



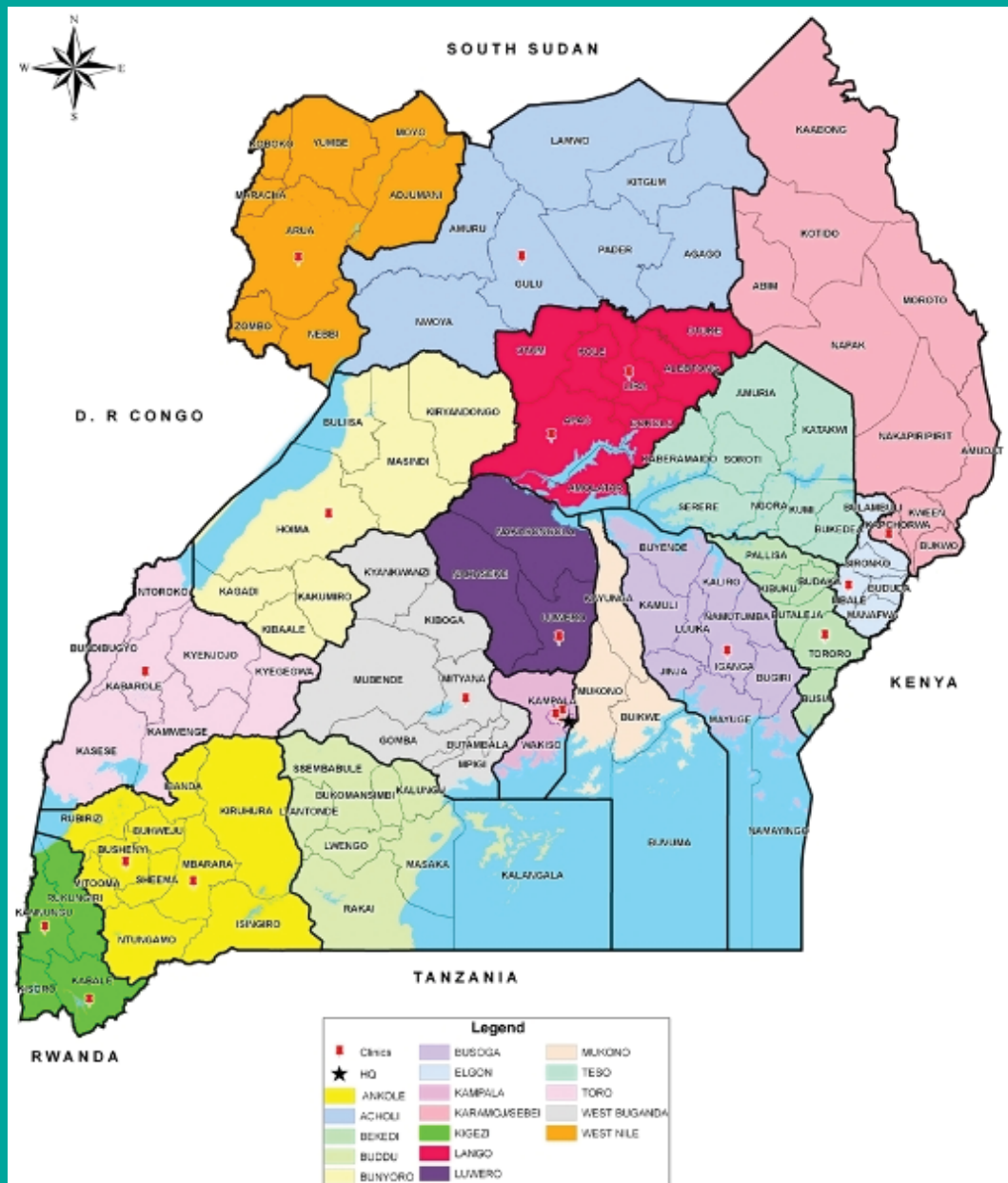
Reproductive  
Health Uganda

# ANNUAL REPORT 2014



ACCELERATING ACCESS TO PRIORITY SEXUAL AND REPRODUCTIVE SERVICES

# RHU Map: Clinics and Branches



# Accelerating Access to Priority Sexual and Reproductive Health Services

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## **Our Vision**

RHU envisages a Ugandan society where everyone has access to SRHR information and services they need and in which their SRHR choices are respected

## **Our Mission**

RHU is committed to promoting high quality, high impact and gender-sensitive sexual and reproductive health and rights information and services for vulnerable and most at risk population of young people (15-30years) in Uganda through capacity building, specialised services delivery, issue-specific advocacy and strategic partnerships

## **Core Values**

Strategic Partnership  
Impact  
Quality of services  
Choice  
Learning and Innovation

## **About Us**

Reproductive Health Uganda (RHU) is a member of the International Planned Parenthood Federation (IPPF). Formerly Family Planning Association of Uganda, RHU is one of the oldest NGOs in Uganda that started work in 1957. Currently RHU operates 17 branches with clinics and youth centres, offering reproductive health services through outreaches covering all regions of the country.

