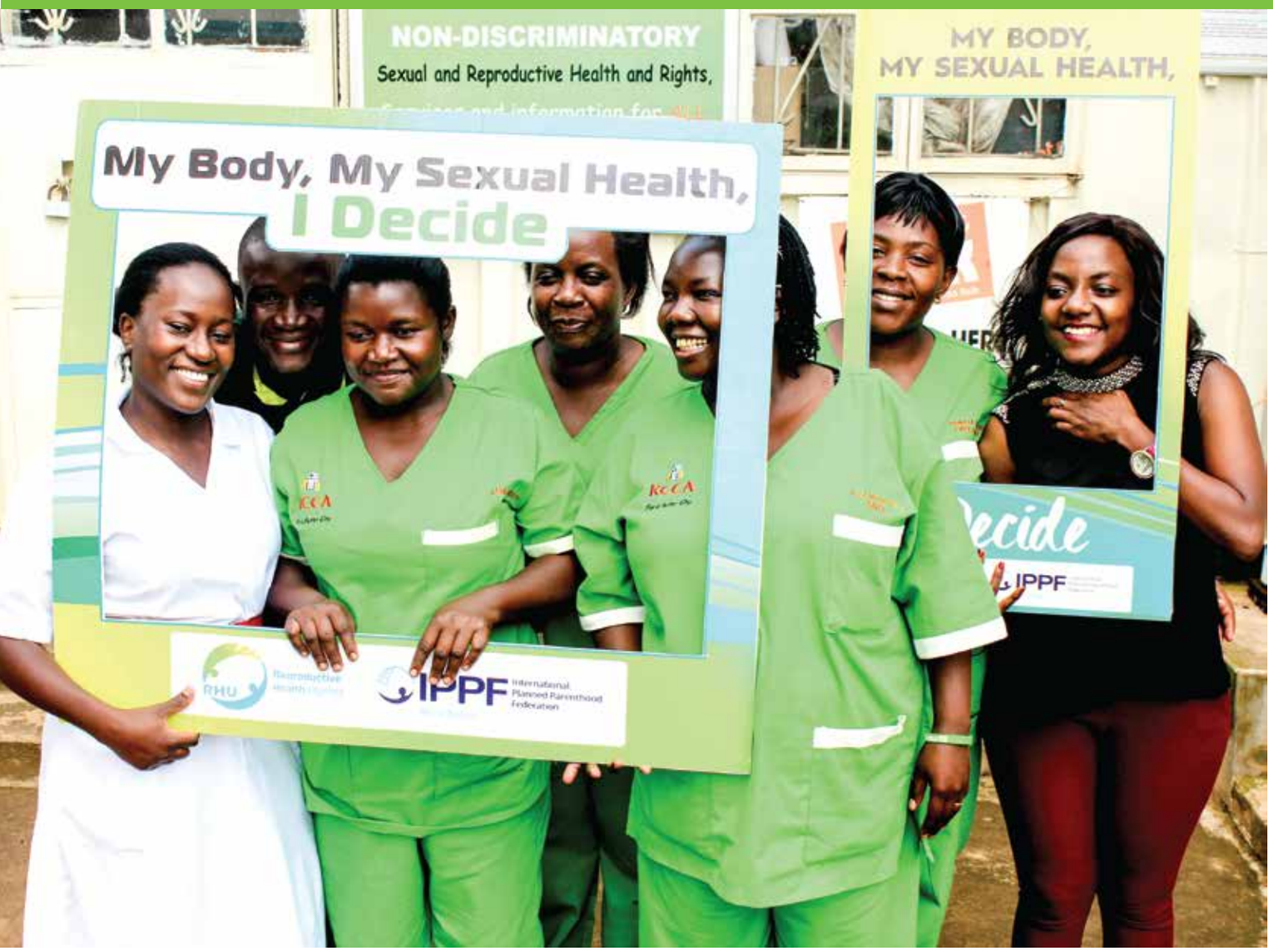
Reproductive Health Uganda

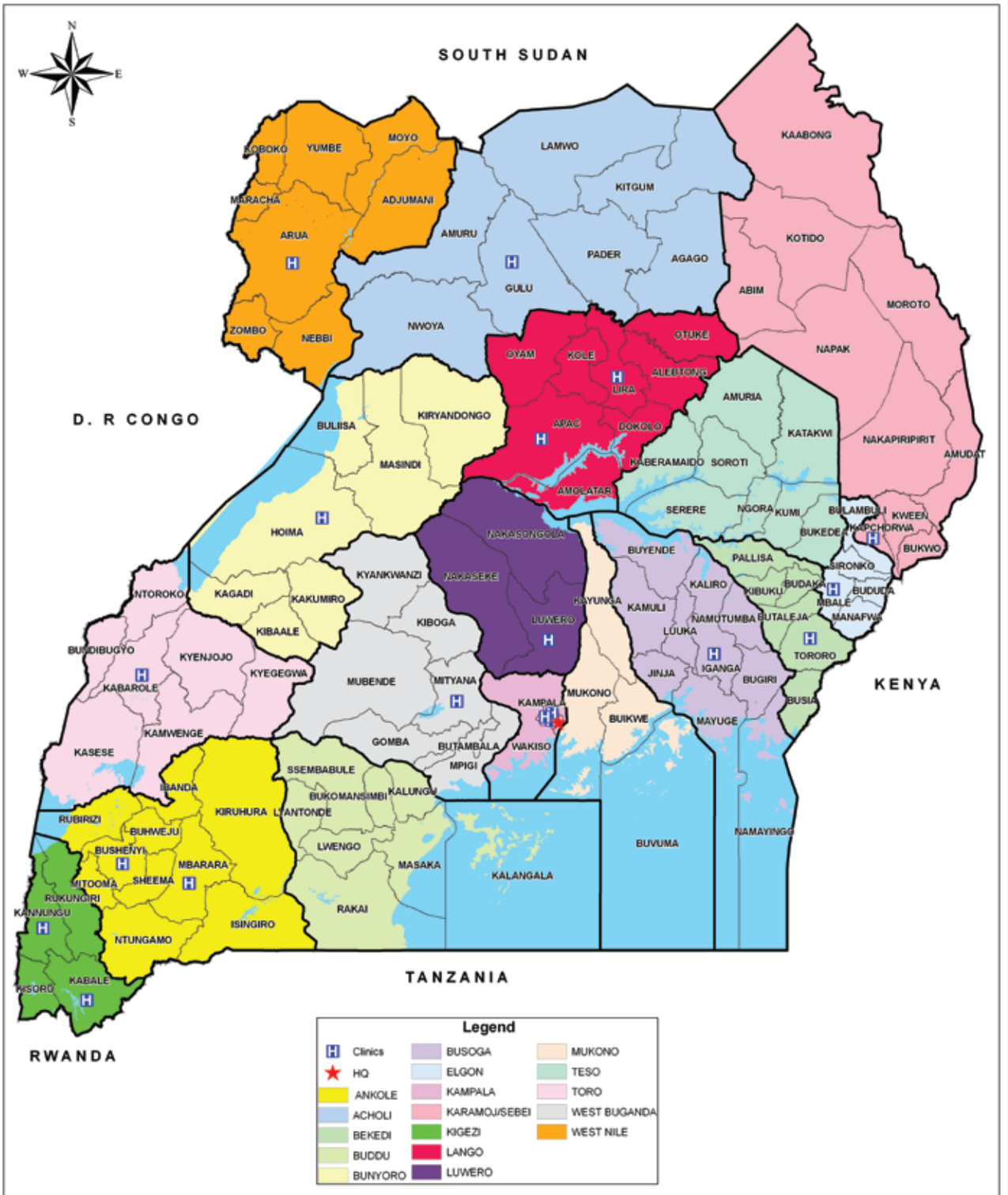
2015 Annual Report



Accelerating Access to Priority Sexual and Reproductive Health Services

Reproductive Health Uganda

Map of Branches and Clinics



Accelerating Access to priority Sexual and Reproductive Health and Rights Services

About Us

Reproductive Health Uganda (RHU), founded in 1957, is human 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 compliment government efforts to increase access to SRHR information and services
- 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
- We have 17 branches that run clinics and youth centres, including one at the head office
- We are committed to increasing access of SRHR services and information to adolescents/youth, and their active participation in governance, management and programming
- We advocate for increased funding and a conducive SRHR policy environment
- We are one of the largest contributors of SRHR services among the IPPF African Region Office (IPPFARO) affiliates
- We are a capacity building organisation, operating a learning centre as a hub for unique capacity building initiatives in SRHR in Uganda and beyond

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 Core Values:

- Voluntarism
- Rights Based
- Integrity
- Choice
- Result Oriented

TABLE OF CONTENTS

Acronyms

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

Executive Director's Remarks

A Uganda where everyone's sexual and reproductive health rights are fulfilled and protected without discrimination! This is our dream, and in 2015 we strived and worked towards attaining this.

Overall, RHU's service delivery position improved compared to the same period in 2014- offering more than 4.6 million sexual and reproductive health services compared to 4.5 million services in 2014. This is mainly attributed to a greater focus on innovation, value for money, impact and results. We also focused on strengthening partnerships with different stakeholders, flexibility and adaptability of the programmes to contend with external and internal change; including a greater focus on community focused interventions and advocacy.

Access to SRHR information and services by vulnerable populations such as refugees, sex workers, the poor, the women and adolescents was achieved using innovative approaches, including rights based approach.

We continued to see overwhelming numbers of clients turning up at our outreach delivery points; an indication of the need for SRH information and services by communities, especially women and young people. Given observations in the previous year that cervical cancer positive lesions were more among women living with HIV, therefore in 2015 we targeted HIV+ women attending ART clinics and we indeed registered more women with positive lesions. The positive rate increased from 4% to 7% of the 40,000 and plus women we screened for cervical cancer. Most of the positives were successfully treated using cryotherapy and a few were referred for advanced treatment.

Young people continuously face SRHR challenges; unfortunately few of these may be able to express themselves to adults as they find it more comfortable to share with fellow peers. For instance, during a counselling session, a female youth talked of having had challenges with managing menstruation where she resorted to using banana fibres as pads because she couldn't tell her father with whom she stayed or any adults in fear of getting ashamed.

Therefore, focusing on young people we continued sensitising them as they hold different myths and misconceptions. We sustained the peer-to-peer education approach in the community as one of the ways in which the young people are supported to acquire quality information pertaining their sexuality. In 2015 we delight in the fact that we offered more than two million SRH services to young people.

The public private partnership in health service delivery for young people was crucial for overcoming challenges accessing SRH services. This contributed to creating an effective referral network hence addressing challenging needs of young people as well as linking supply gaps especially for basic supplies such as condoms and HCT kits.

RHU continued to provide an opportunity to young people to plan, implement as well as monitor effectiveness of project approaches, thus promoting meaningful youth participation.

To align our programming with IPPF in 2015, we concluded with our previous strategic plan and in 2016 we are embarking on our new seven year strategic plan- 2016 - 22, focusing on four strategic outcomes: 40% of the districts in Uganda implementing at least three SRHR policies; 10 million people are empowered to exercise their SRHR of which 60% are youth; 35 million quality integrated SRHR services provided and; a sustainable, accountable and result oriented organisation.

Therefore, in this new year; given RHU's new strategic direction where we have high targets and where sustainability is a key outcome we need to increase our income base in order to realise our targets. We appreciate the fact that effective fundraising or resource mobilisation efforts are key for a sustainable reproductive health service delivery.

The service needs of the communities we serve are diverse and we can hardly satisfy most of them if we don't strive to increase our funding base. Therefore, we are going to rigorously exploit more resource mobilisation avenues for growing our funding base. Besides donor funding, we also intend to focus on internal resource mobilisation.

In 2015, the financial audit for the year was successfully concluded resulting in an unqualified report from the then RHU's auditors Ernst & Young; further outlining RHU's competence and stewardship for donor funds.

We appreciate our partners and/or donors who have supported and worked with us for the last couple of years.We shall need the partnerships to further be enhanced; as we look forward to increase offering critical services to the communities that we serve. We shall exploit engagement with new donors for the same purpose, but more so, ensure that avenues that are put in place to increase local revenue base yield results.

We commit to continue dedicating efforts to offer high quality, high impact SRH services to the poor, vulnerable and marginalised populations in Uganda.

Jackson Chekweko,
Executive Director
Reproductive Health Uganda

Remarks by the National Executive Committee Chairperson

Six years back I joined Reproductive Health Uganda as the National Executive Committee (NEC) as a board member and have served as a chair for the last three years! It was a huge task before us as a board to attain and sustain the enormous targets that were set by the International Planned Parenthood Federation, an organisation that we subscribe to as a Member Association. We had a task of doubling our service statistics under the key areas of adolescents/youth, HIV/AIDS, family planning, safe motherhood, sexual transmitted infections and other SRH services as shown below. We accepted and took on the mantle to hit the targets.

