



Reproductive
Health Uganda

Annual Report 2022



65 Years Serving Communities



Accelerating universal access to sexual reproductive health services

“Having access to sexual reproductive health services decreases child marriage, unintended pregnancies and prevents transmission of sexually transmitted infections. It is a topic that affects so many different realms of young people's lives and I am glad that Reproductive Health Uganda has come up with interventions that are targeting young people in my community.”

Kahunde Kasfa Miss Tourism Tooro 2022/23



Inside.... Annual Report 2022



Table of content	1
Abbreviations	2
Who We Are	3
The Board Chair's Report	6
Executive Director's Report	8
RHU in 2022 Introduction	10
Advocacy	11
Young People Access	15
Quality Service Delivery	25
Organisation Sustainability and Accountability	19
RHU Governance	29
Financial Report 2022	31



2

Acronyms/ Abbreviations



AIDS	Acquired Immune Deficiency Syndrome	IPPFARO	IPPF Africa Region
AGM	Annual General Meetings	IUD	Intra-Uterine Device
ANC	Antenatal Care	LARCs	Long-Acting Reversible Contraceptives
BCC	Behaviour Change Communication	MARPs	Most At Risk Populations
BEC	Branch Executive Committee	M&E	Monitoring & Evaluation
CBDAs	Community Based Distributors	MOH	Ministry of Health
CBRHAs	Community Based Reproductive Health Agents	NAPA	National Adaptation Plan Action
CMIS	Clinical Management Information System	NEC	National Executive Committee
CPR	Contraceptive Prevalence Rate	OoC	Quality of Care
CSOs	Civil Society Organizations	PAC	Post Abortion Care
CYPs	Couple Years of Protection	PEs	Peer Educators
DQA	Data Quality Assessments	PFC	Programmes and Finance Committee
ED	Executive Director	RH	Reproductive Health
e-IMS	Electronic Information and Management System	RHU	Reproductive Health Uganda
FGM	Female Genital Mutilation	SDPs	Service Delivery Points
FPAU	Family Planning Association of Uganda	SRH	Sexual and Reproductive Health
FP	Family Planning	SPs	Service Providers
FY	Financial Year	SRHR	Sexual and Reproductive Health and Rights
GBV	Gender Based Violence	STI's	Sexually Transmitted Infections
GDM	Gestational Diabetes Mellitus	UGX	Uganda Shillings
HRBA	Human Rights Based Approach	UNFPA	United Nations Populations Fund
HIV	Human Immunodeficiency virus	VHTs	Village Health Teams
HUMCS	Health Unit Management Committees	YAM	Youth Action Movement
ICT	Information & Communication Technology	YFS	Youth Friendly Services
IEC	Information Communication & Education		
IPPF	International Planned Parenthood Federation		



Who We Are



Reproductive Health Uganda (RHU), founded in 1957, has long-standing experience and expertise in sexual reproductive health and rights (SRHR) advocacy, information and service delivery: including family planning, HIV prevention, care and treatment; breast and cervical cancer screening; sexually transmitted infections management; immunisation, gender-based violence management and treatment, etc. RHU is affiliated to the world's largest SRHR organisation, the International Planned Parenthood Federation (IPPF). We are present in all sub-regions of Uganda with a service delivery network of 18 own clinics and 150 associated private and public facilities, and over 3,000 trained community resource persons; annually serving about 1.5 million people. We advocate for increased funding and a conducive SRHR policy environment

- RHU is committed to increasing access of SRHR services and information to adolescents/youth, and their active participation in governance, management and programmes
- A capacity building organisation, operating a learning centre as a hub for unique capacity building initiatives in SRHR in Uganda and beyond
- A leader in providing sexuality education to both in-school and out-of-school young people
- Advocating for increased funding and a conducive SRHR policy environment

at subnational, national and global level. Currently through the advocacy, engaging leaderships of more than 35 districts in Uganda to improve the SRHR environment

- In the last five years alone, on average, RHU has had an annual portfolio of about 30 projects

Our Strategic Direction

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

The Sustainable Development Goals (SDGs)
The Africa Union Continental Policy Framework on SRHR
The IPPF's Strategic plan 2022 - 2026
The Uganda Vision 2040
The National Development Plan II 1
The SRHR Policy and Service Standard Guidelines 2012
The Sharpened Plan for Reproductive, Maternal, Newborn, Child and Adolescent Health
The Costed Implemented Plan for family planning 2020 - 2025
The RHU Strategic Plan 2016 - 2022



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

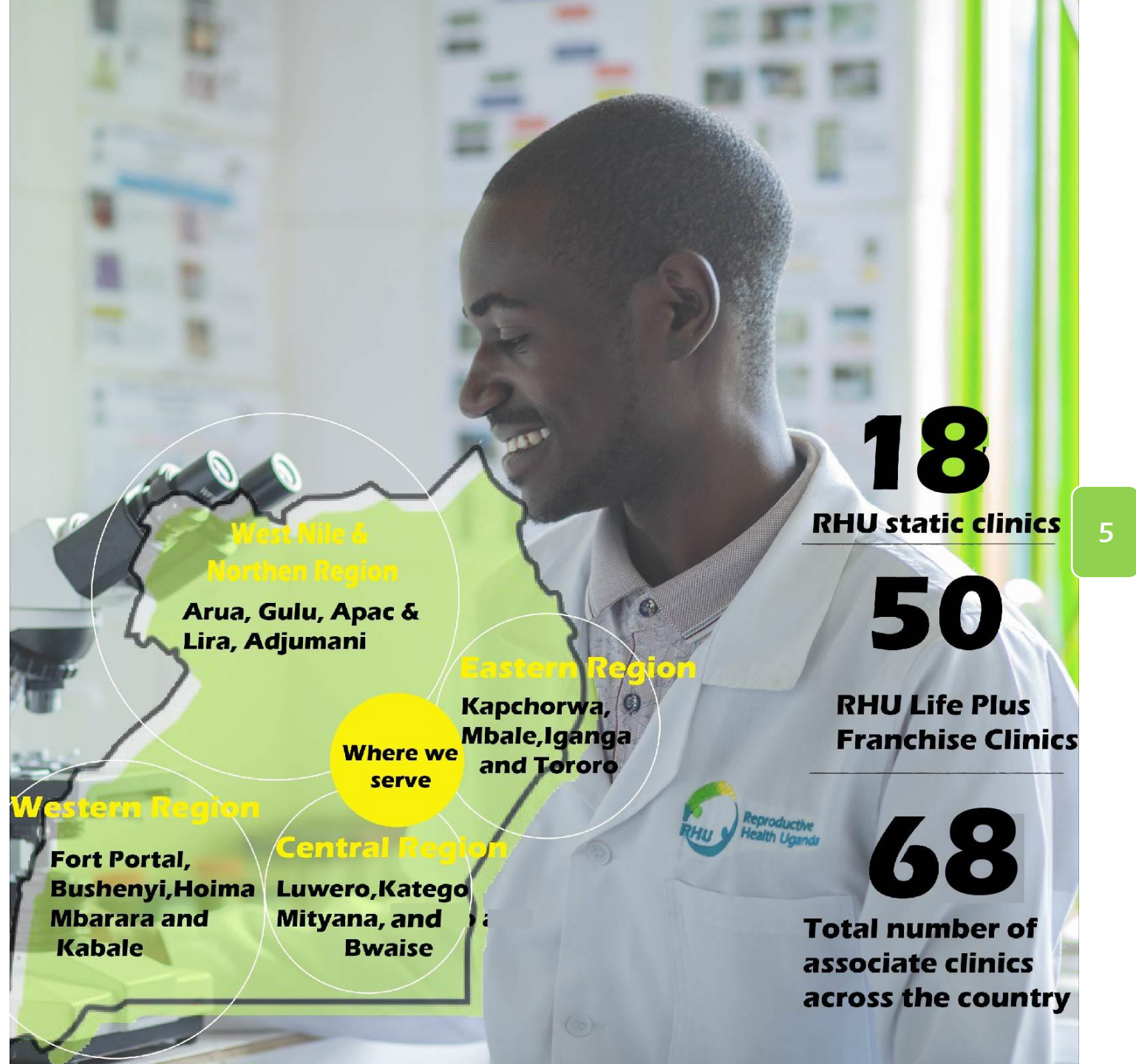


Our Values

Voluntarism
Rights Based
Integrity
Choice
Result Oriented



Our Locations



National Chairperson's Report

The volunteers were cognisant of the fact that empowering women, girls, young people and men to exercise their human right to take personal control of their fertility, and choose the number and spacing of their children is, in itself, a powerful development tool, a pre-requisite for achieving the demographic dividend



Dear friends,

As I reflect upon the year 2022, I first and foremost want to reminisce the journey we have walked as an organisation. The year under review marked 65 years of existence.

