Reproductive Health Uganda

Annual Report 2012

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

Reproductive Health Uganda (RHU), formerly Family Planning Association of Uganda, is one of the oldest NGOs in Uganda that started work in 1967. Currently RHU operates 17 branches with clinics and youth centres in 15 districts spread in all the sub-regions of Uganda with reproductive health services outreaches covering the country. RHU is a member of the International Planned Parenthood Federation (IPPF), and it's core mandate is to promote high quality, high-impact and gender sensitive sexual and reproductive health and rights information and service through capacity building, specialised service delivery, issue specific advocacy and strategic partnerships. RHU is a volunteer owned and led organisation.

RHU Braches/Clinics

ARUA:	Plot 49A, Municipal Close
APAC:	Plot 39, Owiny-Okullu Road, Apac Town
GULU:	Auma Road- behind Holy Rosemary Church - Gulu
MITYANA:	Plot 48, Mityana Road
MBARARA:	Plot 1Karekoona, Lugazi Mbarara
LUWERO:	Kati Kamu Sub-County- behind Community Center
TORORO:	Municipal Council Ground, Opposite Post Office, Tororo
HOIMA:	Plot 6/7 Butyaba Close, Hoima Town
FORTPORTAL:	Plot 8/10 Mugurusi Road Fort Portal Town
MBALE:	Block 3, Namunsi Road, Nakaloke Trading Center Mbale
BUSHENYI:	Liberation Rd off Nyanuko Rd- next to the football pitch, Bushenyi Town
KAPCHORWA:	Plot 29/30 Kapchorwa Road, Kapchorwa Town
LIRA:	Plot 29B, Obote Avenue, Lira Main Street
IGANGA:	Plot 9, Kaliro Road
KABALE:	Plot 25/27, Rwakiseta Road, Kiligime Southern Division, Kabale Municipality- opposite AIC
KANUNGU:	Mafia Hill, Busingye Road, Kanungu Town Council
KATEGO:	Plot 2 Katego Road, Kamwokya
BWAISE:	Bwaise II Bukasa Zone, next to St. James Primary School
OWININO:	St Balikuddembe/Owino Market

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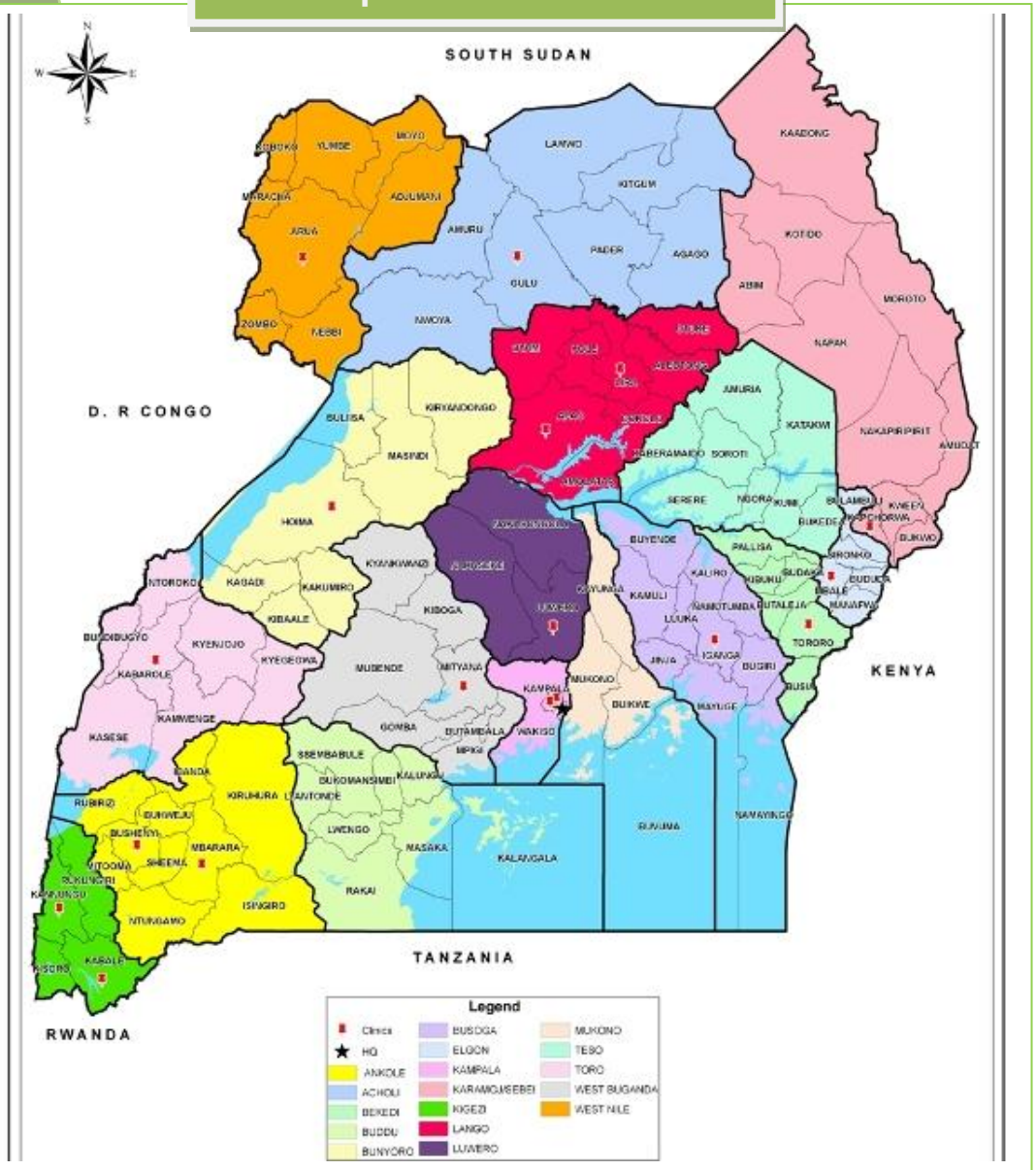
RHU Map: Clinics and Branches



