



# ANNUAL REPORT 2016



A Member Association of  
 **IPPF** International  
Planned Parenthood  
Federation  
Africa Regional Office

 **RHU** Reproductive  
Health Uganda

*Accelerating access to priority sexual and reproductive health services*

# TABLE OF CONTENTS

Acronyms-----	2
A Word From the Board Chair.....	3
Remarks from the Executive Director.....	4
who we are-----	6
I. Introduction-----	10
Part I: Outcome 1: Advocacy -----	11
Part II: Outcome 2: Access to Information-----	14
Part III: Outcome 3: Service Delivery -----	17
Part IV: Outcome 4: An accountable and sustainable organisation -----	21
Sustainability report -----	27
Financial statements-----	35

# Acronyms

<b>ACCESS</b>	Access to Client Centred SRH services	<b>LPS</b>	Life Planning Skills
<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>MARBs</b>	Making Access Right Based
<b>AGM</b>	Annual General Meetings	<b>MC</b>	Medical Coordinator
<b>ANC</b>	Antenatal Care	<b>mCMIS</b>	Manual Clinical Management Information System
<b>ASK</b>	Access, Services and Knowledge Project	<b>MDGs</b>	Millennium Development Goals
<b>ASRH</b>	Adolescent Sexual & Reproductive Health	<b>M&amp;E</b>	Monitoring & Evaluation
<b>ARV</b>	Anti-Retroviral	<b>MLS</b>	Moon Light Star
<b>BCC</b>	Behaviour Change Communication	<b>MOH</b>	Ministry Of Health
<b>BEC</b>	Branch Executive Committee	<b>MOLGSD</b>	Ministry Of Gender Labour & Social Development
<b>BTL</b>	Bilateral Tubal Ligation	<b>MIS</b>	Management information system
<b>CBDAs</b>	Community Based Distributors	<b>MVA</b>	Manual Vacuum Aspiration
<b>CBRHAs</b>	Community Based Reproductive Health Agents	<b>NACWOLA</b>	National Association of Women Living With HIV/AIDS
<b>CCS&amp;PT</b>	Cervical Cancer Screening and Preventative Therapy	<b>NEC</b>	National Executive Committee
<b>CMDs</b>	Community Medicine Distributors	<b>OR</b>	Operations Research
<b>CMIS</b>	Clinical Management Information System	<b>QoC</b>	Quality of Care
<b>CPR</b>	Contraceptive Prevalence Rate	<b>PAC</b>	Post Abortion Care
<b>CSOs</b>	Civil Society Organizations	<b>PAVES</b>	Promoting Access to Value-added SRHS
<b>CSW</b>	Commercial Sex Worker	<b>PEs</b>	Peer Educators
<b>CYPs</b>	Couple Years of Protection	<b>PFC</b>	Programmes and Finance Committee
<b>DFID</b>	Department For International Development (UK)	<b>PME</b>	Participatory Monitoring & Evaluation
<b>DFPA</b>	Danish Family Planning Association	<b>POPSEC</b>	Population Secretariat
<b>EC</b>	Ear Marked Coordinator	<b>PTC</b>	Post Test Club
<b>EC</b>	Emergency Contraception	<b>RH</b>	Reproductive Health
<b>ECP</b>	Emergency Contraception	<b>RHU</b>	Reproductive Health Uganda
<b>ED</b>	Executive Director	<b>RMA</b>	Resource Mobilization and Awareness
<b>e-IMS</b>	Electronic Information and Management System	<b>RFSU</b>	Swedish Association for Sexuality Education
<b>FBOs</b>	Faith Based Organisations	<b>RR</b>	Reproductive Rights
<b>FGDs</b>	Focus Group Discussions	<b>SAAF</b>	Safe Abortion Action Fund
<b>FPAU</b>	Family Planning Association of Uganda	<b>SDPs</b>	Service Delivery Points
<b>GDP</b>	Gross Domestic Product	<b>SRH</b>	Sexual and Reproductive Health
<b>GOU</b>	Government Of Uganda	<b>SIDA</b>	Swedish International Development Agency
<b>GTZ</b>	Deutsche Gesellschaft fuer Technische Zusammenarbeit	<b>SPs</b>	Service Providers
<b>GYC</b>	Gender & Youth Coordinator	<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>HC</b>	Health Centre	<b>STI's</b>	Sexually Transmitted Infections
<b>HIV</b>	Human Immunodeficiency virus	<b>TASO</b>	The AIDS Support Organisation
<b>IA</b>	Internal Auditor	<b>TOT</b>	Trainer of Trainer
<b>ICT</b>	Information & Communication Technology	<b>Tts</b>	Transient Traders
<b>IEC</b>	Information Communication & Education	<b>UBC</b>	Uganda Broadcasting Cooperation
<b>IGAs</b>	Income Generating Activities	<b>UNEA</b>	United Nations Environment Assembly
<b>IPAC</b>	Integrated Post Abortion Care	<b>UDHS</b>	Uganda Demographic and Health Survey
<b>IPPF</b>	International Planned Parenthood Federation	<b>UNFPA</b>	United Nations Populations Fund
<b>IPPFARO</b>	IPPF Africa Region	<b>VCT</b>	Voluntary Counselling and Testing
<b>IUCD</b>	Intra-Uterine Contraceptive Device	<b>VHTs</b>	Village Health Teams
<b>IUD</b>	Intra-Uterine Device	<b>YAM</b>	Youth Action Movement
<b>JRM</b>	Joint Review Mission	<b>YFS</b>	Youth Friendly Services
<b>KAF</b>	Korea Africa Fund	<b>YEP</b>	Youth Empowerment Project
<b>KAP</b>	Knowledge Attitude & Practice	<b>YMEP</b>	Young Men as Equal Partners
<b>LDP+</b>	Leadership Development Programme	<b>YPLWHAs</b>	Young Persons Living with HIV/AIDS
<b>LFA</b>	Logical Framework Approach		

## A Word From the Board Chair



The journey started 60 years back when we pioneered family planning in Uganda! This calls for celebration and a pat on the back! It is therefore with great pleasure I present the Reproductive Health Uganda (RHU) annual report 2016, where we reflect on progress, take stock of our main achievements and challenges as we plan ahead.

This report presents both the programmatic and the audited financial report for the year ending December 31, 2016. Over this period, RHU embarked on implementing the seven-year strategic plan 2016-2022. The strategic plan focuses on four outcomes: advocacy; information education and communication (IEC) including sexuality education; service delivery; and organisation sustainability that includes resource mobilisation and value addition.

In the next seven years our efforts and energies will be focused towards reaching out and serving our target audiences the marginalised, the vulnerable, the hard to reach, and most at risks population, with sexual and reproductive health services and information. These include young people, women, sex workers, refugees, the urban and rural poor, single mothers among others.

Our target is to provide 35 million quality integrated sexual and reproductive health services; to empower 10 million people [of which 60% are young people] to exercise their sexual and reproductive health rights (SRHR); to ensure forty percent (40%) of the districts in Uganda are implementing at least three SRHR policies; and to work towards a sustainable, accountable and result oriented organisation.

This will be achieved by entering new territories, as we did last year when we launched a new branch/ office in Karamoja region; work towards increasing our funding portfolio; ensure we have the right strategies, systems, structures and people in place; and being more accountable to our different stake holders.

*I am happy to note that the financial audit for the year 2015 was successfully concluded resulting in an unqualified report from RHU's auditors KPMG, emphasising RHU's competence and accountability of donor funds.*

Therefore, I conclude by stressing that RHU is very much on course. The organisation is sixty years, and is still as vibrant and effective as ever. We have made great strides in reaching more people in the area of sexual and reproductive health and rights; we are building new partnerships; using new strategies; and we strive to continue to be a flag bearer in the area of SRHR in our region, and beyond.

We proudly cherish the active participation of members of the governing bodies at different levels in RHU governance which helps to strengthen us as an SRHR, gender focused, rights based institution.

On behalf of the board and management I acknowledge the enormous contribution of the different stakeholders, especially our donors and government through the line ministries, in ensuring that RHU continues to contribute to its core mandate to champion, provide and enable access to rights based SRHR information and services to the vulnerable and underserved communities especially young people and women.

Special appreciation goes to our staff, who are vital to the realisation of organisational objectives, to ensure that the organisation stays on course and delivers on its mandate.

Lastly, we acknowledge the support, friendship and feedback from our wide clientele, without whom our continued relevance in the area of SRHR would cease.



**Hon. Rosemary Seninde**

Chairperson, RHU National Executive Committee



## Remarks from the Executive Director



To us 2016 was a bracing year in a number of ways. The excitement of embarking on our new seven-year strategic plan; the new board to direct the organisation for the next three years; the new political environment at all levels and the changing funding dynamics of our leading donors. It was a year of new beginnings. Amidst all this, I am happy to report we were able to reach our targets in all the eight focus indicator areas and increased performance in all these areas compared to the previous year, though we had a slight drop in the our client load. This is summarised in the table below:

Year	2015	2016
STI	730.000	1.400.000
HIV/AIDS	1.000.000	1.700.000
SRHS to Youths	2.300.000	3.300.000
Post Abortion Care	83.000	100.000
Family Planning	820.000	990.000
Other SRHS	2.000.000	2.300.000
Cervical cancer		46,000
Total SRHS	4.600.000	6.800.000
Coupe Years of Protection	260.000	320.000

To boost our efforts to curb cervical cancer, our single visit approach, code named see and treat which is available at each of the RHU service delivery points enabled us to attain 100% treatment of cervical cancer. This means that all women who were found with cervical cancer positive lesions and eligible for cryotherapy were treated on the same day of screening.

We acquired new cryotherapy machines that enabled expansion of cervical cancer screening and preventative therapy services to five additional districts, bringing the number of districts with the machines to ten.

*In the area of HIV, we partnered with traditional and religious leaders which gave us a great milestone. For instance, in partnership with UNAIDS we focused on Bunyoro Kingdom- engaging His Highness Solomon Gafabusa, the King of Bunyoro and his ministers to increase HIV awareness, prevention and treatment interventions in the kingdom.*

Last year we also ventured into new territories to prevent and reduce the negative impacts of Gestational Diabetes Mellitus. This is a form of diabetes that occurs during pregnancy and usually goes away after

the baby is born. If not treated Gestational Diabetes Mellitus can have adverse effects on both mother and baby. In a baseline assessment conducted, findings indicated low levels of awareness about Gestational Diabetes Mellitus, inadequate capacity for facilities and service providers to handle this, and limited data on gestation diabetes mellitus. We had interventions to improve this situation through partnerships with public health facilities, training of service providers and provision of Gestational Diabetes Mellitus screening services to about 3,000 women.

Apart from service delivery, we have played a key role in advocating for policy change and increased resource allocation in the area of reproductive health at both national and district levels. We worked closely with members of parliament, and various parliamentary committees; with different civil society organisations and government agencies in the area of advocacy. For instance, we are actively championing sexuality education as a way of addressing the alarming national health indicators in the area of maternal mortality, teenage pregnancy and unsafe abortion

*Several RHU staff represented the organisation in different regional and international fora including making presentations at the International Conference on Family Planning held in Bali Indonesia in January 2016 and the International Conference on HIV in Harare Zimbabwe in July 2016. RHU also attended the United Nations Environment Assembly (UNEA) Outcome review workshop in Nairobi and received accreditation to the United Nations Environment Programme (UNEP); RHU attended climate change COP22 Conference in Morocco.*

Despite these achievements 2016 wasn't a smooth year. The major challenges we faced was the opposition to sexuality education that became adverse culminating in halting sexuality education in schools. However, the reproductive health fraternity came together to craft a coordinated and coherent position against this challenge.

Our focus for 2017 is to increase our revenue base, in order to depend less on foreign donor funding with time, and increase results in all areas, advocate for passing key legislations that include the Sexuality Education framework, the School Health Policy, the SRHR Policy and Guidelines and the Abortion Guidelines.

On behalf of the management and staff, I appreciate the guidance and stewardship given to RHU by our governing bodies, the National Executive Committee, the Programme and Finance Committee, the Youth Action Movement committees and the Branch Executive committees that have continued to steer the organisation to greater horizons.

We salute the support given by our donors, especially the International Planned Parenthood Federation Africa Regional Office (IPPFARO) in promoting our mission, by providing the much needed resources and technical support that help advance our mission.



Jackson Chekweko,  
**Executive Director**



# Who We Are

Since its founding in 1957, the period that marked the beginning of family planning activities in Uganda, Reproductive Health Uganda (RHU), has been involved in sexual and reproductive health and rights (SRHR) service provision and promotion programmes at the national, district and community level. Many of these efforts redefined the SRHR landscape in Uganda. RHU is a rights based non-governmental organisation that pioneered family planning in Uganda. We are affiliated to the world largest sexual and reproductive health and rights (SRHR) organisation, the International Planned Parenthood Federation (IPPF).

We have long-standing experience and expertise providing integrated comprehensive SRH information and services which include family planning (FP), HIV prevention, care and treatment, breast and cervical cancer screening, sexually transmitted infections (STIs) management, immunization, etc. We have a large service delivery network of about 20 outreach teams and over 2,000 community resource persons, conducting over 500 outreaches annually covering all regions of the country. These are under the 18 branches all with youth centres and 17 of them run clinics, including one at the head office

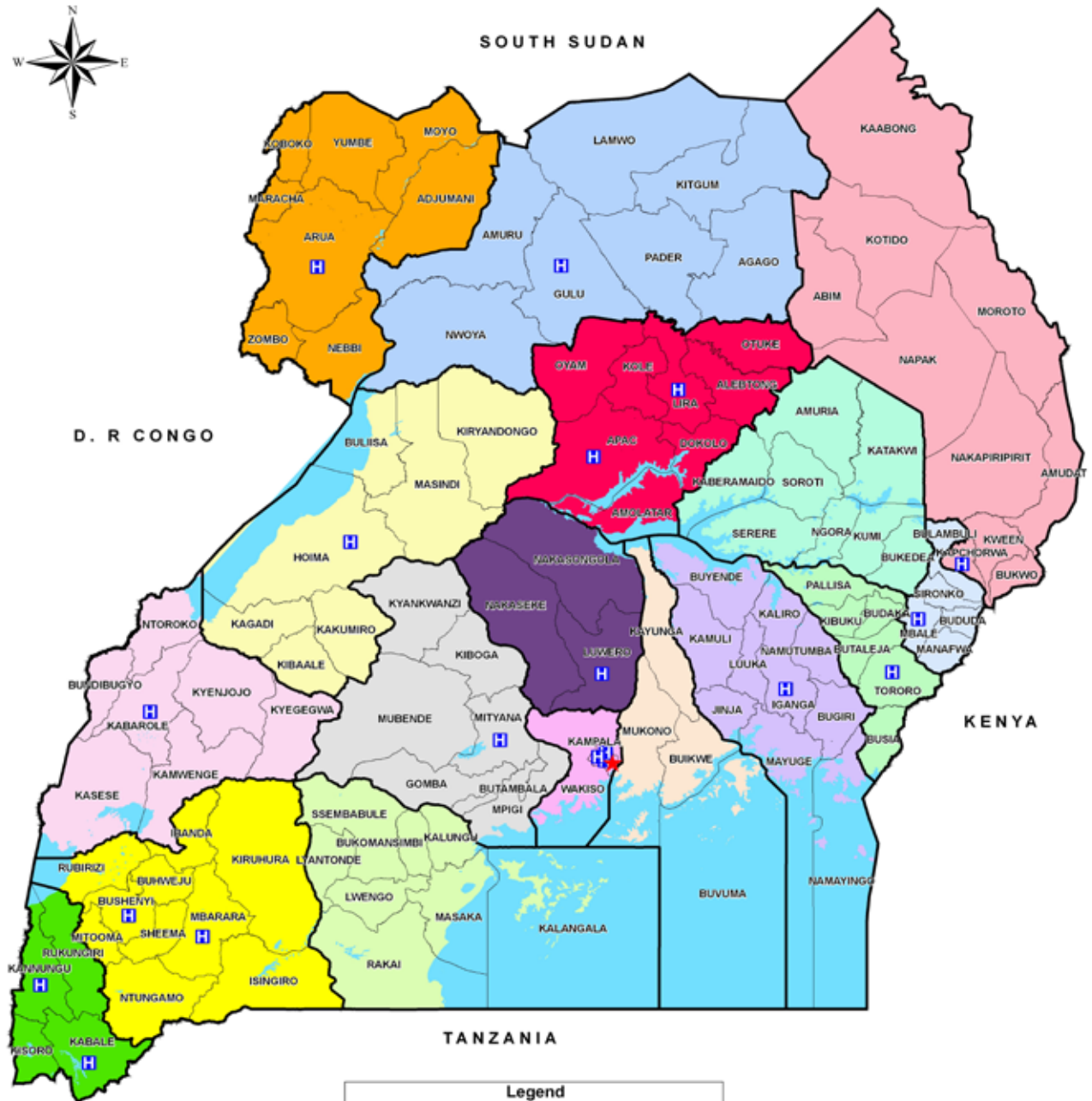
We are a young people focused organisation committed to increasing access of SRHR services and information to adolescents/youth, and their active participation in governance, management and programming, especially through the Youth Action Movement (YAM).

RHU has been involved in policy development and reviews, and advocacy influencing legal, administrative, institutional and other barriers affecting access to SRH information and services.

We are a capacity building organisation, operating a learning centre as a hub for unique capacity building initiatives in SRHR in Uganda and beyond

## ***Change of Name from FPAU to RHU***

In 2007 the organisation celebrated 50 years (Golden Jubilee) and used the occasion to rebrand- new logo and changed name from Family Planning Association of Uganda (FPAU) to Reproductive Health Uganda. The change of name was necessitated by the shift in paradigm from mere family planning to the broader and holistic SRHR that we fully embraced since the International Conference on Population and Development (ICPD) in 1994.