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# Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>M&amp;E</b>	Monitoring & Evaluation
<b>AIC</b>	AIDS Information Centre	<b>MLS</b>	Moon Light Star
<b>ANC</b>	Antenatal Care	<b>MOH</b>	Ministry Of Health
<b>ASRH</b>	Adolescent Sexual & Reproductive Health	<b>MOLGSD</b>	Ministry Of Gender Labour & Social Development
<b>ARV</b>	Anti-Retroviral	<b>MSU</b>	Marie Stopes Uganda
<b>BCC</b>	Behaviour Change Communication	<b>MVA</b>	Manual Vacuum Aspiration
<b>BEC</b>	Branch Executive Committee	<b>NACWOLA</b>	National Association of Women Living With HIV/AIDS
<b>BTL</b>	Bilateral Tubal Ligation	<b>NEC</b>	National Executive Committee
<b>CBDAs</b>	Community Based Distributors	<b>NPM</b>	National Programme Manager
<b>CBRHAs</b>	Community Based Reproductive Health Agents	<b>PAC</b>	Post Abortion Care
<b>CMIS</b>	Computerised Management Information System	<b>PAIR</b>	Performance and Accountability Initiative for Better Results
<b>CPR</b>	Contraceptive Prevalence Rate	<b>PAVES</b>	Promoting Access to Value-added SRHS
<b>CSOs</b>	Civil Society Organizations	<b>PEs</b>	Peer Educators
<b>CSW</b>	Commercial Sex Worker	<b>PFC</b>	Programmes & Finance Committee
<b>CYPs</b>	Couple Years of Protection	<b>PME</b>	Participatory Monitoring & Evaluation
<b>DFID</b>	Department for International Development (UK)	<b>POPSEC</b>	Population Secretariat
<b>DFPA</b>	Danish Family Planning Association	<b>PTC</b>	Post Test Club
<b>DOF</b>	Director of Finance	<b>RH</b>	Reproductive Health
<b>DOP</b>	Director of Programmes	<b>RHU</b>	Reproductive Health Uganda
<b>EC</b>	Ear Marked Coordinator	<b>RMA</b>	Resource Mobilization and Awareness
<b>EC/IECP</b>	Emergency Contraception	<b>RFSU</b>	Swedish Association for Sexuality Education
<b>ED</b>	Executive Director	<b>RR</b>	Reproductive Rights
<b>e-IMS</b>	Electronic Information and Management System	<b>SAAF</b>	Safe Abortion Action Fund
<b>EMTCT</b>	Eliminating Mother-To-Child Transmission of HIV	<b>SDPs</b>	Service Delivery Points
<b>FAM</b>	Finance & Administration Manager	<b>SRH</b>	Sexual and Reproductive Health
<b>FBOs</b>	Faith Based Organisations	<b>SIDA</b>	Swedish International Development Agency
<b>FGDs</b>	Focus Group Discussions	<b>SPs</b>	Service Providers
<b>FPAU</b>	Family Planning Association of Uganda	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>GDP</b>	Gross Domestic Product	<b>STEP</b>	Stepping up the Rights-Based Approach
<b>GFTAM</b>	Global Fund for TB, AIDS, Malaria	<b>STI's</b>	Sexually Transmitted Infections
<b>GOU</b>	Government of Uganda	<b>SYOFs</b>	Strengthening Youth Friendly Services
<b>GYC</b>	Gender & Youth Coordinator	<b>TASO</b>	The AIDS Support Organisation
<b>HC</b>	Health Centre	<b>TOT</b>	Trainer of Trainer
<b>HIV</b>	Human Immunodeficiency virus	<b>TTs</b>	Transient Traders
<b>IA</b>	Internal Auditor	<b>UBC</b>	Uganda Broadcasting Cooperation
<b>ICOBI</b>	Integrated Community Based Initiative	<b>UDHS</b>	Uganda Demographic and Health Survey
<b>ICT/M&amp;E</b>	Information & Communication Technology/Monitoring & Evaluation Coordinator	<b>UHMG</b>	Uganda Health Marketing Group
<b>IDAAC</b>	Iganga Development Activities and AIDS Concern	<b>UNFPA</b>	United Nations Populations Fund
<b>IEC</b>	Information Communication & Education	<b>USAID</b>	United States Agency for International Development
<b>IGAs</b>	Income Generating Activities	<b>VCT</b>	Voluntary Counselling and Testing
<b>IPAC</b>	Integrated Post Abortion Care	<b>VHTs</b>	Village Health Teams
<b>IPPF</b>	International Planned Parenthood Federation	<b>VLDP</b>	Virtual Leadership Development Programme
<b>IUCD</b>	Intra-Uterine Contraceptive Device	<b>VSO</b>	Voluntary Services Overseas
<b>IUD</b>	Intra-Uterine Device	<b>YAC</b>	Youth Advisory Committee
<b>JRM</b>	Joint Review Mission	<b>YAM</b>	Youth Action Movement
<b>KAF</b>	Korea Africa Fund	<b>YFS</b>	Youth Friendly Services
<b>KAP</b>	Knowledge Attitude & Practice	<b>YEP</b>	Youth Empowerment Project
<b>LFA</b>	Logical Framework Approach	<b>YMEP</b>	Young Men as Equal Partners
<b>LMG</b>	Leadership, Management, Governance	<b>YPLWHA's</b>	Young Persons Living with HIV/AIDS
<b>LPS</b>	Life Planning Skills		
<b>MARBs</b>	Making Access Right Based		
<b>MC</b>	Medical Coordinator		
<b>MDGs</b>	Millennium Development Goals		

