

SUBMISSION OF THE CENTER FOR REPRODUCTIVE RIGHTS AND THE UGANDA ASSOCIATION OF WOMEN LAWYERS REGARDING UGANDA'S COMPLIANCE WITH ITS INTERNATIONAL OBLIGATIONS IN THE AREA OF WOMEN'S REPRODUCTIVE AND SEXUAL HEALTH RIGHTS

Universal Periodic Review of Uganda, March 14, 2011

In accordance with Human Rights Council Resolution 5/1 of June 18, 2007, the Center for Reproductive Rights (CRR), an independent non-governmental organization that uses the law to advance reproductive freedom as a fundamental human right, and the Uganda Association of Women Lawyers (FIDA-Uganda), an independent non-governmental organization that protects and promotes the human rights and inherent dignity of women and children using law as a tool for social justice, present this submission as non-governmental stakeholders. This submission is intended to supplement the report of the government of Uganda, scheduled for review by the Human Rights Council during its 12th session.

I. Introduction

International human rights law requires states to ensure and protect the reproductive and sexual health rights of women and girls. Despite explicit protection in various human rights treaties, to which Uganda is party,¹ these rights continue to be neglected and, at times, blatantly violated by the Ugandan government. CRR and FIDA-Uganda urge the Human Rights Council to closely examine the following human rights issues with respect to Uganda: 1) women's lack of access to quality maternal healthcare, to family planning services and information, and to HIV services; 2) their lack of access to safe abortion and post-abortion care services; and 3) discrimination and sexual violence against women and adolescents.

II. Key issues

A. The Right to Reproductive Health Services and Information

1. Maternal Mortality and Morbidity

The maternal mortality ratio in Uganda is 550 maternal deaths per 100,000 live births, according to statistical data from UNICEF and the World Health Organization.² The maternal morbidity rate in Uganda is similarly high. For every maternal death in Uganda, six women suffer severe morbidities—such as anemia, infertility, pelvic pain, incontinence and obstetric fistula. While Uganda has repeatedly expressed its commitment to improving maternal health, maternal and child health receive the least funding within the health sector.³ Furthermore, according to the 2010 health sector budget report, the unmet need in Uganda for reproductive health supplies is estimated at Ushs 7.5 billion (over 3.3 million USD).⁴

In 2010, the CEDAW Committee expressed concern over the “very high” rate of maternal mortality in Uganda⁵ and recommended that the government “strengthen its efforts to reduce the incidence of maternal and infant mortality.”⁶

2. Access to Family Planning and Information

Access to family planning services and information is central to protecting women's and girls' rights to life and health. In the absence of contraceptive services, women may experience unwanted pregnancies, possibly resulting in death or illness due to lack of adequate healthcare, or they may seek out unsafe, illegal abortions that can result in complications or death. Moreover, lack of contraceptive access affects women's right to control their fertility, the right to decide whether to have children and the number and the spacing of children, and the right to self-protection against sexually transmissible infections (STIs) including HIV/AIDS. In spite of this, the unmet need for family planning services in Uganda is 41%, according to the 2006 UDHS.⁷

In 2010, the CEDAW Committee expressed concern over “women's limited access to quality reproductive and sexual health services, especially in rural areas”⁸ and urged the government to “strengthen and expand efforts to increase knowledge of and access to affordable contraceptive methods throughout the country and to ensure that women in rural areas do not face barriers in accessing family planning information and services.”⁹

3. Adolescent Reproductive Health

Sexual and reproductive health information and services for adolescents remain drastically inadequate in Uganda. Adolescents begin sexual activity early in Uganda compared to other Sub-Saharan African countries¹⁰ and, while general awareness of HIV is widespread, a high percentage of adolescents are not aware of other STIs and in-depth knowledge of how to prevent HIV and other STIs remains poor.¹¹ The underlying reason for risky behaviors and misinformation amongst adolescents is the failure of the Ugandan government to tailor services and programs to adolescent needs.¹²

The lack of critical adolescent sexual and reproductive health information and services also contributes to Uganda's adolescent pregnancy rate which is amongst the highest in the world.¹³ Over one-quarter of young women have begun childbearing by age 17, with close to 60% of women having given birth to one or more children by age 19.¹⁴ A 2005 report documents how stigma and discrimination experienced by pregnant adolescents impacts on their rights to health and education: pregnant young women—particularly those who are unmarried—are subject to violence by family members and may be sent away from their homes, are expelled from school, and receive “rude, abusive and threatening treatment” from healthcare workers when they attempt to seek pregnancy-related care.¹⁵ This stigma and discrimination push some young women to procure unsafe abortions,¹⁶ risking their health and lives.