Legend		
	Clinics	
	HQ	
	ANKOLE	
	ACHOLI	
	BEKEDI	
	BUDDU	
	BUNYORO	
	BUSOGA	
	ELGON	
	KAMPALA	
	KARAMOJSEBEI	
	KIGEZI	
	LANGO	
	LUWERO	

Accelerating Access to priority Sexual and Reproductive Health and Rights Services





## Our Vision

A Uganda where everyone's SRHR are fulfilled and protected without discrimination

## Our Mission

To champion, provide and enable universal access to rights based SRHR information and services to vulnerable and underserved communities especially young people

## Our Values

1. Voluntarism
2. Rights Based
3. Integrity
4. Choice
5. Result Oriented

## Our Target Population

1. Young people
2. Women
3. Hard to reach, vulnerable and marginalised populations
4. Those affected by disasters
5. Urban and rural poor
6. Most At Risk Populations (MARPs) e.g. sex workers, fisher mongers, truckers, etc

## Our Strategic Direction

RHU is a fully registered NGO and works within the existing legal and strategic frameworks. We compliment government efforts to increase access to SRHR information and services. Our interventions are aligned to and compliant with international and national development directions:

- The Sustainable Development Goals (SDGs)
- The Africa Union Continental Policy Framework on SRHR
- The IPPF's Strategic plan
- The Uganda Vision 2040
- The National Development Plan II 2015/16–2019/20
- Health Sector Strategic Development Plan 2015/16 - 2019/20
- The Sexual and reproductive Health and Rights Policy and Guidelines 2012
- The Reproductive, Maternal, Newborn, Child and Adolescent Health 2016 - 2020
- The Costed Implemented Plan for family planning 2015-2020
- The RHU Strategic Plan 2016 - 2022

## The Four Strategic Focus Areas/ Outcomes

**Outcome 1:** Advocacy

**Outcome 2:** Young People and Sexuality Education

**Outcome 3:** Service provision

**Outcome 4:** Organisation Sustainability and accountable



## Our Approaches

1. Service delivery through clinics, outreaches and community based reproductive health agents
2. Integrated SRHR services
3. Community and social mobilisation to increase awareness
4. Information, education and communication (IEC); social behavioural change communication (SBCC) messaging to influence behaviour
5. Strategic partnerships to gather collective support
6. Advocacy to create a more conducive policy and funding environment
7. Capacity building: to deliver quality service and promote accountability
8. Focus on innovation: developing effective service delivery models, and communication and advocacy strategies; we use M & E as a key tool and resource that help us realise quality standards and evaluation of interventions

## Services We Offer

### Non contraceptive Services

- Counselling and health education on different SRH conditions
- Cervical and breast cancer screening
- Cervical cancer cryotherapy treatment
- STI screening and treatment
- HIV management, including prevention, care and support
- Immunisation
- Antenatal and postnatal care
- Post abortion care
- Laboratory diagnosis
- Infertility management
- Routine gynecological care

## Contraceptive Services

- Pills
- Contraceptive Injections
- IUDs
- Permanent family planning methods
- Implants
- Emergency Contraceptives
- Condoms

## RHU Governance and Management

### Governance

RHU is indigenous volunteer-owned and volunteer governed, fully registered NGO, a member of the Uganda Employers Federation. Governance at RHU hinges on three main pillars: The board, the management staff and the International Planned Parenthood Federation (IPPF) - to which RHU was affiliated in 1964. The board, harmonises policies, provide vision and strategic direction to the organisation. The volunteer leadership is drawn from people of proven mettle, many occupying key positions in government, private and religious sectors at national, district and lower levels.

### RHU Management

The executive director heads the management team of RHU supported by two directors- programmes and finance and administration directors, followed by three managers- governance and human resource manager, Clinic services manager; the advocacy and communications manager; and the M&E manager. At another level are 16 coordinators based at headquarters under different thematic areas: advocacy; communications; HIV/and AIDS; service delivery; gender and youth; monitoring and evaluation; ICT; finance and accounts; and supplies and logistics.



# Introduction

This Annual Report 2016 shows the different programmes, projects and activities implemented by Reproductive Health Uganda (RHU) in the year 2016. It highlights the main achievements, challenges, as well as the lessons learned, over the period January through December 2016.

RHU's direction was guided by the seven-year Strategic Plan (2016-2022), that was also informed by IPPF's Strategic framework of four outcome areas mentioned above, especially ensuring that increased quality of services are delivered on a consistent basis; an enhanced drive towards sustainability and a more invigorated volunteer recruitment drive in its branches and districts.

RHU also developed new and more cost effective interventions to increase service access. For example, RHU adopted social franchising as another way to reach otherwise underserved communities with SRHR information and services. Because of our different approaches, RHU was able to increase service delivery to its main constituents: the poor, the vulnerable and the youth.

## Comparison of Annual Volume of Services in the Last Five Years

Year	2012	2013	2014	2015	2016	% Increase
<b>Family Planning</b>	772,813	781,181	809,521	815,909	986,232	21
<b>Post Abortion Care</b>	5,473	31,756	51,244	83,196	104,389	25
<b>HIV/AIDS</b>	680,790	906,298	1,106,491	1,012,914	1,737,653	72
<b>STI</b>	203,844	517,940	734,981	736,370	1,395,836	90
<b>Other SRHS</b>	1,086,446	1,340,938	1,846,550	1,954,081	2,322,300	19
<b>SRHS to Youths</b>	1,589,723	1,769,727	2,035,271	2,264,301	3,311,898	46
<b>Total SRHS</b>	<b>2,749,366</b>	<b>3,578,113</b>	<b>4,548,787</b>	<b>4,603,320</b>	<b>6,849,595</b>	<b>49</b>
<b>CYP</b>	243,312	244,527	282,006	259,103	323,211	25



# Outcome 1: Advocacy

**Each of the four outcomes has two priority areas. Priority areas under this outcome include:**

1. Engage in SRHR policy advocacy including dissemination and popularisation among the technical, political, cultural and religious leaders in at least 20% of the districts by 2022
2. Empower communities to engage in social accountability for the fulfilment and protection of their SRHR in 20% districts by 2022

**In 2016 RHU advocacy aims were to:**

- Increase awareness and understanding of sexual reproductive health and right (SRHR) among policymakers and consumers
- Improve demand and utilisation of maternal, sexual and reproductive health services at community level through the rights-based approach
- Strengthen approaches to rights based family planning programming at national, district and lower levels
- Strengthen strategies to effectively engage the

private sector in promoting SRHR

- Scale up access to youth friendly SRH information and services to improve youth sexual health
- Increase SRHR advocacy efforts in the context of national and international sustainable climate change adaptation strategies
- Realise a gender just Uganda, free of gender-based violence

**Advocacy Approaches:**

1. Generate evidence for advocacy engagement
2. Engage key influencers, partners and policy makers to support policy advocacy and other advocacy interventions
3. Engage national and district leadership for dissemination, popularisation and implementation of SRHR policies
4. Conduct media engagements
5. Conduct policy analysis and budget tracking
6. Mobilise, sensitize and empower communities on their rights and obligations

**Below: RHU organised a march for Young people to Parliament to petition the passing of the School Health Policy.**



## Advocacy Achievements

Through interventions using the above strategies/ approaches, in 2016 we were able to register advocacy quick wins that included:

Engaged leaders (technical, political, cultural and religious) of 30 districts and most of the districts developed family planning (FP) action plans to implement the Costed Implementation Plan for family planning (CIP). Related to this, FP/RH multi sectoral advocacy working groups were formed to push for the implementation of the action plans; consequently some districts allocated funds for FP activities and some made legislative commitments. For instance:

- Districts such as Gulu, Iganga, Dokolo and Kanungu made commitments to improve adolescent health including access to FP to curb teenage pregnancy
- Others allocated funds to increase family planning uptake: Apac allocated UGX22 million, Kanungu district allocated UGX30 million, Mbale allocated UGX6 million, UGX15 million for Mubende district, Luwero allocated UGX 10 million and UGX5 million for Zombo.

In addition we were able to register visibility and awareness among various youth partners,

policy makers and the general public about the adolescent health policy and what it prescribes in attainment of youth friendly services as well as stakeholders' roles

RHU empowered citizens community groups in advocacy and created accountability platforms at sub-county and district levels where leaders account to citizens as well as respond to citizens' concerns. As a result community members have been able to influence the planning and budgeting processes at district and sub-county levels, where community concerns have been prioritised. For instance, as a result of community demand for improved health services, Kisoro district has put in place measurements to curb health workers absenteeism, and more health workers have been recruited and health facilities rehabilitated to improve service delivery.

AFRICAN Youth Development link, the National Youth Manifesto was finalised- a set of policy demands by young Ugandans calling on government to enable positive policy conditions that enable them to flourish and make the best possible contribution to the development of the country

***Below: School children watch a drama [insert] about gender based violence in Kapchorwa . RHU facilitated dram groups to educate communities about GBV***



# 40,000

## People reached with messages on GBV

To realise a gender just Uganda, free of gender-based violence (GBV), we organised sports for dialogue events during the 16 days of activism. This brought many men and boys together to discuss how to stop gender based violence. Sports for dialogue attracted more 1, 200 men and more than 120 women. With other activities, RHU reached out to more than 40,000 people with messages on GBV during 16 days of activism campaign. Similarly, over 2,000 youth took part in the commemoration of World AIDS day and received message on HIV/AIDS and GBV. This was on top of orienting 40 journalists in reporting on gender based violence/violence against women

To strengthen approaches to rights based family

planning programming RHU trained 20 members of human rights organisations in right based family planning (RB-FP); 32 members of health unit management committees (HUMCs) from the four health facilities of Pajulu HCIII, Adumi HCIV, Siipi HCIII and Namatala HCIV; 10 service providers from the same health facilities including facility in charges and midwives attended the 10 day training in comprehensive FP. RHU trained more than 60 VHTs on RB-FP and referrals. The VHTs reached out to more than 7,000 community members and over 80 FP male champions/role models trained in rights based family planning who reached out to more than 5,000 fellow men to support women to access health services including family planning services

# 12,000

## People reached with rights based FP information

### Districts RHU has Engaged on Policy and Funding Advocacy

Central	East	North	Western	West Nile
Kampala	Buduuda	Apac	Bushenyi	Arua
Kyankwanzi	Buyende	Arua	Kabale	Nebbi
Luwero	Iganga	Dokolo	Kanungu	Zombo
Mityana	Kapchorwa	Gulu	Kasese	
Mubende	Kween	Lira	Kisoro	
	Mbale		Kyegegwa	
	Sironko		Sheema	
	Ngora			



# Outcome 2: Access to Information

This outcome involves undertaking learning, awareness and empowerment programmes through education and communication (IEC), including sexuality education. The two priority areas under this outcome include:

1. 250,000 young people completed sexuality education by 2022
2. 5 million people reached with information on SRHR through the use of appropriate media in 45 districts of Uganda by 2022

## Under this outcome, RHU aims to;

- Increase young people's knowledge on sexual and reproductive health to enhance their capacity to make healthy sexual choices
- Increase access to youth friendly SRHR information and services to underserved young people
- Empower young people, especially girls and young women to realise their SRH rights and to voice their rights

- Engage youth in small and medium enterprises to access SRH information and services
- Strengthen capacities of young women and adolescents activists, including those living with and affected by HIV to have their priorities included in relevant strategies and budgets
- Reduce barriers to the promotion of young people's SRHR
- Improve capacity of services providers to addressing young people's SRH needs
- Increase community support for an enabling environment for youth-led initiatives

## Key Approaches

1. Engaging in advocacy with key decision makers
2. Media engagement
3. Holding fundraising events
4. Running youth corners
5. Organising out reaches for SRH /information and service delivery
6. Use of peer-to-peer education
7. Publications and use of social media

*Below; The RHU Gender and Youth Coordinator at one of the fundraising drive in Bushenyi- Ishaka*



## Summary Achievements

In 2016, RHU engagements to reach young people yielded a number of achievements including;

- Oriented over 120 members of the 10th Parliament on FP/SRH and on their roles in

# 3.3million

services to young people

advancing FP/SRH for national development

- Organised integrated SRHR outreaches to commemorate key days: International Youth Day, the Day of African Child, World Contraceptive Day, etc. to offer service to adolescents. In 2016 we offered more than 3.3 million services to more than 600,00 young people
- Conducted fundraising drives aimed at raising funds to support the youth corners in various branches: the different fundraising drives fetches about UGX30 million
- Launched RHU youth corner at the new RHU Karamoja Branch
- Contributed to gradual behavioural change among young people in some project

catchment areas. In the client satisfaction study conducted in 2016, it showed that 97.7% of the respondents (young people) would return for information or services at outreaches, open days or static facilities in case of need.

- A number of financial literacy talks were held in outreaches and two banks (FINCA and Pride

SRH Services to Youth Over the Years and the Target for 2016



Micro Finance) educated young people about the benefits of smart start saving packages for youth. This encouraged young people to save to better their income. This aimed at empowering them to take charge of their lives and be able to support their health needs

*Below: Participatory session in Foundational skills training in Dokolo district*





- Equipped health facilities with assorted recreational items and educational materials in support of youth friendly service provision
- Worked towards strengthening the capacity of youth peer leaders to integrate SRH information and referral within their routine interactions with peers as well as during formal scheduled youth association meetings. Through these platforms condoms are distributed and referrals made to public health facilities for SRHR related issues



**Sylvia Achieng, 21 years old.**

*“I do not want to take chances again*

### **Achieng’ s story**

“

*I am a resident of Lyriang village in Pajwenda sub county, Tororo district. I have two children . One is three years old. The other is one and a half months old. I was about 17 years when I got my first pregnancy. I was in Primary Seven at Oguti Primary School. I did not know anything about family planning or the use of contraceptives. It was after getting pregnant that I knew about the existence of family planning services and contraceptives. I got this information from a peer educator who worked with ASK Project [implemented by RHU] in our community. I wish I knew about family planning and the use of contraceptives before I got pregnant, I am sure I would not have got pregnant.*

*I asked the peer educator about family planning because I did not want to fall into the same trap. Though i was pregnant again and married, i did not want to have children very frequently. I wanted to space my children. So I sought information and services from the peer educator and he was kind to tell me the available alternatives. I chose to use the Injectables. It is what would give me what I wanted – space my children at least 2 years apart. I have been able to achieve that. My first child who is a girl is three years. The second child, a boy, is just a baby of one month and half old.*

*Many people in my village have also been able to get free family planning services and information. They taught us how to use condoms and their importance in preventing unwanted pregnancies and contracting STIs such as HIV. I live with my boyfriend but we are never worried of ever getting unwanted children. My boyfriend and I freely talk about these issues.*

*I encourage young people to protect themselves against HIV/AIDS and early pregnancies. They should seek available family planning services especially the use of condoms and test for HIV. Knowing your HIV status helps you live your life responsibly.*

*I appeal to RHU to bring more services nearer to us. I am told there is a service that can keep one from getting pregnant for up to three or five years. That service is offered far away, about 20km away, at Mulanda Health Centre IV not here at Lawaia Health II. I am sure if such a service was to be provided here; many women in my village including myself would use it. Nevertheless I commend RHU for making many family planning services available which I have benefited from, and I have not kept it to myself but shared the information with other girls in the community so they can also know what I know.*

# Outcome 3: Service Delivery

The focus in this outcome area is to provide integrated SRH services addressing client needs and to ensure unmet SRHR needs are fulfilled through quality services. The two strategic priority areas are:

1. To deliver 32 million quality rights-based integrated SRH services by 2022
2. Enable delivery of 3 million quality rights-based integrated SRH services through partnerships with public and private sector

## Under Outcome 3 RHU aims to:

- Improve access to quality, comprehensive HIV services as integral components of sexual and reproductive health
- Strengthen the capacity of RHU to become the leader and enabler in providing quality integrated cervical cancer screening and cryotherapy treatment in Uganda
- Contribute to the prevention/elimination of the Mother to Child HIV transmission (eMTCT)
- Contribute to increased access to quality SRHR services for refugees including refugee sex workers

- Prevent and reduce the negative impacts of gestational diabetes
- Increase learning for provision of Sayana Press through VHT activities and to contribute to national efforts of increasing access to a broad range of FP methods available to the most vulnerable and marginalised communities
- Contribute to reduction of maternal morbidity and mortality in Uganda

## Service delivery approaches:

1. Service delivery through clinics, outreaches and community based resource persons
2. Community and social mobilisation to increase awareness
3. Information, education and communication (IEC), social behavioural change communication (SBCC) messaging to influence behaviour and increase utilisations of SRH services
4. Media Engagement: Use of the media to mobilised clients to utilise SRHR services, especially during outreaches
5. Strategic partnerships to gather collective support

**Below: An outreach at Busia/Tororo: RHU outreaches attract thousands of people**



## Service delivery achievements:

# 6.8million

services offered

Over all, in 2016 RHU served more than 1.2 million clients. More than 160,000 under the static clinic, over 550,000 clients served through outreaches and more than 510,000 clients served by community based resource persons- including village health team members. The clients served included more than 785,000 female and over 440,000 male. These included more than 62,000 children, about 620,000 young people and about 610,000 adults. We offered them more than 6.8 million SRH services, an increase of 32% compared to 2015 where we offered over 4.6 SRHR services.

# 1.7million

HIV services offered

Last year HIV services increased tremendously, from over 1,000,000 in 2015 to more than 1.7 million services in 2016. RHU continues to implement services to contribute to eMTCT and general HIV services. This included linking RHU clinics to acquire HIV supplies through district health offices from the Ministry of Health. Service integration and partnership with family planning and HIV interventions helped to leverage resources as well as reach out to the targeted population through existing structures and functional units such as the ART clinics.

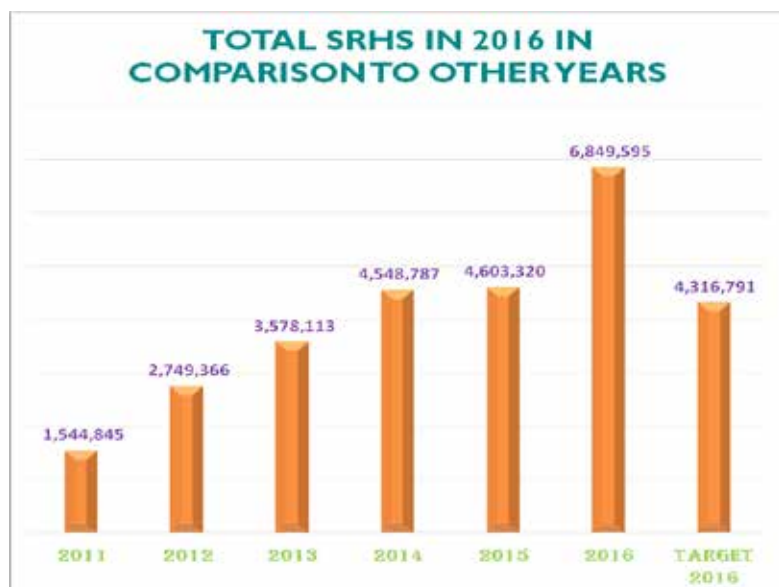
In additional, to reach out to the most at risk populations RHU established a link with refugee sex workers. Through this we trained 50 refugee sex workers as peer educators in Kampala alone and in total reaching out to almost 1,000 sex workers with various SRH services

# 1.2million

clients served.