IPPF Volume of SRH Service Targets for RHU

Service Area	2010	2011	2012	2013	2014	2015
FP	279,642	419,463	524,329	655,411	819,264	1,024,080
Post Abortion Care	6,881	7,913	9,100	10,465	12,035	13,840
HIV Only	109,805	285,493	328,317	377,564	434,199	499,329
STI Only	47,937	124,636	143,332	164,831	189,556	217,989
Other SRHS	512,339	534,857	615,085	707,348	813,451	935,468
SRHS to Youth	589,029	888,936	1,049,447	1,240,827	1,469,405	1,742,882
Total SRH Services	956,604	1,372,362	1,620,163	1,915,620	2,268,504	2,690,706
CYP	57,303	107,157	123,230	141,715	162,972	187,418

Six years down the road, we have not disappointed and we are not disappointed. We have more than doubled our service statistics leading in the provision of sexual and transmitted infections, adolescent/youth, cervical and breast cancer services in the country; especially targeting the poor and marginalised, the most at risk populations- such as refugees and sex workers, the women and young people. Though in last two years we have hardly hit the IPPF family planning target, we have continued to increase family planning services to the communities increasing couple years of protection (CYP) by more than tenfold from more than 57,000 in 2010 to about 260,000 in 2015; surpassing the set target of 187, 418 as shown in table above.

We delight in the fact that we are among the best four contributors in terms of service statics to IPPF Africa Regional Office, only beaten by big populace countries of Nigeria and Ethiopia. Over the six years, we have increased the volume of sexual and reproductive health services provided by fourfold from about 950,000 in 2010 to more than 4.6 million services in 2015. Not forgetting increasing services to young people from about 600,000 in 2010 to more than two million services in 2015; increasing HIV/AIDS services from over 100,000 in 2010 to more than one million services in 2015- despite reduction in HIV funding to the organisation the last two years. This has been a huge and satisfying achievement, especially the fact that donor funding has continued to reduce in the last two years, where our total income reduced from UGX17 billion in 2014 to 15 billion in 2015. The continued good performance is attributed to designing innovative and most cost effective models of service delivery, such as the integrated service delivery model through outreaches, partnership with other health facilities, use of community health workers, volunteer efforts in the communities, etc.

But also the partnerships with women leaders, including women members of parliament, who have mobilised and sensitised the women and communities to embrace and access sexual and reproductive health services including breast and cervical cancer screening; supporting RHU with medical supplies to facilitate screening and treatment; lobbying for outreach spaces to ensure privacy, good client flow for quality screening and treatment. This has been a magic contribution in increasing numbers.

Additionally, we have empowered and involved young people in all aspects of our programming; designing programmes for young people by young people and implemented by young people through young people structures running from national level to the lowest level.

The other contributing factor was the enabling environment supported by Government policies, say the establishment of the Alternative Distribution Strategy where we have accessed free commodities; and partnerships with donors such as UNFPA and CSOs. It's because of such we have increased our statistics more than fourfold in the last six years.

It's important to note that we have enjoyed donors' confidence that has been shown by growth in the organisational funding. Our income has increased from UGX9.5 billion in 2010 to more than UGX15 billion. Similarly, we have registered increase in our clinic collections growing from UGX150 million in 2010 to about UGX850 million in 2015.

These achievements are partly attributed to the fact that RHU has put in place strong systems for checks and balances that have ensured good accountability and stewardship; and the support we have received from IPPF especially to ensure quality of care. For the last six years we have not had any qualified audit reports. Our auditors, formerly Earnest and Young and now KPMG can testify to this.

Therefore, I take this opportunity to appreciate our partners/donors who have walked with us, especially mentioning IPPF, UNFPA, USAID, DFPA, the Government of Uganda, especially Ministry of Health, Rutgers, and others. We shall continue knocking at your doors, more so as we start another new chapter with our ambitious new strategic plan 2016 - 2022. I also thank the board that served the first years of the previous strategic plan and the current board. In a profound way, I applaud the management and staff of RHU for their tireless efforts to ensure that the RHU flag remains flying high not only in Uganda, but also in the IPPF family.

And since the sexual and reproductive health rights are not yet fulfilled and protected without discrimination, the struggle is yet to start.

Honorable Sylvia Sinabulya Namabidde
Reproductive Health Uganda
National Executive Committee Chair

How We Work

Our Strategic Direction

RHU interventions are aligned with national and international development priorities including:

- Second National Development Plan 2015/16–2019/20 (NDPII)
- Health Sector Strategic Development Plan 2015/16 - 2019/20
- The Africa Union Continental Policy Framework on SRHR
- The Sustainable Development Goals
- The IPPF's Strategic frame based on 5As

The Five Priority/Thematic Areas

RHU interventions are implemented under the strategic framework based on 5As (Access, Adolescents, AIDS, Abortion/Safe motherhood and Advocacy).

- Adolescents: Adolescents and other young people's SRHR and their active involvement and participation in governance, management and programming
- Access: accelerating access to family planning and other reproductive services alone or in partnership
- Safe motherhood and post abortion care: increasing access to antenatal care, postnatal care, safe delivery services; and post abortion care services
- AIDS/HIV: HIV/AIDS prevention, treatment and care
- Advocacy to secure increased resource commitment for RH and for more supportive policies by government towards SRHR services

Main Service Delivery Modes/Interventions Approaches

- RHU Static clinics (18)
- Outreaches: Routine; event specific; comprehensive FP camps
- Community Resource Persons: Peer Educators; Community Based Reproductive Health Agents; Village Health Teams (VHTs)
- Integrated oriented
- Build capacity of partners to deliver quality services
- Promote quality, standards and accountability
- Research
- Advocacy

Main Mode of Service Delivery

The RHU uses a four prolonged approach to increase access to comprehensive SRHR/FP services with special focus on long term and permanent methods of family planning, especially to the rural, hardly accessible parts of the country

Target Population

As our mission stated, we are committed champion, provide and enable access to high quality, high impact and gender-sensitive sexual and reproductive health and rights services and information to vulnerable, marginalised populations that include:

- Young people (10-30 years)
- Women: create awareness and action on HIV/SRH to targeted women interventions
- Hard to reach communities
- Communities affected by disasters
- Rural and urban poor
- Most at risk populations (MARPs)

This is done through innovative approaches including capacity building, specialised services delivery, issue-specific advocacy and strategic partnerships

Services offered: In 2015 we offered over 4.6 million SRH services to more than one (1) million clients. The services include:

Contraceptive Services

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

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 gynaecological care

A young person at the RHU Iganga clinic having a check on blood pressure. In 2015, almost 55% of our services were accessed by young people. The volume of youth services offered in 2015 was more 2 million

Introduction

This report presents a summary of the different programmes, projects and activities implemented by Reproductive Health Uganda (RHU) in 2015. It highlights the context and main achievements. RHU continued to promote the process of social change by facilitating behavior change and empowering the different social actors; women, children, adolescents and men. RHU also strove to increase service access as a away to enhance their health status and improve their quality of life through improved health service delivery.

Socio-Political

RHU projects and programmes in 2015 were implemented in a politically charged environment as the country moved towards the general elections slated for early 2016. But on the whole, the country was generally stable internally, though there was intermittent inflow of refugees into Uganda from civil unrest in Burundi, South Sudan, and the Democratic Republic of Congo. We therefore deliberately extended and offered sexual and reproductive services and information to refugees in Nakivale and Rwamwanja settlements. This included training of health workers in refugee settlements in Minimum Initial Service Package. Generally in 2015 we provided services such as family planning, breast and cervical cancer screening, STI screening, HIV testing and counselling, etc., to the poor and vulnerable, hard-to-reach populations; the rural and urban poor- especially slum dwellers, most at risk populations including fishmongers, sex workers and young people - both in and out of school. We provided free services through regular outreaches to increase access to SRH services and information to the targeted communities. At our clinics we continued to charge a minimal fee for services, but also provided services to those who could not afford to pay.

To get feedback from the community/clients and to assess quality of care and provision of high quality high impact SRH services, periodical client exit interviews were conducted on top of assessments conducted by IPPF Africa Region Office. These particularly targeted provision of family planning and cervical cancer services. Generally the results showed compliance on part of RHU and where improvements were needed; action plans were developed and implemented. For instance, the concern on overwhelming numbers of clients especially during outreaches, where clients were spending a long time standing in ques. RHU procured tents and chairs for clients to sit in a shade as they waited to be served, starting with areas with huge client turn up. The exercise will continue in the coming year.

Policy Environment

As a whole, the policy environment was relatively stable and supportive of sexual and reproductive Health. The main policy direction was one of anticipation and change as the entire country planned and embraced the adoption of the Sustainable Development Goals (SDGs), with RHU positioning itself to contribute to the different mechanisms. As part of the Coalition Against Maternal Mortality due to Unsafe Abortion (CSMMUA), RHU took part in the development of the Standards and Guidelines for managing abortion in the country. The organisation also contributed towards the development of the Uganda's school Health Policy, trying to position SRHR as an intrinsic component of the policy.

Environment Protection

RHU became a member of the Population and Sustainable Development Alliance (PSDA), which seeks to raise awareness about the links between population dynamics, reproductive health, sustainable development and adaptation to climate change, to promote increased political and financial support for universal access to sexual and reproductive health and rights (SRHR), and for its integration into wider policy and programme areas to increase resilience, advance environmental sustainability and improve health and well-

being for the most vulnerable populations.

We are aware Uganda is particularly vulnerable to climate change and climate variability. Rainfall has decreased and become less predictable and less evenly distributed. Floods, landslides, droughts and other extreme weather events are increasing in frequency and intensity. The average temperature in semi-arid climates in Uganda is rising. The frequency of hot days has increased while the frequency of cold days decreased. As a result, the malaria parasite is spreading into new areas of the country.

Many of the climatic factors are contributed to by man-made events, such as pressures on natural resources from the high rate of population growth, which is 3,2% per year. This is in itself linked to low access to reproductive health services in the country: unmet need for modern contraceptives amongst married women is 34%; more than 4 in 10 pregnancies in Uganda are unplanned and Ugandan women on average give birth to 2 more children than they want to – total fertility rate of 6,2 children (UDHS 2011).

Since there are many people who are opposed to use of modern family planning we increasingly fronted environmental sustainability factors to promote use and increased uptake of family planning.

At RHU we believes in promoting the benefits of a multi-sectorial approach to deal with challenges of climate change, including integration of population dynamics, SRHR and gender issues in policies, budgets and strategies. Therefore, in 2016 we shall strengthen our sustainability efforts, especially with the implementation of the new intervention where we shall:

- Contribute to increased awareness amongst key decision makers about:
- the linkages between population dynamics, reproductive health and rights and gender considerations and adaptation to climate change and,
- the urgency of integrating them into climate change adaptation policies, programs and funding mechanisms to benefit the most vulnerable populations.
- To increase knowledge and awareness amongst key stakeholders from governments and civil society on the linkages between population dynamics and reproductive health and rights in development and implementation of climate change adaptation

This is so because we know that among the reasons for the lack of inclusion of SRHR and population dynamics into climate change adaptation strategies, frameworks and budgets is that the relationship between the areas remains complex, controversial and critical to this day.

We believe that by the end of the three years of intervention, at district, national and international levels:

- Decision makers will address issues of population dynamics, SRHR and gender in public/position statements and/or activities related to climate change adaptation or sustainable development
- Technical inputs on population and reproductive health indicators from partners shall be taken into account by duty bearers responsible for national policies/plans for climate change adaptation and/or sustainable development

Waste Management

Mindful of the environment protection, in 2015 we continued to work under the KCCA guidelines on the disposal of our clinical wastes in our Kampala clinics. We renewed our contract with a KCCA prequalified firm for the proper disposal of clinical wastes in Kampala. For our clinics, we adopted and fully implemented the ministry of health Approaches to Health Care Waste Management guidelines in the different districts. We continued to work with the different district authorities and constructed eight incinerators for proper disposal of clinical wastes.

At RHU we believes in promoting the benefits of a multi-sectorial approach to deal with challenges of climate change, including integration of population dynamics, SRHR and gender issues in policies, budgets and strategies.

Under our wasted management we commit to: prevent pollution and to affirm our compliance with the law. Handling of our clinical and offensive waste 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. Therefore, RHU ensure that wastes are produced, stored, transported and disposed of without harming the environment.

Before the wastes are collected, we ensure that we have clinical waste packaging receptacles for proper storage before collection.

All clinical waste receptacles and non-hazardous wastes produced is appropriately sealed, traceable and placed in the designated waste collection point. The waste is stored securely- away from public areas- to prevent the escape of waste, harm to the environment, and harm to human health

We continued to contract reputable firms, prequalified by Kampala City Council Authority for the case of Kampala- on the collection, transportation and disposal of wastes produced. Clinical wastes are collected, transported and disposed of by the contracted firms.

