NATIONAL COALITION OF HUMAN RIGHTS DEFENDERS UGANDA

STUDY REPORT

ASSESSMENT OF THE PRESENT DAY HUMAN RIGHTS DEFENDERS' (HRDs) EMERGENCY PROTECTION SERVICES IN UGANDA

"CONSOLIDATING THE GAINS, DEEPENING OUR INTERVENTIONS - 2024"

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LIST OF ACRONYMS

ACTV	African Centre for Treatment and Rehabilitation of Torture Victims
COVID	Corona Virus Disease
C4U	Chapter Four Uganda
DD	Defend Defenders
DGF	Democratic Governance Facility
DPI	Defenders Protection Initiative
EU	European Union
FGD	Focus Group Discussion
HRAPF	Human Rights and Awareness Promotion Forum
HRD	Human Rights Defender
HRNJ	Human Rights Network for Journalists
KII	Key Informant Interview
LASPNET	Legal Aid Service Providers Network
NCHRD-U	National Coalition of Human Rights Defenders –Uganda
NGOs	Non-Government Organizations
OCA	Organizational Capacity Assessment
MOU	Memorandum of Understanding
UNOHCHR	UN Office of the High Commissioner for Human Rights
PWD	Persons with Disability
TNA	Training Needs Assessment
ULS	Uganda Law Society
UMA	Uganda Medical Association
UN	United Nations
UPF	Uganda Police Force
WHDN–U	Women Human Rights Defenders Network- Uganda

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ACKNOWLEDGEMENT

The National Coalition of Human Rights Defenders Uganda (NCHRD-U) expresses heartfelt gratitude to all individuals and organizations who participated in the study survey assessing the present-day protection services for human rights defenders (HRDs) in Uganda.

We are especially grateful to the human rights defenders whose experiences and insights were instrumental in shaping this study. Your courage and dedication to advancing justice in the face of challenges inspire our collective efforts.

We also extend our sincere appreciation to the protection service providers, civil society organizations (CSOs), partners, and human rights organizations who generously contributed their time, expertise, and resources. Your collaboration is crucial in improving the protective environment for HRDs and strengthening the human rights framework in Uganda.

Finally, we are profoundly thankful to the Open Society Foundation (OSF) and all our development partners for their generous financial support, which made this important study possible. Through such support, we continue to work towards bettering protection mechanisms and ensuring that defenders can carry out their vital work safely and effectively.

Together, we remain committed to creating a safer and more inclusive environment for all human rights defenders in Uganda.

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EXECUTIVE SUMMARY

The assessment survey on the present day emergency protection services for Human Rights Defenders (HRDs) at national and grassroots level in Uganda sought to interrogate five themes namely; *(i) Level of understanding of HRD emergency protection services amongst HRDs; (ii) Availability of HRD emergency protection services; (iii) Accessibility to HRD emergency protection services; (iv) Quality of HRD emergency protection services, and (v) Sustainability of HRD emergency protection services.*

The study adopted both qualitative and quantitative data collection techniques. These included Focus Group Discussions (FGDs), Key Informant Interviews (KIIs) and literature review. Sixty-four stakeholders including HRDs, the NCHRD-U secretariat, HRD protection service providers and development partners were engaged in the study.

The summary of the study findings has been grouped under the five areas presented here below:

a) Findings: Understanding of HRD emergency protection services
➤ 90% of the HRDs interviewed were aware of the concept of HRD protection services.
➤ Majority of HRDs interviewed could not distinguish between emergency/reactionary and preventive HRD protection services.
➤ Respondents held the view that the 'up to 90-days' time frame which HRD emergency protection services covered, was not a practical criterion upon which to determine emergency support.
➤ 53% of the respondents ranked legal services as most important. 21% ranked medical, 21% ranked psychosocial support while 5% selected others.
➤ Crisis moments such as national elections, natural resource debates at national and regional levels, sensitive law-making particularly of bills that criminalized dissent and difference, were identified as high risk periods which often triggered increased demand for HRD emergency protection services.

Recommendations
To HRD emergency protection service providers:
➤ To support region-specific/thematic group-based awareness campaigns amongst HRDs in order to bridge the existing knowledge gap on the understanding of emergency protection services.
➤ To increase the visibility of protection funds particularly at the regional and district levels. This could help manage expectations.
➤ To re-evaluate the '90-day' time-limitation principle, towards a more flexible approach that does not undermine the very objective for which the emergency protection services were set up for.
➤ Conduct periodic sector dialogues at national and regional levels in order to collectively deliberate on coordination and standardization of service delivery.
➤ Support research studies that analyze the mental health impact of threats and harm on HRDs. These studies could then be used to facilitate movement building of survivors and supporters while strengthening multi- sectorial collaborations with medical associations, rotary clubs, teaching institutions and private sector at both levels. This may trigger deeper discussion, awareness, and increased appreciation of psychosocial services amongst HRDs.
➤ The mapping of crisis/criminalizing moments is an exercise that HRD service providers have adopted over the years. It must be recorded as a good practice. This practice needs to be deepened by service providers particularly at the regional levels, to inform proactive and collaborative approaches amongst service providers both at the programmatic and resource mobilization levels. Using digital

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tools or Apps to track and document regional trends of crisis moments, map hotspots and record repeat perpetrators may add value to this exercise.

b) Findings: Availability of HRD emergency protection services

➢ The NCHRD-U database has a total of 140 HRD service providers spread across the country.

➢ HRDs ranked the Uganda Police as one of the most trusted government HRD emergency protection service providers.

➢ Informal emergency protection service providers most trusted by HRDs include; religious leaders, cultural leaders, local councils, peer support groups and medical practitioners.

➢ Availability and coordination of HRD emergency protection services has been strengthened through the establishment of the national referral network/pathway, the regional and sub-regional coalition structures, and thematic working groups formed by the NCHRD-U.

➢ Some of the service providers listed in the national referral pathway and directory have limited capacity to handle cases that require emergency protection services due to internal institutional challenges.

➢ The increased specialization amongst service providers is applauded as an effort towards improving availability of emergency protection services for excluded and those most-at-risk groups. Relatedly, the security working group mechanism utilized by service providers responding to the security needs of the key populations HRDs was cited as a good practice in enhancing availability of services both at the national and regional level.

➢ The limited coordination amongst HRD protection service providers has resulted into fraud, forum shopping, unhealthy competition, duplication of services and lack of standardized emergency HRD protection service delivery.

Recommendations
To HRD emergency protection service providers:

➢ Developing an engagement strategy between formal and informal HRD protection service providers could be an opportunity and step towards improving availability of services across the country.

➢ A review of the NCHRD-U's Referral Pathway and Directory should be supported to ascertain the capacity of the institutions that offer the required protection services with a view to addressing some of the institutional and capacity gaps. The need to increase the visibility of service providers and the kind of services offered was also recommended both at the national and regional levels.

➢ Establishment of regional holistic HR protection service support centres. This could be implemented in a phased-out approach with the purpose of learning from one region to another.

➢ An increase in funding for thematic/specialized HRD protection services in order to enhance availability.

➢ The respondents encouraged the NCHRD-U to bridge the coordination gap in order to protect the system from harm. Respondents called for the strengthening of checks, internal controls and oversight mechanisms within the eco-system to reduce cases of fake HRDs.

c) Findings: Accessibility to HRD emergency protection services

➢ **35%** of respondents interviewed said the emergency protection services were accessible at the national level. **5%** noted that they are not accessible while **60%** were not sure.

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➤ **33%** of the respondents interviewed said that the HRD emergency protection services at the regional level are accessible. **6%** said they were not accessible while **61%** were not sure.
➤ 53% of the respondents interviewed rated legal services as most accessible emergency protection services.

Recommendations
To HRD emergency protection service providers:

- Service providers should widen their definition of *'who an HRD is'*, to include social movements and active politicians who are exercising their right to participate in politics. They argued that human rights activism is not a profession and that sometimes the best human rights defenders are the active politicians.
- Strengthen case conferencing and follow up by HRD protection service providers in order to enhance access to quality services by deserving cases and address the growing cases of fraud.
- Carry out a systematic, in-depth and national based mapping exercise in order to create an up-to-date and shared database of existing or potential case handlers like medical personnel, lawyers, psychiatrists, both at the grassroots and national level in order to enhance access at that level. To make it more accessible, the database could be hosted by the NCHRD-U Website with access rights limited to stakeholders.
- Lensing services from a gender, feminist and disability perspective by service providers and case handlers. This requires training. In order to tailor this training to existing needs, it should be preceded by a well-structured organizational capacity assessment exercise.
- Support the case verification process adequately to improve access and efficiency. During the survey, the safety and security of the verifiers was also raised as a concern but was often neglected during the exercise.

d) Findings: Quality of HRD emergency protection services

➤ NCHRD-U and other HRD service providers have exhibited high quality service delivery in capacity building, trainings and research.
➤ According to HRDs interviewed, the features of a 'quality' system include: turnaround time, holistic approach, and impact of services received on the quality of life of the HRD.
➤ There is no regulatory framework for the provision of HRD protection services in order to determine/benchmark the quality of services offered.
➤ Emphasis on numbers/targets in Programing by HRD service providers and case handlers has compromised quality of service delivery in some instances.
➤ Some respondents were concerned about the limited 'quality time' offered by case handlers while handling emergency HRD cases. At the same time, the turnaround time within which cases were responded to was also wanting in some instances.
➤ The lack of the necessary infrastructure both in terms of human and financial capacity affects the quality of HRD protection services within institutions.

Recommendations
To HRD emergency protection service providers:

➤ In order to enhance quality, respondents proposed a self-regulation mechanism similar to the

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Quality Assurance Mechanism (QUAM) for NGOs. It was further recommended that the NCHRD–U needs to be supported to financially coordinate this proposal. This may be a good time to start the learning process from veteran NGOs such as DENIVA and the NGO Forum, who are the pioneers of this mechanism within the NGO sector. This may contribute to enhancing accountability and further coordination of the community of service providers.

➢ In the meantime, service providers could develop simplified protocols and service standard charters within the membership to enhance quality and standards.
➢ HRD service providers could conduct periodic satisfaction surveys to assess the quality of services offered by case handlers.
➢ In order to stress quality service delivery, the NCHRD–U could initiate an *'Annual HRD service providers and case handlers Meritorious Award'* recognizing outstanding services in different categories such as legal, medical and psychosocial services. Other categories such as: *creativity and originality, level of engagement of HRDs, public relations,* could be assessed and rewarded.
➢ Undertake mentorship and coaching of HRD service providers on provision of quality services. In addition, the coalition could coordinate benchmarking visits among HRD service providers and case handlers to foster exchange learning and motivate quality service delivery. This could be both at the national and cross border areas.

e) Findings: Sustainability of HRD emergency protection services

➢ HRD protection service providers have been intentional and deliberate in ensuring sustainability of their services. The NCHRD–U for instance articulates means through which sustainable HRD protection services will be realized under its current Strategic Plan including the operationalization of Thematic Technical Working Groups and a Regional Referral Network, strengthening member institutions and establishing networking platforms and partnerships. On the other hand, peer service providers have invested in the preventive aspect of protection, by equipping HRDs with knowledge, tactics and tools for work to use in the long term.
➢ The continued absence of a law that recognizes and protects HRDs and their work leaves them vulnerable to abuse, making service provision unsustainable. The continued enactment of laws that shrink civic space exacerbates the situation.
➢ The continued/heavy dependence on external funders to drive the protection service delivery increases the vulnerability of the services in times of reduced funding.

Recommendations
To HRD emergency protection service providers:

➢ **Advocacy for the enactment of the HRD Bill in a strategic manner:** Although there have been reservations on aspects of the NGO proposed HRD Bill by sections of HRDs themselves, (in as far as it adds more layers of regulation for HRDs in an already over regulated sector), the proactive advocacy for the enactment has been proposed preferably before the elections in 2026. The champions of the Bill like the NCHRD–U need to build further consensus on the context within the sector.