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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AIC	AIDS Information Centre
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral therapy
ASRH	Adolescent Sexual & Reproductive Health
CBO	Community Based Ogrnisation
CBRHAs	Community Based Reproductive Health Agents
CSE	Comprehensive Sexual Education
CYPs	Couple Years of Protection
DCO	District Community Officer
DSW	Deutsche Stiftung Weltbevoelkerung/German Foundation for World Population
FGC	Female Genital Cutting
FP	Family Planning
GRS	Gender Rights and Sex
IGAs	Income Generating Activities
IPPF	International Planned Parenthood Federation
IUD	Intra-Uterine Device
MDGs	Millennium Development Goals
Mgt	Management
HIV	Human immunodeficiency virus infection /
NAWMP	Network of African Women Ministers and Parliamentarians
NMS	National Medical Stores
NSAs	Non State Actors
OVC	Orphans and Vulnerable Children
PEP	Post exposure prophylaxis
PEs	Peer Educators
PGs	Pressure Groups
PNC	Post Natal Care
RHU	Reproductive Health Uganda
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STDs	Sexually Transmitted diseases
STI's	Sexually Transmitted Infections
TASO	The AIDS Support Organisation
UDHA	Uganda Demographic and Health Survey
UNAIDS	United Nations Programme on HIV/AIDS
UNFPA	United Nations Populations Fund
UWOPA	Uganda Women's Parliamentary Association
VCT	Voluntary Counselling and Testing
VIA	Visual Inspection under Acetic Acid
WHO	World Health Organisation
YAM	Youth Action Movement
YFS	Youth Friendly Services

Executive Director's Note

It brings joy and gratification to witness magnitudes of poor and marginalised, hard to reach people continuously accessing sexual and reproductive health and rights (SRHR) services all over the country. More people accessed SRHR services in 2012, as RHU volume of SRHR services increasing three fold between 2010 and 2012 with 2012 hitting all high target of more than 2.7 million services.

Likewise RHU registered increase in Couple Years of Protection (CYP) reaching more than 240,000 compared to the previous year's figure of about 110,000. CYP has increased by more than 400% between 2010 and 2012. Meanwhile, RHU continued playing an advocacy role to mobilise support to increase funding for reproductive health, particularly family planning commodity security. RHU worked closely with members of parliament and other CSOs to achieve this goal.

Important to note RHU received its second accreditation from IPPF- of which RHU is a member association. And closely related we participated in the celebrations to mark IPPF 60th anniversary. Focusing on 2013, the challenges is to maintain the momentum, mounting our results as it has been over the years, and we are set to keep the fire burning to achieve even greater results.

On this note I mention the IPPF *Three Change Goals*, slightly tilting away from the **5A**s- Access, AIDS, Abortion and Safe motherhood, Adolescent and Advocacy- to three broad areas: **Unite**- to ensure sexual rights are universally upheld as human rights- by supporting actions to increase access; **Deliver**- to eliminate unmet needs- to ensure increased access to integrated SRHR services; and **Perform**- An effective federation that is relevant and accountable in a rapidly changing world- to strengthen institutional and operational efficiency and enhance organisational learning and accountability to stokeholds. The **5A**s will be incorporated among these three change goals that will guide the operations of RHU, a member of IPPF.

Otherwise, I add my voice to appreciate our donors, the Government of Uganda and partners, and the governing committees of RHU that we worked with over the year. We delight in you as we strive to accelerate access to sexual and reproductive health services especially to the hard to reach people in this country.

We look forward to a fruitful 2013

Jackson Chekweko

RHU Executive Director

Board Chairperson's Note

For the last three years RHU has been expanding; and 2012 was an exceptional. Therefore we believe 2013 is going to be greater, with better innovations and accomplishments to improve access, to provide an environment where everyone has access to reproductive health information and services and their choices respected.

