



Annual Report 2013

Accelerating Access to Priority Sexual and Reproductive Services



RHU Map: Clinics and Branches

RHU Branches/Clinics

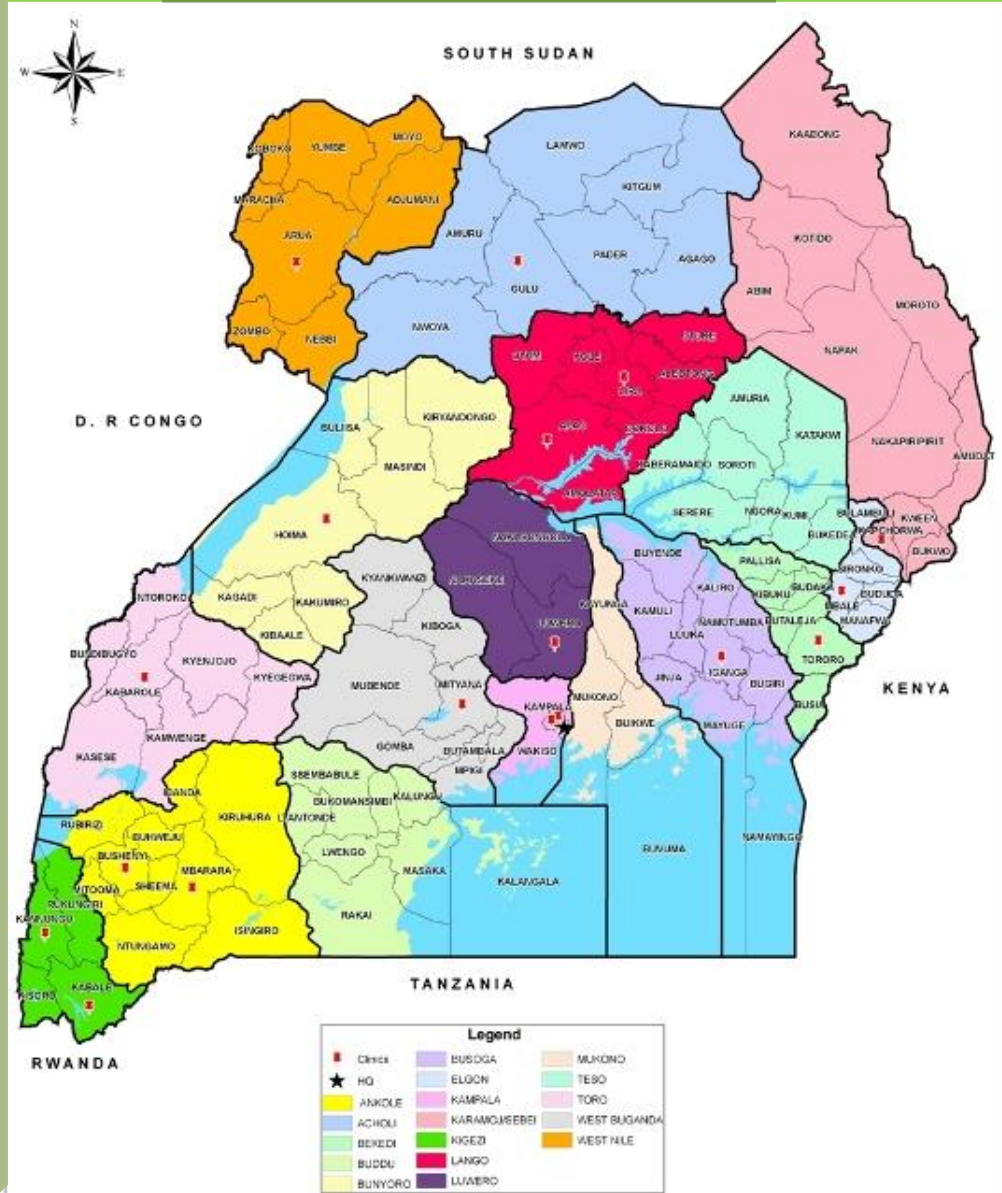
- APAC:** Plot 39, Owiny-Okullu Road, Apac Town
- ARUA:** Plot 49A, Municipal Close
- BUSHENYI:** Liberation Rd off Nyanuko Rd- next to the football pitch, Bushenyi Town
- BWAISE:** Bwaise II Bukasa Zone, next to St. James Primary School
- FORTPORTAL:** Plot 2a Booma Road opposite Tooro Club next to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

More Information Contact

REPRODUCTIVE HEALTH UGANDA

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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
Quality of services
Rights based programming and choice
Learning and innovation
Accountability and financial integrity

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 1967. Currently RHU operates 17 branches with clinics and youth centres, offering reproductive health services through outreaches covering all regions of the country.