➢ **Up-scaling existing local HRD emergency protection response models:** A number of models like the regional referral network, the focal points, and the peer support systems have been listed as potential local response models. These should be supported as part of the up-scaling strategy of service providers for sustainability.

- **Escalate the preventive approaches:** Recognizing that the reactionary approach is not sustainable, respondents encouraged service providers and HRDs to deepen and upscale the preventive approaches such as; enhancing digital security, implementing security working plans and investing in continuous dialogue with duty bearers and known perpetrators using credible information to mitigate threats and improve the operating environment for HRDs. '**Take your personal security seriously'** was the proposed tagline for HRDs particularly in the face of the 2026 elections in Uganda.
- **Renegotiate funding mechanisms** with donors to fund long-term programmes, institutional and infrastructural development.
- **A study on the future of funding for HRD emergency protection:** Situating this study within the global economic context (emerging global crisis like inter-state conflicts, shifting international development aid policies, dwindling funding streams at the international level) and its impact on development aid and bi-lateral aid should be supported to inform future sustainability strategies.

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1. CHAPTER ONE: INTRODUCTION

This Chapter introduces the National Coalition of Human Rights Defenders Uganda (NCHRD-U), and explains the rationale of the study as part of the Coalition's mandate. It gives a summary of the present day context within which HRDs work and emergency protection services are extended in Uganda

1.1 The National Coalition of Human Rights Defenders in Uganda (NCHRD-U)

The National Coalition of Human Rights Defenders in Uganda(NCHRD-U)is a registered membership organization of organizations and individual Human Rights Defenders (HRDs) that was formed in 2013. NCHRD-U's mandate is to protect and promote the work of HRDs in a safe and secure environment. It seeks to strengthen the work of HRDs throughout the country through synergy and collaboration at national and international level to enhance the protection mechanisms for HRDs and their capacity to effectively defend human rights. NCHRD-U focuses its work in all regions of Uganda.

The Coalition implements three program pillars at the national and grassroots levels: (i) Protection and Emergency response, (ii) Capacity Building and, (iii) Advocacy and Networking. For the last ten (10) years, NCHRD-U has leveraged on its HRD protective mandate to impact over 1,000 HRDs through provision of protection services.

Informed by this background, the NCHRD-U commissioned this assessment survey of the present day HRD emergency protection services at the national and grassroots level. The overarching objectives of this assessment included;

- To review the literature on emergency HRD protection services and assess the level of knowledge amongst HRDs on the availability of protection services and those that provide them at the grassroots level.
- To identify gaps in the present day HRD emergency protection services, including the categorization andprioritization of districts by threat level.
- To propose improvements, practical guidance and recommendations to better service delivery in close consultation with HRDs, stakeholders and the NCHRD-U secretariat.
- To facilitate categorization of organizations that provide HRD emergency protection services exclusively and those that do partially.
- To avail information on the cost of accessing and affordability of the protection services.
- To develop a catalogue of the present day HRD protection services which will include strategies, tools and initiatives for improved service delivery.
- To develop a communication tool that disseminates information on available protection services.
- To tease out tools/mechanisms to enhance access to HRD protection services.
- To provide information on best practices for HRD protection service delivery.
- To evaluate the value of the HRD protection services including feedback from the HRDs and protection serviceproviders.

This survey report categorizes the findings into five thematic areas namely; (a) Understanding of HRD emergency protection services; (b) Availability of HRD emergency protection services; (c) Accessibility to HRD emergency protection services; (d) Quality of HRD emergency protection services and (e) Sustainability of HRD emergency protection services.

1.2   Context of operating environment of Human Rights Defenders and protection services in Uganda

Understanding HRD protection services can be complex, especially when one does not understand the concept of 'Human Rights Defenders'. For purposes of this study, the UN definition of a HRD has been adopted. According to the 1998 UN Declaration on Human Rights Defenders, HRDs *are individuals or groups who act to promote, protect or strive for the protection and realization of human rights and fundamental freedoms through peaceful means*.

According to the UN definition, HRDs are defined by what they do and the nature of their activities, rather than by what they are. More so there is no qualification required for one to be a human rights defender.

Rather, the three minimum standards required for one to be defined as an HRD include; (i) the requirement for one to accept the universality of human rights, (ii) whether the person is defending a human right, and (iii) whether the person is doing so through peaceful action. The HRD may carry out their human rights work through professionally paid or voluntary activities or non-professional human rights actions.

Despite their contribution towards human rights protection, world over, HRDs are vulnerable to executions, torture, beatings, arbitrary arrest and detention, death threats, harassment and defamation, as well as restrictions on their freedoms of movement, expression, association and assembly. Since the adoption of the UN Declaration on HRDs in 1998 until 2021, an estimated 4,814 human rights defenders have been killed worldwide. In 2022 alone, at least 401 HRDs were killed globally, based on statistics by the HRD Memorial.

Protection of HRDs is a going global concern. A report of the Special Rapporteur on the situation of Human Rights Defenders (2016) defines protection practice as; *that which contributes to the full respect of their (HRDs) rights and strengthens their security including by mitigating the risks they face, addressing threats and building support for their work.* The same report calls on stakeholders to place emphasis on countries where: *(a) internal armed conflict or severe civil unrest exists and; (b) the legal and institutional protections and guarantees of human rights are not fully assured or do not exist at all.* This perhaps is where the vulnerability of HRDs is most likely.

Imperative to note is that the primary responsibility for HRDs' protection rests with the States and their governments. This obligation has been officially recognized in Article 2 of the 1988 UN Declaration on HRDs and further expressed in Articles 9 and 12. Authorities must ensure that all crimes against HRDs are investigated efficiently, pursued by the judiciary, the perpetrators must be punished, and protective means must be implemented in practice. This position is further entrenched in various legal and human rights frameworks such as the EU-Guidelines on Human Rights Defenders (2008), the African Charter of Human and Peoples`Rights (ACHPR), 1981, the Kigali Declaration of 2003, and at the local level for Uganda, the 1995 Uganda Constitution and The Human Rights Enforcement Act, 2019.

In Uganda, despite being a signatory to related international human rights instruments and further domesticating the same, the protection of HRD remains complex. The situation is further aggravated by the absence of a specific Law that guarantees the protection of HRDs despite the sustained advocacy efforts for its enactment. This legal non-recognition of HRDs, has created a gap.

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Misunderstanding of the work of HRDs (perceived as partisan) has increasedtheir vulnerability to abuse and threats to their lives and work, which are meted out by those who feel threatened bythe name and shaming.

With no elaborate legal framework for their protection, HRD protection services in Uganda have to a large extent been taken over by Non-Government Organizations (both local and international) and development partners, in order to fill the widening gap. The commonest HRD protection services provided by NGOs include: legal, medical and psychosocial services. However, 2021 literature indicates that these are majorly capital-city based, bureaucratic, elitist, and favoring high profiled HRDs.

Ironically, whereas NGOs and development partners top the list, they have in post 2021, increasingly become soft targets for repressive laws, attacks and closures, threatening the sustainability of HRD protection services in the country.

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CHAPTER TWO METHODOLOGY

A multi-pronged approach consisting of both qualitative and quantitative data collection methods was employed.

1.1 Data collection methods and tools

The data collection methods and tools were developed in consultation with the NCHRD-U and applied appropriately throughout the study as described below.

a) Literature review:

This method relied on secondary information on HRD protection services in Uganda. The literature reviewed was in tandem with the five thematic areas of the study: (a) Understanding of HRD emergency protection services; (b) Availability of HRD emergency protection services; (c) Accessibility to HRD emergency protection services; (d) Quality of emergency HRD protection services and (e) Sustainability of HRD emergency protection services. The NCHRD-U' Strategic Plan (2022- 2026); a report titled; *'Assessing the Protection for Human Rights Defenders/ Social Justice Leaders in Uganda (2021),'* *'The Protection Handbook for Human Rights Defenders published by the Frontline Human Rights Defender in 2007', 'The RRL Activity Report of Assessment Findings on Legal, Medical and Psychosocial Services for Human Rights Defenders in Uganda, June 2015'* & *the Appraisal of Protection Mechanisms in East Africa, 2021*, were key documents consulted.

b) Focus Group Discussions (FGDs):

In collaboration with the NCHRD-U, one workshop was convened on 13th September 2023 at Arch Apartments in Ntinda, where targeted respondents for the FGD were engaged both as a group and in their respective thematic clusters including; journalists, key populations, environmentalists, women's rights, business and human rights among others. During the FGDs, a menti-meter tool was used which facilitated responses through the mobile phones and computers. This tool provided for real-time analysis of results thus sparking off further discussions between the consultants and respondents. The total sample of respondents engaged in the FGD was 41 (20 male and 21 female).

c) Key Informant Interviews (KIIs):

A total number of 18 respondents (8 male and 10 female) were interviewed during the KIIs. The interviews were both physical and online, guided by a standard interview form. The informants included HRDs (national up to village levels), beneficiaries of emergency protection services, service providers (national and international groups), case handlers, development partners, the Board of Directors of the NCHRD-U and secretariat staff. Overall, the respondents were drawn from 26 districts including; Gulu, Hoima, Adjumani, Lira, Mbale, Kasese, Kisoro, Karamoja, Abim, Oyam, Kumi, Kabale, Masaka, Jinja, Bukedia, Kitgum, Arua, Lyantonde, Mbarara, Isingiro, Iganga, Jinja, Masindi, Mbale, Wakiso and Kampala.

1.2 Data analysis

The menti-meter application was used for data analysis. Respondents were involved in the process of data analysis since they had the opportunity to provide feedback especially on areas that they felt the tool was missing. Triangulation of data was done through the use of various sources to access secondary literature in relation with the study. Qualitative data in form of audio recordings and field notes were transcribed into MS-Word document for quick analysis.

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1.3 Safeguarding

A set of safeguarding principles such as non-discrimination, confidentiality, empathy and informed consent were adhered to particularly during the data collection process.

1.4 Study limitations

There were a few limitations experienced during the course of the study:

(1) **Time constraints:** The study timeframe of one month was not sufficient enough to allow the consultants to engage a wider sample of respondents, especially under the FGD. (2) **Unavailability of some stakeholders:** Some respondents were not physically available for the KIIs. This however was remedied through the online interview option for those who were confortable with this media.

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CHAPTER THREE STUDY FINDINGS

Chapter Three presents the findings under each of the five thematic areas namely; (3.1) Understanding of HRD emergency protection services; (3.2) Availability of HRD emergency protection services; (3.3) Accessibility to HRD emergency protection services; (3.4) Quality of HRD emergency protection services and (3.5) Sustainability of HRD emergency protection services.

1.1 UNDERSTANDING OF HRD EMERGENCY PROTECTION SERVICES IN UGANDA

The findings under this thematic area are presented under three areas including: (i) Level of understanding of HRD emergency protection services amongst HRDs in Uganda; (ii) Awareness of existing service providers and; (iii) Emerging HRD protection needs.

1.1.1 Level of understanding of HRD emergency protection services amongst HRDs in Uganda

According to the NCHRD-U, HRD protection services are dichotomized into **(i) Reactionary and (ii) Preventive services.** The **reactionary also known as emergency protection** services are intended to address emergency situations faced by HRDs such as arrests. Such situations may require immediate rapid legal response, immediate relocation of the HRD, and emergency medical assistance. In defining emergency protection services, some service providers take into account the '90-day' time element within which emergency protection is extended and sustained. The understanding is that by the end of the '90 days', the emergency situation should have moderated. However, some service providers have abandoned this '90-day' time limitation as part of the criteria for extending emergency protection services, handling each case on its own merit. **Preventive protection services** on the other hand are on-going, pro-active and strategic in nature, ranging from personal security training and advocacy.