## Cervical and Breast Cancer Services

RHU made significant improvement in implementation of the single visit approach from 70% in 2015 to over 98% in 2016. The single visit approach reduced loss to cryotherapy eligible clients. Thus, cryotherapy treatment improved from 65-70% in 2015 to 100% in 2016. Meanwhile, RHU successfully piloted HPV DNA testing in the districts of Gulu and Apac. The human papillomavirus (HPV) is the major cause of cervical cancer. Screening for infection with HPV is a way of identifying those women who might be at higher risk for developing cervical cancer. The HPV DNA test can detect the presence of high risk HPV DNA. More than 3,600 women were tested using HPV DNA screening tests. Almost 20% of all clients screened had an HPV+ result and about 10% were VIA positive. All VIA+ and eligible for cryotherapy were treated. VIA- Visual inspection with acetic acid- is a method of cervical cancer screening.



## Taking Services Closer to the People who Need them

*I am Nancy Akello, a resident of Nambieso sub-country in Apac district. I sell fish for a living and have been living with HIV/AIDS for the last five years. I want to sincerely thank RHU for bringing cervical cancer screening and family planning services to our community. Since we live in remote areas, we have to travel long distances to access any health services every time we fall sick. I appreciate the RHU staff who considered our community for outreach services. The first time I heard about cervical cancer screening was through a Village Health Team (VHT) member who was mobilising our community for cervical cancer screening. She said a team of health professionals would be visiting to provide these services. I was anxious because I know news about cancer diagnosis is a death sentence, but I was determined to go for a test. The midwife provided health education and I was counseled in the consultation room before screening. The news of a positive result was scary. The midwife counseled me and referred me to Apac regional referral hospital where the doctor made a decision to remove my uterus. I had a big lesion that had eaten up my cervix and the cancer was spreading fast. Luckily, I already had six children and I was not going to have any more. I am grateful that with the medical care from RHU and the regional referral hospital my health got better and I will be able to take good care of my children.*

## Post Abortion care services

In 2016, RHU offered more than 100,000 post abortion care services. To curb maternal mortality due to unsafe abortion, RHU continued building capacity of service providers through trainings in areas of post abortion care, family planning and data management. Refresher training in youth friendly services, to attract more youth to access SRH services to curb teenage pregnancies that lead to unsafe abortion were conducted.

## Gestation Diabetes

RHU trained 60 antenatal care service providers, 20 women champions, 20 women pressure groups, 75 VHTs and 50 male role models in gestation diabetes mellitus (GDM) screening, community mobilisation, health education and client counselling. This empowered the providers with knowledge and skills on GDM screening and management. RHU initiated GDM screening in all 23 project facilities. This was preceded by training of service providers and equipment of the facilities with consumable supplies needed for GDM screening. Almost 3,000 pregnant women were screened, of which 20 were GDM positive, and one had pre-existing diabetes. The 20 pregnant mothers that tested positive were subjected to dietary and behaviour change management.

**Below: RHU Fort Portal service provider Irene Kugonza offers education during an outreach**



## Family Planning

**986,000**  
Family Planning services  
offered

We offered more than 986,000 family planning services, registering an increase from the previous year where we offered over 800,000 services. The services included more than 340,000 short acting family and more than 40,000 long acting and permanent methods. With this we increased couple years of protection (CYP) from 260,000 in 2015 to more than 320,000 in 2016.

**320,000**  
Couple years of protection

During the year, 42 service providers were oriented on provision of Sayana Press and integration of Sayana Press in existing family planning services.

The effect has been increased family planning statistical outputs in the project sites. For example Fortportal clinic contributed 13% of all the family planning outputs of RHU in 2016. Similarly, 40 VHTs were trained in counselling clients and providing short acting contraceptive methods namely pills, condoms and injectables as well as mobilising and sensitising clients on family planning. Community service delivery through VHTs has been found effective in popularising short acting family planning methods including Sayana Press. Two thirds of the active Sayana Press clients were served through VHTs.

## Services to Refugees

In 2016 we continued to reach out to hard to reach communities with SRHR services and information. We offered comprehensive SRH services to refugees from Burundi, South Sudan and DRC (over 500,000) in collaboration with the Office of Prime Minister and UNCHR in Adjumani and Nakivale refugee camps.

### Success story: **RHU saved me**

“

My name is Mushime Annunciate, a 22 years old Burundian. I am married with two children, both boys. The older one is five years and the second is one year and five months. We arrived in Nakivale in June 2015 and I was concerned about where to get family planning services. When I went to the health centre, they told me that they had only some type of oral pills. In August, RHU came and offered me the method [long acting family planning method] I wanted. I also never believed that I would ever get cervical cancer screening and yet we used to hear bad stories about it. RHU has saved me and I could not have gotten the screening in Burundi. May God bless RHU!

Other RHU interventions in 2016	
# of integrated FP/SRH outreaches conducted in communities	410
# of FP/SRH service outreaches in conducted in refugee camps	8
# of service delivery through mobile outreach activities conducted to provide integrated services including Sayana Press	197
# of health service providers orientated on provision of Sayana press and other FP methods	42
# of VHTs trained for provision of injectable contraceptives, especially Sayana Press	40
# of service providers trained on abortion FP in relation to abortion- counselling and post abortion care	34
# of service providers, teachers and peer educators trained on the provision of YFS (youth friendly service)	323
# male champions on FP trained to conducted community mobilization, home visits, community sensitization, etc on family planning	83
# of sex workers trained as peer educators	50



# Outcome 4: An Accountable and Sustainable Organisation

## The two Priority areas under Outcome 4

1. Strengthen management for institutional efficiency and effectiveness and increased internally generated income by 20% annually by 2022
2. Strengthen governance and volunteer base for institutional accountability and sustainability by 2022

### RHU aims to:

- Establish a knowledge culture with appropriate infrastructure for organisational effectiveness and sustainability
- Strengthen institutional service delivery capacity
- Diversify income sources at all levels
- Strengthen RHU's capacity for a model learning center and hub for capacity building initiatives in SRHR in Uganda and within IPPF Africa Region (IPPFARO)
- Strengthen the leadership, governance and management potential of RHU volunteers and staff

## The main achievements

To improve clinic performance, six RHU health facilities, with an average of eight people each, received the LDP+ [Leadership Development Programme] step down trainings. The teams developed work plans to achieve the desired measurable results for the respective health facilities. Through this, leadership capacities and teamwork were strengthened in the six facilities. There was improved teamwork among facility team members, strategic partnerships were initiated, and we registered improved data analysis and utilisation.

In 2016 IPPF conducted the mandatory accreditation exercise [this is conducted every five years for each affiliate]. RHU scored 92% in the accreditation exercise which examined compliance to IPPF's standards. The picture below shows some of the key findings by the IPPF Accreditation team.

Key RHU statutory documents were developed and submitted on time. Completed the Global Indicator Survey (GIS) in January, the service statistics and annual report 2015 in February; the 2016 half year



report in July, the Annual Programme Budget (APB) 2017 in September. In addition, the service statistics and annual report 2015 were disseminated in a review workshop attended by all branch in-charges, project coordinators and senior management.

To serve the people of Karamoja region better, RHU opened the Karamoja Branch to have a volunteer membership body and SRHR information and services reaching the vulnerable and hard-to-reach populations.

Through the learning center initiative, US\$27,490,000 was locally generated for RHU. Similarly a total of US\$8,854,000 cash contribution was received from membership fees and subscriptions, this was an increase from last year where US\$6 million was collected

As a capacity building organisation, RHU conducted thematic trainings for other IPPF member associations (MAs) and sister NGOs: two trainings in good governance were conducted for the MAs of Botswana and Lesotho; One training of trainers (TOT) training in FP and one media training were conducted for the MA of South Sudan; one training was conducted for 15 medical interns from Mulago Hospital on comprehensive SRH. Three trainings were held by the Straight Talk Foundation for the community resource persons under the Youth Empowerment Project.

To boost our member base, we conducted targeted volunteer recruitment among corporate companies, tertiary institutions and organisations with interest in RHU's work. Over 470 volunteer members were recruited from various agencies/institutions to the organisation during the report period. The set target of 340 new members was surpassed by 38%.

## Monitoring and Evaluation Report

RHU has a unit coordinating M&E functions- which include monitoring and evaluation conducted internally but also that conducted by external M&E specialists especially by IPPF. The unit supports the implementers in development of M&E frameworks/

logical frameworks used to measure progress.

The unit continued to provide routine monitoring by conducting or coordinating routine data collection that helped to assess whether interventions were driving towards meeting the set objectives. This included support visits, quality of care (QoC) and quality assurance (QA) visits and procedures to ensure that quality health care is continually availed. Monitoring visits were made to branches to assess level of programme implementation. Twenty-four data quality assessment (DQA) visits were conducted to RHU branches and partner facilities with support of restricted projects, including IPPF joint monitoring visits in Sept and Nov. The unit also conducted data audit, to ensure data provided was of quality and reliable.

Last year we undertook a number of surveys that included baseline, end line, impact assessment and informative surveys. For instances, a baseline survey was conducted for the Digestion Diabetes, the Rights Based Approach to FP programming and the Prevention+ projects. One end line survey was conducted; an informative survey was conducted for the Prevention+ project, one impact assessment was conducted for the Advance Family Planning initiative. All these were coordinated by the M&E unit through different consultants/firms.

Similarly RHU commissioned a family planning Operations Research (OR) to identify gaps and challenges encountered during FP service delivery in four sites of Lira, Owino, Tororo and Mbarara. Results from this OR will be used to make recommendations that can help to increase efficiency, effectiveness, and quality of services.

Meanwhile, client exit interviews are also routinely conducted in RHU clinics and service delivery points, especially outreaches. In a client satisfaction study conducted in 2016, it showed that 97.7% of the respondents (young people) would return for information or services at outreaches, open days or static facilities in case of need

To strengthen the capacity of RHU in knowledge management a data tools review exercise was



conducted in October. Revised primary data tools were printed that included: Client Folders, Lab Registers, Daily Activity Register, Medical Form 5, Lab Request Forms, Receipt, Billing, Case Cards, VCT Cards etc.

In addition, to improvement in data management, five MIS [management information system) assistants and one MIS officer were recruited for Iganga, Bushenyi, Kapchorwa, Arua and Kampala.



### Information & Communication Technology (ICT)

All employees share the Information Technology facilities at RHU. These facilities are provided to employees for the purpose of conducting RHU business. In 2016, to strengthen electronic communication systems two user laptops were procured. LAN-Wi-Fi strengthened with three Unifi Aps. Disaster recovery-online data back-up service was boasted, anti-virus renewal was procured, and domain security was renewed. Procurement of hardware and software was done, and so were

the quarterly service and preventive maintenance of equipment done.

To increase timeliness and quality of data capture and reporting, a CMIS (clinical management information system) training was conducted for five branches of Mbale, Gulu, Fortportal, Luwero and Mbarara clinics. Similarly mCMIS (manual Clinical Management Information System) was initiated in Bwaise, Kapchorwa, Arua and Bushenyi clinics. There was continuous user support offered to CMIS implementing branches through the years.

*RHU Fort Portal team in a monthly meeting*





## Governance and Leadership

RHU is volunteer-owned and volunteer governed entity. The different governing organs include: National Council, which is the supreme and policymaking organ; the National Executive Committee (NEC), which, on behalf of the Council, oversees the implementation of the policies and activities of the organisation in consultation with the executive director. There is also the Board of trustees, who are in charge of the organisation's immovable and other properties of the organisation; Branch Council (at lower level/sub region level, i.e., Lango, Acholi, Kigezi, Bunyoro, etc branches); these have the Branch Executive Committee (BEC). Then there is the Programme and Finance and audit Committee (PFC). The Secretariat is charged with administration, management and implementation.

The members of the different organs are elected into office by registered members for a term of three years. and they can only serve a maximum of two terms- six years. The elections are conducted under the mandatory annual general meetings (AGMs)- The Branch AGM and the National Council AGM.

## Summary Accomplishment in 2016

The National Council that comprises 62 member-two delegates (one female and one male) from each branch elected by the general meeting of branches- held the mandatory annual general meeting in April. The AGM was held in Tooro Branch in Fort Portal. During the meeting elections for the new NEC/ the board, Programme and Finance Committee members and the two region representatives (to the IPPF Africa Region Council) were conducted. The elections of the new office bearers for the next three years (2016 - 2018 ensured the mandatory 20% representation of the Council.

The new NEC, headed by Hon Rosemary Seninde (the current state minister for primary education) conducted its mandate to oversee the implementation of the policies and activities of the organisation. The new NEC held two meetings: one in July to review and approve the half year report (January - June 2016) and then in September to review and approve the RHU 2017 Annual Programme Budget. NEC approved the two documents and were sent to IPPFARO.

Meanwhile, the old NEC held a meeting in February 2016 to review and approve the RHU annual report 2015, and held another meeting in April to receive, discuss and pass the annual audited accounts 2015. Both documents were approved and management sent them to IPPFARO. All the mandatory documents were sent to IPPF before the deadline.

The PFC also held the mandatory at least four meetings. Two meeting (February and April 2016) by the old PFC and the other two meeting (in July and September) by the new PFC.

**Below: The RHU newly elected National Council – April 2016 - April 2019, Center-Dr. Chris Baryomunsi, (the then state minister of health- general duties- and current Minister of State for Housing) was Chief Guest**





**Above: RHU management staff at the 2016 National Annual General Meeting- with the National Chairperson, the Executive Director and the Chief Guest- Hon. Minister of State for Housing, Dr. Chris Baryomunsi**

The new PFC comprising six members, chaired by Ms Lydia Asiimwe- the Hoima Population Officer sat to give technical review of programmes and reports and seconded them to NEC for final review and approval. Thirteen members on governing committees at national level (PFC & NEC) conducted the self-assessment exercise and sent the report to IPPFARO. NEC also appraised the executive director on the mandatory annual appraisal.

The Branch Council: In 2015 RHU expanded the branches by one, increasing to 18 branches, Karamoja being the newest. All the branches held at least a branch council meeting, the AGM. During the AGMs branch councils elected new branch executive committee members and the two representatives to the National Council.

RHU conducted orientation of the newly elected Board on RHU and their roles, gave them insight of the organisation and how they would work effectively. Topics included management risks, effective financial monitoring and use of RHU Governance tools; roles and responsibilities of management and governing bodies; vision, mission, core values, structures and strategic direction of RHU overview of IPPFAR. During the orientation, the different governing boards developed their work plan for the next three years, on which they will be measured and report to the Regional Council.

However, because for financial constraints, RHU

was only able to orient members of NEC and PFC, and BEC members from central region- who made up 152 members receiving governance tools during orientation. BEC orientations for the different regions were scheduled for January/February 2017.

The Secretariat: This is the permanent executive organ of the RHU that was responsible for all management and administrative functions and implementation of policies, programmes/

projects, tasks/duties. The accomplishments of the secretariat are discussed in this abridged version of the annual report.

The Secretariat, comprising of more than 140 paid (salary earner) staff, is headed by the executive director, Jackson Chekweko, supported by the top management: including the director of programme- Dr Peter Ibembe, the director of finance and administration, Wilberforce Ojiambo. Then we have the governance and human resource manager (GHRM), the clinical services manager (CSM) and the advocacy and communications manager. Below top management is the senior management team, comprising the top management and the coordinators of the different thematic areas. Below these are the different officers, clinics in-charges, service providers and a number of volunteers who support programme implementation. All staff have contracts not exceeding three years, and they are appraised on an annual basis.



## RHU Governance

SN	N A M E	SEX	POSITION
<b>RHU Board of Trustees</b>			
1	Ms Joyce Mpanga	F	
2	Mr James Ntozi	M	
3	Hon. Jus. Masalu-Musene	M	
<b>RHU NATIONAL EXECUTIVE COMMITTEE- 2016 -2019</b>			
1	Hon. Rosemary Sseninde	F	Chairperson
2	Eng. Otim Francis	M	Vice Chairperson
3	Mr. Nathan Kipande Tumuhamy	M	National Treasurer
4	Ms. Daisy Aliwaru	F	Committee Member
5	Ms. Frances Kuka	F	Committee Member
6	Mr. Justus Tindyebwa	M	Committee Member
7	Ms. Lydia Asiimwe	F	Committee Member
8	Mr. Omirambe Cosmas	M	Committee Member
9	Ms. Adong Caroline	F	Committee Member
	Mr Jackson Chekwoko		Executive Director- Secretary NEC
<b>PROGRAMME AND FINANCE COMMITTEE-2016 -2019</b>			
1	Ms. Lydia Asiimwe	F	Chairperson
2	Mr. Nathan Kipande Tumuhamy	M	Treasurer
3	Ms. Grace Nambooze	F	Committee Member
4	Mr. Godfrey Anguyo	M	Committee Member
5	Ms. Irene Nairuba	F	Committee Member
6	Ms. Faith Amany Betega		Committee Member
<b>REGIONAL COUNCIL REPRESENTATIVES – 2016-2019</b>			
1	Hon. Judith Nabakoba	F	Regional Council Representative
2	Prof. Charles Kazooba Tushabomwe	M	Regional Council Representative



# Sustainability Report

This report presents our deliberate efforts to mitigate the social impacts on the economy, the environment, and society, especially by our interventions but also those of others. It shows our contributions towards sustainable development, aligned with the Sustainable Development Goals. Our interventions target to have healthy informed communities, who make the rights choices for their development but also reducing the impact on the environment by choices they make. For instance, a growing body of evidence emphasises that population dynamics are factors that aggravate climate change vulnerability, thus the deliberate effort to integrating population dynamics, SRHR and climate change dynamics.

## Climate Change

RHU continues to work on integration of climate change with population dynamics, reproductive health and gender issues in policies, budgets and strategies. In 2016 we engaged different stakeholders to increase awareness amongst key decision makers on the linkages between population dynamics, reproductive health and gender considerations and adaptation to climate change to benefit the most vulnerable populations. We entered partnerships with Kampala City Council Authority and Buduuda District Local Government on integrating family planning/reproductive health into their climate change programming.

