



Reproductive  
Health Uganda

# ANNUAL REPORT 2017

A Member Association of  
 **IPPF** International  
Planned Parenthood  
Federation  
Africa Region



# Accelerating universal access to sexual reproductive health services

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## **Design/Layout**

Peter Mugeni, Slick Republic Ltd, Uganda

## **Cover photo**

Simon Richard Mugenyi



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# Acronyms/Abbreviations

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>AGM</b>	Annual General Meetings
<b>ANC</b>	Antenatal Care
<b>BCC</b>	Behaviour Change Communication
<b>BEC</b>	Branch Executive Committee
<b>CBDAs</b>	Community Based Distributors
<b>CBRHAs</b>	Community Based Reproductive Health Agents
<b>CCS&amp;PT</b>	Cervical Cancer Screening and Preventative Therapy
<b>CMIS</b>	Clinical Management Information System
<b>CPR</b>	Contraceptive Prevalence Rate
<b>CSOs</b>	Civil Society Organizations
<b>CYPs</b>	Couple Years of Protection
<b>DQA</b>	Data Quality Assessments
<b>ED</b>	Executive Director
<b>e-IMS</b>	Electronic Information and Management System
<b>FGM</b>	Female Genital Mutilation
<b>FPAU</b>	Family Planning Association of Uganda
<b>FP</b>	Family Planning
<b>FY</b>	Financial Year
<b>GBV</b>	Gender Based Violence
<b>GDM</b>	Gestational Diabetes Mellitus
<b>HRBA</b>	Human Rights Based Approach
<b>HUMCS</b>	Health Unit Management Committees
<b>ICPD</b>	International Conference on Population & Development
<b>ICT</b>	Information & Communication Technology
<b>IEC</b>	Information Communication & Education
<b>IPPF</b>	International Planned Parenthood Federation
<b>IPPFARO</b>	IPPF Africa Region
<b>IUD</b>	Intra-Uterine Device
<b>KCCA</b>	Kampala Capital City Authority
<b>LDP+</b>	Leadership Development Programme
<b>MISP</b>	Minimum Initial Service Package
<b>LARCs</b>	Long-Acting Reversible Contraceptives
<b>MARPs</b>	Most At Risk Populations

<b>MDGs</b>	Millennium Development Goals
<b>M&amp;E</b>	Monitoring & Evaluation
<b>MOH</b>	Ministry of Health
<b>NACWOLA</b>	National Association of Women Living With HIV/AIDS
<b>NAPA</b>	National Adaptation Plan Action
<b>NEC</b>	National Executive Committee
<b>QoC</b>	Quality of Care
<b>PAC</b>	Post Abortion Care
<b>PEs</b>	Peer Educators
<b>PFC</b>	Programmes and Finance Committee
<b>PIASCY</b>	The Presidential Initiative on AIDS Strategy to Youth
<b>RBA</b>	Rights Based Approach
<b>RBFP SD</b>	Rights-Based Family Planning Service Delivery
<b>RH</b>	Reproductive Health
<b>RHU</b>	Reproductive Health Uganda
<b>SDGs</b>	The Sustainable Development Goals
<b>SDPs</b>	Service Delivery Points
<b>SRH</b>	Sexual and Reproductive Health
<b>SIFPO</b>	Support for International Family Planning Organizations
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>STI's</b>	Sexually Transmitted Infections
<b>UNEA</b>	United Nations Environment Assembly
<b>UDHS</b>	Uganda Demographic and Health Survey
<b>UGX</b>	Uganda Shillings
<b>UNFPA</b>	United Nations Populations Fund
<b>USAID</b>	The United States Agency for International Development
<b>VCT</b>	Voluntary Counselling and Testing
<b>VHTs</b>	Village Health Teams
<b>VIA</b>	Visual Inspection with Acetic Acid
<b>YAM</b>	Youth Action Movement
<b>YFS</b>	Youth Friendly Services
<b>YEP</b>	Youth Empowerment Project
<b>YMEP</b>	Young Men as Equal Partners
<b>YPLWHAs</b>	Young Persons Living with HIV/AIDS

# Who We Are

Reproductive Health Uganda (RHU) is a national, voluntary, not-for-profit organisation registered under the Trustees Incorporation Act of Uganda founded in 1957 as Family Planning Association of Uganda (FPAU).

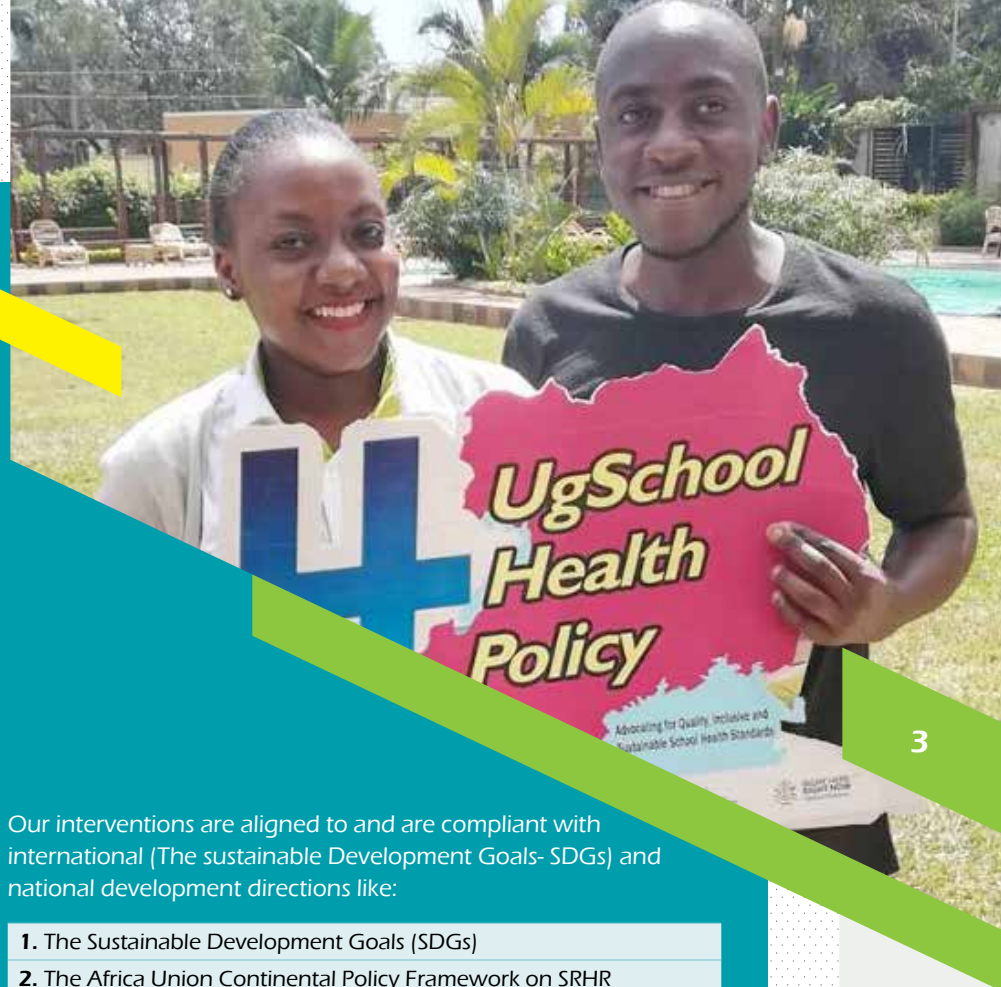
We rebranded in 2007 to accommodate the broader and holistic sexual reproductive health and rights (SRHR). We have a long-standing record of providing quality integrated sexual reproductive health information and services including family planning, HIV/AIDS, safe motherhood, STI management, breast and cervical cancer, etc.

RHU focuses on the poor, vulnerable and hard-to-reach people, with special interest on young people using innovative, cost effective approaches.

RHU is rights based 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).

## Our strategic direction

RHU is a fully registered Non-Government Organization (NGO) and operates within the existing legal framework. We are registered as a local NGO under the NGO Registration Act Chapter 113, we hold certificate number S5914/255. We compliment government efforts to increase access to SRHR information and services.



Our interventions are aligned to and are compliant with international (The sustainable Development Goals- SDGs) and national development directions like:

1. The Sustainable Development Goals (SDGs)
2. The Africa Union Continental Policy Framework on SRHR
3. The IPPF's Strategic plan 2016 - 2022
4. The Uganda Vision2040
5. The National Development Plan II 2016–2020
6. Health Sector Strategic Development Plan 2015/16 -2019/20
7. The SRHR Policy and Service Standard Guidelines 2012
8. The Sharpened Plan for Reproductive, Maternal, New • born, Child and Adolescent Health 2016 - 2020
9. The Costed Implemented Plan for family planning 2015-2020
10. The RHU Strategic Plan 2016 - 2022

# Our Vision, Mission and Values



## Our Vision

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



## Our Mission

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

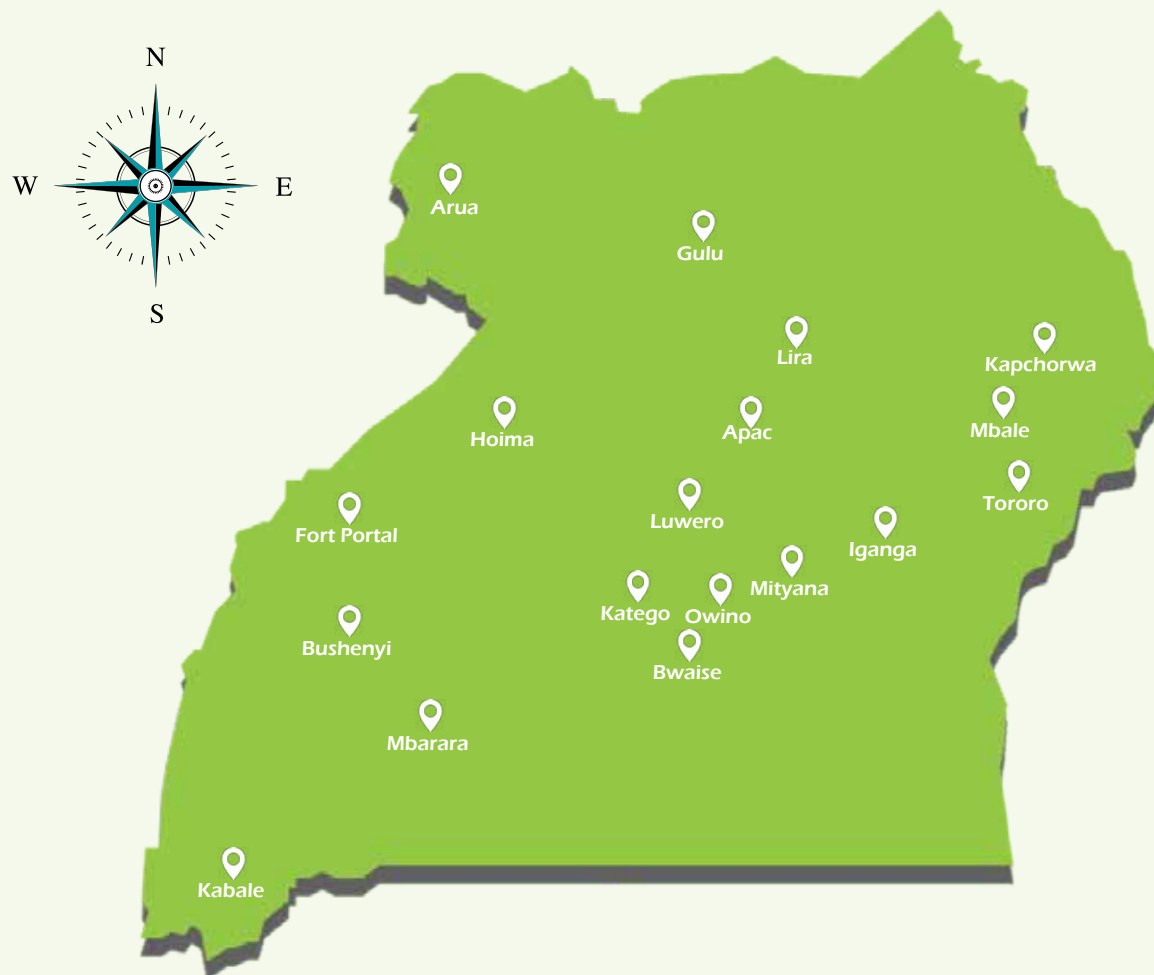


## Our Values

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



# RHU Branches and Clinics





## Remarks from **Board Chairperson**

I am delighted to present the Reproductive Health Uganda annual report 2017. This report shows both the organisation's programmatic and the audited financial report for the year ending December 31, 2017.



In this second year of the strategic plan's implementation RHU has registered great achievements. Am also happy to note that the financial audit for the year 2017 was successfully concluded resulting in an unqualified report from RHU's auditors Ernest and Young. This is an indicator of RHU's competence and efficiency in managing all resources the organisation receives.

In 2016, RHU went through a rigorous accreditation process by the International Planned Parenthood Federation (IPPF) who we are our affiliated to. We received great news that for the third consecutive time, RHU met and adhered to all the 49 standards- a pre-requisite for the accreditation and will be awarded a certificate in 2018 to this effect.

This made RHU the only IPPF affiliate out of over 140 IPPF affiliate organisations across the world to have this achievement three (3) consecutive times.



In addition, as a proud affiliate of IPPF, I take this opportunity to warmly welcome and congratulate the new IPPF Director General- Dr Alvaro Bermajo who was appointed IPPF Director General in November 2017 and officially taking office in March 2018. We are looking forward to working with Dr. Bermajo and hope his journey with us will be most fruitful.

Similarly, I congratulate an incredible young person – Ms. Olga Namukuza who serves as the youth representative to the RHU National Council, and the RHU representative to the Africa Regional Council.

Ms. Namukuza last year was elected as the IPPF Africa Region Youth Action Movement (YAM) President and the youth representative on the IPPF Global Governing Council. Congratulations to you Olga and to RHU for nurturing young people to such great heights.

Despite all the achievements last year, RHU is facing a growing challenge with the ever changing and increasingly competitive funding environment which is moving away from traditional donor funded models. It is against this background that the African Citizens initiative on Sexual and Reproductive Health and Rights (ACI) was launched last year.



**RHU's objective is to raise financial contributions totalling UGX 4.2 billion (US\$ 1.2million) annually. The target is for each volunteer to recruit at least five (5) individuals, who will contribute a minimum of UGX 175,000 (approx. US\$50) annually over five (5) years.**

The goal of this initiative is to empower and enable volunteers to take part in a peer-to-peer fundraising programme to raise financial support for reproductive health programmes. RHU's objective is to raise financial contributions totalling UGX 4.2 billion (US\$ 1.2million) annually. The target is

for each volunteer to recruit at least five (5) individuals, who will contribute a minimum of UGX 175,000 (approx. US\$50) annually over five (5) years.

Join the African Citizens' Initiative to support SRHR programmes that assist women, girls and families in vulnerable and underserved communities.

In a special way, I appreciate the support of the Government of the Republic of Uganda through the different line ministries we work with and the district local governments for the immense support to RHU work.

On behalf of the National Executive Committee, I also extend my appreciation to all RHU staff, governance committees and volunteers who have worked towards RHU's great achievements. I also thank our esteemed donors and partners without whom RHU wouldn't have made such great strides towards attaining the achievements of 2017.

Hon. Rosemary Seninde  
Chairperson  
RHU National Executive Committee

## Message from **Executive Director**

Twenty seventeen [2017] was a great year in the history of Reproductive Health Uganda as we marked 60 years of our existence. We are proud to have pioneered provision of family planning services in Uganda in the 1950's and evolved to now being one of the leading sexual reproductive health and rights (SRHR) service providers and champions almost in all corners of the country.



**M**any of these efforts have redefined the SRHR landscape in the country over the decades.

RHU's direction in 2017 continued to be guided by its seven-year Strategic Plan (2016-2022) focusing on; advocacy for favorable SRHR policies and legislations; young people with a keen focus on sexuality education; providing directly and enabling delivery of quality SRHR services and information; and ensuring we are accountable, sustainable and a result oriented organisation.

I am glad to note, we surpassed most of our 2017 targets, registering marked increase in performance in the reporting year compared to the previous year, 2016. In 2017, RHU provided over seven (7) million SRHR services to a total clientele of over one (1) million clients. Over three (3) million of these services were offered to young people.

RHU worked closely with different players including civil society organisations, members of parliament, and government agencies including Ministry of Health, Ministry of Education and Sports, the National Population Council among others to enable favorable SRHR policy environment for young people's access to SRHR services and information and increase resource allocations for SRHR and family planning.

At national level, RHU in a consortium of like minded CSOs, we championed the rapid review and approval of the National Sexuality Education Framework which is now waiting to be launched.

At subnational level, working in almost 30 districts, we advocated for resource allocation and putting in place favorable policies for SRHR/FP, that improve young people's access to services and a gender violent free society.

In addition to our advocacy efforts, we strengthened our organisation policy and over all programming to enhance integration of human rights. To do this, we carried out an audit of all our programmes and interventions with a rights perspective and thereafter developed an organisational policy (the human rights based approach to sexual reproductive health and rights policy). The main goal of this policy is to provide RHU staff, clients and strategic partners guidance on how to apply human rights principles in the provision of SRHR services. This policy was approved by the RHU board and is being implemented.

Despite all these positive strides, 2017 was not without challenges. The reinstatement of Mexico City Policy always referred to as the Global Gag Rule (GGR) led to the premature termination of four (4) USAID supported projects that RHU was implementing. Being a rights based organisation and a member of IPPF, RHU does not support and advocates against the Global Gag Rule. In response, RHU has stepped up its external and internal resource mobilisation efforts including rolling out of the Africa Citizenship Initiative (ACI), a peer to peer fundraising mechanism to generate resources to address our SRHR challenges in Uganda and Africa at large.

The decline by the Ministry of Health to launch the SRHR policy guidelines at the 2nd National Family Planning Conference held in September



**RHU had 2017 as a year of great achievements. This would not have been achieved without the support and technical guidance of key stakeholders to our organisation.**

2017 was yet another setback dampening the SRHR policy environment in addition to the suspension of sexuality education in the country by parliament in 2016.

With maternal mortality remaining unacceptably high (368/100,000), the rising teenage pregnancy rates (25%) and high unmet need for family planning standing at 28% according to UDHS, 2016, all the above prevailing amidst the ever increasing refugee influx in the country, biting effects of climate change and rising poverty levels. RHU focus in 2018, is to scale up its innovative service delivery models of increasing access to much

needed quality SRHR services and information to vulnerable women, men and young people including those in humanitarian settings.

We will intensify our advocacy and social accountability interventions to engage policy makers at various levels of government and stakeholders to ensure increased resource allocation and a positive policy environment and protection of SRHR. We shall step up our efforts of transitioning to be a capacity builder and an enabler of SRHR service delivery taking advantage of innovative technologies. We shall champion rallying support for implementation and tracking of the SDGs.

RHU had 2017 as a year of great achievements. This would not have been achieved without the support and technical guidance of key stakeholders to our organisation. On behalf of the management and staff, I wish to appreciate our governing bodies and volunteers, the Government of Uganda, IPPF, our key development partners, CSO partners and our esteem clients whom together, we made RHU deliver on its mandate and mission.

**Jackson Chekweko,**  
**Executive Director**

# Introduction

The RHU annual report 2017 includes the different programmes, projects and activities Reproductive Health Uganda implemented between January to December 2017. It also includes the resources used to realise programme and project implementation over this period. It brings out the main achievements, challenges, as well as the lessons learned, over the period.

Additionally, it shows how funds entrusted to RHU by its development partners enabled it to reach more people to ensure that their sexual and reproductive health and rights (SRHR) are honoured, protected and fulfilled. In the 2017, we continued to conduct interventions that included:

- Delivering sexual reproductive health integrated services
- Community mobilisation, partnerships and empowerment
- Strategic partnerships with civil society, government and donors
- Advocacy for better policy and funding environment
- Capacity building for staff, other CSOs, community health workers, etc.
- Communications especially for behavioral change

## Our four outcomes

RHU continued to be guided by the seven-year Strategic Plan (2016-2022), which is also guided by IPPF's Strategic framework of four outcome Areas, that include:



### Outcome 1: Advocacy



### Outcome 2: Young people and IEC/BCC



### Outcome 3: Service delivery



### Outcome 4: Organisational sustainability & accountability

Over this reporting period, RHU offered more than 7 million FP/SRH services to more than 1.2 million clients.

Notwithstanding this, logistics, supplies were sometimes irregular and rising costs put more pressure on already strained resources.

However, over 2017, RHU strengthened its advocacy for SRHR, as well as its youth focused projects, and actively supported the involvement of young people in planning, implementation and monitoring of many of its youth-focused projects, which helped to strengthen young people's participation and ownership of these interventions.

Different approaches, including social media and media campaigns were used to reach many young people.

Likewise, RHU strengthened its partnership and collaboration with different stakeholders, including donors, government, local and international CSOs, etc.