Results from the survey indicate that 90% of respondents were generally aware of the concept of HRD protection services although their responses varied. The common denominator was that *'such services exist to support HRDs respond and navigate the difficulties they face while pursuing HRD related work.'* Such complexities may include among others: surveillance, torture, assault, arbitrary arrest and detention, death threats, isolation, harassment and defamation. In fact, HRDs mentioned that severally, these situations have escalated into emotional/psychological breakdown for HRDs, depending on the gravity.

1.1.1.1 Emerging issues related to the conceptual understanding of HRD protection services
- *Knowledge and conceptual clarity of HRD emergency protection services*

In the last five years, there is no doubt that HRD service providers have made significant effort towards creating awareness and enhancing understanding of HRD protection services particularly among their constituents. Whereas there is a general appreciation of the concept of HRD protection services by the respondents, drawing a distinction between what amounts to reactionary/emergency and preventive HRD protection services is still challenging for a number of HRDs in the following regard:

- There isn't a shared understanding of what amounts to reactionary/emergency vis a vis preventive amongst HRDs. HRD protection services are generally viewed as one and the same.

- While the HRD protection service providers generally acknowledge the rationale for the '90-days' timeline with respect to emergency protection, in practice, the nature of emergency response differs from one provider to another. While for some, the time element is a determinant factor for emergency service provision, for others, this has been cast-off,

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cognizant of the factors at play.

- As a result of this conceptual blur, the expectations from HRDs seeking emergency support are, in some cases misaligned with those of the service provider –sometimes being perceived as 'unrealistic' over and above what specific service providers can offer.

- Amongst the HRDs, this non alignment has led to the categorization of HRDs service providers, labeling service providers as *responsive, non-responsive, kind, wealthy, flexible, understanding, efficient, effective and those that are not helpful.* This branding of service providers has in some instance had a positive or negative impact on the organizational image amongst stakeholders affecting resource mobilization, fundraising and constituency building.

- That said, on a more positive note, the increase in the number and diversity, specialism and dynamism of HRD service provision in Uganda today, has presented an opportunity for HRDs to seek support from service providers they perceive as 'fit' and able to respond to their individual security needs or offer complimentary services. Their options are more than they were years ago.

> *Reflection on the 90 days cut off*

During the survey, strong voices emerged against the '90-day cut off". According to some HRD protection service providers, the rationale behind the '90 days' is that, after this period of time, it is assumed that the threat faced by the HRD for which the emergency protection service is sought, should have subsided. It is also an administrative check to guard against abuse or extending support in perpetuity.

On the other hand, the HRDs interviewed argued that this should be an exception and not the rule. Respondents cautioned service providers to guard against adopting rigid and counterproductive criteria that may negatively impact on the ability to access protection services by those who need them the most.

Those against this cut off further argued that the 90-days does not reflect the reality on the ground, neither does the principle take into account the inherent delays within institutions such as courts and other existential threats that persist over a 90-day period or more. Beneficiaries of emergency protection services shared examples of contexts where time limit may be challenging.

'In the case of a police arrest, although the immediate pressure might be alleviated by the emergency legal assistance (when bond or bail is secured), bond or bail are interim remedies and not the intended relief. This does not mean that the threat is neutralized especially if the matter is not concluded at police or if the perpetrator is still unrelenting on pursing the HRD for whatever reason.

Even when the HRD is released, the vulnerability of the HRD continues to loom as bail and bond can be cancelled and the HRD re-arrested. The fact that one has no control of a process such as, this makes these situational threats existential many times going beyond 90 days. The threat is neutralized only when there is an acquittal or an effective remedy, which may take more than the 90 days to obtain. Where the case goes to court, with one or two

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adjournments, the HRD may be left on their own if the 90 days have lapsed – left to navigate a judicial system that has been described as 'a crisis' by Hon Justices on Appeal in their recent 16th October 2023 ruling in the case of Isingoma Godfrey and others vs Uganda.' Their reflections on the delays in the administration of justice in Uganda are paraphrased as follows: 'We take leave of this appeal with a significant amount of trepidation. The apeallants were arrested in 2011. It has taken the wheels of justice this long to find them innocent of the charges raised against them.

This is merely the cusp of a state of lethargy devouring the justice system. It behooves those responsible for the administration of justice in every way in this country and us to make haste in dealing with this crisis. It is a national scandal of epic proportions.'

In reflecting on the time limitation, the respondents called for a re-evaluation and localization of the time-limitation principle, towards a more flexible approach that does not undermine the very object for which the HRD protection services were set up. Access to an effective remedy should be the ultimate goal of any protection service whether emergency or in the long term.

1.1.2 Awareness of existing emergency HRD protection services
Fig 1 below illustrates the level of awareness of specific protection services amongst HRDs interviewed.

Fig 1: Level of awareness of existing emergency protection services

- Legal Services
- Medical Services
- Psychosocial services
- Others
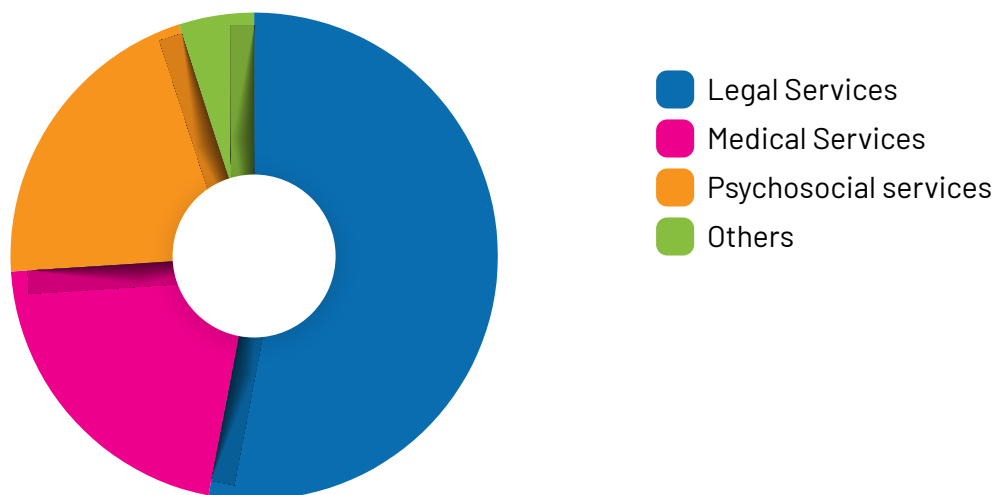
Source: Primary data from the menti-meter, 13th September 2023

From Fig 1 above, the majority of respondents (**53%**) understood and were mostly aware of legal services as a form of emergency protection service. It was further ranked as most essential today.

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Following closely, were medical and psychosocial services. **21%** of HRDs interviewed were aware and understood that these services are part of the emergency support offered service providers. 5% mentioned 'others'.

Fig 2: The 5% 'Others'

In Fig 2, 5% of respondents mentioned 'others'. As illustrated above, the 'others' comprised the following: *capacity building, safety and security information, financial support, mentorship, solidarity visits, food and nutrition support, wellness, transport, data protection support, institutional capacity development, capital support, family security, sophisticated equipment replacement, physical security and relocation.*

1.1.2.1 Emerging issues on 'awareness of existing emergency HRD protection services'

- There is a grounded understanding of the legal services as a form of emergency protection support among HRDs interviewed.

- In comparison to the legal services, the number of HRDs who acknowledged awareness of medical and psychosocial HRD emergency services is very low.

- The fact that the resettlement, relocation and evacuation services showed up in the category of 'others' 5% speaks to the low levels of awareness of these services amongst HRDs.

- The issue of the security of the wider family of the HRD at risk was voiced. The respondents emphasized the need for expansion of scope of emergency protection services (safety and security) to cover immediate family members arguing that they too faced similar threats as those of the

principal family member.

- The advent of and contents of *'the other category'* as part of emergency HRD protection service package is telling of the expectations and understanding of the emergency protection services amongst HRDs interviewed.

Overall, from the big picture, and according to HRDs interviewed, it may not be surprising that majority of respondents are aware of rapid legal response services as part of the emergency protection service package. HRDs in Uganda continue to face severe legal challenges and criminalization of their work. A number of HRDs interviewed narrated experiences of arrests and consequently being charged with criminal offences such as; inciting violence, terrorism, money laundering, pornography, being idle and disorderly, among others. Non-legal compliance to related laws regulating the non-profit sector was also cited as a big hindrance to their human rights work. Some of those interviewed had benefited from this service.
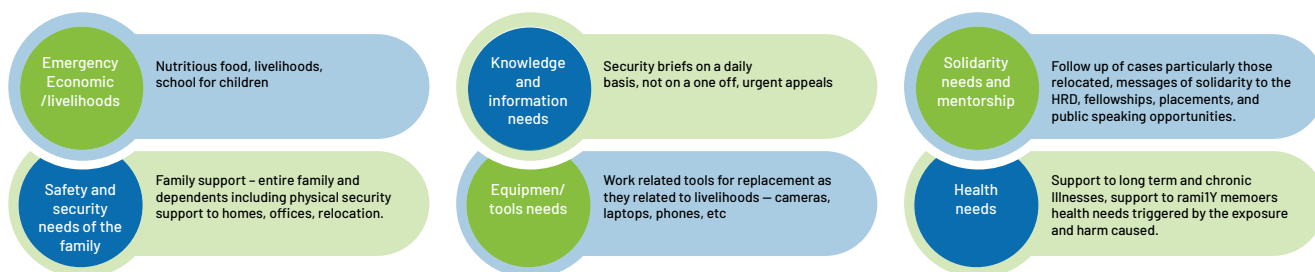
Proactively, over the past years, HRD emergency protection service providers have documented and supported cases relating to legal restrictions triggering numerous advocacy initiatives and engagements with duty bearers, non-state actors including periodic *'Talk To the Regulator'* series with Regulators such as the Ministry of Internal Affairs. Recommendations, position papers, solidarity statements, and petitions have all been generated as part of the emergency and preventive approaches. The media both at the community and national levels have picked up this discourse and endeavored to create awareness on the use of the law to criminalize HRD work in Uganda. That said, for any HRD emergency protection service provider in Uganda today, legal services remain a priority area.

Unlike legal services, both medical and psychosocial emergency protection services remain little known while psychosocial services, are less appreciated amongst HRDs. The negative psychological impact of threats suffered by HRDs has not been understood. According to some of the HRD emergency protection service providers interviewed, although they have made this service available, its uptake/demand is low amongst HRDs, majorly due to the knowledge gap on its importance. The feedback received from the HRDs during the survey echoes these sentiments.
One of the HRDs we spoke to had this to say:

> 'We are not sure of the impact of the risks we face on our mental health. But also, the psychological support we receive is not fully understood. For some of us who have received this service, all that we are told is to stretch, sleep and close our eyes. The impact of these methods is not clearly understood. The time with the service providers sometimes is too short to appreciate these services.'

In order to increase awareness of the negative impact of threats on the mental health of HRDs, respondents recommended the need to support research studies that analyze the extent of the damage and impairment caused by the harm suffered by the HRD on their health (mental, physical, social, emotional, spiritual, intellectual). Building a movement of survivors and supporters while strengthening multi-sectoral collaborations with medical associations, rotary clubs, teaching institutions, private sector, may trigger deeper discussion, awareness and increased appreciation of the service. The same reflection could be applied for those existing emergency services – relocation, resettlement and evacuation that did not take centre stage.

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Lastly the *'other'* category is an interesting piece in the sense that it introduces 'other' emergency protection needs expressed by HRDs. The list is categorized as follows:

Emergency Economic /livelihoods	Nutritious food, livelihoods, school for children
Safety and security needs of the family	Family support – entire family and dependents including physical security support to homes, offices, relocation.
Knowledge and information needs	Security briefs on a daily basis, not on a one off, urgent appeals
Equipmen/ tools needs	Work related tools for replacement as they related to livelihoods – cameras, laptops, phones, etc
Solidarity needs and mentorship	Follow up of cases particularly those relocated, messages of solidarity to the HRD, fellowships, placements, and public speaking opportunities.
Health needs	Support to long term and chronic Illnesses, support to rami1Y memoers health needs triggered by the exposure and harm caused.

