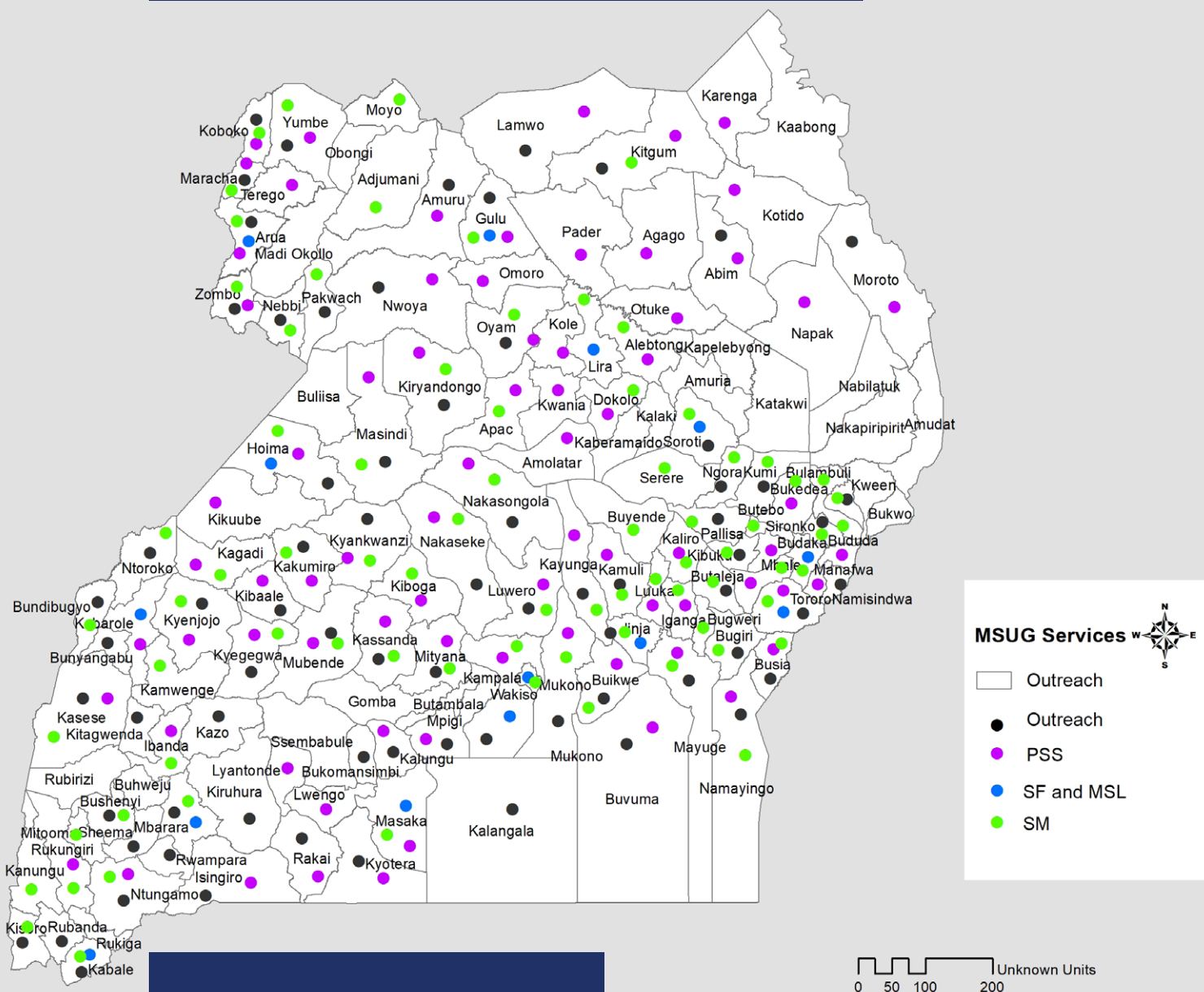




MSUG Service Delivery Reach by 2021



Mission

A world in which every birth is wanted

Vision

Children by Choice, not Chance

INDICATORS

2021 IN
NUMBERS

²⁰²¹
2.1M
²⁰²⁰
1.8M

Total FP users

²⁰²¹
2.500
²⁰²⁰
2.100

Maternal deaths averted

²⁰²¹
2.0M
²⁰²⁰
1.7M

FP CYPs

²⁰²¹
£49M
²⁰²⁰
£42.3M

Direct healthcare costs saved (GBP 2018)

²⁰²¹
867.000
²⁰²⁰
759.000

Unintended pregnancies averted

²⁰²¹
384.100
²⁰²⁰
297.000

Unsafe PACs averted

²⁰²¹
1.891.800

Total DALY's averted

Contents

About Us	7	Focus on Young People	26
		Reaching the most marginalized and underserved – what worked?	
2021 in Numbers	8		
MSUG Service Delivery	8	Communications	28
		Stakeholder Relationships - MSUG Partners' Day	
Access Pillar 1	11	Projects	28
Leave no-one behind			
Public Sector Strengthening	12	RISE	28
		Reducing high fertility rates and Improving Sexual reproductive health outcomes in Uganda (RISE)	
Access Pillar 2	16	ANSWER	28
Strengthen Private Sector Provision		Advancing Sexual Reproductive Health and Rights Project	
MSUG Static Centers	16	Exploring Our Data	34
How did we keep our clients safe during the C-19?	18	Quality Assurance Management & Training	34
Maternity Hospital	18		
Private Sector Engagement	18	Our People	34
Access Pillar 3	24	2021 in Pictures	34
Client Powered Sexual and Reproductive Health Rights (SRHR)			
Social Marketing	24	Financial Performance	34