SERVICES WE OFFER

Non contraceptive services

- General family planning services
- Cervical and breast cancer screening
- Cervical cancer cryotherapy treatment
- STI screened & treated
- HIV management
- Immunisation
- Antenatal and postnatal care
- Post abortion 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

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Flagging off Mbarara Volleyball Club for the President's Cup finals in Kampala

Abbreviations/Acronyms

AB	Abstinence and Being Faithful
AIDS	Acquired Immune Deficiency Syndrome
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral therapy
ASRH	Adolescent Sexual & Reproductive Health
CBO	Community Based Organisation
CBHA	Community Based HIV/AIDS Prevention, Care and Support
CBRHAs	Community Based Reproductive Health Agents
CHWs	Community Health Workers
CMRS	Clinical Management of Rape Survivors
CSE	Comprehensive Sexual Education
CYPs	Couple Years of Protection
EC	Emergency Contraceptive
eMTCT	Elimination of Mother to Child Transmission
FGC	Female Genital Cutting
FP	Family Planning
HC	Health Centre
HCT	HIV Counselling and Testing
HIV	Human immunodeficiency virus infection /
IEC	Information Education Communication
IGAs	Income Generating Activities
IPPF	International Planned Parenthood Federation
IUD	Intra-Uterine Device

MARPs	Most at Risk Populations
MDGs	Millennium Development Goals
Mgt	Management
MISP	Minimum Services Package
NEC	National Executive Committee
OVC	Orphans and Vulnerable Children
PAC	Post Abortion Care
PEP	Post exposure prophylaxis
PNC	Post Natal Care
RMNCH	Reproductive, Maternal, New-born and Child Health
RH	Reproductive Health
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
STIs	Sexually Transmitted Infections
VCT	Voluntary Counselling and Testing
VHT	Village Health Team
VIA	Visual Inspection under Acetic Acid
WHO	World Health Organisation
YAM	Youth Action Movement
YFS	Youth Friendly Service

Executive Director's Note

Twenty-thirteen [2013] was yet another year that witnessed Reproductive Health Uganda step up its commitment to accelerate high quality, high impact and gender-sensitive sexual and reproductive health and rights services and information targeting young people, the vulnerable and most at risk population that are hard-to-reach.

The year also marked significant strides in highlighting the great role men play in enhancing sexual and reproductive health gains. This is spearheaded by RHU male involvement learning centre in Hoima. In partnership with Hoima Local government, it was a dream come true, that the first ever, District Men involvement Day celebrations, the first of its kind in this country was held in November 2013 in Hoima town. This day, which the district plans to celebrate annually and calls on the country to take it up, brought together all the influential policy makers and community members in the district to come together to celebrate the achievements Hoima has made in

male involvement over the last 5 years. Men spoke about their leadership responsibility in sexual and reproductive health. A role they had abdicated for long. Men must come on board.

The other area worth noting is the young people. The Youth Action Movement continued to be a strong pillar in RHU. Young people have continued to be a great force in mobilising the young people for SRH services and information. But also they have been at the core of RHU interventions implementation and monitoring process. It's therefore without surprise that in 2013 RHU increased youth services from about 1,000,000 in 2012 to more than 1,300,000. The momentum continues in 2014.

In past year, we brought a new twist in our interventions to save mothers. The women of reproductive age from both urban, peri-urban and the most underserved communities in rural areas including the remote hills of



Kanungu district accessed prevention and treatment of cervical cancer services. On top of screening, positive mothers were started on cervical cancer treatment- treating cervical cancer lesions using cryotherapy with five of our branches, that is, Fort Portal, Gulu, Kampala, Mbale and Mbarara directly offering the treatment. Upto more than 80,000 women were screen and 90% of those who tested positive were treated.

Meanwhile, to increase our services output and reach more people, RHU brought on board 30 new social franchisee clinics whose capacity in family planning and SRH in general

was built or strengthened. This was in addition to training and equipping community health workers in DPMA injectable and FP counselling.

In Uganda, unsafe abortion still remains a big cause of maternal mortality and morbidity. The majority of those affected are young girls and women. It is estimated that 800 abortions (Gutmatcher report, 2011) are performed every day in this country. Offering more than 20,000 post abortion care related services annually to mitigate the consequences of unsafe abortions is no mean achievement. These 2013 service figures went up from 5,500 in 2012, a 277% increase.

Talking about 2013, it's unthinking to end my remarks without talking about the new board, the National Executive Committee chaired by Honourable Sylvia Sinabulya. It's been a fruitful year because the board has worked selflessly to ensure that the SRH agenda is pushed to greater heights.

Therefore, I sincerely appreciate the work of these noble ladies and gentlemen, but also not forgetting the partners in the civil society fraternity; the ministries we have worked with, especially the ministry of health, and our development partners who have been there to support us implement our mission and deliver

as per our mandate. Partnership with us has meant tremendous results in accelerating access to priority sexual and reproductive health services, especially to the young people, the marginalised and hard-to reach communities.