# We Advocate

To promote a favorable SRHR policy  
and funding environment



Global



Regional



National



District

# We Advocate

To promote a favorable SRHR policy and funding environment

## Strategic priority area 1

Engage in SRHR policy advocacy including dissemination and popularisation among the technical, political, cultural and religious leaderships in at least 20% of the districts in Uganda by 2022

## Strategic priority area 2

Empower communities to engage in social accountability for the fulfilment and protection of their SRHR in 20% districts of Uganda by 2022

Whereas the Government of Uganda has put in place supportive sexual and reproductive health and right (SRHR) policies, their implementation is constrained by limited dissemination, domestication and insufficient resources. We recognise the need to prioritise SRHR services at all levels of policy formulation and implementation; planning and budgeting. This would increase access to critical SRHR information and services to even the most vulnerable communities.

Therefore, through our different advocacy interventions we focus on three priority areas at district, national, region and global levels:

**SRHR policy advocacy:** This includes training, dissemination, popularisation and supporting implementation of different policies among the technical, political, cultural and religious leaders



The Speaker of the Parliament of Uganda the Rt. Hon. Rebecca Kadaga, signing a commitment pledge dummy, after launching the Climate Smart Agriculture Youth Network. The forum engages young people in SDGs, ICPD and related interventions

**SRHR budget advocacy:** Influencing governments' budget/funding choices or priorities towards allocation to SRHR

**Social accountability:** Empowering communities to demand for a better SRHR policy/legislation, funding and service delivery environment for the fulfillment and protection of their SRHR

### Our advocacy approaches

- Generate evidence for advocacy engagement
- Engage key influencers, partners and policy makers to support policy advocacy and other advocacy interventions
- Engage national and district leadership for dissemination, popularisation and implementation of SRHR policies
- Conduct media engagements
- Conduct policy analysis and budget tracking
- Social Accountability- mobilise, sensitise and empower communities on their rights and obligations so that to hold their leaders accountable

### Advocacy projects

1	Accelerating International Conference on Population and Development through Coordinated Advocacy
2	Advance Family Planning
3	Advocacy for Better Health
4	Communication for Advocacy Project
5	HP+ Women Leadership and Accountability for FP2020 Commitments
6	Integrating Population Dynamics, SRHR and Climate Change Adaptation
7	Right Based Approach to FP (RBA) Project
8	Prevention+ Partnering with men to end GBV
9	Right Here Right Now
10	Women's Reproductive Rights Advocacy Project

### Districts whose leaderships and/or communities RHU engaged in advocacy

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



RHU staff interacting with a police officer during one of our activities. We engage district leaderships and law enforcement officers like police to support our programs.



## Advocacy milestones in 2017

### Summary of advocacy wins

1. RHU was granted accreditation as an observer of the governing board of the UN Environment
2. The Uganda National Drug Authority approved drug shops to provide injectable contraceptives
3. The National Adaptation Plan Action (NAPA) included SRHR as an area of integration for national development
4. Thirteen RHU advocacy targeted districts allocated more than UGX 180,000,000 to FP for FY2017/18
5. Over 70 partnerships established with institutions and CSOs to curb Gender Based Violence
6. Bushenyi District Council directed sectors to allocate 5% of sector budgets to family planning
7. Bushenyi District lower local government allocate one percent of their budgets to youth friendly services
8. Mbarara designated a day to provided young people health services including family planning
9. Arua district committed to prioritise and advance family planning by scaling up FP activities and increasing funding for FP
10. Kanungu District launched its first five-year family planning strategic plan



Leaders from Apac after winning the inaugural 2017 family planning best performers awards during the 2nd national conference on family planning in Sept 2017. Three (Apac, Mubende and Nebbi) of the seven districts that were recognised are RHU FP advocacy focused districts.



### Districts allocation of funds to family planning programming

Through our proven advocacy models, we established advocacy working groups at subnational level (districts), trained them and supported development of district advocacy plans which guided their advocacy efforts. Working with these groups we advocated for budget allocations for family planning and 15 districts allocated more than UGX 180,000,000 for FP programmes.

### Creating an enabling environment for young people access to information and services

Through social accountability approaches we aimed at increasing access to sexual reproductive health information and services to young people. These continuous efforts yielded fruits through different districts councils of Bushenyi, Iganga and Mbarara passing resolutions to designate specific days or hours to offer youth friendly services and/or allocated funds to increase access to youth friendly services.

Additionally, RHU intensely engaged in the development of the National Sexuality Education Framework. We also conducted a rapid review of the National Sexuality Education Framework to identify gaps and gave input to the drafting team and during the validation meeting.

### Partnering with communities to save lives

As a result of our social accountability efforts, 12 midwives, six medical officers and six laboratory staff were recruited, raising the staffing level to 84% in Kabale district. Similarly, six staff were recruited in Kisoro district. This increased the number of mothers delivering in the health facilities and also increased antenatal cares (ANC) visits.

Likewise, in Luwero and Mityana districts, about 5,000 women were empowered to actively articulate their views and demand for quality family planning services. As a result the two district leaderships allocated more than UGX 7 million to family planning for the FY2017/18.



Engaging men as agents of change - Mr. Mark Ojok, a volunteer community mobilizer helps mobilise and sensitize the community.



Women, men and youth empowered through social accountability for:

1. Actively articulating their views and demand for quality FP/SRH services;
2. Inclusion of SRHR into climate change programming;
3. Promotion of gender equality and prevention of GBV through transformation of gender norms

#### Promoting Gender Justice

We partnered with government through building capacity of relevant government officials. We trained more than 200 people, i.e., government health workers, police, prison wardens/counsellors and community development officers. These started piloting the approaches into their routine GBV work. During the different interventions RHU attracted about 500 policy and law makers and development partners. We also

succeeded in influencing and working with district local governments to draft a local action plan on GBV for Bushenyi district and a local ordinance regulating alcohol sale and consumption – alcohol is one of the leading causes of violence in homes- in Arua district.

#### National Drug Authority (NDA) authorisation of registered drug shops to provide injectable contraceptives

RHU and FHI360 employed a collaborative approach to attain approval of drug shop operators to offer injectable contraceptives. In July 2017, the Ugandan National Drug Authority (NDA) Board authorised the stocking of injectable contraceptives in private drug shops in 20 select districts.

#### Integration of population and SRHR issues into climate change programming

In 2017 RHU was granted accreditation as an observer of the governing board of the UN Environment. This avails RHU an opportunity to better influence the UN system to invest and prioritise SRH/FP in the UN environment/climate change agenda. Similarly, through RHU advocacy, the National Adaptation Plan Action (NAPA) was reviewed and included SRHR as an area of integration for national development

#### Strengthening rights-based family planning programming

To ascertain that services are not only of quality but are delivered with a rights based approach, we worked with different public health facilities, human rights organisations, community resource persons and male role models in three districts of Arua, Kapchorwa and Mbale. Through these efforts, three out of the four health unit management committees (HUMCS) that were previously inactive were revitalised which saw facility improvements in service delivery. A total of more than 15,000 people were reached by the trained male champions and the village health teams on their rights to access family planning services and information.



# We Empower Young People

To exercise their sexual  
reproductive health and rights





# We Empower Young People

To exercise their sexual reproductive health and rights

## Strategic priority area 3

**250,000 young people completed Sexuality Education by 2022**

## Strategic priority area 4

**Five (5) million people reached with information on SRHR through the use of appropriate media in 45 districts of Uganda by 2022**

Despite the fact that the youth constitute over 70% of Uganda's population, youth friendly services and information are not prioritised across the country; they are compromised or even completely inaccessible. We therefore empower communities and individuals especially young people by providing resources, services, information, skills, including sexuality education.

## Our approaches to young people's programming

- Sexuality education to empower young people with information
- Capacity strengthening to enable provision of quality youth friendly services
- Media engagement to reach masses with correct SRHR information through social media, radio and publications
- Peer-to-peer sensitization –table talks, youth open days and one-on-one engagements
- Engaging community resource persons to reach the grassroots

## Young people focused projects

1	Accelerating Change Unlocking Sexuality Education in Uganda (ACCUSE)
2	Get Up, Speak Out for Sexual Reproductive Health Services and Rights (GUSO)
3	Prevention+: Partnering with men to end GBV
4	Strengthening Adolescent Services (SAS)
5	U Decide Project
6	Youth Enterprise Model (YEM)
7	Youth Encouragement Project 2
8	Youth Empowerment through Agriculture (YETA)



A young person demonstrates how to use a female condom.



## Focus districts for young people interventions

Central	East	North	Western
Kampala	Bugiri	Apac	Bushenyi
Mityana	Iganga	Arua	Hoima
Mubende		Dokolo	Kiryandongo
Wakiso		Gulu	Mbarara
		Kole	Masindi

## SRH services for young people

RHU works with young people to increase access to family planning/sexual reproductive health and rights (FP/SRHR) information and services to adolescents/young people, both in and out of school. We conduct regular mobile outreaches to



RHU District based trainers exploring the building blocks and appreciating the importance of one another in engaging young people.

provide attractive outreach services specifically designed for the targeted young people.

These include outreaches in form of youth open days- where we combine service delivery with educational and recreational activities which include SRHR educational activities- “table talks”-, music/drama, sports, etc) to attract young people. This is done in the community or health facilities, three days in a row. We also use different means including peer educators to mobilise the targeted young people.

We target public facilities where we conduct mentorship programmes that coach and support service providers of youth friendly services - which is more effective than one off trainings on youth friendly service provision.



Young people getting SRH information from one of RHU's innovations called 'the wheel of Knowledge'

## Milestones in increased access to SRHR information and services to young people

RHU offered more than 3.2 million sexual reproductive health services to more than 570,000 young people. Young people were offered services at RHU static clinics, at outreaches in communities or public health facilities and through the community resource persons- village health teams, peer educators, etc. Since RHU provided services through collaborative efforts with public health facilities. This improved the ability of public health facilities to deliver youth friendly services (YFS) both at the outreach and the static health facilities which in the long run would contribute to intervention sustainability.

Similarly, last year RHU distributed more than 5.9 million condoms (female and male) in communities including landing sites, universities/ higher institutions of learning. As a result, many young people were able to engage in safe sex practices and delayed pregnancy that at times would have led into unsafe abortion. Apart from preventing unplanned pregnancy, condoms offer a dual protection against sexually transmitted Infections (STIs) including HIV.

### Building capacity to increase access to youth friendly services and sexuality education

Teachers from different schools were trained in to be abreast with

sexuality education in schools. The trainings were done in partnership with ministry of education and sports. The trained teachers were supported to conduct capacity empowerment of peer educators within the partner schools. Over 400 peer educators were trained.

RHU also strengthened the capacity of more than 300 health service providers, nurses, matrons, senior men and women teachers, peer educators, among others, on delivery of youth friendly services within their schools and communities as well as strengthening linkages with partner public health facilities especially trained in delivery of YFS.

### Participation in public events

RHU was involved in commemoration of international days such as International Women's Day, International Youth Day, World AIDs Day and Fathers' Day. There were also other events where GBV prevention messages were shared and community interactions facilitated that included: inter-generational dialogue meetings, 16-days of activism, cultural days such as the Female Genital Mutilation (FGM) Day in Kapchorwa, among others. All these events reached out to more than 800,000 young people on GBV prevention and gender justice.

## Summary of SRHR information and services to young people



# 5.7m

Pieces of condoms (both female and male) distributed in communities and higher institutions of learning



# 8,400

Number of young people reached with Sexual Education using the PIASCY curriculum

# 3.2m

Total volume of services offered to young people



## Financial literacy

To increase SRHR information, we reached out to about 150,000 people with SRHR messages through the RHU main face book platform, and more than 8,400 people through the Youth Action Movement (YAM) face book platform. The different platforms gained more than 1,800 new followers in 2017.



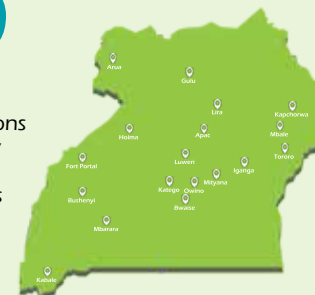
**RHU runs an internship programme where students from different universities and tertiary institutions are equipped with skills in SRHR and prepared for employment**

Number of young people reached with SRHR information and services



Number of people reached with SRHR messages through Facebook

Pieces of Maps distributed showing locations of public facility offering youth friendly services







Young people being sensitized on their sexual reproductive health using one of RHU's popular innovations - 'Maggie the apron' at the RHU youth center.

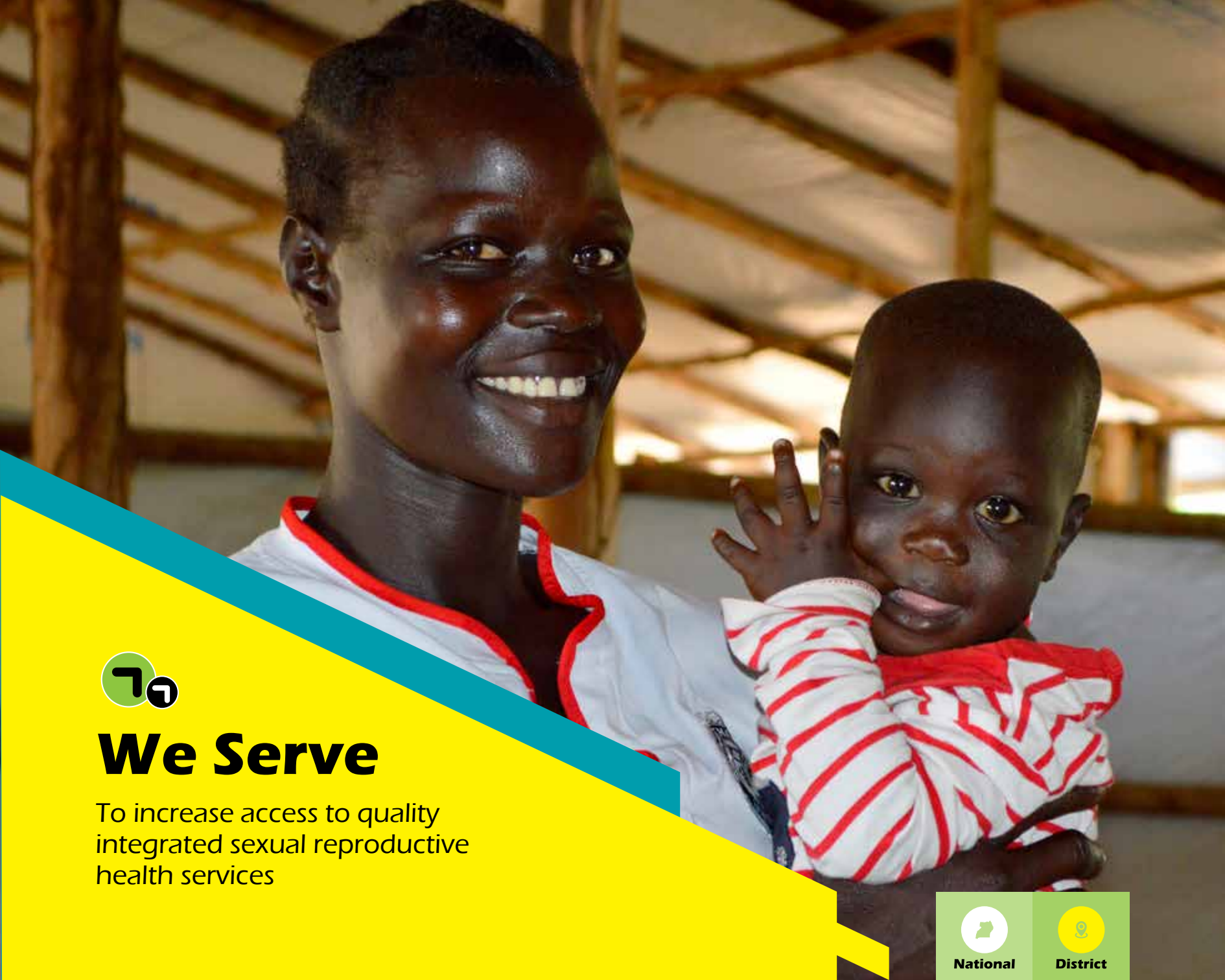
### Reaching young people with sexuality education

RHU enhanced institutional capacity to implement sexuality education programmes within the school community reaching about 8,500 young people who completed sexuality education using PIASCY curriculum. About 16, 000 young people partially completed the curriculum, and about 47,000 were able to complete only one session of the curriculum in 2017.

### Gender-based violence prevention

To contribute to gender justice and gender-based violence (GBV) free communities, RHU trained about 400 community members in counselling and facilitation skills in the districts of Arua, Bushenyi, Kapchorwa and selected refugee camps. In addition, about 1,000 community leaders/role models and drama groups participated in GBV prevention and gender justice promotion campaigns, dialogue meetings, radio programmes and drama performances.





# We Serve

To increase access to quality  
integrated sexual reproductive  
health services



National



District

# We Serve

To increase access to quality integrated sexual reproductive health services

## Strategic priority area 5

To deliver 32 million quality rights-based integrated SRHR services by 2022

## Strategic priority area 6

Enable delivery of 3 million quality rights-based integrated SRHR services through partnerships with public and private sector by 2022

## Initiatives to provide quality integrated SRH services

1. Breaking the Barriers to Access to SRH Services
2. Cervical Cancer Screening and Preventative Therapy via Reproductive Health Networks (CCS&PT)
3. Closing the Gap Expanding See-Treat-Follow-up Approach to Cervical Cancer
4. Prevention for Most- at Risk Populations
5. Gestation Diabetes in Central Uganda
6. Global Comprehensive Abortion Care Initiative
7. Integrated Facility, Outreach and Community SRH Services
8. Harm Reduction: Improving Access to Safe Reproductive Health Services in Uganda
9. Integrated SRHR Response to the Sudanese Crisis

10. Increased National and District Local government's Capacity to Increase Demand for and Supplies of Modern Contraceptives

11. Sayana Press Learning Project

12. Social Franchise Seed Grant

## Our integrated service package

1	SRHR/FP health education
2	STI screening and treatment
3	Family planning services
4	Post abortion care
5	Cervical and breast cancer screening
6	SGBV counselling, support and referral
7	Cryotherapy Treatment
8	Maternity services
9	HIV voluntary counselling and testing
10	Distribution of male and female condoms
11	Safe Medical Male Circumcision
12	Antenatal and post-natal care
13	Laboratory diagnosis
14	Immunisation services

## Focus districts for quality integrated SRH services delivery

Central	East		North-East	North	Western	West Nile
Kampala	Buduuda	Amuria	Abim	Apac	Bushenyi	Adjumani
Luwero	Bukedea	Kween	Amudat	Amuru	Hoima	Arua
Mityana	Bulambuli	Mbale	Kaabong	Dokolo	Kabale	Moyo
Mubende	Bukwo	Ngora	Nakapiripirit	Gulu	Kabarole	
	Iganga	Sironko	Katakwi	Kitgum	Kanungu	
	Kaberamaido	Tororo	Lamwo	Lira	Kiryadongo	
	Kapchorwa		Kotido	Ngora	Kisoro	
	Kibuku		Moroto		Mbarara	
			Napak			



We offered a range of SRH services to hard-to-reach people including refugees.



An RHU health service provider at one of our clinics offering a client an injectable contraceptive

## Milestones in SRH Services delivery

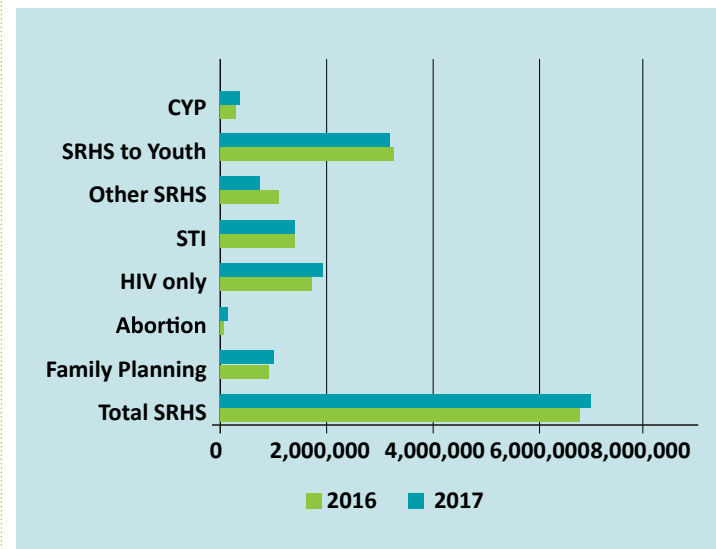
### SRHR services

We registered an increment of three percent in services offered from 6.8 million in 2016 to over 7 million services in 2017. These services were offered to more than 1.2 million clients. About 550,000 clients served by community based resource persons; about 450,000 served through outreaches; over 145,000 clients were served at RHU static clinics; and about 100,000 served through franchise clinics. However, we registered a reduction in two out of the eight indicators. The total of other SRHR services (cervical and breast cancers, immunisation, laboratory services, safe male circumcision, etc) reduced by 32% from 1.1 million services in 2016 to over 768,000 services in 2017- this was as a result of closure of some of our service delivery projects that provided resources for these services. And the other indicator was on SRH services to youth, where we declined by three percent- from 3.3 million services in 2016 to 3.2 million in 2017- as shown in the graph.