About 65 year ago, Reproductive Health Uganda (then known as Family Planning Association of Uganda) was founded and set out an ambitious journey that was started by volunteers. The ambition was to empower women and girls and young people to make choices about their reproduction and reproductive health and to make such choices available to the poor, vulnerable and marginalised people, especially those in rural areas and urban poor.

The volunteers were cognisant of the fact that empowering women, girls, young people and men to exercise their human rights, to take personal control of their fertility, and choose the number and spacing of their children is, in itself, a powerful development tool, a pre-requisite for achieving the demographic dividend, thus the country's aspirations and goals.

It excites us as Reproductive Health Uganda to see that in this 65-year journey, we have not walked alone, a journey we started alone. Over the years, we have witnessed several organisations embracing the ambition to changing the reproductive health landscape of the country. Today, we have more than 200 civil society organisations with reproductive health as their core business. These greatly contribute to the realisation of our vision: ***A Uganda where everyone's sexual reproductive health rights are fulfilled and protected without discrimination.***

Governance

Reproductive Health Uganda leadership changed in 2022, we said goodbye to Mr Nathan T. Kipande, the Chairperson, National Executive Committee, after serving for three years. Nathan provided strong and effective leadership, especially during the trying moment of Covid 19 pandemic that necessitated making quick and critical decisions. We appreciate his priceless contribution.

In 2022, we held elections that presented new office bearers to different organs of the organisation who will serve for the next three years- 2022 - 2025. It's a team of dedicated, focused and selfless volunteers who continued steering Reproductive Health Uganda to greater heights.

We also completed the process of reviewing and revising our governance and management policies and guidelines with input from different stakeholders including the National Labour Organisation, partners, and others, to align them more to national standards and IPPF requirements.

The process of revising the policies and guidelines was partly informed by the IPPF reforms which were in place to chart a new strategic direction for the entire federation. For instance, adoption of a hybrid/mixed

national executive committee (NEC) composition with members drawn internally (volunteers) and externally- with specific expertise. In the same year, we commenced orienting new members of the different governing organs on their roles and responsibilities in leadership; sexual reproductive health; governance and accountability; management and others.

Finance and Audit

The Reproductive Health Uganda general audit was conducted and the institution achieved an unqualified audit report, reflecting the robust nature of Reproductive Health Uganda finance processes and systems.

Moving ahead in 2023, Reproductive Health Uganda will be guided by a new strategic plan, after ending the previous one- 2016 – 2022. The new strategic plan does not mean that we will start work on totally new interventions; nor do we stop our current interventions merely because of the new strategic plan. It will be a mixture.

The development process helped us to reflect on what was working, what we need to maintain and strengthen, what we need to drop, what we need to do different; and what we need to bring on board. This was informed by engagements with different stakeholders who provided us with invaluable feedback.

The Years Ahead: Our Strategic Direction

In the coming years, we have challenged ourself as an organisation to move meticulously once again; establishing strong leadership, increasing volunteer membership and supporting staff to maximise their potential, as we focus on operational excellence.

We shall continue to pursue our overarching mission- *to champion, provide and enable universal access to sexual reproductive health and rights information and services, especially to vulnerable and underserved communities* - as we contribute to the attainment of the Global Agenda 2023

We shall continue to be committed to ensure that there's value for money for each coin received from our dear donors, but also for our own internally generated income that we plough back to serve our target communities.

We are focused on bringing closers and delivering more sexual reproductive health and rights services improving the lives of Ugandans, especially the poor, vulnerable, hard-to-reach and marginalised communities including young people.

We continued to invest in young people. We are committed to leveraging on their potential. Therefore, we shall focus on increasing investment in digitalisation, including digital health and creating a more sustainable business framework in response to the changing funding environment.

Therefore, we have no room to rest, but remain brave and angry like our volunteer founders. We must evolve and be strategic so as to remain relevant to the country context, and needs of the population.

I close by thanking our team- the staff and volunteers, not just for their vital work through what has been a very difficult period in the organisation history but also for their commitment to improving the health of the communities we serve.

I also take this opportunity to applaud the different partnerships we have enjoyed include with government and the different donors- without whom we would not have been in position to achieve all that we were able to achieve. We greatly honour you our dear friends.

I also extend appreciation to the different civil society organisations and private sector entities with whom we have enjoyed great working partnership to extend services to our people. Thank you friends and we look forward to greater partnerships.



Hon. Victoria Rusoke Busingye,
Chairperson – RHU National Executive Committee



Executive Director's Report

We shall continue to be committed to ensure that there's value for money for each coin received from our dear donors, but also for our own internally generated income that we plough back to serve our target communities

Two thousand twenty-two was a significant year in the history of Reproductive Health Uganda. It's the year we celebrated 65 year of serving communities, empowering them to claim their sexual reproductive health rights. It's also the year that we concluded our seven-year strategic plan (2016 -2022). Again, this was a year that the world had contained Covid 19 and confirmed our resilience to grave shocks that saw many businesses close, many organisations reduce their staff base, many scaling down operations, etc., still we remained strong and intact.

This was because RHU is an innovative and solutions-oriented organisation, thus, we continued to reach to more underserved women, girls, young people and all those that needed our services, not stalled by the two years of turbulence - 2020 and 2021.

Together with the Government of Uganda, our donors, partners, we undertook implementation of different initiatives that included: advocacy initiatives, those targeting young people, including those by the young people; capacity building initiatives for staff and associated entities; initiatives to curb gender-based violence, and service delivery initiatives.

In 2022, Reproductive Health Uganda started the process of developing the new organisational strategy with a focus on capitalising on the opportunities available and the strength we possess, and invest more where we identified gaps.

One major area we want to focus on is to have a business mind as we do what we do. With paying attention to the business outlook, we shall be focusing on sustainability as we continue to witness donor fatigue.

In the area of governance, in 2022 we reviewed old policies and developed new policies including the Gender Policy, ICT Policy, among others. We were able to disseminate these to staff and volunteers.

To be more robust and efficient, in 2022, we rolled out the new and more secure financial system—the Microsoft Dynamics ERP and Sysmics. The new financial and management system comes with better technology and applications that are more efficient, user-friendly, and secure, that integrate finance, programmes, human resource, and logistics components in a coordinated way.

When it comes to capacity building, Reproductive Health Uganda runs a Learning Centre, which is a capacity building hub targeting external and internal audiences, including those outside the borders of Uganda. It offers capacity building skills in the areas of provision of sexual reproductive health services, resource mobilisation, governance, management, administration and accountability.

In 2022, through the Learning Centre, we hosted representatives of the board and management of Family Guidance Association of Ethiopia (FGEA) for an experiential learning visit. We also trained staff from three IPPF affiliates that including: ABUBEF (the Family Planning Association Burundi; and the Family Planning Association of Burkina Faso on emergency preparedness and response planning.

We continued to work well with different district local governments and the respective line ministries, including: the Ministry of Health; the Ministry of Gender, Labour and Social Development; the Ministry of Finance, Planning and Social Development; the Ministry of Education; not forgetting departments and authorities such as the National Population Council, the Parliament of Uganda, among others. We were able to register success because of our virtuous relationship with these.

With the Ebola Viral Hemorrhagic Fever outbreak in the country, our staff and volunteers were trained on infection prevention, screening of clients at entry points of clinic facilities and head office, maintaining standard operating procedures and referral of suspected cases to designated

management units. The clinics were equipped with infection prevention gears and disinfectants and triage points were established to screen clients for Ebola signs and symptoms. The Ebola response team that was set up, supervised the clinics to ensure compliance to set standards.

In 2022, we continued to offer various reproductive health services, registering a client load of 565,744; that benefited from the 3.4 million services that we offered, with family planning services taking a huge share of 1.239,203 services. Almost half of these services, 1.5 million were offered to young people. The family planning services offered contributed to 1,029,553 couple years of protection. Implants contributed the biggest percentage at 63%.

On strengthened data capturing and improved reporting and adopting new development, Reproductive Health Uganda revised organisation-wide data capture tools and systems to integrate specifics on self-care and home-based care. This was in response to the data capturing requirements related to the new service delivery modes of self-care and home-based care. The monitoring and evaluation team oriented the clinic staff on the newly updated tools and systems for quick adaptation and use.