In 2012, RHU increased outputs in terms of volume of services provided and generally contraceptive prevalence rate in the country continued to rise and RHU contributed towards this rise. RHU made great strides in reaching more people; with innovative approaches; building new partnerships and strengthening the old partnerships.

Therefore, on behalf of the National Executive Committee I extend my appreciation to all the efforts RHU staff, governance committees and volunteers who have worked to ensure that the organisation greatly contributes to its vision and mission, to promote sexual and reproductive health and rights in the country.

I also thank the donors, that include IPPF, UNFPA, USAID, SIDA, CSF, the Netherlands Government, Bill and Melinda Gates Foundation, and others; without whom RHU wouldn't have been what it is today. Not forgetting the different partners we continued to work with to scale up service delivery for reproductive health services. In a special way I appreciate the support of Government through line ministries such as the ministry of health, and the district local governments for the immense support to RHU work.

We have no doubt that with the continued support of all those mentioned, and others, RHU will continue to progress to greater heights in 2013- providing more reproductive health services and ensuring that more women and men enjoy their right and ability to control their own fertility and their own reproductive health.

By this, more people will participate in the development of their societies for the continued development of this nation. Let's us continue working together to increase the volume of reproductive health services, especially targeting the hard to reach communities of this country.

For God and My Country

Hon Dr Chris Baryomunsi
Chairperson– RHU National Executive Committee

Overview

In 2012, Reproductive Health Uganda (RHU) implemented interventions contributing to the promotion of sexual reproductive health rights (SRHR) in Uganda and beyond. Projects were implemented under the strategic framework based on 5As (**A**ccess, **A**dolescents, **A**IDS, **A**bortion/Safe motherhood and **A**dvocacy). The main target is the most vulnerable and marginalised groups, with special focus on hard-to-reach areas. There is special attention paid on promoting gender inclusiveness and issues related to the youth.

RHU continued to record achievements regarding the implementation of its mandate. The main highlight of the year was an increase in sexual reproductive health (SRH) services and an increase in couple years of protection (CYP- estimated amount of contraception necessary to protect one couple for one year) by 70% from about 118,000 in 2011 to more than 225,000 in 2012. Additionally, HIV/AIDS services almost doubled, from over 314,000 in 2011 to more than 611,000 in 2012. The same can be said for other SRHS: from over 576,000 in 2011 to more than one million in 2012. Generally SRH services increased by 70% in 2012- from over 1.5 million SRH services provided in 2011 to about 2.2 million SRH services provided in 2012.

RHU's success was underpinned by strong government and partners support, which made possible the implementation of activities. RHU continued to focus on adding value to service delivery and capacity building, with added attention placed on long term and permanent family planning (FP), as well as safe deliveries and safe medical male circumcision.

In the area of advocacy, working with a range of partners, RHU was successful in many areas including participating in lobbying to secure the presidential pledge to increase investment towards SRH services. RHU, with partners, also succeeded lobbying the National Medical Stores (NMS) to enable private family planning providers access contraceptive supplies unhindered.

In the area of youth advocacy, the Maputo Plan of Action,[1] RHU spearheaded the Youth Action Movement (YAM) internship programme where young people were empowered to speak out on their own SRHR issues, and their role in advocacy for youth friendly services (YFS).

Summary of Services Offered and Clients in 2012

Non-contraceptive o/p by Services		Amount of Contraceptives Issued		
General SRH Information	**66,252**	Pills	**43,741**	
Counselling	**1,356,104**	Contra. Injections	**37,071**	
Immunised	**18,139**	IUDs	**3,098**	
STI Screened & Treated	**62,322**	Permanent FP	**1,391**	
ANC	**16,653**	Implants	**36,475**	
PNC	**3,905**	Emergency Contra.	**5,116**	
Post Abortion Care	**5,493**	Condoms	**8,086,885**	
Pregnancy Tests	**11,940**			
VIA	**121,848**		**Female**	**Male**
Breast Exam	**21,572**	Children	**28,084**	**25794**
Infertility Mgt	**9,929**	Youth	**193,863**	**162187**
Routine Gyneo Care	**13,929**	Adults	**227,105**	**143414**
		Total	**449,052**	**331395**
Children: 0 -9 years, Youth: 10- 29 years, and Adults: 30 + years				

Trend of Services Statistics from 2010 - 2012

Services	2010	2011	2012
Family Planning	279,642	542,217	339,272
Post Abortion Care	6,881	6,881	5,473
HIV/AIDS	109,805	314,455	611,244
STI/D	47,937	103,428	186,451
Other SRHS	512,339	576,864	1,041,164
SRHS for Youth	589,029	838,087	1,023,950
Total SRHS	**956,604**	**1,544,845**	**2,183,404**
CYP	**956,604**	**107,893**	**225,065**

