adolescents being subjected to degrading treatment during antenatal care, intrapartum care and post- partum care whereas older women are mostly subjected to such degrading treatment when seeking intrapartum care. In addition to these experiences at health facilities, pregnant adolescents also face physical abuse, including beatings from parents and partners and psychological abuse including denial of food by partners, because they are pregnant. They are also more likely to be subjected to early and forced marriage because they are pregnant.[[14]](#footnote-14), [[15]](#footnote-15)

From the foregoing, we see that the government’s failure to ensure the availability and accessibility of maternal healthcare is not only putting women and girls in Uganda at risk for torture, as explained by the Committee,[[16]](#footnote-16) but actually subjecting them to TCIDT in the form of physical pain and mental suffering arising from preventable complications and conditions and, eventually, death. Furthermore, the government’s failure to ensure acceptability and quality of maternal healthcare results in women and girls being subjected to TCIDT in the form of physical abuse (such as beatings and slaps), verbal abuse (such as berating, insults and comments that humiliate and shame) and emotional and psychological abuse (occasioned by the physical and verbal abuse as well as neglect) when they are seeking maternal health services.[[17]](#footnote-17)

For adolescent girls in particular, the situation is worsened by government’s failure to fulfil its obligation to address socio-economic factors that result in negative health outcomes for adolescents[[18]](#footnote-18) such as negative cultural and traditional beliefs that stigmatize adolescent sexuality, especially female adolescent sexuality. This failure facilitates the prevalence of traditional and cultural beliefs which justify and encourage TCIDT against pregnant adolescent girls by parents and partners.

In recognition of these realities, the Constitutional court, in the 2020 case of ***CEHURD and Ors v Attorney General***[[19]](#footnote-19) ordered that the government should priorities maternal health in its next financial year and provide sufficient funds for the provision of available, accessible, quality maternal healthcare and put in place measures to ensure that all staff who provide maternal healthcare are sufficiently trained and facilities are sufficiently equipped by 2022. The Government of Uganda has taken some steps towards implementing this decision, for instance in the 2022/2023 National Budget, the government allocated funds to upgrade 43 health center II facilities to health center III facilities and construct 17 new health centers.[[20]](#footnote-20) Unfortunately, this is still not sufficient to address the availability, accessibility, acceptability and quality issues raised above.

## Challenges relating to abortion care

In Uganda, slightly more than half (52%) of the pregnancies occurring among women and girls aged 15-49 are unintended resulting in approximately 314,000 induced abortions each year. Majority of these abortions are conducted in unsafe conditions. Unfortunately, post abortion care is only provided for approximately 30% of the abortions occurring among women and girls. This means that a significant number of women and girls lack access to post abortion care.[[21]](#footnote-21) Consequently, unsafe abortion contributes to 26% of the maternal deaths in the country.[[22]](#footnote-22) Although the incidence of short-term and long-term morbidity arising from unsafe abortion is unknown, it is estimated to be higher than the incidences of death.[[23]](#footnote-23)

The rate of unsafe abortion and lack of access to post abortion care are not uniform across different groups of women. For instance, in northern Uganda where most humanitarian camps are located and therefore, where large communities of refugees and asylum seekers live, health facilities receive the highest number of cases of post abortion complications which implies a higher rate of unsafe abortion. Conversely, the Northern region has among the lowest number of health facilities providing post-abortion care. Consequently, the rate of abortion morbidity and mortality in Northern Uganda is 10% higher than the national average.[[24]](#footnote-24) This situation persists despite existing increased risks higher incidences of sexual violence towards women and girls in humanitarian settings which is, in itself, a form of TCIDT.

The mortality and morbidity arising from unsafe abortion causes severe physical and mental pain and suffering for women and girls.[[25]](#footnote-25) For instance, one woman who the Center interviewed as part of its research into the effects of the legal framework on access to abortion, shared that as a result of unsafe abortion, she had been bleeding continuously for eight years especially when she laughs or coughs. Additionally, the process of procuring an unsafe abortion also includes severe physical and mental suffering as the methods used include inserting cassava sticks into the uterus, drinking poisonous herbs,[[26]](#footnote-26) inserting crushed bottles into the uterus or drinking detergent.[[27]](#footnote-27)