Even as we had some projects phasing out in 2022, donors continued to entrust us with more resources to provide services to communities. Funding for the WISH 2 ACTION Project was resumed under the overseas FCDO/UKAID programme for another year. We commenced the six-year STAND UP Project, with funding from OXFAM Canada, which is expected to contribute to SRHR service delivery in the West Nile and Busoga regions. In the same year, we also renewed our partnership with the Danish Family Planning Association, signing a new partnership agreement for the next four years -2022 - 2015 with funding from the Danish Ministry of Foreign Affairs, among others.

Hiccups in 2022

In 2022 the organisation underwent other financial audits, including a special audit orchestrated by IPPF Central Office, and a forensic audit spearheaded by IPPF Africa Regional Office. Even as we passed the audits, the immediate result was disruption of some operations, as well as interruption of financial inflows to us, negatively impacting on operational efficiency and institutional outputs.

This happened when the total income received from different sources reduced from UGX37,334,645,389 in 2021 to UGX25,164,545,473 in 2022, representing an overall decrease of 33%. However, the organisation's service delivery income through its static clinics and related interventions increased marginally in 2022, from UGX1,707,339,950 in 2021 to UGX1,723,233, 238 in 2022. This is ploughed back into our programming.

The situation was worsened by number of projects closing. For instance, we had our long partnership of 13 years with the Johns Hopkins School of Public Health, implementing the advocacy intervention under the Advance Family Planning (AFP) initiative of the Bill and Melinda Gates Institute for Population and Reproductive Health come to an end. We are greatly indebted to having been part of this partnerships for 13 years.

These greatly impacted on our ability to attain set targets for the year 2022 in terms of income raised and services statistics. However, I must say that management, working with the board, embarked on strategies to ensure that 2023, Reproductive Health Uganda improves the service statistics and programme performance in general.

Otherwise, the accomplishments we registered in 2022 would not have been possible without the tireless efforts of a team of over 165 staff. I express my gratitude for their commitment to serving communities through working with Reproductive Health Uganda. I am also grateful to the contribution of our partners and donors who have continued to enable us to making a contribution to attainment of the country's goals and the global agenda, especially Agenda 2030.

Last but not least, I commend members of the governing organs and the volunteers for their dedication and hard work towards achieving results and ensuring value for money.

I will conclude by stating that throughout our history of more than 65 years, we have been a partner for government and communities. We pioneered family programming in this country, working closely with the Government of Uganda through the Ministry of Health and we have continued to walk this journey together.

In the coming years we shall build on this legacy as we work systematically to improve results and strive to realise our mission: A Uganda where everyone's sexual reproductive health rights are fulfilled without discrimination.



The Executive Director
Jackson Chekweko

RHU in 2022



In 2022, we continued to undertake innovative approaches to enhance the SRHR policy, information and service delivery environment

Therefore, this annual report is a summary of the different interventions, approaches and activities implemented by Reproductive Health Uganda (RHU) to reach communities, especially those most in need of sexual reproductive health and rights (SRHR) information and services. The report outlines the main interventions, strategies and achievements. Our interventions in 2022, continued to be guided by the RHU Strategic Plan- 2016 – 2022 (that ended in this year under review. The strategic plan had four outcomes:



40% of the districts in Uganda implementing at least three SRHR policies;



10 million people are empowered to exercise their SRHR of which 60% are youth;



35 million quality integrated SRHR services provided;



A sustainable, accountable and result oriented organization

This report also highlights key challenges faced and how the organisation can be sustained benchmarking on the RHU sustainability policy 2015 and how the resources mobilised were used for the different interventions over this period.

Improving the SRHR funding and policy environment

ADVOCACY: To realise a conducive SRHR policy environment, RHU conducts advocacy efforts aligned with the Strategic Plan Outcome 1 and the two priority areas

Outcome 1	40% of the districts in Uganda implementing at least 3 SRHR policies
Priority Area 1	Engage in SRHR policy advocacy including dissemination and popularization among the technical, political, cultural and religious leadership in at least 20% of the districts by 2022
Priority Area 2	Empower communities to engage in social accountability for the fulfilment and protection of their SRHR in 20% districts by 2022



Scope

RHU conducts advocacy at district/subnational, national, regional and global levels. At the subnational level, RHU engaged communities, leaders, opinion makers, the media, the private sector, etc., in more than 35 districts.



Our Approaches

- a) Partnership and/or capacity building
- b) Evidence generation
- c) Engaging key influencers
- d) Policy analysis and budget tracking
- e) Use of the Advocacy SMART

- f) approach- that targets a specific decision-maker for policy change and/or funding
- g) Dissemination, popularisation and support implementation of key SRHR policies
- h) Social accountability- empowering communities to hold duty bearers accountable for the fulfilment and protection of their sexual reproductive health rights
- i) Media engagements



Advocacy Milestones in 2022

12

- **Meetings with district leaderships:** RHU held meetings with districts leaders including entry meetings where new projects were introduced (Busia, Isingiro, Kagadi, Kalangala, Kasese, Mbale and Rubirizi). Key district leaders including: the district chief administrative officer (CAO), the resident district commissioners (RDC), LCV, district labour officer, the probation officers, the district health officers, the district development officer, the district forest officers, etc., made commitments, including improving access to SRHR and gender equality service for young people. The meetings also helped RHU to garner support towards the programmes implementation including identification of sites, mapping of health facilities and designation of focal persons as well as identification and capacity building of beneficiaries.
- **Engagement with the private sector:** we engaged management of private companies that included Hoima Sugar, Butema Brick, Bugambe Tea Estates, Bwendero and Albertine Water) on the implementation of gender responsive policies and practices. RHU shared business case for investing in SRHR/GE with the private sector leaderships.
- **Engagement with MDAs:** RHU worked closely with different government ministries, departments and authorities (MDA).
 - ✓ We worked with the ministry of water and environment (MWE) and we were nominated to form and be part of the steering committee meant to develop the health national climate change adaptation plan (NAP)
 - ✓ Partnered with the National Population Council (NPC) on integration of SRHR into the population, health and environment (PHE) model
 - ✓ RHU supported MoGLSD in the validation of the National Breastfeeding and Day care policy regulation at workplaces. The policy aim at promoting exclusive breastfeeding among breastfeeding employees

- ✓ Worked with the Ministry of Health (MoH) key populations (KP) technical working group to ensure increased access to services for the KPs
- ✓ RHU worked with the ministry of education and sports and UNESCO and other CSOs and developed a common position for the UN Transformative Education Summit. Over 40 CSOs took part and made recommendations which were presented by the Ugandan delegation to the 2022 Transformative Education summit hosted by the UN Secretary General.
- **Media engagements:** RHU worked/partnered with the media in different manners to:
 - ✓ highlight critical sexual reproductive health and right /gender equality issues/gaps
 - ✓ commemorated key dates/events
 - ✓ increase awareness of key SRHR areas
 - ✓ trigger conversation on key advocacy issues
- **Capacity building of peer educators** in SRHR, advocacy and legal frameworks
- Global engagements: RHU participated in different global conferences that included: COP27 held at Sharma El Sheikh, Egypt that helped to explore and adopt the learnings from the conference to improve climate change programming. Ten staff participated the International Conference on Family Planning in Pattaya -Thailand where RHU held different sessions and made presentations on SRHR.
- Partnerships with CSOs: Worked with CSOs that made it easy in mobilising key community groups and other stakeholders, supported advocacy efforts and supported capacity building trainings conducted by RHU. Some partners gave RHU peers an opportunity to learn basics about the legal framework but also how to defend, advocate and stand up for their rights.