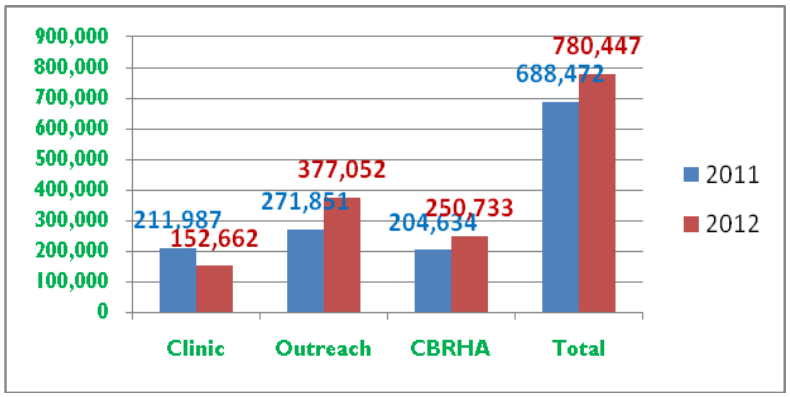
[1] The ultimate goal of the Maputo Plan of Action is for African Governments, civil society, the private sector and all development partners to join forces and redouble efforts, so that together the effective implementation of the continental policy including universal access to sexual and reproductive health by 2015 in all countries in Africa can be achieved

Access

An average Ugandan woman will have over six children in her lifetime. One in four girls will give birth before the age of 19; while an estimated 16 women die in childbirth every day. Most of these women have limited access to reproductive health services including family planning. The 'unmet need' for family planning stands at 34%. Women are considered to have an unmet need if they wish to space their children's births or limit childbearing but are not using contraception.

In 2012 RHU delivered reproductive health services through the main services delivery modes (clinic based, outreaches and through community based reproductive health agents [CBRHAs]) to accelerate access to SRH services. Activities were implemented with the focus on increasing access to SRH services and rights by consolidating activities and re-positioning of RHU to become a builder of capacity in SRHR; and promoting utilisation of high quality, high impact and gender sensitive SRHR information and services among young men and women.

Women accessing SRH services in Kanungu district, south western Uganda



The other focus was on promoting maternity health services, and engaging human resources to promote value added SRHR services such as long term methods of family planning.

RHU enhanced its scope of services, and ensured that they were appropriate to the local context and added value to interventions. Consequently, the clinics increased service delivery in most of the non-contraceptives services such as post abortion care, management of STIs, immunisation, screening for breast cancer and cancer of the cervix using the Visual Inspection under Acetic Acid (VIA), voluntary counselling and testing (VCT) and other HIV management services, SRH services for the youth, etc.

However, as the graph illustrates, over the year there was an increase in services delivered through the outreach and CBRHA modes, while clinic based services decreased. The increase in outreach based services was as a result of a deliberate strategy to offer services to the more vulnerable, and the hard-to-reach.

On the other hand, the number of condoms distributed increased from about 5.7 million in 2011 to slightly more than 8.2 million in 2012. Subsequently there was improved quality of services among young men and women through increased access to quality SRH services and improved quality of care.

Abortion and Safe Motherhood

Uganda's maternal mortality is still high at 438 deaths per 100,000 live births. There are over two million conceptions in Uganda each year. A great number of these are unplanned or unintended/unwanted. Thus abortion turns to be the solution, consequently the estimated 350,000 induced abortions every year. It has been noted that 90,000 of the induced abortions end up with severe complications but only a half of them access post abortion services[2].

Regarding safe motherhood, safe deliveries at RHU clinics increased from about 130 in 2011 to 185 in 2012. The main deliveries were conducted in the Mbale clinic. Plans were made to commence deliveries in Bushenyi RHU clinic, and equipment and supplies were mobilised with the assistance of the district administration.

Turning to abortion, the main highlights were in the areas of strengthening partnerships, review of research findings and assessment of the policy direction. In this regard, the strength of civil society in the area of abortion became more evident. In June 2012, a landmark conference on abortion was held. It included civil society, government and policy makers such as Members of Parliament and the Ministry of Health officials. These were committed to reducing the incidence of unsafe abortions in the country, under the framework of reducing maternal mortality. RHU was at the forefront of this meeting. RHU helped to build consensus and resolve the unacceptable situation in the country. As a follow through to this, a series of coalition meetings were subsequently held and a coalition against maternal mortality due to unsafe abortion was born.

In addition, activities implemented with the aim to promote safe motherhood and/or to reduce abortion related maternal morbidity and mortality in Uganda. Consequently demand for contraceptives, more so emergency contraceptives increased. And there was increased uptake of contraceptives by young people and less cases of post abortion care. More than 5,000 girls and women accessed emergency pills compare to slightly over 1,500 in 2011.

Meanwhile, there was an increase in seeking postnatal care services where mother and their babies received services such as iron and folic supplementation, immunisation and family planning information and services. These were partly because of the information and messages on contraception, unwanted pregnancies and other SRH related challenges such as STI and HIV/AIDS targeting young people disseminated through health education sessions.

