**SRHR Mapping Tool for AfriYAN Members in Uganda**

AfriYAN Uganda chapter is an umbrella network for youth led and youth serving organizations working together to ensure that young people in Uganda are empowered and aware of their Sexual Reproductive Health and Rights and that young people have a coordinated voice to advocate for and hold government accountable to increase investment in policies and programs that harness their quality, improved health and wellbeing. In partnership with the United Nations Population Fund (UNFPA), Reach A Hand Uganda (RAHU) one of the AfriYAN Uganda Chapter member organization seeks to support the existing loose AfriYAN Uganda Chapter to register members. AfriYAN Uganda chapter will work as a platform for advancing Adolescents’ and Youth Sexual and Reproductive Health and Rights in Uganda through strengthening networking, empowerment, capacity building, resource mobilization and conducting evidence based advocacy among the member organizations.

**AfriYAN Uganda- Youth led and Youth Servicing Organisations’ Mapping Tool.**

**This Form (Mapping Tool) should be submitted either electronically or hard copy dropped at Reach A Hand, Uganda offices (See address on the last page). Please provide:**

1. A profile of your organisation.
2. Description of your organisation’s activities to date (track record), especially working with youth groups.
3. **Profile of your Organisation**

Do not use acronyms.

|  |  |
| --- | --- |
| **Organisation Contact** | |
| Organisation Name: |  |
| Address: |  |
| Website: |  |
| Email: |  |
| Telephone number: |  |
| Local registration number: |  |
| District: |  |
| Region: |  |

|  |  |
| --- | --- |
| **Primary Contact Person** | |
| Title: Ms. /Mrs/Mr/Dr. |  |
| First Name: |  |
| Last Name: |  |
| Age (include date of birth) |  |
| Job Title: |  |
| Email: |  |
| Telephone number: |  |
| **Secondary Contact Person** | |
| Title: Ms. /Mrs./Mr./Dr. |  |
| First Name: |  |
| Last Name: |  |
| Age (include date of birth) |  |
| Job Title: |  |
| Email: |  |
| Telephone number: |  |

**Alliance membership**

Are you a member of any alliance? An alliance is a union or association formed between organisations for mutual benefit. If you are a member of a registered alliance, please fill in the details of that Alliance. If it is a loose network of organisations working together, please fill in the details of the lead organisation of the alliance

|  |  |
| --- | --- |
| **Alliance 1** | |
| Alliance Name: |  |
| Address: |  |
| Website: |  |
| Email: |  |
| Telephone number: |  |
| List of members: |  |
| Local registration number: |  |
| District: |  |

|  |  |
| --- | --- |
| **Alliance 2** | |
| Alliance Name: |  |
| Address: |  |
| Website: |  |
| Email: |  |
| Telephone number: |  |
| List of members: |  |
| Local registration number: |  |
| District: |  |

Type of organisation

1. ☐Youth led ☐Youth serving
2. Select more categories where the organisation falls

☐Sexual Reproductive Health ☐Women and Gender ☐HIV ☐Youth empowerment

☐Faith based ☐Humanitarian

☐Victim support ☐International NGO ☐Local NGO

1. Does the organisation have legal status in Uganda? ☐Yes ☐No
2. If No, why is your organisation not registered?

1. If Yes, what type of registration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Key partners of the organisation

|  |  |
| --- | --- |
| Local Partners | Duration or partnership |
|  |  |
|
| Regional Partners | Duration of partnership |
|  |  |
| International Partners | Duration of partnership |
|  |  |

1. Level at which organisation operates *(select all that apply)*

☐Community based/grassroots

* Community‐based/grassroots should be selected when the organisation operates in one or more neighbourhoods, areas or communities within a village, town or city.

☐Regional *(More than one district)*

List districts if regional\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Regional should be selected when the organisation operates in two or more districts within the same geographical region.

☐International

i) Organisational Profile, Experience, Strategic Plan (maximum 400 words)

Provide background information on your organisation, vision and mission. When and why was the organisation formed? Describe how your organisation can address the targeted intervention and your capacities for supporting the proposed activities of part 3 of the form.

|  |
| --- |
|  |

j) Organisational Incomes for the last 3 years *(If Applicable)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Amount (in UGX)** | **In-Kind** | **Source** |
| 2012 |  |  |  |
| 2013 |  |  |  |
| 2014 |  |  |  |
| 2015 |  |  |  |

k) Governance: List your organisation Board members.

Include the following information on each (Name, role on the board, age, phone and email contact)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Role on the board | Age | Phone contact | Email contact |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

j) Three key challenges you face in delivery of your programs in your community

**Submission Instructions**

* The Mapping tool can either be submitted electronically by email to: [info@reachahand.org](mailto:info@reachahand.org) or to Reach A Hand, Uganda offices
* Please write subject, “Attention: AfriYAN Uganda Chapter Mapping Tool”