## Executive Director's Remarks

To Reproductive Health Uganda, 2014 was yet another year of great milestones marked with large volumes of SRHR services offered and couple years of protection provided, surpassing our planned targets and previous year performance in almost all services. We also celebrated successful accomplishment of some of our big projects such as the Community Based HIV/AIDS HIV/AIDS prevention, care and support project implemented in Lango and Kigezi sub-regions funded by USAID, with lots of lessons learnt and best practices adapted and mainstreamed into our overall programme.

Like most countries in Sub-Saharan Africa, Uganda is faced with a huge burden of striving to cope with the ever increasing SRHR needs of the population amidst several competing priorities. Uganda with one of the youngest population is challenged with high teenage and unintended pregnancy, child marriages and high maternal mortality and morbidity. In order to reverse this trends, RHU , with other CSOs, under the public private partnership has step its efforts to complement Government in making quality and rights based SRHR services available to communities especially the marginalised and hard to reach young people.

We provided over 4.5 million SRHR services of which more than 2 million were served to

young people. Up to 282,000 couple years of protection, almost doubling our target of over 162,000 CYPs was provided. There was also marked increase in provision of other services namely HIV with more than 1,100,000 and STI about 750,000 services which was 155% and 288% increase from our 2013 performance.



This high performance was attributed mainly to the maintenance of high quality of care standards, strong and diversified partnerships with various CSOs and development partners; media and government at the various levels; youth involvement and bringing on board of community leadership and Members of Parliament mobilising the public and their constituents for uptake of the much needed SRHR services.

RHU greatly benefited from the above successes- recognised as one of the leading SRHR promoters and service providers nationally and internationally. This was enhanced by our active engagement in the policy development processes and sharing of our best practices nationally and globally. This is coupled by the significant contribution we make into the

national SRHR outputs and IPPF Africa Region where we were ranked 3<sup>rd</sup> largest contributor only next to Nigeria and Ethiopia.

In Uganda, we were involved in a number of SRHR policy development; including the critical role we played in the development of the Costed Implementation Plan for family planning, and our contribution in Uganda's National Conference on family Planning, among others.

In partnership with the Leadership, Management, Governance project and the learning centre initiative, RHU strengthened its governance, management, logistics system, programme development and implementation. In turn supported several partners including fellow IPPF member organisations in the region to improve their performance. This has also helped the newly established IPPF member organisation of South Sudan get a good start.

It is worth mentioning, in order to boost delivery of quality and high impact SRHR information and services, we increased our asset base in terms of infrastructure development, especially our clinics, more so, the acquisition of an ambulance to strengthen our maternity services in our Mable clinic.

In 2014, RHU ventured into new initiatives beyond our regular programmes. These included engaging the private sector to invest in SRHR under corporate social responsibility (CSR). This is in line with the UN declaration on CSR. The reproductive rights of diverse populations including refugees, sexual minorities, sex workers, etc., were also addressed and championed. Not forgetting forging innovative initiatives to engage universities in SRHR through live multi-media sexuality

education dialogues.

In the area of governance, in 2014, there was substantial volunteer members' in-kind contribution, in form of acquiring land for the organisation. This was in Ruteete in Kibaale district, Wobulenzi Town Council in Luwero district, and in Dokolo District. A total of about Shs8,000,000 cash contribution was received from volunteer membership fees and subscriptions. We now aim to open an RHU branch in Karamoja region, one of the areas considered to have vulnerable and underserved communities for SRHR services.

### **Young People**

In the area of young people RHU's collaboration with Institutions of higher learning was strengthened as a result of the internship programme being run at the head office, and the active participation of the youth volunteer members in the RHU governance and programmes aspects

With your continued support, we look forward to even better improved performance in 2015. We highly value and appreciate all your efforts and support.



**Jackson Chekweko,**  
*Executive Director*

# Introduction

This report presents a summary of the different programmes, projects and activities Reproductive Health Uganda (RHU) implemented in 2014. It highlights the main achievements, challenges, as well as the lessons learned, over the period January through December 2014.