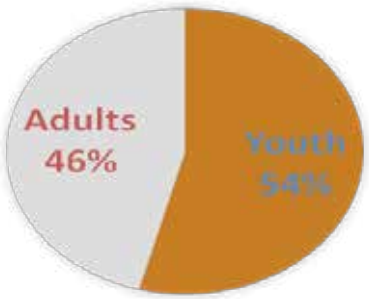
In 2015 we constructed an incinerator at the RHU Mbale clinic

Summary of Programme Performance in 2015

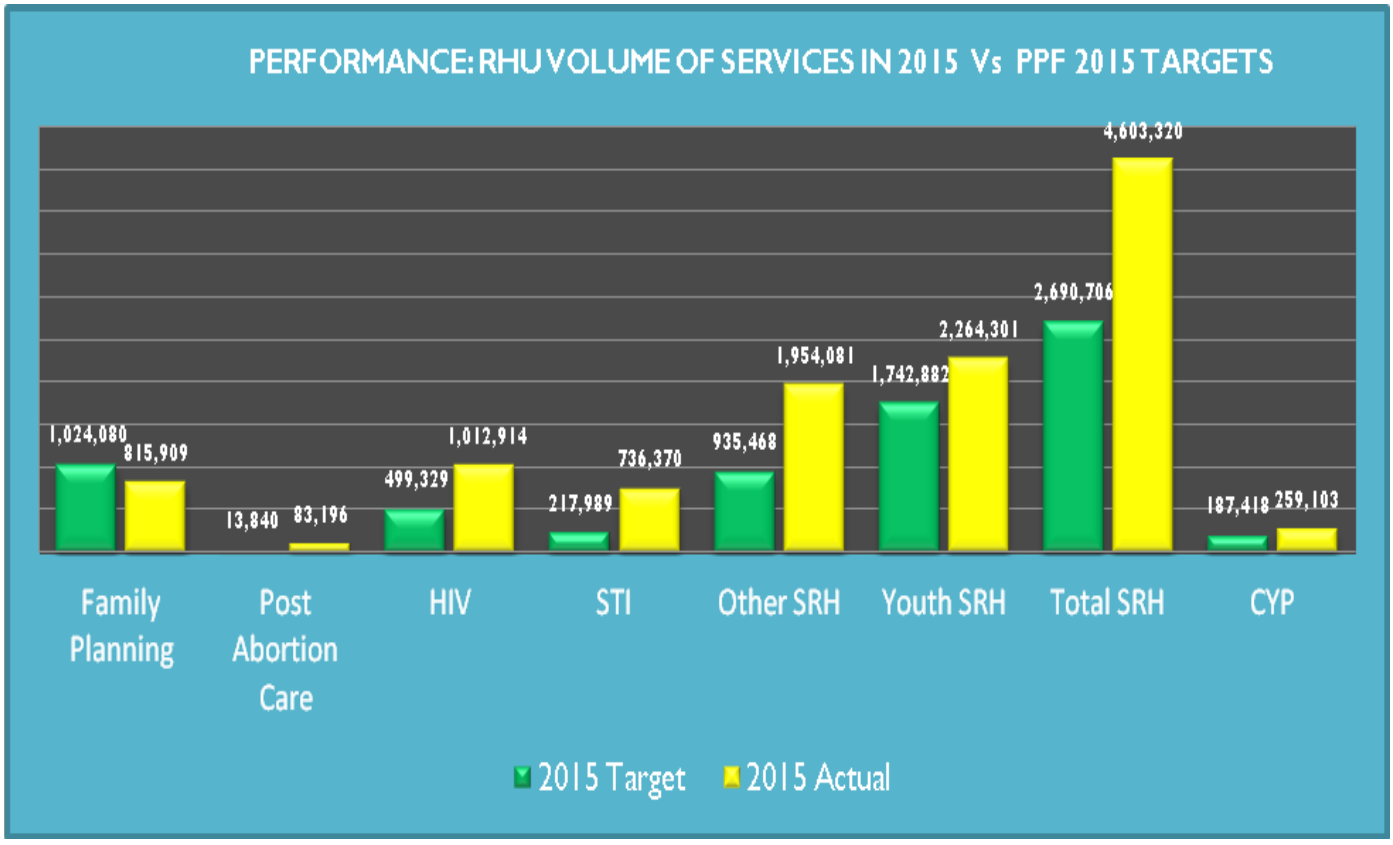
In 2015, RHU implemented different projects, focusing on different thematic areas, and greatly contributing to the promotion of SRHR in Uganda and beyond. The projects under each thematic area were:

- Access 9 Projects
- Safe Motherhood & Post Abortion Care 3 Projects
- AIDS 2 Projects
- Adolescents 8 Projects
- Advocacy 8 Projects

Client load by age group 2015



Generally in 2015 we achieved targets set in the different areas, except one, family planning. But over our volume of services increased, reaching more than one million clients- 58 female and 42 male. Of the all our clients, 54% were youth and 46 adults. The graph below shows RHU performance vis-a-vis targets for 2015.



ACCESS: We worked to enable more people, especially the vulnerable and the young, to access sexual and reproductive health services and information

Background

The main focus was to provide and promote the linkage and integration of sexual and reproductive health, HIV in RHU policies, programmes and services, and to offer value added services such as long term and permanent methods of contraception, safe male medical circumcision, breast and cervical cancer screening and treatment, etc. We sought to move towards cost effective and efficient integrated interventions that guaranteed value for money. The main activities included delivery of SRH services in static clinics, delivery of SRH information and services through community based reproductive health agents and community mobilisers, conducting service delivery outreach camps for long term and permanent family planning services, offer quality SRH services, ensuring regular stocking of delivery points with necessary SRH commodities, conduct training, conducting radio programmes to mobilise communities; regular support supervision, training of service providers, to mention but a few.

In summary in 2015 we aimed:

- To contribute to reduction of maternal morbidity and mortality in Uganda
- Promote the utilisation of high quality, high impact and gender sensitive SRHR information and services among young men and women
- Improve reproductive health commodity security
- Strengthen national capacity for female condom forecasting and quantification and implementing the alternative distribution plan.
- To increase access to essential life-saving sexual reproductive health services and information to populations in the Acholi sub-region of northern Uganda
- To contribute to an increase in the CPR in Uganda by scaling up the use of long acting contraceptives
- Transform access to cervical and breast cancer screening (and treatment of cervical cancer lesions) for thousands women in low and middle-income communities by integrating cervical cancer prevention and therapy with reproductive health services

Summary Achievement under Access in 2015

In January to December 2015, the volume of service increased, with total sexual and reproductive health (SRH) services increasing from over 4,500,000 in 2014 to more than 4,600,000 in 2015, including sexual and gender based violence (SGBV) services. About 150 clients received counselling on SGBV in course of the year. SRH services to young people increased by the biggest percentage of 11%, from 2.000,000 in 2014 to more than 2.200,000 services in 2015. This was followed by other SRHR services: cervical and breast cancers, laboratory, antenatal and post natal, delivery, etc, services. These increased by 6% from over 1,800,000 in 2014 to more than 1,960,000 other SRHS services in 2015. Family planning services increased from over 800,000 in 2014 to more than 810,000 in 2015; STI services increased from 734,000 to more than 736,000. Three new projects; the 'Sayana Press Initiative' under PATH, the 'Closing the Gap' project supported by Planned Parenthood Association of America Global and Raising Access To Family Planning (RAFT) projects were implemented.. All these projects focused on increasing access to family planning services.

Over the reporting period, screening for breast and cancer of the cervix was intensified and service provider competencies improved resulting in a significant increase in women screened, successful referral and improved data management. Up to 90,000 women were screened for cervical cancer. Of all

the women screened, 86% were women aged 30-49 years, the positivity rate averaging between 6% -7% up from 2-4%. In addition, more than 40,000 women were screened for breast cancer. Facilitating factors for these achievements include; targeting ART clinics within the public health facility that have already mobilised high-risk HIV+ women and the refresher training conducted in March 2015 improved the service providers' knowledge and skills.

RHU service delivery system was strengthened to provide integrated cervical and breast cancer and other SRHR services through the following activities; the refresher training for 12 service providers that improved their knowledge and skills, technical support supervision from IPPFARO staff (programme and financial support) and quality of care assessment conducted by the external consultant; which helped to identify and address gaps such as data management, client tracking and follow up and cryotherapy treatment. In addition integration of HIV counseling and testing for all women seeking VIA has been successfully adopted by all service delivery points.

RHU continues to enjoy support from the district health teams and women Members of Parliament who mobilize and sensitize the women and communities for breast and cervical cancer screening, supplement RHU with medical supplies to facilitate screening and treatment, provide/lobby for outreach working space to ensure privacy, good client flow, adequate lighting, water etc for quality screening and treatment services.

Work with marginalised and vulnerable communities such as those living in refugee settlements continued. And as in previous years, more clients continued to be accessed through the outreach mode of service delivery, followed by community agents, and fewer through RHU's clinics.

Training of service providers, community health workers, peer educators, etc., in FP/SRH service provision improved their capacity in offering quality FP/SRH services to the clients. This was further coupled with procurement of equipment such as instrument drums, carrier bags, linen/drapes and gas cylinders for sterilization of instruments which contributed to quality service delivery.

RHU Annual Volume of Services Offered Between 2010 and 2015						
Year	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**
Family Planning	279,642	542,217	772,813	781,181	809,521	815,909
Post Abortion Care	6,881	6,881	5,473	31,756	51,244	83,196
HIV/AIDS	109,805	314,455	680,790	906,298	1,106,491	1,012,914
STI	47,937	103,428	203,844	517,940	734,981	736,370
Other SRHS	512,339	576,864	1,086,446	1,340,938	1,846,550	1,954,081
SRHS to Youths	589,029	838,087	1,589,723	1,769,727	2,035,271	2,264,301
Total SRHS	**956,604**	**1,544,845**	**2, 749,366**	**3,578,113**	**4,548,787**	**4,603,320**
CYP	57,303	107,893	243,312	244,527	282,006	259,103

Okongo Richard

My name is Okongo Richard, I am 23 years old and live in Mudakori village [in Tororo district, Eastern Uganda]. I have been getting condoms from David a peer educator of the ASK project [of RHU] for two years. I grew up with David in the same village and so it was easy to seek help from him especially because he was more informed as a peer educator. With the help of David, I have been able to avoid unwanted pregnancies and sexually transmitted infections with my girlfriend.

Safe Motherhood and Post Abortion Care: We targeted to increase access to quality antenatal and postnatal care, safe deliveries and post abortion care services

We aimed to:

- Reduce maternal morbidity and mortality in Uganda, including abortion related maternal morbidity

This was on the premise that abortion is the third commonest cause of maternal mortality ratio in Uganda, and contributor to significant, but un-documented burden on maternal morbidity such as infertility, fistulae, etc. In Uganda 800 abortions are performed every day, and half of them result in complications that lead to infection, infertility and death. Unsafe abortions are usually performed in secret due to restricted laws in Uganda. The root cause of abortion is unwanted pregnancy. Therefore, our interventions included:

- Provision of family planning services especially emergency contraception and condoms for dual protection
- Provide post abortion care services including counselling, manual vacuum aspiration, post abortion family planning and treatment of infections
- Provide safe motherhood services including antennal care, safe clean deliveries and postnatal care

Summary Performance in 2015

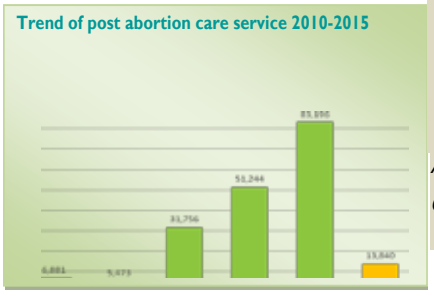
In 2015 more RHU clinics offered safe deliveries services joining Mbale clinic. These increased from over 370 delivery services the previous year to about 14,000 delivery services in 2015. This was on top of over 4,000 ante natal care and about 8,000 post natal care services offered in 2015. RHU service delivery outputs related to post abortion care also increased in 2015, from over 12,000 in 2014 to about 14,000 services. This was partly contributed to by the training of services providers coupled with values clarification and attitude transformation (VCAT), and increased availability of medical supplies and equipment. RHU continued as an active member of initiatives to reduce mortality and morbidity caused by abortion.

Furthermore, RHU as part of the Coalition to reduce Maternal Mortality Due To Unsafe Abortion (CSAUMMA), developed the Standards and Guidelines on Abortion in collaboration with MoH. However, the document which was passed and launched by the MoH was later withdrawn by the ministry citing several sensitive clauses. RHU also worked with CEHURD to consider a possible strategic litigation opportunity regarding unsafe abortion.

Health education on maternal health and abortion related issues was done in each of the seventy community/ institution (colleges and universities) outreaches to create awareness on key SRHR issues such a preventing unwanted pregnancies, complications of abortion, family planning services, sexually transmitted infections among others.. During the outreaches targeted groups of women were provided with information on where they could access maternal health services.