We believe 2014 will be a better year, and we look forward to it.



Jackson Chekweko
Executive Director



Overall Summary

This report presents a summary of the different programmes, projects and activities implemented by Reproductive Health Uganda (RHU) in 2013. It also highlights some of the main achievements encountered over the period. As in years past, RHU remained relevant to the challenge of addressing the different reproductive health (RH) challenges in the country, and was at the vanguard of innovation and cost effective interventions that helped to increase access to reproductive health services.

In 2013, there was a general improvement in service delivery. For example, total clients visits increased by 39% from over 780,000 in 2012 to more than 1,000,00 in 2013; The progress was

underlined by government and partner support and collaboration.

The RHU Learning Centre was also strengthened to improve learning for the benefit of the organisation, as well as local and international partners. Using the centre, RHU showcases the use of different practices that enhance service delivery; for instance, the

concept of the surgical camp was illustrated as a means of providing holistic, effective service delivery to marginalised, hard to reach populations.

Trend of Services Statistics from 2011 - 2013			
Services	2011	2012	2013
Family Planning	542,217	339,272	516,098
Post Abortion Care	6,881	5,473	20,724
HIV/AIDS	314,455	611,244	599,609
STI/D	103,428	186,451	265,879
Other SRHS	576,864	1,041,164	1,408,668
SRHS for Youth	838,087	1,023,950	1,334,987
Total SRHS	1,544,845	2,183,404	2,811,069
CYP	107,893	225,065	236,429



Snapshot of the Five Programme Areas

In 2013, RHU continued to implement several projects contributing to the promotion of SRHR

in Uganda and beyond. Projects were implemented under the strategic framework

based on 5As (Access, Adolescents, AIDS, Abortion/Safe motherhood and Advocacy).

Access

Access to sexual and reproductive health (SRH) services by different population and social groups was enabled using the main delivery modes that is, services offered at the static clinics, outreaches and through community based reproductive health agents (CBRHAs).

Most clients accessed services through the outreach mode of service delivery, followed by the clinics, while relatively fewer clients accessed services through community agents.

New strategies were developed and refined; for instance the use of community health workers to increase access through the community-based distribution of injectable contraceptives; as well as social franchising as a strategy to increase access to care through partnerships with the private sector to ensure enhanced access.

Furthermore, other approaches to reach marginalised groups were utilised, for example the minimum services package (MISP) for

refugees in the Congolese refugee camps of Rwamwanja and Nyakabande in Kamwenge and Kisoro districts respectively.

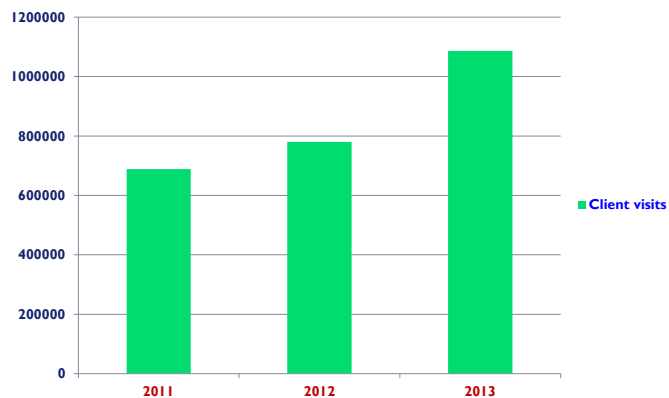
Other interventions focused on neglected MARPs such as sex workers, reached through the Shadows and Light project with services such as condoms, management of STIs, etc. taken to them through them.

Further strategies to increase access included the strengthening of the basic RHU service package to incorporate more systematic screening for breast and cervical cancer, where more than 44,000 women were screened for breast cancer and over 80,000 women were screened for cervical cancer. Five RHU sites were equipped with cryotherapy machines and oxygen cylinders to facilitate management of clients diagnosed with early positive cancer lesions.

All clients found to need cryotherapy were treated. RHU is currently receiving referrals from public health facilities especially in Fort Portal and Gulu districts where such services were not previously available. Generally, there was an increase in client load, as shown by the service statistics (**next page**).