### Cervical cancer

RHU continued to take lead in cervical cancer screening. In 2017 we conducted pre-test counselling for cervical cancer of more than 150,000 women. And the more than 64,000 women who were eligible for cervical cancer screening using the Visual Inspection with Acetic Acid (VIA) were screened.

### Annual service delivery statistics in 2017



More than 5,000 (8%) who had VIA positive results and eligible for psychotherapy were successfully treated.

## Summary of service statistics



# 7 Million

Total Sexual Reproductive Health services offered

# 1.2 Million

Number of clients served



# 1.9 Million

Total HIV/AIDS services offered

# 1.4 Million

Number of STI services offered







RHU's success in cryotherapy treatment was achieved by embracing the single-visit-approach where a client is counseled, screened and if found VIA positive, is treated in a single visit. It was a cost effective strategy that reduced costs of clients on hospital visits, solved challenges of client tracking and follow-up and improved documentation of client outcomes.

### Capacity building

We trained over 400 service providers in family planning with particular focus on Sayana Press injectable contraceptive, insertion and removal of IUDs and implants- with emphasis on Implanon NXT and, these included those in refugee camps with special focus on Minimum Initial Service Package, SGBV management and response, etc. Training of health workers also emphasised post abortion care, especially post abortion family planning.

As a result, there was improved skills and competencies of service providers to offer quality post abortion services and long-acting reversible contraceptives (LARCs) following the capacity building trainings and refresher trainings. This was shown in the increase in the number of clients accessing post abortion services including FP services. Secondly, satisfied clients continued to refer clients to RHU clinics for services.



**768,000**

Volume of other Sexual Reproductive Health services offered

**144,000**

Number of post abortion care services

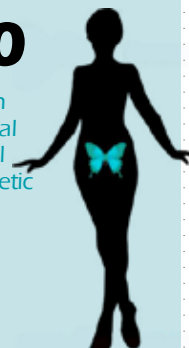


**323,000**

Total Couple Years of protection (CYP) from the FP methods offered

**64,000**

Number of women screened for cervical cancer using Visual Inspection with Acetic Acid





### Deliveries

RHU conducted safe delivery of 299 babies in the Mbale (294), Fort Portal (1), Hoima (1) and Mbarara (2) clinics. Similarly, we offered more than 740 gynecology services.

### Safe male medical circumcision

We conducted more than 400 safe male circumcisions, part of the strategy to curb HIV infection.

### Gestational diabetes mellitus

In the reporting period, we sensitised more than 9,700 women at health facilities on gestational diabetes mellitus (GDM). GDM is a degree of glucose intolerance with onset or first recognised during



pregnancy. We screened about 6,000 for GDM, where over 280 (4.8%) women were GDM positive. All the over 280 women were started on diet and exercise therapy and 35 women responded after two weeks on diet and exercise management. Over 70 women were treated with pharmacotherapy- using pharmaceutical drugs.

### Quality of Care (QoC) assessment

Conducted QoC assessment and client exit interviews at the clinics and developed action plans to improved on want was not going well. Areas of improvement identified included clinics that didn't have ramps for persons with disabilities. In Mbarara and Bushenyi, clinics didn't have incinerators while the Tororo clinic was to ensure that clients cards were filled and filed appropriately.

## RHU service delivery milestones



**5,300**

Number of women (8%) screened and were VIA positive but successfully treated using cryotherapy



**9,700**

Number of women sensitised on gestational diabetes mellitus 62% of whom were screened

**280**

Number of women found positive for gestational diabetes mellitus and started on treatment





**299**


Number of deliveries at three RHU clinics






  
Global

  
Regional

  
National

  
District



# We are Accountable

A sustainable and result oriented organisation

# We Are Accountable

A sustainable and result oriented organisation

## Strategic priority area 7

**Strengthen management for institutional efficiency and effectiveness and increased internally generated income by 20% annually by 2022**

## Strategic priority area 8

**Strengthen governance and volunteer base for institutional accountability and sustainability by 2022**

## Monitoring and evaluation

Monitoring and evaluation is a key ingredient in RHU programming, done internally but also conducted by external M&E specialists especially from IPPF. The unit continued to provide routine monitoring by conducting or coordinating routine data collection that helped to assess whether interventions were driving towards meeting the set objectives.

This included support visits, quality of care (QoC) and quality assurance (QA) visits and procedures to ensure that quality health care is continually availed. More than 50 visits were conducted last year by the M&E team and the specific project coordinators. In the year under review, the M&E team undertook two research studies.

### On social accountability to:

- Describe the core components and map the processes and implementation of two different social accountability mechanisms on FP/RH programmes, and to link the implementation to project-defined outcomes.

- Identify and distill contextual factors, key barriers and enabling factors, and best practices for social accountability initiatives' ability to strengthen FP/RH programmes for projects, and the potential scale-up of social accountability initiatives.

### On rights based family planning to:

- To undertake post-test of the RBFP SD Index Instruments in facilities receiving the RHU/SIFPO II intervention to provide feedback data to RHU/SIFPO II on the rights-based interventions
- To test the RBFP SD Index in multiple settings and assess the potential for its scale-up.



The State Minister for Primary Health Care, Hon. Joyce Moriku hands over a certificate of appreciation to one of the longest serving staff, Bosco Kalibbala, who had retired. He was one of the RHU drivers. The RHU ED, Jackson Chekweko and the board chair, Hon. Rosemary Seninde look on.



In addition, we undertook one survey on HIV/AIDS level of awareness and knowledge in Bushenyi district. Meanwhile, client exit interviews were routinely conducted in RHU clinics and service delivery points, especially outreaches to show the level of satisfaction.

Last year we registered improvement in data management, and data capture, as a result of enhancement in the functionality of the Clinic Management Information System (CMIS) at service delivery points. This is as a result of regular review meetings and Data Quality Assessments (DOA) which contributed greatly to the improvement in data quality and overall records keeping.

In 2017 RHU qualified for the Microsoft Office 365 donation under the Microsoft donation programme. We received a generous offer of

Office 365 Enterprise E1 worth more than US\$24,000 annually with Business services like 50gb email, 1TB file storage and sharing, Skype for Business, Office Online, meetings and IM, and more.

We completed migrating RHU from on-premise hosted Exchange 2010 to Cloud based Microsoft Office 365 email service and will be incorporating more features.

In September, NEC approved the RHU Rights-Based Approach (RBA) Policy to provide direction to RHU leadership, programme managers, service providers and volunteers for effective human rights based approach implementation in SRHR.

## RHU milestones towards a sustainable organisation

### Technical support to other organisations

RHU provided technical assistance to other IPPF Member Associations/ affiliates in good governance, quality of care, Leadership Development Programme Plus (LDP+) and budget tracking. Similarly, the RHU Learning Centre hosted the social enterprise workshop for nine IPPF affiliates.

Additionally, RHU continued to conduct internship training for over 150 students from different university within and without Uganda.

### The Africa Citizenship Initiative

During the 60th Annual General Meeting in 2017, RHU launched the Africa Citizenship Initiative (ACI) in Uganda by the Minister of State for Primary Health Care, Hon. Joyce Moriku; with cash contribution amounting to over UGX 6,200,000. ACI is a volunteer-led peer-to-peer fundraising programme seeks to find African solutions to Africa development challenges.

### The IPPF accreditations

The IPPF accreditations process that started in 2016 was finally concluded with RHU found to meet and comply with all the 49 IPPF membership standards, consequently renewing the RHU accreditation, where we are to officially receive the accreditation certificate in the next Governing Council meeting in July 2018.

### Luwero fundraising drive

Volunteer members in Luwero held a donor's conference, from which over UGX 4,200,000 was received in cash and pledges amounting to over UGX 8,000,000 realised towards construction of a health facility.

**Organisational RBA policy:** Developed a Rights Based Approach Policy to provide direction to RHU leadership, programme managers, service providers and volunteers for effective implementation using a human rights based approach.

# The governing boards

The highest authority is our Board of Trustees. The next body in hierarchy is the National Council (AGM) and then the National Executive Committee (NEC). The National Council that comprises 62 members and the branch councils all conducted their annual general meetings in 2017. The National Executive Committee (NEC), headed by Hon. Rosemary Seninde (the current state minister for primary education) conducted its mandate to oversee the implementation of the policies and activities of the organization.

Members of NEC are appointed for a three year term, after which reappointment is possible for a maximum of one additional term. Members are selected based on pre-determined profiles. Every year, NEC members are required to disclose any potential conflict of interests in writing. The board regularly conducts a self-evaluation or engages in an external evaluation to identify areas in which it can improve the way it works.

All the assets of the institution are entrusted with the Board of trustees, while NEC appoints, evaluates, appraises and dismisses the executive director. NEC supervises the overall progress of the strategic plan, the annual action plan and the budget. In addition to its supervisory function, the board aspires to act as a sounding board and advisor to the executive director. The executive director is mandated with actual implementation and management of the organization. He, together with his management team, drafts and proposes strategies, action plans and budgets and key policies for the board's approval. Once approved by the board, the executive director is responsible for implementing these plans and policies. The executive director reports quarterly to the board. The relationship between board and executive director is formally captured in the constitution, the board code and the management code policies.

NEC met four times in 2017, in the months of February, April, July and September. February meetings are meant to review annual reports for

the previous year. April meetings are for review and approval of annual audited accounts. July meetings are meant to review the half year reports, while the September meetings are for review and approval of annual budgets.

The Programs and Finance Committee, consisting of six NEC members supported by the executive director and directors of Finance of finance and Programs, monitors the financial health of the organization as well as the internal administrative processes. The risk register is reviewed twice yearly. The committee makes recommendations to the board on the appointment of the external auditor, and discusses annual management letters and annual reports with the external auditor. This committee also considers reports from internal audit on any weaknesses in controls that have been identified, including financial controls, and considers corrective actions to be implemented by management to prevent such incidences recurring. This takes place on an ongoing basis.

Members of the NEC are only reimbursed for expenses incurred in the performance of their duties.

All the mandatory documents were sent to IPPF before the deadline.

Appraisals are conducted once every year for all RHU staff. Appraisal reports support management to identify trainings needs for staff, staff due for promotion, transfers and contract terminations or renewals.

## Succession planning

Succession planning is a key focus of the Board which on an ongoing basis, considers the composition of the Board and its committees to ensure continued effectiveness. The retention of the Board members with considerable experience is sought to ensure that appropriate levels of management are maintained. As part of the Board's responsibility to ensure that effective management is in place to implement RHU's strategy, management succession planning is an ongoing consideration, and under the oversight of the Programme and Finance committee.

## Skills, knowledge, experience and attributes of directors

The Board ensures that directors possess the skills, knowledge and experience necessary to fulfil their duties.

The Directors bring a balanced mix of attributes to the Board, including: Exposure to family planning interventions, operations, knowledge and understanding of sexual and reproductive health, regulatory experience, expertise in risk management and financial control, financial, entrepreneurial and management skills.

## RHU governing bodies - (April 2016 - April 2019)

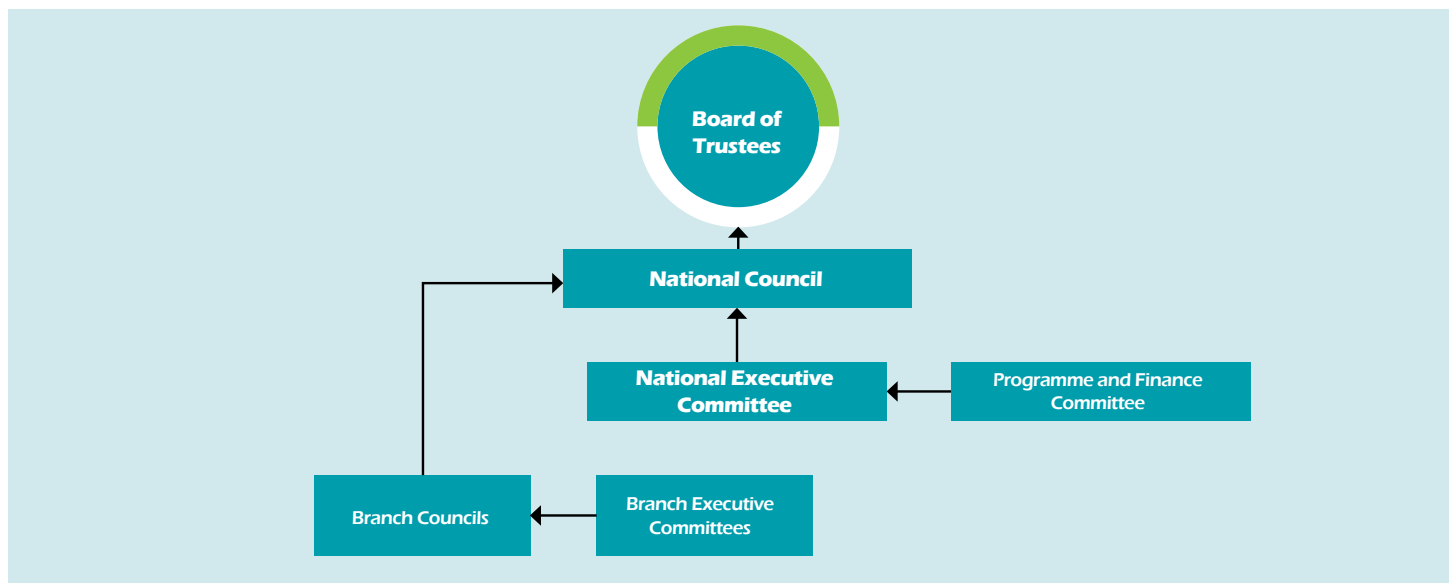
No.	Name	Sex	Position	Occupation/Profession	Contact
<b>Board of Trustees</b>					
1	Prof. James Ntozi	M	Member	Demographer & Statistician	<b>Email:</b> jntozi@yahoo.com <b>Tel:</b> 0772 454 482/0712 454 482
2	Hon. Masalu Musene	M	Member	Lawyer	<b>Tel:</b> 0772 454 635
3	Hon. Joyce Mpanga	F	Member	Former Member of Parliament	<b>Tel:</b> 0772 581 183
<b>National Executive Committee</b>					
1	Hon. Rosemary Seninde	F	Chairperson	Member of Parliament Teacher	<b>Email:</b> seninderose@gmail.com <b>Tel:</b> 0772 434 513
2	Eng. Francis Otim	M	Vice Chairperson	Engineer	<b>Email:</b> otim1frankjogo@gmail.com <b>Tel:</b> 0752 328 865
3	Mr. Nathan Kipande Tumuhameye	M	National Treasurer	Social Worker Director- Eastern Africa RILab	<b>Email:</b> ntumuhameye@ranlab.org/ kipanden@gmail.com <b>Tel:</b> 0700 842 317
4	Ms. Daisy Aliwaru	F	Committee Member	Head Teacher	<b>Email:</b> daisyaliwaru@yahoo.com <b>Tel:</b> 0782 831 155
5	Ms. Frances Kuka	F	Committee Member	Resident District Commissioner	<b>Email:</b> maamakuka@yahoo.com <b>Tel:</b> 0772 495 837
6	Mr. Justus Tindyebwa	M	Committee Member	Journalist	<b>Email:</b> tindyejustus@gmail.com <b>Tel:</b> 0772 459 473

No.	Name	Sex	Position	Occupation/Profession	Contact
7	Ms. Lydia Asiimwe	F	Committee Member	District Population Officer/ Demographer	<b>Email:</b> lynasim@yahoo.com <b>Tel:</b> 0703 423 214, 0782 320 209
8	Mr. Cosmas Omirambe	M	Committee Member	Social Worker	<b>Email:</b> omirambecosmas@gmail.com <b>Tel:</b> 0775 745 765
9	Ms. Caroline Adong	F	Committee Member	Student of Medicine	<b>Email:</b> cocphad@gmail.cpm <b>Tel:</b> 0783 895 576/0706 461 976
10	Ms. Olga Namukuza	F	Ex-Officio /Regional Representative to IPPFAR	Social Worker	<b>Email:</b> daphynne101@gmail.com <b>Tel:</b> 0773 545 063

### Governing organs

1. Board of Trustees;
2. The National Council;
3. The National Executive Committee (NEC);
4. Programme and Finance Committee;
5. Branch Councils;
6. The Branch Executive Committee;
7. The Secretariat.

### Governance structure

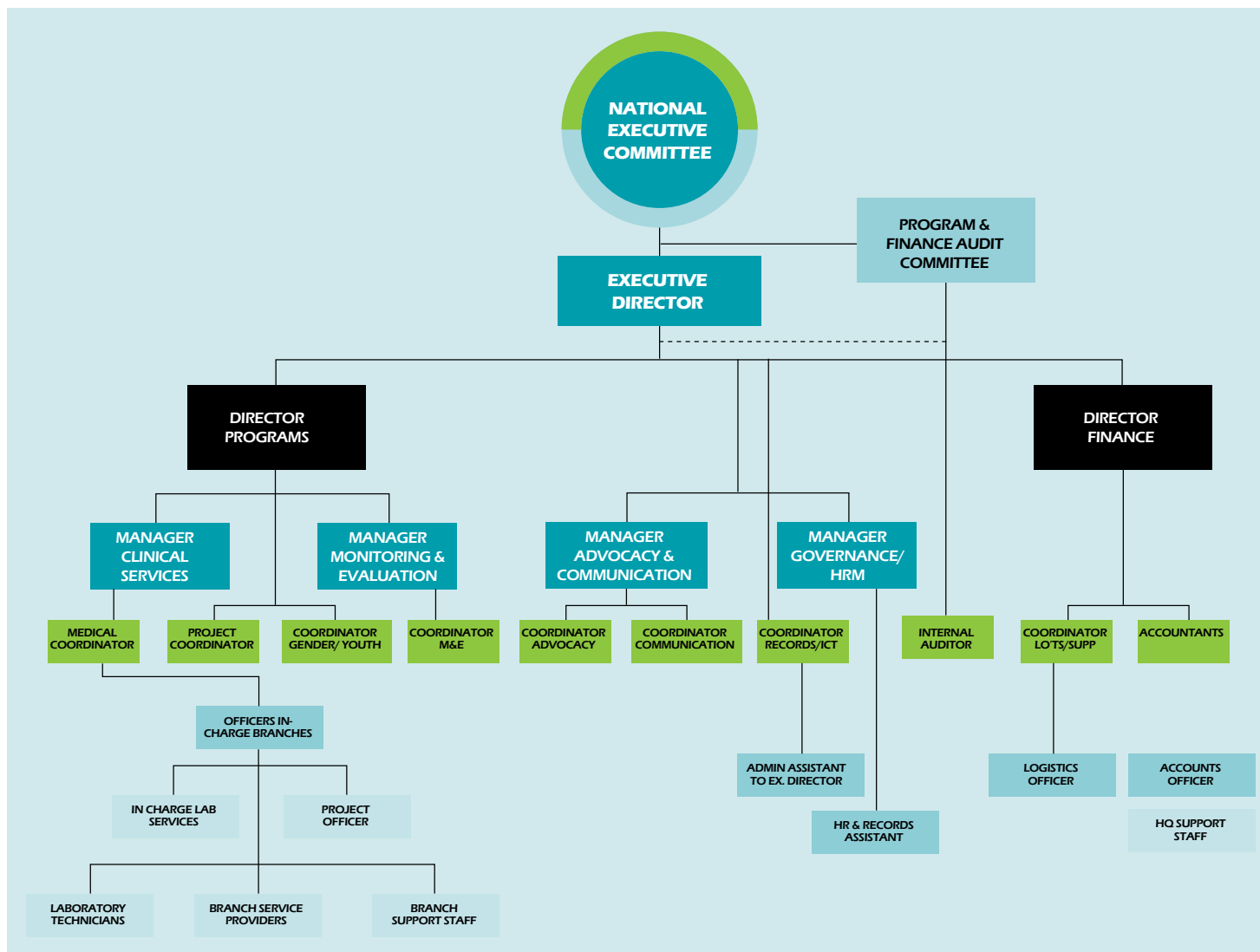






RHU National Executive Committee, volunteers, staff and management at the 2017 Annual General Meeting. The meeting was presided over by the State Minister for Primary Health Care, Hon. Joyce Moriku. The State Minister for Primary Education, Hon. Rosemary Seninde - RHU Board chairperson was also present.