Key challenges continue to be negative attitude by some service providers and the community concerning the causes or consequences of abortion and the provision of abortion related services, abortion stigma and provider discrimination concerning delivery of abortion related services. The graph at the bottom left shows trend of post abortion cares services in the last six years.

A health baby born at our RHU Mbale clinic



AIDS: HIV/AIDS management- includes prevention, care and treatment

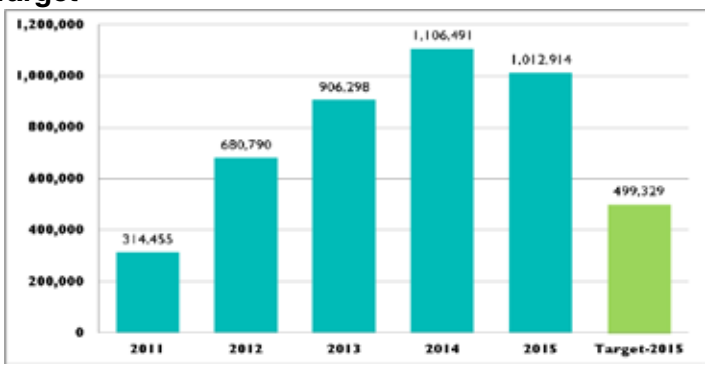
Overall objectives:

- To prevent new HIV infections at the workplace and reduce the burden of HIV/AIDS on RHU staff infected and affected by HIV/AIDS.
- To prevent new HIV infections and reduce the burden of HIV/AIDS on RHU staff infected and affected by HIV/AIDS to contribute to more effective and inclusive health services.
- To promote SRH-HIV linkages for the key populations.

RHU aimed to contribute to the international target: 90-90-90: (90% of people tested, 90% of people living with HIV on treatment, and 90% of people on treatment with suppressed viral loads). The focus was to prioritise prevention of new infections among young women and girls through education, testing and counselling. In 2015, service delivery for HIV related services was challenging as no specific larger scale HIV focused project was on board, although RHU continued to offer services as part of our integrated package. There was slight reduction in HIV related services provided from 1.1 million services in 2014 to 1 million services in 2015. These services included, safe medical male circumcision- reaching about 500, VCT, ART, and others. In the course of year, RHU clinics were getting HIV testing kits and other essential supplies from GoU through the Joint Medical Stores, and we continued sensitisation of communities on HIV prevention including RHU staff. Our HIV services also targeted key populations, through projects such as the Shadows and Light Project to address service access, stigma, discrimination, and human rights issues, though this project came to an end by the close of the year.

The primary challenge over the reporting period was the limited stock of HIV test kits to cater for increasing demand.

Trend of HIV/AIDS Service Performance Against 2015 Target



Some of the Moon Light Star members at our Bwaise Clinic. We have worked with them to increase

I was taken for a workshop for about one week. They taught us life skills- how to protect your life, the way you can use a female condom, the way you can use family planning methods. So I got some knowledge from there. When I came back, I started teaching my friends [the sex workers]. They were many. I also started teaching my clients about STDs like syphilis, gonorrhea and HIV and others. I have benefited a lot, they have given us services for free. You get family planning methods like implant and IUD for free. And sometimes when you are seriously sick they give you a referral to Mulago Hospital and where you are treated for free-

one of the Moon Light Stars talking about RHU interventions

"I cannot date a girl and ask for a condom to f*** that girl. I have to go live and feel her for myself." "That was what I believed before I joined RHU. My peers believed in it too. But I have slowly changed and promoted condom use among my peers and many are using them. I have helped some people in my community to change their beliefs. This behaviour was risking lives of many girls and myself. -

an adolescent in Tororo whose attitude towards condom use has changed with RHU support

Adolescents

RHU young peer educator demonstrating how the female condom works

The rapid population growth and a rather large youthful population structure stand in the way of Uganda's demographic transition and her goal of becoming a middle income country. The population structure shows that those under the age of 15 years make up more than 50% and more than 70% are below 24 years of age. Twelve (12) percent of girls age group 15-19 have had sex by age 15 and 18% of boys in the same age group have had sex by age 15. Meanwhile, 57% of adolescent girls age 18-19 have had sex before age 18. While 53% adolescent boys age 18-19 have had sex before the age of 18 years. Meanwhile, 38 percent of women and 40 percent of men age 15-24 have comprehensive knowledge[1] about AIDS- UDHS 2011.

Knowledge of HIV is low among young people. And though knowledge on modern contraception seems high among adolescents (92% for girls and 96% for boys), utilisation is low due to limited and scattered access to health services, unfriendly settings, fear for side effects and socio-cultural issues mainly low partner approval. Most times, SRH is not a priority need for young adults. Therefore, a viable and sustainable SRH programme for such group of young people must be nested within a programme that provides opportunities for access to SRH services and economic activation and skilled labour development. In turn, this creates greater opportunities for young people to remain healthy and economically engaged, thereby saving huge SRH related health care costs.

Our Adolescent Programmes aimed to:

- Increase access to sexual and reproductive health information and services to underserved young people
- Increase access to sexual reproductive health information and services among young people

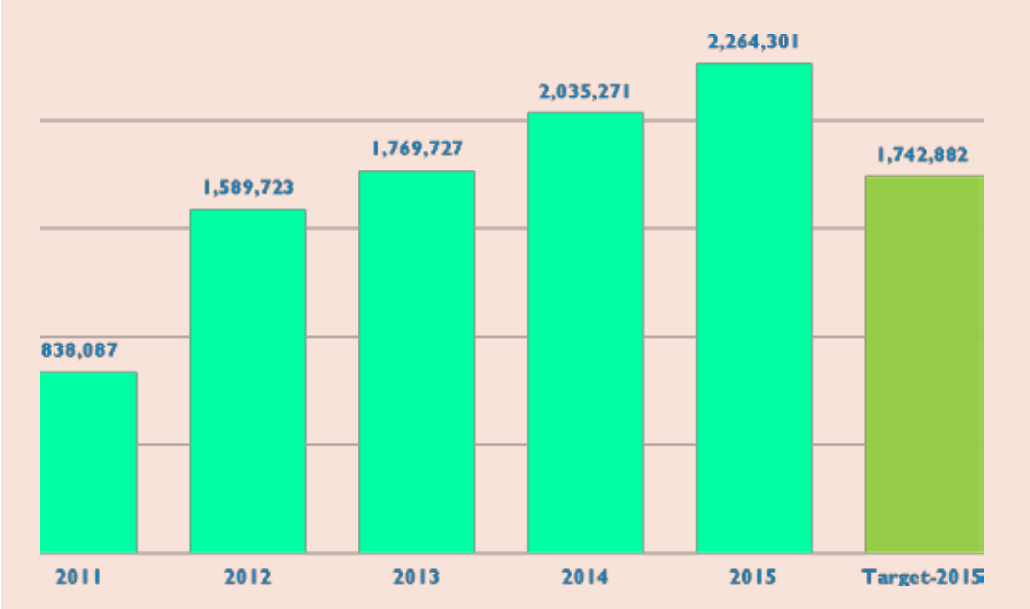
1 *Comprehensive knowledge of HIV/AIDS is defined as knowing that both condom use and limiting sexual intercourse to one uninfected partner are HIV prevention methods, knowing that a healthy-looking person can have HIV, and rejecting the two most common local misconceptions about HIV transmission- UDHS*

in vocational training institutions and youth enterprises

- Increase young people's knowledge on sexual and reproductive health to enhance their capacity to make healthy sexual choices
- Support youth to develop sustainable commercial enterprises

During 2015, youth SRHR services increased from 2,000,000 in 2014 to about 2,200,000. The young people accessed diverse services such as comprehensive sexuality education (CSE), family planning for prevention of pregnancy, management of sexually transmitted infections including HIV, life skills counselling, and different laboratory services and tests. RHU also continued working closely with other partners in the area of adolescents and youth, such as the National Youth Working Group. RHU offered youth different SRHR services to both females and males.

Trend of SRH Services to Youth



Summary Achievements in 2015

- Through use of integrated information and SRH outreach model, information and more than 2.2 million SRH services were provided to the young people in hard to reach communities
- Capacity building of 60 peer educators in delivering comprehensive sexuality education to fellow peers was done and subsequent mentorship conducted for the same group. Ultimately, this improved knowledge, skills and practice among peer educators to deliver sexuality information within their communities as well as make referrals and provide contraceptive commodities.
- There was increased access, knowledge and utilisation of family planning services among young people in the communities that previously had no access to family planning services.

"I would have been a producing machine, delivering children without a future. I'm happy that since I can access family planning services from my neighbour who is a peer educator, I have my two children and I stopped at that and take care of them well."

A young woman in Iganga said:

- As a result of advocacy SRHR alliance in Uganda, health facilities in Gulu, Iganga and Tororo set aside youth days on which specific working hours are set to serve young people as a priority group. This was approved and supported by management of the facilities and continuous publicity was conducted to raise awareness among young people in the different communities. The health facilities allocated time between 2:00 to 5:00pm every Friday for adolescent health services within public health facilities.

- There was increased up take of family planning services among the young people resulting into reduction of unwanted pregnancies. This was observed by a health worker at a public health facility who said:

> "Since the project started we have noted increased up take of family planning services and young people no longer fear to ask for condoms"

- Young people in Bushenyi have began income generating activities through a horticulture project that integrated SRH sensitisation to members and other young people within communities. In 2015 the 25 direct beneficiaries reached out to over 200 young people with information. This horticulture initiative is also aimed at enhancing sustainability of the youth group.

- Under the SRHR for Youth in Karamoja, 66 VHTs, 24 teachers of primary, secondary and ttertiary institutions, 54 health facilities' staff and 16 Restless Development staff were trained in youth friendly service (YFS) provision.

Fun filled methods of sharing SRHR information with young people at the RHU Katego Youth Corner in Kamwokya- Kampala

One of the key challenges was the lack of adequate staff trained in comprehensive sexual education (CSE) or YFS methodologies, as well as inadequate pedagogy and IEC/BCC materials, or supplies such as HIV test kits.

Advocacy

Background

There is generally a conducive environment for SRH/FP which is proven by the SRH/FP policy documents in place. However, there is also poor FP/SRH policy implementation and SRH/FP supply chain management. The socio-cultural and religious beliefs plus individual attitudes also contribute to low uptake of SRH/FP services in the country. Hence RHU used advocacy to mobilise and increase awareness of community groups-women, youth, regarding gender, rights and SRH/F issues, making them confident to discuss issues with key decision-makers (duty bearers). By making SRH/FP a priority and making services and supplies available for those who need them, contraceptive prevalence will increase, unmet need for FP and total fertility rates will greatly drop and the excessively high maternal mortality will be reduced.

Meanwhile, young people still bear the brunt of reproductive ill-health including high pregnancy rates and HIV infection. We therefore aim to increase the capacity of RHU and its partners to access, participate in and influence strategically selected local and national policy processes for the promotion of adolescent friendly health services in Uganda and to strengthen the capacity of youth groups and coalitions to effectively advocate for the provision of youth friendly SHR services at district and national level.

In summary Our Advocacy Efforts aimed to:

- Improve access to and use of family planning services, information, and supplies by increasing funds, decreasing policy barriers, and increasing the importance of family planning among policymakers at global, regional, national, and sub-national levels
- To contribute to the strengthening of women's reproductive health and rights
- To improve demand and utilisation of maternal, sexual and reproductive health services at community level through the rights-based approach
- To strengthen the partnerships through new endeavors and exploring ways to effectively engage the private sector in promoting SRHR in Uganda
- Scaling up universal access to youth friendly sexual reproductive health information and services for improved sexual health outcomes
- Improved accessibility and availability of quality health and social services

In 2015, RHU continued with a review of the organisational Advocacy Strategy to be aligned with national priorities and global trends. Over this period, RHU commenced the community focused Advocacy for Better Health Project in Kabale and Kisoro, to address inadequate health care, using community and district focussed advocacy. In addition to this, RHU commenced implementation of the 3Es project: Empowerment + Engagement = Equality- a preparatory assistance for young women and HIV that focused on addressing human rights protection for young women/girls living with HIV and to raise their voices to help influence the policy environment.

RHU conducted different advocacy efforts aimed to contributing to the attainment of the FP 2020 goal- having 120 women new users of family planning by 2020. We updated the Uganda landscape/profile for evidence based advocacy, developed SMART evidence based advocacy strategies. RHU worked with the MoH to disseminate the Costed Implementation Plan (CIP) 2015-2020 for family planning in 8 districts so that they prioritise family planning in the their districts plans and budgets.

RHU coordinated training carried out by Catholics for Choice, for RHU staff partners in communicating sensitive SRHR issues such as unsafe abortion.. RHU as chair of the Uganda Family Planning Consortium (UFPC) continued to lead the rolling out of different family planning advocacy initiatives in different parts of the country.