A couple has come for antenatal visit at RHU Mbarara clinic

On the downside, the volume of abortion services in RHU fell from about 2,000 in 2011 to slightly more than 800 in 2012.The main contributors to this were the inadequate skills of the health workers, especially the new health services providers who were recruited over the year. Another challenge was the inadequate equipment and supplies that hampered service delivery.

Reducing Maternal Deaths/Morbidity Related to Unwanted Pregnancies	
# of clients provided with post abortion care services including counselling, manual vacuum aspiration, post abortion family planning and treatment of infections	**812**
Pregnant women provided with ANC services	**16,653**
Women provided with PNC services	**3905**
Safe deliveries conducted (at RHU-Mbale clinic)	**187**
Adolescents reached with CSE sessions on prevention of unwanted pregnancies	**45,345**

[2] The New Vision Friday, January 11, 2013

AIDS

HIV/AIDS has affected everyone in Uganda. The rural and urban dwellers- children, youth and adults are equally affected. The impacts cut across with varying magnitude- higher with the poor and marginalised especially in hard-to-reach areas. HIV/AIDS morbidity and mortality has negatively affected development initiatives at individual, household and national levels.

To cub the effect and impact of HIV/AIDS, RHU in 2012, implemented five HIV/AIDS focused projects. The total volume of HIV/AIDS services increased by 11% from about 120,000 in 2011 to more than 133,000 people reached in 2012. The focus of the HIV/AIDS interventions included increased service delivery to different vulnerable population groups. These included sex workers, the illiterate or semi-illiterate youth, people in long term relationships, mobile men with money, transient riders such as *boda-boda* riders, saloon workers and owners. Others included sub-county and local leaders, hotel and lodge users, and people living with HIV, pregnant and post-natal mothers, informal community groups, projects and other field staff based in remote areas.

RHU integrated HIV into SRH services delivery. The interventions intended to reduce the incidence of HIV infections, unwanted pregnancies and STIs amongst vulnerable young men and women aged 15-29 years especially in the categories mentioned. RHU intended to contribute to the reduction in the prevalence of HIV among adults in marriage or long term relationships, by promoting positive behaviour change and health practices. This was in addition to increasing use of quality services by HIV positive individuals, households, families and OVCs and sex workers. RHU also aimed to prevent new HIV infections and reduce the burden of HIV/AIDS on RHU staff infected and affected by HIV/AIDS to contribute to more effective and inclusive health services.

HIV/AIDS: Targeting the young people

Interventions were on a range of issues that including gender based violence, unwanted pregnancies and the use of contraceptives, condoms distribution, and safe male medical circumcision. Others included multiple sexual partners, drugs and alcohol abuse, rape and defilement all linked to HIV/AIDS/STIs/STDs.

Working with partners such as UDHA (Uganda Development Health Agency), AIC, TASO and district health offices RHU provided care for people living with HIV/AIDS, to improve their quality of life. This included support in CD4 count testing, antiretroviral therapy (ART), psychosocial counselling, Septrin prophylaxis, referral, etc. These were on top of the prevention measures that included condoms distribution, safe male medical circumcision, and provision of comprehensive HIV/SRH services through complementary roles.

In addition, RHU branches were supported on issues around HIV prevention at the workplace and in families. Each of the RHU branches got a PEP kit and were supported to get universal precaution guidelines as per the WHO/UNAIDS. Post
exposure prophylaxis (PEP) is an emergency medic al kit that can be used to protect you if exposed t o HIV.

In terms of capacity strengthening for sustainability, the project trained CBO leaders in club management including basic accounting principles, resource mobilisation techniques among others. Other members benefited through refresher training for peer educators which also emphasised club management and sustainability issues.

ADOLESCENTS

Sexual and reproductive health among adolescents is a major concern in Uganda. Many adolescents are sexually active at an early age- 15-19 years. As a result adolescents face many sexual and reproductive health challenges that affect their health and development. They include STDs and HIV/AIDS, early pregnancy, early marriage, maternal mortality, and high infant mortality rate. They are also affected by many social problems that lower their quality of life. These are poverty, drug and alcohol abuse, dropout of school and sexual harassment especially female adolescent.

This explains RHU exceptional focus on adolescents. In 2012, RHU increased youth (14-29 years) services from about 295,000 in 2011 to more than 300,000 in 2012. More adolescent focused projects came on board. These helped to increase youth access to services and information; and to promote comprehensive sexuality education (CSE) and advocacy. These aimed at addressing the under-lying causes of adolescent sexual reproductive health (ASRH) gaps at local, community, national, and regional levels.

In 2012 RHU implemented five adolescents focused projects with varying objectives. Special focus was putt on sexual and gender based violence (SGBV) including female genital cutting (FGC), to create an environment where girls and women enjoy their SRH rights free of SGBV it was also to increase knowledge and understanding of SRH rights and SGBV among girls, women, men and community leaders. The other area of focus was on male involvement in SRHR, designed to create a mechanism to ensure that good practices and lessons of male involvement in SRH are shared to improve SRHR practices.