Summary of Key Targets Achieved

Indicator	Result
Media Advocacy	
# of journalists engaged at national and subnational levels	130
# of media houses that committed and worked with us	16
# of stories covered on underlying FP/SRHR issues	78
Cultural and Religious Leaders Engagements	
# of meetings held to engage cultural leaders on FP/SRHR	8
# of cultural leaders oriented as SRHR champions	68
# of cultural institutions engaged	12
Partnership Engagements	
# of in-country partnerships strengthened for FP/SRHR	46
# of coalition partners benefiting from capacity strengthening is safety and security	22
Advocacy Capacity Building	
# of SRHR young advocates trained and mentored in different districts	129
# of trainings of trainers (SRHR champions) held focusing on SRHR/GE	22
# of CSOs who have advanced on using a gender and social inclusion lens	23
# of CSOs whose capacity has been built in evidence-based advocacy and lobbying	20
Community/Citizen Empowerment	
# of trainings of community members in GTA/HRBA/SRHR/gender equality	32
# of community groups that have been trained in GTA/HRBA/SRHR/gender equality	27
# of community-based dialogues/sensitisation on GTA/HRBA/SRHR/gender equality and gender justice	1,096
# of community members that have been engaged on GTA/ HRBA/ SRHR/gender equality	43,840
# of male and female employees reached with SRHR/SGBV/GE information	739
# of workers reached through health commemorative days	260
# of community groups that have incorporated SRHR plans\practices into their conservation interventions	21

Indicator	Result
Actual Advocacy Engagements	
# of young people supported to participate in FGM zero tolerance activities	20
# of young leaders that supported and demanded their menstrual health rights at a local, national and global level	60
# of young people given a platform to meet their leaders	230
# of meetings/engagements with ministries, departments and authorities	16
# of meetings/engagements with duty bearers at district level	67
# of district leaders and stakeholders oriented on investing in SRHR/FP/GBV	450
# of workplace structures such as gender committee to promote workers' rights, GE and non-discrimination	5
# of national/international commemorative days participated in	13
# of district committed funds to SRHR/FP/GBV	22
# of district with commitments to SRHR/FP/GBV integrated reflected in approved annual work plans/BFPs	26
# of district provided with matched funding on SRHR/FP/GBV	5



What did not work so well

- Limited knowledge of district leadership, partners, and community groups on the linkage between SRHR and climate change. This meant extra efforts and resources by RHU to orient them on the need for integration of SRHR in climate change plans, designs and approaches to build resilience for climate change effect
- The number of trained group leaders is still significantly smaller to fully support peer to peer learning sessions in their respective communities



Empowering young people and communities to exercise their sexual and reproductive health rights

INFORMATION, EDUCATION AND SEXUALITY EDUCATION: To empower young people and communities to exercise their sexual reproductive health and rights, RHU was guided by the Strategic Plan Outcome II, with two priority areas

Outcome 2	10 million people are empowered to exercise their SRHR of which 60% are youth
Priority Area 1	250,000 young people completed CSE by 2022
Priority Area 2	5 million people reached with information on SRHR through the use of appropriate media in 45 districts of Uganda by 2022



Scope

Cognizant of the fact that young people make up a sizeable proportion of our population, we continued to invest in them, knowing that they hold the key to the development of Uganda. We undertook interventions that enable access to sexuality education and reaching the population with SRHR information through the use of innovative appropriate channels





Our Approaches

- a) Capacity building in the areas of:
 - peer education,
 - sexuality education,
 - social accountability
 - youth-friendly service provision
- b) Male involvement interventions targeting boys in order to impact on social norms and values using evidence-based interventions
- c) The Community Score Card used in youth-led quality monitoring
- d) Organising special days for the young people to get information and services
- e) Facilitating table talk discussions
- f) Provision of service and information through static clinics and outreaches
- g) The internship training at different levels that attract more than 300 students annually
- h) Media engagement
- i) Use of social media

16



Main Milestones in 2022

- **Trainings/capacity building**

- ✓ More than 100 service providers and more than 20 VHTs from different health facilities were equipped with knowledge and skills on how to deliver youth friendly SRHR information. The training contributed to increased knowledge and skills of providers and VHTs as noted during the pre and post knowledge assessment results.
 - ✓ More than 30 health facilities were mapped and assessed on the provision of youth friendly and responsive SRHR information in eight districts. These were identified with support from the DHOs and partners. The selection was informed by poor statistics on SRHR such as teenage pregnancy, increased new HIV infections, limited access to SRH services by the PWDs and women.
 - ✓ RHU trained young people drawn from different background in SRHR peer education. Progressively, the trained peer educators conducted door-to-door sessions with fellow peers and were also attached to health facilities in a bid to strengthen effective referral of fellow peers for services. The peer educators were also involved in SRHR information dissemination using different approaches
- **Commitment of CSOs/CBOs to form a coalition to advance the SRHR agenda:** During the capacity building trainings for CSOs/CBOs on advocacy, the CSOs/CBOs committed to form loose advocacy coalitions in their districts as a means of ensuring a collective voice for young people SRHR issues in the respective districts
 - **Material Development:** Assortment of information and education materials on different SRHR themes were developed to facilitate SRHR information dissemination, creating awareness, demystifying myths and misconception, etc., in different parts of the country.

- in school to skill young people through provision of age-appropriate information. In the execution of school outreaches, we used trigger videos produced by the Youth Action Movement (YAM) members which stimulated discussions among the young people at the outreaches.
- **The Think Tank:** RHU operationalised the 10-member global think tank and a five-member grants management team. The two teams comprised diverse young people from different IPPF affiliate across the federation
- **Digital media:** RHU continued to embrace digital communication as a tool for linking, learning and networking. We conducted several digital media activities that included webinars, twitter spaces and social media campaigns with active participation of diverse group of the population, especially young people reaching out to them with information
- **Digital media:** RHU continued to embrace digital communication as a tool for linking, learning and networking. We conducted several digital media activities that included webinars, twitter spaces and social media campaigns with active participation of diverse group of the population, especially young people reaching out to them with information



Summary Key Targets Achieved

Indicator	Result
Capacity Building	
# of young people reached with integrated SRHR information and services	1,570,040
# of Youth Action Movement leaders oriented	25
# of young people that act to raise awareness in their community using visual storytelling approaches	55
# of Youth Advisory Committees members trained in SRHR/gender equality	45
# of adolescent focused coalition partners benefiting from capacity strengthening in safety and security, safe guarding etc.	45
# of youth SBCC agents in tertiary institutions identified and trained	105
Equipping and Empowerment of Young People	
# of effective youth led grants management mechanism established	20
# of tertiary institutions engaged	20
# of youth events in institutions of higher learning conducted	100
# of peer educators, leaders, champions, including PWD peer educator that capacitated	316
# of young people empowered/engaged in dialogues that can result into actions	920
# of young people using ASK RHU artificial intelligent app	36,450
# of young people facilitated with small grants to reach out to their peers with SRHR information	5
Empowering communities through SRHR Information and education	
# of radio and TV talk shows featuring expert on SRHR conducted	195
# of radio spot messages on SRHR in local languages broadcasted	822
# of RHU supported announcements on SRHR run broadcasted	16,900
# of social media engagements (webinar and tweet chats) conducted	12
# of young people-led campaign on social media conducted	6
# of Twitter reach registered	6,977,473



What did not work so well



- Time/delays: One of the major challenges was the limited time of implementation. Some of the plans and MoUs were finalised late, thus limiting participation of key stakeholders and finalisation of approval processes in some districts.
- In some health facilities it was challenging to get approval of the supported peer educators to participate in the health unity management unit committee (HUMC) meetings as in-charges could hardly accommodate the young persons.

Increase access to quality integrated SRH services to the population, especially the vulnerable and underserved communities

SERVICE DELIVERY: To increase access to quality integrated SRHR services, we continued to be guided by our Strategic Plan- Outcome III, with two priority areas:

Outcome 3	35 million quality integrated SRHR services provided
Priority Area 1	To deliver 32 million quality rights-based integrated SRHR services by 2022
Priority Area 2	Enable delivery of 3 million quality rights-based integrated SRHR services through partnerships with public and private sector



Scope

RHU continued to deliver services using the different service delivery modes in more than 50 districts in the country. The different modes included: offering services at the RHU static clinics, enabling associate clinics/facilities to provide services, supporting community-based resource persons to provide services and conducting integrated community service delivery outreaches.