Omukama (King) Solomon Iguru Gafabusa of Bunyoro Kitara Kingdom with the UNAIDS Uganda Office Executive Director Musa Bungudu and RHU discussing on improving access to SRH, especially HIV services and information to young people in Bunyoro

Summary Achievements in 2015

Prioritisation of Family Planning at District: As a result of our advocacy efforts and engagement with district decision makers,

- Luwero district allocated 15 million shillings per year for the five years.
- Nebbi district allocated UShs10.000.000 in their FY2015/2016 plan and budge

Increased number of women taking up Family Planning methods: There was an increase in the number of women taking up modern family planning methods due to increased awareness, sensitisation and mobilisation by the pressure groups and male role models; community radio talk shows; and increased support to the women groups by the RHU.

Communities are empowered and able to demand for health services: For example on one of the islands on Lake Mutanda in Kisoro distract lacked a health centre, in one of the dialogues between the community and the leaders, the issue was raised and followed up by the project team with the sub-county leaders. The sub-county allocated a budget and a boat was bought to transport health workers to island to extend health services to the communities.

Engaging private for profit corporate: We engaged a number of private companies to invest in their employees' SRHR information and services. As a result, memorandums of understanding were signed with firms such as KK Security Company Ltd; and we continued with National Water and Sewage Corporation in Fort Portal and Apac districts, where we offer their staff SRH services and information.

To increase access to SRHR services and information to young people: We spearheaded the integration of SRH into the National Youth Manifesto 2016-2021 geared towards increased availability, access to and uptake of quality and affordable health care services for young people. We specifically asked for youth friendly services catering for the unique needs of young people; a well- trained workforce and coordination across services, 5% of the annual health budget for youth corners in public health facilities; and reduction in teenage pregnancies, which ultimately contributes to the realisation of the adolescent health service standards.

Prof. Anthony Mbonye, Director Health Services, Community and Clinical MoH signs a commitment card to support the School Health Policy. This was during the Adolescent Stakeholders Meeting in 2015. looking on is the RHU ED, Jackson Chekweko and the Gender and Youth Coordinator, James Tumusiime. RHU played a key role in organising the meeting

Inzikuru Milca

My name is Inzikuru Milca, aged 17 years old and a final year tailoring student at Flamingo Vocational Training Center in Katrina sub-county, Arua district. I thank Reproductive Health Uganda for coming to our school and educating us a lot about sexuality and reproductive health. During the health talks we discussed many topics. Before RHU staff came, we did not know much about what happens in our bodies and about reproductive health.

Elders in our community do not answer our questions about sex because they say it is a private issue but Reproductive Health Uganda staff were so open with us and answered all our questions. The staff from Reproductive Health Uganda taught us about how to keep our reproductive organs clean, signs and symptoms STIs, how they are transmitted from one person to another, how to prevent getting HIV and AIDS and sexually transmitted diseases, where to seek medical care and when to realise when something is not right in our bodies. They also talked to us about abstinence and protected sex if we cannot abstain.

I personally had itching private parts for some time and did not know that I was suffering from Candida till RHU staff came and I presented this issue, I got treated when I told them about it and was given more information about other diseases like Gonorrhea. I now feel okay and have more knowledge even about hepatitis B and want to learn more about my body.

The Learning Centre and Knowledge Management

Summary

This is an on-going effort aimed at building the capacity of RHU, other IPPF member associations (MAs) and partners in the different areas of SRHR. We achieve this by strengthening the capacity, systems and structures of the targeted organisations and transforming them into a centre of quality service delivery and provision of technical assistance and support to others. It is also a place where the interchange of knowledge and learning experiences can readily take place. This includes facilitating study tours and peer to peer sharing of experiences and lessons learned drawn from the course of implementing interventions in the various countries/agencies; such as community approaches to SRHR service interventions, the integrated surgical camp model, youth programming, advocacy, financial management and leadership development.

In 2015 key activities include: developing of key RHU documents; monitoring of the annual programme budget (APB), review of the strategic plan; strengthening RHU electronic information system (which includes equipment, software procurement and establishing an offsite comprehensive backup system); and increasing timely reporting and quality data capture.

The objectives were:

- To strengthen RHU's capacity as a model learning centre and hub for capacity building initiatives in SRHR in Uganda and within IPPF Africa Region
- Enhanced institutional capacity for knowledge creation and sharing

Main achievements

- Overall improvement in data management
- Information sharing across RHU offices and programmes has improved
- Reduced downtime in communication systems both at head quarters and district offices
- The RHU Learning Centre continued to be a capacity building hub for innovative practices in SRHR attracting trainees from Uganda and beyond. The centre availed technical support regarding knowledge and skills in different SRHR situations for civil society organisations, other IPPF member associations in the region, selected individuals as well as health personnel
- Income generation to RHU was realised as facilitators provided technical assistance to other member associations in the various areas such as the Leadership Development Programme- (LDP+) trainings, Logistics and Supplies Management, eMIS, Governance, Leadership and Management and through sale of the Learning Centre promotional materials. A total of about UShs20, 000,000 was realised
- Through the LDP+ step down trainings- under the learning centre, RHU's leadership capacities and teamwork were strengthened, at the five branches/ offices where the trainings took place. In collaboration with IPPF and MSH, RHU successfully conducted its results workshop. Results indicated 100% achievement of the desired measurable results for the branches. The results workshop had participation of partner agencies such as AIC, UHMG, UNCHO, MOH, RHU NEC.
- In addition, RHU's collaboration with institutions of higher learning, within and outside Uganda, was strengthened as a result of the internship programme being run, and the active participation of the youth volunteer members in the RHU governance and progammes aspects.
- Tailor-made trainings were conducted for 78 staff which motivated them and also enhanced their performance over the reporting period.
- Development of the Family Planning Scale-up Strategy was realised. This was facilitated by Management Sciences for Health (MSH) in collaboration with IPPF

Mothers attending an immunisation clinic at RHU Mbale clinic, one of the fruits of the LDP+ intervention

The Story: **LDP+ Training Unlocks the Doors to Reach out to more Youth with SRH Services**

Rita Murungi*, 26, is bartender. She works in one of the busiest bars in Mbarara town (the busiest town in southwestern Uganda). Rita is among the youths who always visit the Reproductive Health Uganda (RHU) Mbarara Clinic youth centre for recreation activities.

Though the clinic and the youth centre are in the same vicinity, the young people hardly visit the clinic. There has always been a gap between the clinic and the youth centre; yet the youth centre main purpose is to attract young people to access sexual and reproductive health (SRH) services. "The youth used to come [to RHU] for only recreation activities. And they would go without accessing services," Chris Abaho, a volunteer with RHU says.

He adds, "For instance, Rita knew that services were offered at RHU but she had fear on how to approach people [RHU health workers] she used to interact with almost daily."

One of the challenges facing young people, they tend to keep sexual reproductive health issues affecting them so private. They are so selective and they don't discuss them with very one.

And this was a big challenge, how to attract young people to access SRH services at the clinic.

And behold there comes the LDP+ programme. The participatory leadership programme that enables teams to face challenges and achieve result through a process called action based learning.

In March 2014 a team from IPPF ARO and Management Science for Health (MSH) trained RHU senior management team as trainer of trainees in LDP+.

In May the same year, the trained trainers trained at least five staffs in each of the five RHU branches marked to pilot the project. Mbarara was among the five.

The Obstacle: After the training, the RHU Mbarara team spotted the low client load, especially young people as their biggest challenge.

Abaho notes that, "We identified the lack of linkage between the youth centre and community, and clinic as the challenge. There was no synergy between these. These were working separately. The youth would come to the youth centre to access recreation activities, but would not come to the clinic for SRH services."

The Solutions. The team agreed that the clinic and the youth centre needed to be one and complement each other. They need to devise means to attract the young people who visit the youth centre to utilize SRH services at the clinic, but also mobilise their peers to do the same.

Meanwhile, the RHU team agreed to reschedule weekly staff meetings from Monday to every Friday afternoon. "The Monday meeting were affecting the clients. Usually there are more clients on Monday and most of them come in the morning. Therefore we shifted the meetings to Friday afternoon when number of clients are few and can be handled by one service provider," Abaho says.

After the LDP+ training, the RHU Mbarara team also decided to include stakeholders, such as the young people, and other partners in their weekly meetings. Before it was only staff and a few volunteers.

In the meetings they review plans for the previous week and plan for the new week. "This time the uniqueness is that we plan for both the youth centre and the clinic at the same time; unlike before where each would plan independently. Surely this has improved our branch team work," Abaho notes.

The team initiated monthly health education talks at the youth centre facilitated by the RHU health workers. The RHU health workers take services to the youth at the youth centre rather than waiting for them to come to the clinic.

They also initiated a special day for SRH provision at youth centre and not at the clinic. The services given at the youth centre include HIV testing and counselling, provision of contraceptives, general SRH services, etc.

This is done every last Friday of the month but also on a daily basis a youth counselor is available at the youth centre and on a weekly basis a health worker from one of the community based organisations associated with RHU comes to the youth centre to help young people access SRH services.

It was through such initiatives that Murungi opened up and received timely help and support. Murungi knew that services were offered at RHU but she had fear on how to approach people she used to interact with.

On her first day to attend the health education session facilitated by the clinic nurse, Murungi had aborted three days earlier. Her condition was worsening.

Normally every after health discussion, the health worker welcomes those who would wish to have private talks. And Murungi utilized this opportunity.

“Immediately after the talk, I went to the nurse and requested to talk her; I told her about my situation and she invited me to the clinic where I was able to get treatment,” she says.

Murungi adds: “It’s not that I didn’t know where to go for services but I was scared of whom to talk to and how to explain everything. My friend was telling me not to worry that with time I’ll be ok but I was getting weaker every day.

“As a result of this, my boyfriend and I tested for HIV together for the first time and am now ok with no worries because am also using a three months injection for family planning to avoid another unwanted pregnancy that may result to abortion.”

Special SRH service delivery days and health education sessions for youth by the clinic service providers at the youth centre increased youth participation. The number of youth coming for SRH services at the centre has increased from less than a monthly average of 100 youth between January to June 2014, to a monthly average of more than 150 youth between July and November the same year.

”This has not only improved youth participation in addressing their own needs but also contributed to the client load for the clinic because many are now freely visiting the clinic for services,” says Donanta Muhereza RHU clinic service provider.

Youth (10-24 years) Seeking SRH Services at RHU Mbarara Clinic

BEFORE LDP+		**AFTER LDP+**	
MONTH	**CLIENT**	**MONTH**	**CLIENT**
January	26	June	40
February	15	July	160
March	51	August	154
April	31	September	171
May	75	October	131
		November	160
Total Client Load	**198**		**816**

Financial Performance Report 2015

Summary

RHU has for the past many years made efforts to build relationships with new and existing donors which has seen the funding portfolio grow to over $ 4 million dollars a year. This has however, come with a challenge of ensuring that this growth is sustained. The organisation therefore has to invest in seeking for new funding opportunities and continuous review of its fundraising strategy. This continues to draw attention to the different players about the overarching need to focus on fundraising efforts of the organisation for improved reproductive health service delivery.

Focusing on this we aimed to:

- To strengthen capacity of staff and volunteers of RHU in resources mobilisation and efficient resource management.
- To increase overall income to RHU from internal and external sources.
- To diversify income sources at all levels of RHU.
- Organisational Sustainability and Resource Mobilisation: Diversifying the Resource Envelop.
- The aim of the efforts was to enhance resource mobilisation efforts for better reproductive health service delivery

In 2015 key staff were trained in resource mobilisation and RHU recruited a resource mobilisation focal person with the first task of turning RHU clinics into self sustaining entities.

Economy

There was relative economic instability in2015 largely because the Uganda Shilling lost value against major world currencies such as the US Dollar with it depreciating at 25% over the year. As a result, the cost of doing business increased with a rise in commodity prices and prime lending rate. Inflationary pressures were experienced and this was compounded by the increase in pump prices for fuel. The economic environment was also affected by the civil instability in neighbouring South Sudan and Burundi which affected the volume of trade, as well as the fact that imports continued to outstrip exports.