RHU strengthened and facilitated expansion of SRH services for young people, especially the most underserved and vulnerable. This was done by conducting community outreaches, school health outreaches and peer to peer counselling. Distribution of condoms and emergency contraceptives were the other activities. Consequently uptake of HIV counselling and testing services, STI prevention and management and condoms use greatly improved.

On the issue of SGBV, about 500 SGBV cases were reported and referred for legal action through the police and other players such as Action Aid. These included incidences of rape, defilement, other forms of child abuse, wife beating or denial of access and ownership of property. The SGBV centres (RHU clinics) continued to strengthen their operations. The centre in Kapchorwa began to provide laboratory services as a means of increasing diagnostic services for SGBV survivors and other general clientele. Approximately 300 clients were seen with an average of eight clients per day while the centre in Apac was established in this regard.

To increase male involvement in SRH the main strategies employed was to include male as active users and promoters of SRHR, positioning and scaling up SRHR services, capacity building to design, deliver, and support or strengthen SRHR services; and experience sharing, monitoring and evaluation, operations research, documentation and advocacy.

Through this initiative men appreciated their role in parenting, growth and development of their children and care for women for health pregnancy outcome. For instance men started taking their children for immunisation a role that was presumed to be for women. In addition, through the initiative incidences of domestic violence reduce in the sites where the initiative was implemented. There were reports of improved couple communication, couple access to family planning and other SRH services and task sharing in domestic and health related issues.

To improve youth friendly services RHU trained health service providers in YFS provision. In addition, RHU trained selected community volunteers in behavioural change concepts, models and approaches, and selected, recruited and trained peer educators to mobilise for YFS at partnering health sites.

Meanwhile, deliberate inclusion of young people with

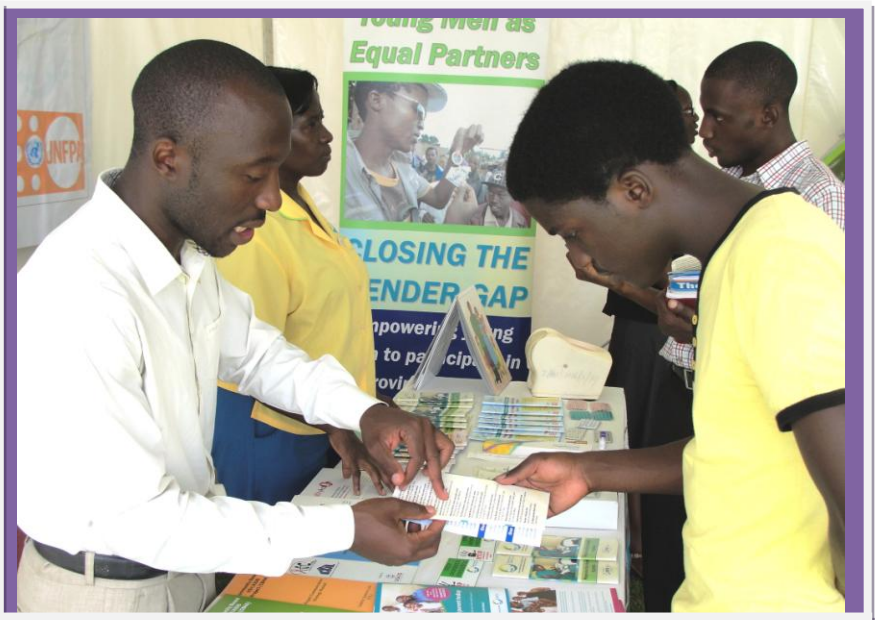
Rose Atime from one of the project site says: "Before this project, I used to have too much domestic work, that I would fail to visist the health facility even when I had urgent medical issues becuase my husband was not supportive. With the information he received from RHU, he helps me out in domestic work but also supports me with money and transport to access family planning services. Working together as husband and wife has also improved our household income to take care of the family basic needs such as school fees for the children"

disabilities in the implementation of some projects was initiated to enhance ASRH services access and utilisation. Generally over the year, there was a concerted drive to involve young people in the design, implementation and evaluation of comprehensive sexuality, SRHR/HIV/AIDS programmes.

The gender and sexuality discussions conducted by peer educators empowered young people to negotiate, demand and utilise SRH services. The young people further said they were more confident to ask for or buy condoms because they were empowered to do so. Some youth clubs formed and supported by RHU evolved into registered CBOs to advance young people's SRH issues especially, awareness creation, advocacy, resource mobilisation and empowerment for young people to demand and exercise their rights in all matters related to their health.

Members of the Youth Action Movement (YAM) from various RHU branches were orientated. This was on issues related to YAM operational framework, IPPF sexual rights declaration, value clarification exercises, comprehensive sexual education (CSE), gender, rights and sexually (GRS). YAM initiated school outreach activities to continuously sensitise students with information on rights and comprehensive sexuality education, among other activities.