This suffering meets the intent and purpose requirements in the definition of torture as it is set out in Article 1 of the UNCAT, because it arises from gender discrimination[[28]](#footnote-28) as safe abortion care is a health service that is only required by women.[[29]](#footnote-29) For asylum seeking and refugee women and girls, the discrimination they face on the basis of their gender is compounded by discrimination on the grounds of their refugee and asylum seeking status resulting in worse outcomes for them when it comes to abortion mortality and morbidity. Additionally, this suffering can be attributed to the acquiescence of state officials as it largely is caused by the state’s failure to meet key elements of the minimum levels of satisfaction with regards to the right to sexual and reproductive health namely, failure to decriminalize abortion in all circumstances and failure to take appropriate measures to prevent unsafe abortions.[[30]](#footnote-30) Thus, unsafe abortion and the mortality and morbidity arising therefrom amounts to TCIDT as it is defined in Article 1 of the CAT.

The assertion that the state has failed to decriminalize abortion arises from the fact that abortion is criminalized by Sections 141-143 of the Penal Code which prohibit the *unlawful* provision of abortion services, seeking of abortion services and provision of drugs or other supplies for procuring abortions.[[31]](#footnote-31) The Penal Code was passed in 1950 while Uganda was still a British colony but despite numerous amendments to the Code since Uganda gained independence, the government has failed to remove these provisions. Due to lack of clarity in the law, which will be discussed below, these provisions are implemented as a blanket criminalization of abortion. While the exact numbers are not known, women, girls and health service providers have been arrested, prosecuted, convicted and imprisoned in accordance with these provisions. Research conducted by the Center found that police have arrested and charged women and healthcare providers on suspicions of seeking and providing abortion care, respectively, without investigation into whether the abortions sought and provided were unlawful or not. This situation is compounded at trial of abortion-related cases where the woman or girl has the burden of proving her innocence; rather than the prosecution having the burden of proving her guilt as required by law. The research also documented the situation of a woman who had been convicted under these provisions and served a 5-month sentence and she admitted to meeting other women who had been imprisoned for the same offence during her incarceration.[[32]](#footnote-32)

In addition to criminalizing abortion, Uganda has also failed to prevent unsafe abortion by failing to enact legislation that clarifies the instances in which abortion is lawful. This obligation, which is imposed on the State by the Constitution of Uganda which was adopted 27 years ago, is still yet to be fulfilled.[[33]](#footnote-33) The confusion with regards to the law on abortion is occasioned by the fact that while Sections 141-143 of the Penal Code criminalize abortion, Section 224 allows abortion services to be sought and provided through a surgical operation, performed in good faith with reasonable care and skill for the preservation of the pregnant person’s life. Further, the National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, which were adopted in 2006 and amended in 2012 by the Ministry of Health (“**the Policy** **Guidelines**”) provide that persons can access legal abortion services, in cases of severe maternal illness that threatens the life of the pregnant person; severe foetal abnormalities that are inconsistent with life outside the womb; cervical cancer; where they are HIV+; and in cases of sexual violence. The Policy Guidelines also provide that post-abortion care can be provided without limitation in any facility which meets minimum hygienic standards and with a doctor, midwife and/or clinical officer who is trained in comprehensive abortion care.[[34]](#footnote-34) The Policy Guidelines have not been translated into any act of parliament.

This seeming conflict between law and policy has led many people in Uganda, including policy makers, traditional and cultural leaders and service providers, to believe that abortion is illegal without any exceptions. Also, although a significant number believe that abortion is only allowed to save the life of the pregnancy person, they are unsure what this exception means in practice. The conflict in laws and policies on abortion has also resulted in misinformation. For instance, some duty bearers believe that, for an abortion to be legal, the threat to the pregnant person’s life must be certified by a plurality of healthcare providers.[[35]](#footnote-35)

Finally, the government of Uganda has also failed to prevent unsafe abortion by taking measures that lend credence to the idea that abortion is fully criminalized in Uganda. For instance, in 2015, the Ministry of Health developed and launched the Standards and Guidelines on Reducing Morbidity and Mortality from Unsafe Abortion in Uganda (“**the Standards and** **Guidelines**”). These Standards and Guidelines provided for safe abortion as a measure to reduce maternal mortality and morbidity and, because of this, they were withdrawn 6 months after they were launched.