Acronyms

ASRHR	Advancing Sexual Reproductive Health and Rights
CSOs	Civil Society Organisations
CEI	Client Exit Interview
CBDs	Community-Based Distributors
CYP	Couple Years of Protection
C-19	COVID-19
DSP	Dedicated Service Provider
DHIS2	District Health Information Software
DHT	District Health Teams
DLG	District Local Governments
DCIPs	District Family Planning Costed Implementation Plan
FP	Family Planning
GBV	Gender-Based Violence
HC	Health Centre
HF	Health Facilities
HWs	Health Workers
HICs	High Impact Clients
JMS	Joint Medical Store
MSUG	Marie Stopes Uganda
MSI	MarieStopes International
MDT	Medical Development Team
MII	Method Information Index
MoH	Ministry of Health
NMS	National Medical Stores
NGO	Nongovernmental Organization
OR	Outreach
PPE	Personal Protective Equipment
PAC	Post Abortion Care
PSE	Private Sector Engagement
PY	Programme Year
PSS	Public Sector Strengthening
RISE	Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STIs	Sexually Transmitted Infections
SM	Social Marketing
SOPs	Standard Operating Procedures
VHTs	Village Health Teams



Dr. Carole Sekimpi

Country Director's

Foreword

Dear Stakeholders,

Thank you for standing with Marie Stopes through 2021.

I give thanks for those of us still alive, and acknowledge the departed, particularly those who succumbed to the Delta variant of Covid -19, which claimed the lives of over 3,000 Ugandans in 2021; May their Souls rest in Eternal Peace.

Despite the times, MSUG continued to deliver for women. We received 900,080 FP client visits, 19% of whom were young people under age 20. This translated into 2,090,413 Couple Years of Protection. As a result we averted 867,575 unintended pregnancies, 384,143 unsafe abortions, 2,507 maternal deaths, and saved GBP 49,006,582 in direct health care costs. By the end of 2021, 2,100,525 Ugandans were using a method of FP provided by Marie Stopes.

In line with MSI 2030 strategy to strengthen the private sector and diversify our services to meet the health needs at every stage of a woman, On 1st July 2021, MSUG opened doors to our very 1st maternity Centre in Kampala. The first delivery was a set of twins! we have since continued to deliver high quality, affordable maternity services to Ugandans.

We couldn't have achieved all this without the unwavering support of our partners, donors, the Ministry of Health, Local Governments and our parent organization MSI London. Most importantly our clients, who repeatedly choose MSUG as their preferred SRHR service provider.

I thank my team of 366 staff for making the sacrifice each day to be at the frontline serving women. You exhibited our value of being courageous especially through the peak of the C-19 pandemic.

Going forward, we continue to adopt to sustain service delivery through shocks such as those occasioned by the C-19 pandemic. We maintain a focus on sustainability, maximizing value for money and diversifying our income/ funding sources.

Our priority remains the most vulnerable, underserved populations. We are cognizant of the burden of teenage pregnancy that was aggravated by the extended school closures of 2020 and 2021. We continue working with partners to address this through both service delivery and advocacy for more responsive policy frameworks.

I look forward to doing more together in 2022!

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About Us

1.1 Who We Are?

Marie Stopes Uganda's Operation is premised on client-centered care. The client is the most important person in our organization; We aspire to give her the best quality of care on her terms. Our intervention areas are Family Planning (FP), Post Abortion Care (PAC) and Maternity services. We have presence in every District of Uganda through one or more of our complimentary service delivery channels namely: Outreach (OR), Public Sector Strengthening (PSS), Static Centres, Private Sector Engagement (PSE) and Social Marketing (SM).

In 2021, MSUG launched our new strategy named MSI 2030. Our vision is bold; to eradicate unsafe abortion by 2030. MSI 2030 is built on 3 Access Pillars and 3 Enabling Pillars, as illustrated below.



We will fill gaps in provision, to reach those who have no alternative access to care including the most vulnerable populations.

Access Pillar 1: Leaving no one behind:

Considering our achievement by 2020, Uganda is off track to achieve the SDGs. 80% of MSUGs effort will be focused on this pillar. The activities under Pillar 1 will be primarily donor-funded and will deliver excellent value for money, serving clients who would otherwise be left behind without duplicating services

What we will do:

1. We will go beyond the 'Last Mile' to bring contraception beyond the health system to those who struggle to access other health services, including humanitarian contexts
2. We will establish public sector partnership models to transition towards national SRHR ownership
3. We will increasing adolescent reach as we know the profound impact our services can have on young women. We're immensely proud of our work with adolescents – we doubled proportion of adolescent clients 6% to 15% of our clients in the last 5 years and in our strategy, we will increase further to 20% under 20 years.



Access Pillar 2: A Strong Private Sector

This pillar is about expanding access, and sustainability. 67% of Ugandans' first contact with the health system is through the private sector; If we invest here, we reach more, especially the Youth.

While Pillar 1 focused on the poorest and most marginalised, for MSI a strong private sector remains essential for - ensuring access to high quality Post abortion Care services in the long term regardless of donor subsidy.

We aim to provide a strong example of what a private sector, client centred model of care looks like - a service that puts women first – and can be sustainable and deliver against women's expectations. As for all our services, quality will be the defining criteria for what we deliver in the private sector.