3.1.2.2: Reflections relating to the list of 'others'

- What does this 'other' list say about expectations from HRDs and the changing economic environment?
- How should service providers manage these expectations?
- Are these needs already being met under the present day emergency protection arrangement?
- Do the service providers classify these needs as part of the emergency protection package?
- Are service providers able to sustain some of these needs?
- Who are the stakeholders affected by the harm suffered by the primary HRD? Is it just the HRD front liner? Or are the family members pulled into this conundrum? Are they and should they be receiving the same support? How are family members supported?
- What are the long-term needs that are triggered by the short-term harm? How sustainable and transformative is the emergency support? Does it leave you more vulnerable or better?

1.1.3   Emerging HRD emergency protection needs

The respondents shared that the HRD emergency protection needs are linked to the risks and threats that are triggered during *'crisis or 'criminalizing moments'*. Figure 3 summarizes some of the crisis moments shared by the respondents, which are aligned to related emergency protection needs and the category of HRD likely to be impacted.

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Fig 3: Summary of crisis moments and corresponding HRD emergency protection needs.

Crisis moment	Types	HRDs impacted	Type of risk/threat	Emergency protection needs
Elections	Presidential and parliamentary	Good governance, women HRDs, national level and grassroots based, journalists, digital activists, female journalists, HRDs defending the rights of the key populations community, pro-democracy actors, opposition politicians, lawyers, voice and accountability HRDs.	Impunity, defamation, threats, arrests, physical assaults, to both them and families, torture, death, death threats, cyber bullying, surveillance, stifling of administrative processes, freezing of accounts, suspension of permits, closure, destruction of equipment.	Rapid legal response, ADR, safety and security, medical, psychosocial, relocation, resettlement, equipment, office space and equipment, digital security needs, livelihood.
	By-elections	Grassroots based HRDs, journalists, female journalists, women working on thematic areas like natural resources	Physical assaults, defamation, threats, destruction of equipment.	Rapid legal response, equipment replacement, digital security, livelihood.
	Local council elections	Grassroots based HRDs, women, HRDs on specific thematic areas, like natural resources.	Physical assaults, defamation, threats.	Rapid legal response, medical,livelihood.
	Political party	Women	Harassment, physical assaults, defamation, threats.	Medical, solidarity, rapid legal response.
Legislative advocacy andstrategic litigation	Constitutional reforms	National and district based HRDs.	Harassment, physical assaults, defamation, threats	Rapid legal response, rest and respite, office space and equipment,digital security, livelihood.
	Laws criminalizing difference and dissent	HRDs advancing rights of vulnerable groups including HRDs defending the rights of key populations community.	Harassment, physical assaults, defamation, threats, evictions.	Rapid legal response, rest and respite, office space and equipment,digital security, livelihood, advocacy, Solidarity.
	Litigation has a bearing on freedomof association, assembly, organizing, expression, land.	National level HRDs and district based HRDs depending on the issue based litigation challenging power structures, journalists.	Harassment, physical assaults, defamation, threats.	Rapid legal response, rest and respite, equipment replacement, office space/support, digital security,livelihood.
	Laws promoting women's rights to equality.	Women HRDs, national level and district based.	Harassment, physical assaults, defamation, threats, evictions.	Rapid legal response, rest and respite, digital security, livelihood.

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Crisis moment	Types	HRDs impacted	Type of risk/threat	Emergency protection needs
International human rights	UPR, ACHPR, EU	National and district based HRDs, governance,natural resource, climatejustice, business and human rights. key populations.	Threats, arrests.	Solidarity, digital security, physical security.
Public corruption/ public		Anti-corruption HRDs, voice and accountability, good governance, women HRDs, national level and grassroots based, journalists, digital activists, journalists.	Impunity, threats, arrests, physical assaults, death, death threats, cyber bullying, surveillance, destruction of equipment.	Solidarity, rapid response,
Demonstrations		Journalists.	Threats, arrests, physical assaults, torture, death, death threats, closure, destruction of equipment.	Rapid legal response, rest and respite, office equipment, digital security, capacity building, livelihood.
Challenging Natural resources governance (extractives, climate change, GMOs, forests, land		National and District based HRDs, women HRDs, advocates of indigenous peoples' rights.	Threats, arrests, surveillance, stifling of administrative processes, suspension of permits, destruction of equipment.	Rapid legal response, rest and respite, office space and equipment, ADR, digital security, capacity building, livelihood.
Cultural moments (FGM)		Women HRDs.	Defamation, threats, evictions.	ADR, rest and respite, capacity building, relocation, resettlement, livelihood.
Epidemics COVID 19 Ebola		Voice and accountability.	Assaults, surveillance.	Legal rapid response, relocation, health equipment support.

1.1.3.1 Emerging reflections around HRD emergency protection needs and crisis moments

➢ Over time, HRD emergency protection service providers and HRDs themselves have *become aware of the crisis moments* that trigger threats on HRDs and in turn shoot up the demand for emergency protection services.

➢ *The mapping of crisis moments is an exercise that HRD service providers have adopted over the years.* It must be recorded as a **good practice**. This practice needs to be **deepened** in order to inform proactive and collaborative approaches amongst service providers both at the programmatic and resource mobilization levels in the future. The existing NCHRD-U led referral network is a

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framework that could possibly fast track this. This collaborative approach during such moments could ease pressure on specific service providers while offering a wide range of available resources to address the increasing demand for emergency protection during the crisis moments. The challenge however is whether the emergency protection service providers are able to meet this ever increasing demand during crisis moments- which have become commonplace.

➢ *The impact of the crisis moments is not homogenous on HRDs*. Each HRD may experience the impact differently. For instance, the way national elections impact on national HRDs operating at the national level may not be the same for bye-elections at the constituency level and vice versa. The level of exposure and engagement of the HRD at different levels may determine the impact. Taking into account unique district based threats faced by HRDs and gendering the crisis moments and how they affect women, youth, key populations, the disabled, may inform the manner in which service providers approach service delivery during emergency situations.

➢ *The need for solidarity* as an emerging HRD need was prominent during the survey conversations. The existence of the sub-regional coalitions and focal persons (who are the regional antennas) is an opportunity that could meet this need. This, it was proposed that, it could be through the use of Urgent Appeals and advocacy focusing on the issue or done on behalf of an embattled HRD and or organization.

➢

➢ *Dissemination of protection procedures* through resource handbooks and manuals was highly recommended as an effective preventive HRD protection measure.

➢ *The need for an efficient rapid response mechanism* by service providers continues to be a growing need during crisis moments. However the big question is, ***how 'rapid' is 'rapid'?***

➢ *Livelihood and economic security*: Most of the HRDs interviewed presented this as an emergency protection need. They argued that once an HRD is unable to continue with their work, which for many is a source of livelihood, they suffer economically and so do their families. This state of affairs goes on even beyond the prescribed 90 days placing the HRD is an extremely vulnerable situation, sometimes unable to actively continue with their work depending on the impact of the harm which can be physical or reputational, among others.

## 1.2   AVAILABILITY OF HRD EMERGENCY PROTECTION SERVICES

This study adopted the definition of 'availability' as articulated in the UN General Comment No. 13 on the Right to education as follows:

> *'Functioning institutions and programmes have to be available in sufficient quantity.'* What they require to function depends upon numerous factors, including the developmental context within which they operate; for example, all institutions and programmes are likely to require buildings, staff, and other facilities to support their function and mandate.'

Based on this definition, the findings under this thematic area are presented under the following areas:

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(i) The Eco-system;
(ii) Mandate of service providers
(iii) Regional distribution of HRD emergency protection service providers;
(iv) Functionality and programing.

1.2.1 The Eco-system: The HRD emergency protection service delivery line
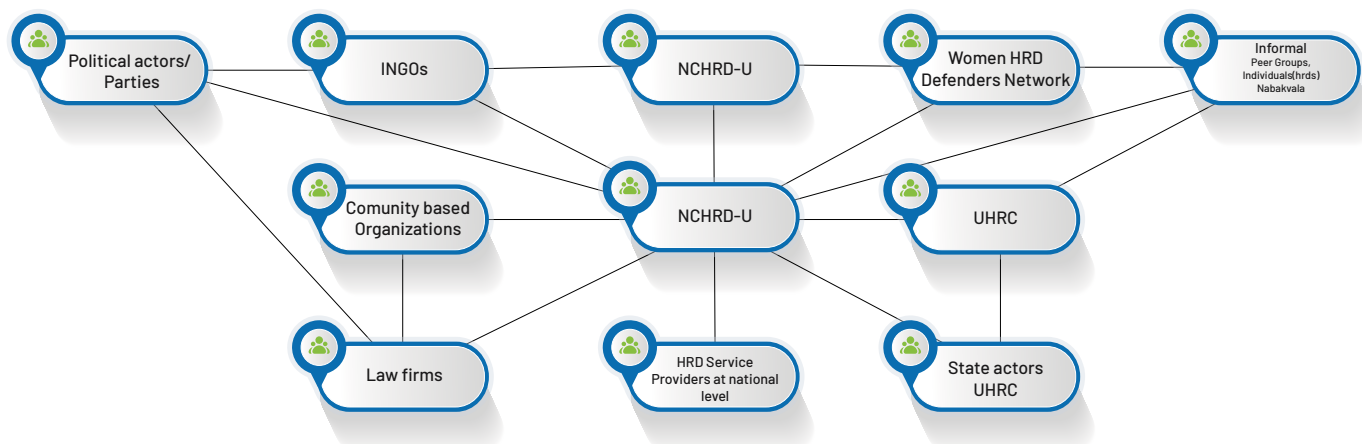
1.2.2 During the survey, respondents listed a number of organizations/individuals/groups that comprise the ecosystem. These are summarized in Figure 4 below:

Fig 4: The Ecosystem

1.2.2.1 Who comprises the eco-system?

- **Identity**

The HRD emergency protection service sector in Uganda has sporadically grown in number and is now more decentralized compared to where it was eight years ago when the Freedom House conducted the first assessment for HRDs. According to the NCHRD-U database there are over 140 HRD protection service providers in Uganda. The specialization and thematic focus of some of the providers has also become common trend. That said, as seen on fig 4 above, these service providers are not of similar identity.

- **State actors**

From the interviews, the respondents held that the eco system represents both state and non–state actors. Some of these include courts, the Uganda Human Rights Commission, the Equal Opportunities Commission, the Human Rights Committee of Parliament, Uganda Police, Local Council Courts and Local Council officials. Interestingly, whereas several reports such as the 2015 Freedom House report, and the NCHRD-U Civic Space report name the Uganda Police among the state institutions known for perpetrating human rights violations, the HRDs attending the FGDs, named the police as one of the most trusted HRD emergency protection service provider. One respondent noted

> "Police headquarters at Naguru has a witness protection unit which has been very effective in supporting the work of HRDs. We are very confident in their protection services."

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Another respondent noted that oftentimes Police is less recognized in the provision of protection services for HRDs. They argued that when the community turns against some HRDs especially those defending the rights of minority groups, Police is the only institution that can rescue and whisk away such HRDs. Some Police officers have even gone ahead to extend emergency services such as temporary relocation and food to HRDs during the emergency.
That said, are these defined as mainstream HRD protection service providers? What kind of services do they offer? Do they hold emergency protection funds?