## Integrating Family Planning/SRH to Save the Environment

A family with two children will have an easier time escaping a flood and will be more likely to survive a drought or failed harvest than a family of seven or 11 children – depending of course on the resources of the individual family and community. Therefore, to strengthen efforts to save the environment, RHU collaborated with African Clean Energy who have

been training women on cost effective energy intervention. On two occasion we partnered with Africa Clean Energy- when they trained women in Nakawa division and Kitezi on using cost effective and climate saving programme, reuse of wastes, and use of energy saving charcoal stoves, RHU empowered/trained the women on sexual and reproductive health information- integrating family planning/SRH to save the environment. In Nakawa Division 45 women were trained and in Kitezi 28 women were trained. In 2017 year we plan to work with African Clean Energy on the same in Buduudu district and also continue working with KCCA on the same.

## Waste Management

Similarly in 2016 we continued to work under the KCCA guidelines and ministry of health Approaches to Health Care Waste Management guidelines for the disposal of our clinical wastes in clinics Kampala and other sites in other districts. We renewed our contract with a KCCA prequalified firm- Bin It for the proper disposal of clinical and other wastes in Kampala. We ensure segregation, treatment, handling, transportation and disposal of clinical and offensive wastes so as to minimise the risk to health and safety of the population.

## Personnel

RHU core staff consists of multi-disciplinary teams of highly qualified, profession and committed personnel who include medical doctors, a gynecologist, social workers, economists, accountants, computer scientists, clinical officers, nurse midwives, laboratory technicians, and M&E specialist advocacy and communications specialists.

## Employee welfare

### Staff recruitment and turnover in 2016

During 2016, a number of new projects came on board and these required skilled manpower. A number of job advertisements were run in the newspapers and internally for different positions, and a total of twenty five (25) staff were recruited at different times for these positions. Some staff were promoted to higher positions. And seven (7) staff left the organisation.

### RHU's recruitment process

RHU's recruitment policy is governed by a slogan "Quality at the gate".

Vacant positions are identified and proposed to the recruitment manager for filling;

- a. By Executive Director in case of top management positions
- b. By the relevant heads of departments/line managers in case of lower cadre positions.

Following approval for a recruitment to take place, a job advert is put in the media or internally advertised within RHU depending on the needs of the position to be filled.

Job adverts: Job advertisement contains the following information:

Summary information on RHU, Position being advertised, Organization level and to whom the advertised position holder shall report. Definition of the role the job being advertised plays in RHU, Key Result Areas (KRAs), Summary of competencies and critical outputs expected in the position, Method of delivery of response, and the closing date of the advertisement.

### Recruitment:

Following the expiry of the period of receiving applications, the Manager responsible for Human Resources lists and summarizes information on all applicants.

The Human Resources Manager working with the relevant line manager, draw a set of short listing criteria in line with the job advertisement and the appropriate competence profile or profiles as a basis for preparing a short list. She then draws up a short list from the list of applicants.

The application and selection process is competitive and transparent and all positions are open to both inside and outside applicants.

Interview dates are set and shortlisted applicants invited for interviews.

Different interviews are conducted for different categories of applicants and successful candidates offered jobs. The offer normally stands for 5 working days waiting acceptance from the offeree and this acceptance is normally in writing.

After acceptance, the new staff is orientated about the organization and work he/she is expected to do. This is done for 5 working days and the new staff is then expected to report for work. The other trainings and orientations are done on-job.

### RHU's reward process

RHU's reward is basically a monthly salary for every staff who has a running contract. Salaries are according to the salary structure of the organization.

### Staff Development

In 2016, all line managers conducted annual performance appraisal exercise for all staff. The Executive Director was appraised by a

selected committee of the board. This is one avenue to identify the needs of individual staff to perform their duties better. Therefore, RHU provides means and support to ensure that every employee is adequately trained and developed in their employment to support the pursuit of both the organisation and the employees' goals. This is done through in-house and external training as well as other support programmes. Last year, a total of 92 staff received tailor-made trainings that included Cervical Cancer Screening, Comprehensive Family Planning, and VCAT.

Technology Updates including provision of long term and permanent methods, Youth Friendly Services, Rights Based Programming, Coaching, Leadership and Management, Communication, among others.

More to that, different staff were also sponsored to participate in different trainings both internally and externally; in 2016, the director of finance, accountants and accounts officers were sponsored to take part in continuous professional development workshops by ICPAU, ACCA and other bodies. Service providers underwent several trainings on how to improve service delivery and representative drivers also attended a workshop organized by the drivers association of Uganda.

### **Staff remuneration and retention:**

RHU offers a competitive remuneration package including; Fringe benefits- medical, workman compensation insurance, monthly fuel facilitation for senior management staff, etc. RHU offers annual salary increment to all staff that depends on the cost of living, but not less than 4%, gratuity at the end of every contract and staff interaction meetings at the end of the year to reflect on the achievements, failures during the year and way forward.

This, together with a conducive working environment that allows professional and

friendly interaction between staff has helped RHU have high staff retention.

### **Organizational Development**

RHU Management hired the services of a management consultancy firm – CME Consult Group to undertake a comprehensive organizational review. Two main objectives of this study were:

- To review the organization's structure, systems and processes in relation to RHU's Strategic Plan aspirations, and recommend short, medium and long-term plans of a transformative nature that will strengthen the organization, thereby promoting its sustainability and impact.
- To develop a staff development plan and devise a salary and benefits structure that offers competitive remuneration in relation to organizations of like similarity.

It is believed that this study will not only support to promote RHU's operational efficiency but will also enhance staff motivation and retention. The final report and implementation of the study findings are expected to be finalized in 2017.

### **Conflict of Interest**

All senior members of the RHU team and volunteers complete and sign the conflict of interest form on annual basis. This helps to ensure transparency and accountability in RHU dealings with outsiders.

### **Time sheets**

RHU's staff time is drawn from various projects as financed by different partners. Therefore each project provides resources towards staff time in form of salaries and benefits to staff. RHU's accounting system, by use of time sheets to accurately allocate staff time to each project based on the terms agreed with each donor. These time sheets are compiled and filed on monthly basis by each RHU staff.



## Stakeholders, Partnerships and Networking

RHU, with support from different donors and IPPF, implements intervention in conjunction with the particular line ministries. These include Ministry of Health; Ministry of Education and Sports; Ministry of Gender, Labour and Social Development and the respective departments at district levels. In addition, RHU works with different SRHR implementing partners, and where possible RHU works in consortium to tap the different expertise in delivering services. All this is geared towards improving the quality for life for our primary target audiences- the communities we serve.

## Community Engagement

RHU subscribes to the fact that access to sexual and reproductive health ensures that individuals are able to choose whether and when to have children; and to access the information to make informed health choices and means to do so. Therefore RHU integrated sexual and reproductive health and rights interventions focus on promoting gender equality, reducing HIV/AIDS, strengthening sexual and reproductive health in humanitarian emergencies, promoting sexual rights and women, young people and adolescent health. In this respect, in 2016 the aim was to improve the quality of life of individuals especially the poor and the vulnerable. In 2016 RHU set out to deliver over 4.3 million SRH services. By the end of the year we had delivered more than 6.8 million SRH services to the poor and vulnerable, the hard to reach, most at risk populations, young people. The services include family planning; post abortion cares; HIV/AIDS testing; counselling, treatment and care; sexually transmitted infection (STI) management/treatment; ante natal, delivery and postnatal cares, breast and cervical cancer screening and treatment, laboratory services, etc. Eighty-seven (87%) percent of the 1.2 million clients that we served, we reached through community outreaches and through community based SRH agents.

## Community Involvement

Within the communities are more than 2,000 community based reproductive health agents

(CBRHAs) that include Village Health Teams (VHTs) and peer educators active at RHU branches. In collaboration with local opinion leaders, suitable members of the CBRHAs and SRHR champions are identified and equipped with the necessary skills. Many are drawn from the pool of local leaders and active community members. The CBRHAs offer peer-to-peer services to the community and also participate in community mobilisation for the outreaches, and also in referring clients for added attention. Other avenues of community sensitisation include the use of radio and through advocacy by the SRHR champions.

## Client Satisfaction

RHU values client perspective in service delivery and client exit interviews are a routine activity. This helps to get feedback from our clients but also assess client satisfaction of our intervention. RHU is committed to ensuring universal access to SRHR, providing SRH services in accordance with human rights and quality of care standards. Our service delivery hinges on the different principals of rights based approach to SRH service delivery. These include: voluntarism/free, informed choice, full choice, free consent, respect for privacy and confidentiality, equality, non-discrimination and participation.

## Marketplace Practices

RHU is a fully registered NGO and works within the existing legal and strategic frameworks. We compliment government efforts to increase access to SRHR information and services. Our interventions are aligned to and compliant with international and national development directions: the Sustainable Development Goals (SDGs), the Africa Union Continental Policy Framework on SRHR, the IPPF's Strategic plan. Guiding nation instruments include: the Uganda Vision 2040, the National Development Plan II 2015/16–2019/20, the Health Sector Strategic Development Plan 2015/16 - 2019/20, the Sexual and reproductive Health and Rights Policy and Guidelines 2012, the Reproductive, Maternal, New-born, Child and Adolescent Health 2016 - 2020, the Costed Implemented Plan for family planning 2015-2020, and the RHU Strategic Plan 2016 - 2022.



# 2016 RHU Finance Report Summary

## Finance Department

The finance and accounts unit plays a vital role in budget preparation, funding negotiation, cost management, fund management, financial recording and financial reporting. The unit supervises and reviews operations at Head Office and in seventeen other branches. Financial report formats comply with the International Planned Parenthood Federation (IPPF) financial reporting frame work as well as Internal Financial Reporting Standards (IFRS) and the International Accounting Standards (IAS). The department relies on a computerised accounting system Microsoft Dynamics Navision for processing financial information.

## Internal audit arrangements

RHU has an internal audit function. Internal audit department (IAD) is an independent support programme designed for objective assurance

and consulting services to add value and improve RHU's operations. The internal auditor reviews the operational details of the organisation and reports findings and recommendations to the technical committee of the board and shares with management for follow up and resolution. The internal audit department also conducts systems based reviews on the various system of the organisation to gauge the level of adherence to the established regulations and guidelines. With a commitment to integrity and accountability, the internal audit department provides value to governing bodies and management as an objective source of independent advice. The function reviews and evaluates bids for the supply of goods and services on annual basis and reviews partner operations in cases where RHU has a joint project with another organisation. Internal audit visits to branches were conducted to evaluate compliance at that level and monitor implementation in terms of value for money.





## Principal Risks and Uncertainties

RHU Management and Board have identified and reviewed the strategic, business and operational risks faced by the organisation and are satisfied that reasonable steps are being taken to mitigate exposure and impact. Major risks identified were:

- Changes in funding mechanism by key partners including the change of regime in the USA
- Legal and regulatory changes affecting NGO operations in Uganda and beyond
- Policy changes in Uganda's health sector as well as the current ban on Sexuality Education in Uganda
- Media insensitivity in regards to openly report on sexual and reproductive health interventions
- The impact of the economic environment on our ability to raise funds cost effectively and the implications of reduced resources available to deliver aspirations of our new strategic plan

Mechanisms to identify, manage and mitigate the impact of risks include the annual planning process and maintaining a risk register which RHU senior management and Board updated during the year

We have also paid particular attention to the management of certain financial risks over 2016 including, diversifying our income sources, investment in fixed deposits as well as enhanced financial compliance and reporting in line with the International Planned Parenthood Federation requirements and Companies Act 2006 disclosure requirements.

## *Background to the Financial Statements* External Audit Mandate

RHU has the responsibility to maintain accurate books of Accounts and produce Accounts at the end of the period for Audit by an independent audit firm. Management has the responsibility of maintaining sound systems of internal controls to help safeguard RHU's resources. The accounts as prepared by RHU form the basis of the report that will be presented. This year's accounts were audited by KPMG Certified Public Accountants, who are RHU's independent external auditors.

## Programme Scope

RHU's operations were classified under the four new outcome areas which include advocacy, IEC and sexuality education– youth focused, service delivery and sustainability with the supporting projects like Resource Mobilization, Learning Centre, Institutional Knowledge Management, Volunteerism and Administration and General Services.

## Resource Mobilisation

RHU has continued to operate in a very competitive donor environment. It has therefore been the organisation's objective to strive and create new donor relationships but also to ensure that all the existing relationships are maintained. Senior management teams from all departments are always on standby to respond to any call for proposals that presents and other funding opportunities available. The clinical Service Manager was recruited to lead the RHU team in resource mobilization.

RHU also reviewed its existing resource mobilization strategy to align it with the new strategic plan 2016-2022 and adopt it to the new developments and challenges in the donor environment. The new resource mobilization strategy focuses on improvements through:

- Partnerships and networks with emphasis on Public Private Partnerships
- Marketing strategies
- Business development and recommends recruitment of a business development coordinator for RHU
- Strengthening finance system
- Operational environment as well as
- Enhancement of the information base and use of modern IT in business.



We appreciate the efforts of the International Planned Parenthood Federation (IPPF) in addition to other local and international partners in supporting the various fundraising efforts which saw several new projects being started in 2016.

### The new projects in 2016 include:

1. Prevention Plus Project funded by Sonke Gender Justice
2. Global Comprehensive Abortion care initiative through IPPF
3. Climate Change Project funded by DFPA
4. Sayana Press Scale up SIFPO II Initiative Funded by IPPF/USAID
5. Get Up Speak Out (GUSO) funded by CLUSA
6. Gestational Diabetes funded by DFPA
7. Women Refugee Commission through IPPF
8. Rights Based Approach – RBA SIFPO II through IPPF/USAID
9. STF Cervical Cancer Scale Up through IPPF

We have carried out several outreaches in partnership with companies/organisation in order to enhance our service provision package. We have endeavoured to increase our service statistics in order to access more funding from IPPF. IPPF still continues to fund and reward affiliates based on the number of clients served.

In line with donor trends, we continue to position ourself to ensure that we increase our outputs in a most cost effective way. RHU will continue to pursue all opportunities available to increase its funding base.

RHU also partnered with corporates – DFCU Bank under their corporate Social Responsibility Initiatives to implement a health camp in Isingiro in December 2016. They have committed to sponsor more activities this year. Standard Chartered Bank has also accepted to work with RHU to fund some outreaches in identified

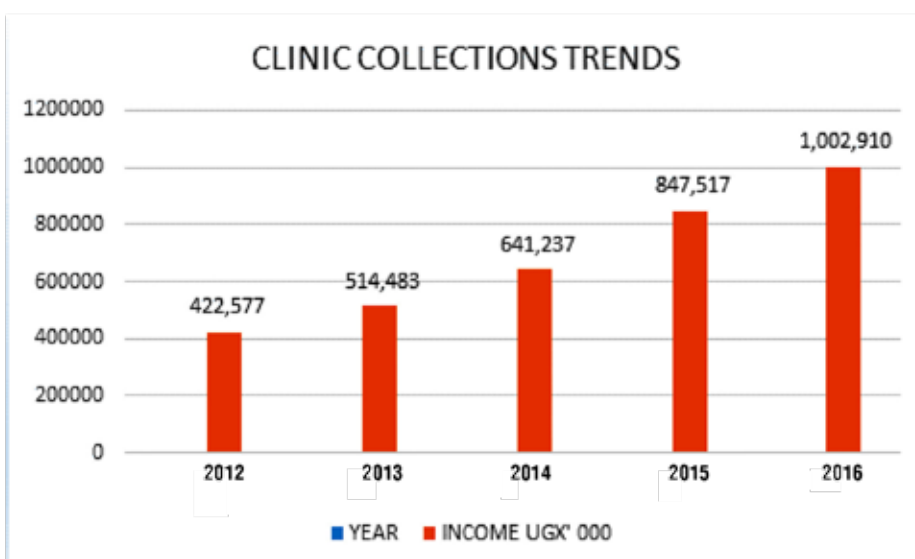
areas in the current year. Discussions with these banks will continue this year. These corporate initiative were a result of the donor's conference conducted last year.

We have also tried to close gaps that existed and were limiting our ability to generate more revenue from our clinics. This mainly related to drug stock outs and lack of diversification in our service package. We also enabled some three RHU branches (Gulu, Kapchorwa and Mbale) to offer services to selected clients under the ABT- USAID voucher plus arrangement. These among other initiatives has given rise to increased local revenue generated in 2016.

### Income received in the year 2016

#### Internally Generated Funds

As part of RHU's sustainability strategy, RHU branches continued to charge some service fees for non-family planning services. Most of the family planning services are provided to clients free of charge. In 2016, we managed to raise income over UGX 1 billion from clinic collections which was about 6% of our grant income. There was steady increment of 18% from the previous year's collection of UGX 847,517,000 in 2015. The finance team also invested surplus funds in fixed deposits interest income of UGX 80 million was also raised from this source. RHU will continue to explore other means of raising and increasing internally generated revenues as a sustainability strategy.



## External income:

In 2016, the organization received cash before considering in kind donations amounting to 12,885,127,000 compared to UGX 11,397,357,000 received at end of 2015.

The overall organisational income, after consideration of the in kind donations and movements in inventory/fixed asset funds as at end of 2016, amounted to UGX 17,630,620,000 representing an increase of 7% in overall incomes compared to UGX. 16,446,167,000 in 2015. There was also an improvement in local revenue collections from UGX 847,517,000 in 2015 to UGX 1,002,910,000 in 2016. Some branches like Mbale and Kapchorwa implemented the voucher plus project which helped to boost revenue collection although in the early stages of this project some invoices had been disallowed as the branches were still learning the project compliance requirements.

In kind donations of assets and inventory increased from UGX2,016,398,000 in 2015 to UGX 2,260,481,000 in 2016, reflecting an increase of 12%. Overall income generated in 2016 of UGX17,630,620,000, exceeded the budgeted income in the same year of UGX12,787,614,358.

## Areas of judgement

Besides the cash grants, RHU also receives some of its grants in-kind from IPPF and other partners. These grants are usually donated in form of medical equipment and drug supplies. These in kind donations received annually are often recorded, quantified and valued at the current market prices of similar items and included in the final accounts.

We are indeed very grateful for the continued support from all our partners.