What we will do:

1. A unique, total country integrated services delivery approach. Our vision is an accredited private sector network where women are put first in every way. On the back of our 30 years' experience in Uganda, **our MSI centres will form the backbone of this network.**

2. But the network will reach beyond MSI - with the ultimate goal of making sure any woman is only one contact away from a safe service.

3. We will diversify our service offering

We will focus on service diversification, without losing who we are at our core. Opening up to take care of all women's reproductive health needs including maternity services.

Access Pillar 3: Client Powered SRHR

This pillar is about putting power in the hands of women. Safe technology exists for women to access SRHR services without a provider. We will dramatically expand access through social marketing and harnessing digital technology for support and follow up.

Enabling Pillar 1: Partnerships and advocacy

We will be better partners. MSI aims to influence and shape the SRH agenda, working with others, working towards the same goal. We will Continue to participate in global and national platforms for strengthening resources and accountability for investment in and quality of SRH services. **Sharing data and evidence is critical to supporting advocacy**

Enabling Pillar 2: Funding the mission

We aim to be here for the long-term, so that no woman who ever accessed our services ever fails to find it again. We will diversify our funders, to include the less traditional and smaller donors. We will be excellent stewards of Donor funding, ensuring Value for money. On the other hand, we will grow our service income base, so that services are supported beyond donor support.

Enabling Pillar 3: Transformational Organisation.

We continue to grow as a local NGO with local leadership. We are committed to Diversity and Inclusion and being responsive to Climate change through our operations.

From the 2021 data, we saw an average of 600 clients daily, and 900,00+ women and girls Nationally receiving a method of contraception from MSUG.

2021 data

1055+ 900,000+

Clients seen daily

Women, girls and men received
contraception methods

By taking services to areas where others cannot, or will not go, we deliver choice to the most marginalized women thereby improving the lives of individuals, families and communities

How do we work, and what drives MSUG



Mission Driven

With unwavering commitment, we exist to empower people to make the informed reproductive choices that are right for them. We deliver with focus on our values and beliefs



Client Centered

We are dedicated to our clients and work tirelessly to deliver high quality, high -impact services that meet their individual needs



We are accountable

We are dedicated to our clients and work tirelessly to deliver high quality, high -impact services that meet their individual needs



Courageous

We recruit and nurture talented, passionate and brave people who have the courage to push boundaries, make tough decisions and challenge others in line with our mission.



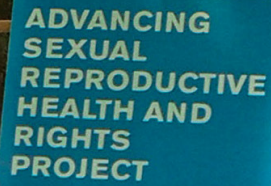
MSUG

Service Delivery

The client is the most important person in the organisation

- Being here for the long term
- Never turning away a woman
- Respect and non judgement
- Client centeredness





Access Pillar 1: Leave no-one behind

a) Outreach (OR)

Despite the constraints posed by the COVID-19 pandemic, and associated lock down MSUG adopted to sustain service delivery through mobile outreach.

How did we adopt?

- We partnered with Ministry of Health (MoH), the District Health Teams (DHT) and Local Government (LG) to secure vehicle passes, and permissions to operate.
- To circumvent the ban on gatherings, community-based outreaches were relocated to fixed Health Facilities (HF), both public and private. Within the context of HFs teams were able to enforce C-19 Standard Operating Procedures (SOPs) such as social distance and wearing of masks.

- Client mobilization and community sensitization was maintained through the Vehicles mounted with Megaphones. Extra Motor Vehicles (MVs) were deployed team to ensure effective coverage

What Challenged us?

Service delivery through OR was constrained by erratic supply of FP commodities at public Health Facilities (HFs). The challenge was worse at lower health facilities HC II and III, with complete stock-outs in some districts. MSUG continues to partner with stakeholders; NMS, JMS, District Health Teams, and Public Health Workers to ensure effective implementation of One facility one warehouse supply chain system



Outputs

2021

261,990

Client visits

2021

72%

Long acting and permanent methods

2021

81%

Were high impact clients

2021

92%

Received counselling meeting the
FP2020 method information index
(MII)

2021

729,000+

CYP

2021

17%

Under the age of 20



Public Sector Strengthening

How and where we do PSS

Through Private Sector Strengthening (PSS) MSUG partners with key stakeholders across the health system, including the MoH, district offices, HFs and providers, to expand choice for women. At the district and facility level, we deliver provider training focused on long-acting reversible contraception that is further cascaded through the Uganda Health System via 'training of trainer' sessions. This has greatly improved the supply chain procedures, data verification activities and demand generation.



MSUG's evolution to national ownership of SRH

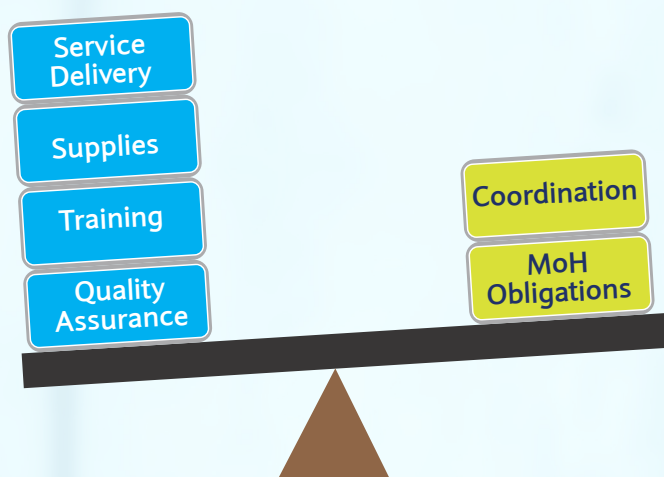
At the start of 2020, we stated shifting away from the Dedicate Service Provider (DSP) model to the current PSS, where we provide capacity support to the public health providers via clinical training, quality assurance, supply chain management, data verification activities and demand generation