➢   Non-state actors (formal and informal pathways)
These are the drivers of the HRD protection ecosystem. The non-state actors are both in the formal and informal pathway. While the formal pathway comprises of formal institutions (legally registered), during the study, some of the respondents defined informal pathways as loose, unregistered entities, individuals, peer groups, cultural leaders, women groups, community based groups and opinion leaders. However, these are ordinarily not set up or perceived as protection service providers in the technical sense.

Some respondents shared that although the informal was a critical player in providing first level emergency protection services, these structures were less visible and unrecognized in the HRD protection referral pathways. The HRDs who had utilized the informal, testified of -less bureaucracy, timely response, respect and confidentiality. A proposal to reflect on the necessity of developing an engagement strategy between the two worlds was mooted to NCHRD-U during the study.

• **Drivers of the eco-system**
Related to the previous point, it is evident that non-state actors are the major drivers of the HRD emergency protection services. As was stated in the '*Uganda Country report: Protection mapping exercise of 2021'*, the deficiencies embedded in the state protection framework have led the non-state actors to fill the gap. That beas it may, there are important implications on the capacity and sustainability of emergency protection mechanisms when non-state actors take over an enormous role of the state with no state funding coupled with the absence of key supportive policy and legal frameworks such as a Legal aid Law and the HRD Protection Law to support this function.

➢ **Coordination, fraud and harnessing from the rich eco-system**
The issue of coordination within the eco-system was raised and will be discussed in the 'access' section. As complex as it appears, the respondents emphasized the coordination role of the NCHRD-U that is anchored in her Strategic Plan (2022-2026).
Despite the steps taken by the Coalition to take up this space, including the establishment of referral networks, regional and sub-region coalition structures, and thematic working groups, the coordination gap is glaring.

> "The majority of beneficiaries are not genuine. Some 'HRDs' have mastered the game of applying, requesting and benefiting from the support available. It is like a business from where they earn. For instance some have turned into fraudsters by creating duplicate accounts and fictitious beneficiaries requesting for protection funds from multiple sources at the same time. They create stories that are not real and lie that they are at risk in order to convince service providers. Some of these have even promised the verifiers 'kickbacks' if they positively recommend their cases for support while others have threatened them if their cases are not considered for support.'

The following are the challenges: forum shopping, unhealthy competition, duplication of services, lack of standardization of protection services within the myriads of players in the eco-system and fraud.
As a result of this coordination gap, the eco system is threatened by fraud and abuse of the system. An increasing number of dishonest persons camouflaged as HRDs, have taken advantage of this gap and through deception, have accessed double and triple support from the same provider or various. The inability of the eco-system to detect this fraud continues to dent the image of the sector portraying it as weak and gullible. The danger of losing financial resources to undeserving cases threatens the system's sustainability and credibility. As one respondant shared,

Herein lies an opportunity for coordination. The respondents encouraged the Coalition to be more deliberate about bridging the coordination gap in order to protect the system. Respondents called for the strengthening of: case conferencing within the ecosystem, internal controls and oversight mechanisms within the eco-system in order to reduce the cases of fraud. A number of respondents spoke about the benefits that had been ripped from the coordination system (the Security Working Group) within the key populations HRD emergency protection service providers and encouraged the NCHRD-U to learn from this. However, the respondents were quick to add that the coordination role required high levels of integrity of the coordinating entity on one hand and willingness of service providers to be coordinated on the other. Funders of protection services in Uganda were also encouraged by the respondents to support coordination efforts by the Coalition within the local ecosystem.
On a more positive note, coordination of the eco system presents the service providers with opportunities to harvest from the **rich eco-system**. Such opportunities may include; replication of good practices (particularly in fraud control, oversight) in HRD emergency protection service delivery, joint resource mobilization, sound boarding on local resource mobilization tactics, standardizing and localizing aspects of HRD emergency protection service delivery, joint learning, research and cross learning from specialized or thematic service providers. This may increase the value addition of the Coalition to its members.

- **Visibility**
The need to increase visibility of the HRD emergency protection funds within the eco-system including their mandates was emphasized during the survey.

1.2.2.2   Mandate of HRD emergency protection service providers

As elaborated in Fig 5 below, the mandate of the service providers in the eco-system varies. Some of the entities have a sole HRD emergency protection service mandate, while for others, it is a partial mandate. Moreover, other service providers listed in the ecosystem deal with the preventive aspects while others are specialized, offering services only to specific constituencies (women, PWDs, key populations, land and environmental defenders). Lastly some have a regional mandate spreading through East Africa to the Horn of Africa.
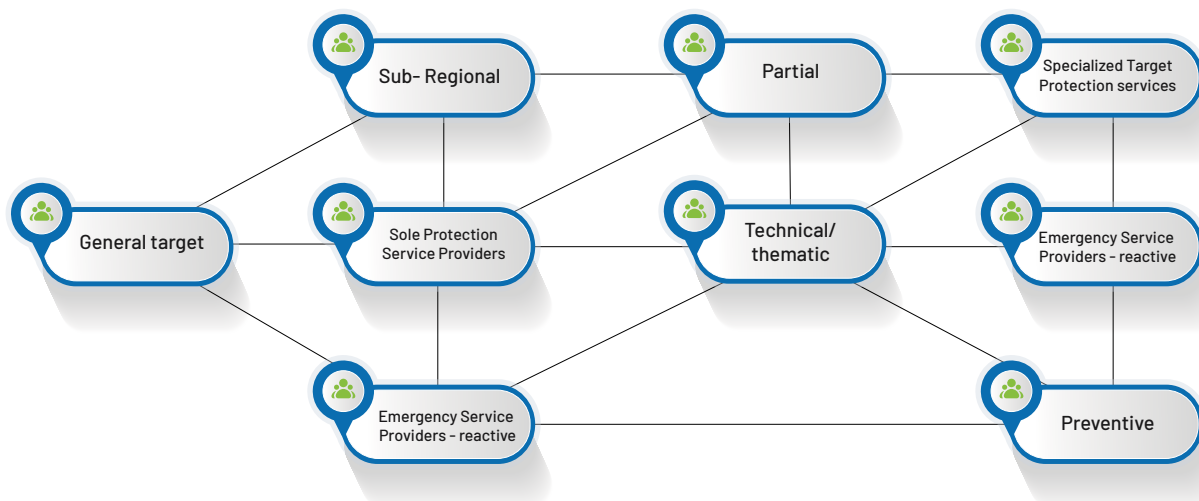
➢ **Specialization of HRD emergency protection service providers**
The increased specialization within the eco-system is applauded. This has improved availability of protection services, accessibility, inclusivity, movement building and solidarity around common causes, for particularly most at risk HRDs such as those working on land and environment, digital security, women, albinism, key populations and journalists. During the survey, a number of respondents referred to the Security Working Group mechanism. Housed by those emergency protection service providers supporting the key populations community, it stood out as a model, that can be replicated

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by NCHRD-U as an effort towards ensuring that specific safety and security needs of HRDs are better understood by passionate/like-minded and trusted service providers who identify with the specific thematic group. Not without its challenges, the ability of the Security Working Group to coordinate service provision in order to ensure that no one was falling through the cracks, as well as a means to minimize fraudulent cases, was emphasized. Voices requesting increments in funding for specialized emergency protection work in order to enhance the availability of emergency protection services were captured during the survey.

> **Complementing the reactionary with the preventive approaches**

While discussing the eco-system, the respondents applauded the emergency protection service providers for utilizing both the reactionary and preventive approaches. They proposed a clear mapping of the ecosystem to create a structured collaborative mechanism between those that provide reactionary services and those that are preventive in nature collaborate to strengthen the system. The Monitoring and Evaluation mechanisms within service provider institutions were identified as functions that can feed into this collaborative mechanism by studying trends and feeding the findings into the service delivery system for pro-active and effective responses.

Fig 5: Mandate of HRD emergency protection service providers

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Northern Uganda
- Lawyer Dorah Acaye. (Acholi Sub-Region)
- Medical & psycho-social support
- Psycartrician Ogwal Isaac

Karamoja
- Karamoja Rights Advocates.
- RIAM RIAM Civil Society Network.
- Medical
- Fitzman
- **Legal**
- Legal aid Uganda.
- FIDA Uganda.
- LoitaKori Euerest.
- RUCODET.

Northern Uganda
- Uganda legal Aid centre.
- Tinah Adoch & other
- (HRAPF).
- Justice Centre (Lira).

Hoima
- **Legal**
- Justice centers.
- Byarugaba & Co-advocates (Omara Daniel).
- Medical
- Dr. Bitamazire (Devine Medicals).
- Dr. Musinguzi Patrick (Mid-West consults).

Busoga Region
- All DCODs .
- All DHOs.
- Media houses, all radio stations in Busoga sub-region.
- **Legal**
- HRAPF.
- Women Probono Initiative.
- Medical
- COSF

Rwenzori/ Kasese
- Umbrella for journalists in Kasese (UJK)
- Bigoggo Sibendire Geofrey

Torora, Busia, Butaleja, Mbale
- Probation officers.
- Police- Child and family protection unit.
- DCDO.
- Justice Centre.
- Probation officers.
- CFPU.
- FIDA.

1.2.2.3 Geographical spread ofHRD emergency protection service providers

Fig 6: Map of Uganda showing some of the existing regional HRD emergency protection service providers and case handlers (as listed by the HRDs interviewed during the survey)

Several studies suggest that HRD protection services are mainly urban-based with a limited footprint at the grassroots. Positively over the years, there have been some changes. HRD protection service providers must be commended for deliberately embarking on the decentralization journey of HRD protection services including within grassroots organizations across all regions. The regional structures established by the NCHRD-U offer good examples.

This be as it is, the respondents encouraged protection service providers who have set up these regional focal points, to adequately support them financially and improve their technical capacity, with a view to transforming them into holistic centres from the regional to district based, offering full protection services that increase availability of protection services.

In increasing the numbers, the respondents further recommended particularly to the NCHRD-U, that the mapping of new service providers and case handlers should be conducted in a more participatory manner, involving HRDs in that region.

1.2.2.4   Functionality and programming

The concept of availability implies that the HRD emergency protection service providers are operative and have active and running programs. As seen from the eco-system in Fig. 4 above, some of the HRD protection service providers that were interviewed were fully functional, able to provide emergency support consisting of temporary relocation, legal assistance and psychosocial support. Others were running more specialized protection service programs with a bias on among others, journalists, women, key populations, sex workers, land and environmental defenders, and ethnic minorities.

However, the study learnt that there were HRD protection service providers, whose ability to offer the service to HRDs particularly in emergency situations was waning. Some of those interviewed both at the national and sub-regional levels, were struggling with financial and technical resources, making it difficult to fully function as an HRD emergency protection service provider. Some of these service providers lack office space, technical staff members, and requisite facilities like computers to aid information management. Some confessed to surviving on transport refunds from meetings that they were invited to attend within the centre. In fact, even though they were listed as part of the referral pathway as emergency protection service providers, they too were finding themselves in emergency situations and needed to be supported to carry out this role even better.

This study recommends that a review of the NCHRD-U's Referral Pathway Directory be supported in order to ascertain the capacity of the institutions to offer the required protection services with a view to addressing some of the gaps in partnership with the NCHRD-U.

1.3 ACCESSIBILITY TO HRD EMERGENCY PROTECTION SERVICES

As discussed in UN General Comment 13, accessibility has three dimensions: (i) **Services have to be accessible to everyone,** without discrimination especially the most vulnerable groups, in law and fact; (ii) **physical accessibility** – the services have to be within safe physical reach, either by attendance at some reasonably convenient geographic location or via modern technology and (iii) **economic accessibility** – services have to be affordable to all. Therefore, in interrogating this thematic area, the survey centered on and captured voices of respondents on (i) the question of accessibility to everyone without discrimination, (ii) cost of accessing services, and (iii) the most accessible service.