In 2010, the CEDAW Committee recommended to Uganda “that education on sexual and reproductive health and rights be widely promoted and targeted at adolescent girls and boys, with special attention to the prevention of early pregnancy and the control of STIs, including HIV/AIDS.”¹⁷ Also, in 2002 the CEDAW Committee expressed its concern about the impact of adolescent pregnancy in Uganda on “girls' enjoyment of the rights in the Convention, particularly in the spheres of education and health”¹⁸ and “the high rate of maternal mortality among teenage girls, particularly in the rural areas, frequently as a result of clandestine abortion.”¹⁹

4. Unsafe Abortion and Post-Abortion Care

Unsafe abortion is one of the most easily preventable causes of maternal death and disability. In 2010, the CEDAW Committee noted with concern that maternal mortality rates in Uganda remain very high, “with clandestine abortions being a major cause of this.”²⁰ Unsafe abortion also causes grave morbidities, and women may experience long-term harm such as uterine perforation, chronic pelvic pain, or infertility.²¹

Each year an estimated 297,000 induced abortions are performed in Uganda with approximately 1,200 women dying each year from unsafe abortions and nearly 85,000 women treated for complications of unsafe abortion.²² Although there are no official statistics on abortion or abortion complications, it is well-recognized that unsafe abortion is a leading cause of maternal morbidity and mortality in Uganda.²³

Uganda's abortion law and policies are characterized by restrictiveness and a lack of clarity. Its constitution states that "[n]o person has the right to terminate the life of an unborn child except as may be authorized by law" (emphasis added)²⁴ while abortion is a felony in the Penal Code and criminalized except to save the life of the pregnant woman.²⁵ Uganda's National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights, however, detail an expanded scope of circumstances permitting legal abortion, such as sexual violence and incest, and outline comprehensive abortion and post-abortion care standards.²⁶ In practice, doctors and other trained providers are unaware of the guidelines or are reluctant to provide the comprehensive services outlined in the guidelines, unwilling to be potentially subject to criminal liability under the Penal Code.

Additionally, although Uganda recently ratified the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol),²⁷ which supplements the African Charter and provides broad protections for women's human rights, the government reserved on Article 14(1)(a), which guarantees women the right to control their fertility.²⁸ The government further reserved on Article 14(2)(c), which would have expanded access to safe abortion services to include exceptions to preserve the woman's health and in cases of rape and incest.²⁹

5. HIV and STI Services for Women

The CEDAW Committee has noted that "issues of HIV/AIDS and other sexually transmitted diseases are central to the rights of women and adolescent girls to sexual health," and has urged states to ensure "without prejudice and discrimination, the right to sexual health information, education and services for all women and girls."³⁰ Uganda has failed to prevent discrimination against women and girls on the basis of HIV status and, in fact, has proposed legislation that would exacerbate such discrimination, as highlighted below.

In 2010, the Ugandan Parliament considered a draft bill titled the "HIV and AIDS Prevention and Control Bill, 2010" [the HIV Bill].³¹ Several provisions threaten to negatively impact HIV-positive women, including provisions that criminalize transmission of HIV/AIDS, permit non-consensual disclosure of one's status, and allow mandatory HIV testing without patient consent in certain circumstances. The HIV Bill provides for "(r)outine HIV testing" for victims of sexual offences, pregnant women, and partners of pregnant women without an informed consent requirement³² and people "convicted of an offence involving prostitution" are "subjected to HIV testing for purposes of criminal proceedings and investigations."³³ No guidance is given in any of these circumstances on informed consent, leading human rights experts to interpret these clauses as putting in place mandatory testing.³⁴ While the bill is currently shelved due to intensive advocacy against it, the fact that such legislation progressed as far as it did is problematic.