Our Approaches

- Conducting integrated service delivery outreaches to provide a full range of services in one visit
- Providing services through the 18 RHU static clinics located in all regions of the country
- Provision of services through franchised/partner clinics/health facilities
- Use of community health workers (CHW) with a network of more than 3,000 CHWs
- Provision of services in refugee settlements
- Community dialogues/awareness creation campaigns
- Integration of SRH services to encompass other services including ANC, sexual gender-based violence (SGBV) related services, immunisation, laboratory, etc.
- Capacity building and mentoring of service providers
- Free service days to increase access and reach to most in need
- Partnership with other stakeholders (Government health units and CSOs) in the focused districts
- Media engagements



Main Service Delivery Milestones in 2022

22

- Ensured commodity security through procurement and distribution of commodities and medical supplies to the 18 RHU static clinics and some associated health facilities
- Home based care and self-care innovations were well embraced by communities we worked with and demonstrated increased access to SRHR services
- **Ebola Response:** RHU with support from IPPF, LAD and WISH projects implemented an Ebola response programme with a primary focus of ensuring safety, compliance to SoPs and timely response in-case of identification of Ebola suspect cases of all staffs, the clinical teams, clients and volunteers.
- **Training/capacity building**
 - ✓ RHU conducted training of service providers, information management officers and project managers village health teams (VHTs), etc., in a number of areas that included: self-care, family planning HIV/AIDS, long acting and reversible contraception (LARC), etc.
 - ✓ More than 100 service providers and more than 100 VHTs from different health facilities were equipped with knowledge and skills on how to deliver youth friendly services (YFS). The trainings contributed to increased knowledge and skills of providers and VHTs as noted during the pre and post knowledge assessment results.
 - ✓ More than 30 health facilities were mapped and assessed on the provision of youth friendly and responsive services in eight districts. These were identified with support from the DHOs and partners. The selection was informed by poor statistics on SRHR such as teenage pregnancy, increased new HIV infections, limited access to SRH services by the PWDs and women.
- ✓ Continued mentorship of RHU service providers and public and franchise clinics staff to ensure availability of the services, including timely management of side effects resulting into contraceptive method. The mentorships were in the areas of: FP, legally acceptable abortion related service provision, provision of LARC services, HIV services provision, among others.
- ✓ About 95 providers were trained in logistics and supplies management
- **Service delivery :** RHU conducted integrated outreaches through the different service delivery points, offering family planning services including vasectomy, bilateral tubal ligation implants, injectables and pill. Other services included, STI/HIV counselling and testing, cervical and breast cancer screening, immunisation services, etc. The outreaches offered RHU an opportunity to reach out to a large number of clients in hard-to-reach areas including refugee settlements.
- **Diagnostic services:** we registered increased uptake and utilisation of diagnostic services at the clinics especially laboratory services, CBC, ultra sound scan, etc.
- **Community engagement activities:** RHU clinics continued to conduct community and institutional awareness campaigns, community dialogue engagements and free clinic service days to boost clientele and services provision.

Summary Key Targets Achieved

Indicator	Result
Community Empowerment on Access to Services	
# of community engagements/dialogues to build support for access to SRHR services	194
# of partnerships with public and private health facilities to improve sustainable access to SRHR services	131
Capacity Building	
# of service providers from RHU and partner facilities trained to provide services	276
# of peer educators and VHTs trained in provision and referral for clients to access services	426
# of health facility records officers (HMIS staff) trained on the use of DHIS II platform for SRHR service reporting.	32
# of providers supported through clinical mentorship to strengthen (SRHR services (FP, CACX, CAC etc)	110
# of providers trained in logistics and supplies management	94
# of HMIS officers mentored on data tools	120
# of health facilities with health workers trained in inventory and records management	494
# of staff (MoH, NMS, JMS and implementing partners) trained in last mile assurance	150
# of health providers trained in YFS	152

Indicator	Result
Services Provision	666
# of service provision outreaches conducted	1,694
# of free service days at social franchise clinics conducted	118
Total client load registered	565,744
Client load for young people- 10 – 24 years	267,455
# of female clients served	486,672
Total SRHR services provided	3,446,839
SRHR services provided to young people	1,570,040
# of family planning services provided	1,239,203
Couple years of Protection registered	1,029,553
# of abortion services provided (abortion counselling, abortion family planning/post abortion care) services provided	124,909
# of sexually transmitted infection services provided	469,660
# of HIV services provided	539,509
# of other SRHR services provided (cervical and breast cancer services, etc.)	1,073,558



What did not work so well

- **Human resource:** a number of staffs left the clinics through resignation. Thus, staffing was insufficient to adequately support the clinic operations and the out of clinic programme activities
- Some of the implementation was delayed due to late start of the assessment of health facilities
- Due to the prolonged process of central procurement, the teams continue to lack key pharmaceutical products
- **The post Covid-19 effects on young people remained:** Uganda was hit with a rise in teenage pregnancy during the Covid-19 active period of 2020 and 2021. Many girls dropped out of school and we registered very many young mothers. Unfortunately, some of the girls due to lack of information on SRH matters, they experienced unplanned pregnancies more than once and they were quick to have unsafe abortions. By the time they visited RHU clinics they present complications of abortions.

24



Accountability for a sustainable organisation

ACCOUNTABLE, SUSTAINABLE AND RESULT ORIENTED: To ensure that RHU continued to be accountable, sustainable and result oriented, the organisation was guided by the Strategic Plan Outcome 4, with two priority areas:

Outcome 4	A sustainable, accountable and result oriented organization
Priority Area 1	Strengthen management for institutional efficiency and effectiveness and increased internally generated income by 20% annually
Priority Area 2	Strengthen governance and volunteer base for institutional accountability and sustainability by 2022



Our Approaches

- a) The RHU Learning Centre- established to strengthen the capacity, systems and structures in sexual reproductive health programming and service delivery
- b) Capacity strengthening for staff, other CSOs and IPPF member associations
- c) Monitoring, Evaluation, Accountability and Learning (MEAL)
- d) The African Citizens Initiative (ACI)- a volunteer-led peer-to-peer fundraising programme designed to take advantage of the volunteer base to find African solutions to African's development challenges
- e) Systems strengthening
- f) Resource mobilisation



Main Accountability Milestones in 2022

- Implemented the recommendations of the IPPF Governance Strengthening Initiative that are in line with the IPPF governance reforms for improved effectiveness and efficiency of the organisation. For instance, we adopted a hybrid/mixed national executive committee composition with members drawn internally (volunteers) and externally (with some needed expertise. Others included revision of the board assessment tool, instituted technical committees to enhance board effectiveness, among others.
- RHU rolled out the Microsoft Dynamics ERP and Sysmics self-service portal and across the institution
- Setup Toll-free line for RHU clients, partners and prospects to call with inquiries without needing to spend any money
- Hosting the representatives of the board and management of the Family Guidance Association of Ethiopia (FGEA) for an experiential learning visit, that enabled them interact with the RHU volunteer members and staff, and were exposed to the volunteer resource mobilisation venture
- The RHU Learning Centre hosted various partners for meetings and trainings
- We facilitated peer-to-peer exchange learning visits that continued to standout as an effective learning and mentorship strategy, especially for the service providers. Through this approach, we observed improvements in some of the clinics that had been registering poor performance over the years.
- We had consistent and effective communication about programme performance with key stakeholders where we highlighted the impact of the programme, identified bottlenecks and celebrated wins.
- We also conducted regular external and internal data quality assessments, and continuous mentorships of service providers; monitoring visits and support supervisions; etc., that were critical to improving and sustaining performance



Summary Key Targets Achieved

Indicator	Result
# of female staff members	110
# of male staff members	147
# of staff who moved on	5
# of data tools produced by type	8
# of data quality assessments (DOA) conducted	39
# of clinics on Clinical Management Information System	19
# of mentoring/mentorships visits conducted	69
# of data clerks supported	26
# of agencies that receive trainings/experiential learning sessions conducted by the RHU Learning Centre	10
# of volunteers newly recruited oriented on the vision and mission of RHU, and volunteer roles	162
# of the newly elected members on the governance committees oriented on RHU, their roles, etc.	21
# of governance and management tools revised and produced for use by volunteer members and staff	8
# of volunteer members and management staff oriented on the governance and management policies	289
# of YAM members oriented on the YAM concept and operations	126
% of the projects that attain set objectives	85%
# of staff recruited on new projects to enhance RHU's performance	18
# of staff re-oriented on governance and management policies	72
# of staff who received tailor-made trainings	86
# of staff appraised and recommendations for each highlighted	167
# of National Council Annual General Meeting conducted	1

Indicator	Result
# of Branch Council meetings conducted	18
# of NEC meetings held	6
# of Programme and Finance Committee meeting conducted	4
# of Programme and Finance Committee meeting conducted	4
# of BEC meetings held	63
# of YAM BEC meetings held	32
Total of clinic collections realised (in UGX)	1,723,777,938



What did not work so well

- Frequent power outages and lack of standby power backups affect operationalisation of electronic systems in some sites
- Project close-outs leading to staff turnover of key personnel like data personnel affects the data management processes
- Late disbursement of IPPF Core funds stalled project activity implementation for most part of the year

28



RHU has different governing organs. The highest organ of authority is the Board of Trustees (BoT). The next body in hierarchy is the National Council (AGM) and then the National Executive Committee (NEC). In 2022, new governing committees at all levels under RHU's constitutional provisions were elected. Hon Victoria Businge Rusoke, the Minister of State for Local Government was elected the chairperson of the National Executive Committee formerly headed by Mr. Nathan Kipande T. a public health specialist and the Director – EARILab. 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 could improve the way it works.