## Forced pregnancy testing in schools

In 2020, the Ministry of Education and Sports launched the Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings in Uganda (“**the Prevention of Teenage Pregnancy Guidelines**”). The Prevention of Teenage Pregnancy Guidelines require schools to test their female students for pregnancy at least once a term. These pregnancy tests are mandatory which means that the girls are forced to undergo them.[[36]](#footnote-36)

It is well established that forced pregnancy testing is a form of TCIDT. Most recently, this position was reiterated by the African Committee of Experts on the Rights and Welfare of the Child (“**the ACERWC**”). In its September 2022 decision in the case of ***Legal and Human Rights Centre and Centre for Reproductive Rights (on behalf of Tanzanian girls) v United Republic of Tanzania***[[37]](#footnote-37) the ACERWC confirmed that forced pregnancy testing exposes girls to severe psychological harm and humiliation and physical pain.[[38]](#footnote-38) The ACERWC also confirmed that, in cases of girls who are pregnant as a result of sexual violence, a well-established form of TCIDT, forced pregnancy testing forms a continuation of their TCIDT and compounds their trauma.[[39]](#footnote-39)

In the case of Uganda, the exposure to physical harm is compounded by the fact that the Prevention of Teenage Pregnancy Guidelines do not require that these tests be conducted by a trained health professional with expertise in maternal health but rather a trained counsellor who can even be a member of staff at the school.[[40]](#footnote-40) The exposure to psychological harm and humiliation is compounded by the requirement in the guidelines that where a girl is reported or rumored to be pregnant, the school has an obligation to test not only her but also other girls and, where a girl is found to be pregnant, the school must summon her parents or care-givers and disclose her results to them.[[41]](#footnote-41)

Thus, we see that through the provisions of the Prevention of Teenage Pregnancy Guidelines, the government of Uganda has legalized aggravated torture, cruel, inhuman and degrading treatment against adolescent schoolgirls.

## Questions and Recommendations

The Center and NCD hope that the Committee will consider addressing the following questions to the Government of Uganda:

1. What measures are being put in place to address TCIDT arising from preventable maternal mortality and morbidity specifically:
	1. What measures are being put in place to address the lack of availability and geographical and financial accessibility of maternal health services particularly for rural women and girls?
	2. What measures are being put in place to address the lack of equipment, commodities and staff at health facilities at all levels, including health center II, III and IV facilities?
	3. What measures are being put in place to address physical, mental and verbal abuse, mistreatment and disrespect of pregnant women and girls, especially adolescent, young and unmarried women and girls, in health facilities?
	4. What measures are being put in place to ensure redress for victims and survivors of physical, mental and verbal abuse, mistreatment and disrespect suffered when seeking maternal health services?
	5. What measures are being put in place to address socio economic factors that contribute to negative health outcomes and justify TCIDT against adolescent girls and young women such as stigma against female sexuality particularly for young and unmarried adolescent girls?
2. What measures are being put in place to address TCIDT arising from unsafe abortion, specifically:
	1. What measures are being put in place to decriminalize abortion?
	2. What measures are being put in place to enact a law providing for safe and legal abortion?
	3. What measures are being put in place to create public awareness among, women, girls, healthcare providers and state actors on the instances in which abortion can be legally sought and provided in Uganda?
3. What measures are being put in place to amend the Prevention of Teenage Pregnancy Guidelines to abolish the requirement of forced pregnancy testing of adolescent girls in schools?

The Center and NCD hope that the Committee will consider making the following recommendations to the Government of Uganda:

1. The Government of Uganda should put in place measures to address preventable maternal mortality and morbidity including putting in place legislative, budgetary and administrative and programmatic measures to ensuring the availability, accessibility, quality and acceptability of maternal health services of health services to all women and girls including unmarried and adolescent and young women and girls.
2. The Government of Uganda should put in place measures to ensure accessibility and quality of safe, comprehensive abortion care for all women and girls, including refugee and asylum-seeking women and girls, to the full extent allowed by the law in Uganda including enacting the legislation on legal abortion required by Article 22(2) of the Constitution and decriminalizing abortion in all instances.
3. The Government of Uganda should put in place measures to eliminate forced pregnancy testing of adolescent girls both in and out of school including amending the Prevention of Teenage Pregnancy Guidelines to remove the requirement that schools must test their female students for pregnancy at least once a term as well as all other related guidelines.
1. ***CEHURD and Ors v Attorney General*** (Constitutional Petition No.1 of 2013) [↑](#footnote-ref-1)
2. Human Rights Committee, General comment No. 20: Article 7 (Prohibition of torture, or other cruel, inhuman or degrading treatment or punishment), 1992. Paragraph 3. [↑](#footnote-ref-2)
3. Pg. 308, Uganda Demographic and Health Survey, 2016 [↑](#footnote-ref-3)
4. What We Do: Ending Preventable Maternal Death, Uganda UNFPA. Accessed on 22nd September 2022. Available at: https://uganda.unfpa.org/en/topics/ending-preventable-maternal-death#:~:text=According%20to%20the%20Uganda%20Health,related%20to%20pregnancy%20and%20childbirth. [↑](#footnote-ref-4)
5. Atuahire R and Kaberuka W., *Factors Contributing to Maternal Mortality in Uganda*, African Journal of Economic Review, Volume IV, Issue 2 (2016). [↑](#footnote-ref-5)
6. Ngonzi J, Tornes Y.F. et al., *Puerperal sepsis, the leading cause of maternal deaths at a Tertiary University Teaching Hospital in Uganda,* BMC Pregnancy and Childbirth (2016) [↑](#footnote-ref-6)
7. Human Rights Council, Report of the Office of the United Nations High Commissioner for Human Rights on Preventable Maternal Mortality and Morbidity and Human Rights, (2010). Paragraph 9, U.N. Document A/HRC/14/39 [↑](#footnote-ref-7)
8. Midwifery Services in Uganda – Issue Brief 02 – April, 2017. [↑](#footnote-ref-8)
9. Ugandan Health Workers’ and Mothers’ Views and Experiences of the Quality of Maternity Care and Use of Informal Solutions – Qualitative Study, 2019. [↑](#footnote-ref-9)
10. Dantas J., Singh D. et al., *Factors affecting utilization of health facilities for labour and childbirth: a case study from rural Uganda,* BMC Pregnancy and Childbirth (2020) [↑](#footnote-ref-10)
11. Munabi-Babigumira S., Glenton C. et al., *Ugandan health workers’ and mothers’ views and experiences of the quality of maternity care and the use of informal solutions: A qualitative study*, PLoS ONE (2019) [↑](#footnote-ref-11)
12. Pg. 89, Uganda Demographic and Health Survey, 2016 [↑](#footnote-ref-12)
13. Fact Sheet on Teenage Pregnancy, 2021, UNFPA Uganda (2021). Accessed on 20th September 2022. Available at: https://uganda.unfpa.org/sites/default/files/pub-pdf/teenpregnancy\_factsheet\_3.pdf [↑](#footnote-ref-13)
14. Apolot R., Tetui M. et al., *Maternal health challenges experienced by adolescents; could community score cards address them? A case study of Kibuku District– Uganda*, International Journal for Equity in Health (2020). [↑](#footnote-ref-14)
15. Cumber S., Atuhaire C. et al., *Barriers and strategies needed to improve maternal health services among*