Priority Areas for 2016

- Proactive approach to resource mobilisation and fundraising for activities
- Facility improvements for better quality of care
- Increase internally generated funds by at least 25%
- Effective performance reporting by embracing modern technology
- Strive to improve general staff welfare
- Staff capacity building for improved performance

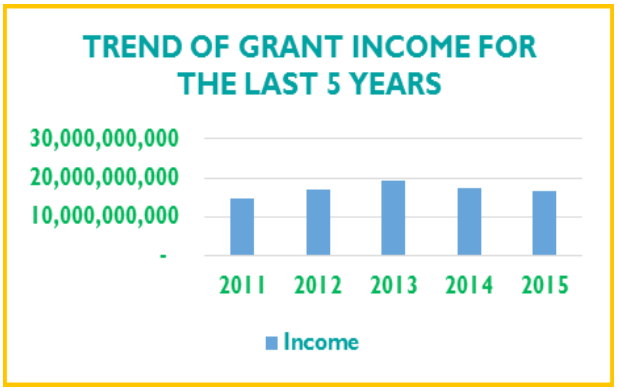
Recognition For Outstanding Reporting

RHU team pose for photo with a certificate of recognition for outstandingKampala Financial Reporting at the Fire Awards 2015 at Serena Hotel

Legal Advisor	Auditors	Bankers	Registered Office and Princil Place of Business
Muhumuza - Laki Twesigire & Co. advocates Shumuk House-Northern Wing Plot 2 Colville Street P. O. Box 22852, Kampala	KPMG 3rd Floor, Rwenzori Courts Plot 2&4A Nakasero Road PO Box 3509, Kampala-Uganda	Barclays Bank Uganda Limited P .0. Box 2971, Kampala Stanbic Bank Uganda Limited P.O. Box 973, Kampala Ecobank Uganda Limited P,O. Box 7368, Kampala	Plot 2, Katego Road P.O. Box 10746 Kampala

2015 FINANCIAL REVIEW

Income



In 2015 RHU's income remained steady dropping only by 7% from UGX. 17,439,318,000 in 2014 to UGX 16,446,167,000 in 2015. This followed a reduction of 9% in 2014. Despite this shortfall, there was great improvement in internally generated revenue from UGX 641,237,403 in 2014 to UGX 847,517,000 in 2015 representing a 32% increment. Overall income generated of UGX 16,446,167,000 exceeded the 2015 projected income of UGX 12,300,000. RHU's average income for the last five years has been fairly stable at UGX 16,915,567,000.

The new projects

In 2015 RHU mobilised eight new projects. they included Closing The Gap (CTG) funded by Planned Parenthood Global; Sayana Press Initiative Funded by PATH; Youth Empowerment Through Agriculture (YETA) funded by CLUSA; Advocacy for better Health (ABH) by PATH – USAID; SRH/HIV interventions funded by UNAIDS; UN Women funded through International Planned Parenthood Federation (IPPF); etc.

RHU was supported by various funding partners, both local and international. We therefore wish to thank all our funding partners for supporting our efforts to increase access to sexual and reproductive health and rights to the people of Uganda. Special appreciation goes to the following funding partners:

- International Planned Parenthood Federation (IPPF)
- United States Agency For International Development (USAID)
- United Nations Family Planning Association (UNFPA)
- Bill and Melinda Gates foundation
- John Hopkins University
- Uganda Government/MOH & Local Governments
- Rutgers WFP
- Danish Family Planning Association (DFPA)
- Restless Development
- PATH- USAID
- NORAD
- UNAIDS
- Danish Agency for International Development (DANIDA) among others

Expenditure

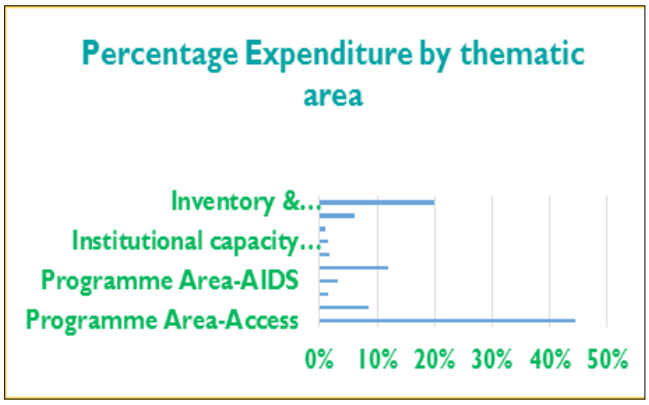
RHU's expenditure remained stable increasing by only 1% from UGX15,004,044,000 in 2014 to UGX 5,104,500,000 in 2015. The association spent UGX927,362,000/= on administration and general services, compared to UGX 602,426,000/= in 2014 which is 6% of total expenses as compared to 4% in 2014.

This is mainly attributed to increased expenditure in general office repairs, security and vehicle maintenance. With support from IPPF and Closing the Gap (CTG) two double cabin vehicles were secured in 2015 to help in service delivery. Two motor cycles and thirty-six bicycles were also acquired under the CTG project. A number of other clinical and office equipment such as scanners and computers among others were also secured to improve operations. At least 14% was spent on procurement and delivery of drugs and medicines to the various RHU branches to minimise stock outs and improve service delivery.

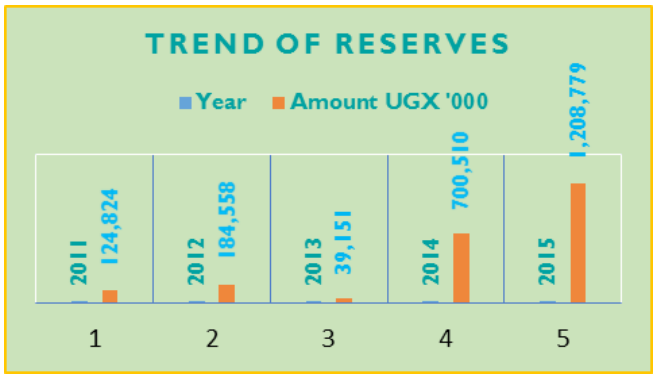
Percentage Expenditure by Thematic Area	
Program Area	**Percentage**
Programme Area-Access	44%
Programme Area-Adolescents	9%
Programme Area-Abortion	2%
Programme Area-AIDS	3%
Programme Area-Advocacy	12%
Governance	2%
Institutional capacity Building	2%
Learning Centre	1%
Administration and general services	6%
Inventory & Depreciation	20%
Total	**100%**

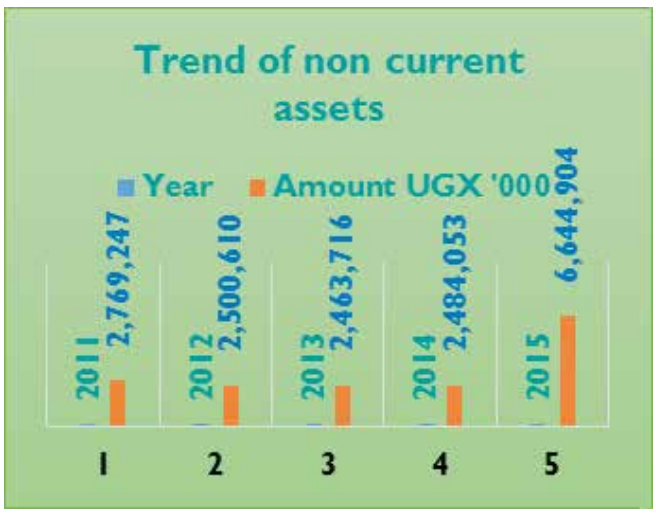
Reserves

In line with the existing reserves policy, RHU operates both designated and undesignated reserves/funds. A designated Reserve fund of UGX374,064,000 is maintained. This is a working capital reserve fund for use in case of delayed releases from IPPF to ensure that the operations continue running smoothly. The undesignated reserve funds have increased tremendously from UGX700,510,000 in 2014 to UGX1,208,779,000 representing 73% increment. This was facilitated by substantial increments in internally generated funds. At least UGX500,000,000 of the undesignated reserve were invested in fixed deposits with commercial banks.



Reserves





Key Ratios: Analysis of Key Financial Ratios

Liquidity Ratios			
Current ratio		2015	2014
Current Ratio=	Current Assets	=5,052,879/2,563,889	=4,381,993/2,001,540
	Current Liabilities	2 : 1	2 : 1
The current ratio is currently at 2: 1. This is an indication of strong liquidity position. It means RHU has adequate working capital to settle short term liabilities as and when they arise.			
Infrastructure Ratio			
This ratio measures the proportion of immovable property to total asse ts. Theoretically, the highest that this ratio can be is 1, at which the entire investment in fixed assets would have gone into property! A ratio of up to 0.3 is more usual for most NGOs. The ratio also tends to increase with the age of an NGO. Immovable assets for RHU comprise of land and buildings, these assets were also revalued in 2015 hence the high ratio registered.			
		2015	**2014**
Property Ratio =	Total Immovable Assets	= 5,221,000/ 6,438,184	= 856,435 /2,273,116
	Total Fixed Assets	0.8	0.4

Dependency ratio			
Total income can be taken from the income side of the income & expenditure account. This ratio helps to indicate an NGO's degree of dependency on donors. It compares total income from own resources with total income			
	The ratio can be express as a percentage	2015	2014
Gross donor dependence ratio =	Total Income -Income from own Sources	X100	
	Total Income	95%	99%
The resultant ratio being above 80% indicates that RHU is highly dependent on donor. However, it also indicates that there is a deliberate effort by RHU to increase own resources.			

Net Worth Ratio: This ratio measures the value of entity		2015	2014
Net worth = Total assets - Total liabilities			
Total assets		11,697,783,000	6,866,047,000
Total liabilities		2,563,889,000	2,001,540,000
Net worth		9,133,894,000	4,864,507,000

RHU's net worth appreciated in 2015 following revaluation of RHU's land and buildings			
Working Capital: Working capital is the money available to an entity for day to day operations		**2015**	**2014**
The formula for working capital is: Current assets - current liabilities			
Current assets		5,052,879,000	4,381,993
Current liabilities		2,563,889,000	2,001,540
Working Capital		2,488,990,000	2,380,453
Results indicate that RHU has adequate working capital levels. This is a result of improved resource mobilisation efforts			

Principal Risks and Uncertainties

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

- Changes in funding mechanism by key partners including working through consortium arrangements.
- Legal and regulatory changes affecting NGO operations in Uganda and beyond
- Policy changes in Uganda's health sector
- Media insensitivity in regard to actively reporting 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 included the annual planning process and maintaining a risk register which RHU senior management and board updated during the year. We also paid particular attention to the management of certain financial risks over 2015 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.

INDEPENDT AUDITOR'S REPORT TO RHU MEMBERS

Report on the Financial Statements

We have audited the accompanying financial statements of Reproductive Health Uganda (RHU), which comprise the statement of financial position as at 31 December 2015, statements of income, expenses and changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory notes as set out on pages 11 to 36.

The National Executive Committee's responsibility for the Financial Statements

The National Executive Committee is responsible for the preparation and fair presentation of these financial statements in accordance with International Planned Parenthood Federation (IPPF) and RHU guidelines and regulations and for such internal control as 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.

Auditor's Responsibility

Our responsibility is to express an independent opinion on these financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance as to whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal controls relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present in all material aspects the fund balance of Reproductive Health Uganda as at 31 December 2015 and of its financial performance and cash flows for the year then ended in accordance with IPPF and RHU guidelines and regulations.

.....

KPMG
Certified Public Accountants
P O Box 3509
Kampala, Uganda
Date: 29 April 2016

Statement of income, expenditure and changes in fund balances	Notes	2015 Local Currency			2015 Foreign currency			2014	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Total	
Grant income		Ushs 000	Ushs 000	Ushs 000	US$ 000	US$ 000	US$ 000	Ushs 000	US$ 000
International Planned Parenthood Federation (IPPF)		3,034,390	-	3,034,390	929	-	929	2,850,945	1,106
Less: Contribution to Regional Office activities		(398,710)	-	(398,710)	(122)	-	(122)	(306,514)	(119)
Net IPPF Grant		2,635,680	-	2,635,680	807	-	807	2,544,431	987
United Nations Population Fund (UNFPA)		-	2,547,195	2,547,195	-	780	780	4,568,244	1,771
USAID			-	-	-	-	-	1,759,865	682
ASK		-	763,352	763,352	-	234	234	567,990	220
DFPA II/SMM			-	-	-	-	-	3,512	1
UFHT		-	301,098	301,098	-	92	92	331,500	129
SPRINT/MISP		-	285,658	285,658	-	87	87	159,456	62
CSF – YEM		-	65,412	65,412	-	20	20	88,448	34
SRHR			227,680	227,680	-	70	70	17,671	7
PAIR			990,267	990,267	-	303	303	276,628	107
ABH – PATH		-	475,660	475,660	-	146	146	-	-
NORAD		-	144,672	144,672	-	44	44	199,560	77
SCALE-UP (PPG)		-	325,408	325,408	-	100	100	-	-
YEP - RUTGERS WPF		-	188,000	188,000	-	58	58	410,320	159
CANCER		-	474,998	474,998	-	145	145	317,032	123
VHR		-	230,742	230,742	-	71	71	163,156	63
HEWLETT ADVOCACY		-	-	-	-	-	-	40,482	16
DANIDA PLUS/CSR			111,524	111,524	-	34	34	69,084	27
AFP			516,412	516,412	-	157	157	675,364	262
MCF-YETA			152,500	152,500	-	47	47	-	-
SAYANA PRESS			133,772	133,772	-	41	41	36,548	14
Statement of income, expenditure and changes in fund balances	**Notes**	**2015 Local Currency**			**2015 Foreign currency**			**2014**	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Total	
		Ushs 000	Ushs 000	Ushs 000	US$ 000	US$ 000	US$ 000	Ushs 000	US$ 000
SAAF		-	187,945	187,945	-	57	57	185,489	73
Hewlett - Maputo Plan of Action Work		-	-	-	-	-	-	50,981	20
UN WOMEN		-	46,279	46,279	-	14	14	-	-
FP conference		-	-	-	-	-	-	-	-
GIZ/Shaddows & Lights		-	18,055	18,055	-	6	6	125,439	49
UNAIDS		-	55,820	55,820	-	17	17	-	-
FP Regional Advocacy Project (Luwero)/AHP		-	519,228	519,228	-	159	159	555,352	215