2021 PSS Priorities

- Scaled up from 360 (2020) to 494 (2021) sites, more in communities with highest need
- Provider competence-based capacity building in provision of a wide range of contraceptives/PAC services, data quality and stock management.
- Continuous supportive supervision and weekly/monthly data driven performance management to increase channel productivity.
- Supply chain management training and support for RH commodities across all PSS to keep pace with demand.
- Strengthened data quality through routine monthly facility Data validation spot checks
- Engagement of District leadership during quarterly performance review and supervision.
- Trained providers in provision of Adolescent friendly health services.

MSUG

MoH

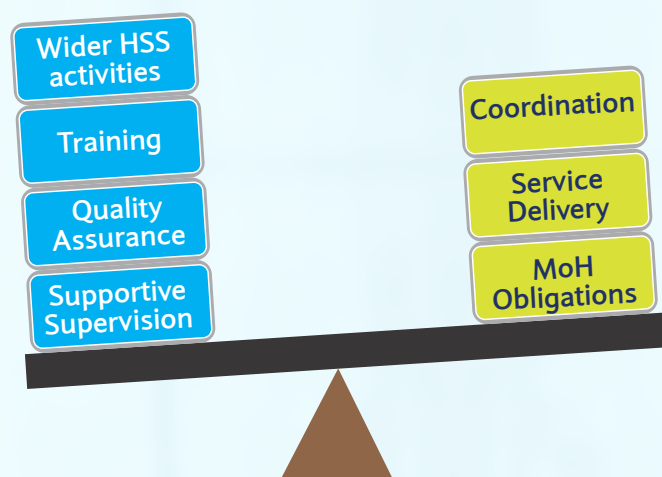


Dedicated Service Provider Model (2015 - 18)

MSUG nested providers deliver services and on the job mentorship to public providers. Evaluation indicated this model was not effective at promoting national ownership as MSUG providers were seen as an 'extra pair of hands' at public sites and spent the majority of time delivering services themselves as opposed to building public providers skills.

MSUG

MoH



Inception of PSS Channel (2019)

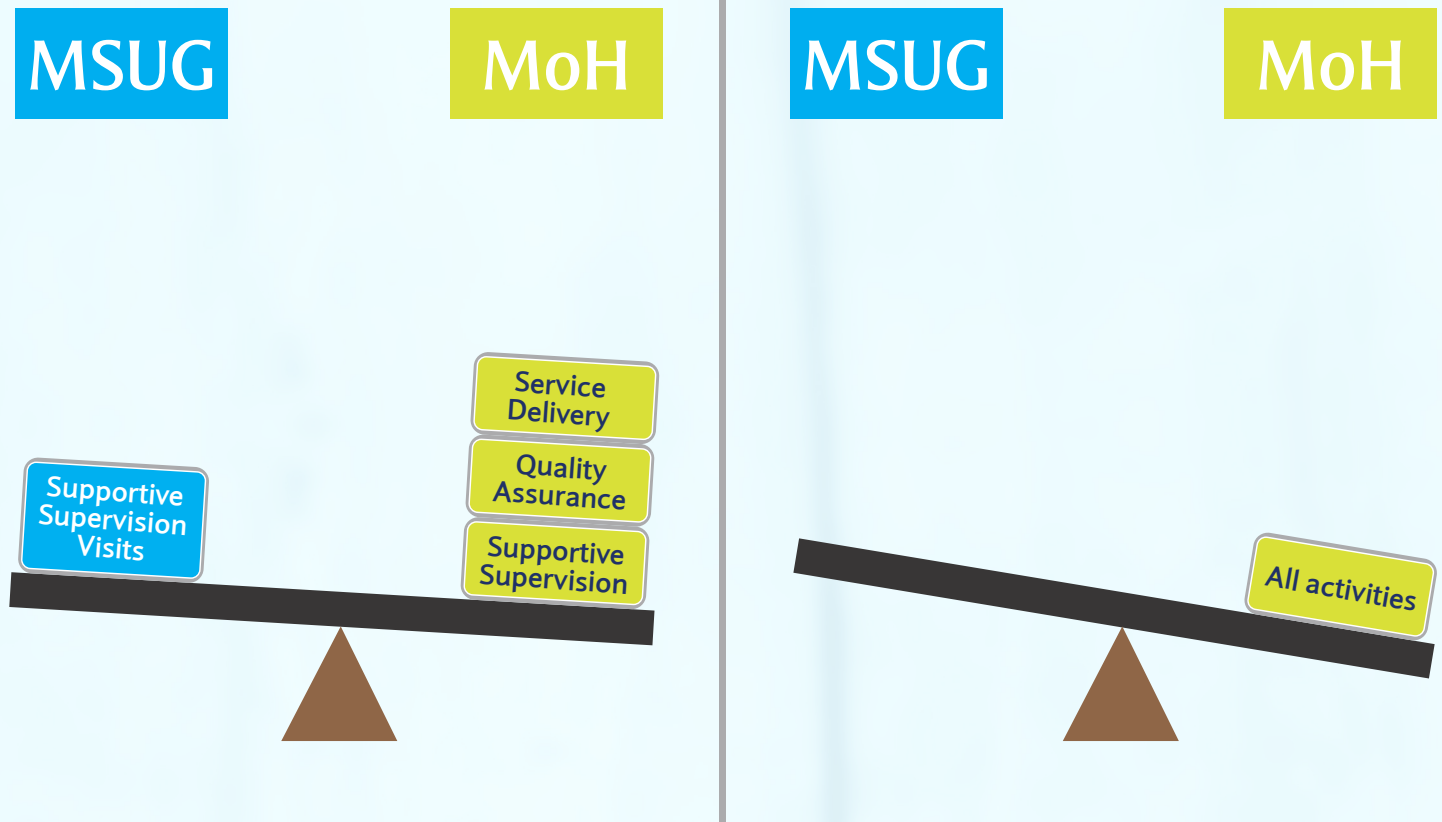
Taking learning from the DSP model, the Regional Training Officer (RTO) and District Trainer model was initiated - trainers only supervise activities and provide support to multiple facilities; they do not provide services.