The current HIV prevalence rate in Uganda is estimated to be 6.4 %, ³⁵ with prevalence higher among adult women (7.5 %) as compared to men (5 %).³⁶ Recently, Uganda has experienced an increase in the number of new HIV cases reported,³⁷ which may be partially attributable to the government's emphasis on abstinence-based prevention programs, which are detrimental to Ugandan women.³⁸ Uganda lacks a comprehensive approach to addressing HIV/AIDS that incorporates the prevention of mother-to-child-transmission, including through family planning, the prevention and treatment of STIs, and other innovative interventions to supplement the abstinence-until-marriage principles.³⁹ In 2010, the CEDAW Committee recommended that Uganda take "continued and sustained" measures to address the impact of

HIV/AIDS on women and girls.”⁴⁰

B. The Right to Be Free from Discrimination, Including Gender-Based Violence

1. Gender-Based Violence and Discrimination

Gender-based violence, particularly sexual violence against women and girls, is serious and pervasive in Uganda. According to the 2006 UDHS, 68% of ever-married women experienced some form of violence by their husband or intimate partner.⁴¹ Death from domestic violence in Uganda has increased in recent years, with 165 cases reported to the Uganda Police in 2009, marking a 20% increase in just one year.⁴² Cultural and societal views perpetuate violence against women, with 70% of women believing that physical violence against women is justifiable in at least certain circumstances.⁴³

Additionally, about four in ten Ugandan women experience sexual violence during their lifetimes.⁴⁴ Of these women, approximately 66% experience such violence at the hands of a current or former husband or partner.⁴⁵ Yet, despite these high rates of sexual violence, the Sexual Offences Bill remains pending in Uganda’s Parliament, six years after it was first introduced.⁴⁶ In 2010, the CEDAW Committee expressed concern about the delay in passage of this bill⁴⁷ and urged Uganda to “[e]xpeditiously enact” it.⁴⁸

Even when victims report sexual violence, women face indifference to these crimes and impunity for their assailants. A survey of rape and defilement cases in northern Uganda revealed that fewer than 2% of reported rape cases resulted in a conviction, and less than 6% of defilement cases resulted in a conviction.⁴⁹ A significant number of victims cited the total lack of affordable legal assistance, coercion by perpetrators, and backlogged courts as reasons why cases were dropped.⁵⁰

In 2009, the African Commission on Human and Peoples' Rights (African Commission) expressed concern about the prevalence of domestic violence.⁵¹ In 2002 and again in 2010, the CEDAW Committee expressed concern about the high incidence of sexual violence against women in Uganda,⁵² calling on Uganda to address the persistent patriarchal patterns of behavior and “the existence of stereotypes relating to the role of women,” which perpetuate violence and discrimination against women.⁵³ In 2010, the CEDAW Committee expressed concern over “the inordinately high prevalence of sexual offenses against women and girls” and the “absence of a holistic approach to the prevention and elimination of all forms of violence against women and that such violence would appear to be socially legitimized and accompanied by a culture of silence and impunity.”⁵⁴ The CEDAW Committee recommended that Uganda adopt regulations for implementation of the Domestic Violence Act, “enact a comprehensive law, criminalizing all forms of sexual violence and abuse,” and develop a strategy to “combat violence against women.”⁵⁵

2. Harmful Traditional Practices and The Status of Women

Harmful Traditional Practices

Harmful traditional practices that discriminate against women, such as polygamy, early marriage, and female genital mutilation (FGM), persist in Uganda. Polygamy is legal in Uganda, and women lack legal recourse to prevent their husband from marrying additional wives.⁵⁶ Although the minimum legal age for marriage in Uganda is 18 for both men and women, in practice, the cultural preference for early marriage is widespread, with the 2006 UDHS estimating that over 15% of girls between 15 and 19 years of age were married, widowed or divorced.⁵⁷ And while FGM is banned in Uganda, there is a lack of sensitization and awareness-raising to support the implementation of the ban in regions of Uganda where girls are at the greatest risk of community coercion and pressure to undergo FGM.⁵⁸