Programme Summary: Over 2014, RHU continued

the implementation of projects, contributing to the promotion of SRHR services and information in Uganda and beyond. Projects were implemented under the strategic framework based on the International Planned Parenthood Federation (IPPF)'s thematic focus areas, commonly known as the 5As (Access, Adolescents, AIDS, Abortion/Safe motherhood and Advocacy). The number of projects under each thematic area was:

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• Access	7 Projects
• Safe Motherhood and Post Abortion Care	3 Projects
• AIDS	3 Projects
• Adolescents	6 Projects
• Advocacy	6 Projects

## SERVICES WE OFFER

- Non contraceptive services
- General family planning services
- Cervical and breast cancer screening
- Cervical cancer cryotherapy treatment
- STI screened & treated
- HIV management
- Safe Male Medical Circumcision
- Immunisation
- Antenatal and postnatal care
- General counselling
- General SRH information
- Infertility Management
- Routine gynecological care
- Contraceptive Services
- Pills
- Contraceptive Injections
- IUDs
- Permanent family planning methods
- Implants
- Emergency Contraceptives
- Condoms



## Highlights of Each Thematic Area in 2014

A summary of some of the achievements over the period January –December 2014 are discussed briefly under each thematic area. RHU services included contraceptive services and non-contraceptive services. Non-contraceptive services: counselling and health education on different SRH conditions; cervical and breast cancer screening; cervical cancer cryotherapy treatment; safe male medical circumcision; condom education and distribution; STI screening and treatment and

HIV management, including prevention, care and support. Other included: immunisation; antenatal and postnatal care; post abortion care; laboratory diagnosis; infertility management and; routine gynaecological care.

The contraceptive services included: FP counselling/ education; pills; contraceptive injections; IUDs; permanent family planning methods; implants; emergency contraceptives and condoms.

### RHU Annual Volume of Services Offered Between 2010 and 2014

Year	2010	2011	2012	2013	2014
Family Planning	279,642	542,217	772,813	781,181	809,521
Post Abortion Care	6,881	6,881	5,473	31,756	51,244
HIV/AIDS	109,805	314,455	680,790	906,298	1,106,491
STI	47,937	103,428	203,844	517,940	734,981
Other SRHS	512,339	576,864	1,086,446	1,340,938	1,846,550
SRHS to Youths	589,029	838,087	1,589,723	1,769,727	2,035,271
<b>Total SRHS</b>	<b>956,604</b>	<b>1,544,845</b>	<b>2, 749,366</b>	<b>3,578,113</b>	<b>4,548,787</b>
<b>CYP</b>	<b>57,303</b>	<b>107,893</b>	<b>243,312</b>	<b>244,527</b>	<b>282,006</b>

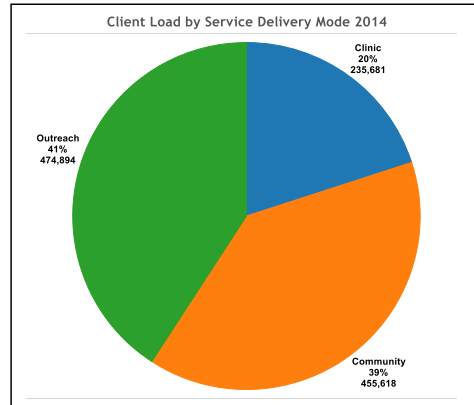
# Access

Access to services for the diverse population and social groups was facilitated using the basic RHU service delivery modes: clinics; outreaches and through community based reproductive health agents (CBRHAs). Most clients continued to be accessed through the outreach mode of service delivery, followed by community agents, and fewer through the RHU clinics.

Overall, there was an increase in service access, with total SRH services increasing from more than 3,500,000 in 2013 to about 4,600,000 in 2014. The volume of family planning (FP) services increased from over 484,000 in 2013 to above 750,000 in 2014. The couple years of protection (CYP) increased from over 240,000 in 2013 to more than 280,000 in 2014

## Private and Public Partnership

RHU increased the number of service delivery outlets and SRHR (FP, HIV, and post abortion care [PAC]) service



statistics through private and public partnerships. RHU implemented this through a network of 30 franchisee facilities and community health worker (CHWs). The service delivery network expanded service delivery outlets and in-turn, increased access to SRHR services.

The franchisee facilities were furnished with medical equipment such as speculum, sponge holding forceps, instrument drums, kidney dishes, trolleys which improved quality of services. About 45 service providers from private clinics (franchisee clinics) were trained in basic and long-acting family planning service provision, cervical cancer screening and post abortion care.

The franchisee service providers' capacity built in provision of integrated SRH services was greatly appreciated since over 90% of the trainees had never had training in PAC and long acting contraceptives.

This also improved service package for the franchisee facilities; 22 of the facilities started providing implants and IUD after the training of their service providers and stocking their clinic with contraceptives and other medical supplies. In addition, RHU trained/strengthened capacity of village health team (VHTs) /CHWs to provide family planning services, to increase the uptake of contraceptives.

This demonstrated that the use of VHTs to increase access to FP services by providing injectable Depo-Provera was a winning strategy. It led to a big increase in access to contraceptives by vulnerable, hard-to-reach populations in different parts of the country.

On the other hand, screening for cervical cancer was rolled out to more service delivery points as part of RHU's integrated service package. About 80,000 women were screened for cervical cancer and about 70,000 women screened for breast cancer in 2014.



In line with delivering an integrated package of services, different initiatives took place such as community sensitisations that were conducted by community resource persons. Different areas of SRHR were discussed including FP, antenatal care (ANC), post abortion care, immunisation, danger signs of pregnancy and the importance of delivering at health centres, as well as male involvement.