## Current RHU organization structure



# Sustainability Report

## Framework applied

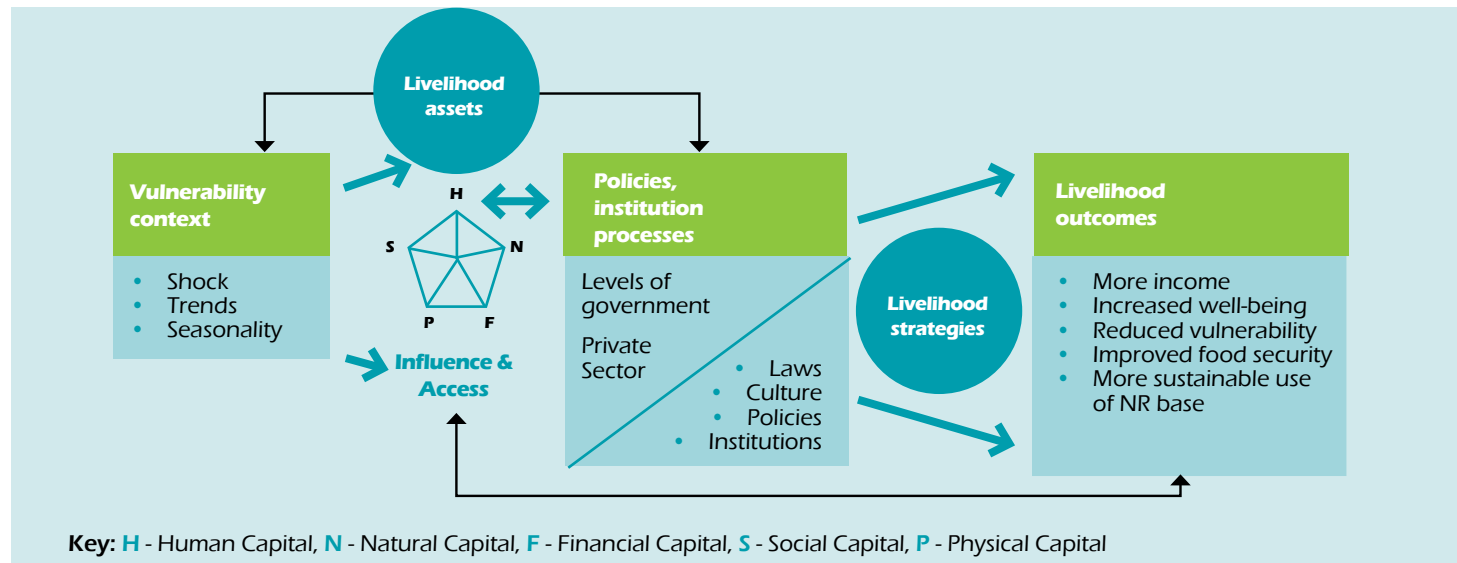
This report is based on the Global Reporting Initiative's (GRI) G4 guidelines. We have used these guidelines because they help organizations to compare themselves with peers and track progression and improvement over time. Some of our work cannot be usefully described using the generic performance indicators in the GRI G4 guidelines. However, our ability to benchmark our performance will be further aided by a GRI Sector Supplement for Non-governmental organizations (NGO's) now being prepared. Our ability to create value depends on our use and impact on certain resources and relationships.

We also apply the sustainable livelihoods approaches, adopted by the DFID Framework, in managing and accessing our ability to create value over time and our sustainability performance. The following five capitals are fundamental to the long-term viability of our interventions: natural, social, human, intellectual, and financial. The capitals are considered in commentary throughout this report.

## Sustainable livelihoods approaches

These approaches emerged from the growing realization of the need to put the poor and all aspects of their lives and means of living at the centre of development, while at the same time maintaining the sustainability of natural resources for present and future generations.

## Framework illustration



The particular sustainable livelihoods framework developed by the Department for International Development (DFID) contains the following elements:

- An analysis of the causes of vulnerability, including trends, shocks and seasonality;
- An analysis of livelihood assets at the individual, household and community level, comprising human, social, financial, physical and natural resource capital;
- The context within which livelihoods evolve, including micro and macro level policies; civic, economic and cultural institutions; laws and governance;
- Livelihoods strategies;
- Livelihood outcomes, assessed in terms of reduced vulnerability, more food security, more income, increased well-being, and sustainable use of natural resource base (DFID 2000).

### RHU sustainability policy

This report is premised on the existing RHU's sustainability policy developed in 2015 which guides our reporting focused on environmental, social and economic management aspects of our operations.

The policy identifies the RHU advocacy team as the key staff concerned with ensuring that all our annual reports are sustainability responsive. Sustainability and Reproductive Health are inexorably linked.

One of the key environmental challenges within sustainability management is climate change, which is impacting on the world's poorest people more than anyone else. This report presents our deliberate efforts to mitigate the social impacts on the economy, the environment, and society, especially by our interventions but also those of others. It shows our contributions towards sustainable development, aligned with the Sustainable Development Goals.

Our interventions target to have healthy informed communities, who make the rights choices for their development but also reducing the impact on the environment by choices they make. For instance, a growing body of evidence emphasizes that population dynamics are factors that aggravate climate change vulnerability, thus the deliberate effort to integrating population dynamics, SRHR and climate change dynamics.

### Key achievements recorded

- RHU in 2017 acquired Accreditation status from United Nations Environment (UN E) and a certificate of Accreditation was received in November 2017-great achievement.
- RHU and WWF-Uganda acquired partnership that led to signing of MoU to jointly implement interventions in south-west and western Uganda
- The National Adaptation Plan of Action (NAPA) for the first time, included SRHR as an area of integration for national development.
- With support from RHU, government was assisted to join climate and clean Air Coalition under UNEP to reduce short lived climate pollutants.
- RHU is now a member of UN-NGO Major Group, Global NAP Network, Global Alliance on Health and Pollution, Pan-African Climate Justice Alliance (PACJA),
- RHU successful conducted the Community Based Adaptation (CBA) Symposium.



## Integrating SRHR into climate change

RHU continues to work on integration of climate change with population dynamics, reproductive Health and gender issues in policies, budgets and strategies. In 2017 we engaged different stakeholders to increase awareness amongst key decision makers on the linkages between population dynamics, reproductive health and gender considerations and adaptation to climate change to benefit the most vulnerable populations.

From the results of 2017, a lot has been learnt and achieved especially from the stakeholder engagements at Community Based Adaptation Symposium, where interactions with community members and understanding the knowledge levels of the different stakeholders was done. This was the best avenue to strengthen the country's appreciation of the importance of prioritising SRHR funding and integrating the NAPA processes.

## Waste management

Similarly in 2017 we continued to work under the KCCA guidelines and ministry of health approaches to health care waste management guidelines for the disposal of our clinical wastes in our Kampala clinics and other sites in other districts. We renewed our contract with a KCCA prequalified firm- Bin It for the proper disposal of clinical and other wastes in Kampala. We ensure segregation, treatment, handling, transportation and disposal of clinical and offensive wastes so as to minimize the risk to health and safety of the population.

## Town cleaning campaign

These public activities were organized by RHU branches to create awareness about RHU and services offered at the clinics and to give back to the community in which we operate. A case in point was on 28th June 2017 when the RHU Mbarara branch initiated a massive town cleaning that was flagged off by the Mayor and the town clerk of Mbarara Municipality. The event was attended by residents and RHU partners.



Young people participating in one of RHU's town cleaning campaigns.

Over 500 people benefited from different services provided including; safe male medical circumcision, voluntary counseling and testing of HIV/AIDS, cervical cancer screening, family planning among others.

## Organizational development

In 2017, the organisational development consultancy report was launched. The objective of the consultancy was to develop a human resource development plan aligned to the new RHU Strategic Plan (2016-2022) in order to address the long term resource needs that reflect RHU's strategic aspirations. The specific objectives of that study was to:

- To review the organization's structure, systems and processes in relation to RHU's Strategic Plan aspirations, and recommend short, medium and long-term plans of a transformative nature that will strengthen the organization, thereby promoting its sustainability and impact.

- To develop a staff development plan and devise a salary and benefits structure that offers competitive remuneration in relation to organizations of like similarity.
- The results of the study have set a new pace for the institution and a number of changes are in the pipe line. RHU management has to date developed an action report to implement these recommendations in phases. The following specific recommendations were discussed by RHU's senior management team, presented to RHU Board of directors and approved for implementation.
- Adoption of a new organisational structure with 54 new positions identified. This will strengthen service delivery and the plan is to have this done phases. Some of the new positions proposed at head office include: Manager Governance and Corporate affairs; Executive Assistant to the Executive Director; Manager Compliance and Internal Audit; Manager Business Development; Finance Manager and Administration Manager
- The revised staff positions for a model RHU branch will include the following staff: Medical Officer / In Charge Branch office; Head, Diagnostic Services; Administrative Officer; Dispensing Assistant; Supplies / Stores Assistant; Accounts Assistant; ICT Assistant; Records Assistant / Data Clerk; Front Desk Assistant (Customer Care)
- The report indicated that RHU remuneration to staff was below other comparator organisations in the same category. Specific recommendations for review and enhancement of salaries, other benefits and per diem were proposed. They were adopted for implementation in 2018.

- Training needs assessment report for all categories of staff was also shared and adopted for implementations.

RHU is excited about these recommendations and believes that they will not only align the RHU team to the new strategic plan, but will also support to motivate staff and also improve capacity for service delivery.

## Employee welfare

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

**Recruitment process:** RHU's recruitment policy is governed by a slogan "Quality at the gate". Vacant positions are identified and proposed to the human resource manager for recruitment; by Executive Director in case of top management positions; and by the relevant heads of departments/line managers in case of lower cadre positions. Following approval for a recruitment to take place, a job advert is put in the media or internally advertised within RHU depending on the needs of the position to be filled.

**Job adverts:** Job advertisement contains the following information:

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

**Recruitment:** Following the expiry of the period of receiving applications, the Human Resources Manager lists and summarizes information on all applicants.

The Human Resources Manager working with the relevant line manager, draw a set of short listing criteria in line with the job advertisement and the appropriate competence profile or profiles as a basis for preparing a short list. She then draws up a short list from the list of applicants. The application and selection process is competitive and transparent and all positions are open to both inside and outside applicants.

Interview dates are set and shortlisted applicants invited for interviews. Different interviews are conducted for different categories of applicants and successful candidates offered jobs. The offer normally stands for 5 working days waiting acceptance from the offeree and this acceptance is normally in writing. After acceptance, the new staff is orientated about the organization and work he/she is expected to do. This is done for 5 working days and the new staff is then expected to report for work. The other trainings and orientations are done on-job.

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

**Staff Development:** In 2017, all line managers conducted annual performance appraisal exercise for all staff. The Executive Director was appraised by a selected committee of the board. This is one avenue to identify the needs of individual staff to perform their duties better. Therefore, RHU provides means and support to ensure that every employee is adequately trained and developed in their employment to support the pursuit of both the organisation

and the employees' goals. This is done through in-house and external training as well as other support programmes.

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

More to that, different staff were also sponsored to participate in different trainings both internally and externally. For example in 2017, Service providers underwent several trainings on how to improve service delivery and quality of care.

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

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

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

# Internal audit

Reproductive health Uganda has a fully functional internal audit function with relevant policy frameworks and support of management and Board. The mandate of the functions is to ensure adherence to the national laws and regulations, organizational policies and donor requirements.

By structure the function reports on quarterly basis to the Programme and Finance committee which contains among others evaluation of internal control systems, compliance and other mandatory requirements, risk profile updates and incidence reporting. This function works to promote transparency, integrity and accountability at different levels of organization's operations and greatly helps the entity to detect, deter and manage risks.

The human resources departments also ensures that all new staff are taken through RHU's code of conduct and anti-corruption policies. According to the anti-corruption policy all RHU's Board members and senior management are expected to complete the conflict interest declaration forms on annual basis.

RHU, in line with the postulates of the International Planned Parenthood Federation (IPPF), to which it is affiliated, adopted 'zero tolerance' to corruption.

This anti-corruption policy applies to all volunteers, employees, and the Board at Reproductive Health Uganda (RHU).

In 2017, the risk register was analyzed and updated, presented to the governing body for review and input, using the Mango Business Health Check tool, the risk profile of entity is presented as follows.

## 2017 Institutional risk profile ratings

Section	Score	High risk	Medium risk	Low risk
1. Planning & budgeting	46	0 - 25	26 - 40	41 - 50
2. Basic Accounting Systems	56	0 - 30	31 - 50	51 - 60
3. Financial reporting	34	0 - 20	21 - 35	36 - 40
4. Internal controls	71	0 - 40	41 - 60	61 - 75
5. Grant management	29	0 - 15	16 - 25	26 - 35
6. Staffing	35	0 - 20	21 - 30	31 - 40
<b>Total Score</b>	<b>271</b>	<b>0 - 150</b>	<b>151 - 240</b>	<b>241 - 300</b>

Key activities undertaken by this functions include, routine reviews of operational details, analysis and documentation of the risk profile, maintenance and update of the risk register, Review of key contractual documents prior to signing and conducting investigations/ inquiries on issues where incidences are report. The function also renders support to policy development, policy awareness and review processes from time to time when such are required by the governing body. The function also prepares the entity for external audit processes and works to ensure that audit recommendations are followed up and implemented at different levels.



## Principal risks and uncertainties

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

- 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 include the annual planning process and maintaining a risk register which RHU senior management and Board updated during the year.

## 2017 Risk register

Risk	Impact	Likelihood	Rating 1-6	Process in place	Action plan	Basis of rating and maintaining the risk on the register	Responsible persons
Legal and regulatory changes that affect RHU's reputation	H	L	3	Effective engagement of relevant policy makers through advocacy Aligning the RHUs tools with national laws.	Membership in various advocacy forum. Keep tracking changes in the country laws and policies and standards that affect RHUs operations.	RHU work is regulated by several government bodies, specifically the national laws, MOH guidelines and international protocols, much as these would highly impact on the operations of RHU, the likelihood is low because all RHU policies are aligned to the national and international guides.	ED
Policy Changes in the health sector	H	M	3	Maintaining good working relationship with government health sector. Appropriately adjusting to suit the trends in the sector wherever there are changes	Where appropriate following the MOH guidelines and protocols in all operations. Work through networks, coalitions to advocate. RHU should devise appropriate mechanism to avert or minimize the adverse effects of such risk.	RHU work is regulated by several government bodies, specifically the national laws, MOH guidelines and international protocols, much as these would highly impact on the operations of RHU, the likely hood is low because all RHU policies are aligned to the national and international guides.	ED

We have also paid particular attention to the management of certain financial risks over 2017 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.

Assumptions for the successful implementation of our four outcome areas.

Continued support from IPPF and other funding partners.
Conducive regulatory environment for operation of NGOs in Uganda
Good governance upheld by RHU management and Board
Political stability in all parts of Uganda where RHU operates
Transparency in operations
Improved public private partnerships
Continued government support to RHU activities including supply of family planning commodities

Risk	Impact	Likelihood	Rating 1-6	Process in place	Action plan	Basis of rating and maintaining the risk on the register	Responsible persons
Competition with other NGO's	M	H	5	Having a clear line of direction depicted in the strategic plan. Maintaining high quality of services Forming partnerships with organizations that carry out similar, complimentary or related services.	Ensure adherence to the values in the strategic plan. Comply with provisions of partnership management manual for guidance on how to deal with partners.	The NGO terrain is ever becoming very competitive, there are many new players doing the same business as RHU, and the donors are becoming more strict on funding. Much as the Impact of this would be medium, the likelihood of happening is high hence the high rating.	ED
Recruitment of dishonest and incompetent staff	H	M	3	Ensure adherence to the standard recruitment process following the processes as laid in the Human Resources manual.	Conduct free and fair recruitment process to enhance recruitment of honest competent persons. Dismiss dishonest and incompetent staff wherever such cases are found.	RHU has strong recruitment procedures that ensures that the right people are appointed in the various positions, however, people change hence the risk and the medium rating.	GHRM
Offer of low quality service/ ineffectiveness	H	L	5	Known Standard minimum package for services offered at RHU outlets. Minimum recruitment qualification requirements for service providers Adherence to MOH service delivery guidelines Regular quality of care assessment in RHU outlets	Conduct periodic QOC assessment in all outlets. Conduct appraisal for service providers annually	RHU's core business is service delivery, anything that affects service delivery poses a big risk to the organization. However because of the high quality of care efforts, this risk is of low likely hood.	CSM
Sustainability risk- strategic	H	L	4	RHU has a resource mobilization strategy to cope with the increasing need to expand its operation in coverage. Internal revenue generation mechanism (fee for service membership, institutional fee etc). Sustainability issues and integral component during project proposal development.	Ensure that project writer cater for cost of activity sustainability Develop an efficient internal revenue generation system. Strengthening the provision of the highly specialized services delivery component that would attract more revenue resources.	This is high risk area, much of the work in RHU is project based, and as such short term. Bridging through the different projects is a real risk as staff and programs come to an end at the end of each project. And donors have different priorities.	ED/DOF

Risk	Impact	Likelihood	Rating 1-6	Process in place	Action plan	Basis of rating and maintaining the risk on the register	Responsible persons
Foreign exchange rate fluctuation risk	H	H	3	Proper budgeting process that puts in to consideration foreign exchange fluctuations  Liaising with IPPF regional office to cover force losses whenever they occur	Proper budgeting and regular budget analysis that are used to inform budget reallocations at half year.  Prequalification process where prices are fixed for a period of one year	Uganda's forex market is highly volatile, the rates change regularly affecting already planned and budgeted operations. However sometimes the exchange brings more funds in terms of exchange gains, hence the medium risk rating.	DOF
Fraud, embezzlement, corruption	H	L	4	RHU has a sound accounting system that ensures completeness and accuracy of its reports, operations and processes. Various RHU tools exhaustively provide for penalties and punishments in case of fraud and embezzlement. The internal control systems are the ones that are meant to safeguard the association from	Constant monitoring of processes, activities, records and operations by both internal and external parties.  Regular internal audit reviews to ensure adherence to regulations and crews.  In process-reviews by various parties  The internal audit unit is tasked with following up on review recommendations and management is supportive of this function.	Uganda's risk corruption index is one of the highest in the region. From the broader perspective RHU has to keep keen watch of whatever happens to avoid loss due to fraud and corruption and protect the image and reputation of the organisation.	ED/IA
Liquidity and cash flow risks	H	L	4	RHU monitors its liquidity levels on a quarterly basis through budget monitoring.  Strict observance of budget lines especially in donor restricted funds.  Quarterly cash flows are prepared and analysed periodically	Always refer to the respective budget line before processing payments.  Limit taking on extra activities on expense centers within the course of a financial which weren't part of the APB. On course of implementation budget variance analysis and budget monitoring reports are used to track budget performance periodically,	Decline in the liquidity of the institution would imply that the institution is struggling to meet its obligations, and therefore would greatly affect the operation. hence the high rating	DOF
Data loss through virus attacks, piracy, eavesdropping, fire outbreak etc	H	M	5	IT policy that guides the use of computers and other data handling equipments.  Regular data backups are done and stored off site.  Internet access is limited and controlled.  Central server for storage and sharing of corporate information.	Create un corruptible access control password.  Ensure that passwords are not shared and regularly changed  Limit management staff from using mobiles drives or flashes and encouraging mail communication and transfer of files  The RHU computer network is installed with antivirus and a fire wall to protect intrusion.	Data is critical for the reported operations of the institution, any loss of data would lead to inaccurate, incomplete and un realistic reporting, failure to report accurately and on a timely basis which could lead to loss of reputation and income. However, due to the available data control processes, this is a medium occurrence risk	RICT

Risk	Impact	Likelihood	Rating 1-6	Process in place	Action plan	Basis of rating and maintaining the risk on the register	Responsible persons
Commodity insecurity risk RHU procures most of its SRH commodities from UNFPA.... the Trump administration has defunded UNFPA...hence a major risk for RHU	H	M	4	Alternative distribution channel for government Advocacy. RHU is in partnership with other Agencies including MOH, UNFPA and IPPF and local government to ensure that they jointly address commodity insecurity issues together.	Engage in more effective commodity security advocacy. Establish direct supply chain link with the Government supplied distribution system through the Alternative distribution chain managed by UHMG	Commodities are the base for service delivery, whenever there is stock out of these commodities it means that services are affected. This would have a high impact on the operations of RHU , however this is of medium occurrence as RHU forges partnerships that work to ensure that essential commodities are available all the time..	LSC
Risk of loss due to theft, burglary, fire	H	M	4	RHU facilities are secure with night guards and perimeter wall fence. RHU controls access to premises after official working hours. RHU monitors movement of asset and equipment out of its premises.	RHU should develop a more robust facility access system to track those entering and going out at any moment. RHU headoffice has installed CCTV to monitor the movements. RHUs assets and staff are insured with various covers including, Workman's compensation, Group personal accident comprehensive cover for vehicles, Fire and burglary and all risks.	This is a high impact risk, however due to the spread of our branches and operations security conditions differ from branch to branch.	LSC
Volunteer dominance and conflict of interests	H	L	3	RHU constitution prohibits volunteers from taking up paid positions within RHU. Volunteers play an oversight role in management and operations of RHU through the governing body. Members of the governing body, National Executive Council (NEC) sign or fill conflict of interest form annually.	RHU should regularly orient or update volunteer members on their roles, responsibilities, rights and obligations.	If volunteers come to dominate the operations of the institution, this would be of high impact, however the strong policies and thorough orientation works to minimize this risk, hence the low occurrence.	GHRM

**GHRM**  
**ED**  
**RICT**

Governance & Human Resource Manager  
Executive Director, LSC – Logistics and Supplies Coordinator, DOF – Director of Finance, CSM- Clinical Services Manager.  
Records and ICT coordinator

#### Risk rating defination

1 - Low risk  
6 -High risk





# **Financial Report 2017**

# Financial Report 2017

## Introduction

RHU's financial position has continued to improve over the years. In 2017, we registered a double digit increase of 16% in overall revenue generated compared to 2016. The final accreditation exercise accomplished also provides guarantee to RHU to access core funding of US\$ 1 million per annum from IPPF for the next five years. We also saw steady increase in local revenue collections as well as more strengthened collaborations with funding partners bring on board eight new projects. The future and support from funding partners is quite promising. In 2018, there are plans to recruit a business development officer to support and oversee the strategic resource mobilization function.