In 2010, the CEDAW Committee recommended that Uganda implement a comprehensive strategy to modify or eliminate “traditional practices and stereotypes that discriminate against women,” including such practices as polygamy, early marriage, and FGM.⁵⁹ It recommended that Uganda “ensure the effective implementation of the 2010 Prohibition of Female Genital Mutilation Act, as well as prosecution and adequate punishment of the perpetrators of this practice” and “increase its awareness-raising and education efforts, targeted at both men and women, with the support of civil society organizations and religious authorities, in order to completely eliminate FGM and its underlying cultural justification.”⁶⁰ In 2009, the African Commission recommended that Uganda “[u]rgently introduce laws to criminalize . . . early marriages and measures that will help towards the total eradication of all the harmful cultural practices in Uganda, in particular . . . Female Genital Mutilations.”⁶¹

The Status of Women and Views on Marriage

The power to make decisions regarding health, reproduction, and children remains in the hands of men.⁶² This power imbalance poses increased health risks, including the risk of contracting HIV and other STIs, by depriving women of the power to negotiate condom use. The Marriage and Divorce Bill, which includes provisions on equality in marriage and in the family and addresses “women’s right to negotiate sex on the ground of health,” would go a long way towards addressing these gender inequalities.⁶³ However, despite repeated attempts by women’s groups to push for the bill’s passage, Parliament has repeatedly shelved the bill and delayed the legislative process for almost two decades.⁶⁴ In 2010, the CEDAW Committee called upon Uganda to “review and amend, as necessary, the current version of the Marriage and Divorce Bill . . . to ensure that [it] does not discriminate against women”⁶⁵ and “[e]xpeditiously enact the Marriage and Divorce Bill.”⁶⁶

III. Questions

In light of the CEDAW Committee’s and other treaty monitoring bodies’ recommendations, we suggest that the States consider asking the following questions during the interactive dialogue with the Ugandan Government:

Maternal Health and Family Planning Services

1. What steps is the government taking to prioritize and properly fund maternal healthcare, in line with the CEDAW Committee’s recommendation to decrease the incidence of maternal mortality?
2. What measures are being taken to implement the CEDAW Committee’s recommendation to ensure women’s access to sexual health services and affordable contraceptive methods, particularly in rural areas?

3. What steps are being taken to implement the CEDAW Committee's recommendation to educate adolescents on sexual and reproductive health and rights, specifically the prevention of early pregnancy and the control of STIs, including HIV/AIDS?
4. What measures are being implemented to decrease the stigma and discrimination faced by pregnant adolescents, specifically with respect to the right to education?

Access to Safe and Legal Abortion

5. What steps are being taken to reconcile the criminal law exception for abortion to save the life of the woman with the broader range of exceptions in the Reproductive Health Guidelines?
6. What are the Ugandan government's reasons for having reservations to the Maputo Protocol? Are there any plans to lift the reservations?

HIV and STI Services for Women

7. Does the Parliament plan to amend the HIV Bill to address civil society concerns and bring it into compliance with international human rights standards, including the International Guidelines on HIV/AIDS and Human Rights? Will the clauses providing for compulsory testing of pregnant women and other vulnerable persons, the criminalization of HIV transmission, and the nonconsensual disclosure of HIV-status to sexual partners be removed from the bill?

Gender-Based Violence

8. What steps are being taken to adopt regulations for the implementation of the Domestic Violence Act and the development of a coherent plan to combat violence against women, in accordance with the CEDAW Committee's recommendations?
9. What steps are being taken to enact the Sexual Offenses Bill?
10. What steps are being taken to strengthen judicial recourse for women and girls who are the victims of sexual violence and encourage them to pursue justice without fear of retaliation? For instance, what measures has the government initiated to implement the CEDAW Committee's recommendation that the CEDAW Convention and related domestic legislation be made an integral part of the legal education and training of judges, lawyers and prosecutors, particularly those working in local council courts?

Harmful and Traditional Practices and Status of Women

11. How is Uganda implementing the CEDAW Committee's recommendation to eliminate polygamy, including review, amendment as necessary, and passage of the Marriage and Divorce Bill?
12. What actions has Uganda taken to implement the recommendation by the CEDAW Committee and the African Commission that Uganda combat the practice of early marriages?
13. What steps has the government taken to implement the CEDAW Committee's recommendation to effectively implement the 2010 Prohibition of Female Mutilation Act, as well as prosecution and adequate punishment of perpetrators of FGM?

IV. Recommendations

We suggest that the Human Rights Council consider making the following recommendations:

1. Uganda should comply with the CEDAW Committee's recommendation in 2010 to strengthen efforts to reduce maternal mortality.
2. The government should take steps to increase knowledge and awareness about family planning through awareness-raising and sexuality education, with an emphasis on adolescent education.