One of the key lessons learned was that for optimal impact, it is prudent to, whenever possible; integrate income generating activities (IGAs) into SRHR for young people. This is so because one of their concerns is how to pull themselves out of poverty, or to attain gainful employment. IGAs can help young people mobilise themselves into groups where various ASRH issues and services can be availed to them.



Empowering and reaching out to the young people to accelerate access to SRHR services

Advocacy

The situation of SRHR interventions in Uganda faces social-cultural, economic and political challenges. Not forgetting the many good policies in place, the implementation of these policies is wanting. Regarding reproductive health in Uganda, there is generally lukewarm support for key areas such as family planning which is exemplified by the contradictory and often negative statements about the intervention by some political leaders. Other factors include: inadequate funds allocated by government to promote and implement programmes for the youth or for family planning; inadequate priority for family planning as a key factor in improving maternal health and reproductive health.

In 2012 RHU continued to be a key player in the area of advocacy for different SRHR issues such as commodity security, addressing the non-conducive political environment towards family planning; unsafe abortion, inadequate access to youth friendly services, etc. RHU implemented five projected under the advocacy thematic area.

RHU advocacy centred around increasing funding and improving policy commitments at all levels of national governments, among bilateral and multilateral donors, and the private sector. It was also to improve young people's sexual and reproductive health; and to improve demand and utilisation of maternal, sexual and reproductive health services at community level through the rights-based approach and ultimately contribute to realisation of MDG 5- Improve Maternal Helath.

Working with a range of stakeholders, RHU was successful in many areas including helping to secure $8.7 million for contraceptive supplies (80% increment- budget increased from 1.5billion in 2001/2002 to 8 billion 2012/2013). This was in addition to agreement from NMS to enable private family planning providers to access contraceptive supplies. Not forgetting registration of Norigynon on the national essential medicines list to increase family planning method mix

To make the Maputo Plan of Action work, young people and members of YAM were oriented on the Maputo Plan of Action and their role in advocacy for YFS and to speak out on SRHR issues. YAM members got aware of their role in advocacy and had taken it up in their respective areas of operation

Meanwhile, RHU empowered Non State Actors (NSAs) to become meaningful participants in civic processes by increasing their capacity to formulate policy priorities, monitor their implementation and hold decision-makers to account. The aim was to contribute to more effective and inclusive health policies, programmes and budgets, and thereby ultimately achieving the health-related MDGs.

As a result of advocacy activities geared towards improving maternal health, there was positive change and an increase in the number of mothers accessing MSRH services at health centres. The number of mothers attending the fourth ANC and deliveries at health centres tremendously increased. For instance in 2010, 100 women delivered at Baitambogwe health centre III in Mayuge district and in 2011 the number shot to 150 and in 2012 it increased further to 360 mothers delivering at the health facility.

Generally RHU advocacy was critical to increasing access to quality family planning services and promoting gender equity for socio-economic development in Uganda. Women pressure groups (PG) were formed. Most of the pressure groups were from the community women groups. The PGs sensitised fellow women on the benefits of using FP, collecting data on available services in the community health centres, and submitting monthly reports. Male role models were also identified and oriented on FP. In return they sensitised other men on the benefits of FP. They helped to reach out to men in places where the PGs could not easily reach- such as the drinking places.

An advocacy meeting targeting non state actors in Busia district, eastern Uganda

Governance and Knowledge Management

RHU National Learning Centre, with the objective to strengthen RHU's capacity for a model learning centre and hub for capacity building initiatives in SRHR in Uganda was strengthened. During the year 2012, the RHU learning center served as technical support facility, for knowledge and skills for other Member Associations (MAs) in the region in the various areas. Trainings enabled the participants to have a clearer understanding of the concepts and to gain knowledge from experience sharing.

Over 2012, various capacity building initiatives were undertaken. For example, MAs were trained in gender, rights and sexuality programming at the RHU learning centre. Additionally, YAM members from different RHU branches were oriented on the YAM concept and operations. The YAM Kampala branch also coordinated the youth internship programme that drew students from different institutions of learning, especially from institutions of higher learning. This programme continued to attract popularity from different partners and stakeholders due to its relevance and attractive pay structure. The programme was managed and implemented by YAM interns who went through similar training and stayed on, volunteering their time and knowledge for the benefit of other young people and continuously growing their own competence in the field of SRHR). YAM partnered with other players such as Naguru Teenage Centre, DSW, UNFPA, etc. Other youth capacity building activities also took place in different RHU branches such as school debates in Gulu, and peer education in other RHU branches.