*pregnant adolescents in Uganda: a qualitative study*, Global Health Action (2022). [↑](#footnote-ref-15)
16. Committee Against Torture, General Comment No. 2 Implementation of article 2 by States parties (2008). Paragraph 22, U.N. Document CAT/C/GC/2 [↑](#footnote-ref-16)
17. Pg. 7, *Amicus Curiae Submissions of the Working Group on the issue of discrimination against women in law and in practice; the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on the rights of persons with disabilities and the Special Rapporteur on violence against women, its causes and consequences on Denial of Abortion Services in Petition Number ADI/ADPF 5581*, Office of the High Commissioner for Human Rights. [↑](#footnote-ref-17)
18. Committee on the Elimination of Discrimination Against Women, General recommendation No. 24: Article 12 of the Convention (women and health) (1999). Paragraph 12(b). [↑](#footnote-ref-18)
19. Constitutional Petition No.1 of 2013 [↑](#footnote-ref-19)
20. Final Year 2022/2023 Uganda National Budget Speech. [↑](#footnote-ref-20)
21. Prada E., Atuyambe L. et al., *Incidence of Induced Abortion in Uganda, 2013: New Estimates Since 2003*, PLoS ONE 11(11), (2016). [↑](#footnote-ref-21)
22. Executive Summary, Standards and Guidelines on Reducing Morbidity and Mortality from Unsafe Abortion in Uganda (2015), Ministry of Health, Republic of Uganda (2015) [↑](#footnote-ref-22)
23. Pg. 10. *Facing Uganda’s Law on Abortion: Experiences from Women & Service Providers*, The Center for Reproductive Rights and the Center for Health Human Rights and Development (2016). [↑](#footnote-ref-23)
24. Prada E., Atuyambe L. et al., *Incidence of Induced Abortion in Uganda, 2013: New Estimates Since 2003*, PLoS ONE 11(11), (2016). [↑](#footnote-ref-24)
25. Pg. 10, *Amicus Curiae Submissions of the Working Group on the issue of discrimination against women in law and in practice; the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on the rights of persons with disabilities and the Special Rapporteur on violence against women, its causes and consequences on Denial of Abortion Services in Petition Number ADI/ADPF 5581*, Office of the High Commissioner for Human Rights. [↑](#footnote-ref-25)
26. Pg. 14-15, *Facing Uganda’s Law on Abortion: Experiences from Women & Service Providers*, The Center for Reproductive Rights and the Center for Health Human Rights and Development (2016). [↑](#footnote-ref-26)
27. Nara R., Banura A. et al., *Exploring Congolese refugees’ experiences with abortion care in Uganda: a multi-methods qualitative study,* Sexual and Reproductive Health Matters (2019). [↑](#footnote-ref-27)
28. Report of the Special Rapporteur on torture and other forms of cruel, inhuman and degrading treatment (2016). Paragraph 8, U.N. Document A/HRC/31/57. [↑](#footnote-ref-28)
29. Committee on the Elimination of Discrimination Against Women, General recommendation No. 24: Article 12 of the Convention (women and health) (1999). Paragraph 11. [↑](#footnote-ref-29)
30. Pg. 5, *Amicus Curiae Submissions of the Working Group on the issue of discrimination against women in law and in practice; the Special Rapporteur on Torture and other cruel, inhuman or degrading treatment or punishment, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health; Special Rapporteur on the rights of persons with disabilities and the Special Rapporteur on violence against women, its causes and consequences on Denial of Abortion Services in Petition Number ADI/ADPF 5581*, Office of the High Commissioner for Human Rights. [↑](#footnote-ref-30)
31. Section 141-143, Penal Code Act CAP 120, Republic of Uganda. [↑](#footnote-ref-31)
32. Pg. 25 and 33, *Facing Uganda’s Law on Abortion: Experiences from Women & Service Providers*, The Center for Reproductive Rights and the Center for Health Human Rights and Development (2016). [↑](#footnote-ref-32)
33. Article 22(2), Constitution of Uganda, 1995. [↑](#footnote-ref-33)
34. Pg. 45-46, National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights (2012) [↑](#footnote-ref-34)
35. Moore A., Kibombo R. et al., *Ugandan opinion-leaders’ knowledge and perceptions of unsafe abortion*, Health Policy and Planning (2014) [↑](#footnote-ref-35)
36. Pg. 18, Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings in Uganda, Ministry of Education and Sports, Republic of Uganda. [↑](#footnote-ref-36)
37. Communication No: 0012/Com/001/2019, Decision No 002/2022 [↑](#footnote-ref-37)
38. Paragraph 33, ***Legal and Human Rights Centre and Centre for Reproductive Rights (on behalf of Tanzanian girls) v United Republic of Tanzania***, Communication No: 0012/Com/001/2019, Decision No 002/2022. [↑](#footnote-ref-38)
39. Paragraph36, ***Legal and Human Rights Centre and Centre for Reproductive Rights (on behalf of Tanzanian girls) v United Republic of Tanzania***, Communication No: 0012/Com/001/2019, Decision No 002/2022. [↑](#footnote-ref-39)
40. Pg. 16, Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings in Uganda, Ministry of Education and Sports, Republic of Uganda. [↑](#footnote-ref-40)
41. Pg. 18, Revised Guidelines for the Prevention and Management of Teenage Pregnancy in School Settings in Uganda, Ministry of Education and Sports, Republic of Uganda. [↑](#footnote-ref-41)