3. Uganda should clarify its laws concerning abortion and amend its Penal Code to reflect the circumstances permitting legal abortion set forth in its Reproductive Health Guidelines. Uganda should also remove its reservations to Articles 14(1)(a) and 14(2)(c) of the Maputo Protocol.
4. The government should amend the current HIV Bill to reflect international human rights standards and ensure passage of the bill.
5. Uganda should adopt regulations for the implementation of the Domestic Violence Act and develop a coherent plan to combat violence against women, in accordance with the CEDAW Committee's recommendations in 2010.
6. Uganda should comply with the CEDAW Committee's recommendation in 2010 to eliminate harmful traditional practices, such as polygamy, early marriage and FGM, including review, amendment, and passage of the Marriage and Divorce Bill.

We hope this information is useful during the Universal Periodic Review of the Ugandan government's compliance with its human rights obligations.

If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Sincerely,



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¹ Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), *adopted* Dec. 18, 1979, G.A. Res. 34/189, U.N. GAOR, 34th Sess., Supp. No. 51, U.N. Doc. A/34/46, 1249 U.N.T.S. 13 (ratified by Uganda Jul. 22, 1985); International Covenant of Civil and Political Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (ascension by Uganda Jun. 21, 1995); International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 2, 5 (ascension by Uganda Jan. 21, 1987); African Charter on Human and Peoples' Rights, *adopted* June 27, 1981, O.A.U. Doc. CAB/LEG/67/3, rev. 5, 21 I.L.M. 58 (1982) (ratified by Uganda Mar. 27, 1986).

² Periodically, the United Nations Children's Fund (UNICEF), World Health Organization (WHO) and the United Nations Population Fund (UNFPA) evaluate the maternal mortality data reported by national authorities and make adjustments to account for the well-documented problems of underreporting and misclassification of maternal deaths. UNICEF & WHO, Statistics: Uganda, *available at* http://www.unicef.org/infobycountry/uganda_statistics.html#70 (accessed Aug. 11, 2010).

³ GERMAN FOUNDATION FOR WORLD POPULATION AND ACTION FOR GLOBAL HEALTH, HEALTH SPENDING IN UGANDA: THE IMPACT OF CURRENT AID STRUCTURES AND AID EFFECTIVENESS 10 (2010).

⁴ REPUBLIC OF UGANDA MINISTRY OF HEALTH, HEALTH SECTOR BUDGET FRAMEWORK 2010/2011 24, 27 (2009), *available at* http://www.finance.go.ug/docs/Health_Merged_N.pdf (accessed Aug. 9, 2010).

⁵ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations: Uganda*, para. 35, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁶ *Id.* para. 36.

⁷ Uganda Bureau of Statistics, UGANDA DEMOGRAPHIC AND HEALTH SURVEY 2006 259, tbl. 40.6 (2007), *available at* <http://www.measuredhs.com/pubs/pdf/FR194/FR194.pdf> [hereinafter UDHS 2006].

⁸ CEDAW Committee, *Concluding Observations: Uganda*, para. 35, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁹ *Id.* para. 36.

¹⁰ Akinrinola Bankole et al., *Sexual Behavior, Knowledge and Information Sources of Very Young Adolescents in Four Sub-*

Saharan African Countries, 11(3) AFR. J. OF REPROD. HLTH. 28, 35 (Dec. 2007).

¹¹ STELLS NEEMA ET AL., ALAN GUTTMACHER INSTITUTE (AGI) OCCASIONAL REPORT NO. 14, ADOLESCENT SEXUAL AND REPRODUCTIVE HEALTH IN UGANDA: A SYNTHESIS OF RESEARCH EVIDENCE 18 (2004), *available at* <http://www.guttmacher.org/pubs/2004/12/20/or14.pdf>.

¹² *Id.* at 29.

¹³ Josaphat K. Byamugisha et al., *Emergency Contraception and Fertility Awareness among University Students in Kampala, Uganda*, 6(4) AFR. HLTH. SCIENCES 194, 195 (2006).

¹⁴ UDHS 2006, *supra* note 7, at 62.