**Table 1: Schedule of Incomes**

	2016	2016	2015	
Grant income	BUDGET	ACTUAL	ACTUAL	VARIANCE
	UGX'000	UGX'000	UGX'000	ACTUALS
Net IPPF Grant	2,511,664	2,965,878	2,635,680	13%
AFP	552,750	767,649	516,412	49%
CLIMATE CHANGE	141,400	166,277	0	100%
SCALE-UP (PPG)	227,100	0	325,408	-100%
FP REGIONAL ADVOCACY PROJECT / AHP	507,674	609,879	519,228	17%
RIGHTS BASED APPROACH TO FP - RBA	320,000	550,344		100%
ABH – PATH	459,000	171,972	475,660	-64%
DANIDA PLUS/CSR		36,793	111,524	-67%
VHR		0	230,742	-100%
UN WOMEN		50,409	46,279	9%
SRH WOMEN REFUGEE		44,305	0	100%
RHU EVIDENCE PROJECT	261,011	169,743	0	100%
PREVENTION+ GBV	1,473,279	833,034	0	100%
SRHR	182,567	77,050	227,680	-66%
MCF-YETA	831,528	308,388	152,500	102%
GET UP SPEAK OUT - GUSO	709,530	744,644	0	100%
CSF – YEM		137,306	65,412	110%
UFHT		48,156	301,098	-84%
ASK		176,534	763,352	-77%
RHRN		14,497	0	100%
STF - SCALE UP - CERVICAL CANCER	127,492	172,155	0	100%
CERVICAL CANCER		552,633	474,998	16%

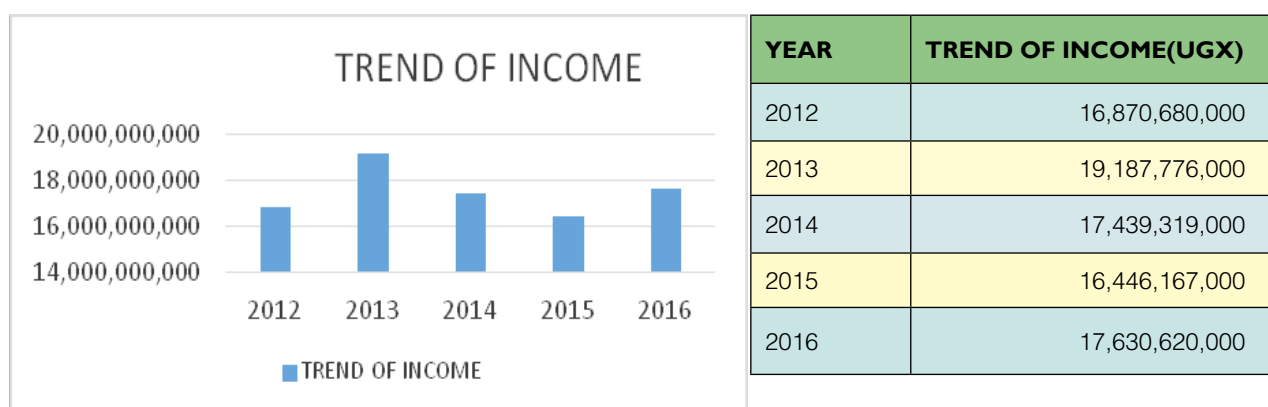
GESTATIONAL DIABETES - GIDCU	277,394	402,586	0	100%
GCACI	742,639	837,773	0	100%
CTG	871,077	955,407	990,267	-4%
YEP - RUTGERS WPF	330,972	326,851	188,000	74%
United Nations Population Fund (UNFPA)	1,218,181	1,172,502	2,547,195	-54%
UNAIDS		57,537	55,820	3%
SAYANA PRESS SCALE UP		289,128	0	100%
WISH BID		9,843	0	100%
DFPA - HEALTH VOLUNTEERS		46,655	0	100%
SPRINT/MISP		31,864	285,658	-89%
SAYANA PRESS		0	133,772	-100%
YES- DFPA	237,742	0	0	0%
NORAD		0	144,672	-100%
GIZ/Shaddows & Lights		15,848	18,055	-12%
SAAF		0	187,945	-100%
SOCIAL FRANCHISING		57,325	0	100%
Sub Total	11,983,000	12,800,966	11,397,357	12%
Release of fixed assets fund		518,622	943,974	-45%
Release of inventories fund		2,260,481	2,016,398	12%
Other income	804,614	2,050,551	2,088,438	-2%
<b>Total Income</b>	<b>12,787,614</b>	<b>17,630,620</b>	<b>16,446,167</b>	<b>7%</b>

#### Notes to the table above:

- Variances shows difference between actual grant incomes in 2015 and 2016
- Negative variances show decrease while positive variances show increase.
- Sometimes we take on projects which we never budgeted for in the year, hence variance of 100%.
- Closed projects are indicated by a variance of negative 100%

## Funding Over the Years

### TREND OF INCOME



As depicted in the graph above the average grant income over the last five year period 2012- 2016 was UGX17,514,912,360.

## Expenditure

The total expenses of the organisation for the year 2016 amounted to UGX 17,264,963,000 compared to UGX 15,104,500,000 in 2015.

## Infrastructure

With support from IPPF a Toyota- Hiace Van was acquired in 2016 to support the teams in service delivery. We improved procurement and delivery of drugs to the various branches to minimise stock outs and improve service delivery. We recognise that there were a number of pending facility improvement requests at various branches. Funds allowing, these will be prioritised in 2017. There was a deliberate effort to include facility improvements in most of the new projects that emerged. Two plots of land of were acquired at Kapchorwa branch for UGX54 million. The available land will go a long way in enabling the branch to increase its available office space and realise their objective of beginning a maternity wing. In 2017 management will initiate plans for development of the land in Lira, Hoima, Arua and Luwero. We are confident that these improvements in the organisation's infrastructure will enhance our capacity to serve more clients.

## Analysis of Expenditure by Outcome Areas

Outcome Area	2016	2015	Variance
	UGX'000	UGX'000	
Focus Area I: Advocacy	2,750,880	1,812,514	34%
Focus Area II: Youth	1,979,402	1,301,757	34%
Focus Area III: Service Delivery	7,766,846	6,264,841	19%
Focus Area IV : Building a sustainable, accountable & result oriented organisation	1,988,733	1,789,955	10%
Inventory donated & expensed	2,260,481	2,016,398	11%
Depreciation	518,622	1,919,035	-270%
<b>Total project expenses</b>	<b>17,264,963</b>	<b>15,104,500</b>	<b>13%</b>

Overall, the organisation's expenditure increased by 13% compared to last financial year, due to increased projects and volume of activity.



## **Statement of Financial Position (Balance Sheet)**

The Organisation's total assets increased over the last year. The total assets as at 31<sup>st</sup> December 2016 was UGX12,953,682,000/= (comprised of fixed assets and current assets) as compared to UGX11,697,783,000/= in 2015. This increase in total assets is related to increases in cash balances, fixed deposit amounts and receivables.

## **Audited Accounts**

KPMG Certified Public Accountants, audited the organisation books of accounts for the year ended 2016. A copy of the audited accounts is enclosed and includes a Statement of Income and Expenditure and Changes in Fund Balances (Income statement), Statement of Financial Position (Balance sheet); and Statement of Cash Flows. The Programme and Finance Committee received and reviewed these audited accounts and recommended them to NEC for their subsequent reviews and further considerations. They were passed by NEC and are recommended for approval to the National Council. The auditors have expressed an un-qualified opinion as contained in the audit reports on page 11.

## **Acknowledgement**

We wish to reaffirm our great appreciation to our funding partners for their continued support. Their support has made us shine and reach out to many people in need of sexual and reproductive health services in Uganda. Our prayer is that we keep this relationship growing so that we can together reach out to many more people. We wish to pledge our commitment to strengthen our institutional systems to ensure that we safeguard all the resources entrusted to us.



The image shows a close-up of a white calculator with dark blue buttons on the left. To the right, a white document with the words "Financial Statements" in large blue font is visible. A pair of glasses with a gold frame and a black pen are also present. The background is a solid blue color. The bottom half of the image is a teal gradient with a faint, repeating pattern of the calculator and document elements.

# Financial Statements

**REPORT AND FINANCIAL  
STATEMENTS FOR THE YEAR  
ENDED 31 DECEMBER 2016**

## **REPRODUCTIVE HEALTH UGANDA (RHU)**

MANAGEMENT, OFFICERS AND ADMINISTRATION 2016

---

### **Legal Advisors**

Muhumuza – Laki,  
Twesigire & Co.  
Advocates

Shumuk House-  
Northern Wing  
Plot 2, Colville Street  
P. O. Box 22852,  
Kampala

### **Auditors**

KPMG  
3rd Floor, Rwenzori  
Courts  
Plot 2&4A Nakasero  
Road  
P O Box 3509  
Kampala  
Uganda

### **Bankers**

Barclays Bank Uganda  
Limited  
P.O. Box 2971  
Kampala

Stanbic Bank Uganda  
Limited  
P.O. Box 973  
Kampala

DFCU Bank Uganda  
Limited  
Plot 26 Kyadondo road.  
P.O. Box 70  
Kampala

### **Registered Office and Principal Place of Business**

Plot 2, Katego Road  
P.O. Box 10746  
Kampala





## REPRODUCTIVE HEALTH UGANDA (RHU)

### REPORT OF THE NATIONAL EXECUTIVE COMMITTEE

FOR THE YEAR ENDED 31 DECEMBER 2016

---

Indicator	2015	2016	% Increase/Decrease
Total SRHS	4,603,320	5,232,015	14%
Family Planning	815,909	989,487	21%
Abortion	83,196	57,168	-31%
HIV Only	1,012,914	1,162,204	15%
STI	736,370	700,856	-5%
Others SRHS	1,954,081	2,322,300	19%
SRHS to Youth	2,264,301	2,583,007	14%
CYP	259,103	257,757	-1%
<b>Clinic collections</b>	<b><u>845,715,868</u></b>	<b><u>983,032,260</u></b>	<b>16%</b>

Challenges were manifold, and included, the overwhelming demand for services, especially at outreaches, inadequate clinic and community personnel; irregular supply of IEC materials; HIV testing kits, STI drugs, etc.; inadequate equipment and insufficient fuel to reach distant places and conduct more outreaches in addition to the negative attitude of some service providers e.g. FP, abortion, YFS;

### Results

The results for the year are set out on page 12-14.

### National executive committee

The members of the national Executive Committee are set out on page 3.

**REPRODUCTIVE HEALTH UGANDA (RHU)**  
REPORT OF THE NATIONAL EXECUTIVE COMMITTEE  
FOR THE YEAR ENDED 31 DECEMBER 2016

---


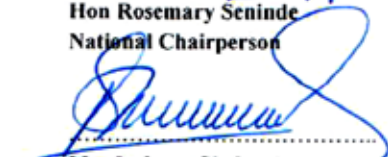
**Auditors**

The Auditors KPMG being eligible have expressed their willingness to continue in office.

**Approval of financial statements**

The financial statements were approved at a meeting of the members of the National Executive Committee on .....  
2017

**Signed by:**

PP:   
.....  
Hon Rosemary Seninde  
National Chairperson  
  
.....  
Mr. Jackson Chekweko  
Executive Director

28<sup>th</sup> April 2017  
.....  
Date

28/04/2017  
.....  
Date

**REPRODUCTIVE HEALTH UGANDA**  
**STATEMENT OF NEC RESPONSIBILITIES**  
**YEAR ENDED 31 DECEMBER 2016**

---

The National Executive Committee of RHU is responsible for the preparation and presentation of the financial statements, comprising of the statement of financial position as at 31 December 2016, and the statements of income, expenses and changes in fund balance and statement of cash flows for the year then ended, and the notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes, in accordance with IPPF and RHU guidelines and regulations, and for such internal control as the members of the National Executive Committee determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The National Executive Committee's responsibility includes: designing, implementing and maintaining internal controls relevant to the preparation and presentation of these financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances. The members of the National Executive Committee are also responsible for the safeguarding of the assets of the organisation.

The members of the National Executive Committee are required to prepare financial statements each year that present in all material aspects the state and affairs of Reproductive Health Uganda as at the end of the financial year and of the operating results of the organisation for that year. It also requires that the members of the National Executive Committee ensure the organisation keeps proper accounting records that disclose with reasonable accuracy the financial position of Reproductive Health Uganda.

The National Executive Committee members accept responsibility for the financial statements set out on pages 12 to 37, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates, in conformity with IPPF and RHU guidelines and regulations. The members of the National Executive Committee of RHU are of the opinion that the financial statements present in all material aspects the state of the financial affairs and the fund balance for the year ended 31 December 2016. The Committee further accepts responsibility for the maintenance of accounting records that may be relied upon in the preparation of financial statements, as well as adequate systems of internal financial control.


The National Executive Committee members have made an assessment of Reproductive Health Uganda's ability to continue as a going concern and have no reason to believe the operations will not be a going concern for the next twelve months from the date of this statement.

**Approval of the financial statements**

The financial statements of RHU, as indicated above, were approved by the National Executive Committee members on \_\_\_\_\_ 2017 and are signed on its behalf by:

PP!   
\_\_\_\_\_  
National Chairperson  
Reproductive Health Uganda

28<sup>th</sup> April 2017  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
National Treasurer  
Reproductive Health Uganda

05/05/2017  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Executive Director  
Reproductive Health Uganda

28/04/2017  
\_\_\_\_\_  
Date



## Report on the Audit of the Financial Statements

### Opinion

We have audited the financial statements of Reproductive Health Uganda (RHU) (the “Organisation”), which comprise the statement of financial position as at 31 December 2016, and the statements of income, expenses and changes in fund balance and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information as set out on pages 12 to 37.

In our opinion, the financial statements have been prepared, in all material respects in accordance with IPPF and RHU guidelines and regulations.

### Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the *Auditors’ Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the organisation in accordance with the International Ethics Standards Board for Accountants’ *Code of Ethics for Professional Accountants (IESBA Code)* together with the ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Emphasis of matter - Basis of Accounting and Restrictions

We draw attention to Note (2.a) which describes the basis of accounting for Reproductive Health Uganda. The Fund Accountability Statement has been prepared to provide financial information to the Management of Reproductive Health Uganda. The fund accountability statement and the related auditor’s report may not be suitable for another purpose. Our report is intended solely for the management of Reproductive Health Uganda and should not be distributed to any other parties.

### Other Information

The NEC members are responsible for the other information. The other information comprises the information included in the Directors’ Report and the Statement of NEC’ Responsibilities, but does not include the financial statements and our auditors report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### Responsibilities of the National Executive Committee for the Financial Statements

The National Executive Committee is responsible for the preparation and presentation of the financial statements in accordance with International Planned Parenthood Federation (IPPF) and RHU guidelines and regulations, and for such internal control as the NEC members determine is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the National Executive Committee is responsible for assessing the organisation’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the National Executive Committee either intend to liquidate the organisation or to cease operations, or have no realistic alternative but to do so.

## Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs, we exercise professional judgment and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the members' use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditors' report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditors' report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the members regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

The engagement partner on the audit resulting in this independent auditors' report is CPA Asad Lukwago - P0365.



**KPMG**

Certified Public Accountants

3rd Floor, Rwenzori Courts

Plot 2 & 4A, Nakasero Road

P.O. Box 3509

Kampala

Uganda

Date: 9 May 2017

**REPRODUCTIVE HEALTH UGANDA**  
**STATEMENT OF FINANCIAL POSITION**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

Statement of income, expenditure and changes in fund balances	Notes	2016 Local Currency			2016 Foreign currency			2015	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Ushs 000	US\$ 000
<b>Grant income</b>		Ushs 000	Ushs 000	Ushs 000	US\$ 000	US\$ 000	US\$ 000	US\$ 000	
International Planned Parenthood Federation (IPPF)		3,311,792	-	3,311,792	974	-	974	3,034,390	929
<b>Less: Contribution to Regional Office activities</b>		(345,914)	-	(345,914)	(101)	-	(101)	(398,710)	(123)
Net IPPF Grant		<b>2,965,878</b>	-	<b>2,965,878</b>	<b>873</b>	-	<b>873</b>	<b>2,635,680</b>	<b>806</b>
AFF		-	767,649	767,649	-	225	225	516,412	157
CLIMATE CHANGE		-	166,277	166,277	-	48	48	-	-
SCALE-UP (PPG)		-	-	-	-	-	-	325,408	100
FP Regional Advocacy Project /AHP		-	609,879	609,879	-	178	178	519,228	159
RIGHTS BASED APPROACH TO FP - RBA		-	550,344	550,344	-	160	160	-	-
ABH - PATH		-	171,972	171,972	-	50	50	475,660	146
DANIDA PLUS/CSR		-	36,793	36,793	-	11	11	111,524	34
VHR		-	-	-	-	-	-	230,742	71
UN WOMEN		-	50,409	50,409	-	15	15	46,279	14
SRH Women Refugee		-	44,305	44,305	-	13	13	-	-
RHU EVIDENCE PROJECT		-	169,743	169,743	-	50	50	-	-
PREVENTION+ GBV		-	833,034	833,034	-	-	243	-	-
SRHR		-	77,050	77,050	-	243	22	227,680	70
MCF-YETA		-	308,388	308,388	-	22	90	152,500	47
GET UP SPEAK OUT - GUSO		-	744,644	744,644	-	90	217	-	-
CSF - YEM		-	137,306	137,306	-	217	40	65,412	20
UFHT		-	48,156	48,156	-	40	14	301,098	92
ASK		-	176,534	176,534	-	14	51	763,352	234
RHRN		-	14,497	14,497	-	51	4	-	-
STF - SCALE UP - CERVICAL CANCER		-	172,155	172,155	-	4	50	-	-
CERVICAL CANCER		-	552,633	552,633	-	-	161	474,998	145