Wider health system strengthening activities are also incorporated (clinical skills building, supply chain management, data verification)

Since shifting away from the DSP to the current PSS model, the number of supported HFs has grown from 207 (2019) to 494 (2021) spread across all regions. HF productivity has increased from 54 clients per HF in 2019 to 72 in 2021 per month - reflective of increased provider competency and ownership in delivering FP services.

In 2021, 434,000+ clients were reached through PSS model with 83% of clients coming from marginalized or under-served groups and 15% under the age of 20.





Inception of PSS Channel (2019)

From Jan 2021, 70 sites transitioned to indirect support. MoH takes over most activities and receives supportive supervision visits from MSUG RTO to each site every 4-6 months. MSUG starts piloting demand generation in select regions.

Full government ownership (2023)

Sites receiving indirect support that meet the criteria for full withdrawal of support (maintenance of productivity, equality KPIs) will transition to full government ownership. MoH will be responsible for all activities, MSUG will carry out light touch spot checks once every year to monitor retention of impact.

434,296

Client visits

87%

Received counselling meeting the FP2020 Method Information Index (MII)

60%

Long Acting and Permanent Methods (2021)

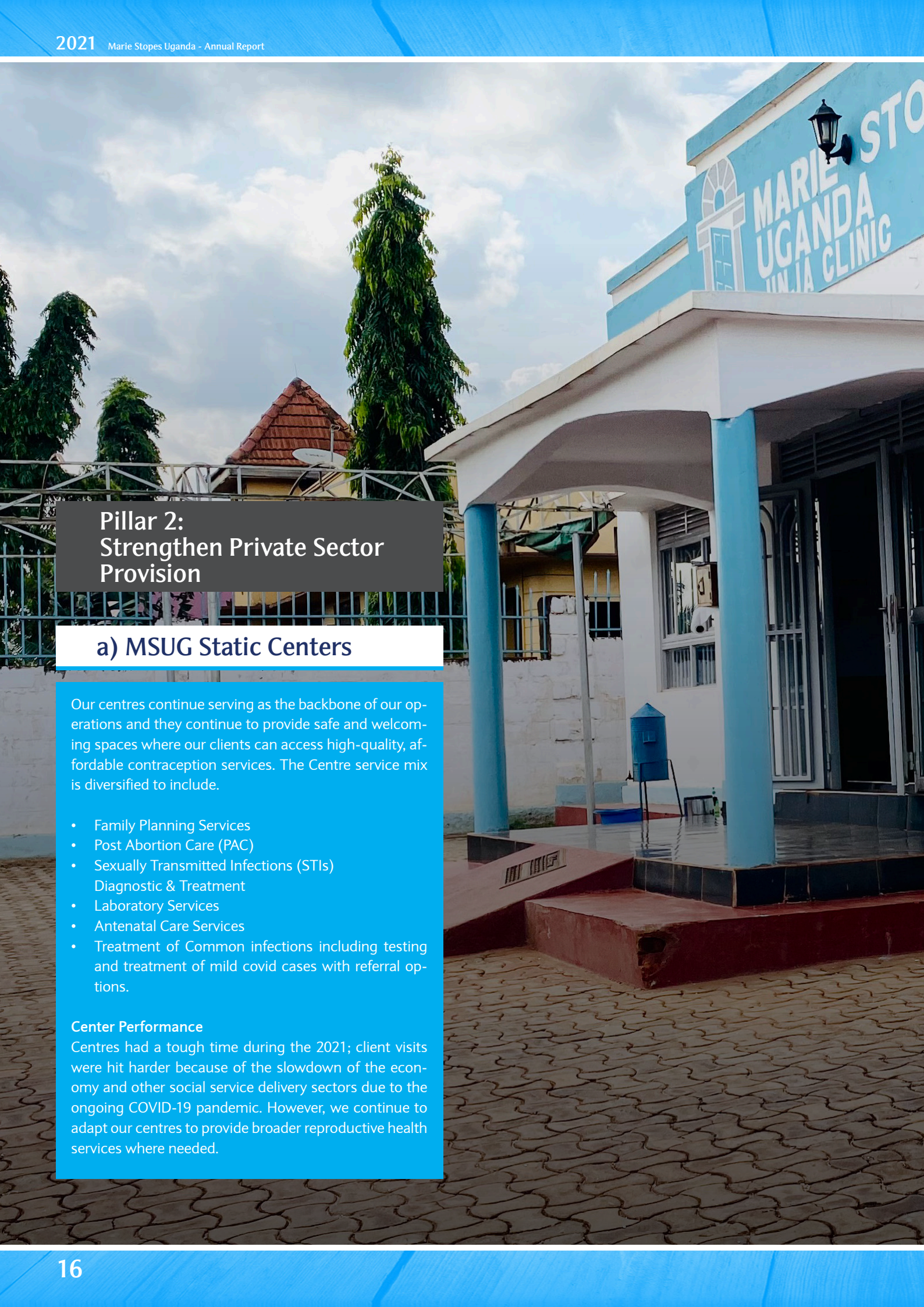
835,000+

CYP

83%

Were High Impact clients

PSS Outputs



Pillar 2: Strengthen Private Sector Provision

a) MSUG Static Centers

Our centres continue serving as the backbone of our operations and they continue to provide safe and welcoming spaces where our clients can access high-quality, affordable contraception services. The Centre service mix is diversified to include.

- Family Planning Services
- Post Abortion Care (PAC)
- Sexually Transmitted Infections (STIs) Diagnostic & Treatment
- Laboratory Services
- Antenatal Care Services
- Treatment of Common infections including testing and treatment of mild covid cases with referral options.

Center Performance

Centres had a tough time during the 2021; client visits were hit harder because of the slowdown of the economy and other social service delivery sectors due to the ongoing COVID-19 pandemic. However, we continue to adapt our centres to provide broader reproductive health services where needed.

EVERY SINGLE DAY, CENTERS SERVE 520+ PEOPLE WITH THE CONTRACEPTION/PAC SERVICE THAT ENABLES THEM TO CONTINUE TO BUILD THE LIVES THEY WANT.

Centre 2021 Outputs

207

Male FP Clients

138,927

Total Client Visits

32,554

Female FP/PAC Clients

39,092

CYP

32,761