### Capacity Building to Improve Access to SRHR Services and Information

# of service providers trained in long acting updated technology for FP methods and current FP service delivery protocols/eligibility criteria	10
# of service providers from private clinics (franchisee clinics) trained in basic and long-acting FP services provision, cervical cancer screening and PAC	43
# of CBRHAs trained to administer Depo provera	100
# of VHTs received refresher training on FP, cervical cancer basic knowledge and other safe motherhood aspects	60
# of RHU staff trained in logistics management,	18

## Extending Services to Refugees

RHU, collaborating with other implementing partners (IPs) and the UN agencies especially UNFPA and UNHCR and provided SRHR services and information to South Sudanese refugees in the 14 settlements in Adjumani as part of the 2014 commemoration of the

14 days of activism. This was in addition of facilitating five trainings of district health team members (DHTs) in Minimum Services Package (MISP) in a number of districts hosting refugees. This boosted the capacity of districts to support SRH/HIV/GBV in their respective areas.



### Summary of Integrated SRH/HIV/GBV Services Extended to Refugees

# of DHTs oriented in MISP as part of capacity building to promote integrated SRH/HIV/G	100
# of clients accessed family planning	5,894
# of clients served on STI management	1,266
# of clients served on HCT	5,841
# of clients give condoms	43,240
# condoms distributed	428,500
# of clients sensitised for SRH	36,540

# Safe Motherhood

To promote safe motherhood, we were involved in the development of standards and guidelines for reducing mortality from unsafe abortion in Uganda in consultation with different stakeholders.

Additionally, RHU began implementing a number of interventions to facilitate post aborting care. In the area of safe motherhood, over 370 safe deliveries were conducted in the Mbale RHU clinic.

There was an increase in number of clients accessing post abortion care services such as PAC counseling, family planning and management of sepsis. Overall, abortion services increased from more than 31,000 in 2013 to more than 51,000 in 2014. The training for service providers improved their knowledge, attitudes and skills to provide post abortion care related services. The Harm Reduction Model training highlighted technical aspects of counseling and managing post abortion conditions, legal provisions/ frameworks for abortion related services and values and attitude clarification and transformation exercises.



VHTs in Gulu facilitated to work

## Summary on Safe Motherhood Information and Services and Post Abortion Care

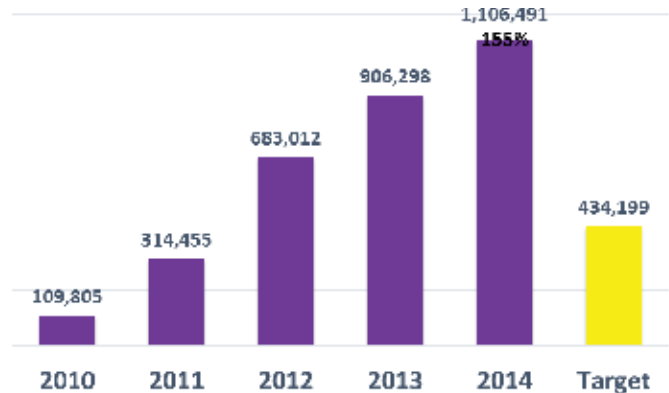
# of clients served including counselling, manual vacuum aspiration, post abortion family planning and treatment of infections in RHU clinics and outreach sites	31,259
# of deliveries conducted at RHU Mbale Clinic	370
# service providers (private and public health facilities ) trained in abortion care related services	97
# new peer educators/VHTs recruited and sensitised on contraceptive use; reduction of unwanted pregnancies; dangers of unsafe abortion	67

# HIV/AIDS

## Summary of Total HIV only Services Offered Over the Years

In 2014, RHU's capacity to provide anti-retroviral therapy (ART) was boosted. This included improving data management, clinic reorganisation and orientation of staff. RHU clinics were accredited to provide ART. The facilities can access drugs and other HIV commodities and offer the ART services which solidifies the service integration approach. RHU HIV/AIDS services increased from over 900,000 in 2013 to more than 1,100,000 in 2014.

The main focus was on key populations, where tailor made health programmes such as the Shadows and Light Project were implemented to address stigma, discrimination, and human rights issues. The main thrust was on contributing to the new international target: 90-90-90: (90% of people tested, 90% of people living with HIV on treatment, and 90% of people on treatment with suppressed viral loads). There was also a move to prioritise prevention of new infections among young women and girls through education, testing and counselling. A number of most at risk populations (MARPs) were reached with individual and/or small group level interventions that were based on evidence and/or meet the minimum standard required



## A summary Service out put under the Community Based HIV/AIDs Care and Support Project in Kabale, Kanungu, Lira Alabtong and Kole districts

	Female	Male	Total
# of the targeted population reached with AB messages	1,965	1,223	3,188
# of the target population reached with other prevention messages including condom use	6,086	3,292	9,378
# of MARPs reached with individual and/or small group level interventions	35	67	102
# of condoms distributed	12,455	235,191	247,646
# of individuals reached with prevention with positives (PWP) interventions			3,538
# of adult individuals provided with HCT	1,7461	1,4731	32,192
# of OVCs identified and supported	682	672	1,354
# of children provided with food and nutrition support	1,453	1,394	2,847

### **Shadows and Light:**

With the Shadows and Light project, RHU reached out to key populations, especially sex workers. With the continued presence of a well mobilised, motivated coordinated and prepared team of 90 peer educators trained in 2013 and reoriented in 2014, RHU conducted successful monthly outreaches

where sex workers and other targeted populations were provided with integrated SRH/HIV services through the ten outreaches per month. This ensured availability of integrated SRH/HIV services to key population in Bwaise and neighbouring slum areas.