**REPRODUCTIVE HEALTH UGANDA  
STATEMENT OF FINANCIAL POSITION  
FOR THE YEAR ENDED 31 DECEMBER 2016**

GESTATIONAL DIABETES - GIDCU				402,586	402,586	-	50	117	-	-
GCACI			837,773	837,773	-	-	161	244	-	-
CTG			955,407	955,407	-	-	117	279	990,267	303
YEP - RUTGERS WPF			326,851	326,851	-	-	244	95	188,000	58
United Nations Population Fund (UNFPA)			1,172,502	1,172,502	-	-	279	342	2,547,195	780
UNAIDS			57,537	57,537	-	-	18	18	55,820	17
SAYANA PRESS SCALE UP			289,128	289,128	-	-	84	84	-	-
WISH BID			9,843	9,843	-	-	3	3	-	-
DFPA - HEALTH VOLUNTEERS			46,655	46,655	-	-	14	14	-	-
SPRINT/MISP			31,864	31,864	-	-	9	9	285,668	87
SAYANA PRESS			-	-	-	-	-	-	133,772	41
NORAD			-	-	-	-	-	-	144,672	44
				<b>2015</b>						
				<b>2016 Foreign currency</b>						
				<b>Donor restricted</b>			<b>Donor Restricted</b>	<b>Total</b>	<b>Total</b>	
				<b>Ushs 000</b>	<b>Ushs 000</b>	<b>US\$ 000</b>	<b>US\$ 000</b>	<b>US\$ 000</b>	<b>Ushs 000</b>	<b>US\$ 000</b>
SAAF			-	-	-	-	-	-	187,945	57
SOCIAL FRANCHISING			-	57,325	-	-	17	17	-	-
<b>Sub Total</b>			<b>2,965,878</b>	<b>9,835,088</b>	<b>873</b>	<b>2,869</b>	<b>3,742</b>	<b>3,742</b>	<b>11,397,357</b>	<b>3,488</b>
Release of fixed assets fund	18		518,622	-	151	-	151	151	943,974	289
Release of inventories fund	19		2,260,481	-	659	-	659	659	2,016,398	617
Other income	4		1,561,928	488,623	456	142	598	598	2,088,438	639
<b>Total Income</b>			<b>7,391,069</b>	<b>10,323,711</b>	<b>2,139</b>	<b>3,011</b>	<b>5,166</b>	<b>5,166</b>	<b>16,446,167</b>	<b>5,033</b>
<b>EXPENSES</b>										
Programme Area-Access			-	-	-	-	-	-	6,719,461	2,057
Programme Area-Adolescents			-	-	-	-	-	-	1,301,757	399
Programme Area-Abortion			-	-	-	-	-	-	230,446	70
Programme Area-AIDS			-	-	-	-	-	-	488,810	150
Programme Area-Advocacy			-	-	-	-	-	-	1,812,514	554

**REPRODUCTIVE HEALTH UGANDA  
STATEMENT OF FINANCIAL POSITION  
FOR THE YEAR ENDED 31 DECEMBER 2016**

Governance	-	-	-	-	-	-	-	-	247,992	76
Institutional Capacity Building	-	-	-	-	-	-	-	-	232,658	71
RHU LC	-	-	-	-	-	-	-	-	135,429	41
Focus Area I: Advocacy	81,083	2,669,797	2,750,880	24	779	802				
Focus Area II: Youth	134,896	1,844,506	1,979,402	39	538	577				
Focus Area III: Service Delivery	2,839,942	4,926,903	7,766,845	849	1,472	2,321				
Focus Area IV : Building a Sustainable, Accountable & Result Oriented Organisation	1,988,733		1,988,733	580	-	580				
<b>Total project expenses</b>	<b>5,044,654</b>	<b>9,441,206</b>	<b>14,485,860</b>	<b>1,492</b>	<b>2,789</b>	<b>4,281</b>	<b>11,169,067</b>	<b>3,418</b>		
<b>Administration and general services</b>	-	-	-	-	-	-	-	927,362	284	
<b>Total operating expenses</b>	<b>5,044,653</b>	<b>9,441,206</b>	<b>14,485,860</b>	<b>1,472</b>	<b>2,789</b>	<b>4,281</b>	<b>12,096,429</b>	<b>3,702</b>		
Depreciation and amortisation	518,622		518,622	152	-	152	943,974	289		
Donated inventory expensed	2,260,481		2,260,481	659	-	659	2,016,398	617		
Provision for doubtful receivables	-	-	-	-	-	-	47,699	-		
<b>Total Expenses</b>	<b>7,823,756</b>	<b>9,441,206</b>	<b>17,264,963</b>	<b>2,383</b>	<b>2,789</b>	<b>5,092</b>	<b>15,104,500</b>	<b>4,608</b>		
<b>(Deficit)/Surplus of income over expenditure</b>	<b>(516,848)</b>	<b>882,505</b>	<b>365,657</b>	<b>(151)</b>	<b>257</b>	<b>107</b>	<b>1,341,667</b>	<b>425</b>		
Fund balances at beginning of year	1,208,779	1,539,758	2,748,537	353	449	802	1,397,654	427		
Adjustment for 2014-2015	-	-	-	-	-	-	103,363	32		
Transfer from fund balance	200,000	-	200,000	58	-	58	(94,147)	(29)		
<b>Fund balance at end of year</b>	<b>891,931</b>	<b>2,422,263</b>	<b>3,314,194</b>	<b>260</b>	<b>706</b>	<b>967</b>	<b>2,748,537</b>	<b>855</b>		

The notes on pages 12 to 32 form an integral part of these financial statements.

Statement of financial position	2016 Local currency			2016 US \$			2015		
	Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Local	US \$	
	Ushs 000	Ushs 000	Ushs 000	US\$ 000	US\$ 000	US\$ 000	Ushs 000	US\$ 000	
<b>Non- current assets</b>	<b>Notes</b>								
Property and equipment	9 (b)	6,323,670	6,323,670	1,751	-	1,751	6,438,184	1,904	
Prepaid Operating Lease	9 (a)	202,502	202,502	56	-	56	206,720	61	
<b>Total non-current assets</b>		<b>6,526,172</b>	<b>6,526,172</b>	<b>1,807</b>	<b>-</b>	<b>1,807</b>	<b>6,644,904</b>	<b>1,965</b>	



**REPRODUCTIVE HEALTH UGANDA  
STATEMENT OF FINANCIAL POSITION  
FOR THE YEAR ENDED 31 DECEMBER 2016**

<b>Current assets</b>																							
Cash and bank balances	10	341,247	1,410,244	1,751,491	95	391	485	1,991,168	589														
Short Term Deposit account Balance		700,000	-	700,000	193	-	194	500,000	148														
Inventories	16	1,201,131	-	1,201,131	333	-	333	1,621,305	479														
Other receivables and prepayments	11	1,013,123	1,761,765	2,774,888	281	488	768	940,406	278														
<b>Total current assets</b>		<b>3,255,501</b>	<b>3,172,009</b>	<b>6,427,510</b>	<b>902</b>	<b>878</b>	<b>1,780</b>	<b>5,052,879</b>	<b>1,494</b>														
<b>Total assets</b>		<b>9,781,673</b>	<b>3,172,009</b>	<b>12,953,682</b>	<b>2,709</b>	<b>878</b>	<b>3,587</b>	<b>11,697,783</b>	<b>3,459</b>														
<b>Liabilities and fund balances</b>																							
<b>Current liabilities</b>																							
Accounts payables, accrued expenses and provisions	12	730,452	346,677	1,077,129	202	96	275	592,506	180														
Over draft	14	-	59,257	59,257	-	16	16	29	-														
Amounts due to donors	13	122,547	735,121	857,668	34	204	238	431,596	128														
Deferred income	17	-	2,422,263	2,422,263	-	671	671	1,539,758	450														
<b>Total current liabilities</b>		<b>852,999</b>	<b>3,563,318</b>	<b>4,416,317</b>	<b>213</b>	<b>987</b>	<b>1,200</b>	<b>2,563,889</b>	<b>758</b>														
<b>Fund balances</b>																							
Designated Fund	15	374,064	-	374,064	104	-	104	374,064	111														
Undesignated Fund		891,931	-	891,931	247	-	270	1,208,779	357														
Fixed assets Fund	18	2,361,514	-	2,361,514	654	-	654	2,221,021	657														
Inventories Fund	19	877,282	(391,309)	485,974	243	(108)	135	906,147	269														
Revaluation reserve	8	4,423,883	-	4,423,883	1,225	-	1,225	4,423,883	1307														
<b>Total fund balances</b>		<b>8,928,674</b>	<b>(391,309)</b>	<b>8,621,527</b>	<b>2,473</b>	<b>(108)</b>	<b>2,388</b>	<b>9,133,894</b>	<b>2,701</b>														
<b>Total liabilities and fund balances</b>		<b>9,781,673</b>	<b>3,172,009</b>	<b>12,953,682</b>	<b>2,709</b>	<b>878</b>	<b>3,587</b>	<b>11,697,783</b>	<b>3,459</b>														

The financial statements were approved by the members of the National Executive Committee on 28 April 2017 and were signed on their behalf by:

  
**Hon. Rosemary Senfide**  
National Chairperson

  
**Mr. Nathan Tumuhamye Kipande**  
National Treasurer

  
**Mr Jackson Chekwoko**  
Executive Director

The notes on pages 17 to 36 form an integral part of these financial statements.

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

			2,016		2015
		Note	Ushs 000		Ushs 000
<b>Cash flows from operating activities</b>					
<b>Net Surplus</b>			<b>449,816</b>		<b>1,341,667</b>
<b>Adjustments for non-cash items</b>					
Release from the inventory fund		19	(2,260,841)		(2,016,398)
Depreciation and Amortization		9 (a)&(b)	518,622		943,974
Release from the fixed assets fund		18	484,669		(943,974)
Donated inventory expensed		19	(1,840,308)		2,016,398
Provision for doubtful debts			-		133,290
Provision for fixed assets			214,167		-
Written off receivables			-		95,135
Gain on disposal			(75,778)		-
			1,171,323		<b>1,570,092</b>
Increase/decrease in inventories			420,174		(315,425)
Increase in receivables			(1,834,482)		(320,432)
Increase (decrease) in payables			682,358		(218,295)
<b>Net cash surplus from operating activities</b>			<b>439,373</b>		<b>715,940</b>
<b>Cash flows from investing activities</b>					
Investment in Fixed deposits			(200,000)		(11,846)
Proceeds on Sale of assets			86,885		-
Purchase of fixed assets		9(b)	(625,162)		(680,942)
<b>Net cash used in investing activities</b>			<b>(738,277)</b>		<b>(692,788)</b>
<b>(Decrease)/increase in cash and cash equivalents</b>			<b>(298,904)</b>		<b>23,152</b>
Cash and cash equivalents at 1 January			1,991,139		1,967,987
<b>Cash and cash equivalents at 31 December</b>		10&14	<b>1,692,235</b>		<b>1,991,139</b>

**1. Reporting entity**

Reproductive Health Uganda is an organisation registered as a Non-Governmental Organisation (NGO) by the NGO Registration board. The organisation is affiliated to the International Planned Parenthood Federation.

**2. Basis of preparation**

**a) Statement of compliance**

The financial statements have been prepared in accordance with IPPF guidelines.

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

---

Accordingly they are not intended to be in conformity with International Financial Reporting Standards (IFRS). IFRS include International Accounting Standards (IAS), IFRS pronouncements and Interpretation by the International Accounting Standards Board (IASB).

**b) Basis of measurement**

The Financial statements are prepared under the historical cost convention as modified by the revaluation of assets and liabilities.

**c) Functional and presentation currency**

The financial statements are presented in Uganda Shillings which is the organisation's functional currency. Equivalent amounts are presented in US\$ which is the IPPF's reporting currency.

**3. Significant accounting policies**

**a) Foreign currency translations**

**Translation of foreign currencies**

Transactions during the year are converted into Uganda Shillings at rates ruling at the transaction dates. Assets and liabilities at the financial statement date which are expressed in foreign currencies are translated into Uganda Shillings at rates ruling at that date. The resulting differences from conversion and translation are dealt with in the income and expenditure statement in the year in which they arise. Non-monetary assets and liabilities are recorded at rates ruling at the transaction date. All foreign exchange gains and losses are dealt with in the income and expenditure statement.

**Translation of local currency**

IPPF's reporting currency is the US dollar. Accordingly, the Organisation's financial statements, which are maintained in Uganda shillings, are translated into US dollar as follows:

- Income and expenditure in Uganda shillings is translated into US dollars using the average exchange rate obtained from the exchange of US dollars received during the year;
- Assets and liabilities are translated into US dollars at the exchange rate at the balance sheet date;
- The resulting exchange differences arising from translations are written off directly to the statement of income and expenditure

**b) Fixed assets (Property and equipment)**

**(i) Recognition and measurement**

Fixed assets are measured at cost less accumulated depreciation and accumulated impairment losses.

Cost includes expenditures that are directly attributable to the acquisition of the asset. The cost includes any other costs directly attributable to bringing the asset to a working condition for its intended use and the costs of dismantling and removing the items and restoring the site on which they are located. Purchased software that is integral to the functionality of the related equipment is capitalised as part of that equipment. The cost of donated assets is capitalised at full cost and value credited to a Fixed assets fund. The cost is released to income over the useful life of the asset.

The cost of self-constructed assets includes the cost of materials and direct labour, any other costs directly attributable to bringing the assets to a working condition for their intended use, the costs of dismantling and removing the items and restoring the site on which they are located and capitalised borrowing costs

Gains and losses on disposal of an item of property, plant and equipment are determined by comparing the proceeds from disposal with the carrying amount of property, plant and equipment, and are recognised net within other income in the Income and Expenditure Statement.

Subsequently, property, plant and equipment are shown at market value, based on valuations by external independent valuers, less subsequent accumulated depreciation and impairment losses. Increases in the carrying amount arising on revaluation are credited to a revaluation reserve. Decreases that offset a previous increase of the same asset are charged against the revaluation reserve. All other decreases are charged to the Income and expenditure statement.

**(ii) Subsequent costs**

The cost of replacing part of an item of property or equipment is recognised in the carrying amount of the item if it is probable that the future economic benefits embodied within the part will flow to the organisation and its cost can be measured reliably. The costs of the

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

day-to-day servicing of property and equipment are recognized in the income statement as incurred.

**(iii) Depreciation**

Depreciation is calculated on a straight-line basis at annual rates estimated to write off the assets over their expected useful lives. Leased assets are depreciated over the shorter of the lease term and their useful lives unless it is reasonably certain that the company will obtain ownership by the end of the lease term.

The annual depreciation rates in use are as follows:	2016
	%
Land and buildings	5
Office equipment	20
Furniture and fittings	10
Motor vehicles	20
Audio visual equipment	33.3
Medical equipment	20

**c) Inventories**

Where the IPPF has authorised the purchase of cash commodities locally, the transaction is normally processed through asset/fund accounts and is not shown as an income or expense. Expenditure incurred on inventories is capitalised at cost and expensed during the year of use. The locally donated inventories are capitalised at current local cost. The year-end inventory valuation is based on the latest invoice price of inventory purchased or received as donation during the year.

The value of sales or other disposals/ consumptions of inventories are brought into expenditure on a first in-first –out basis

**d) Income**

Income is recognised in the income and expenditure account on a cash basis.

Net IPPF grant income represents the total funds transferred as grant support by International Planned Parenthood Federation (IPPF) to Reproductive Health Uganda activities, net of funds remitted to the Africa Regional Office based in Nairobi.

**e) Deferred income**

Income received but relating to future periods or activities is reflected as a current liability rather than as fund balance.

**f) Expenditure**

Expenses are recognized during the year in which they are incurred. Expenditure in respect of goods and services rendered are generally recognised in the financial statements at the time of payment. Payments, including capital expenditure, are recorded in the financial statements in the period in which they are made.

**g) Cash and cash equivalents**

Cash and cash equivalents include notes and coins on hand and balances held with the organisation's bankers and are used by RHU in the management of its short-term commitments. Cash and cash equivalents are carried at amortised cost in the statement of financial position.

**h) Income taxes**

Reproductive Health Uganda is a non-profit making charity and is accordingly exempt from corporation taxes under Section 2(bb) of the Income Tax Act (Cap 340). The organization is yet to renew its tax exemption that expired in 2013 and the process of obtaining a tax exemption is still ongoing. No tax provision has been incorporated in the organization's financial statements.

**i) Provisions**

Provisions are recognized when the organisation has a legal or constructive obligation as result of past events and it is probable that an outflow of economic resources will be required to settle the obligation, and a reliable estimate of the amount can be made. Where the organisation

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

expects a provision to be reimbursed, the reimbursement is recognized as a separate asset but only when the reimbursement is virtually certain.

**j) Receivables and prepayments**

Receivables and advances relate to amounts disbursed to staff and consultants for carrying out field activities and not yet accounted for as at year end or inter project advances that are yet to be settled.

Receivables are stated at nominal value, net of provisions for any amounts expected to be irrecoverable.

Provisions are made when, in management's assessment there is objective evidence the company will not be able to collect all amounts due according to the original terms of the receivables, the amount of the provision is the difference between the carrying amount and the recoverable amount.

**k) Payables**

Payables are carried at cost, which is the fair value of the consideration to be paid in the future for goods and services received.

**l) Employee benefits**

The company makes contributions to a statutory scheme, the National Social Security Fund (NSSF). Contributions to NSSF are determined by local statute and are shared between employer and employee. The company's contributions of 10% on employee emoluments are charged to the profit and loss account.