Integrated SRH/HIV/GBV Services Provided to Refugees	
Service Provided	Output
Family planning	407
HCT	2,094
STI Clients	671
Antenatal care	2,034
Postnatal care	511
Referrals for delivery	95
Condoms distributed	31,829
Medical resource persons trained	60
Health workers trained	37
Clean delivery kits distributed	978
IEC materials distributed	700
Health workers trained in CMRS MISP	115
Other SRH services	3,838

Client visits 2011-2013



More than 44,000 women were screened for breast cancer and over 80,000 women were screened for cervical cancer in 2013



Women waiting for cervical and breast cancer screening at an RHU community outreach in Sheema district in 2013

In 2013 RHU realised increased number of services delivery outlets and SRHR (FP, HIV, PAC) service statistics through private and public partnership. RHU brought on board 30 social franchisees clinics, to boost RHU clinics in offering SRHR services. The 30 new social franchisees clinics, together with RHU clinics, were stocked with contraceptives and other

medical supplies to provide integrated FP/SRH services. To achieve better quality service deliver, capacity of health workers- RHU, public and private health facilities, and CHWs- was strengthened. Managers and staff of the private clinics, CHWs/VHTs, peer educators, RHU service providers, etc., were trained in DPMA injectable, FP counselling, basic and long-acting

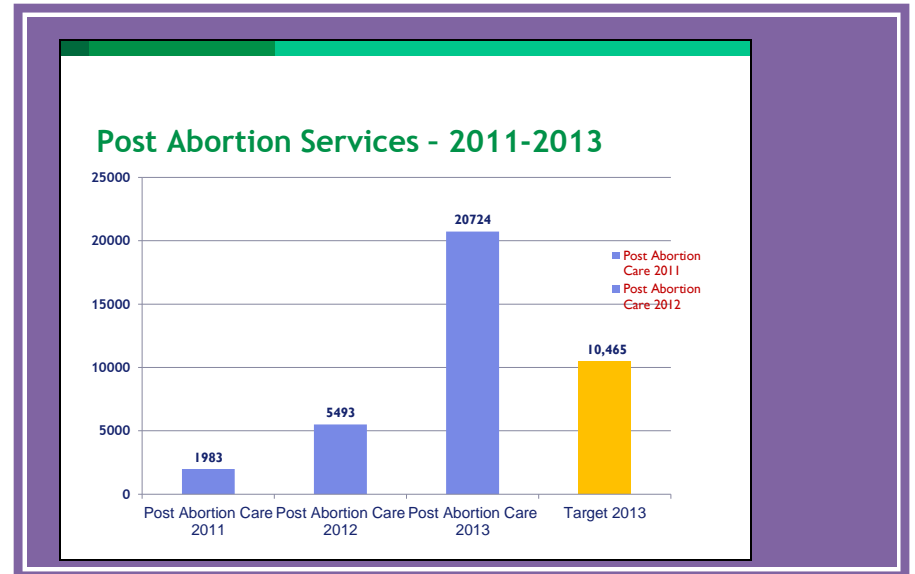
family planning services provision, cervical cancer screening and post abortion care (PAC). Over 90% of the trainees trained in PAC and long acting contraceptives had never had training in those areas.

Meanwhile, a number of CHWs were equipped with bicycles, bags, protective gear and other kits to improve their capacity to offer better SRHR service delivery.

Abortion: Post Abortion Care and Safe Motherhood

In the past year, there was an increase in post abortion care and related services- from about 5,500 in 2012 to more than 20,000 services. Partnerships against maternal mortality due to unsafe abortion were further strengthened by a series of strategic meetings by key stakeholders through the Coalition Against Maternal Mortality due to Unsafe Abortion to which RHU continued to be an active member. Important to note, service providers values, attitudes and skills to provide post abortion related services improved following the harm reduction model that highlighted technical aspects, legal provisions and values including attitudes.

In addition, regarding safe motherhood, safe deliveries continued to be offered, though at a slow pace with less than 150 deliveries in 2013. Although deliveries were carried out only at the Mbale clinic, most of the RHU clinics continued to offer antenatal services- about 3,500 and more than 1,800 postnatal services last year.



A young lady at RHU Mbale clinic who had come for ANC but later diagnosed with malaria



Women waiting for services



She delivered a baby girl at the RHU Mbale clinic

HIV/AIDS

In 2013, HIV/AIDS services by RHU increased slightly, from over 556,000 in 2012 to over 597,000 in 2013.

RHU continued to strengthen prevention of HIV among vulnerable youth but also targeting young people living with HIV/AIDS, vulnerable and hard to reach populations in general, such as the MARPs that included sex workers, transient traders, truckers etc., with HCT services.

These were delivered using uniquely designed behavioural change communication activities and interventions to improve the wellbeing and socialisation processes of young people and

other affected community members. For example the girls-only-clubs offered weekly life skills sessions. Participants attained broad information on sexual health, development issues and also attained practical skills including hairdressing, knitting, tailoring and art and craft.

Under the Shadows and Light project RHU mobilised, coordinated, and prepared a team of 60 sex workers and 30 other key community members as peer educators to mobilise and reached out to their counterparts. With them monthly SRH outreaches were organised, where sex workers and other targeted populations

were provided with integrated SRH/HIV services.

In the area of prevention, we also continued mobilising communities for circumcision services, though the uptake of the service was low, with only slightly more than 7,000 men circumcised. The promotion of condoms, both male and female, which offers dual protection- from pregnancy and HIV was at the centre of HIV activities. More than 4.6 million condoms were distributed last year, especially to the young people, hard-to-reach populations and MARPs in general.