Total FP/PAC Clients

8.9%

Under the age of 20

106,166

Total Non-FP/PAC Client Visits

How did we keep our clients safe during the C-19?

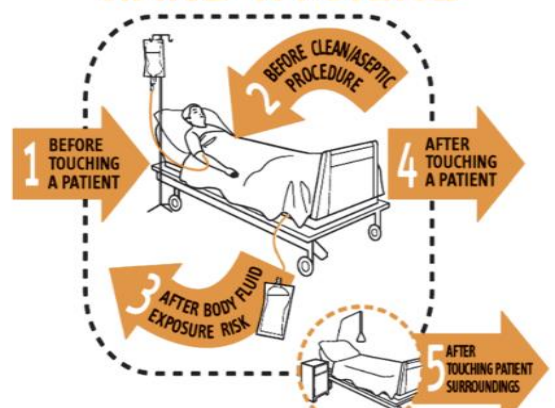
To ensure the safety of our clients and staff, due to COVID-19, we put in place several measures that included.

- The rapid provision of Personal Protective Equipment (PPE) and changes in operational practices to ensure appropriate distancing, and hand and respiratory hygiene measures.
- Mobilisation approaches were altered, large crowds and person-to-person contact were avoided and having larger group discussions was totally put on halt.
- Due to the drop-in client visits associated with travel restrictions, we suspended the evening shifts across all centres.
- We rolled out vaccination drives amongst all staff and continue encouraging all to take up the COVID – 19 vaccinations. By the end of 2021, XX% out of XXX MSUC staff had been fully vaccinated with two doses.

Doing these things consistently worked, and we continue to rely on proven guidelines for safety. Any decision to reduce or alter these practices will be based on Ministry of Health (MoH) Guidance.

What are the 5 moments for Hand Hygiene

My 5 moments for HAND HYGIENE



b) Maternity Hospital

MSI is evolving from being a contraceptive only organization to taking care of all women's health needs through all stages of their reproductive life all the way from Menarche to Menopause. As such in July 2021, MSUG opened doors to our 1st state of the art Hospital and Maternity located at Forest Mall Lugogo. The inauguration of this facility was graced by the Speaker of Parliament, Hon Jacob Oulanya.



The facility exemplifies Marie Stopes' evolution to care for a woman from menarche to menopause.



Welcom

What is our Service Package?

Outpatient Department.

- 1) Outpatient general \Medical services
- 2) Day surgeries (Circumcision, Vasectomy, Tubal ligations)
- 3) Child wellness clinics (immunization, pediatrician reviews)
- 4) Family planning, Post abortion care, treatment of STIs

Antenatal Care

Our goal-oriented ANC will ensure maternal wellbeing during pregnancy and prepare for a safe birth. In line with MoH, we recommend 8 antenatal visits, delivered by our excellent team of Obstetricians and expert midwives. In addition, we offer both physical and virtual ANC classes covering multiple topics such as birth preparation, breastfeeding, nutrition, sex during pregnancy and childcare.

Diagnostics

We have a state-of-the-art laboratory providing a variety of tests such as; CBC, STI diagnostics, Clinical Chemistry tests, Sickle cell tests, rhesus compatibility tests, Covid antigen tests.