In kind asset grant donations		-	-	-	-	-	-	80,000	31
In kind Inventory grant donations		-	-	-	-	-	-	612,108	237
Sub Total		**2,635,680**	**8,761,677**	**11,397,357**	**807**	**2,682**	**3,489**	**13,838,660**	**5,365**
Release of fixed assets fund	16	943,974	-	943,974	289	-	289	384,835	149
Release of inventories fund	17	2,016,398	-	2,016,398	617	-	617	1,900,348	737
Other income	4	1,999,026	89,412	2,088,438	612	27	639	1,315,475	510
Total Income		7,595,078	8,851,089	16,446,167	2,324	2,709	5,033	17,439,317	6,761
Expenses									
Programme Area-Access		1,867,732	4,851,729	6,719,461	572	1,485	2,057	7,856,716	3,046
Programme Area-Adolescents		369,989	931,768	1,301,757	113	286	399	397,650	154
Programme Area-Abortion		114,720	115,726	230,446	35	35	70	219,061	85
Programme Area-AIDS		74,221	414,589	488,810	23	127	150	2,147,454	833
Programme Area-Advocacy		108,634	1,703,880	1,812,514	33	521	554	1,094,362	424
Governance		247,992	-	247,992	76	-	76	280,465	109
Institutional capacity Building		232,658	-	232,658	71	-	71	103,505	40
RHU LC		135,429	-	135,429	41	-	41	13,003	5
Total project expenses		**3,151,375**	**8,017,692**	**11,169,067**	**964**	**2,454**	**3,418**	**12,112,216**	**4,696**

Statement of income, expenditure and changes in fund balances cont'd	**Notes**	**2015 Local Currency**			**2015 Foreign currency**			**2014**	
		Unrestricted	**Donor restricted**	**Total**	**Unrestricted**	**Donor Restricted**	**Total**	**Total**	
		Ushs 000	Ushs 000	Ushs 000	US$ 000	US$ 000	US$ 000	Ushs 000	US$ 000
Administration and general services		927,362	-	927,362	284	-	284	602,426	234
Total operating expenses		4,078,737	8,017,692	12,096,429	1,248	2,454	3,702	12,714,642	4,930
Depreciation and amortisation	8 (a)&(b)	943,974	-	943,974	289	-	289	389,054	151
Donated inventory expensed	17	2,016,398	-	2,016,398	617	-	617	1,900,348	736
Provision for doubtful receivables		47,699	-	47,699	-	-	-	-	-
Total Expenses		7,086,808	8,017,692	15,104,500	2,154	2,454	4,608	15,004,044	5,817
Surplus of income over expenditure		508,270	833,397	1,341,667	107	255	425	2,435,273	944
Fund balances at beginning of year		700,510	697,144	1,397,654	281	262	543	708,465	278
Adjustment for 2014-2015		-	103,363	103,363	-	27	27	(74,396)	4
Transfer to fixed assets fund		-	-	-	-	-	-	(409,395)	(167)
Transfer to fund Inventory Fund		-	-	-	-	-	-	(1,262,294)	(516)
Transfer from fund balance		-	(94,147)	(94,147)	-	(29)	(29)	-	-
Fund balance at end of year		1,208,780	1,539,757	2,748,537	451	520	971	1,397,653	543

Statement of financial position		2015 Local currency			2015 US $			2014	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Local	US $
Non- current assets	Notes	Ushs 000	Ushs 000	Ushs 000	US$ 000	US$ 000	US$ 000	Ushs 000	US$ 000
Property and equipment	8 (b)	6,438,184		6,438,184	1,904	-	1,904	2,273,116	893
Prepaid Operating Lease	8 (a)	206,720		206,720	61	-	61	210,937	83
Total non-current assets		6,644,904	-	6,644,904	1,965	-	1,965	2,484,053	976
Current assets									
Cash and bank balances	9	838,873	1,152,295	1,991,168	248	341	589	1,967,987	767
Short Term Deposit account Balance	20	500,000	-	500,000	148	-	148	488,154	192
Inventories (Appendix)		1,621,305	-	1,621,305	479	-	479	1,305,880	513
Other receivables and prepayments	10	509,828	430,578	940,406	151	127	278	619,973	242
Total current assets		3,470,006	1,582,873	5,052,879	1,026	468	1,494	4,381,993	1,714
Total assets		10,114,910	1,582,873	11,697,783	2,991	468	3,459	6,866,047	2,690
Liabilities and fund balances									
Current liabilities									
Accounts payables, accrued expenses and provisions	11	474,673	117,833	592,506	140	40	180	705,546	275
Over draft	13	-	29	29	-	-	-	62,000	24
Amounts due to donors	12	115,034	316,562	431,596	34	94	128	536,851	177
Deferred income	15	-	1,539,758	1,539,758	-	450	450	697,143	270
Total current liabilities		589,707	1,974,182	2,563,889	174	584	758	2,001,540	746
Fund balances									
Designated Fund	14	374,064	-	374,064	111	-	111	374,064	147
Undesignated Fund		1,208,779	-	1,208,779	357	-	357	700,510	308
Fixed assets Fund	16	2,221,021	-	2,221,021	657	-	657	2,484,054	976
Inventories Fund	17	1,297,456	(391,309)	906,147	384	(115)	268	1,305,879	513
Revaluation reserve		4,423,883	-	4,423,883	1,307	-	1307	-	-
Total fund balances		9,525,203	(391,309)	9,133,893	2,816	(116)	2,701	4,864,507	1,944
Total liabilities and fund balances		10,114,910	1,582,873	11,697,783	2,991	468	3,459	6,866,047	2,690

The financial statements were approved by the members of the National Executive Committee on ……2016 and were signed on their behalf by:

Hon Sylivia Sinabulya Namabidde
National Chairperson

Mr Julius Mukwanya
National Treasurer

Mr Jackson Chekweko
Executive Director

STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 31 DECEMBER 2015

		2015		2014
	Note	Ushs 000		Ushs 000
Cash flows from operating activities				
Net Surplus		1,341,667		2,435,273
Adjustments for non-cash items				
Foreign exchange adjustments				
Release from the inventory fund	19	(2,016,398)		(1,900,348)
Depreciation	9(a) & (b)	943,974		389,054
Release from the fixed assets fund	18	(943,974)		(389,054)
Donated inventory expensed	19	2,016,398		-
Provision for doubtful debts		133,290		-
Written off receivables		95,135		(65,596)
Gain on disposal		-		(36,834)
		1,570,092		428,495
Increase in inventories		(315,425)		638,054
Increase in receivables		(320,432)		(85,767)
(Decrease)/Increase in payables		(218,295)		127,196
Net cash surplus from operating activities		715,940		1,107,977
Cash flows from investing activities				
Investment in Fixed deposits		(11,846)		(25,280)
Proceeds on Sale of assets		-		36,834
Purchase of fixed assets	9 (b)	(680,942)		(409,395)
Net cash used in investing activities		(692,788)		(397,841)
(Decrease)/increase in cash and cash equivalents		(23,152)		710,136
Cash and cash equivalents at 1 January		1,967,987		1,257,851
Cash and cash equivalents at 31 December	10&14	1,991,139		1,967,987

1. Reporting entity

Reproductive Health Uganda is an association registered as a Non-Governmental Organisation (NGO) by the NGO Registration board. The association 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. 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 association'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 balance sheet 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 statement.

Translation of local currency: IPPF's reporting currency is the US dollar. Accordingly, the Association'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;
- Aassets 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 reserves/fund balances.

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. The cost of donated assets is capitalised at full cost and value credited to a Fixed assets Reserve. The cost is released to income over the useful life of the asset.

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 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. The annual depreciation rates in use are s follows:

	2015	2014
	%	%
Land and buildings	5	5
Office equipment	20	20
Furniture and fittings	10	10
Motor vehicles	20	20
Audio visual equipment	33.3	33.3
Medical equipment	20	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 association 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 association 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

	2015	**2015**	**2014**	**2014**
Donor	Ushs 000	US$ 000	Ushs 000	US$ 000
Unrestricted				
Clinic collections	847,517	259	641,237	254
Interest income	54,024	17	44,520	17
Activity Special Funds	851,951	261	237,665	97
Miscellaneous income	95,884	29	180,597	75
Insurance claims	1868	1	-	-
Proceeds from sale of used items	-	-	-9,697	-4
Tender income	14,700	4	18,480	7
Fund balance from project closure	116,882	36	-33,631	-

Rental income	3,300	1	11,347	4
Dollar account recalculated	12,900	4	67,524	-
	1,999,026	612	1,158,042	450
Restricted				
UNFPA 1	2,067	1	103,567	40
USAID	674	-	699	-
SIDA-rfsu/Rise Up	-	-	150	-
UFHT	-	-	15,520	6
ASK	38,381	11	35,745	14
NORAD	471	-	1,177	-
SRHR	-	-	12	-
Hewlett - Advocacy	6	-	74	-
PAIR [CTG]	1,481	-	-	-
SPRINT/MISP	431		489	
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	-	-	-
FP Regional Advocacy Project (Luwero) /AHP	2	-	-	-
	89,412	27	157,433	60
Total	**2,088,438**	**639**	**1,315,475**	**510**

Approval of financial statements

The financial statements were approved at a meeting of the members of the National Executive Committee on 21st April 2016

Signed by:

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Hon Sylvia Sinabulya Namabidde
National Chairperson

21st April, 2016
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Date

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Mr. Jackson Chekweko
Executive Director

21st April, 2016
.....
Date

Summary

Governance continued to be a key pillar in RHU in 2015. The undertakings under governance aimed at strengthening leadership, governance and management potential of RHU. Over the report period, key among activities undertaken were volunteer recruitment drives, production and sharing of the revised governance and management policy documents with the relevant volunteers and staff. Governing bodies at the branch and national level continued to carry out the stewardship role, while all members were updated on RHU's developments and key events through meetings. The mandatory RHU Constitution meetings include: the Branch Council (held once a year) and Branch Executive [BEC]- (held at least twice a year) meetings; the Programmes and Finance audit Committee (PFC), the National Executive Committee (the two held at least twice a year), the National Council (held at least once a year) and regular staff meetings and sharing of reports (programmatic and financial)- these include: monthly reports from branches/ clinics, quarterly reports for some projects, bi annual and annual reports for all interventions. It is important to note that all meetings were held as per RHU Constitution and all the reports (programmatic and financial) compiled and submitted as per IPPF or donors reporting schedules. The main regular mode of communication on new developments, updates, assignments, etc., to staff remained the organisation email, through different meetings including weekly senior management meetings, weekly branch meetings and through notice boards. Others include: the organisation staff WhatsApp group, bulk SMS, and organisation official cell phone lines.

The governance arm was supported by IPPF grant to the tune of more than UShs200 million.

RHU Governance interventions aimed to:

- To improve good governance, effective and democratic practices in RHU
- To Strengthen RHU operational and administrative capacities for efficient running of our programmes

Key Achievements included:

- The approval of the RHU strategic Plan (2016-2022) by the board, as one of its key functions
- The development and dissemination of the governance and management tools to the governance body and management staff
- The volunteer recruitment drive in the branches enabling 72 new members to be part of the Association
- Sharing of RHU's key developments and achievements with the governing body members which enhances transparency in the operation of management
- The voluntary cash and in-kind contributions by members for SRHR service provision
- A total of about UShs6,000,000 cash contribution was received from volunteer membership fees and subscriptions
- In addition, the governance meetings held to review the overall performance of the institution at all levels, they enabled the organisation to maintain its strategic focus and fulfill the stakeholders' interests
- Through trainings, staff capacities were strengthened to enhance performance and to maintain RHU's technical competence

The Deputy Speaker of the Parliament of Uganda, Hon Jacob Oulanya and the RHU National Chairperson Hon Sylvia Namabidde giving out Awards to Hon Engineer Abraham Byandala and Hon. Christine Bako Abia at the RHU 2015 Annual General Meeting (AGM)

Partnership Building/Technical Support Missions

RHU worked closely with different partners and stakeholders in different areas of SRHR. RHU was a part of the numerous advocacy actions for sexual and reproductive health and rights, including access to family planning; which were included under the goal of improving health. RHU also worked closely with the Evidence Project and IPPF's Sustainable Networks Project (SIFPO2), to participate in a groundbreaking process led by the Ministry of Health to develop an action plan for a rights-based approach to family planning in support of the Costed Implementation Plan. RHU remained an active member of the Federation of Uganda Employers (FUE), with whom we partnered to promote Corporate Social Responsibility (CSR) in the workplace, and the Uganda National Association of AIDS Organisations (UNASO); where we continued to obtain technical assistance and updates on related subject matter. We also obtained vital support from the IPPFARO, the IPPF Western hemisphere office, the Humanitarian response department of IPPF, as well as the IPPF Central Office in various aspects of capacity building, resource mobilisation, advocacy, improving quality of care; and also playing the checks and balance role to ensure RHU compliance to different standards.