RHU Governance Structures



Role of the Governance Organs

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 organisation. 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.

The Programs and Finance Committee (PFC), consisting of six members of the NEC and is supported by the executive director and directors of finance and programmes. The PFC monitors the financial health of the organisation as well as the internal administrative processes. The risk register is reviewed twice yearly and 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.



Succession plan

Succession planning is a key function 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 strategic plan, succession planning is an ongoing consideration, and under the oversight of the programme and finance committee



Capacity 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 programme 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 BODY ORGANS BOARD 2022 – 2025

30

	NAME	POSITION
RHU Board of Trustees		
1	Rtd. Hon. Justice Wilson Masalu Musene	Chair-person (deceased)
2	Hon. Sylvia Ssinabulya Namabidde	Member
3	Hon. Joram Ruranga Tibasiimwa	Member
Board Membership & Development Committee (BMDC)		
1	Rev. Dr. Christopher Yiki	Chairperson
2	Ms Irene Nairuba	Committee Member
3	Ms. Leon Nyakaisiki	Committee Member
4	Bishop Emeritus Charles Odur Kami	Committee Member
5	Prof. Victoria Nakiboneka Mwaka	Committee Member
The Governing Board (NEC) – 2022-2025 National Executive Committee		
1	Hon. Victoria Businge Rusoke- my self	National Chairperson
2	Mr. Kisolo Michael Jackson	Vice Chairperson
3	Ms. Nabukenya Angella	National Treasurer
4	Mr. Jumba Charles Lwanga	Chairperson PFOC
5	Mr. Opoka John Walker	Male Youth Representative
6	Ms. Naisanga Jovia	Female Youth Representative
Programme and Finance Performance Oversight Committee (PFPOC)– 2022 – 2025		
1	Mr. Charles Jumba Lwanga	Chairperson
2	Ms. Nabukenya Angella	National Treasurer
3	Ms. Nakawula Doreen	Committee Member
4	Prof. Peter Waiswa	Committee Member
5	Ms Sarah Kyejjusa	Committee Member
Audit and Risk Committee (ARC)		
1	Mr. Anguyo Godfrey	Chairperson
2	Ms. Tamwanza Fatia	Committee Member
3	Mr David Sserebe Bunya	Committee Member



Annual Financial Report 2022

Statement of the NEC's Responsibility

The National Executive Committee (NEC) is responsible for the preparation of the financial statements, in all material respects, in accordance with the accounting policies described in Note 2 to the financial statements. NEC is also responsible for ensuring that the organisation keeps proper accounting records which disclose with reasonable accuracy at any time the financial position of the organisation. They are also responsible for safeguarding the assets of the organisation.

NEC hereby accepts responsibility for the annual financial statements of the organisation for the year ended 31 December 2022. NEC is of the opinion that the financial statements are prepared in all material respects, in accordance with the accounting policies described in Note 2 to the financial statement.

NEC further accepts responsibility for the maintenance of accounting records which may be relied upon in the preparation of financial statements, and for such internal control as NEC determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Nothing has come to the attention of NEC to indicate that Reproductive Health Uganda will not remain as a going concern for at least twelve months from the date of this statement.


National Chairperson
Reproductive Health Uganda


National Treasurer
Reproductive Health Uganda


Executive Director
Reproductive Health Uganda



The Auditors Opinion

In our opinion, the financial statements of Reproductive Health Uganda ("the Organisation") for the year ended 31 December 2022 are prepared, in all material respects, in accordance with the accounting policies described in Note 2 to the financial statements.

What we have audited

The Organisation's financial statements comprise:

- statement of income, expenditure and changes in fund balances for the year ended 31 December 2022;
- statement of financial position as at 31 December 2022;
- 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 information.

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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Organisation in accordance with the International Code of Ethics for Professional Accountants (including International Independence Standards) issued by the International Ethics Standards Board for Accountants ("the IESBA Code") together with the ethical requirements that are relevant to our audit of financial statements in Uganda, and we have fulfilled our ethical responsibilities in accordance with these requirements and the IESBA Code.

Emphasis of Matter – Basis of accounting and restriction on distribution and use

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements have been prepared to assist the Organisation in complying with its reporting requirements. As a result, the financial statements may not be suitable for another purpose.

Our report is intended solely for the Organisation and should not be distributed to or used by other parties other than the Organisation. Our opinion is not modified in respect of this matter.

Other information

The National Executive Committee is responsible for the other information. The other information comprises the National Executive Committee members' report and supplementary information but 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 any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements, or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the National Executive Committee for the financial statements

The National Executive Committee is responsible for the preparation of the financial statements in accordance with the accounting policies described in Note 2 to the financial statements 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.

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

The National Executive Committee is responsible for overseeing the Organisation's financial reporting process.

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 scepticism throughout the audit. We also:

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

- Conclude on the appropriateness of National Executive Committee's use of the 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 ability to continue as a going concern. If we conclude that as 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 and events may cause the Organisation to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosure and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

The engagement leader on the audit resulting in this independent auditor's report is CPA Dowson Kalemba- P0247


Certified Public Accountants
Kampala
28 April 2023


CPA Dowson Kalemba

Statement of Income, Expenditure and Changes in Fund Balances

	Notes	2022			2022			2021	
		Unrestricted	Donor Restricted	Total	Unrestricted	Donor Restricted	Total	Total	
		UGX '000	UGX '000	UGX '000	USD '000	USD '000	USD '000	UGX '000	USD '000
EXPENSES									
Focus Area I: Advocacy		115,310	8,411,157	8,526,467	32	2,334	2,366	6,528,975	1,820
Focus Area II: Youth		271,525	678,627	950,152	75	188	263	3,230	1
Focus Area III: Service Delivery		3,173,409	11,024,751	14,198,160	880	3,058	3,938	14,726,558	4,106
Focus Area IV: Sustainability		3,141,024	234,362	3,375,386	871	65	936	2,854,153	796
Total project expenses		6,701,268	20,348,897	27,050,165	1,858	5,645	7,503	24,112,916	6,723
Depreciation and amortisation	8 & 9	972,948	-	972,948	271	-	271	1,041,661	290
Donated inventory expensed		2,548,874	-	2,548,874	707	-	707	3,396,869	947
Total expenses as previously stated		10,223,090	20,348,897	30,571,987	2,836	5,645	8,481	28,551,446	7,960
(Deficit)/Surplus of income over expenditure		(1,218,687)	1,864,640	645,953	(338)	517	179	1,053,611	293
Fund balances at beginning of year		1,803,144	3,378,432	5,181,576	500	937	1,437	4,607,932	1,423
Transfer from fund balance		-	(479,313)	(479,313)	-	(133)	(133)	(479,967)	(134)
Fund balance at end of year	6	584,457	4,763,759	5,348,216	162	1,321	1,483	5,181,576	1,582