Reaching Out to the hard-to reach Through the Community Based HIV/AIDS Prevention, Care and Support

Intervention in 4 districts of Alebtong, Apac, Kabale, Kanungu, Kole and Lira	Output		
	Female	Male	Total
Targeted population reached with AB messages.	750	697	1,447
Target population reached with other prevention messages	5,081	3,118	8,199
MARPs reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards required	sex workers		89
	Truckers		168
Individuals reached with prevention with positives (PVVP) interventions			1,876
People on integrated SRH and HIV/AIDS services including FP			9,773
Adult individuals provided with VCT and/or HIV Counselling and Testing (HCT)	18,404	10,657	29,061
OVC including children with HIV/AIDS (CWAs) identified and supported with at least 3 core programme areas of support beyond psychosocial support.	1,423	1,396	2,819
Children provided with food and nutrition support	1,423	1,396	2,819
Children provided with psychosocial support (PSS)			8,379
OVC tested for HIV (VCT and/or HCT) and other ailments	1,423	1,396	2,819
Support groups established for OVC information and services	Child Mother		12
	Child Brigades		72
Community based organisations recruited and supported			2

Shadows and Light Services: Targeting Sex Workers

Services	Output
Peer educators trained among sex workers	90
# of SRH clients counselled	1,184
HIV counselling and testing	1,042
Referrals for ART and CD4	47
Management of STIs	465
# of male condoms distributed	2,864,405
# of female condoms distributed	480,035
Total clients offered FP long term methods	385
Oral pills	23,033
Total clients referred	384



Left: RHU youth worker sharing with young people about the dual protection of condom- HIV and unwanted pregnancy

Below: A couple receiving voluntary HCT at one of the RHU community outreaches in Hoima





(L-R) Jackson Chekweko, RHU ED, state minister for health, Hon Sarah Opendi and Hon Sylvia Namabidde- RHU board chair touring RHU information desk during the RHU AGM 2012



Sixty MPs from Uganda, Asia, Malawi, Zimbabwe, etc, visit RHU to get a feel of the SRH/population issues in the country. They were hosted by the Uganda Parliamentary Forum on Food Security Population and Development



A satisfied mother with her baby at an RHU SRH outreach in Mbale



RHU service provider counselling a client for cervical cancer screening on Women's Day 2012



RHU trains (FP ToT) health workers from Somalia with support from UNFPA



District leaders, RHU staff and some partners pose for a photo at the RHU Hoima clinic as part of the activities to celebrate Hoima district Men's Day 2012. It's a district platform to mobilise/advocate for increased male involvement in health, education and livelihoods



The First Lady mama Janet Museveni and Hon Sarah Opendi, health state minister, taking a tour at the launch of eMTCT option B+ in Tororo at the RHU Tororo Youth Corner



Young people at the RHU Katego youth corner - Kampala



Some of the goats for the RHU Apac YAM IGA project



Jackson Chekweko, RHU ED, and some leaders fundraise for the Girls Only Club IGA during the SRH camp in Mbarara

ADOLESCENTS

Over the reporting period, young people SRHR services increased greatly from about 1,000,000 in 2012, to more than 1,300,000 in 2013. In the course of the year, three youth focused projects were initiated to improve the SRHR of young people (10-24 years) by increasing young people's uptake of SRH services; and indeed such projects improved youth access to services and information.

Generally RHU actively and deliberately sought to involve young people in the programming, implementation and evaluation of the youth focused projects. Cognisant of the fact that building the capacity of young people through continued mentorship and actual training and implementation is a strategic way of ensuring continuous involvement of young people, and to ensure that peer-to-peer support and information transfer continues.

In 2013, male involvement continued to be promoted in RHU, with the Male Involvement Learning Centre Initiative in Hoima acting as the flagship project in this regard. From this intervention, there was increased use of SRHR services by men (more so the young people) especially HIV counselling and testing (HCT) and safe male circumcision. There was also increased couple involvement in service usage including family planning, and sharing of domestic responsibilities. In addition six youth and male dominated clubs were registered as community based organisations, all with income generating activities (IGAs in Hoima. RHU also

A police officer in Kapchorwa talking to a young lady. The police has worked with RHU to curb (sexual and gender based violence (SGBV) including female genital mutilation/cutting



played a pivotal role at the inaugural **Hoima district annual men's day celebration**, the first of its kind in Uganda. The day is the district platform to mobilise men to effectively get involved in different aspect of life, especially health, education and agriculture.

To curb sexual and gender based violence (SGBV), survivors of SGBV- especially young girls and child mother- were trained in life planning development skills to offer practical and

workable solutions to young girls out of violent families by promoting independence; to reduce dependency on men which has been the major cause of domestic violence.