1.3.1   Voices of respondents on 'accessibility by everyone without discrimination'

Some of the respondents held the view that over the years, HRD emergency protection service providers have been intentional about improving accessibility of HRD services particularly emergency protection services in all the above three dimensions- using what they term as the 'grass root protection model.' For instance, the introduction and support to sub-regional level coalitions such as the focal points, regional representatives, grouping membership into specific thematic groups, training and working with paralegals and community based structures, use of regional based case handlers (doctors, lawyers), are efforts towards improving access. This is highly commendable.

➢   **Accessibility of HRD emergency protection services**

Respondents were asked if the HRD emergency protection services were accessible both at the national and regionallevels. Fig 7 below represents the responses of those HRDs interviewed.

Fig 7: Respondents' views on accessibility of services at national level

From Fig 7 above, majority of respondents were not sure whether services were accessible or not. 35% shared that they were accessible, while 5% said they were not.
Fig 8 below represents the respondents' views on accessibility of HRD emergency protection services at the regional level:

Fig 8: Respondents views on accessibility of services at the regional level

In Fig 8 above, still the majority of respondents were not sure if services were accessible. 33% were sure they were,while 6% held a contrary view.
*Some of the reasons advanced by the **'NOT SURE'** category*
➢ The respondents had not utilized the services before.
➢ They were not sure what mechanisms had been put in place to enhance access and whether these were effective.

*Some of the reasons advanced by the **'ACCESSIBLE'** category*
➢ These respondents were aware of the HRD emergency protection services with some former beneficiariesand/or verifiers.
➢ They appreciated the regional, sub-regional mechanisms and national referral network/ pathway put in place by the NCHRD-U in order to enhance accessibility.

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NCHRD-U (Staff and Board Members)

Takes final decision on financial support for cases Provides technical support to sub-regional coalition including case management tools, a Directory, Identifies appropriate cases handlers Verifies cases refers cases to the national referral network

Sub-regional coalition (comprises of focal persons from each district in the region)

Receives individual request for support from districts Verifies authenticity of cases recommends case handlers referencing the national referral network and directory Recommend safe space in cases of relocation follow up on cases supported the regional networks are 8 in total.

District focal persons

Elected at the NCHRD-U AGM District based representatives Receive applications for protection support Forward cases to the sub-regional coalition for verification

➢ The Directory of service providers and case handlers which was compiled by the NCHRD-U has improved knowledge and access.

*Some of the reasons advanced by the **'NOT ACCESSIBLE'** category*

➢ **Professionalization of activism and the limited classification of HRDs by service providers**: Some of the respondents were of the view that the HRD emergency protection services are discriminatory as they locked out certain categories of people- particularly those participating in politics. They argued that through politics, HRDs were advancing human rights more so, peacefully. Some of the respondents further argued that this approach was not reflective of the local operating context in Uganda and that the service providers were in fact enjoining the State to frustrate the enjoyment of the right to political participation through systematic stigmatization of those exercising this right. The respondents recommended that HRD protection service providers should widen their definition of who an HRD is, to include social movements and active politicians who are peacefully exercising their right to participate in politics arguing that, human rights activism is not aprofession and that contextually, sometimes the best human rights defenders are the active politicians.

➢ **Playing safe**: Some respondents argued that HRD emergency protection service providers have adopted the 'risk averse' approach for fear of blackmail and being misunderstood by the State. Unfortunately, they have argued that this has hampered access to HRD protection services by some categories of HRDs like politicians and key populations. The respondents argued and recommended that the HRD protection service providers must acknowledge and accept the risk associated with the

work they do, arguing that the protection related funds they hold, are not meant to support those 'playing safe'. Instead, the HRD protection service providers should be pre-occupied with mitigating the associated risks/threats that may be faced by the case handlers in the process of assisting such cases as opposed to closing them out completely.

➢ **The deficiencies of the National Referral Network/Referral Pathwa**y: Although this has been recognized and appreciated as a mechanism towards improving access, the network/pathway is faced with several challenges as elaborated below:

➢ *Changes in financial situations of service providers***:** Due to changes in financial situations, some of the emergency HRD service providers listed in the referral pathway can no longer effectively extend emergency protection services in the present day. The network needs to be re-mapped to ascertain who exactly is providing emergency services and to evaluate agility and capacity of the network members.

➢ Some of the organizations listed are not specialized emergency HRD service providers. This has compromised quality and access.

➢ *Some the network members are non-responsive.* Although the NCHRD-U has made an effort to enhance participation of members (particularly the heads of institutions) in the network including their voice on institutional and programmatic issues regarding the network, the response has in some instances, been lukewarm. There is need for the coalition to interrogate this further. Understanding the reasons for the low responsiveness, their expectations and what to them constitutes 'value addition' in the present day, may help get to the root of this. Again, a mapping for the present day HRD emergency protection services may facilitatea systemic reflection. Though not prescriptive, some of the guiding queries that could guide the mapping exercise include the following:

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Institutional aspects	Nature of services
• Address and functional contact details • Is the entity still willing to sign up? • Does the entity (and the case handlers) understand its rights and obligations in the referral network and within the MOU that is signed? • What are the expectations of the members? • Information flow within the organization • Is it a 'big brother" relationship between entity and NCHRD-U • Is the pathway a collective endeavor? Are the efforts of the members appreciated? • What does the value-add mean for members? • What are the values of the network? What are the rules that govern the fund? Are they shared across? • Has there been an evaluation of the referral network? What are the achievements and challenges? Has it contributed to durable solutions without the sector? • Feedback mechanism: does the network have an honest space between its members? • What holds the membership together? Without a shared funding framework, is the referral network effective? • Visibility of the members? How best can this be raised collectively?	• Type of emergency protection services offered. • Target group • Coverage • Niche? • Monetary contribution to services provided. • Are services 24hrs?
Specific case handlers	**Capacity needs**
• List of case-handlers to be shared in the database. • Tools for case management: verification, follow up, evaluation, feedback? • Good practices in emergency protection, referrals, case conferencing, etc	• Does the provider have any capacity needs related to its emergency protection mandate? • What kind of support would the entity require from the NCHRD-U? • Are there opportunities for joint resource mobilization? • What are financial expectations of members? • Are there capacity building opportunities that address the real needs of the members? • Is it time to reflect on a sub-granting policy to improve capacity in the present day

➢ Weak case conferencing mechanisms and follow up of cases within the referral network has compromised access, quality, and fueled fraud. Cultivating a culture and practice of joint case reflection across the referral network was strongly proposed as a means towards improving the effectiveness of the referral network towards access. Again, the Security Working Group was cited as an example which offers spaces for collective discussion and follow up of tough/challenging cases and mobilizing resources towards specific cases that need them. The proposal to set up a shared digital platform to support case conferencing and follow up has been mooted during the survey.

➢ **Centralization of decision-making:** Some of the respondents held the view that even with the effort to decentralize the case management process at the sub-regional level, the real decision making power on who to support and which service provider to use was still held at the centres (in Kampala) which in some ways hindered rapid response and access to deserving cases in instances where the centre was

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not convinced or did not share the perspectives of the focal persons or verifiers. Respondents shared examples where recommendations to support deserving cases were overturned by Kampala and yet they were genuine cases.

> *'Some of the case verifiers/focal persons make it easier for their constituencies to report cases. However, this does not always translate into support. The perception is that the decision is made at the centre by someone who may not share the same perspectives and is too distant and far removed from the lived realities of the applicant or thematized groups seeking support. Someone else must veto the recommendation by the focal person hindering access."* **Respondent**

Service providers are aware of this challenge. For instance, the NCHRD-U is pursuing efforts to deepen the decentralization process towards making it more practical. Efforts to empower regional and focal point mechanisms to fully own their cases and take 360-degree decisions on whether to support and to which technical service provider they can access a service are underway. In this case, the role of the NCHRD-U would be to pay for the services and report. A clear decision making structure with roles and responsibilities of each party at various levels may support this process better.

➢ **Kampala/ urban based service providers:** Several service providers/technical case handlers (medical, legal, psychiatrists) are still based in Kampala. There is no comprehensive centralized database of service providers and technical case handlers at the grassroots. Fortunately, this present day survey has provided an opportunity to kick-start the mapping. It is recommended that this seed information generated from the respondents, be utilized to inform a deep dive into the mapping towards the creation of an accessible and shared database possibly hosted on the Coalition's website to ease access which can be popularized at all levels. The Coalition can then solidify and have MOUs with the service providers to enhance access at this level. Checking the quality of services offered by these service providers/technical case handlers to -for instance ensure among others that; they are gender sensitive, are not homophobic and have facilities that favor HRDs with disabilities- should be part of the mapping exercise.

➢ **Poor response time:** Some of the respondents shared experiences where they found the case response time by service providers slow. One respondent shared;

> *'We have found their system really, **really** (emphasis) slow and given the environment we are working, sometimes this has not been helpful. This is why we rarely refer cases to some entities in the referral pathway. There is an emergency case we referred and for 3 months there was no response. We decided to take up the case and offer support even after it had been referred. Surprisingly, some international organizations working abroad are faster. In a volatile context, this has hampered access, with some HRDs opting not to be referred to some service providers anymore.'* **Respondent.**

The service providers are aware of this challenge and have endeavored to put in place mechanisms including the use of ICTs to remedy. The efforts towards mapping and increasing service providers at the grassroots level are part of this effort.

➢ **Low appreciation of intersectionality, gender blind and non-inclusive services:** According to some respondents, some of the services extended to HRDs are still gender-blind and do not consider the intersectionality of lives of HRDs. They argue that there is not enough effort to appreciate the fact that various forms of discrimination, such as those centered on race, gender, class, disability, sexuality and other forms of identity do not work independently but interact to produce particularized forms of social oppression. This, in some instances hasimpeded access.

One of the respondents had this to say:

> *'Some case handlers still assume that every HRD is the same, with the similar needs and seeking same assistance.They are applying the same lens to everyone, and it is just not working.* ***Respondent***

> *'There is not enough effort to better understand the intersectionality of the lives of key populations persons and the work they are doing. Most of the community members are advancing their rights because of their lived realities. It is hard to separate their sexuality from their work.'* ***Respondent***

Respondents reiterated that mainstreaming gender perspectives, feminist approaches, and lensing services from the disability perspective required continuous training of case handlers. It was suggested that a structured and more individualistic organizational capacity assessment exercises be conducted prior to the training to identify specific gaps and assess levels of knowledge.

➢ **Top-heavy services:** Some of the respondents still held the view that the HRD emergency protection services are still top-heavy largely prioritizing 'prominent' or 'high level' defenders. To them, the level of responsiveness and accessibility depends on 'who you are' within the human rights movement. Some of the 'kitchen soldiers' as they were termed, are not able to fully access the services that expeditiously compared to the 'who is who'. One of the respondents had this to say;

> *'One of the discriminatory processes in the HRD work is emergency protec-tion. It beats the whole essence of human rights' as it prioritizes the top.'*

➢ **Formalities and bureaucracy:** The formalities/bureaucracies associated with filing a case for possible support affects access. HRDs and case handlers cited examples of the unfriendly/unnecessarily detailed forms that had to be filled every time one was seeking support. They argued that some of the information that was repeatedly requested was often already in the hands of service providers. Respondents recommended the setting up of functional databases and appropriate application portals where information can be stored and swiftly retrieved to save time and minimize bureaucracies. The use of robust IT tools was encouraged. Further still, respondents encouraged service providers to further bridge the gap/shorten the distance between service providers and technical handlers thereby bringing the services closer to those who need them.

➢ **The case verification process:** Whereas protection service providers have endeavored to streamline and decentralize the verification process using regional focal persons, sub-regional coalition mechanisms and development of tools and templates, the process of verification needs to be adequately supported -financially and technically- taking into account the high operational costs- in

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order to improve access and timely responses. Respondents shared examples where the service providers advanced only Ugx 100,000/- to verifiers who were required to validate cases that were sometimes more than 200km away, with the expectation that this amount covered transport costs for the verifier, transport for other parties that may assist in the verification, communication costs, feeding and accommodation. For some, considerable delays had been experienced in receiving the money. It was even more challenging for some verifiers upcountry who were required to verify cases on a reimbursable basis. Where the amount advanced was not adequate, verifiers shared experiences where it became difficult to obtain adequate information to support deserving cases, in turn affecting access to the much needed protection services.