**4. Other Income**

	2016	2016	2015	2015
Donor	Ushs 000	US\$ 000	Ushs 000	US\$ 000
<b>Unrestricted</b>				
Clinic collections	1,002,910	292	847,517	259
Activity Special Funds	750	-	851,951	261
Miscellaneous income	-	-	95,884	29
Insurance claims	-	-	1,868	1
Other collections	236,850	70	-	-
Tender income	-	-	14,700	4
Fund balance from project closure	15,087	4	116,882	36
Rental income	-	-	3,300	1
AFRICAN CITIZENSHIP INITIATIVE	400	-	-	-
UNFPA	27	-	-	-
RHU EVIDENCE PROJECT	245	-	-	-
CTG	45	-	-	-
HRM Grant	80,400	23	-	-
Hewlett - Advocacy at National Level	33,500	11	-	-
SRHR Grant	25,395	7	-	-
Funds from catholics for choice	29,502	9	-	-
Dollar account recalculated	-	-	12,900	4
Interest income	136,817	40	54,024	17
	<b>1,561,928</b>	<b>456</b>	<b>1,999,026</b>	<b>612</b>
<b>Restricted</b>				
UNFPA 1	-	-	2,067	1

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

USAID	-	-	674	-
CLIMATE CHANGE	21	-	-	-
CTG	45	-	-	-
ASK	-	-	38,381	11
NORAD	-	-	471	-
SRHR	25,395	7	-	-
Hewlett - Advocacy	-	-	6	-
PAIR [CTG]	-	-	1,481	-
SPRINT/MISP	-	-	431	-
SAYANA PRESS	-	-	149	-
AFP	-	-	33,410	11
MCF-YETA	-	-	78	-
VHR	-	-	11,558	4
YEP - RUTGERS WPF	-	-	1	-
ABH - PATH	-	-	170	-
SCALE-UP (PPG)	-	-	533	-
GCACI	67,284	20	-	-
Other funds	8	-	-	-
refund from csr	1,693	-	-	-
Refund from MSU	23,813	7	-	-
Restricted Income	(1,019)	-	-	-
RHU EVIDENCE PROJECT	279	-	-	-
SAYANA PRESS - Interest	0	-	-	-
SOCIAL FRANCHISING	283	-	-	-
Advance Family Planning	1	-	-	-
SUPPORT TO THE SRH/HIV Grant	15,445	5	-	-
UNFPA	350,535	102	-	-
Bank interest	4,839	1	-	-
FP Regional Advocacy Project (Luwero) /AHP	-	-	2	-
	<b>488,622</b>	<b>142</b>	<b>89,412</b>	<b>27</b>
<b>Total</b>	<b><u>2,050,550</u></b>	<b><u>598</u></b>	<b><u>2,088,438</u></b>	<b><u>639</u></b>



**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

**5. Statement of Functional Expenses – Unrestricted**

	FOCUS			FOCUS							Total 2016	US\$ 000	Ushs 000	US\$ 000	Ushs 000	2,015
	AREA I	AREA II	AREA III	AREA IV												
	Advocacy Ushs 000	Adolescents Ushs 000	Access Ushs 000	Governance Ushs 000	IPPF LC Ushs 000	ICB/SKIM Ushs 000	REMO Ushs 000	General Services Ushs 000	Ushs 000	Ushs 000						
Personnel costs	48,654	67,874	1,509,150	101,170	-	90,551	-	-	633,421	2,450,820	715	2,127,920	651			
Travel expenses	5,806	-	31,114	3,865	13,650	-	-	-	15,956	70,391	21	40,358	12			
Vehicle procurement & running costs	-	-	-	-	-	-	-	-	106,348	106,348	31	82,880	25			
Facilitate Relief staff	-	-	68,820	-	-	-	-	-	-	68,820	20	-	-			
Training costs	-	-	61,282	2,041	57,984	-	-	-	16,525	137,832	40	88,814	27			
Accounts Software maintenance	-	-	-	-	-	-	-	-	11,438	11,438	3	6,000	2			
Office supplies	-	-	-	-	-	-	-	-	7,754	7,754	2	7,068	2			
Communication	-	-	4,350	-	-	-	-	-	11,650	16,000	5	20,134	6			
Occupancy costs including facility improvement	-	-	179,661	-	3,120	-	-	-	157,402	340,183	99	211,775	65			
Preventive maintenance of Assets	-	-	-	-	-	-	-	-	23,644	23,644	7	-	-			
Depreciation of Fixed assets	-	-	-	-	-	-	-	-	-	-	-	-	-			
Inventory Consumption	-	-	-	-	-	-	-	-	-	-	-	-	-			
Data Quality Reviews & assessment cost	-	-	-	-	-	30,521	-	-	-	30,521	9	-	-			
Volunteer expenses	-	-	-	-	-	-	-	-	-	-	-	88,946	27			
Utility expenses	-	-	-	-	-	-	-	-	19,568	19,568	6	2,168	1			
Audit fees	-	-	-	-	-	-	-	-	43,754	43,754	13	73,906	23			
Legal fees	-	-	-	-	-	-	-	-	6,940	6,940	2	25,101	8			
Local purchase	-	5,450	185,945	-	-	-	-	-	-	191,395	56	15,862	5			
Provide quality integrated SRH services at the sta	-	-	13,260	-	-	-	-	-	-	13,260	4	-	-			
Media, Publication and Other	26,623	-	-	-	3,387	-	-	-	-	30,010	9	-	-			

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

	Advocacy Ushs 000	Adolescents Ushs 000	Access Ushs 000	Governance Ushs 000	IPPF LC Ushs 000	ICB/SKIM Ushs 000	REMO Ushs 000	General Services Ushs 000	Total 2016 Ushs 000	Total 2015 Ushs 000	2,015 US\$ 000
Drugs, Medicines & Other Supplies			569,489					-	569,489	437,837	134
NEC & Mgt meeting District Local Govt				169,176				-	169,176		
Adolescent SRH Meetings		34,609						-	34,609		
Conduct Outreaches			66,964						66,964	187,592	57
YFS Activities		10,084						-	10,084	142,807	44
Workshops/Meetings			92,606				10,321		102,927	121,417	37
IEC Material Production			300					-	300	9,551	3
Website Development/Organisational development					51,255				51,255	734	-
Overhead expenses			10,040					115,534	125,574	72,659	22
Programme strategies development									0	61,846	19
Staff recruitment/Welfare								14,709	14,709	23,071	7
APB & 1/2Year Review						19,501			19,501	10,053	3
Special fund expenses			1,225						1,225	64,216	20
Strengthen Internal Control						27,640			246,025	159,301	49
Other expenses		16,880	677	1,105		27,023		18,451	64,136	320,569	98
Forex revaluation						-			-		
<b>Total expenses</b>	<b>81,083</b>	<b>134,897</b>	<b>2,794,883</b>	<b>277,357</b>	<b>129,396</b>	<b>195,236</b>	<b>10,321</b>	<b>1,421,479</b>	<b>5,044,652</b>	<b>4,402,585</b>	<b>1,347</b>
<b>Purchase of Inventory</b>										-323,848	-99
<b>Total functional expenses</b>	<b>81,083</b>	<b>134,897</b>	<b>2,794,883</b>	<b>277,357</b>	<b>129,396</b>	<b>195,236</b>	<b>10,321</b>	<b>1,421,479</b>	<b>5,044,652</b>	<b>4,078,737</b>	<b>1,248</b>
<b>Total (US\$ 000)</b>	<b>24</b>	<b>39</b>	<b>815</b>	<b>81</b>	<b>38</b>	<b>57</b>	<b>3</b>	<b>415</b>	<b>1,471</b>	<b>1,248</b>	



**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

**6. Personnel Costs**

Description	Access	Adolescent	Abortion	AIDS	Advocacy	Governance	ICB	General Service	Total	Total
									2016	2015
Basic pay	1,750,189	334,888	34,148	38,175	612,847	68,955	84,894	441,198	3,365,295	2,829,747
Arrears	14,039	2,638	551	-	11,406	552	1,304	2,671	33,161	43,508
Airtime	1,523	368	-	-	2,019	816	-	672	5,399	2,881
Fuel and car benefits	7,292	3,537	-	-	9,544	3,706	-	3,301	27,380	20,146
Allowances	9,746	-	-	969	213	-	1,442	9,045	21,415	11,383
NSSF	178,279	34,143	3,470	3,914	63,603	7,403	8,764	45,689	345,265	293,882
Medical	45,997	6,972	44	633	24,591	868	1,099	16,486	96,689	75,720
Recruitment	3,500	706	-	-	5,000	-	-	-	9,206	
Workman's compensation	15,697	2,854	-	478	6,730	631	655	3,068	30,114	30,965
Gratuity	170,387	36,163	3,181	3,499	84,140	16,035	7,758	60,218	381,381	
Over time	-	-	-	-	-	-	-	-	-	920
<b>Total</b>	<b>2,196,650</b>	<b>422,268</b>	<b>41,394</b>	<b>47,669</b>	<b>820,093</b>	<b>98,966</b>	<b>105,916</b>	<b>582,348</b>	<b>4,315,305</b>	<b>3,309,152</b>

**7. Fund Balance**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
Opening fund balance	2,748,537	855	1,397,653	543
Adjustment for 2015-2016	-	-	103,364	32
Surplus of income over expenditure	449,816	131	1,341,667	425
Transfer from fund balance	200,000	58	(94,147)	(29)
Foreign exchange loss	-	(54)	-	(116)
<b>Total</b>	<b>3,266,269</b>	<b>952</b>	<b>2,748,537</b>	<b>855</b>

**8. Revaluation Reserves**

	2016	2015
	Ushs '000	Ushs '000
At 1 January	4,423,883	-
Revaluation surplus arising during the year	-	4,423,883
<b>As at 31 December</b>	<b>4,423,883</b>	<b>4,423,883</b>

All land and Buildings were revalued as at 31 December 2015 by independent professional valuers Reitis Limited. Land was valued on the basis of market values, Buildings were valued on the basis of depreciated replacement cost reflecting prevailing market conditions. The book values of the properties were adjusted to the revaluation amount and the surplus was credited to revaluation reserves in the Fund balances.

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

**9. (a) Prepaid Operating Lease**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
<b>Cost</b>	270,000	80	270,000	80
<b>Amortization</b>				
<b>At 1 January</b>	63,280	19	59,062	18
Charge for the period	4,218	1	4,218	1
Foreign currency translation	-	4	-	-
<b>At 31 December</b>	<b>67,498</b>	<b>24</b>	<b>63,280</b>	<b>19</b>
<b>Carrying amount</b>	<b>202,502</b>	<b>56</b>	<b>206,720</b>	<b>61</b>

**9. (b) Property and Equipment**

	Land & Buildings	Office Equipment	Furniture & Fittings	Motor Vehicles	Audio Visual equipment	Medical equipment	Total
	Ushs 000	Ushs 000	Ushs 000	Ushs 000	Ushs 000	Ushs 000	Ushs 000
<b>Cost/valuation</b>							
At 1 Jan 2015	1,186,353	416,634	320,612	2,311,710	281,229	816,290	5,332,828
Additions		39,906	52,456	228,381	146,523	213,675	680,941
Reversal of accumulated depreciation.	(389,236)	-	-	-	-	-	(389,236)
Revaluation	4,423,883	-	-	-	-	-	4,423,883
<b>At 31 December 2015</b>	<b>5,221,000</b>	<b>456,540</b>	<b>373,068</b>	<b>2,540,091</b>	<b>427,752</b>	<b>1,029,965</b>	<b>10,048,416</b>
Additions 2016	-	142,827	56,420	218,020	32,265	175,631	625,162
Reclassification.	-	107,739	-	-	(107,739)	-	-
Assets written off/disposal	-	(40,406)	(5,996)	(176,435)	(23,920)	(22,234)	(268,990)
Asset reconciliation account	-	68,309	70,254	(407,990)	(8,784)	(148,103)	
<b>At 31 December 2016</b>	<b>5,221,000</b>	<b>735,009</b>	<b>493,746</b>	<b>2,173,686</b>	<b>319,574</b>	<b>1,035,258</b>	<b>10,404,588</b>
<b>Depreciation</b>							
At 1 Jan 2015	329,918	281,269	135,732	1,465,403	236,024	611,366	3,059,712
Charge for the year	59,318	86,425	34,369	476,993	108,956	173,695	939,756
Assets written off/disposal	(389,236)	-	-	-	-	-	(389,236)
<b>At 31 December 2015</b>	<b>-</b>	<b>367,694</b>	<b>170,101</b>	<b>1,942,396</b>	<b>344,980</b>	<b>785,061</b>	<b>3,610,232</b>
Charge for the year	121,950	65,024	34,931	190,431	19,079	82,990	514,404

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

Reclassification of assets	-	(11,968)	-	-	11,968	-	-
Asset reconciliation account	-	102,527	106,293	(218,716)	(102,230)	(100,021)	(212,147)
Assets write off/disposal	-	(33,940)	(3,597)	(176,435)	(23,854)	(20,060)	(257,886)
<b>At 31 December 2016</b>	<b>121,950</b>	<b>489,336</b>	<b>307,729</b>	<b>1,737,676</b>	<b>249,943</b>	<b>747,969</b>	<b>3,654,604</b>
Net Book Value							
<b>At 31 December 2016</b>	<b>5,099,050</b>	<b>245,673</b>	<b>186,018</b>	<b>436,010</b>	<b>69,630</b>	<b>287,289</b>	<b>6,323,670</b>
<b>At 31 December 2015</b>	<b>5,221,000</b>	<b>88,846</b>	<b>202,967</b>	<b>597,695</b>	<b>82,772</b>	<b>244,904</b>	<b>6,438,184</b>

**10. Cash And Bank**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
<b>Unrestricted</b>				
Barclays Bank main bank balance	98,124	27	28,077	8
Stanbic bank balance	1,086	-	137,655	41
RHU Savings account	130,390	36	206,730	61
RHU Savings account II	19,883	6	134,949	40
RHU Special Funds account	6,753	2	33,564	10
RHU Dollar account	83,430	24	296,678	88
Headquarters Imprest	1,581	-	1,220	-
	<b>341,247</b>	<b>95</b>	<b>838,873</b>	<b>248</b>
<b>Restricted</b>				
MCF-YETA	-	-	103,899	31
DFPA II/SMM	1,701	-	1,701	1
ASK	402	-	103,568	31
MISP	14,534	4	177,076	52
SRHR	-	-	25,746	8
CSF - YEM	-	-	686	-
CANCER	93,543	27	156,745	46
SAAF	24,924	7	122,625	36
PAIR/CTG	-	-	57,286	17
STF-Scale Up-Cervical Cancer	4,886	2	-	-
RHU EVIDENCE PROJECT	5,975	2	-	-
DANIDA PLUS/CSR	276	-	33,882	10
SCALE-UP (PPG)	97,278	28	124,333	38
UFHT	-	-	25,083	7
AFP	98,352	18	97,024	29
VHR	-	-	14,770	4

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

RAP	-	-	6,212	2
WISH BID	9,805	3	-	-
Scale Up - (ASRH)	14,511	4	-	-
SAYANA PRESS	-	-	640	-
NORAD	-	-	3,954	1
ABH - PATH	47,464	14	72,074	21
UN WOMEN	-	-	10,649	3
UNAIDS	2,922	1	9	-
GCACI	87,135	24	-	-
PREVENTION+ GBV	153,143	42	-	-
RIGHTS BASED APPROACH TO FP - RBA	168,397	47	-	-
Get Up Speak Up(GUSO)	440,909	129	-	-
Regional Advocacy -RAP	24,599	7	-	-
Climate change	30,346	8	-	-
GESTATIONAL DIABETES - GIDCU	30,597	8	-	-
Social Franchising	57,575	16	-	-
YEP - RUTGERS WPF	970	-	14,333	4
	<b>1,410,244</b>	<b>391</b>	<b>1,152,295</b>	<b>341</b>
<b>Total</b>	<b>1,751,491</b>	<b>485</b>	<b>1,991,168</b>	<b>589</b>

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

IPPF advance to SAYANA press	7,000	2	7,000	2
IPPF advance to UNFPA	550,209	153	-	-
RHU Advance to IPPF	-	-	6,009	2
IPPF Advance to YETA	4,780	1	-	-
RHU Advance to IPPF	15,120	4	-	-
IPPF Advance to United for Health Tomorrow (UFHT)	17,137	6	-	-
IPPF Advance GDCU	3,560	1	-	-
IPPF Advance TO SRHWR	4,990	1	-	-
IPPF Advance TO CSR	524	-	-	-
IPPF advance to other projects-YEM	300	-	-	-
IPPF Advance GCACI	20	-	-	-
IPPF advance to other projects-VHR	-	-	1,907	1
IPPF advance to MISP	10	-	36,667	11
IPPF advance to United for Health Tomorrow	-	-	47,801	14
IPPF advance to other projects-NORAD	4,736	1	7,987	2
<b>Subtotal</b>	<b>788,861</b>	<b>219</b>	<b>290,224</b>	<b>86</b>
<b>Total</b>	<b>1,013,123</b>	<b>281</b>	<b>509,828</b>	<b>151</b>

<b>b) Donor restricted funds</b>				
<b>Advance to other Projects and unretired advance to Project Sites</b>				
	<b>2016</b>	<b>2016</b>	<b>2015</b>	<b>2015</b>
	<b>Ushs 000</b>	<b>US\$ 000</b>	<b>Ushs 000</b>	<b>US\$ 000</b>
SAYANA PRESS SCALE UP	13,319	4	-	-
Advance to Project site DFPA/SMM	1,609	-	1,609	-
AFP - Project/Activity/Programme Advances	55,425	15	-	-
PAIRS ADV TO OTHER PROJECTS - IPPF	-	-	14,590	4
AFP - Other Program Advances	1,677	-	-	-
Other Receivables/Payables -CANCER	18,076	5	9,745	3
GET UP SPEAK OUT - GUSO	20,561	6	-	-
CSF/YEM	9,148	3	-	-
STF - SCALE UP - CERVICAL CANCER	42,905	12	-	-
Advance to Project site -CANCER	81,199	22	-	-
Advance to Project site – UFHT	-	-	439	-
Advance to Project site –CANCER	-	-	48,059	14
Advance to Project site – YEP	-	-	6,705	2
AFP - advance to IPPF	39,083	11	-	-
UFHT	2,489	1	-	-
Advance to Project site - SAAF	1,234	-	1,400	-
RHRN ADVANCE TO IPPF	4,187	1	-	-
RHRN Activity Project advance	1,180	-	-	-

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

**12. Accounts Payables Accrued Expenses and Provisions**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
<b>Unrestricted</b>				
Gratuity	531,088	148	429,543	126
Other Accruals	105,983	23	12,151	4
Accrued Audit Fees	-	-	32,150	10
Salary Control account	9,221	8	829	-
	<b>646,292</b>	<b>179</b>	<b>474,673</b>	<b>140</b>
<b>Donor restricted Funds</b>				
CTG	22,337	7	1,439	-
YEP - WPF	12,459	5	8,000	2
UNFPA accruals	55,419	16	-	-
PREVENTION +	12,867	5	-	-
CLIMATE CHANGE	6,808	2	-	-
YEM	12,549	3	-	-
DFPAII/SMM Accruals	3,107	1	2,951	1
VHR	-	-	9,266	4
UFHT	15,918	4	23,928	8
AFP	53,399	11	5,551	2
ASK	30,106	8	32,074	10
DANIDA PLUS/CSR	-	-	6,000	3
CSR	1,565	1	-	-
VHR Accruals/payables	16,639	3	-	-
SAAF Accuals	5,604	2	6,200	3
GUSO	4	-	-	-
GIDCU	2,553	1	-	-
GCACI	64,968	18	-	-
SAYANA PRESS SCALE UP	3,404	1	-	-
GIZ	300	-	-	-
FP Regional Advocacy Project (Luwero)	26,671	8	22,424	7
	<b>346,677</b>	<b>96</b>	<b>117,833</b>	<b>40</b>
<b>Total</b>	<b>992,968</b>	<b>275</b>	<b>592,506</b>	<b>180</b>