## Shadows And Light Project- addressing SRH-HIV linkages for key populations/MARPs under Bwaise Clinic

# of Bwaise based staff oriented	10
# of peer educators materials for sex workers and MSM distributed	750
# of peer educators among sex workers and other key populations refreshed on their roles and responsibilities	90
# of routine outreaches carried out	120
# of SRH clients counselled	903
# counselled and tested for HIV	1,033
# referrals for ART and CD4	210
# of clients on management of STI	1,120
# of male condoms distributed	3,363,200
# of female condoms distributed	562,124
# of clients offered long term family planning methods	411
# of oral pills distributed	24,120
# of referrals for HIV, STIs, ART, etc	196



# ADOLESCENTS

Over the year, youth SRHR services increased from more than 1,700,000 in 2013 to more than 2,000,000 in 2014. The rise is partly because of the increase in youth focused projects in RHU. Through our three modes of service delivery, we offered youth different services reaching both female and male with integrated SRHR services and information. The young people benefited with services such as contraceptives for prevention of unwanted pregnancy, non contraceptive services such management of sexually transmitted infections (STIs), counselling services such as life skill counselling, unplanned pregnancy counselling, laboratory services, and voluntary counselling and testing for HIV/AIDS. Similarly, RHU extended SRH services to the youth in vocational training institutions and youth enterprises. The main services delivered were breast and cervical cancer screening, HIV counselling and testing, condom distribution and educational talks on various SRHR issues

We also contributed to strengthening enabling environment for provision of SRHR services to vulnerable young people through increased sensitisation of parents and local leaders, parents, teachers among others. As a result, RHU staffs

were often invited to different schools and youth cultural – camps to sensitise students on vast SRHR issues e.g; *RHU staffs were invited to the 2014 girls only Ekisagaate (big social learning event) that was held at Iganga high to address their SRHR issues.*

In the area of skill development RHU trained young people in research skills, and general training in SRHR for young people took place in different RHU branches. This was in addition to training of service providers from both government and private health facilities in youth friendly services (YFS). This was to enhance strategic private public partnerships as a principal approach towards improving access to SRHR services for young people. The partnerships continued to enhance effective referral of clients, bridging supply shortages such as condoms, HCT kits, etc., which ultimately contributed to improved access to services. More than 30 public and private health facilities were strengthened to provide better quality SRH services to young people.

In addition, RHU built the capacity of peer educators to deliver comprehensive sexuality education to fellow peers, and distributed SRHR commodities especially condoms to young people. This was complemented by monthly mentorship conducted to beef peer educator knowledge. Ultimately, this improved knowledge, skills and practice among peer educators to deliver sexuality information within their communities. In 2014 we registered increased levels of youth participation where young people are beneficiaries, partners as

well as leaders within the programme. They have contributed ideas of the nature of activities to include in the youth interventions, they are implementers, they are engaged in review of services through biannual service review meetings done by non-project staff, and they lead specific interventions such as outreach programmes, radio talks and also play a monitoring role through the Youth Advisory committee structure, among others. RHU also participated in many joint initiatives such as the yearlong campaign to

<b><i>Sexual Reproductive Health Information and Services Among Young People</i></b>	
# of public and private facilities strengthened to provide better SRH services to young people	30
# of service providers trained to improve provision of YFS	42

prevent teenage pregnancy in Uganda supported by UNFPA and the Ministry of Health, under the theme, “Let Girls be Girls” and another campaign entitled “Investment into Youth Empowerment, A Collective Responsibility”. RHU also hosted the first ever National Conference on Sexuality Education in Uganda.

A survey on needs and interests of teachers, nurses and peer educators and primary target groups was conducted. This guided the development of sexuality education materials and programme suitable to the needs and interests of the target audience in both vocational schools and community/ out of school settings.

Nurses were recruited to support teachers in providing sexuality education and attending to the immediate SRH needs and concerns of young people with in schools and facilitate effective referrals. Similarly a core group of educators- teachers in the vocational schools, and peer educators for out of school- were equipped to provide sexuality education in vocational schools and conduct peer education in the community.

There have been efforts to integrate SRHR services within other activities especially sports. This has created avenues for learning what works for young people and how young people skills can be enhanced. For example, 1,600 young people were reached in two separate events where SRHR services were integrated with sports.



# ADVOCACY

RHU delights in the fact that the Government of Uganda maintained the US\$6.9m for vote 116 for RH commodities in national budget 2014/2015 and the the donors: DFID, UNFPA and USAID increased their FP/RH budgets. Not forgetting the the President assented to the National Population Council (NPC) Bill; and the holding of the National Conference on Family Planning and the fresh and renewed FP commitments. Not forgetting the launch of the national Costed Implementation Plan (CIP) for FP, where RHU played a role.