The second issue that was shared by the verifiers was their safety and security. The verification process was becoming increasingly insecure given that in some of the cases, the perpetrators of the abuse were powerful people determined to silence the HRDs and their allies. With the increase in fraud and fake cases, some verifiers reported having been threatened by fake persons referring to themselves as HRDs, if the verifier's final recommendations for support were not in their favor. Unfortunately, some of these threats- which affected the effectiveness of the validation process - were often overlooked by the service providers.

That said, it was recommended that HRD emergency protection service providers and funders need to factor these aspects into their budgets while lensing the verification process from an 'access' viewpoint. Standardizing the verification process to enhance access and quality was also proposed. The respondents encouraged the NCHRD-U to create spaces for conversations between verifiers and service providers in orderto align expectations, share good practices in case verification, customize verification tools (forms, plans), standardize practices in verification, brainstorm on tips for fraud detection and loss prevention strategies, all towards improving access.

- ➤ **Gate keepers:** HRDs shared the phenomenon of *'gate keepers.'* They were described as influential HRDs mostly in the sub-regions, who positioned themselves as decision makers and determined who accesses protection funds. With their biases, the respondents cited cases where some deserving cases never accessed protection funds as service providers in Kampala depended on the opinion of the gate keepers. Service providers are aware of this challenge. The sub-regional coalition mechanisms for case verification are some of the efforts that have been put in place to break up the monopoly, towards a more inclusive decision-making process. This mechanism is a good practice that needs to be further deepened and streamlined to manageable expenses.

1.3.2 Cost of accessing HRD emergency protection services

- ➤ **Cost of access:** The survey did not attempt a technical cost-analysis; a subjective analysis was done aimed at determining whether the cost of accessing services was manageable by ordinary HRDs and whether this affected the desired result. The cost of accessing the HRD emergency protection services was high in some cases, mainly due to the 'distance' between the service provider and the technical case handlers. HRDs shared experiences where they found difficulty in continuing to access emergency protection services as the transport contribution from service providers from the same was overspent. Where it involved the transportation of additional parties such as family members and witnesses, the transport and feeding burden doubled inevitably abandoning the service altogether. In their recommendations respondents shared the following:

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"Some of the technical case handlers are Kampala-based while the HRD is far off in the village outside the capital city. The protection funds need to pay attention to this access issue. The service needs to get closer to the people through budget support – a fund cannot only focus on paying the technical service providers and not the HRD accessing the fund. The person at risk needs to be adequately supported to the desired end. If the verifiers are experiencing operational challenges, then more so the person at risk' **Respondent.**

The service providers interviewed were aware of this challenge. For some, these practical costs had over stretched their budgets and welcomed the recommendation for flexible funds and collaborative partnerships amongst service providers to enhance efficiency.

'Transporting witnesses from hard to reach in cases of legal support can be complicated and multi-dimensional involving accommodation for several days, food, among others. Facilitating this process requires flexibility and pragmatism' **Respondent.**

➢ **Co-paying for services**: Respondents shared that some of the HRD service providers in the referral network – now required HRDs/clients to co-pay to access services. This was means towards sustainability. For those who were unable to contribute were sometimes barred from accessing the service. To clean up the referral pathway, it was important for the NCHRD-U to ascertain which of the service providers had introduced the 'co-pay' requirement so that expectations are appropriately aligned.

1.3.3   Most accessible HRD emergency protection services

- Legal Services
- Medical Services
- Psychosocial services
- Others
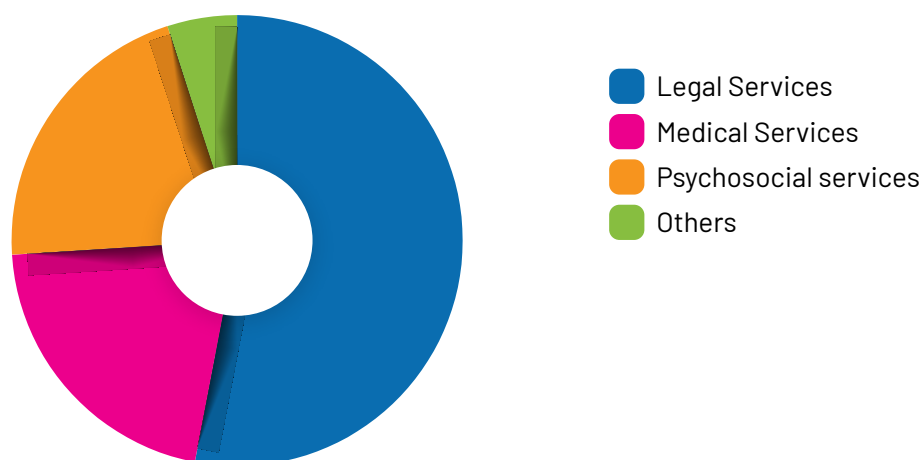
Fig 9: HRDs' views on most accessible emergency protection services

From Fig 9 above, legal services were rated most accessible.

Reasons for this choice of legal services
➢ Most of the HRDs interviewed had benefited from the legal services.

> ➤ The rapid response approach by the Coalition members such as the Legal Aid Service Providers' Network (LASPNET) had supported the legal response approach enormously.
> ➤ The decentralization of legal services had supported this component.

That said, the respondents were of the view that the legal support budget line had to be expanded beyond the legal fees to include costs towards witnesses, safety and security, case verification, accommodation, transport, communication, among others. This support though rated most accessible was expensive to maintain given the inputs and number of days.

1.4   QUALITY OF HRD EMERGENCY PROTECTION SERVICES

In the UN General Comment No. 13 on the Right to Education, 'quality' is the foundation of improving people's lives. It encompasses an element of sustainable change, acceptability and, excellence. These ingredients do not differ from the perspectives of HRDs that were interviewed during the study.

To the HRDs interviewed, 'quality' meant:

✓ **Acceptable standards:** *The services are of value and provided by professional teams with the necessary physical and digital infrastructure to facilitate the work.*

✓ **Respectful:** The services are inclusive, ethical, and respectful of the circumstances of the HRD beneficiary. The case handler to the beneficiary should not represent them as a privilege.

✓ **Efficiency:** *The services are time sensitive. Quality HRD services should be informed by a well-defined, known and accessible emergency response protocol.*

✓ **Effective:** The services should save life, do no harm, reduce risk or threat, improve quality of life of the beneficiary HRD and are sustainable. The services should be comprehensive to address the ripple effects of the risk or threat. For instance, they should address all the needs of the HRD. The type of service received should be the right diagnosis of the problem and must respond to the need without extending more harm to those in need. A follow up/feedback mechanism to improve quality of service delivery is vital to ensure effectiveness.

Therefore, in interrogating this thematic area, findings are presented under three areas including: (i) Areas where quality has been exhibited, (ii) Quality gaps, (iii) Sustainability.

1.4.1   Key findings with respect to 'quality' of HRD emergency protection services.

1.4.1.1 Areas where emergency HRD protection service providers have exhibited quality in service delivery.

According to the respondents interviewed from the FGDs, the quality of HRD emergency protection services has greatly improved. They were unanimous about this. The response time had improved (with the decentralization aspect), inclusivity of HRDs such as key populations was noted, while the range of service providers had increased offering options. As a proactive approach, the service providers were applauded for investing in thematic research, periodic studies on contemporary HRD protection issues and for the well run capacity building sessions always facilitated by experienced trainers in the areas of safety and security, digital security, legislative advocacy, research and documentation.

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1.4.1.2 Quality gaps in the provision of HRD emergency protection services

- *The absence of a localized self-regulatory mechanism to assist in quality assurance*

Currently, 'quality of service' is very much defined by individual HRD emergency service providers in Uganda. There isn't an agreed localized or country specific Blueprint that sets out principles and standards of behavior for responsible practice. None has been developed and administered by the community of service providers in Uganda to enhance quality and protect the credibility and integrity of professional HRD service providers and their networks in this industry. It is recommended that the Coalition coordinates and is supported to initiate efforts towards this process. The Quality Assurance Mechanism (QUAM), a self-regulation mechanism for NGOs is a good place to start the learning journey. This mechanism may ensure accountability and further coordination of community of service providers.

- *Balancing between quality and quantity*

There is a perception that the over emphasis on numbers/targets in programming by service providers, has in some instances compromised quality of service delivery. The pressure on service providers to reach as many HRDs, has in some instances resulted into spreading to far (reaching many) but not too deep (affecting quality). With no constant follow up by the service provider after the services have been extended in order to establish the impact on the life of the HRD, beneficiaries were of the view that there is more reliance on numbers than the quality of service or the human person. That said, a culture of obtaining and giving feedback needs to be established within the sector. The two-way system between the service provider and the beneficiary needs to be strengthened through a systems approach.

- *Investing in 'quality time' as part of improving quality*

The psychosocial support service was flagged by some of the respondents as one that has failed to pass this test. Although the majority of respondents acknowledged that this component was new to them (they described it as unclear and needed more time to understand it), one respondent was concerned about the quality of time offered by some the HRD technical case handlers. She noted thus

> *"I am currently seeing a psychiatrist. However, this psychiatrist does not offer me quality time." They are always in hurry. There was a time the counseling lasted only 10 minutes which to me was such a short time to exhaust the issues being addressed for that day.'*

- *Monitoring service delivery and obtaining feedback to enhance quality: learning from the 'Know YourCustomer' mechanism in the Commercial Banking sector.*

Respondents suggested that an agile and 360 degrees monitoring and follow up system be put in place by service providers to monitor quality of service delivery and obtain feedback from the beneficiary HRD and the case handlers on cases referred. The study team hastens to add that, although there are instances where the service providers had instituted feedback surveys amongst HRD beneficiaries, some of the participants involved in this process, had not received any feedback response from the service providers on the steps that had been taken to improve.

(i) **Adopting the KYC strategy:** The Know your Customer (KYC) strategy is a mandatory process by which banks obtain information about the identity and address of the customers. It verifies the clients when opening an account and periodically overtime. Banks must ensure that their clients are genuinely who they claim to be. The five stages of KYC include customer identification, customer

due diligence, risk assessment, on-going monitoring and reporting suspicious activities.

The proposal from respondents to adapt/customize the KYC to fit the requirements of the HRD sector may strengthen the monitoring and feedback system. Through the KYC, the monitoring, reporting and feedback is not only limited to the beneficiaries but extended to the service providers themselves and the technical case handlers as well. It is 360 degrees. This for instance ensures that the firms that are engaged are fit for purpose, not just in terms of infrastructure but also respect human rights as they go about their day-to-day business. In this case, background checks can be conducted to ensure that they are not homophobic, are gender sensitive and are not human rights abusers themselves. Today, signing of Safeguarding policies is required not just by service providers but by their wider network and clients. Lastly, awareness campaigns about the feedback system will also step-up usage.

(ii) **Putting a human face to the monitoring and feedback system:** Beyond the automated questionnaires, feedback and intake forms, respondents recommended the use of face-to-face interviews to obtain a full picture of the experiences and recommend an appropriate remedy beyond what has been written. An experience was shared by one of the service providers:

> *'There was a case of an HRD who was sexually abused at a police station. However, the individual was not able to explain the specifics of the ordeal on the questionnaire. The trauma and anxiety experienced could not be expressed on the intake form. The one-on-one interview with the HRD was helpful in informing the selection of an appropriate service needed by the HRD beyond the legal support that was being requested on the questionnaire.'* **Respondent.**

Being mindful of the expenses, the respondents encouraged focal persons where it is not happening, to take it up and be supported by the service providers in this role beyond case verification. It is worth noting that this is already happening in some sub-regions and should be recorded as a good practice and replicated. That said, appropriate feedback and monitoring tools will have to be developed or shared where they exist, to support this nuanced process. Further, flexibility of funding to include a nimble monitoring and follow up system will go a long way in the sustenance of the protection services.