¹⁵ Lynn Atuyambe et al., *Experiences of pregnant adolescents – voices from Wakiso district, Uganda*, 5(4) AFR. HLTH. SERVICES 304, 306-307 (2005).

¹⁶ *Id.* at 307.

¹⁷ CEDAW Committee, *Concluding Observations: Uganda*, para. 36, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

¹⁸ CEDAW Committee, *Concluding Observations: Uganda*, para. 147, U.N. Doc. A/57/38 (2002).

¹⁹ *Id.* para. 147.

²⁰ CEDAW Committee, *Concluding Observations: Uganda*, para. 35, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

²¹ Friday Okonofua, *Abortion and Maternal Mortality in the Developing World*, 28(11) J. OBSTET. GYNAECOL. CAN. 974, 975 (2006), *available at* http://www.sogc.org/jogc/abstracts/full/200611_WomensHealth_1.pdf.

²² SUSHEELA SINGH ET AL., UNINTENDED PREGNANCY AND INDUCED ABORTION IN UGANDA: CAUSES AND CONSEQUENCES 4, 6, 10 (AGI) (2006).

²³ Hon. Dr. Stephen Mallinga (MD) & Anthony Mbonye (MD & PhD), *Maternal Morbidity and Mortality in Uganda* 5 (Dec. 8-9, 2008) (*submission to ALL-PARTY PARL. GROUP ON POP., DEV. & REPROD. HLTH.—U.K.*).

²⁴ Constitution (1995), art. 22(2) (Uganda).

²⁵ Penal Code Act, (1995) Cap. 120, Laws of Uganda Rev. Ed. S. 224 at 136-37 (Uganda).

²⁶ Ministry of Health, *The National Policy Guidelines and Service Standards for Sexual and Reproductive Health and Rights* (2006) 4.13 (Uganda).

²⁷ Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (Maputo Protocol), 2nd Ordinary Sess., Assembly of the Union, *adopted* Jul. 11, 2003, para. 32, *available at* www.achpr.org/english/women/protocolwomen.pdf.

²⁸ *Id.*

²⁹ *Id.*; *see also* Joseph Olanyo, *Uganda: Country Ratifies Protocol on African Women's Rights*, EAST AFRICAN BUSINESS WEEK, Aug. 3, 2010, *available at* <http://allafrica.com/stories/201008031178.html> (accessed Aug. 9, 2010).

³⁰ CEDAW Committee, *General Recommendation No. 24: Women and health (art. 12)*, (20th Sess.), para. 18, UN Doc. A/54/38 (Part I) (1999).

³¹ Draft Bill No. 5, HIV and AIDS Prevention and Control Bill (2010), UGANDA GAZETTE SUPPLEMENT No. 24, Vol. CIII [hereinafter HIV & AIDS Prevention & Control Bill].

³² *Id.*; *see also* HUMAN RIGHTS WATCH (HRW), COMMENTS TO UGANDA'S PARLIAMENTARY COMMITTEE ON HIV/AIDS AND RELATED MATTERS ABOUT THE HIV/AIDS PREVENTION AND CONTROL BILL (2010) [hereinafter HRW COMMITTEE ON HIV/AIDS BILL].

³³ HIV & AIDS Prevention & Control Bill, *supra* note 31, Cl. 13(c).

³⁴ *See, e.g.*, HRW COMMITTEE ON HIV/AIDS BILL, *supra* note 32.

³⁵ Mr. W. Kisamba Mugerwa, Head of Uganda Delegation, *Statement to 42nd Session of the Commission on Population & Development*, at 3 (Apr. 1, 2009), *available at* http://www.un.org/esa/population/cpd/cpd2009/Country_Statements/Uganda.pdf.

³⁶ Joint U.N. Programme on HIV/AIDS (UNAIDS), 2008 Report on the Global AIDS Epidemic 42 (2008), *available at* <http://viewer.zmags.com/publication/ad3eab7c#/ad3eab7c/2>.

³⁷ European AIDS Treatment Group, *Ugandan Parliament Considers Bill That Would Require HIV Status Disclosure, Provide some Protections to HIV-Positive People* (2008), *available at* <http://www.eatg.org/eatg/Global-HIV-News/World-Policy/Ugandan-parliament-considers-bill-that-would-require-HIV-status-disclosure-provide-some-protections-to-HIV-positive-people> (accessed Aug. 11, 2010).