In Kapchorwa and Apac, we facilitated good partnership and working relationship between the police and the local people, local government and other development partners through good referral networks. The numbers of SGBV cases being reported to police have

continued to increase because of the increased awareness created. In Kapchorwa, female genital cutting/mutilation practice has continued to go down as more girls have joined school and the

practice currently takes place in clandestines and is not celebrated as it was years ago.

Over time, there has been an increase in the number of young people accessing services such

as eMTCT, ANC and post natal services because of the knowledge they have about these services at the health units.

Trend of Legal Cases from January to December 2013 in Apac district

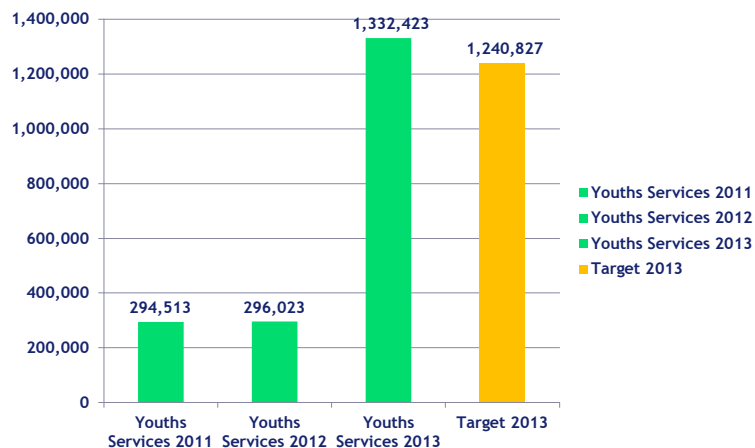
Cases	Reported	Taken to court	Under inquiries	Detected	Convictions
Defilement	216	98	113	05	14
Rape	26	19	05	02	01
Murder	04	04	0	0	04
Domestic violence	336	76	202	58	02
Suicide	02				
Child neglect	34	8	23	3	13
Cases of child neglect, conviction and reconciled					13



Top right: Young people getting life skill tips at RHU head office courtesy of Katego youth corner

Bottom right: Young people getting information about SRHR at the 2013 International Youth Day celebrations organised by RHU young people

Youths SRH - 2011-2013



ADVOCACY

RHU continued to develop and strengthen partnerships with different stakeholders such as the media, women and human rights groups, government and regional blocks to strengthen the advocacy pillar. RHU was an influential member of different SRHR coalitions at district and country level. For instance, RHU was part of the teams that contributed to a number of policies, plans and programmes that included: the sharpened integrated Reproductive, Maternal, New-born and Child Health (RMNCH) Plan towards reaching MDG 4 in Uganda; the national school health policy; tasking sharing for clinical officer to perform tubal ligation, FP stakeholders meeting, etc. At district level RHU advocacy activities led to the formation of several advocacy fora, such as the

District FP Stakeholders' Forum, RH/FP Budget Advocacy Coalition in Luwero district.

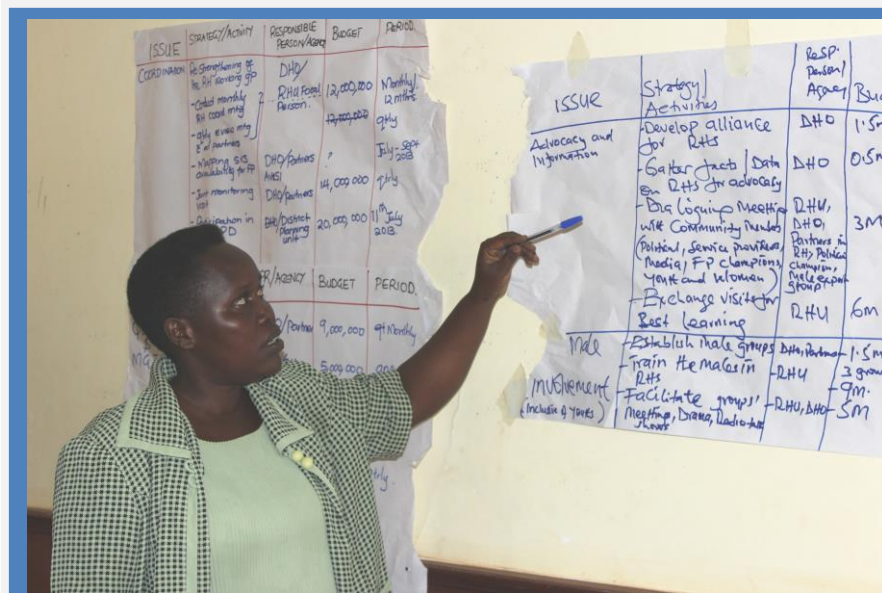
Meanwhile, RHU continued to play her part as a critical partner in the SRHR response by advocating for a conducive environment at national and district level, towards family planning; unsafe abortion, maternal death, commodity security, inadequate access to youth friendly services (YFS), sexuality education, etc.