Delivery Services

We aim to make your childbirth experience memorable, with our high-quality clinical services for both Normal & Caesarean delivery. Our maternity ward is impeccably clean and offers the options of self-contained rooms and standard rooms for your comfort. Our services extend to the post-natal period, where we monitor the mother for any complications, initiate breast feeding, provide newborn vaccinations, and offer a family planning method.

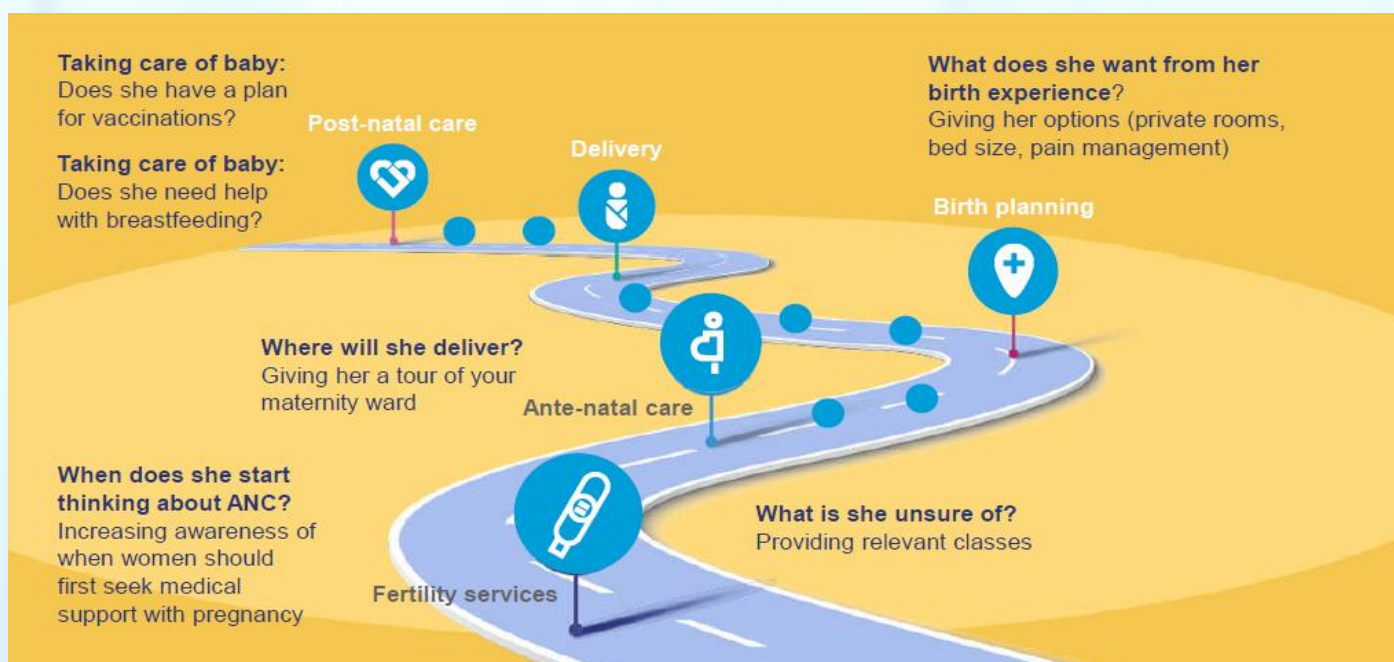
Gynecological Services

We have Gynecologists on site every day. Services include treatments for fibroids, infertility evaluation and management, Cervical cancer screening and treatment of pre-cancerous lesions and managing symptoms of menopause.

Ambulance Services

We have a standby state-of-the-art ambulance to respond to emergencies.

Visit the Maternity Center and experience our client centric care throughout the journey



Remember, "the maternity journey starts before antenatal care"



"Antenatal classes help to prepare for the birth and give confidence and information about pregnancy, delivery and postpartum period"

Dr. Killion

c) Private Sector Engagement

In line with our new strategy, we are transitioning away from Social Franchising (SF) to a new model of Private Sector Engagement (PSE) which is sustainable in the long-term.

This is in line with our vision that no woman will be more than one contact away from a safe contraception provider as well as our commitment to providing the highest possible levels of clinical quality and choice to our clients.

We know that private sector fills important gaps in health services and our focus is to support the sector adequately. We commit to improve their enterprise development skills, through entrepreneurial training programmes. We understand access to medicine is a challenge especially amongst private providers. Our intention is to work together in overcoming such gaps.

To ensure the safety of clients and care, attention during trainings will focus on:

- Infection prevention
- Client feedback
- Pain management &
- Post procedure monitoring

What is our Service Package?

Benefits to the Client

- Increase consumer choice & expanded choice of FP methods
- Improved knowledge and practices of service providers
- Greater access to services and providers

Learnings

- Engagement with private providers facilitates greater efficiencies in national health systems
- Improves access, equity, sustainability, accountability, and quality.
- Successful partnerships are needed to achieve national impact
- Private sector engagement will lead to increased impact

- On average, 472 clients were reached by the PSE providers daily during 2021

PSE 2021 OUTPUTS

225

(145 private clinics 80 MSL)

private providers are supported through the PSE model

172,419

(Total Client visits 98.6% FP / PAC)

2.1% (3,500) Men and 97.9% (166,436) Women

28%

(Adolescent FP Clients)

Increased from the 2020 25%

384,000+

CYP

74%

(High Impact Clients)

93%

(FP2020 Method Information Index)

Received counselling meeting the MII



Client- Centered Services

Clients most important reasons for choosing MSUC supported private clinic were:

- Location was nearby
- Good reputation/Knows the facility

Clients were least satisfied with:

- Price
- Waiting time

And most satisfied with:

- Friendliness and respect of providers & staff
- Privacy

"There is a huge demand for affordable services in this area. I can now supply those services well knowing how to balance the need and available stock of commodities"



Pillar 3: Client Powered Sexual and Reproductive Health Rights (SRHR)

MSUG commits to provide contraceptives and post-abortion care products via social marketing, making essential products available where women need them.

a) Social Marketing (SM)

Through Social Marketing (SM), MSUG ensures people access high-quality, sexual and reproductive healthcare products in a place that is convenient for them, such as pharmacies, private providers and community-based distributors.