RHU continued as an active member of the Coalition to reduce Maternal Mortality Due To unsafe Abortion (CSAUMMA). Thus, with like-minded CSOs, we were involved in different engagements to make the abortion law more conducive, to curb unsafe abortion. Similarly RHU organised and coordinated training of CSOs in communicating sensitive SRHR issues such as unsafe abortion, a training facilitated by Catholics for Choice.



## Advocacy at District level

As a result of advocacy a number of districts have allocated budgets for reproductive health activities, family planning in particular; these include Gulu, Kanungu, Luwero, Mbale, Mubende, Sheema, etc.

The RHU Women's Reproductive Rights Project (WRAP), continued to address issues of women and community empowerment in relation to advocating for a conducive environment for family planning services. We worked with Members of Parliament improve the FP environment at both district and national levels.

In Luwero district, RHU continued to work with FP champions; and dialogues between the champions and the duty bearers created avenues for champions to interact and familiarise with the leaders, making it easy to approach them with their advocacy issues. The leaders committed to deal with hindrances that were preventing women from access family planning. The champions participated in celebrations of international and national days such as the International Women's Day, World AIDS Day, HIV/AIDS Candle Light



Day, etc. They used the occasions to sensitise and mobilise communities to embrace family planning. As a result of their efforts service provision has been integrated into such celebrations enabling a number of women to access the family planning services.

Advocacy activities such as quarterly dialogues with key stakeholders, lobby meetings at sub-counties and at the district being conducted by the champions, bi-monthly meetings and orientations for champions have enable women to articulate their views in advocating for family planning.

**Male Role Model (MRM) Activities:** Sensitisation of men by the male role models greatly changed the men's misconceptions about family planning and from this, success stories have been attained.

**MSRHR advocacy:** there has been increased awareness of maternal, sexual and reproductive health and rights (MSRHR) through community sensitisation meetings, to empower them to hold duty bearers accountable. Community members have consistently and constructively raised their issues with duty bearers. Through dialogue, a partnership between communities, health workers and health unit management committees (HUMCs) have emerged; there is mutual respect and engagement even on issues

Demand for better MSRH services: one of the fundamental improvements is communities know know which questions to ask at each level. In Sekanyonyi sub-county, in Mityana district the community members persistently demanded the completion of the operating theatre for the HC IV. This sparked a series of investigations- why the delays in the completion of the theatre. In addition, people demanded for an ambulance, and in Sheema they raised concerns over health workers coming late for outreaches and demanded they keep time and appointments.

Community empowerment has resulted into *functionality of HUMCs*, who carry forward community questions to leaders at all levels.

**Advocacy to Improve SRH Environment for Young People:** A lot of advocacy initiatives to engage and influence various communiques of various stakeholders especially parliamentarians, inter- ministerial meetings and key delegates to the UN General Assembly (UNGASS) on issues of inclusion of comprehensive sexuality education for young people. In addition, RHU was part of the discussions in parliament on the finalised draft National School Health policy, plus a Costed School Health Strategic Plan 2012/13 – 2016/17

# Knowledge Management & Capacity Development

In 2014, different capacity building undertakings took place, both within Uganda and outside the country. These included, the IPPFAR-RHU financial capacity building- follow up training through the Leadership, Management and Governance Project under the Learning Centre initiative, using the NUPAS tool to train staff in USAID rules and regulations.

**Branch Performance Tool (BPT):** RHU staff were trained on the use of the Branch Performance Tool (BPT) for cost efficiency and performance improvement. This tool will promote participatory programme planning and reviews with staff, volunteers and project beneficiaries at all levels. The BPT is used to track cost efficiency and performance on a quarterly basis. Overall this created improvement in data management, information sharing across branches and programmes



## **Training for other IPPF member organisations:**

To strengthened capacity in effective and comprehensive SRHR services provision, RHU under the Learning Centre trained one member organisation in youth programming, and four organisations were exposed to LAMP family planning service provision camps at RHU outreach sites. The experiential learning sessions for the five IPPF member organisations enabled participants to get exposed and practically undertake LAMP service provision. Participants developed action plans for implementing after the study visits in the areas of Access and Adolescents.

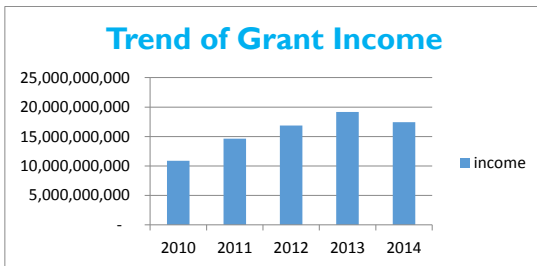
## **The Leadership Development Programme Plus (LDP+):**

RHU's leadership and business planning management capacities were strengthened through the LDP+ programme and business planning for health. This was under the IPPF/LMG project in collaboration with Management Sciences for Health. A draft business plan that promotes the LDP+ programme as a product for "sale" is in place. With the LDP+ RHU improved performance and attainment of service targets in five RHU clinics, of Bwaise, Gulu, Lira, Kapchorwa and Mbarara in the areas of youth ASRH services, STI management and SRHR in general. The LDP+ is a participatory leadership development process that enables teams to face challenges and achieve results through a process of action-based learning.