In 2017, we also witnessed the shilling continuing to weaken against the dollar, depreciating from UGX 3,591 in February to UGX 3,630 in December, 2017. This instability in the value of the shilling made exports expensive. Many of our suppliers increased prices of their items making it difficult for our teams to obtain all the necessary items planned to be procured.

To ensure that commercial banks reduce interest rates charged on loans, Bank of Uganda systematically reduced the central bank rate (CBR) from 11.5% in January to 9.5% by December, 2017. Since we invest most of our surplus funds in fixed deposits, the interest rates offered by banks on our fixed deposits reduced drastically, with the best offers going as low as 9% per annum. Fuel pump prices also rose from shs.3600 early in the year to shs. 4,100 per litre of petrol by end of year. We had to request for budget reallocations to balance our expensive travel costs.

## Resource mobilization

Reproductive Health Uganda aims to build long-term relationships with individual donors to secure ongoing financial support for our projects and campaigns. We are happy to report that RHU received a certificate of Accreditation by IPPF for phase three. Accreditation is a routine appraisal process conducted by IPPF after every five years for all member funded associations. Successful completion of accreditation implies that RHU is now assured of continuous funding from IPPF for the next five years. IPPF annual grant is US\$ 1 million. A certificate of the same is available.

Management plans to celebrate receipt of this certificate in September 2018, and copies of the certificate will be issued to the respective branches, accordingly. The Clinic Services Manager was nominated to spearhead the current resource mobilization strategies with support from finance and other thematic coordinators. According to plans in the existing resource mobilization strategy, this function will be coordinated by a business development officer to be recruited in 2018.

The African Citizenship Initiative (ACI) is also a resource mobilization initiative intended to raise resources from volunteers to support RHU's programme areas. We aim to continue mobilizing resources from both local and international partners. Local revenue especially from clinic collections will be boosted by equipping the clinics with necessary equipment as well as continued marketing of our services. We hope to strengthen the capacity of individual branches to enable them mobilize adequate resources to be self-sustainable.

RHU has also continued to operate in a competitive donor environment. It has therefore been the organization's objective to strive and create new donor relationships but also to ensure that all the existing relationships are maintained. We appreciate the efforts of the International Planned Parenthood Federation (IPPF) in addition to other local and international partners in supporting the various fundraising efforts which saw several new projects being started in 2017. These include;

- SRH Sudanese Refugee Project funded by DFPA
- Women Leadership Accountability through IPPF
- Right Here Right Now Project funded by Rutgers
- Accelerating Change Unlocking Sexuality Education in Uganda ( ACUSE) funded by Mannion Daniels
- You Decide Project funded by Rutgers
- UNRA-Preventing HIV Aids Project ( POHA) funded by the Chinese (CICO)
- Champions in Global Reproductive Rights (PAI) project through IPPF
- Bergstrom Project funded by the Bergstrom Foundation through IPPF

We have carried out several outreaches in partnership with companies/organizations in order to enhance our service provision package. We have endeavoured to increase our services to the most vulnerable and underserved communities in line with IPPF's strategic direction of supporting Member Associations which increase access.

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

## Value added statement

Value added is calculated as RHU's revenue generated minus payments such as costs related to the four thematic outcome area of advocacy, youth, service delivery and sustainability as well as cost of depreciation and amortization. The resulting amount is distributed to the four outcome areas, commodities and employees.

The total wealth created by RHU in 2017 is UGX 20.5 billion as shown in the value-added statement below.

Value added	UGX '000
Grants from IPPF	2,787,899
Grants from other Partners	12,688,726
Locally generated revenue	2,091,593
Commodity grants	2,962,400
<b>Wealth created</b>	<b>20,530,618</b>
Distribution of wealth	UGX '000
Outcome areas 1- Advocacy	2,237,863
Outcome areas 2- Youth/ CSE	3,096,788
Outcome areas 3- Service Delivery	8,021,726
Outcome areas 4- Sustainability	1,961,039
Depreciation and Amortization	631,270
Employees	4,581,932
<b>Wealth distributed</b>	<b>20,530,618</b>

## Unit cost per service

The unit cost per sexual and reproductive health (SRHR) service was UGX 17,109, while the Unit cost per client served was UGX 2,933. Computed by;

Unit cost per SRHR service offered = **UGX 20,530,618 / 1,200 = UGX 17, 109 per service.**

Unit cost per client served = **UGX 20,530,618 / 7,000 = UGX 2,933 per client.**

## Programme scope

RHU's operations were classified under the four new outcome areas which include Advocacy, IEC & CSE – Youth, Service Delivery and Sustainability with the supporting projects like; Resource Mobilization, Learning Centre, Institutional Knowledge Management, Voluntarism and Administration / General Services.

## Vehicle replacement reserve

The innovation of charging vehicle hire fees to all restricted projects not contributing to vehicle purchase lead to the creation of the Vehicle Replacement Reserve Fund. This fund will avail resources for purchase of new vehicles. The fund had accumulated to UGX 109,000,000 by end of year, 2017.

## Closure of some projects

The dynamics related to donor funding followed by the US politics of President Donald Trump that reduced US funding towards reproductive health initiatives led to abrupt closure of some six projects.

These were Sayana Press, Advocacy for Better Health (ABH), Evidence, Rights Based Approach (RBA) and Closing the Gap (CTG) projects. This sudden closure of key projects adversely affected project implementation in some areas as well as financing for staff costs, supplies and overheads on those projects. Many of these costs had to be borne by the IPPF core project and RHU's own resources.

The cost of absorbing those expenses and adjusting operations was high and expensive, leading to postponement of some planned facility improvements as well implementation of organizational review recommendations. We continued to close gaps that existed and were limiting our ability to generate more revenue from our clinics. This mainly related to drug stock outs and lack of diversification in our service package.

We also enabled some three RHU branches (Gulu, Kapchorwa and Mbale) to offer services to selected clients under the ABT- USAID voucher plus arrangement. These among other initiatives have given rise to increased local revenue generated in 2017.

## Appreciation

As noted above, our activities are greatly supported by our various funding partners, both local and international.

We therefore wish to thank all our funding partners for supporting our efforts to fight for the sexual and reproductive health and rights of the people of Uganda.

## Income received in the year 2017

The RHU received cash before considering in kind donations in 2017 of UGX 15,476,625,000 compared to UGX 12,800,966,000 received at end of 2016.

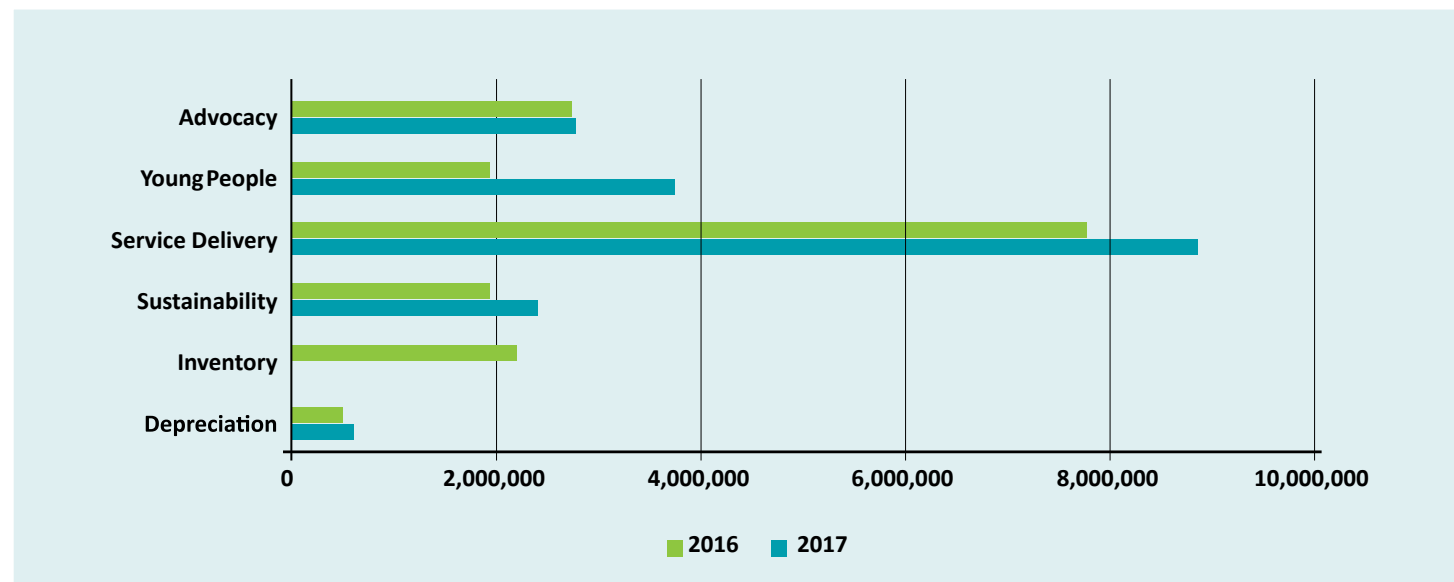
The overall organizational income, after consideration of the in kind donations and movements in inventory/fixed asset funds as at end of 2017, amounted to UGX 20,530,618,000 representing an increase of 16% in overall incomes compared to UGX 17,630,620,000 in 2016.

There was also an improvement in local revenue collections of 6% from UGX 1,004,445,000 in 2016 to UGX 1,064,940,000 in 2017. In kind donations of assets and inventory reduced from UGX 2,260,481,000 in 2016 to UGX 2,176,219,000 in 2017, reflecting a decline of 4%.

Overall income generated in 2017 of UGX 20,530,618,000, exceeded the budgeted income in the same year of UGX 12,841,690,000. We are indeed very grateful for the continued support from all our partners.



## Trend of income 2013 - 2017



## Trend of funding over the years

Year	Trend	Changes	Causes
2013	19,187,776,000	-	Plenty of in kind grants received (supplies)
2014	17,439,319,000	9%	Reduction in amount of in kind grants received Reduction of USAID funding
2015	16,446,167,000	5.7%	End of main USAID project and closure of some projects Reduction of UNFPA grants received
2016	17,630,620,000	7%	Increase in the IPPF grants and New projects emerged
2017	20,530,618,000	16%	Supplementary funding from IPPF Emergence of new projects including some big projects like Prevention Plus, Right Here Right Now and Youth Empowerment Through Agriculture (YETA).
Average	18,246,900,000		

As depicted in the graph above the average grant income over the last five year period 2013- 2017 was UGX 18,246,900,000.

### Expenditure

The total expenses for the year 2017 amounted to UGX 18,500,014,000 compared to UGX 17,264,963,000 in 2016.

### Analysis of expenditure by outcome areas

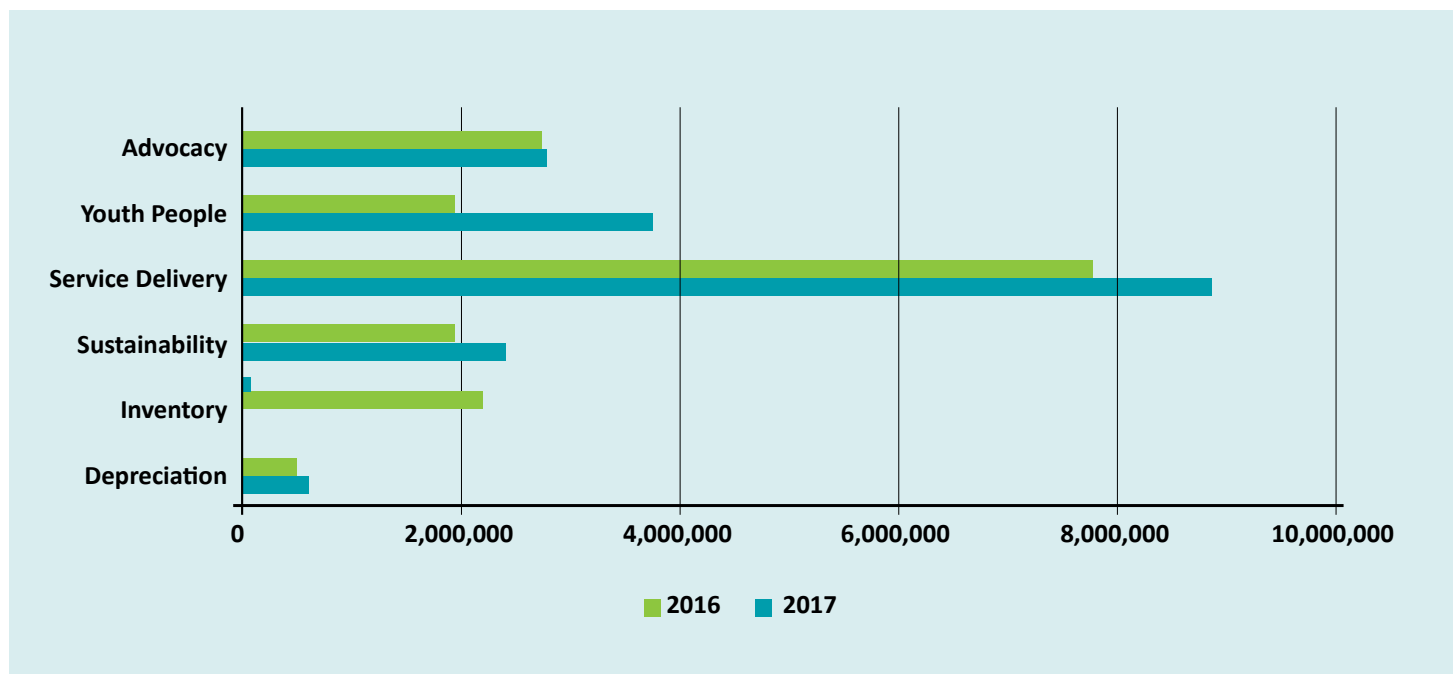
Overall, the organization's expenditure increased by 16% compared to last financial year, due to increased projects and volume of activity.

### Infrastructure

With Support from IPPF and with top-up from the Vehicle replacement reserve a Nissan Patrol vehicle was purchased at US\$ US\$61,000 for the Executive Director's office. IPPF contributed US\$48,000 and the balance of US\$13,000 was a top-up from the vehicle replacement reserve fund.

Medical equipment in form of Ultrasound Scanner machine was acquired at UGX 17,480,000. Two Hematology Analyser machines were bought at UGX 19,500,000 each. Five other generators of 3500A in capacity each costing UGX 3,000,000 were also acquired to support during power black outs.

### Analysis of expenditure by outcome areas (UGX '000)



The wall fence and Youth Centre in Arua Branch was completed and several solar systems were acquired and distributed to some branches. These are among other efforts done to improve service delivery at our clinics.

We have also endeavoured to improve procurement and delivery of drugs to the various branches to minimize stock outs and improve service delivery. We recognize that there are a number of pending facility improvement requests at various branches; funds allowing, these will be prioritized in 2018. There has been a deliberate effort to include facility improvements in most of the new projects that emerge.

To support the construction of the proposed model health facility in Luwero, a donor conference was organized. UGX 4,246,000 was collected as cash and UGX 8,155,000 was received as pledges. This function was presided over by Rt. Hon. Rebecca Kadaga as chief guest.

In 2018, management will initiate plans for development of the land in other branches. We are confident that these improvements in the organization's infrastructure will enhance our capacity to serve more clients.

### Statement of financial position (balance sheet)

The organisation's total assets reduced slightly over the last year. The total assets as at 31st December 2017 was UGX 12,687,236,000 (comprised of fixed assets and current assets) as compared to UGX 12,953,682,000 in 2016. This decrease in total assets is related to decreases in receivables and prepayments for the period.

### Audited accounts

Ernst & Young Certified Public Accountants, audited the association books of accounts for the year ended 2017. A copy of the audited accounts is enclosed. The Programme and Finance committee received and reviewed these audited accounts and recommended them to National Executive Committee (NEC) for their subsequent reviews and

further considerations. They were passed by NEC and are recommended for approval to the National Council. The auditors expressed an unqualified opinion as contained in the audit reports.

### Awards and recognition in 2017

Reproductive Health Uganda became First Runner up in the prestigious Financial Reporting (FiRe) Award, organized by the Institute of Certified Public Accountants of Uganda (ICPAU), Capital Markets Authority (CMA) and Uganda Securities Exchange (USE) for the overall design and presentation of its annual report under NGO category. For the last 3 years RHU has won 3 prestigious trophies in Financial Reporting setting up a standard that is now envied by many NGOs in the country.



# Financial Statements for the Year 2017

## Statement of management's responsibilities for the year ended 31 December 2017

The National Executive Committee of RHU is responsible for the preparation and presentation of the financial statements, comprising of the statement of financial position as at 31 December 2017, and the statements of income, expenses and changes in fund balance and statement of cash flows for the year then ended, and the notes to the financial statements, which include a summary of significant accounting policies and other explanatory notes, in accordance with IPPF and RHU guidelines and regulations, and for such internal control as the members of the National Executive Committee determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

The National Executive Committee members accept responsibility for the financial statements set out on pages 13 to 17, which have been prepared using appropriate accounting policies supported by reasonable and prudent judgments and estimates, in conformity with IPPF and RHU guidelines and regulations. The members of the National Executive Committee of RHU are of the opinion that the financial statements present in all material aspects the state of the financial affairs and the fund balance for the year ended 31 December 2017. The Committee further accepts responsibility for the maintenance of accounting records that may be relied upon in the preparation of financial statements, as well as adequate systems of internal financial control.



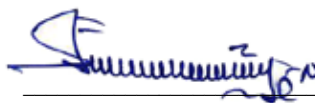
The National Executive Committee members have made an assessment of Reproductive Health Uganda's ability to continue as a going concern and have no reason to believe the operations will not be a going concern for the next twelve months from the date of this statement.

### Approval of the financial statements

The financial statements of RHU, as indicated above, were approved by the National Executive Committee members on .....2018 and are signed on its behalf by:



**National Chairperson**  
Reproductive Health Uganda



**National Treasurer**  
Reproductive Health Uganda



**Executive Director**  
Reproductive Health Uganda

## Independent Auditors' Report to the members of the National Executive Committee of Reproductive Health Uganda

# Report on the financial statements

### Opinion

We have audited the accompanying financial statements of Reproductive Health Uganda (RHU), which comprise the statement of financial position as at 31 December 2017, and the statement 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 information as set out on pages 18 to 39.

In our opinion, the financial statements present fairly, in all material respects, the financial position of Reproductive Health Uganda as at 31 December 2017, its financial performance and its cash flows for the year then ended in accordance with IPPF and RHU guidelines and regulations.

### Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the organization in accordance with the International Federation of Accountants' Code of Ethics for Professional Accountants (IFAC code) and other independence requirements applicable to performing audits of Reproductive Health Uganda. We have fulfilled our other ethical responsibilities in accordance with the IFAC Code, and in accordance with other ethical requirements applicable to performing the audit of Reproductive Health Uganda. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other information

The National Executive Committee is responsible for the other information. The other information does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express an audit opinion or any form of assurance conclusion thereon.