**13. Accounts Due to Donors / Other Projects**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
<b>Unrestricted</b>				
IPPF Current Account	75,814	21	75,814	22
Advance to Regional Advocacy Project	240	0	-	-
Advance to Advanced Family Planning	37,305	10	-	-

24

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

YEP ADVANCES TO OHTER PROJECTS-IPPF	-	-	3,104	1
UNFPA advance to IP	-	-	102,852	30
Advance to Project site - MISP/ Activity advance	1,409	-	2,584	1
Advance to project site – AFP	-	-	55,053	16
SRHR Advance tso Project site	5,455	2	-	-
PREVENTION+ GBV	11,629	3	-	-
RAP/AHP Advance to other Projects -RHU	-	-	1,609	-
Advance to project site -YEM	-	-	7,613	2
CSR	1,980	1	-	-
ASK Advance to Project site/Activity advance	16,200	4	15,840	5
Advance to SRHR Project site	-	-	2,985	1
GCACI	24,442	7	-	-
CTG	29,825	8	-	-
YEP	12,836	4	-	-
UNFPA advance to other Projects	1,208,153	335	-	-
AFP - Other Payables	-	-	1,678	-
VHR - Advance to Project site	1,658	-	-	-
Advance to project site - ABH - PATH	-	-	30,621	9
SRH Women Refugee - Branch/Project Site Advances	65	-	-	-
AFP - Advance to ECTS-IPPF	-	-	32,865	11
DFPA - Health Volunteers	4,889	1	-	-
SAYANA PRESS	1,175	-	-	-
Advance to project site - GIZ	8,740	2	-	-
Advance to project site - SCALE-UP (PPG)	9,778	3	10,972	3
Advance to project site - SAYANA PRESS	-	-	5,731	2
Master Card Foundation - YETA	8,973	2	-	-
Rights Base approach to FP - RBA Adv to IPPF	1,225	-	-	-
ABH - PATH Advance to project site	22,364	6	-	-
GESTATIONAL DIABETES - GIDCU	3,170	1	-	-
CLIMATE CHANGE	3,471	1	-	-
RIGHTS BASED APPROACH TO FP - RBA	75,191	22	-	-
Advance to Project site - VHR	-	-	40,144	12
UNAIDS - Advance to Project sites	4,081	1	19,162	6
Advance to project site - RAP	10,892	3	13,368	4
ABH- Prepayment for rent	1,800	-	1,800	1
Activity Programme advance - UN Women	270	-	50	-
<b>Subtotal</b>	<b>1,761,765</b>	<b>488</b>	<b>430,578</b>	<b>127</b>
<b>Total</b>	<b>2,774,888</b>	<b>768</b>	<b>940,406</b>	<b>278</b>

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

ADVANCE TO PREVENTION+GBV	1,957	1	-	-
IPPF ADVANCE TO OTHER PROJECTS- AFP/HCP project	-	-	32,866	10
ADVANCE TO RHRN	4,187	1	-	-
IPPF ADVANCE TO OTHER PROJECTS-NORAD	-	-	3,250	1
Advance to GIZ/Shadow	3,043	1	-	-
IPPF ADVANCE TO OTHER PROJECTS-YEP	-	-	3104	1
<b>Sub total</b>	<b>122,547</b>	<b>34</b>	<b>115,034</b>	<b>34</b>
<b>Donor restricted Funds</b>				
CANCER	1,029	0	1,039	-
YEP Advance/Payables	- 4,057	- 1	2,290	1
DFPA/SMM Advance to IPPF	28,028	8	28,028	8
DFPA/SMM Other payables	-	-	156	-
YETA Advance to IPPF	4,780	1	420	-
ASK Advance to Others	-	-	157,615	47
SAYANA PRESS Advance to IPPF	7,000	2	7,000	2
SAAF Advance to IPPF	10	-	-	-
SAAF Other Payables	-	-	3,660	1
UNAIDS - Accounts Payable	-	-	21,593	6
ABH-PATH - ADVANCES TO OTHER PROJECTS- IPPF	83,363	23	491	-
NORAD Advance/Payable to IPPF	5,291	1	5,292	2
VHR ADVANCES TO OHTER PROJECTS-IPPF	-	-	1,907	1
ADVANCES TO OHTER PROJECTS-MISP to RHU	-	-	36,667	11
GDCU Adv to GCACI	40	-	-	-
GIZ	-	-	2,603	1
RAP Adv to IPPF	6,096	2	-	-
UNFPA due to RHU	553,511	153	-	-
SRHR Adv to RHU	20,652	6	-	-
GCACI Adv to RHU	20	-	-	-
UNAIDS - Adv to IPPF	24,079	7	-	-
YEM Advance to RHU	290	-	-	-
IPPF Adv to SRHWR	4,990	1	-	-
UFHT Advance to RHU	-	-	47,801	14
<b>Sub total</b>	<b>735,121</b>	<b>204</b>	<b>316,562</b>	<b>94</b>
<b>Total</b>	<b>857,668</b>	<b>238</b>	<b>431,596</b>	<b>128</b>

**14. Overdrafts**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
<b>Restricted</b>				



**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

UNFPA	6,876	2	-	-
SRHR	4,498	1	-	-
MCF-YETA	24,275	7	-	-
CSF - YEM	3,860	1	-	-
PAIR/CTG	12,602	3	-	-
GIZ	-	-	29	-
VHR	7,147	2	-	-
	<b>59,257</b>	<b>16</b>	<b>29</b>	<b>-</b>

**15. Statement of Changes in Designated Fund Balances**

	Working capital fund		Special reserve		Total	
	Ushs 000	US \$ 000	Ushs 000	US \$ 000	Ushs 000	US \$ 000
Fund balance as at 1 January 2016	227,240	67	146,824	44	374,064	111
Fund balance at 31 December 2016	<b>227,240</b>	<b>63</b>	<b>146,824</b>	<b>41</b>	<b>374,064</b>	<b>104</b>

**16. Inventories**

	2016	2016	2015	2015
	Ushs '000	USD '000	Ushs '000	USD '000
Contraceptives	866,865	240	1,308,795	387
Drugs	141,207	39	126,689	37
Medical Instruments	136,614	38	123,376	36
Laboratory and HIV testing kits and reagents	56,445	16	62,445	18
	<b>1,201,131</b>	<b>333</b>	<b>1,621,305</b>	<b>479</b>

**17. Deferred Income (Donor Restricted Funds)**

	Deferred income		Fund balance	Fund Balance
	Ushs000	US\$000	Ushs000	US\$000
	2016	2016	2015	2015
UNFPA	592,348	164	102,851	30
GET UP SPEAK OUT - GUSO	461,465	128	-	-
UNAIDS	(17,076)	(5)	(2,422)	-1
DFPA	(27,825)	(8)	(27,825)	-8
UFHT	1,659	-	(46,205)	-14
CTG	(15,674)	(4)	70,438	21
SPRINT	15,943	4	142,993	42
ASK	(13,504)	(4)	(70,281)	-21
SAYANA PRESS	(5,542)	(2)	(629)	-
DANIDA	-	-	27,882	8

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

AFP	141,069	39	181,068	54
RIGHTS BASED APPROACH TO FP - RBA	244,813	68	-	-
CANCER	191,789	53	213,510	64
MCF-YETA	(20,082)	(6)	103,479	31
VHR	(14,982)	(4)	43,740	13
NORAD	(5,291)	(1)	(1,338)	-
PREVENTION+ GBV	149,650	41	-	-
YEP	4,510	1	13,852	4
ABH	(11,735)	(3)	104,003	31
SOCIAL FRANCHISING	57,575	16	-	-
SAYANA PRESS SCALE UP	106,598	30	135,305	40
CSF/YEM	(7,551)	(2)	8,299	2
SRHR	(20,194)	(6)	28,731	8
GIZ	-	-	(2,631)	(1)
SAAF	19,948	6	114,165	34
UN WOMEN	270	-	10,699	3
STF - SCALE UP - CERVICAL CANCER	47,791	13	-	-
GCACI	45,979	13	-	-
FP RAO	-	-	(1,236)	-
GESTATIONAL DIABETES - GIDCU	30,727	9	-	-
CLIMATE CHANGE	25,816	7	-	-
SCALE UP - PPG	24,289	7	-	-
WISH BID	9,805	3	-	-
GIZ Project/ SHADOWS & LIGHTS	8,462	2	-	-
RHU EVIDENCE PROJECT	5,975	2	-	-
RHRN	5,367	1	-	-
FP Regional Advocacy Project /AHP	936	-	-	-
CSR	(243)	-	-	-
SRH Women Refugee	(4,925)	(1)	-	-
DFPA - HEALTH VOLUNTEERS	4,889	1	-	-
<b>Total</b>	<b>2,422,261</b>	<b>671</b>	<b>1,148,448</b>	<b>340</b>

**18. Statement of Changes in the Fixed Assets Fund**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
Fund balance at 1 January	2,221,021	657	2,484,054	976
<b>Add</b>				
<b>Fixed assets donated/purchased</b>				

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

IPPF	340,959	94	209,761	62
IPPFARO	4,895	1	35,576	11
UNFPA	11,180	3	-	-
Bill & Merida Gates	4,900	1	2,800	1
DFPA	5,715	2	-	-
John Hopkins University	30,118	8	-	-
Master Card	2,156	1	-	-
Planned Parenthood Northern America PPNG	62,024	17	-	-
PPAG	2,500	1	-	-
SAAF	-	-	2,150	1
Pair Project	-	-	4,547	1
USAID	2,150	1	12,000	4
RHU	27,150	8	-	-
Rutgers-World Population Fund (WPF)	17,450	5	-	-
Sonke	111,965	31	-	-
CANCER	-	-	43,465	14
UNAIDS	2,000	1	-	-
Young Men as Equal Partners	-	-	-	350
Community Based HIV/AIDS Project	-	-	-	500
YES	-	-	650	-
Advanced Family Planning (AFP)	-	-	-	4,700
United for Health Tomorrow(UFHT)	-	-	-	6,329
Scaling Up Project	-	-	10,500	3
Yeta	-	-	15,035	4
RHU Reinvesting Savings	-	-	55,350	16
CGT	-	-	277,228	82
<b>Total additions</b>	<b>625,162</b>	<b>173</b>	<b>680,941</b>	<b>200</b>
<b>Subtotal</b>	<b>2,846,183</b>	<b>830</b>	<b>3,164,995</b>	<b>1,178</b>
<b>Less:</b>				
Release to income	(518,622)	(151)	(943,974)	(289)
Disposals	33,953	10	-	-
Translation Adjustment	-	(35)	-	(232)
<b>Fund balance at 31 December</b>	<b>2,361,514</b>	<b>654</b>	<b>2,221,021</b>	<b>657</b>

**19. Statement of Changes in the Inventories Fund**

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
Fund balance at 1 January 2016	906,147	269	1,305,879	513
<b>Add</b>				

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

<b>Inventories donated during the year from:</b>				
Government of Uganda (MOH)	940,288	260	1,659,754	491
International Planned Parenthood Federation (IPPF)	-	-	870,163	257
UNFPA	8,470	2	72,870	22
ASK	-	-	59,142	17
NORAD	-	-	34,582	10
HIV AIDS/WORK PLACE POLICY	11,231	3	-	-
IPPF - STF	19,613	5	-	-
IPPF - GCACI	112,960	31	-	-
Internal Transfers/Returns from Branches	5,887	2	-	-
YEP/ WPF	11,932	3	6,631	2
YES	9,186	3	6,973	2
SAAF	3,094	1	13,616	4
YEM	11,470	3	11,575	3
SPRINT/MISP	8,118	2	6,295	2
GIZ	-	-	3,142	1
GIDCU	31,128	9	-	-
USAID -SIFPO	12,313	3	-	-
PAIRS	-	-	861	-
APPFICON IPPF- FGM	1,237	-	-	-
UFHT	-	-	26,647	8
PAVES, PIPER, GLOBAL FUND	-	-	42,737	13
SAVE	-	-	12,457	4
BUFFER FUND	428,894	119	268,654	79
REGIONAL ADVOCACY	4,731	1	15,527	5
CTG	149,276	41	46,729	
CCS & TP	70,480	20	86,717	26
<b>Sub total</b>	<b>1,840,308</b>	<b>510</b>	<b>3,245,075</b>	<b>960</b>
<b>Total</b>	<b>2,746,455</b>	<b>779</b>	<b>4,550,954</b>	<b>1,473</b>
<b>16(a) Less</b>				
Amount released to income to reflect usage	(2,260,481)	(659)	(2,016,398)	(617)
Purchased inventories by cash	-	-	(1,628,409)	(455)
Translation adjustment	-	15	-	(132)
Fund balance at 31 December	<b>485,974</b>	<b>135</b>	<b>906,147</b>	<b>269</b>

\*\* The Ushs(000s) 2,260,481 constitute the inventory cost expensed in the year out of the inventory reserve fund in accordance with IPPF guidelines.

**20. Currency and Translation**

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

These financial statements are presented in thousands of Uganda shillings (Ushs 000) and thousands of United States dollars (US\$ 000). Dollar funds received from IPPF have been converted into local currency in a manner which is in compliance with local foreign exchange regulations and practices.

The rates of translation used in pursuance of the accounting policy in Note 3(a) are:

	2016	2015
	Ushs	Ushs
Statement of financial position – year end rate 1 US\$	3,611	3,382
Statement of income and expenditure – average rate for 1 US\$	3,429	3,267

**21. Insurance**

The property and equipment have been insured for the estimated replacement cost in local currency as follows:

	2016	2016	2015	2015
	Ushs 000	US\$ 000	Ushs 000	US\$ 000
Fire and special perils	3,807	1	2,427	1
Motor insurance	74,009	22	82,294	24
All Risks	10,327	3	4,480	2
Group personal accident	23,918	7	13,836	4
Workmen's Compensation	40,799	12	30,965	9
Other	-	-	-	-
Money and CIT	93	0	200	-
<b>Total</b>	<b>152,954</b>	<b>45</b>	<b>134,202</b>	<b>40</b>

**22. Held to Maturity Financial Assets**

The organisation deposited Ushs488m with Eco bank for a period of 181 days from September 2015 to March 2016 and earned interest of 12.00% per annum and Ushs500m for a period of 182 days from November 2016 and earned an interest of 17.50% per annum.

	2016	2016	2015	2015
	Ushs	US\$	Ushs	US\$
Fixed Deposit	700,000	194	500,000	148
	<b>700,000</b>	<b>194</b>	<b>500,000</b>	<b>148</b>

**23. CAPITAL COMMITMENTS**

There were no capital commitments as at 31 December 2016.

**24. CONTINGENT LIABILITIES**

We are not aware of any contingent liabilities to report on as at 31 December 2016.

**25. COUNTRY OF REGISTRATION**

The Organisation is registered in Uganda as a Non-Governmental Organisation by the Non-Governmental Organisations Registration Board.

**26. Affiliation**

The Organisation is affiliated to the International Planned Parenthood Federation (IPPF)

**Appreciation**

As noted above, our activities are greatly supported by our various funding partners, both local and international. We therefore wish to thank all our funding partners for supporting our efforts to fight for the sexual and reproductive health and rights of the people of Uganda.

**REPRODUCTIVE HEALTH UGANDA**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2016**

---

Special appreciation goes to the following funding partners;

- International Planned Parenthood Federation (IPPF)
- Sonke Gender Justice – South Africa - Rutgers
- United States Agency For International Development (USAID)
- United Nations Family Planning Organisation (UNFPA)
- Bill and Melinda Gates foundation
- John Hopkins University
- Uganda Government/MOH & Local Governments
- Rutgers WFP
- Danish Family Planning Organisation ( DFPA)
- Big Lottery/Restless Development
- PATH- USAID
- Planned Parenthood Global (PPG)
- NORAD
- UNAIDS
- Danish Agency for International Development (DANIDA) among others.
- Master Card Foundation / CLUSA / NCBA( National Cooperatives Business Organisation)
- Netherlands Foreign Affairs ministry



## RHU Branches/Clinics

Clinic	Contact	Address
APAC	0700390212	Plot 39, Owiny-Okullu Road, Apac Town
ARUA	0700390213	Plot 49A, Municipal Close
BUSHENYI	0700390214	Liberation Rd off Nyanuko Rd- next to the football pitch, Bushenyi Town
BWAISE	0700390227	Bwaise II Bukasa Zone, next to St. James Primary School
FORTPORTAL	0700390215	Plot 2a booma road opposite tooro club next fort Montel
GULU	0700390216	Auma Road- behind Holy Rosemary Church - Gulu
HOIMA	0700390217	Plot 6/7 Butyaba Close, Hoima Town
IGANGA	0700390218	Plot 9, Kaliro Road
KABALE	0702657618	Plot 5, Micho road, Central division-Kabale Municipal Council
KAPCHORWA	0700390219	Plot 29/30 Kapchorwa Road, Kapchorwa Town
KARAMOJA	0785728350	Moroto District Local Government, behind district Court building
KATEGO	0700390226	Plot 2 Katego Road, Kamwokya
LIRA	0700390153	Plot 29B, Obote Avenue, Lira Main Street
LUWERO	0700390220	Kati Kamu Sub-County- behind Community Centre
MBALE	0700390221	Block 3, Namunsi Road, Nakaloke Trading Centre Mbale
MBARARA	0700390222	Plot I Karekoona, Lugazi Mbarara
MITYANA	0700390224	Plot 48, Mityana Road
OWININO	0700390228	St Balikuddembe/Owino Market
TORORO	0700390225	Municipal Council Ground, Opposite Post Office, Tororo



For More Information Contact

**REPRODUCTIVE HEALTH UGANDA**

Plot 2 Katago Road, Tufnell Drive, Off Kira road Kamwokya

P.O. Box 10746, Kampala

Tel: +256-(0)312-207100, +256- (0)414 540 658,

Fax: +256 (0)414 540 657

E-mail: [rhu@rhu.or.ug](mailto:rhu@rhu.or.ug) / Web: [www.rhu.or.ug](http://www.rhu.or.ug)

Facebook: Reproductive Health Uganda

Twitter: RHUganda