

ACTIVITY REPORT

REGIONAL HEALTH AND HUMAN RIGHTS STAKEHOLDER DIALOGUES



Project supported by;
Commonwealth Foundation.

List of Acronyms

Acronym Definition

AGYW	Adolescent Girls and Young Women
CBOs	Community-Based Organisations
CFPU	Child & Family Protection Unit (Police)
CSOs	Civil Society Organisations
DPC	District Police Commander
DHO	District Health Officer
FSW	Female Sex Workers
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
KWHSI	Kabarole Women Health Support Initiatives
PDM	Parish Development Model
RCC	Resident City Commissioner
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
UNESO	Uganda Network of Sex Worker-led Organizations
UPHIA	Uganda Population-based HIV Impact Assessment
RRH	Regional Referral Hospital

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Activity Introduction and Background.

This combined activity report presents a consolidated overview of the four regional stakeholder dialogue meetings on health and human rights conducted across Western, Eastern, Southern, and Northern Uganda by UNESO, financially supported by Common Wealth Foundation under a project of “Advocacy to improve sexual reproductive health rights of sex workers for Network of Key Population Service Organisations (UNESO).

In total, meetings brought together 120 (one hundred twenty) key stakeholders from government institutions, health facilities, civil society organizations, community-based organizations, development partners, and other relevant actors to strengthen collaboration, coordination, and collective action around the project interventions.

Four regional health and human rights stakeholder dialogues were conducted across Fort portal district (Western), Tororo District (Eastern), Kabale district (Southern), and Gulu City (Northern) Uganda to strengthen advocacy and influence decision-making on the promotion and protection of the human rights of sex workers. The dialogues provided a platform for meaningful engagement among sex workers, health service providers, district authorities, civil society organisations, and other key stakeholders.

In Fortportal district (Western) and Kabale district (Southern), the dialogue happened on 18th November 2025 while in Gulu City (Northern) Uganda and Tororo District (Eastern), the dialogue meetings took place on 18th March 2026.

The dialogues aimed to address human rights-related barriers affecting access to quality and non-discriminatory sexual reproductive health services for sex workers, while promoting stronger collaboration between communities and duty bearers. Discussions focused on identifying gaps in service delivery, strengthening accountability, and developing practical approaches to improve access to appropriate, acceptable, and rights-based sexual reproductive health services.

In addition, the meetings sought to build the capacity of sex workers to meaningfully participate in decision-making processes at both district and national levels. Participants were equipped with knowledge and skills on human rights, advocacy, stakeholder engagement, and constructive participation in policy and programme processes. This was intended to strengthen the voice and leadership of sex workers in advocating for policies and services that respond to their needs and protect their rights.

Overall, the regional dialogues strengthened stakeholder collaboration, created opportunities for policy engagement, and contributed to positioning sex workers as active partners in shaping health and human rights responses at district and national levels.

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The regional meetings provided an important platform for stakeholders to share experiences, assess progress, identify emerging challenges and service delivery gaps, and agree on practical strategies to improve implementation at regional and district levels. Discussions also focused on strengthening meaningful stakeholder engagement, promoting sustainability, enhancing linkages to existing health and community systems, and ensuring that interventions respond to the needs and priorities of the communities being served.

This report therefore brings together the key proceedings, issues raised, outcomes, recommendations, and agreed action points from the four regional stakeholder meetings. While each region had its own context and priorities, the combined findings highlight common opportunities and challenges that can inform programme implementation, advocacy, coordination, and future engagement with stakeholders across Uganda.

The stakeholder dialogue Meetings Objectives

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1. To disseminate and review progress updates from the ongoing Commonwealth Foundation-supported SRHR project.
2. To facilitate a transparent discussion on existing SRHR challenges and potential opportunities for vulnerable women and girls in Kabarole, with a specific focus on gaps impacting FSW.
3. To formalize and strengthen inter-agency coordination mechanisms and stakeholder collaboration across the district to ensure non-discriminatory service delivery.
4. To collaboratively develop joint action points focused on improving SRHR access, enhancing human rights protection, and ensuring sustained stakeholder engagement

Key Discussions

In Fort portal (Western Region), the discussions highlighted challenges, notably the persistent stigma towards sex workers in health facilities, rampant stock outs of condoms, the prevalence of client-perpetrated violence, and pervasive police misconduct, including discriminatory arrests and illegal bond payments of UGX 100,000. Whereas, in a strong demonstration of community value, some sex worker representatives shared an example of how their relationship with law enforcement has led to improved security for the community.

In Gulu City (Northern Region), the following community concerns were raised which includes; Persistent stigma and discrimination in communities and health facilities. Limited availability of SRHR commodities, High prevalence of GBV, rape, and violence against sex workers.

In Tororo-Malaba (Eastern Region) the sex workers highlighted key concerns of ,Frequent arrests and legal vulnerabilities, Negative cultural perceptions of sex work and Health system challenges (staff shortages, high workload, limited KP-sensitive services.