Thirteen (13) RHU staff were selected to make presentations at the 2015 International Conference of Family Planning (ICFP) in Indonesia though the meeting was later deferred to January 2016. As chair of the Uganda Family Planning Consortium (UFPC)[2] RHU was involved in different initiatives concerned with family planning, including partnering with other stakeholders to raise funds for the National Costed Implementation Plan for family planning. RHU also partnered with different members of parliament to offer cancer of the cervix screening in their different constituencies. RHU partnered with different organisations; for example; with UNAIDS to address different SRHR issues, with PATH in Sayana Press service delivery and with the White Ribbon Alliance (WRA) Global Secretariat to host their secretariat.

2 *UPFC is an umbrella body for collective advocacy which brings together different SHRHR players such as Marie Stopes Uganda (MSU), PACE, the Uganda Health Marketing Group (UHMG), Pathfinder International and Family Health International (FHI 360),*

Capacity Development

In2015, different capacity building undertakings took place, both within and outside Uganda. For example, a Minimum Initial Services Package (MISP) ToT to equip participants with knowledge and skills in handling SRHR issues in emergency situations was conducted. This training drew participants from South Sudan, Kenya, Burundi, Ethiopia, Morocco, Uganda, Yemen, Jordan, and the USA, and was organised by the IPPF Africa region office. Furthermore, we conducted a ToT on LDP+ for management staff from the Family Planning Association of Malawi (FPAM) in Malawi. Over 90 staff received tailor-made trainings that included Cervical Cancer Screening, FP Technology Global Updates including provision of long acting and permanent methods, Youth Friendly Services, Rights Based Programming, Coaching, Leadership, Values Clarification, Logistics and Supplies Management, among others.

Staff

In 2015 two staff moved, one at head office and another at Mbarara clinic. These included the M&E Coordinator and the branch in-charge for Mbarara. On the other hands new staff joined RHU- to replace those that left, but also to handle new undertaking. These included a second driver for Mbale, the clinical services and resource mobilisation manager and five young people to boast implementation of young people focused interventions. To finalise the recruitment process, orientation of the new staff was conducted. But also we conducted tailor-made trainings for 78 staff, enhancing their skills, motivating them and also enhancing their performance. All staff were sensitised on the Child Protection Policy, also sensitised n HIV/AIDS especially on the availability of post-exposure prophylaxis PEP in case one has been potentially exposed to HIV, to prevent becoming infected, as stipulated in the RHU HIV/AIDS Work Place Policy.

RHU staff pose for a photo shot with the Deputy Speaker of Parliament Hon Jacob Oulanya (L), and on the right, the RHU National Council members pose for photo shot with Hon Jacob Oulanya. This was at the RHU AGM in 2015, held in Gulu, northern Uganda

Governance Structures

RHU is volunteer-owned and volunteer governed, fully registered with the NGO Board, a member of the Uganda Employers Federation Governance at RHU hinges on three main pillars: The body of volunteers, the management staff and the International Planned Parenthood Federation (IPPF) - to which RHU was affiliated in 1964. The volunteers, harmonise 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 has the following governance organs:

- The National council- the supreme and policy-making organ
- The National Executive Committee- on behalf of the Council NEC oversees the implementation of the policies and activities of the organisation in consultation with the Executive Director
- The Board of trustees- who are in charge of the organization's immovable and other properties of the organisation
- Branch Council (at lower level)
- The Branch Executive Committee
- The Programme and Finance audit Committee (PFC)
- The Secretariat

Accomplishment of the Different Organs in 2015

The National council- the supreme and policy-making organ of RHU: The Council comprises two delegates (one female and one male) from each branch elected by the general meeting of branches. At least 20% of Council must be youth representation and the executive director of RHU who is an ex-official.

The National Council and NEC: The National Executive Committee (NEC) - on behalf of the Council, NEC oversees the implementation of the policies and activities of the organisation in consultation with the Executive Director. For the last three years, the chair of NEC (who also chairs the National Council) has been Hon Sylvia Namabidde Sinabulya, the woman member of parliament for Mityana district, a trained teacher, a woman leader belonging to the African Women Leader Network, a member of the Health Committee of Parliament, the chair of the Network of African Women Parliamentarians and Ministers, and a former chair of the Education Committee of parliament..

In 2015, the Council approved and passed amendments to RHU governing instruments that were prepared by NEC in consultation with the RHU management. These included: the Constitution; the Financial Management Regulations and Procedures Manual, Logistics and Supplies Manual, The RHU Policy Hand Book, The Human Resource and Management Manual, etc.

In 2015, the National Council held the Annual General Meeting that was opened by the Deputy Speaker of Parliament Hon Jacob Oulanyah in Gulu. During the meeting, the Council, on the satisfaction and recommendation of NEC adopted the Annual Programme and Budget, the RHU Annual Report 2014 and the annual audited accounts 2014. In additional, the Council appointed a new audit firm- KPGM that will conduct the RHU audit for the next three years. KPMG replaced Earnest and Young, the firm that has audited the organisation programme and finances for the last 4 years. The Council also received reports from NEC on the implementation of the Council's previous decisions and directives, on top of receiving and endorsing reports from NEC and PFC.

The Programme and Finance audit Committee (PFC): For the last three years PFC has been comprising of six members, chaired by Charles Jumba who is a lawyer. PFC, as mandated by the constitution,

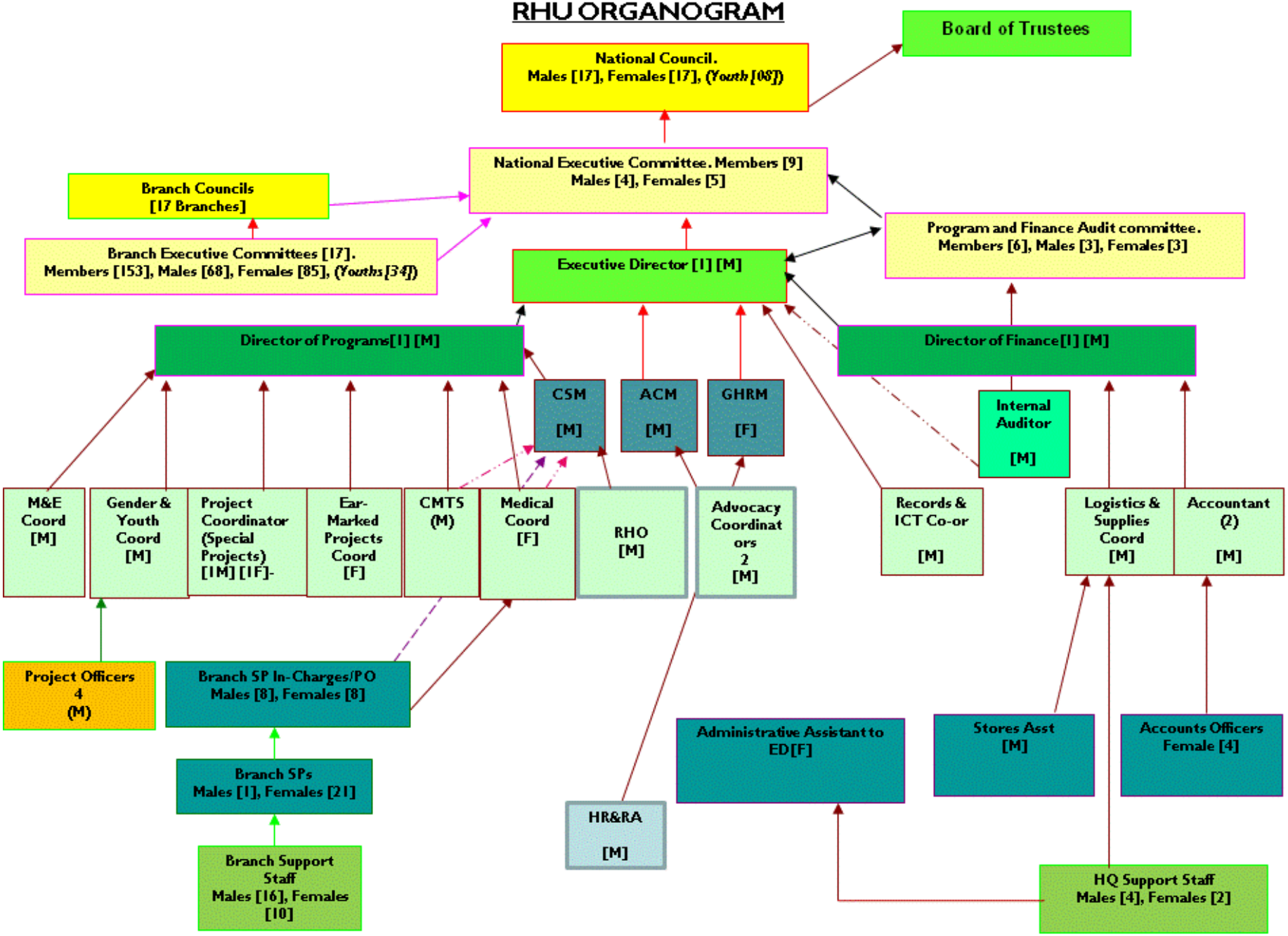
sat twice and reviewed programmes and reported to NEC on the implementation of the organization's Strategic Plan that ended 2015 (including bi-annual and annual programme reports). The team reviewed and approved RHU Annual Programmes and Budget 2015 and 2016to ensure adherence to donor grant conditions; especially by appointing KPMG as an external auditor to conduct programme and financial audit for the period 2015- 2016. PFC also constituted a tender committee that advertised and prequalified services and goods suppliers for the period 2015.

Branch Council (at lover level): A branch is a region that has been granted status of a branch by the National Council. In 2015 RHU had 17 branches operating clinics. These are included in the table below showing RHU branches per region. All the branches had more than 50 paid up members as stipulated in the Constitution. All the branches held at least a branch council meeting and branch committee meetings; and reviewed implementation of policies and implementation of interventions at branch level. In 2015 there were no issues found of non compliance in all the 17 branches.

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 that were assigned by the NEC in 2015; in accordance with the general policies laid down by the National Council. The accomplishments of the secretariat are discussed in this abridged version of the annual report.

The Secretariat, comprising of more than 130 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 service and resource mobilisation 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, in-charges, service providers and a number of volunteers who support programme implementation.

RHU ORGANOGRAM



RHU Board: The National Executive Committee (NEC) 2013-15

Mr. Julius Mukwanya
National Treasurer

Hon. Sylvia Sinabulya Namabidde
Chairperson

Mr. Augustine Wandende
Vice Chairperson

Jackson Chekweko
RHU ED/NEC Secretary

NEC Committee Members

Mr Allan A. Mugisha

Ms Rose Chebet

Ms Hellen Epodoi

Ms Robinah Katiritimba

Ms. Lydia Asiimwe

Mr. Jumba Charles

Ms. Nampitta Immaculate

Wilberforce S. Kakumba

RHU PROGRAMME AND FINANCE COMMITTEE (PFC) MEMBERS 2013-2016		
NAME	**Profession**	**DESIGNATION**
Mr. Jumba Charles	Lawyer	Chairperson
Mr. Julius Mukwanya	Educationist and Human Resource management	National Treasurer
Irene Nairuba	Teacher	Committee Member
Mr. Anguyo Godfrey	Teacher	Committee Member
Ms. Grace Nambooze	Health Worker	Committee Member
Ms. Chebet Violet	Social Worker	Committee Member
	RHU REGIONAL AFRICA COUNCIL REPRESENTATIVES 2013-2016	
Ms Robinah Kaitiritimba	Social Work and health advocate	Regional Council Representative
Mr Wilber K. Senabulya	Social Worker	Regional Council Representative
Mr Daniel Oyom	Social Work- Youth Action Movement	YAM Regional Council Representative

REPRODUCTIVE HEALTH UGANDA

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RHU Reproductive Health Uganda

IPPF International Planned Parenthood Federation Africa Region