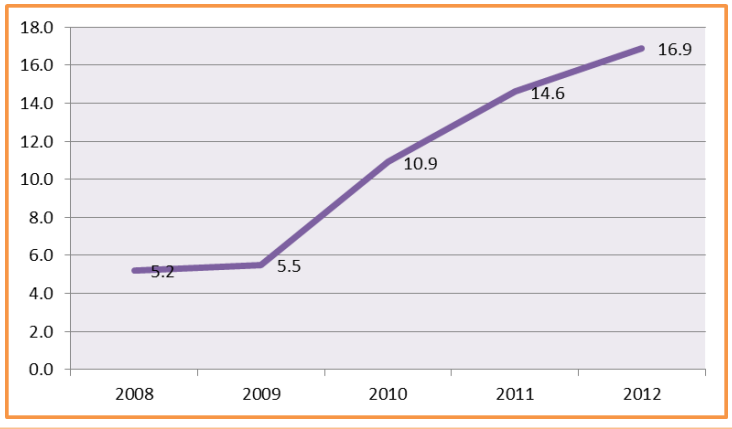
On governance the focus was to strengthen leadership, governance and management potential of RHU. This was to ensure that branches implement the work; most of which had aspects of conducting volunteer recruitment drives, lobbying district leaderships for financial and in-kind support, income generation to support YAM activities etc.

Some of the RHU 2010 - 2012 board members

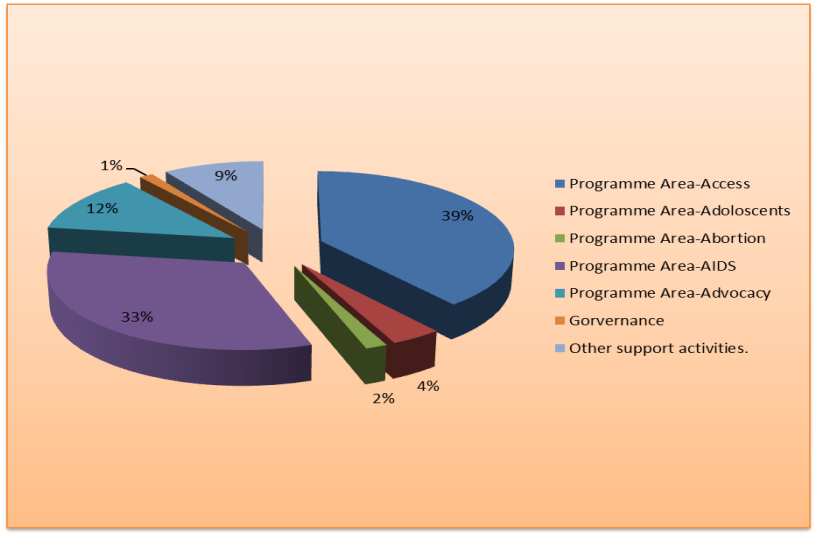
Displaying the IPPF accreditation

RHU FINANCIAL PERFORMANCE 2012

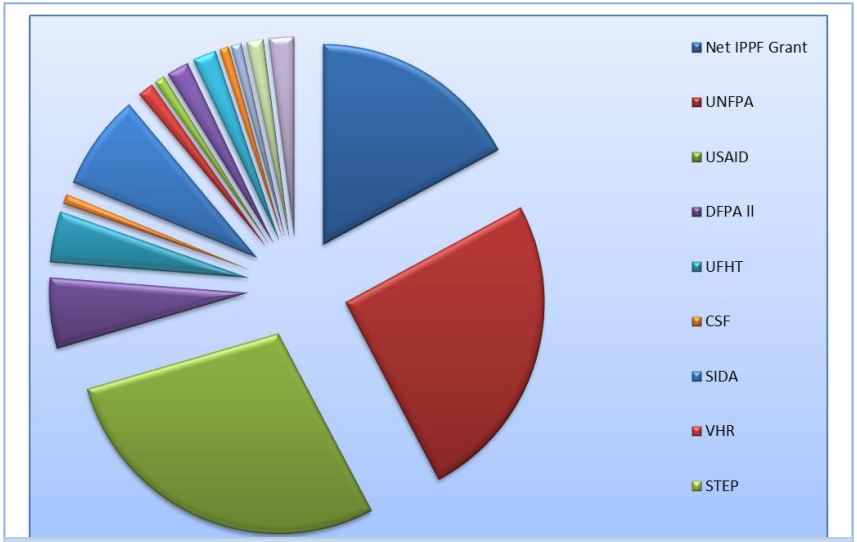
REVENUE BASE AND THE TRENDS



The annual grant income for 2012 amounted to UGX16, 870, 679, 000 this represents about 15% increase in total incomes compared to the year 2011



INCOME BY DONOR CONTRIBUTION:



The bulk of our donor funds are contributed by USAID (22%), IPPF (core grant- 13%), and UNFPA (19%), SIDA (6%) and several other donors as detailed in the graph

1.3 EXPENDITURE COMPOSITION BY THEMANTIC AREAS.

The RHU total expenses for the year 2012 amounted to UGX13, 700, 824, 000 compared to UGX12, 558, 506, 000 for 2011. The association spent UGX806, 207, 000/= on administration and general services, compared to UGX520, 224, 000 in year 2011 which is 55% increase compared to that of year 2011. This increase is mainly attributed to the increases in the high administration support. Our expenses by thematic areas are illustrated on the left:

Partners/Donors

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