³⁸ AVERT, HIV and AIDS in Uganda, *available at* <http://www.avert.org/aidsuganda.htm>.

³⁹ REPUBLIC OF UGANDA MINISTRY OF HEALTH, STD/AIDS CONTROL PROGRAMME, THE HIV/AIDS EPIDEMIOLOGICAL SURVEILLANCE REPORT 2005-2007 34, 57 (2009).

⁴⁰ CEDAW Committee, *Concluding Observations: Uganda*, para. 38, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁴¹ UDHS 2006, *supra* note 7, at 294.

⁴² UGANDA POLICE, CRIME REPORT 2009 para. 8, at 4 (2009) [hereinafter CRIME REPORT 2009].

⁴³ UDHS 2006, *supra* note 7, at 250.

⁴⁴ *Id.* at 291.

⁴⁵ *Id.* at 292.

⁴⁶ AMNESTY INTERNATIONAL, "I CAN'T AFFORD JUSTICE": VIOLENCE AGAINST WOMEN IN UGANDA CONTINUES UNCHECKED AND UNPUNISHED 18 (2010), *available at* <http://www.amnesty.org/en/library/asset/AFR59/001/2010/en/f3688aa0-b771-464b-aa88-850bcbf5a152/af590012010en.pdf> [hereinafter AMNESTY INTERNATIONAL, "I CAN'T AFFORD JUSTICE"].

⁴⁷ CEDAW Committee, *Concluding Observations: Uganda*, para. 11, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁴⁸ *Id.* para. 12(a).

⁴⁹ CRIME REPORT 2009, *supra* note 42, para. 27-28, at 22. Nationwide, in 2009, only 12 of the reported rapes were fully prosecuted and perpetrators convicted, and of the 4,433 defilement cases that were reported only 467 resulted in convictions.

⁵⁰ AFRICA FOR WOMEN'S RIGHTS, RATIFY AND RESPECT: UGANDA 4 (2002), available at http://www.africa4womensrights.org/public/Dossier_of_Claims/Uganda-UK.pdf (accessed Jun. 14, 2010); see also AMNESTY INTERNATIONAL, "I CAN'T AFFORD JUSTICE", *supra* note 46.

⁵¹ African Commission on Human and Peoples' Rights (African Commission), *Concluding Observations: Uganda*, para. 36(2009).

⁵² CEDAW Committee, *Concluding Observations: Uganda*, para.135, U.N. Doc. A/57/38 (2002); *Uganda*, para. 19, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁵³ CEDAW Committee, *Concluding Observations: Uganda*, para.133, U.N. Doc. A/57/38 (2002); see also CEDAW Committee, *Concluding Observations: Uganda*, para. 19, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁵⁴ CEDAW Committee, *Concluding Observations: Uganda*, para. 23, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁵⁵ *Id.* para. 24.

⁵⁶ Social Institutions and Gender Index, Gender Equality and Social Institutions in Uganda, available at <http://genderindex.org/country/uganda> (accessed Jun. 10, 2010).

⁵⁷ UDHS 2006, *supra* note 7, at 88.

⁵⁸ David Mafabi, *Uganda: When Culture Confronts Health and the Law*, THE MONITOR, Jul. 10, 2010, available at <http://allafrica.com/stories/printable/201007120398.html> (accessed Aug. 9, 2010).

⁵⁹ CEDAW Committee, *Concluding Observations: Uganda*, para. 20, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁶⁰ *Id.* para. 22.

⁶¹ African Commission, *Concluding Observations: Uganda*, part V., Recommendations para. 1 (2009).

⁶² UDHS 2006, *supra* note 7, at 246.

⁶³ VANESSA VON STRUENSEE, THE DOMESTIC RELATIONS BILL IN UGANDA: POTENTIAL FOR ADDRESSING POLYGAMY, BRIDE PRICE, COHABITATION, MARITAL RAPE, WIDOW INHERITANCE, AND FEMALE GENITAL MUTILATION 2-3 (2008).

⁶⁴ *Id.* at 1.

⁶⁵ CEDAW Committee, *Concluding Observations: Uganda*, para. 48, U.N. Doc CEDAW/C/UGA/CO/7 (2010).

⁶⁶ *Id.* para. 12(a).