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

### 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 determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

## Independent Auditors' Report (Continued)

### Auditor's responsibilities for the audit of the financial statements

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing

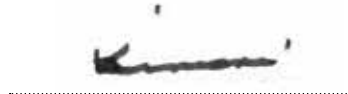
an opinion on the effectiveness of the organization's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.
- Conclude on the appropriateness of the NEC's use of the going concern basis of accounting and based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the organization to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

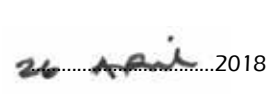
We communicate with the NEC regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



**Ernst & Young**  
Certified Public



**CPA Michael Kimoni**  
Accountants of Uganda

 2018

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**Reproductive Health Uganda (RHU)**  
**Statement of income, expenses and changes in fund balances**  
**for the year ended 31 December 2017**

	Note	2017 Local Currency			2017 US\$			2016	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Local	US\$
		UGX 000	UGX 000	UGX 000	US\$ 000	US\$ 000	US\$ 000	UGX 000	US\$ 000
RHRN		-	1,136,834	1,136,834	-	315	315	14,497	4
YOUTH CONNECT		-	-	-	-	-	-	-	-
ACUSE		-	112,425	112,425	-	31	31	-	-
YOU DECIDE		-	210,463	210,463	-	58	58	-	-
<b>FOCUS AREA III: SERVICE DELIVERY</b>									
STF - SCALE UP - CERVICAL CANCER		-	125,399	125,399	-	35	35	172,155	50
CERVICAL CANCER		-	25,042	25,042	-	7	7	552,633	161
GESTATIONAL DIABETES - GIDCU		-	637,034	637,034	-	176	176	402,586	117
GCACI		-	817,528	817,528	-	226	211	837,773	244
CTG		-	1,233,294	1,233,294	-	342	342	955,407	279
YEP - RUTGERS WPF		-	282,750	282,750	-	78	78	326,851	95
United Nations Population Fund (UNFPA)		-	1,124,049	1,124,049	-	311	311	1,172,502	342
UNAIDS		-	10,915	10,915	-	3	3	57,537	17
SAYANA PRESS SCALE UP		-	184,240	184,240	-	51	51	289,128	84
WISH BID		-	-	-	-	-	-	9,843	3
DFPA - HEALTH VOLUNTEERS		-	-	-	-	-	-	46,655	14
SPRINT/MISP		-	139,283	139,283	-	39	39	31,864	9
GIZ/Shadows & Lights		-	-	-	-	-	-	15,848	5
POHA		-	35,326	35,326	-	10	10	-	-
PAI		-	177,482	177,482	-	49	49	-	-
BERGSTROME		-	313,110	313,110	-	87	87	-	-
SOCIAL FRANCHISING		-	-	-	-	-	-	57,325	17
<b>FOCUS AREA IV : BUILDING A SUSTAINABLE, ACCOUNTABLE AND RESULT ORIENTED ORGANIZATION</b>		-	-	-	-	-	-	-	-
<b>Sub Total</b>		<b>2,787,899</b>	<b>12,688,726</b>	<b>15,476,625</b>	<b>772</b>	<b>3,514</b>	<b>4,286</b>	<b>12,800,966</b>	<b>3,733</b>

## Reproductive Health Uganda (RHU)

### Statement of income, expenses and changes in fund balances for the year ended 31 December 2017

	Note	2017 Local Currency			2017 US\$			2016	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Local	US\$
		UGX 000	UGX 000	UGX 000	US\$ 000	US\$ 000	US\$ 000	UGX 000	US\$ 000
Release of fixed assets fund		786,181	-	786,181	218	-	218	518,622	151
Release of inventories fund		2,176,219	-	2,176,219	603	-	603	2,260,481	659
Other income	4	2,085,330	6,263	2,091,593	578	2	579	2,050,550	598
<b>Total Income</b>		<b>7,835,629</b>	<b>12,694,989</b>	<b>20,530,618</b>	<b>2,171</b>	<b>3,516</b>	<b>5,687</b>	<b>17,630,620</b>	<b>5,142</b>
<b>EXPENSES</b>									
<b>FOCUS AREA I: ADVOCACY</b>		<b>91,486</b>	<b>2,713,831</b>	<b>2,805,317</b>	<b>25</b>	<b>752</b>	<b>777</b>	<b>2,750,880</b>	<b>802</b>
<b>FOCUS AREA II: YOUTH</b>		<b>140,578</b>	<b>3,634,189</b>	<b>3,774,767</b>	<b>39</b>	<b>1,007</b>	<b>1,046</b>	<b>1,979,402</b>	<b>577</b>
<b>FOCUS AREA III: SERVICE DELIVERY</b>		<b>2,786,654</b>	<b>6,072,834</b>	<b>8,859,488</b>	<b>772</b>	<b>1,682</b>	<b>2,454</b>	<b>7,766,846</b>	<b>2,265</b>
<b>FOCUS AREA IV : BUILDING A SUSTAINABLE, ACCOUNTABLE AND RESULT ORIENTED ORGANIZATION</b>		<b>2,429,172</b>	<b>-</b>	<b>2,429,172</b>	<b>673</b>	<b>-</b>	<b>673</b>	<b>1,988,733</b>	<b>580</b>
<b>Total project expenses</b>		<b>5,447,890</b>	<b>12,420,854</b>	<b>17,868,744</b>	<b>1,509</b>	<b>3,441</b>	<b>4,950</b>	<b>14,485,861</b>	<b>4,224</b>
Administration and general services		-	-	-	-	-	-	-	-
Total operating expenses		5,447,890	12,420,854	17,868,744	1,509	3,441	4,950	14,485,860	4,224
Depreciation and amortisation		631,270	-	631,270	175	-	175	518,622	151
Donated inventory expensed		2,176,219	-	2,176,219	603	-	603	2,260,481	659
Provision for doubtful receivables		-	-	-	-	-	-	-	-
<b>Total Expenses</b>		<b>8,255,379</b>	<b>12,420,854</b>	<b>20,676,233</b>	<b>2,287</b>	<b>3,441</b>	<b>5,728</b>	<b>17,264,963</b>	<b>5,035</b>
(Deficit)/Surplus of income over expenditure		(419,750)	274,135	(145,615)	(116)	75	(41)	365,657	107
Fund balances at beginning of year		891,931	2,422,263	3,314,194	247	671	918	2,748,537	802
Reversal of prior year adjustment		-	(391,309)	(391,309)	-	(108)	(108)	-	-
Adjustment for - 2016		-	27,736	27,736	-	8	8	-	-
Transfer from fund balance		-	(50,421)	(50,421)	-	(14)	(14)	200,000	58
Fund balance at end of year	7	472,181	2,282,404	2,754,585	131	632	763	3,314,194	967

## Reproductive Health Uganda (RHU)

### Statement of financial position as at 31 December 2017

		Local currency			2017 US\$			2016	
		Unrestricted	Restricted	Total	Unrestricted	Restricted	Total	Local	US\$
	Note	UGX 000	UGX 000	UGX 000	US\$ 000	US\$ 000	US\$ 000	UGX 000	US\$ 000
<b>Non-current assets</b>									
Property and equipment	9 (a)	6,219,590		6,219,590	1,721	-	1,721	6,323,670	1,751
Prepaid Operating Lease	9 (b)	198,284		198,284	55	-	55	202,502	56
<b>Total non-current assets</b>		<b>6,417,874</b>	<b>-</b>	<b>6,417,874</b>	<b>1,776</b>	<b>-</b>	<b>1,776</b>	<b>6,526,172</b>	<b>1,807</b>
<b>Current assets</b>									
Cash and bank	10	471,470	2,227,493	2,698,963	131	615	746	1,751,492	486
Short Term Deposit	21	700,000	-	700,000	194	-	194	700,000	193
Inventories (Appendix 1)		1,132,873	-	1,132,873	313	-	313	1,201,131	333
Other receivables and prepayments	11	949,946	787,580	1,737,526	263	218	481	2,774,888	768
<b>Total current assets</b>		<b>3,254,289</b>	<b>3,015,073</b>	<b>6,269,362</b>	<b>901</b>	<b>833</b>	<b>1,734</b>	<b>6,427,510</b>	<b>1,780</b>
<b>Total assets</b>		<b>9,672,163</b>	<b>3,015,073</b>	<b>12,687,236</b>	<b>2,677</b>	<b>833</b>	<b>3,510</b>	<b>12,953,682</b>	<b>3,587</b>
<b>Liabilities and fund balances</b>									
<b>Current liabilities</b>									
Accounts payables	12	1,334,399	732,671	2,067,070	369	202	571	1,077,129	298
Overdrafts	13	-	-	-	-	-	-	59,257	16
Amounts due to donors	12	-	-	-	-	-	-	857,668	238
Deferred income	14	-	2,282,402	2,282,402	-	631	631	2,422,261	671
<b>Total current liabilities</b>		<b>1,334,399</b>	<b>3,015,073</b>	<b>4,349,472</b>	<b>369</b>	<b>833</b>	<b>1,202</b>	<b>4,416,315</b>	<b>1,223</b>
<b>Fund balances</b>									
Designated Fund	15	374,064	-	374,064	103	-	103	374,064	104
Undesignated Fund		472,181	-	472,181	131	-	131	891,931	247
Fixed assets Fund	16	2,098,309	-	2,098,309	582	-	582	2,361,514	654
Inventories Fund	17	809,024	-	809,024	224	-	224	485,975	134
Revaluation reserve	8	4,423,883	-	4,423,883	1,224	-	1,224	4,423,883	1,225
Vehicle replacement fund	18	160,303	-	160,303	44	-	44	-	-
<b>Total fund balances</b>		<b>8,337,762</b>	<b>-</b>	<b>8,337,764</b>	<b>2,308</b>	<b>-</b>	<b>2,308</b>	<b>8,537,367</b>	<b>2,364</b>
<b>Total liabilities and fund balances</b>		<b>9,672,161</b>	<b>3,015,073</b>	<b>12,687,236</b>	<b>2,677</b>	<b>833</b>	<b>3,510</b>	<b>12,953,682</b>	<b>3,587</b>

The financial statements were approved by the members of the National Executive Council on 20/1/2018 and were signed on their behalf by:



**National Chairperson**  
Reproductive Health Uganda



**National Treasurer**  
Reproductive Health Uganda



**Executive Director**  
Reproductive Health Uganda

## Reproductive Health Uganda (RHU) Statement of cash flows for the year ended 31 December 2017

		2017	2016
	Note	UGX 000	UGX 000
<b>Cash flow from operating activities</b>			
<b>Net Surplus/ (Deficit)</b>		<b>(145,615)</b>	<b>365,657</b>
<b>Adjustments for non-cash items</b>			
Reversal of deferred income	14	(391,309)	-
Release of designated fund		419,467	-
Release from inventory fund	17	(323,049)	(2,260,841)
Depreciation and amortisation		631,270	518,622
Release from the fixed asset fund	16		484,669
Donated inventory expenses		-	1,840,308
Provision for fixed assets		-	214,167
Gain on disposal of fixed assets		-	(75,778)
<b>Operating surplus before changes in working capital</b>		<b>190,764</b>	<b>1,086,804</b>
Decrease/ (Increase) in Inventories		68,258	420,174
Decrease/ (Increase) in Receivables		1,037,363	(1,749,963)
(Decrease)/Increase in Payables		132,270	682,358
<b>Net Cash surplus from operating activities</b>		<b>1,428,655</b>	<b>439,373</b>
<b>Cash flow from financing activities</b>			
Payment of overdraft	13	(59,257)	-
<b>Net Cash used in financing activities</b>		<b>(59,257)</b>	<b>-</b>
<b>Cash flow from investing activities</b>			
Proceeds on Sale of assets		-	86,885
Purchase of fixed assets	9 (a)	(522,973)	(625,162)
Investment in Fixed deposits	20	-	(200,000)
Vehicle replacement fund		160,303	-
<b>Net Cash used in investing activities</b>		<b>(362,670)</b>	<b>(738,277)</b>
<b>Net Movement in Cash and Cash equivalents</b>		<b>1,006,728</b>	<b>(298,904)</b>
Cash and cash equivalents at 1 January		1,692,235	1,991,139
<b>Cash and cash equivalents at 31 December</b>		<b>2,698,963</b>	<b>1,692,235</b>



## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 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 (IPPF).

### 2. Basis of preparation

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 of International Accounting and Auditing Standards Board (IASB).

### 3. Summary of significant accounting policies

#### a) Foreign currency translation

##### 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 recognised 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 recognised in the income and expenditure 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;
- Assets and liabilities are translated into US dollars using the exchange rate at the statement of financial position date;
- The resulting exchange differences arising from translations are written off directly to reserves/fund balances.

#### b) Property and equipment and depreciation

Property and Equipment is 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. The cost of donated assets is capitalised at full cost and the value credited to the fixed assets reserve. The cost is released to income over the useful life of the asset.

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 as follows:

Land and buildings	5.0%
Office equipment	20.0%
Furniture and fittings	10.0%

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

Motor vehicles	20.0%
Audio visual equipment	33.3%
Medical equipment	20%
Computer accessories	33.3%

### 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 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

Expenditure is recognised in the period to which it relates.

### g) Cash and cash equivalents

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

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

**4. Other income**

Donor	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
<b>Unrestricted</b>				
Clinic collections	1,049,817	291	1,002,910	292
Activity Special Funds	-	-	750	-
Miscellaneous income	11,686	3	-	-
Insurance claims	10,857	3	-	-
Other collections	66,328	18	236,850	70
Tender income	16,350	5	-	-
Fund balance from project closure	128,880	36	15,087	4
Rental income	7,800	2	-	-
AFRICAN CITIZENSHIP INITIATIVE	31,545	9	400	-
UNFPA	-	-	27	-
RHU EVIDENCE PROJECT	-	-	245	-
CTG	-	-	45	-
HRM Grant	60,954	17	80,400	23
Hewlett - Advocacy at National Level	-	-	33,500	11
SRHR Grant	78,100	22	25,395	7
GlZ Grant	14,300	4	-	-
ICPD	11,867	3	-	-
SRHR Alliance Week	72,950	20	-	-
IPPF Social Event	88,567	25	-	-
OoC	54,150	15	-	-
Rapid assessment for Refugees	30,243	8	-	-
Funds from catholics for choice	39,454	11	29,502	9
RHRN Staff support	22,216	6	-	-
Interest income	86,810	24	136,817	40

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

Donor	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Youth Connect	14,200	4	-	-
Funds from Accord	19,347	5	-	-
<b>Subtotal</b>	<b>1,916,421</b>	<b>531</b>	<b>1,561,928</b>	<b>456</b>

Restricted				
UNFPA	58,222	16	350,536	102
Climate change	-	-	21	-
CTG	-	-	45	-
SRHR	-	-	25,395	7
AFP	0	0	-	-
YEP-RUTGERS	0	0	-	-
GCACI	101,996	28	67,284	20
Other funds	-	-	8	-
Refund from CSR	-	-	1,693	-
Refund from MSU	-	-	23,813	7
Restricted income	-	-	(1,019)	-
REP	-	-	279	-
SF	-	-	283	-
AFP	-	-	1	-
HIV GRANT	-	-	15,445	5
Bank interest	6,198	2	4,839	1
Luweero Construction	8,756	2	-	-
<b>Subtotal</b>	<b>175,172</b>	<b>48</b>	<b>488,623</b>	<b>142</b>
<b>TOTAL</b>	<b>2,091,593</b>	<b>579</b>	<b>2,050,551</b>	<b>598</b>



**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

**5. Statement of functional expenses – unrestricted**

	FOCUS				FOCUS							
	AREA I	AREA II	AREA III	AREA IV								
	Advocacy	Adoloscents	Access	Governance	IPPF LC	ICB/ SKIM	REMO	General Services	Total 2017	Total 2017	2016	2016
	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	US\$ 000	UGX 000	US\$ 000
Personnel costs	51,775	36,288	1,346,737	102,999	-	173,067	-	666,529	2,377,395	659	2,450,820	715
Travel expenses	-	-	24,932	16,875	-	-	-	19,609	61,416	17	70,391	21
Vehicle procurement & running costs	-	-	-	-	-	-	-	399,181	399,181	102	106,348	31
Facilitate Relief staff	-	-	111,852	-	-	-	-	-	111,852	31	68,820	20
Training costs	-	12,248	44,921	1,490	600	-	45,134	8,203	112,595	31	137,832	40
Accounts Software maintenance	-	-	-	-	-	-	-	10,140	10,140	3	11,438	3
Office supplies	-	-	-	-	-	-	-	8,338	8,338	2	7,754	2
Communication	-	-	-	-	-	-	-	10,259	10,259	3	16,000	5
Occupancy costs including facility improvement	-	-	128,042	-	4,307	-	-	138,624	270,973	75	340,183	99
Preventive maintenance of Assets	-	-	-	-	-	-	-	31,265	31,265	9	23,644	7
Depreciation of Fixed assets	-	-	-	-	-	-	-	-	-	-	-	-
Supplementary Grant Expenses	-	-	183,867	-	-	-	-	-	183,867	51	-	-
Data Quality Reviews & assessment cost	-	-	-	-	-	54,813	-	-	54,813	15	30,521	9
Volunteer expenses	-	-	-	-	-	-	-	-	-	0	-	-
Utility expenses	-	-	-	-	-	-	-	25,534	25,534	7	19,568	6
Audit fees	-	-	-	-	-	-	-	4,718	4,718	1	43,754	13
Legal fees	-	-	-	-	-	-	-	6,277	6,277	2	6,940	2

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

	FOCUS			FOCUS								
	AREA I	AREA II	AREA III	AREA IV								
	Advocacy	Adoloscents	Access	Governance	IPPF LC	ICB/ SKIM	REMO	General Services	Total 2017	Total 2017	2016	2016
	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	US\$ 000	UGX 000	US\$ 000
Local purchase	-	-	-	-	-	-	-	-	-	-	191,395	56
Provide quality integrated SRH services	-	-	2,999	-	-	-	-	-	2,999	1	13,260	4
Media, Publication and Other	12,203	-	-	-	5,492	-	-	-	17,695	5	30,010	9
Drugs, Medicines & Other Supplies - Buffer Fund	-	-	498,458	-	-	-	8,550	-	507,008	140	569,489	166
NEC & Other Committee Meetings	-	-	-	82,262	-	-	-	-	82,262	23	169,176	49
Adolescent SRH Meetings	-	5,713	-	-	-	-	-	-	5,713	2	34609	10
Conduct Outreaches	-	-	48,486	-	-	-	26712.2	-	75,198	21	66,964	20
YFS Activities	-	10,204	-	-	-	-	-	-	10,204	3	10,084	3
Workshops/ Meetings	-	-	-	-	-	-	34,307	-	34,307	10	102,927	30
IEC Material Production	8,020.00	-	-	-	-	-	-	-	8,020	2	300	-
Website Development/ Organisational development	-	-	-	-	-	-	-	-	-	-	51,255	15
Overhead expenses	-	-	-	-	-	-	-	145,004	145,004	40	125,574	37
Catholic for Choice activity costs	-	-	73,021	-	-	-	-	-	73,021	20	-	-
Quality of Care Expenses	-	-	72,159	-	-	-	-	-	72,159	20	-	-

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

	FOCUS				FOCUS							
	AREA I	AREA II	AREA III	AREA IV	IPPF LC	ICB/ SKIM	REMO	General Services	Total	Total	2016	2016
	Advocacy	Adoloscents	Access	Governance					2017	2017	2016	2016
	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	US\$ 000	UGX 000	US\$ 000
Humanitarian Response Costs	-	-	97,526	-	-	-	-	-	97,526	27	-	-
ACORD - Adjumani Fund expenses	-	-	12,054	-	-	-	-	-	12,054	3	-	-
Harm Reduction Model expenses	-	-	104,218	-	-	-	-	-	104,218	29	-	-
Programme strategies development	-	-	30,680	-	-	-	-	-	30,680	8	-	-
Staff recruitment/ Welfare	-	-	-	-	-	-	-	32,119	32,119	9	14,709	4
APB & 1/2Year Review	-	-	-	-	-	12,636	-	-	12,636	4	19,501	6
Special fund expenses	-	66,593	-	3,119	17,644	-	-	-	87,356	24	1,225	-
Strengthen Internal Control	-	-	-	-	-	32,964	-	-	32,964	9	246,025	71
Expenses met at Source	-	-	-	-	-	-	-	290,129	290,129	80	-	-
Other expenses	-	892	6,703	3,383	-	971	-	5,917	17,865	5	64,136	18
Youth Connect expenses	-	8,641	-	-	-	-	-	-	8,641	2	-	-
ICPD expenses	19,488	-	-	-	-	-	-	-	19,488	5	-	-
<b>Total expenses</b>	<b>91,486</b>	<b>140,579</b>	<b>2,786,655</b>	<b>210,128</b>	<b>28,043</b>	<b>274,451</b>	<b>114,703</b>	<b>1,801,848</b>	<b>5,447,893</b>	<b>1,509</b>	<b>5,044,652</b>	<b>1,471</b>
<b>Purchase of inventory</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total functional expenses</b>	<b>91,486</b>	<b>140,579</b>	<b>2,786,655</b>	<b>210,128</b>	<b>28,043</b>	<b>274,451</b>	<b>114,703</b>	<b>1,801,848</b>	<b>5,447,893</b>	<b>1,509</b>	<b>5,044,652</b>	<b>1,471</b>

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 6. Personnel costs

	FOCUS AREA I- Advocacy	FOCUS AREA II: YOUTH	FOCUS AREA III: SERVICE DELIVERY	FOCUS AREA IV : BUILDING A SUSTAINABLE, ACCOUNTABLE AND RESULT ORIENTED ORGANIZATION	2017	2016
	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000	UGX 000
Gross Pay	427,861	525,699	657,188	1,989,929	3,600,676	3,452,648
NSSF	42,786	52,570	65,719	198,993	360,068	345,265
Medical	26,877	27,982	36,386	50,710	141,955	96,690
Recruitment	-	4,028	-	3,600	7,628	9,206
Workman's compensation	6,412	6,583	10,053	34,562	57,610	30,113
Gratuity	63,518	61,117	68,416	220,944	413,995	381,381
<b>TOTAL</b>	<b>567,454</b>	<b>677,979</b>	<b>837,762</b>	<b>2,498,738</b>	<b>4,581,932</b>	<b>4,315,303</b>