Statement of Financial Position

		2022			2022			2021	
		Unrestricted	Donor restricted	Total	Unrestricted	Donor restricted	Total	Total	
	Notes	UGX'000	UGX 000	UGX'000	USD'000	USD'000	USD'000	UGX'000	USD'000
Non- current assets									
Property and equipment	8	5,430,071	-	5,430,071	1,461	-	1,461	5,485,915	1,559
Prepaid operating lease	9	2,202,799	-	2,202,799	593	-	593	2,264,828	644
Total non-current assets		7,632,870	-	7,632,870	2,054	-	2,054	7,750,743	2,203
Current assets									
Cash and bank balances	10	2,530,661	4,632,114	7,162,775	681	1,247	1,928	6,981,144	1,984
Inventories		2,249,007	-	2,249,007	605	-	605	2,756,739	784
Other receivables and prepayments	11	2,971,158	1,231,566	4,202,724	800	331	1,131	1,793,175	510
Total current assets		7,750,826	5,863,680	13,614,506	2,086	1,578	3,664	11,531,058	3,278
Total assets		15,383,696	5,863,680	21,247,376	4,140	1,578	5,718	19,281,801	5,481
Liabilities and fund balances									
Current liabilities									
Accounts payables, accrued expenses and provisions	12	3,210,621	1,099,921	4,310,542	864	296	1,160	1,993,461	567
Deferred income	13	-	4,763,759	4,763,759	-	1,282	1,282	3,378,431	960
Total current liabilities		3,210,621	5,863,680	9,074,301	864	1,578	2,442	5,371,892	1,527
Fund balances									
Designated fund	14	563,644	-	563,644	152	-	152	523,506	149
Undesignated fund		584,457	-	584,457	162	-	162	1,803,144	514
Fixed assets fund	15	3,945,028	-	3,945,028	1,062	-	1,062	4,000,872	1,136
Inventories fund	16	1,924,297	-	1,924,297	518	-	518	2,432,029	691
Revaluation reserve	7	4,423,883	-	4,423,883	1,185	-	1,185	4,423,883	1,257
DFB building expansion reserve		211,479	-	211,479	57	-	57	171,053	49
Vehicle replacement reserve fund	17	520,287	-	520,287	140	-	140	555,422	158
Total fund balances		12,173,075	-	12,173,075	3,276	-	3,276	13,909,909	3,954
Total liabilities and fund balances		15,383,696	5,863,680	21,247,376	4,140	1,578	5,718	19,281,801	5,481

Statement of cash flows

Statement of cash flows			
	Note	2022 UGX'000	2021 UGX'000
OPERATING ACTIVITIES			
Surplus for the year		645,953	1,053,611
Adjustments for non-cash items : Depreciation and amortisation	8 & 9	972,948	1,041,661
Release from the fixed asset fund	15	(910,919)	(979,632)
Increase/decrease in working capital		707,982	1,115,640
Decrease/(increase) in receivables	11	(2,409,549)	707,255
(Decrease)/increase in payables	12	2,317,081	(186,941)
Net cash flows generated from operating activities		615,514	1,635,954
FINANCING ACTIVITIES			
Refund of unutilised funds to donors from designated fund	14	(27,185)	(104,022)
Balances on closed projects transferred to income		(69,095)	(147,829)
Refund of unutilised funds to donors at closure of projects		(342,894)	(210,142)
Net cash flows from financing activities		(439,174)	(461,993)
INVESTING ACTIVITIES			
Increase in DFB building reserve		40,426	86,181
Decrease of vehicle replacement fund	17	(35,135)	76,013
Net cash flows from investing activities		5,291	162,194
Net increase in cash and cash equivalents		181,631	1,336,155
Cash and cash equivalents at 1 January	10	6,981,144	5,644,989
Cash and cash equivalents at 31 December	10	7,162,775	6,981,144

The financial statements on pages 12 to 32 were approved by the members of the National Executive Council on 28th April / 2023 and signed on its behalf by:


National Chairperson
Reproductive Health Uganda


National Treasurer
Reproductive Health Uganda


Executive Director
Reproductive Health Uganda

Sustainability Report 2022

Sustainability is a measure of an organisation's ability to fulfil its mission and serve its stakeholders over time. Sustainability requires full commitment at all levels of the organisation. There must be full commitment to the process through-out the organisation, from the board of directors through senior management and the entire staff.

Sustainability involves all the elements and functions of an organisation, and every major decision made within the organisation — from human resources to finances to service delivery — must be considered through the filter of sustainability.

There are basically four major types of sustainability:

1. Organisational sustainability,
2. Sustainability of services and/or results
3. Financial sustainability
4. Environmental sustainability

1. Organisational sustainability

This is the ability of the organisation to secure and manage sufficient resources to enable it to fulfil its mission effectively and consistently over time without excessive dependence on any single funding source. The objective is to maintain and build the capacity of an organisation that is providing a beneficial service in a community.

In 2022, RHU management successfully attracted new funding through the different partnerships. Below are the new projects attracted in 2022.

- Power to Youth project funded by Sonke Gender Justice. Implemented in the districts of Bukwo, Isingiro, Kalangala, Kapchorwa
- Youth Led COVID-19 project funded by SRHR Alliance, implemented in Adjumani and Arua
- Youth Social Venture Fund project funded by IPPF, implemented Hoima
- We Lead project funded by the SRHR Alliance with interventions in Amuru, Arua, Busia, Gulu, Terego and Tororo
- Harness project funded by IPPF, in Fort Portal
- I Decide project funded by Plan International implemented in Lira and

Apac

- LAD project funded by IPPF in Adjumani, Bushenyi, Gulu and Lira
- Breaking the Silence project funded by IPPF in Mbale
- Promise II by the Danish Family Planning Association, implemented in Hoima, Kagadi, Kampala, Kasese and Rubirizi

Strategic Plan

In 2022, RHU started development of a new Strategic Plan for the period 2023 to 2028, since the previous strategic plan was expiring in the same year. In the same year, RHU concluded with the Organisation Development document which shall guide how RHU structures staff, job evaluations and institutional processes.

ERP system roll out

This reporting period, we rolled out the Institutional Enterprise Resource Planning (ERP) system, Microsoft Dynamics 365 Business Central that integrates different process of the various departments/units of the organisation. The new financial and management system came with better technology and applications that were more efficient, user-friendly, and secure, that integrate finance, programmes, human resource, and logistics components in a coordinated manner.

Governance

RHU implemented the recommendations of the the International Planned Parenthood Federation (IPPF)- whom we are affiliated to- Governance Strengthening Initiative that were in line with the IPPF Governance reforms for improved effectiveness and efficiency of the organisation. For instance, adoption of a hybrid/mixed national executive committee (NEC) composition with members drawn internally (volunteers) and externally.

We electing new office bearers, in 2022, then commenced orienting the new members of the different governing organs, many of whom were not very acquainted with SRHR issues. This included orientation and sensitisation on different aspects of RHU including our history, the meaning of sexual reproductive health, the Rights Based Approach, gender-based violence, family planning, adolescent sexual

and reproductive health, etc., and to enroll them as champions for sexual reproductive health rights. They were also oriented on their roles and responsibilities of being a volunteer in leadership. This included drawing a distinction between 'governance' and 'management. They were orientated on their roles in strengthening their respective organs in relation to oversight, governance and accountability. The different organs developed action plans to guide them in their work.

2. Sustainability of services/results

This means that the services provided, and/or the health impact made, continue long after the original or primary donor funding is withdrawn.

In line with this, refurbishment of the Tororo Clinic was completed with the support of the Bergstromme and Global Care Projects. This boosted service provision through the increased client inflow. More clinics were earmarked for facility improvement.

- **Partnerships and networking:** RHU employed this as a strategy to leverage on existing resources and expand our service package and coverage to those who most need our services even in the hard-to-reach areas of the country. In 2002, we partnered and/or, strengthen partnerships with:
 - 46 organisations to strengthen advocacy for improved SRHR policy and budget environment.
 - 45 organisations to strengthen the young people SRHR agenda-meaningful youth participation and increase access to services and information by young people
 - Strengthen partnerships with 131 public and private health facilities to improve sustainable access to SRHR services, including information
 - From national level, to district level, to community level, we continue to work well with different district local governments and the respective line ministries, including: the Ministry of Health; the Ministry of Gender, Labour and Social Development; the Ministry of Finance, Planning and Social Development; the Ministry of Education; not forgetting departments and authorities such as the National Population Council, the Parliament of Uganda, among others.

SRHR Service Provision: In 2022: RHU conducted 1, 694 service provision outreaches in communities across the country, reaching out to 565, 744

clients. To these we provided 3,446,839 SRHR services including: 1,239,203 family planning service, registering 1,029,553 couple years of protection; 124, 909 post abortion services; 469,660 sexually transmitted infection services; 539,509 HIV and AIDS services; and 1,073,558 other SRHR services (cervical and breast cancer services, laboratory services, etc.)

Recruitment process: RHU's recruitment is governed by "quality at the gate policy". Vacant positions are identified and proposed to the human resource manager for recruitment; the executive director in case of top management positions; and 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. In 2022 RHU recruited 18 new staff to, either replace the five staff who moved on, or to work on new projects. Similarly, in the same year, we recruited 162 volunteers across the country. Volunteers are recruited on a voluntary basis.