Through advocacy, a number of health unit management committees were activated, strengthened and sensitised on their roles and responsibilities, greatly impacting on the monitoring and guiding of service delivery at

district level. This aimed to reduce maternal mortality.

In addition, a number of district leadership (for instance, Luwero, Gulu, Mubende, Mbale, etc) committed to support family planning and interventions to reduce maternal health in their areas. For example in Mityana, Ssekanyonyi sub-county made budget commitment of Shs 10 million for 2013/14 to procure beds and mattresses for Ssekanyonyi HCIV.

RHU advocacy, together with partners, saw the government FP commodities budget increase from US\$3.3 to US\$6.9 million and the Parliament passing the National Population Council Bill, to improve the SRH environment.



Left: Presenting way forward after an advocacy meeting to promote FP in Gulu district

Right: Members of the East Africa Legislative Assembly at an advocacy breakfast meeting organised by RHU

Knowledge Management: Capacity Building

The RHU learning centre continued to be an appropriate avenue to promote SRHR knowledge sharing, capacity building for RHU, partner agencies, individuals and organisations, within and without Uganda.

Some of the highlights in 2013 included representatives from IPPF member associations that participated in the EMTCT- Option B+ training and establishment; the experiential learning session for the UMATI from Tanzania, enabled participants to practically carry out long term and acting family planning methods service provision. And, the training of 25 health workers- doctors, midwives and nurses from Somalia on family planning training of trainers and adapting of global guidelines for family planning



Above: RHU staff in one of the training at the RHU Learning Centre

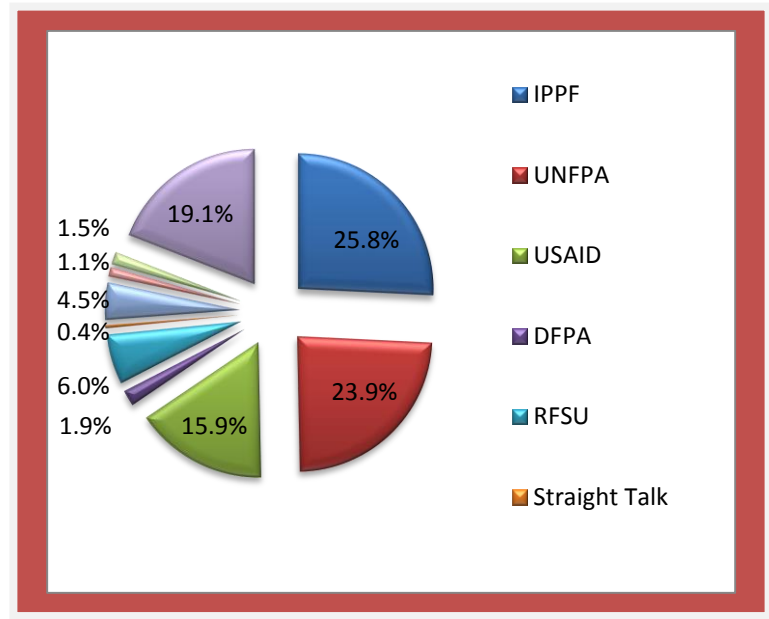
Top right: Somali health workers and RHU staff pose for a photo moment during the training, where 25 doctors, midwives and nurses were trained as FP ToT. The training was conducted by RHU

Capacity building	Output
Service providers trained in long acting FP methods and current FP service delivery protocols/eligibility criteria	51
Somali health worker- doctors, midwives, nurses- trained in FP ToT and adapting FP global guidelines	25
CHWs/VHTs trained in DPMA injectable and FP counselling	60
Franchise managers/staff trained in brand promotion, customer care and business management	27
Service providers trained in FP, PAC, Cacx screening and quality of care	43
RHU service providers trained as ToTs of cervical cancer screening and cryotherapy treatment	5
Service providers trained in cervical cancer screening and cryotherapy treatment	15
Health workers trained in CMRS MISP	115
Service providers trained to provide HR services	17
Peer educators, RHU staff and peer group leaders trained on abortion and abortion stigma	15
Service providers trained to offer high quality, gender sensitive and youth friendly non-stigmatising SRH information and services	25
Service providers trained in safe male circumcision	3
Service providers trained in quality of care	15
Peer educators trained in resource mobilisation	20