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And in Kabale district (Southern region) key concerns established were; wide spread GBV, Wide spread poverty, lack of awareness on SRHR and Weak systems for reporting and addressing abuse

Crucially, the dialogues resulted in commitments from Stakeholders.

1. For access to government economic empowerment, the Fort Portal - RCC pledged to escalate FSW empowerment needs to the President and assist UNESO members in accessing government programs like the Parish Development Model (PDM).
2. DCDO's officers committed to non-discrimination and supporting the registration of FSW groups for government development programs like PDM funding.
3. Around Legal Protection, The District Police Commander Kabalore and Gulu announced an open-door policy for direct reporting, assured FSW of their rights to a lawyer, medicine, food while in custody, and justice, and condemned illegal bond payments, urging direct reporting to superiors.
4. For smooth access to health services, the District Health Educators confirmed the immediate availability of Mpox vaccinations for sex workers and pledged to rectify the expired condom stock issue.
5. The City/District Health Offices committed to pushing for FSW representation on health committees for meaningful involvement.

Emerging Opportunities.

1. High-Level Political Will: The DRCC's commitment to prioritizing FSW economic empowerment, accessing government development projects like the PDM funds, and escalating issues directly to the President when he visits the Region.
2. For security collaboration, the DPC's open-door policy, assurance of human rights in custody, and request for FSW cooperation when conducting an investigation on their clients. He also assured justice when they report cases.
3. DHO & City Health Partnership. Explicit commitment from the DHO's office to support FSW group registration for PDM and the City Health Office's commitment to push for committee representation for sex workers.

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Stakeholder Commitments.

Stakeholder	Commitment
DRCC	To assist FSW in accessing government economic programs (e.g., PDM) and to raise the need for FSW empowerment programs with the President.
DPC/Police	To ensure the rights of FSW in custody (lawyer, medicine, food); to maintain an open-door policy for direct reporting; and to investigate and discipline officers involved in illegal bond payments.
DHO's Office	To actively support the registration of FSW groups to access PDM money and startup business capital, ensuring non-discrimination.
City Health Office	To commit to collaboration, actively push for FSW representation on health committees, and mobilize FSW participation in the upcoming triple elimination campaign.
District Health Educator	To ensure the prompt availability and distribution of Mpox vaccinations to FSW and to address the procurement of non-expired condoms immediately.
UNESO members	To continue acting as the central liaison for FSW complaints and to mobilize members to utilize the DPC's open-door policy and participate fully in the DHO/City Health initiatives.
UNESO secretariat.	To support the mobilization of condoms for the sex worker-led organizations in the region.

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Recommendations and Follow-up.

1. During the discussion, it was recommended that stakeholders have sex worker representatives on different committees that aim to support them for meaningful involvement in decisions that benefit sex workers. Establish a Joint FSW
2. There is a need for implementation of the Zero-Tolerance policy for Corruption in police stations and sex workers to report illegal bond payments directly to the DPC's office, followed by swift disciplinary action against offending officers.
3. KWHSI is to work in collaboration with the DCOD and DRCC offices and must submit a formal proposal for FSW to access the available government development funds. PDM funds.
4. For SRHR Commodity Assurance, the District Health Office must conduct an immediate audit of all condom stocks, replacing expired supplies and ensuring adequate, non-expired inventory is available, particularly in high-need areas like Bundibugyo.

Follow-up Actions and Responsible Parties.

Action	Responsible Party	Deadline
1. Mobilize condoms for Sex worker groups.	UNESO Secretariat	2 week post-meeting
2. Conduct an immediate audit and replacement of expired condom stocks (Bundibugyo, others).	District Health Educator / DHO's Office	2 weeks post-meeting
3. DPC to designate and announce the official FSW Liaison Officer.	DPC's Office	2 weeks post-meeting
4. KWHSI to draft and submit sex worker-led Group Registration documents to DHO's Office for PDM access.	KWHSI / DHO's Office	3 weeks post-meeting
5. City Health Office to formally appoint KWHSI/FSW representative to relevant health committee.	City Health Office	4 weeks post-meeting
6. Organize first quarterly meeting of the Joint FSW Protection Working Group.	RCC / UNESO	6 weeks post-meeting
7. UNESO members to mobilize sex workers' participation in the upcoming Triple Elimination Campaign (Hepatitis B, HIV, Syphilis).	UNESO members and District /City Health Office	Next Week



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Conclusion

This stakeholder dialogues provided an effective platform for constructive engagement on advancing SRHR for sex workers in Uganda. The commitments from the DRCC, DPC, DHO, and City Health Officers, coupled with Health service updates, including Mpox status, laid a strong foundation for moving from advocacy to measurable operational change. The next phase of the Commonwealth Foundation project will focus on monitoring the implementation of these actions to ensure accountability and sustainable improvement in the lives of sex workers.



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