- **Employee welfare, remuneration and retention:** RHU core staff consists of multi-disciplinary teams of highly qualified, professional and committed personnel who include medical doctors, social workers, economists, accountants, computer scientists, clinical officers, nurse midwives, laboratory technicians, and M&E specialist, advocacy and communications specialists.
- 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 organisation. RHU offers a competitive remuneration package including; fringe benefits- medical, workman compensation insurance, monthly fuel facilitation for management staff, annual leave, 60 working days of maternity leave, five working days of paternity leave, two-months of sick leave with full pay, etc. RHU also 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.

Capacity Building: in 2022, 86 RHU staff, underwent various tailor-made trainings including safety and security to provide protection against different forms of opposition to sexual reproductive health and rights. Other areas of training conducted included: self-care, family planning, HIV/AIDS, provision of long-acting reversible contraception, management of disease outbreaks- especially Ebola, logistics and supplies management, among others. Similarly, 72 board members were oriented on different areas.

3. Financial sustainability

This can be measured by an organisation’s net income (the surplus of revenues over expenses); liquidity (the cash available to pay bills); and solvency (the relationship of assets and debt or liabilities).

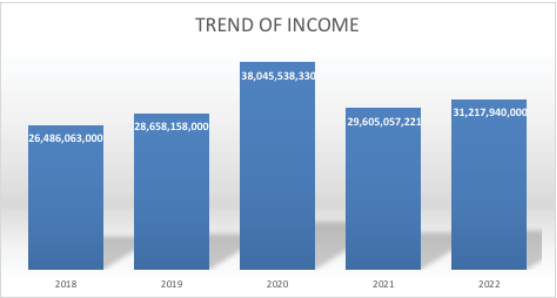
The overall organisational income, after consideration of the in-kind donations and movements in inventory/fixed asset funds as at end of 2022, amounted to UGX 31,217,940,000 representing an increase of 5% in overall incomes compared to UGX 29,605,057,000 in 2021.

There was a slight increase in local clinic collections of 0.36% from UGX 1,717,087,457 in 2021 to UGX 1,723,366,000 in 2022.

Local revenue collection: RHU continued to strengthen the different revenue collection platforms that included the Vehicle Replacement Reserve – charging vehicle hire fees to all restricted projects not contributing to vehicle purchase, clinical collections- revenue from the 18 clinics, office rental services- offering office space to different organisations at a fee, among others. These continued to generate income in 2022. However, the local income generation related interventions increased marginally in 2022, from UGX1,707,339,950 in 2021 to UGX1,723,233, 238 in 2022.

5-year Income Trend

YEAR	TREND OF INCOME	CHANGES
2018	26,486,063,000	N/A
2019	28,658,158,000	8%
2020	38,045,538,330	25%
2021	29,605,057,221	-29%
2022	31,217,940,000	5%



Sustained financial growth over the years with frugal expenditure practices has helped management check the progress to sustainability.

Monitoring of Sustainability.

Stakeholder engagement

To be sustainable over time, an organisation has to appreciate its internal and external stakeholders, understand their needs and expectations, accurately assessing the relative priority (importance) of each group of stakeholders and addressing the needs of various stakeholders in a balanced fashion.

RHU has various stake holders, that is, The Board of Trustees, The Board, Staff, Donors, Partners, the Government of Uganda and the Communities we serve. Governance, donor liaison, partner and staff engagements have been held with clear action plans. Various staff have been trained in their specific technical areas and most notably the Finance, Logistics and Audit departments that underwent a training in USAID and CDC Financial Management and Compliance 2022 and Beyond.

4. Environmental sustainability

Provision of culturally relevant and age-appropriate information and service: Working with the line ministries, departments and authorities, RHU continued to focus on young people, as our key constituent. We are cognizant of the fact that young people make up a sizeable proportion of our population. Therefore, we continued to invest in them, knowing that they hold the key to the development of Uganda. Thus, we continued to build on their enthusiasm, dynamism and their innovative ideas. RHU provided 1,570,040, culturally relevant and appropriate services and information on sexual reproductive health and rights to 267,455 young people. To do all this, we closely worked with our young people who holds the key to transforming the norms, and perceptions that chain many of our communities to backwardness.

Waste Management: Similarly, in 2022, we continued to work under the KCCA guidelines and Ministry of Health on 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 services for the proper disposal of clinical and other wastes in Kampala. We ensured segregation, treatment, handling, transportation and disposal of clinical and offensive wastes so as to minimise the risk to health

and safety of the population.

Integrating SRHR into Climate Change

RHU continued to work on integration of climate change with sexual reproductive health and gender issues in policies, budgets and strategies. In 2022 we renewed our engagement in the districts of Kagadi and Rubirizi, and scaled up engagements to three communities in the district of Kasese. 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. This, we did, partnering with World Wide Fund (WWF)- Uganda country office and their hubs in the respective districts.

Capacity Building: RHU runs a Learning Centre, which is a capacity building hub targeting external and internal audiences, including those outside the borders of Uganda. The hub offers its targets capacity building skills in the areas of provision of sexual reproductive health services, resource mobilisation, governance, management, administration and accountability. In 2022, through the Learning Centre, we registered a number of milestones that included:

- Hosting representatives of the board and management of Family Guidance Association of Ethiopia (FGEA) for an experiential learning visit, that enabled them interact with the RHU volunteer members and staff and were exposed to the volunteer resource mobilisation venture
- RHU trained six staff from three IPPF affiliates that included: ABUBEF (the Family Planning Association Burundi; the Family Planning Association of Burkina Faso (ABBEF) and Central Republic on emergency preparedness and response planning.

The main objective of the training was to build capacity of the IPPF affiliates to initiate a timely, effective and coordinated sexual reproductive health and rights response for crisis and humanitarian situations. The training also provided common understanding of systems, structures, resources and human resource priorities, policies, humanitarian principles, roles and responsibilities in emergency response.

Risk Management

RHU has a robust risk management process in place to safeguard the resources processes and the values of the organisation. Through the structures and the policies of the organisation focus is put on ensuring that risks are identified, prioritised and managed. Risk management can be viewed at RHU in the following context.

Policy

RHU has a comprehensive risk management policy (Risk management guidelines) which elaborates in detail all the different aspects of risks management as applied in RHU, the policy assigns responsibilities to different people and gives guidance on key risk management processes.

Structure

Right from board level, there is a committee responsible for taking in-depth review of potential risks that can affect the organisation. There is an Audit and Risk committee which meets quarterly and receives reports from both management and the Internal audit function. There is also an independent internal audit function that conducts regular reviews of the operations and process of the entity to flag cases of deviation from the policy and risks. In terms of organisational structure, there are clear positions and responsibilities for each of the positions in the structures and staff know what they are responsible for and are held liable in case of issues arising.

Practice

RHU maintains a risk register which is a compendium of all probable risks that can affect its operations and existence, this register is reviewed twice a year and updated to match the dynamic nature of risks and this process takes a participatory approach including management and board levels. This keeps the organisation aware of potential risks and be able to monitor the same through the year and devise mitigating measures to address them. For instance, RHU has insurance policies including all risks, fire and burglary, group personal accidents, workman's compensation, comprehensive cover for vehicles and cash in transit. Other mitigating measures include, fire extinguisher, smoke detectors and CCTV surveillance in some of the branches and head office. Other risk management activities include program reviews, internal and external audits and evaluations conducted by independent external parties.

RHU Donors and Partners



RHU Clinics and Branches



Adjumani	0392-000 232 / 0700 390 299	Kabale	0392-000 237 / 0700 390 266
Apac	0392-000 22 / 0700 390 212	Kapchorwa	0392-000 227 / 0700 390 219
Arua	0392-000 221 / 0700 390 213	Katago	0392-000 233 / 0700 390 226
Bushenyi	0392-000 222 / 0700 390 214	Lira	0392-000 236 / 0700 390 153
Bwaise	0392-000 234 / 0700 390 227	Luwero	0392-000 228 / 0700 390 220
Fort Portal	0392-000 223 / 0700 390 215	Mbale	0392-000 229 / 0700 390 221
Gulu	0392-000 224 / 0700 390 216	Mbarara	0392-000 230 / 0700 390 222
Holma	0392-000 225 / 0700 390 217	Mityana	0392-000 231 / 0700 390 224
Iganga	0392-000 226 / 0700 390 218	Tororo	0392-000 232 / 0700 390 225



REPRODUCTIVE HEALTH UGANDA

Plot 2 Katago Road, Tufnell Drive,
Kamwokya , Kampala
P.O. Box 10746, Kampala
Tel: +256-(0)312-207100,
+256- (0)414 540 658,
E-mail: rhu@rhu.or.ug