RHU FINANCIAL PERFORMANCE 2013

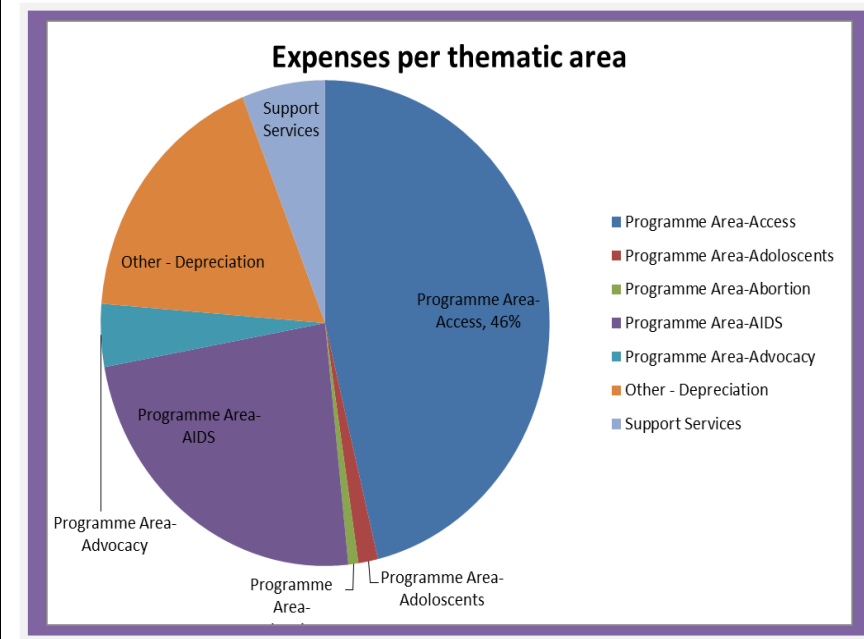
INCOME BY DONOR CONTRIBUTION

The bulk of our donor funds are contributed by UNFPA (24%), USAID (16%), IPPF (Core Grant - 10%), and several other donors as detailed in the graph below



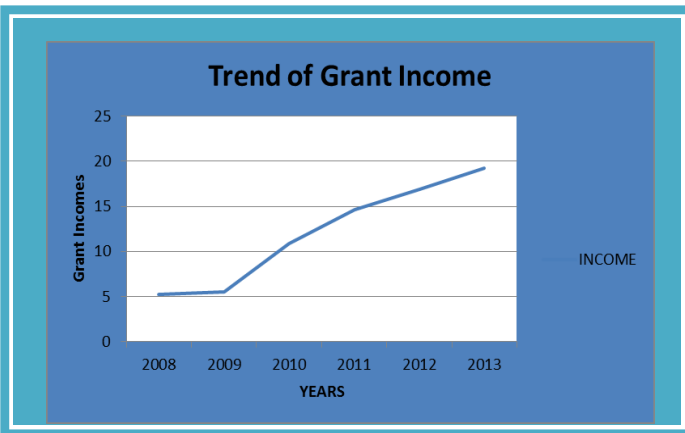
EXPENDITURE COMPOSITION BY THEMATIC AREAS

The total RHU expenses for 2013 was UGX 16,321,476,000 compared to UGX 13,700,824,000 in 2012



We are very grateful to all our funding partners who supported our work in 2013, and are confident that we will continue to enjoy these good partnerships

REVENUE BASE AND THE TRENDS



The total annual income for 2013 amounted to UGX. 19,185,776,000 which represents about a 14% increase in total incomes compared to the year 2012

NEW PROJECTS IN 2013

We are indeed grateful for the new partnerships that we have entered into in 2013. These include the following projects;

1. ASK project funded by IPPF
2. PAIR project funded through IPPF with a component of social franchising
3. MISP/SPRINT funded through IPPF targeting refugee communities.
4. Cancer project funded through IPPF focusing on cancer screening
5. Youth Enterprise model funded through straight talk Uganda
6. Special other one off grants through IPPF; Harm Reduction model and Chasten

These new partnerships have helped us to increase our areas of coverage and contributed greatly to improving access to family planning services in Uganda.

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



Mr Julius Mukwanya
National Treasurer



Mr Augustine Wandende
Vice Chairperson



Mr Jackson Chekweko
RHU ED/NEC Secretary



Ms Robinah Katiritimba



The Right Hon Rebecca Kadaga
RHU Patron

NEC Committee Members



Mr Allan A. Mugisha



Ms Rose Chebet



Ms Hellen Epodoi



Mr. Daniel Oyom



Hon Sylvia Sinabulya Namabidde
Chairperson



Ms Lydia Asiimwe



Mr Charles Jumba



Ms Immaculate Nampitta



Wilberforce S. Kakumba

RHU PROGRAMME AND FINANCE COMMITTEE (PFC) MEMBERS 2013-2016

Mr. Jumba Charles	Chairperson
Mr. Julius Mukwanya	National Treasurer
Ms. Hilda Kashemirwe	Committee Member
Mr. Anguyo Godfrey	Committee Member
Ms. Grace Nambooze	Committee Member
Ms. Chebet Violet	Committee Member

RHU REGIONAL COUNCIL REPRESENTATIVES 2013-2016

Ms. Robinah Kaitiritimba
Mr. Wilber Kakumba Senabulya
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