# Financial Performance Report 2014

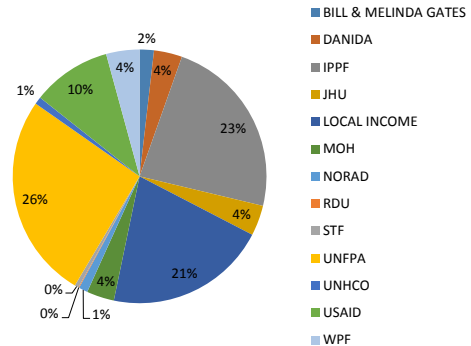
## REVENUE BASE AND THE TRENDS

The total annual income for 2014 amounted to UGX.17,439,269,000 which represents about a 9% reduction in total incomes compared to the year 2013. This was brought about by closure of certain some project at the end of 2013 and some in the course of 2014.



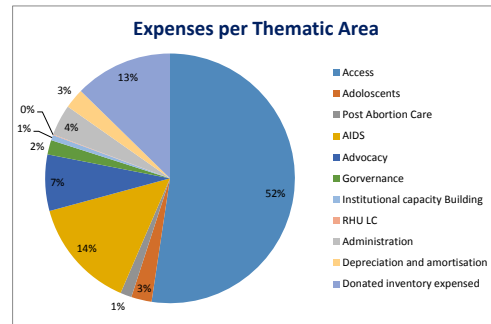
## INCOME BY DONOR CONTRIBUTION:

The bulk of our donor funds are contributed by UNFPA (26%), IPPF (Core Grant - 23%), USAID (10%) and several other donors as detailed in the graph below;



## 1.3 EXPENDITURE COMPOSITION BY THEMATIC AREAS.

The total expenses of the RHU for the year 2014 amounted to UGX 15,004,044,000 compared to UGX 16,321,476,000 in 2013. The expenses by thematic areas are illustrated below:







## RHU Board: The National Executive Committee (NEC) 2013 - 2016

			
<b>Mr Julius Mukwanya</b> <i>National Treasurer</i>	<b>Hon Sylvia Sinabulya Namabidde</b> <i>Chairperson</i>	<b>Mr Augustine Wandende</b> <i>Vice Chairperson</i>	<b>Mr Jackson Chekweko</b> <i>RHU ED/NEC Secretary</i>
<b>NEC Committee Members</b>			
			
<b>Mr Allan A. Mugisha</b>	<b>Ms Rose Chebet</b>	<b>Ms Hellen Epodoi</b>	<b>Ms Robinah Katiritimba</b>
			
<b>Ms Lydia Asiimwe</b>	<b>Mr Jumba Charles</b>	<b>Ms Nampitta Immaculate</b>	<b>Wilberforce S. Kakumba</b>

# Partners /Donors



## RHU Branches/Clinics

<b>APAC:</b>	Plot 39, Owiny-Okullu Road, Apac Town
<b>ARUA</b>	Plot 49A, Municipal Close
<b>BUSHENYI:</b>	Liberation Rd off Nyanuko Rd- next to the football pitch, Bushenyi Town
<b>BWAISE:</b>	Bwaise II Bukasa Zone, next to St. James Primary School
<b>FORTPORTAL:</b>	Plot 2a Booma Road opposite Tooro Club next to Fort Montel
<b>GULU:</b>	Auma Road- behind Holy Rosemary Church - Gulu
<b>HOIMA:</b>	Plot 6/7 Butyaba Close, Hoima Town
<b>IGANGA:</b>	Plot 9, Kaliro Road
<b>KABALE:</b>	Plot 25/27, Rwakiseta Road, Kiligime Southern Division, Kabale Municipality- opposite AIC
<b>KAPCHORWA:</b>	Plot 29/30 Kapchorwa Road, Kapchorwa Town
<b>KATEGO:</b>	Plot 2 Katego Road, Kamwokya
<b>LIRA:</b>	Plot 29B, Obote Avenue, Lira Main Street
<b>LUWERO:</b>	Kati Kamu Sub-County- behind Community Centre
<b>MBALE:</b>	Block 3, Namunsi Road, Nakaloke Trading Centre Mbale
<b>MBARARA:</b>	Plot 1Karekoona, Lugazi Mbarara
<b>MITYANA:</b>	Plot 48, Mityana Road
<b>OWINO:</b>	St Balikuddembe/Owino Market
<b>TORORO:</b>	Municipal Council Ground, Opposite Post Office, Tororo

### More Information Contact

#### REPRODUCTIVE HEALTH UGANDA

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Web: [www.rhu.or.ug](http://www.rhu.or.ug)

Facebook: [Reproductive Health Uganda](https://www.facebook.com/ReproductiveHealthUganda)