### 7. Fund balance

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Opening fund balance	3,314,194	967	2,748,537	855
Surplus for the year	(145,615)	(40)	365,657	107
Transfer to/from fund balance	(50,421)	(14)	200,000	58
Prior year adjustment	(391,309)	(108)	-	-
2016 Audit adjustment	27,736	8	-	-
Translation adjustment	-	(51)	-	(53)
<b>Total</b>	<b>2,754,585</b>	<b>762</b>	<b>,314,194</b>	<b>967</b>

### 8. Revaluation reserves

	2017	2016
	UGX 000	UGX 000
<b>At 1st January</b>	<b>4,423,883</b>	<b>4,423,883</b>
Revaluation surplus arising during the year	-	-
<b>As at 31 December</b>	<b>4,423,883</b>	<b>4,423,883</b>



## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

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

### 9. (a) Property and equipment

	Land & Building UGX 000	Office Equipment UGX 000	Furniture Fittings UGX 000	Motor Vehicles UGX 000	Audio Visual UGX 000	Medical equipment UGX 000	Work in progress UGX 000	Total UGX 000
<b>Cost</b>								
At January 2016	5,221,000	456,540	373,068	2,540,091	427,752	1,029,965	-	10,048,416
Additions	-	142,827	56,420	218,020	32,265	175,631	-	625,163
Reclassifications	-	107,739	-	-	(107,739)	-	-	-
Assets disposal	-	(40,406)	(5,996)	(176,435)	(23,920)	(22,235)	-	(268,992)
Assets written off	-	68,309	70,254	(407,990)	(8,784)	(148,103)	-	(426,314)
<b>At 31 December 2016</b>	<b>5,221,000</b>	<b>735,009</b>	<b>493,746</b>	<b>2,173,686</b>	<b>319,574</b>	<b>1,035,258</b>	<b>-</b>	<b>9,978,273</b>
Additions 2017	54,000	83,355	50,690	-	32,195	190,211	112,522	522,973
Revaluations	-	-	-	-	-	-	-	-
Asset write off/ disposal	-	(19,867)	2,449	169,435	(15,004)	17,898	-	154,911
<b>At 31 December 2017</b>	<b>5,275,000</b>	<b>798,497</b>	<b>546,885</b>	<b>2,343,121</b>	<b>336,765</b>	<b>1,243,367</b>	<b>112,522</b>	<b>10,656,157</b>
<b>Depreciation</b>								
At 1 Jan 2016	-	367,694	170,101	1,942,396	344,980	785,061	-	3,610,232
Charge for the year	121,950	65,023	34,932	190,431	19,079	82,990	-	514,405
Reclassification of assets	-	(11,968)	-	-	11,968	-	-	-
Asset disposal	-	(33,940)	(3,597)	(176,435)	(23,854)	(20,060)	-	(257,886)
Asset write off	-	102,527	106,293	(218,716)	(102,230)	(100,021)	-	(212,147)
<b>At 31 December 2016</b>	<b>121,950</b>	<b>489,336</b>	<b>307,729</b>	<b>1,737,676</b>	<b>249,943</b>	<b>747,970</b>	<b>-</b>	<b>3,654,604</b>
Charge for the year	121,950	101,868	42,254	215,403	29,029	116,548	-	627,052
Asset disposal	-	-	-	-	-	-	-	-
Asset write off	-	(19,867)	2,449	169,435	(15,004)	17,898	-	154,911
<b>At 31 December 2017</b>	<b>243,900</b>	<b>571,337</b>	<b>352,432</b>	<b>2,122,514</b>	<b>263,968</b>	<b>882,416</b>	<b>-</b>	<b>4,436,567</b>
<b>Net Book Value</b>								
At 31 December 2017	5,031,100	227,160	194,453	220,607	72,797	360,951	112,522	6,219,590
At 31 December 2016	5,099,050	245,673	186,018	436,010	69,630	287,289	-	6,323,667

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### (b) Prepaid operating lease

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
<b>Cost</b>	<b>270,000</b>	<b>80</b>	<b>270,000</b>	<b>80</b>
Amortization				
At 1 January	67,498	19	63,280	19
Charge for the period	4,218	1	4,218	1
Exchange difference	-	5	-	4
<b>At 31 December</b>	<b>71,716</b>	<b>25</b>	<b>67,498</b>	<b>24</b>
<b>Carrying amount</b>	<b>198,284</b>	<b>55</b>	<b>202,502</b>	<b>56</b>

### 10. Cash and bank

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
<b>Unrestricted</b>				
Barclays Bank main bank balance	-	-	98,124	27
Stanbic bank balance	103,924	29	1,086	-
RHU Savings account	122,353	34	130,390	36
RHU Savings account II	41,295	11	19,883	6
RHU Special Funds account	9,536	3	6,753	2
RHU Dollar account	72,072	20	83,430	23
Vehicle replacement account	111,154	31	-	-
Luweero construction account	8,699	2	-	-
African Citizenship Initiative - ACI	2,349	1	-	-
Headquarters Imprest	88	-	1,582	-
	471,470	131	341,248	94
<b>Restricted</b>				
MCF-YETA	38,798	11	-	-

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
-DFPA II/SMM	1,701	-	1,701	-
ASK	-	-	402	-
MISP	6	-	14,534	4
SRHR	-	-	-	-
CSF - YEM	7,258	2	-	-
CANCER	-	-	93,543	27
SAAF	-	-	24,924	7
PAIR/CTG	215,276	60	-	-
STF-Scale Up-Cervical Cancer	69	-	4,886	2
RHU EVIDENCE PROJECT	60,969	17	5,975	2
DANIDA PLUS/CSR	24,084	7	276	-
SCALE-UP (PPG)	10	-	97,278	28
UFHT	-	-	-	-
AFP	206,528	57	98,352	18
VHR	-	-	-	-
RAP	90,914	25	-	-
WISH BID	9	-	9,805	3
Scale Up - (ASRH)	134	-	14,511	4
SAYANA PRESS	-	-	-	-
SAYANA PRESS SCALE UP	3,648	1	-	-
SRHR Sudanese Refugees	18,582	5	-	-
ABH - PATH	-	-	47,464	14
GIZ	-	-	-	-
ACUSE	81,269	22	-	-
UNAIDS	-	-	2,922	1
GCACI	-	-	87,135	24
PREVENTION+ GBV	420,379	116	153,143	42

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
RIGHTS BASED APPROACH TO FP - RBA	8	-	168,397	47
Get Up Speak Up (GUSO)	48,612	13	440,909	129
Regional Advocacy -RAP	-	-	24,599	7
Climate change	68,260	19	30,346	8
GESTATIONAL DIABETES - GIDCU	306,297	85	30,597	8
Social Franchising	-	-	57,575	16
YOU DECIDE	35,722	10	-	-
YOUTH CONNECT	-	-	-	-
UNFPA	47,818	13	-	-
RHRN	386,703	107	-	-
BERGSTROM FOUNDATION	12,142	3	-	-
POHA	15,558	4	-	-
PAI	122,993	34	-	-
SALT - VINACEF	13,746	4	-	-
YEP - RUTGERS WPF	-	-	970	-
WLA	-	-	-	-
<b>Sub-total</b>	<b>2,227,493</b>	<b>615</b>	<b>1,410,244</b>	<b>391</b>
<b>Total</b>	<b>2,698,963</b>	<b>746</b>	<b>1,751,492</b>	<b>486</b>

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

**11. Other receivables and prepayments**

**a) Unrestricted funds**

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Clinic collections from branches	121,539		34	101,812
Branch Imprest	6,103		2	5,266
Project Site advance	104,044		29	-
Insurance Prepayment	52,203		14	-
Rent Prepayment	1,600		-	1,200
Other Receivable- Salary control account	191,488		53	-
Other Receivable- Activity Advance	127,426		35	115,984
Other Receivable- Salary Advance	6,629		2	-
Fuel Benefit Management	2,637		1	-
RHU Advance to IPPF	114,763		32	-
<b>Sub total</b>	<b>728,432</b>		<b>202</b>	<b>224,262</b>
IPPF advance to other Projects				
IPPF advance to other projects-CANCER	19,152		5	1,039
IPPF advance to other projects-ASK	-		-	4,825
IPPF advance to other projects-YEP/RUTGERS	7,097		2	12,929
IPPF advance to other projects-UNAIDS	37,169		10	29,640
IPPF advance to other projects-DFPA/SMM	28,028		8	28,028
IPPF advance to other projects-ABH	11,926		3	83,363
IPPF advance to other projects-PATH	691		-	-
IPPF advance to SRHR	-		-	20,651
IPPF advance to AHP	240		-	-
IPPF advance to other projects-YETA	54,780		15	-
IPPF advance to other projects-SAYANA press	7,000		2	7,000
IPPF advance to other projects-UNFPA	-		-	550209
IPPF advance to other projects-YETA	-		-	4780
RHU Advance to IPPF	-		-	15120
IPPF advance to other projects-United for Health Tomorrow (UFHT)	-		-	17137



## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

	2017	2017	2016	2016	
	UGX 000	US\$ 000	UGX 000	US\$ 000	
IPPF advance to GDCU	4,150		1	3560	1
IPPF advance to SRHWR	6,818		2	4990	1
IPPF advance to CSR	524		-	524	-
IPPF advance to other projects-YEM	290		-	300	-
IPPF advance to GCACI	1,302		-	20	-
IPPF advance to GUSO	84,950		24	-	-
IPPF advance to RHRN	764		-	-	-
IPPF advance to other projects-Prevention +	(2,943)		(1)	-	-
IPPF advance to other projects-MISP	(10,410)		(3)	10	-
IPPF advance to BERGSTROME	351		-	-	-
IPPF advance to EVIDENCE	8,574		2	-	-
IPPF advance to AFP	(42,835)		(12)	-	-
IPPF advance to SOCIAL FRANCHISE	4,675		1	-	-
IPPF advance to WLA	200		-	-	-
IPPF advance to other projects-HEWLETTE	1		-	-	-
IPPF advance to other projects-NORAD	4,737		1	4736	1
IPPF advance to EVIDENCE	-		-	-	-
IPPF advance to MAPUTO	-		-	-	-
IPPF advance to YOU DECIDE	(30)		-	-	-
IPPF advance to RAP	11		-	-	-
IPPF advance to other projects-	(2,655)		(1)	-	-
IPPF advance to other projects-GIZ	(3,043)		(1)	-	-
<b>Subtotal</b>	<b>221,514</b>		<b>58</b>	<b>788,861</b>	<b>219</b>
<b>Total</b>	<b>949,946</b>		<b>260</b>	<b>1,013,123</b>	<b>281</b>

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### b) Donor restricted funds

Advance to other Projects and unretired advance to Project Sites				
	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
SAYANA PRESS SCALE UP - advance IPPF	163	-	-	-
AFP - advance to IPPF	33,553	9	39083	11
STF - SCALE UP - CERVICAL CANCER Adv - IPPF	6,513	2	42905	12
UFHT - Advance to IPPF	2,050	1	-	-
YEP advances to other projects-ASK	-	-	-	-
YEP advances to other projects-RAP	1064	-	-	-
YEP advances to other projects-GUSO	1064	-	-	-
MISP Advance - IPPF	10,410	3	-	-
PREVENTION+ GBV - Advance to IPPF	3,365	1	-	-
RAP/AHP Advance to other Projects -Bergstrom	4,148	1	-	-
RAP/AHP Advance to other Projects -	2,840	1	-	-
RBA advance to Rep	3,984	1	-	-
GCACI Advance to GIDCU	40	-	-	-
SAYANA PRESS SCALE UP - Proj Site Advance	36,170	10	13,319	4
SAYANA PRESS SCALE UP - Branch imprest Advance	528	-	-	-
DFPA/SMM - Project site Advance	1,609	-	1,609	-
AFP - Project/Activity/Programme Advances	76,319	21	55,425	15
Advance to project site-GIZ	-	-	8,740	2
AFP - Other Programme Advances	-	-	1,677	0
Other Receivables/Payables -CANCER	-	-	18,076	5
GET UP SPEAK OUT - GUSO - Project advances	27,645	8	20,561	6
CSF/YEM - activity/Project Site advances	12,030	3	9,148	3
STF - SCALE UP - CERVICAL CANCER - Proj site advances	5,827	2	-	-
CANCER - Advance to Project site	34,949	10	81,199	22

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

Advance to other Projects and unretired advance to Project Sites				
	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
UFHT - Project Site advances	439	-	2,489	1
Advance to Project site - SAAF	-	-	1,234	-
RHRN advance to IPPF	-	-	4,187	1
RHRN Activity Proj advance	171,519	47	1,180	-
Bergstrom- Activity Proj advance	15,264	4	-	-
MISP/ Activity advance	480	-	1,409	-
Advance to project site – AFP	-	-	-	-
SRHR Advance to Project site	5,673	2	5,455	2
PREVENTION+ GBV	12,353	3	11,629	3
EVIDENCE PROJECT site advance	1,705	-	-	-
RAP/AHP Advance to Project site	44,740	12	10,892	3
Advance to project site -YEM	-	-	-	-
CSR project site advance	875	-	1,980	-
ASK Advance to Project site/Activity advance	12,794	4	16,200	4
GCACI - Activity/Programme Advances	8,894	2	-	-
GCACI - Branch/Project Site Advances	34,989	10	24,442	7
GCACI - Branch Imprest Advances	550	-	-	-
GCACI - Insurance Prepayments	1,241	-	-	-
CTG activity programme advance & Ins prepayments	5,909	2	-	-
CTG advance to other Projects -	975	-	-	-
YEP	6,291	2	29,825	8
CTG advance to other Projects -	-	-	-	-
YEP	21,466	6	12,836	4
UNFPA advance to other Projects	-	-	1,208,153	335
YOU DECIDE - Project site advance	7,332	2	-	-

**Reproductive Health Uganda (RHU)**  
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Advance to other Projects and unretired advance to Project Sites				
	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
SOCIAL FRANCHISE	90	-	-	-
VHR - Advance to Project site	1,451	-	1,658	-
Advance to project site - ABH - PATH	-	-	22,364	6
SRH Women Refugee - Branch/Project Site Advances	65	-	65	-
SRH Sudanese Refugee	3965	1	-	-
DFPA - HEALTH VOLUNTEERS	4,889	1	4,889	1
SAYANA PRESS	1,175	-	1,175	-
GlZ advance - IPPF	3,043	1	-	-
Advance to project site - SCALE-UP (PPG)	9,778	3	9,778	3
Master Card Foundation - YETA	58,798	16	8,973	2
RIGHTS BASED APPROACH TO FP - RBA Adv to IPPF	-	-	76,416	24
ABH - PATH Advance to project site	49,398	14	-	-
GESTATIONAL DIABETES - GIDCU	4,078	1	3,170	1
CLIMATE CHANGE	-	-	3,471	1
RBA - activity/site advances	1,597	-	-	-
WOMEN LEADERSHIP & ACCOUNTABILITY	607	-	-	-
UNAIDS - Advance to Project sites	7,301	2	4,081	1
ABH- Prepayment for rent	-	-	1,802	-
POHA Activity advance	3,155	1	-	-
PAI Activity advance	4,445	1	-	-
VINACEF	15,985	4	-	-
Activity Programme advance - UN Women	-	-	270	-
<b>Subtotal</b>	<b>787,580</b>	<b>214</b>	<b>1,761,765</b>	<b>487</b>
<b>Foreign exchange</b>	<b>-</b>	<b>7</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>1,737,526</b>	<b>481</b>	<b>2,774,888</b>	<b>768</b>

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 12. Accounts payables, accrued expenses & provisions

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
<b>Unrestricted</b>				
Gratuity	592,168	164	531,088	147
Other Accruals	434,152	120	190,143	53
Salary Control account	-	-	9,221	2
IPPF Current Account	75,814	21	75,814	21
Salary control	112,464	31	-	-
Inter-Project Payables	111,142	31	-	-
Advance to RAP	-	-	240	-
Advance to AFP	-	-	37,305	10
Advance to prevention+ GBV	-	-	1,957	1
Advance to RHRN	-	-	4,187	1
IPPF Other payables	8,659	2	-	-
Advance to GIZ	-	-	3,044	1
<b>Sub total</b>	<b>1,334,399</b>	<b>369</b>	<b>852,999</b>	<b>236</b>
<b>Restricted</b>				
Amounts due to donors /other projects				
YEP - WPF Payable to IPPF	6,826	2	-	-
UNFPA payable to RHU	3,302	1	-	-
YEM Payable to other Project -	290	-	-	-
DFPAII/SMM Payable to IPPF	28,028	8	28,027	8
RHRN Payable to IPPF	764	-	-	-
SRHR Payable to other projects	171	-	-	-
ABH - inter project payables	11,926	3	-	-
YETA - Interproject payables	54,780	15	-	-
SRH Women Refugee C - Payables	6,818	2	-	-
CSR - Interproject Payables	524	-	-	-
GUSO - Inter project payables	84,972	24	-	-



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	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
GIDCU - Inter project Payables to IPPF	4,150	1	-	-
GIDCU - Inter project Payables to GCACI	40	-	40	-
SAYANA PRESS - interproject payables	7,000	2	-	-
SOCIAL FRANCHISE - Interproject Payables	4,675	1	-	-
NORAD - Inter project Payables	4,737	1	-	-
REP - EVIDENCE - inter project payables	8,574	2	-	-
REP - EVIDENCE - inter project payables	3,984	1	-	-
UNAIDS - inter project payables	27,699	8	-	-
CANCER -Inter-project Payables	19,132	5	-	-
Bergstrom - Interproject Payables	351	-	-	-
WLA Payable to IPPF	200	-	-	-
GCACI Payable to IPPF	1,302	-	-	-
<b>Sub-total</b>	<b>280,245</b>	<b>76</b>	<b>28,067</b>	<b>8</b>
<b>Donor restricted Funds Payables</b>				
CTG	-	-	22,337	7
YEP-WPF	-	-	12,459	5
YEP - WPF other Payables	34,175	9	-4,057	-1
UNFPA accruals	197	-	55,419	16
PREVENTION + - Accrued expenses	20,521	6	12,867	5
CLIMATE CHANGE - accrued expenses & other Payables	8,589	2	6,808	2
YEM - accrued expenses	18,549	5	12,549	3
DFPAII/SMM Accruals	3,107	1	3,107	1
VHR	16,433	5	-	-
STF - SCALE UP - CERVICAL CANCER	8,696	2	-	-
RHRN	46,500	13	-	-
SRHR - Other payables	5,241	1	-	-
ABH Payables	8,637	2	-	-
RIGHT BASED APPROACH - RBA	291	-	-	-

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
UFHT - accrued expenses	15,918	4	15,918	4
AFP Payables	58,013	16	53,399	11
ASK	26,701	7	30,106	8
SRHR	1,489	-	-	-
CSR accruals	10,000	3	1,565	1
VHR Accruals/payables	-	-	16,639	3
SAAF Accruals	-	-	5,604	2
GUSO	16,330	5	4	0
GIDCU - other payables	3,000	1	2,553	1
GCACI	91,331	25	64,968	18
SAYANA PRESS SCALE UP	-	-	3,404	1
GIZ	453	-	300	-
SOCIAL FRANCHISE - Other Payables	2,251	1	-	-
NORAD - other payables	554	-	-	-
MISP Payables	915	-	-	-
CANCER - Other Payables	13,741	4	1,029	-
ACUSE	16,110	4	-	-
Bergstrom - Payables	7,683	2	-	-
FP Regional Advocacy Project (Luwero)	17,028	5	26,671	8
YETA Advance to IPPF	-	-	4,780	2
SAYANA PRESS Advance to IPPF	-	-	7,000	2
SAAF Advances to IPPF	-	-	10	-
IPPF	-	-	83,363	23
NORAD Advance to IPPF	-	-	5,291	1
RAP Advance to IPPF	-	-	6,096	2
UNFPA advance to RHU	-	-	553,511	153
SRHR advance to RHU	-	-	20,652	6
GCACI Advance to RHU	-	-	20	-
UNAIDS Advance to IPPF	-	-	24,079	7

## Reproductive Health Uganda (RHU)

### Notes to the financial statements

#### for the year ended 31 December 2017

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
YEM Advance to RHU	-	-	290	-
IPPF Advance to SRHWR	-	-	4,990	1
<b>Sub total</b>	<b>452,453</b>	<b>123</b>	<b>1,053,731</b>	<b>292</b>
<b>Foreign exchange</b>	<b>-</b>	<b>4</b>	<b>-</b>	<b>-</b>
<b>Total</b>	<b>2,067,097</b>	<b>572</b>	<b>1,934,797</b>	<b>536</b>
Prior year presentation				
Accounts payables, accrued expenses and provisions			1,077,129	298
Amounts due to donors			857,668	238
<b>TOTAL</b>			<b>1,934,797</b>	<b>536</b>