(iii) **Taking the lead through the Monitoring Evaluation and Learning (MEL) function:** The MEL function in present day protection services becomes critical in leading the set up and servicing of monitoring, follow up, reporting and documenting systems to motivate quality in the entire eco-system. Documenting transformational stories and publicizing the same is part of this function.

- *Introducing meritorious awards*

To motivate quality, the NCHRD-U could introduce and coordinate annual or every two years meritorious awards to outstanding service providers and case handlers as is for HRDs. The selection parameters could be both qualitative and quantitative through a participatory process.

- *Balancing case management and confidentiality as part of quality*

The survey learnt that there is a move, amongst service providers to set up an integrated case

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management system in order to aid coordination, case management and improve quality of service delivery. However, the confidentiality question still lingers. How to balance the two will require commitment and innovation.

- *Training, mentoring, and coaching for quality*

Although some respondents expressed fatigue for training, the strategy was still proposed. Voices were strong on supporting mentorship and coaching for case handlers towards improving quality of service delivery. Further still, it was recommended that the Coalition coordinate peer-to-peer bench marking visits across peer service providers, thematic areas, technical case handlers and verifiers to support the strategy. The sessions could address gaps in: understanding the HRD concept, the save life principle, case management, follow up and reporting, the art of case verification, communication during case handling, diplomacy, agility, appreciating intersections, dealing with crisis situations, addressing implicit biases, and obtaining information from survivors.

1.1.1.3 Sustainability of HRD emergency protection services: In search of durable solutions

HRD emergency protection service providers are searching for durable solutions, mindful of the present day resource dynamics and the vulnerability of the HRD emergency protection service sector. The establishment of Thematic Technical Working Groups (TTWG), the Regional Referral Network (RRN), strengthening member institutions through knowledge and skills building on relevant safety and security matters, and overall advocacy for a favorable legal and policy framework that supports the work of HRD, are all part of these efforts, which should be commended.
Several strategies towards durable solutions were proposed by respondents:

- **A study on the future of funding for HRD emergency protection:** An further interrogation on the current and future funding dynamics for protection services and the impact of existing/emerging global crisis like interstate conflicts, the shifting international development aid policies, and dwindling funding streams, needs to be supported to inform local conversations sustainability.

- **Up scaling existing local HRD emergency protection response models:** Pieces of various models such as the regional referral networks, the focal points, and the peer support systems (mainly used by key populations), have been presented as having the potential to offer more sustainable solutions to embattled HRDs in certain instances. These should be supported by service providers and funders as part of the up-scaling strategy.

- **Intensify the campaign for preventive approaches:** Recognizing that the reactionary approach is not sustainable, respondents encouraged service providers and HRDs to deepen and upscale the preventive approaches such as; enhancing own digital security; implementing security working plans and; investing in continuous dialogue which is informed by research, with duty bearers and known perpetrators in order to mitigate risks. In the same spirit, the tagline '***Take your personal security seriously'***, dominated the conversation of sustainability.

- **Advocacy for the enactment of the HRD Bill in a strategic style:** Although there have been reservations on aspects of the current NGO proposed HRD Bill (in as far as it adds more layers of regulations for HRDs, in an already over regulated sector), the strategic advocacy for its enactment, mindful of a Parliament that is suspicious of NGOs, was mooted. The institutions leading in this campaign were further encouraged to secure a firm buy-in from the NGO sector as a whole.

- **In support of local resource mobilization for HRD protection work**: Some of the respondents strongly advocated for the institutionalization of local resource mobilization within HRD organizations to support their own safety and security. Documenting and increasing visibility of such practices where they exist, maybe a good step towards influencing a mind-set shift within the eco-system.

CHAPTER FOUR
CONCLUSION, RECOMMENDATIONS AND OPPORTUNITIES

1.1   Conclusion

The HRD emergency protection service sector has undoubtedly grown over the years with an increase in the number of service providers offering services. Efforts to improve access, availability and quality have been noted and are indeed applauded. The central role played by the NCHRD-U has been acknowledged in this respect. Despite the challenges of a growing sector, service providers are on a deliberate course to strengthen institutions, systems, structures, procedures and coordination in order to offer appropriate responses to embattled HRDs.

To consolidate the gains and deepen interventions, the following recommendations have been proposed by study respondents.

1.2   Recommendations
The summary recommendations directed to the coalition and the larger protection service sector are categorized into short, mid and long term to ease tracking and follow up.

Thematic area	Recommendation	Institution responsible	Time categorization
Understanding of HRD Protection Services			
Understanding of HRD emegency protection services	There is need for HRD protection service providers to support thematic and region based awareness campaigns amongst HRDs to bridge the existing knowledge gap on the understanding of protection services and increase visibility of each category of services including aligning of expectations.	HRD service providers	
	Re-evaluate and localize the "90-day" time-limitation principle, towards a more flexible approach that does not undermine the very objective for which the protection services were set up.	HRD Service providers	
	Conduct periodic sector dialogues to collectively deliberate oncoordination and standardization of HRD protection services.	HRD Service providers	
	Support research studies that analyze the mental health impact of threats and harm suffered by HRDs.	HRD Service providers and case handlers	
	The mapping of crisis/criminalizing moments is an exercise that HRD service providers have adopted over the years. This practice needs to be deepened by service providers in order to inform proactive and collaborative approaches amongst service providers both at the programmatic and resource mobilization levels. Using digital tools or applications to track and document regional trends, map hotspots and record perpetrators may add value to this exercise.	HRD Service providers and case handlers	
Availability of HRD Protection Services			

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Availability of HRD emergencyprotection services	Developing an engagement strategy between formal and informal HRD protection service providers towards improving availability of services across the country.		
	The review of the Referral Pathway Directory be supported to ascertain the capacity of the institutions that offer the required protection services with a view to addressing some of their institutional and capacity gaps. The need to increase the visibility of service providers and the kind of services offered was also recommended.	NCHRD-U	
	Establishment of regional holistic HRD protection service support centres. This could be implemented in a phased out approach with the purpose of learning from one region.	NCHRD-U	
	Increase funding for thematized/specialized HRD protection services in order to enhance availability.	Development partners	
	Bridge the coordination gap to protect the system from harm. This could strengthen the checks, internal controls and oversight mechanisms within the eco-system to reduce cases of fraud.	NCHRD-U /service providers	
Accessibility of HRD Protection Services			
Accessibility of HRD emergency protection services	Service providers encouraged to widen their definition of 'who anHRD is', to include social movements and active politicians who are exercising their right to participate in politics.	NCHRD–U /HRD service providers	
	Strengthen case conferencing and follow up by HRD protection service providers in order to enhance access to quality services bydeserving cases and address the growing cases of fraud.	NCHRD–U/HRD service providers	
	Carry out a systematic, in-depth and national based mapping exercise in order to create an up to date and shared database of existing or potential service providers like medical personnel, lawyers, psychiatrists, both at the grassroots levels and national level in order to enhance access at that level. Further create a database to be hosted by the NCHRD-U Website with access rights limited to stakeholders.	NCHRD–U/HRD service providers	
	Lensing services from a gender, feminist and disability perspective by service providers and case handlers. Carry out a well-structured organizational capacity assessment exercise to inform this exercise.	NCHRD–U/HRD service providers	

	Adequately/financially support the case verification process through the use of regional focal persons. Address the safety and security needs of verifiers.	NCHRD–U/HRD service providers, Development partners	
Quality and sustainability of HRD Protection Services			
Quality and sustainability of HRD emergency protection Services	Introduce a self-regulation mechanism similar to the Quality Assurance Mechanism (QUAM) towards enhancing accountability and further coordination of the community of service providers.	NCHRD–U	
	Develop simplified protocols and service standard charters withinthe membership to enhance quality and standards.	NCHRD–U/HRD service providers	
	HRD service providers could conduct periodic satisfaction surveysto assess the quality of offered services by case handlers.	NCHRD–U/HRD service providers	
	Conduct periodic satisfaction surveys to assess the quality ofoffered services.	NCHRD–U/HRD service providers	
	The NCHRD–U could initiate an 'Annual HRD service providers and case handlers Meritorious Award' in order to recognize outstanding services in different categories such as legal, medical and psychosocial services.	NCHRD–U	
	Undertake mentorship and coaching of HRD service providers on provision of quality services. The coalition could coordinate benchmarking visits among HRD service providers and case handlers to foster exchange learning and motivate quality service delivery.	NCHRD–U	
	Sustainability of HRD emergency protection services		
	Advocacy for the enactment of the HRD Bill in a strategic manner: The champions of the BILL such as the NCHRD–U need to build further consensus on the contents within the sector.	NCHRD–U	
	Up scaling existing local HRD emergency protection response models: A number of models like the regional referral network, the focal points, and the peer support systems have been listed as potential local response models. These should be supported as part of the up scaling strategy of service providers for sustainability.	NCHRD–U/HRD protection service providers	
	Renegotiate funding mechanisms with donors to fund long-term programmes, institutional and infrastructural development.	NCHRD–U/ HRD protection service providers/ development partners	

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| | **A study on the future of funding for HRD emergency protection:** Situating this study within the global economic context (emerging global crisis like inter-state conflicts, shifting international development aid policies, dwindling funding streams at the international level) and its impact on development aid and bi-lateral aid should be supported in order to inform future sustainability strategies. | NCHRD–U/HRD protection service providers/development partners | |

Key

■	Short term
■	Mid term
■	Long term
■	Continuous

1.3   Opportunities

A number of opportunities that may support the HRD emergency protection service sector in the implementation of recommendations were proposed by the respondents as follows:

a) **Strategic direction of the Coalition:** NCHRD-U is currently implementing a five-year Strategic Plan (2022-2026). The plan has clear-cut strategies that may support the realization of some of the recommendations. The NCHRD- U needs to be supported to fully implement this plan.

b) **Growing movement of grassroots HRDs:** The recent times have seen a growing movement of grassroots HRDs. This presents opportunity for decentralization of HRD services at the grassroots in an effort to improve access.

c) **Technology and the digital era:** Lessons from the COVID 19 pandemic suggest that organizations need to deliberately invest in technology to reach their constituency, remain relevant and improve effectiveness. The service providers can lead protection service sector to leverage the use of emerging technologies such as digital tools to develop self-help platforms and early warning systems for tracking potential risks and threats to HRDs. This is also a potential learning area from counterparts in the region.

d) **Advocacy efforts for the enactment of HRD supporting legislations:** The ongoing efforts to advocate for the enactment of the HRD protection law and the National Legal Aid law presents a fundamental opportunity to guarantee sustainability of HRD protection services. Such efforts should be continued regardless of the drawbacks.

ASSESSMENT OF THE PRESENT DAY HUMAN RIGHTS DEFENDERS' (HRDs) EMERGENCY PROTECTION SERVICES IN UGANDA
'CONSOLIDATING THE GAINS, DEEPENING OUR INTERVENTIONS - 2024"

STUDY REPORT

ANNEX 1
LIST OF DISTRICTS WITH POTENTIAL RISK AS SHARED BY HRDs INTERVIEWED

Region	District
Central	• Kampala • Mubende
Western	• Hoima • Buliisa • Masindi • Kasese • Kiryandongo • Isingiro • Kikube
Northern	• Amudat • Moroto • Arua City • Moroto, • Kaabong • Amuru • Koboko • Abim
Eastern	• Busia • Mayuge • Kaliro • Kamuli • Iganga • Jinja • Buyende • Luuka

NATIONAL
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