### 13. Overdrafts

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
<b>Restricted</b>				
UNFPA	-	-	6,876	2
SRHR	-	-	4,498	1
MCF-YETA	-	-	24,274	7
CSF-YEM	-	-	3,860	1
PAIR/CTG	-	-	12,602	3
GIZ	-	-	-	-
VHR	-	-	7,147	2
<b>TOTAL</b>	<b>-</b>	<b>-</b>	<b>59,257</b>	<b>16</b>

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 14. Deferred income (donor restricted funds)

	Deferred income	Prior year adjustment	Fund balance			
			2017		2016	
			UGX 000	US\$ 000	UGX 000	US\$ 000
AFP	258,386	-	258,386	71	141,069	39
CLIMATE CHANGE	59,698	-	59,698	17	27,009	7
SCALE-UP (PPG)	9,789	-	9,789	3	24,289	7
FP Regional Advocacy Project /AHP	125,614	-	125,614	35	2,725	1
RIGHTS BASED APPROACH TO FP - RBA	5,298	-	5,298	1	244,813	68
ABH - PATH	28,835	-	28,835	8	(11,735)	(3)
DANIDA PLUS/CSR	14,436	-	14,436	4	-	-
VHR	(14,982)	-	(14,982)	(4)	(14,982)	(4)
SRH Women Refugee	(6,753)	-	(6,753)	(2)	(4,925)	(1)
SRH Sudanese Refugee	22,547	-	22,547	6	-	-
WLA	407	-	407	0	-	-
RHU EVIDENCE PROJECT	50,117	-	50,117	14	5,975	2
PREVENTION+ GBV	415,575	-	415,575	115	151,904	42
SRHR	(1,095)	-	(1,095)	-	(20,194)	(6)
MCF-YETA	42,815	-	42,815	12	-	-
GET UP SPEAK OUT - GUSO	(25,045)	-	(25,045)	(7)	461,465	128
CSF - YEM	12,025	(11,576)	449	-	4025	1
UFHT	13,219	(26,647)	(13,428)	(4)	13,219	3
ASK	45,235	(59,142)	(13,907)	(4)	45,638	12
RHRN	510,959	-	510,959	141	5,367	2
YOU DECIDE	43,054	-	43,054	12	-	-
STF - SCALE UP - CERVICAL CANCER	3,713	-	3,713	1	47,791	13
CERVICAL CANCER	88,793	(86,718)	2,075	1	244,813	68

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

	Deferred income	Prior year adjustment	Fund balance			
			2017		2016	
			UGX 000	US\$ 000	UGX 000	US\$ 000
GESTATIONAL DIABETES - GIDCU	303,185	-	303,185	84	31,174	9
GCACI	(46,920)	-	(46,920)	(13)	46,588	13
PAIR [CTG]	269,750	(47,589)	222,161	61	35,828	10
YEP - RUTGERS WPF	(25,951)	(6,631)	(32,582)	(9)	12,035	3
UNFPA 1	138,655	(72,870)	65,785	18	665,289	184
UNAIDS	(20,398)	-	(20,398)	(6)	(17,076)	(5)
DFPA II/SMM	(27,825)	-	(27,825)	(8)	(27,825)	(8)
DFPA - HEALTH VOLUNTEERS	4,889		4,889	1	4,889	1
SPRINT/MISP	16,277	(6,296)	9,981	3	22,239	6
BERGSTROM FOUNDATION	19,373	-	19,373	5	-	-
SAYANA PRESS	(5,825)	-	(5,825)	(2)	(5,825)	(2)
SAYANA PRESS SCALE UP	40,509	-	40,509	11	107,194	30
NORAD	29,292	(34,583)	(5,291)	(1)	(5,291)	(1)
GIZ Project/ SHADOWS & LIGHTS	5,731	(3,141)	2,590	1	11,582	3
SAAF	13,616	(13,616)	-	-	34,160	10
SOCIAL FRANCHISING	(6,836)	-	(6,836)	(2)	57,575	16
WISH BID	9	-	9	0	270	-
POHA	18,713	-	18,713	5	-	-
PAI	127,438	-	127,438	35	-	-
SALT - VINACEF	29,730	-	29,730	8	-	-
FP ARO	22,500	(22,500)	-	-	22,500	6
ACUSE	65,159	-	65,159	18	-	-
<b>Total</b>	<b>2,673,711</b>	<b>(391,309)</b>	<b>2,282,402</b>	<b>629</b>	<b>2,422,272</b>	<b>654</b>



## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 15. Statement of changes in designated fund balances

	Working capital fund	Special reserve	Total
	UGX 000	UGX 000	UGX 000
Fund balance as at 1 January 2017	227,240	146,824	374,064
Fund balance at 31 December 2017	227,240	146,824	374,064

### 16. Statement of changes in the fixed assets fund

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Fund balance at 1 January	2,361,514	654	2,221,021	657
Add				
Fixed assets donated/purchased during the year:				
International Planned Parenthood Federation (IPPF)	342,270	95	340,959	94
IPPFARO	34,000	9	4,895	1
UNFPA	6,000	2	11,180	3
Bill and Melinda	24,082	7	4,900	1
DFPA	32,050	9	5,715	2
John Hopkins University	6,259	2	30,118	8
Master Card	31,222	9	2,156	1
Planned Parenthood Northern America PPNG	26,230	7	62,024	17
PPAG	-	-	2,500	1
SAAF	-	-	-	-
PAIRS	-	-	-	-
USAID	-	-	2,150	1
RHU	-	-	27,150	8
WPF - RUTGERS	6,318	2	17,450	5
SONKE	13,343	4	111,965	30
CANCER	-	-	-	-
UNAIDS	-	-	2,000	1
SIDA	700	-	-	-

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
WHO	500	-	-	-
<b>Total additions</b>	<b>522,974</b>	<b>146</b>	<b>625,162</b>	<b>173</b>
<b>Subtotal</b>	<b>2,884,488</b>	<b>800</b>	<b>2,846,183</b>	<b>830</b>
<b>Less:</b>				
<b>Release to income</b>	<b>(786,181)</b>	<b>(218)</b>	<b>(518,622)</b>	<b>(151)</b>
<b>Disposals</b>			<b>33,953</b>	<b>10</b>
<b>Exchange difference</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>(35)</b>
<b>Fund balance at 31 December</b>	<b>2,098,307</b>	<b>582</b>	<b>2,361,514</b>	<b>654</b>

**17. Statement of changes in the inventories fund**

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Fund balance at 1 January	485,973	135	906,147	269
Add				
Inventories donated during the year from:				
Government of Uganda (MOH)	1,026,219	284	940,288	260
IPPF	-	-	-	-
UNFPA	5,802	2	8,470	2
HIV AIDS/WORK PLACE POLICY	-	-	11,231	3
IPPF-STF	10,000	3	19,613	5
IPPF-GCACI	98,971	27	112,960	32
Internal transfers/returns from branches	23,577	7	5,887	2
YEP/WPF	19,512	5	11,932	3
YES	8,018	2	9,186	3
SAAF	-	-	3,094	1
YEM	50,902	14	11,470	3

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
SPRINT/MISP	-	-	8,118	2
GIDCU	55,474	15	31,128	10
USAID-SIFPO	-	-	12,313	3
PAIRS	-	-	-	-
APPFICON IPPF-FGM	52,272	14	1,237	-
PAVES,PIPER,GLOBAL FUND	2,003	1	-	-
BUFFER FUND	457,074	127	428,893	119
REGIONAL ADVOCACY	5,826	2	4,731	1
CTG	99,042	27	149,276	41
CCS & TP	42,520	12	70,480	20
BERGSTROM	15,758	4	-	-
Quality of Care	1,985	1	-	-
SAYANA PRESS	26,749	7	-	-
Social Franchising	21,951	6	-	-
SRHR/Adjumani Refugee	55,152	15	-	-
YOU DECIDE	29,154	8	-	-
<b>Subtotal</b>	<b>2,107,961</b>	<b>583</b>	<b>1,840,307</b>	<b>510</b>
<b>Total</b>	<b>2,593,934</b>	<b>718</b>	<b>2,746,454</b>	<b>779</b>
<b>Less</b>				
Released to income	(2,176,219)	(602)	(2,260,481)	(659)
Prior Year Adjustment	391,309	108	-	-
Translation adjustment	-	-	-	15
<b>Fund balance at 31 December</b>	<b>809,024</b>	<b>224</b>	<b>485,973</b>	<b>135</b>

\*\*\*The UGX 2,176,219 constitutes the inventory cost expensed in the year out of the inventory reserve fund in accordance with IPPF guideline.

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 18. Vehicle replacement fund

This fund is comprised of vehicle hire charges collected from restricted projects which do not own motor vehicles. The organization vehicles are hired at a rate of UGX 150,000 per day and these funds are banked on the vehicle replacement bank account.

### 19. Currency and translation

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

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

	2017	2016
	UGX	UGX
Statement of financial position – year end rate US\$ 1	3,614	3,611
Statement of income and expenditure – average rate for US\$ 1	3,610	3,429

### 20. Insurance

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

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Fire Industrial	7,594	2	3,807	1
Motor Insurance	44,267	12	74,009	22
All Risks	2,650	1	10,328	3
Group Personal Accident	20,443	6	23,918	7
Workmen's Compensation	37,056	10	40,799	12
Electronic Equipment	2,472	1		
Other	-	-	-	-
Motor Cycle	9,546	3	-	-
Money & CIT	754	-	93	-
<b>Total</b>	<b>124,782</b>	<b>35</b>	<b>152,954</b>	<b>45</b>

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 21. Held to maturity financial assets

The organisation deposited UGX 700m with DFCU bank for a period of 6 months from November 2016 to May 2017 and earned interest of 17.5% per annum, re-invested the UGX 700m for another 6 months from 2nd June 2017 to 1st December 2017 at an interest rate of 11.5% and the same amount was re-invested for another 6 months from 5th December 2017 to 4th June 2018 to earn interest at a rate of 14.00% per annum.

	2017	2017	2016	2016
	UGX 000	US\$ 000	UGX 000	US\$ 000
Fixed Deposit	700,000	192	700,000	193
	700,000	192	700,000	193

### 22. Capital Commitments

There were no capital commitments as at 31 December 2017.

### 23. Contingent liabilities

We are not aware of any contingent liabilities to report on as at 31 December 2017.

### 24. Country of registration

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

### 25. Affiliation

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



## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

### 2018 Budget Summary

In September 2017, Reproductive Health Uganda developed and approved a working budget for 2018. The projected income and expenditure for 2018 was UGX 13,510,441,459 of which UGX 3,724,376,512 and UGX 8,876,064,947 were contributions from restricted and unrestricted projects respectively.

2018 APB				SOURCES OF INCOMES			
EXPENSES							
Description	Personnel	Other costs	Total costs	Local Incomes	Unrestricted	Restricted	TOTAL
					IPPF		
<b>Outcome 1: 100 Governments respect, protect and fulfil sexual and reproductive rights and gender equality</b>							
<b>FOCUS AREA I : ADVOCACY</b>							
1	Communication for Advocacy project- CAP-IPPF	73,970,533	38,627,596	112,598,129		112,598,129	112,598,129
2	Advance Family Planning (AFP- PI)- IPPF	60,000,000	115,000,000	175,000,000		175,000,000	175,000,000
3	Advance Family Planning (AFP)- IPPF	407,474,232	658,877,768	1,066,352,000		1,066,352,000	1,066,352,000
4	Integrating Popn dynamics, SRHR & Climate Change - DFPA	72,429,744	68,970,456	141,400,200		141,400,200	141,400,200
5	Women's Reproductive Rights Advocacy Project (WRAP)- DFPA	191,113,000	316,560,717	507,673,717		507,673,717	507,673,717
6	AMPLIFY CHANGE- IPPF ( MANNION DANIELS)	15,076,002	118,000,000	133,076,002		133,076,002	133,076,002
7	Accelerating the International Conference on Population and Development through Coordinated Advocacy (ICPD)-IPPF	0	7,762,000	7,762,000		7,762,000	7,762,000
8	Champions in Global Reproductive Rights (PAI)-IPPF	68,400,000	108,698,850	177,098,850		177,098,850	177,098,850
<b>\$/total</b>		<b>888,463,511</b>	<b>1,432,497,387</b>	<b>2,320,960,898</b>	<b>0</b>	<b>112,598,129</b>	<b>2,208,362,769</b>
						<b>2,208,362,769</b>	<b>2,320,960,898</b>

## Reproductive Health Uganda (RHU) Notes to the financial statements for the year ended 31 December 2017

	2018 APB				SOURCES OF INCOMES		
	II.EXPENSES						
Description	Personnel	Other costs	Total costs	Local Incomes	Unrestricted	Restricted	TOTAL
<b>Outcome 2: 1 billion people empowered to act freely on their sexual and reproductive health and rights</b>							
<b>FOCUS AREA II: YOUTH</b>							
9 Strengthening Adolescent Services (SAS)-IPPF	90,570,031	26,553,188	117,123,219		117,123,219		117,123,219
10 Youth Empowered and supported (YES) Project - DFPA	77,082,070	211,250,000	288,332,070			288,332,070	288,332,070
11 Prevention Plus - Partnering with men to end GBV - Sonke Gender Justice	291,857,597	1,181,421,638	1,473,279,235			1,473,279,235	1,473,279,235
12 You Decide-WPF/Rutgers	15,076,002	118,000,000	133,076,002			133,076,002	133,076,002
13 Youth Empowerment Through Agriculture (YETA Project) In northern uganda- Master Card Foundation	208,243,900	533,360,000	741,603,900			741,603,900	741,603,900
14 Youth Encourage Project- Phase 2 (YEP)WPF/Rutgers	122,872,201	577,803,110	700,675,311			700,675,311	700,675,311
15 Get Up Speak Out ( GUSO) IPPF	140,029,633	677,000,000	817,029,633			817,029,633	817,029,633
16 Youth Enterprise Model (YEM) STF / UNFPA	31,000,000	126,000,000	157,000,000			157,000,000	157,000,000
<b>S/total</b>	<b>976,731,434</b>	<b>3,451,387,936</b>	<b>4,428,119,370</b>	<b>0</b>	<b>117,123,219</b>	<b>4,310,996,151</b>	<b>4,428,119,370</b>

<b>Outcome 3: 2 billion quality integrated sexual and reproductive health services delivered</b>							
<b>FOCUS AREA III: SERVICE DELIVERY</b>							
17 Integrated Facility, Outreach and Community Reproductive Health Services (FOCUS PROJECT) -IPPF	1,706,764,609	744,772,503	2,451,537,112		2,451,537,112		2,451,537,112
18 Bergstrom Foundation	109,200,000	143,728,380	252,928,380			252,928,380	252,928,380
19 Gestational Diabetes- DFPA	71,386,064	206,008,182	277,394,246			277,394,246	277,394,246

**Reproductive Health Uganda (RHU)**  
**Notes to the financial statements**  
**for the year ended 31 December 2017**

	2018 APB				SOURCES OF INCOMES			
	II.EXPENSES							
	Description	Personnel	Other costs	Total costs	Local Incomes	Unrestricted	Restricted	TOTAL
20	Global comprehensive Abortion care initiative (GCACI Project)- IPPF	161,141,831	447,060,970	608,202,801			608,202,801	608,202,801
21	Increased availability of Comprehensive RH services in selected Districts - UNFPA	212,876,924	1,005,303,676	1,218,180,600			1,218,180,600	1,218,180,600
	<b>S/total</b>	<b>2,261,369,428</b>	<b>2,546,873,711</b>	<b>4,808,243,139</b>	<b>0</b>	<b>2,451,537,112</b>	<b>2,356,706,027</b>	<b>4,808,243,139</b>

Outcome 4: A high performing, accountable and united Federation								
FOCUS AREA IV : BUILDING A SUSTAINABLE, ACCOUNTABLE AND RESULT ORIENTED ORGANIZATION								
22	Resource Mobilisation (REMO - 5% of total grant)/ Resource Mob. Officer Salary	65,972,369	120,746,457	186,718,826		186,718,826		186,718,826
23	RHU National Learning Centre	26,102,992	26,102,992	26,102,992		26,102,992		26,102,992
24	Strengthening Institutional Knowledge Management (SIKM)	202,570,155	124,800,030	327,370,185		327,370,185		327,370,185
25	Enhancing Institutional productivity and sustainability through volunteer activism	135,467,811	129,686,450	265,154,261		265,154,261		265,154,261
26	Administration & General Services (AGS)	684,688,989	283,751,697	968,440,686	900,000,000	68,440,686		968,440,686
	Commodity Grant		179,331,102	179,331,102		179,331,102		179,331,102
	<b>S/total</b>	<b>1,088,699,324</b>	<b>864,418,727</b>	<b>1,953,118,051</b>	<b>900,000,000</b>	<b>1,053,118,051</b>	<b>0</b>	<b>1,953,118,051</b>
	<b>Gross TOTAL</b>	<b>5,215,263,697</b>	<b>8,295,177,761</b>	<b>13,510,441,458</b>	<b>900,000,000</b>	<b>3,734,376,511</b>	<b>8,876,064,947</b>	<b>13,510,441,458</b>

## Reproductive Health Uganda (RHU) Projected balance sheet 2018

Statement of financial position	2017 - Local currency - Actual			2017 US\$			2018 Projection	
	Unrestricted	Donor restricted	Total	Unrestricted	Donor Restricted	Total	Local	US\$
Non- current assets	UGX 000	UGX 000	UGX 000	US\$ 000	US\$ 000	US\$ 000	UGX 000	US\$ 000
Property and equipment	6,219,590		6,219,590	1,721	-	1,721	6,841,549	1,893
Prepaid Operating Lease	198,284		198,284	55	-	55	194,066	54
<b>Total non-current assets</b>	<b>6,417,874</b>	<b>0</b>	<b>6,417,874</b>	<b>1,776</b>	<b>0</b>	<b>1,776</b>	<b>6,526,172</b>	<b>1,807</b>
<b>Current assets</b>								
Cash and bank balances	471,470	2,227,493	2,698,963	131	615	746	3,238,756	900
Short Term Deposit account Balance	700,000	-	700,000	194	-	194	700,000	194
Inventories (Appendix)	1,132,873	-	1,132,873	313	-	313	1,201,131	334
Other receivables and prepayts	949,946	787,580	1,737,526	263	218	481	2,774,888	771
<b>Total current assets</b>	<b>3,254,289</b>	<b>3,015,073</b>	<b>6,269,362</b>	<b>901</b>	<b>833</b>	<b>1,734</b>	<b>7,914,774</b>	<b>2,199</b>
<b>Total assets</b>	<b>9,672,163</b>	<b>3,015,073</b>	<b>12,687,236</b>	<b>2,677</b>	<b>833</b>	<b>3,510</b>	<b>14,440,946</b>	<b>4,006</b>
<b>Liabilities and fund balances</b>								
<b>Current liabilities</b>								
Accounts payables, accrued expenses and provisions	1,334,399	732,671	2,067,070	369	202	571	1,240,242	345
Over draft	-	-	-	-	-	-	0	-
Amounts due to donors	-		-	-	-	-	0	-
Deferred income	-	2,282,402	2,282,402	-	631	631	2,422,261	673
<b>Total current liabilities</b>	<b>1,334,399</b>	<b>3,015,073</b>	<b>4,349,472</b>	<b>369</b>	<b>833</b>	<b>1,202</b>	<b>3,662,503</b>	<b>1,018</b>
<b>Fund balances</b>								
Designated Fund	374,064	-	374,064	103	-	103	374,064	104
Undesignated Fund	472,181	-	472,181	131	-	131	665,404	187
Fixed assets Fund	2,098,309	-	2,098,309	582	-	582	2,727,802	755
Inventories Fund	809,024	-	809,024	224	-	224	1,051,731	291
Revaluation reserve	4,423,883	-	4,423,883	1,224	-	1,224	5,751,048	1,593
Vehicle Replacement reserve Fund	160,303	-	160,303	44	-	44	208,394	58
<b>Total fund balances</b>	<b>8,337,764</b>	<b>-</b>	<b>8,337,764</b>	<b>2,308</b>	<b>-</b>	<b>2,308</b>	<b>10,778,443</b>	<b>2,988</b>
<b>Total liabilities and fund balances</b>	<b>9,672,163</b>	<b>3,015,073</b>	<b>12,687,236</b>	<b>2,677</b>	<b>833</b>	<b>3,510</b>	<b>14,440,946</b>	<b>4,006</b>

# RHU Donors and Partners in 2017



Republic of Uganda







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#### REPRODUCTIVE HEALTH UGANDA

Plot 2 Katego Road, Tufnell Drive,  
Kamwokya, Kampala

P.O. Box 10746, Kampala

Tel: +256 (0) 312 207 100,

+256 (0) 414 540 658,

E-mail: [rhu@rhu.or.ug](mailto:rhu@rhu.or.ug)

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

 Reproductive Health Uganda  @RHUganda



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