Despite the effects of COVID-19 pandemic experienced in 2021, SM registered an increase in most of the product sales and improvement in the product performance when compared to 2020.





SM 2021 OUTPUTS

2021
214,758
2020
131,969
MPAC Products



2021
204,479
2020
47,560
Well Plan



2021
5,792,220
2020
3,282,836
Lifeguard



2021
733,350
2020
416,045
Backup



What worked in 2021

- Working through “Foot soldiers” especially within the hard-to-reach segments of the market
- Extending exceptional continuum of care to clients. Appropriate counselling and support from the Contact Center especially about dosage and side effect management
- Expansion of the distribution network leading to better distribution and increase in SM products around the country
- Customer/client stocks profiling, increased access to quality products amongst the highly densely populated locations

Focus on Young People

Reaching the most marginalized and underserved – what worked?



Across the Country, several groups continue to face high unmet need for FP compared to the general population. These vulnerable and marginalized groups include but are not limited to people with disabilities, young people (15-24), and the economically disadvantaged.

The young people (15-24) need information and access to confidential, safe, and convenient SRHR services. Parents, educators, health care providers, and pharmacy staff can play a critical role in helping young and most vulnerable people learn about, obtain, and use contraception effectively.

Through demand generation; Youth-relevant service provision; and tackling barriers to youth access to sexual and reproductive health services, a significant improvement in the number of adolescents and youth taking up SRH services was registered.

Number of adolescents and youth Clients taking up SRH

127,901 (16.7%) in 2020 to 174,427 (18.6%) in 2021 (36.4% growth).

One of the ways we ensure services are reaching those in greatest need is by measuring the proportion of clients that fall into at least one of four groups:

Adolescents: young women aged 15 – 19, for whom contraceptive access is often restricted

Adopters: those using a method of contraception for the first time or after a lapse in use

Women living in severe multidimensional poverty, an international measure that complements traditional monetary poverty by capturing acute deprivations in health, education, and living standards that a person faces simultaneously. Population in severe multidimensional poverty refers to those with a deprivation score of 50% or more.

No availability: women who would have no other way of receiving their service had it not been for MSI

From the 2021 client exit survey results, an estimated

- 20 % of our clients were living in severe multidimensional poverty
- 41% had no alternative access to their chosen contraception method and
- 39% were adopters, meaning they had not used FP in the last 3-months) at time of survey
- 72% was overall proportion of clients that fall into at least one high impact category (High Impact Client reach)

Youths & adolescents per channel

2021
8.9%
2020
9.4%
Centres



2021
47.30%
2020
42.70%
SF



2021
17.20%
2020
15.70%
OR



2021
15.10%
2020
13.60%
PSS





Communications

Stakeholder Relationships -MSUG Partners' Day

To further strengthen existing partnerships, plus building new alliances that are necessary to support in the delivery of high-quality health services, MSUG held her inaugural partner's meeting in Kampala on 17th November 2021.

The event brought together stakeholders from the donor community, Government, Civil Society and the Private Sector. Working in partnerships allows MSUG to operate at a larger scale, reaching more people especially the most vulnerable.

Several dignitaries graced the meeting with Hon. Hanifa Kawooya- State Minister for Health in charge of General Duties as Chief Guest. She commended MSUG for delivering services that reach rural communities at the grassroots. During the event, the new MSI 2030 strategy, highlighting how MSUG is adapting to extend services to the most vulnerable communities was shared by Dr. Carole Sekimpi MSUG Country Director shared.





Projects

a) Reducing high fertility rates and Improving Sexual reproductive health outcomes in Uganda (RISE)

MSUG is implementing the Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes (RISE) programme (2017-2023) - that is funded by UK AID.

RISE, currently in Programme Year Four (PY 4) seeks to increase access to age appropriate SRH information and uptake of quality modern contraception and address barriers, thereby contributing to reducing maternal deaths.

RISE focusses on 5 outputs:

- 1) Increased awareness of benefits of modern contraceptives among women, girls, men and boys.
- 2) Increased access to quality FP services.
- 3) Improved supply of FP commodities.
- 4) Improved enabling environment to facilitate FP uptake especially for adolescents and marginalised communities; and
- 5) Improved quality of data captured/reported through the Government routine reporting systems (DHIS2).

Since inception programme has contributed nearly **3 million CYPs** and provided **2.3 million FP services**
CYPs breakdown

41% -Outreach Channel serving the most in need (rural areas, adolescents etc.), **PSS (36%)** and **PSE (23%)**.

638

(Trained)

HWs resulting in increased skills in FP clinical quality service provision, RH supply chain and data management

114

(private clinics)

working through PSE supported to deliver subsidized FP services.

20

(Outreach teams)

delivering integrated services in all the 7 regions.

6

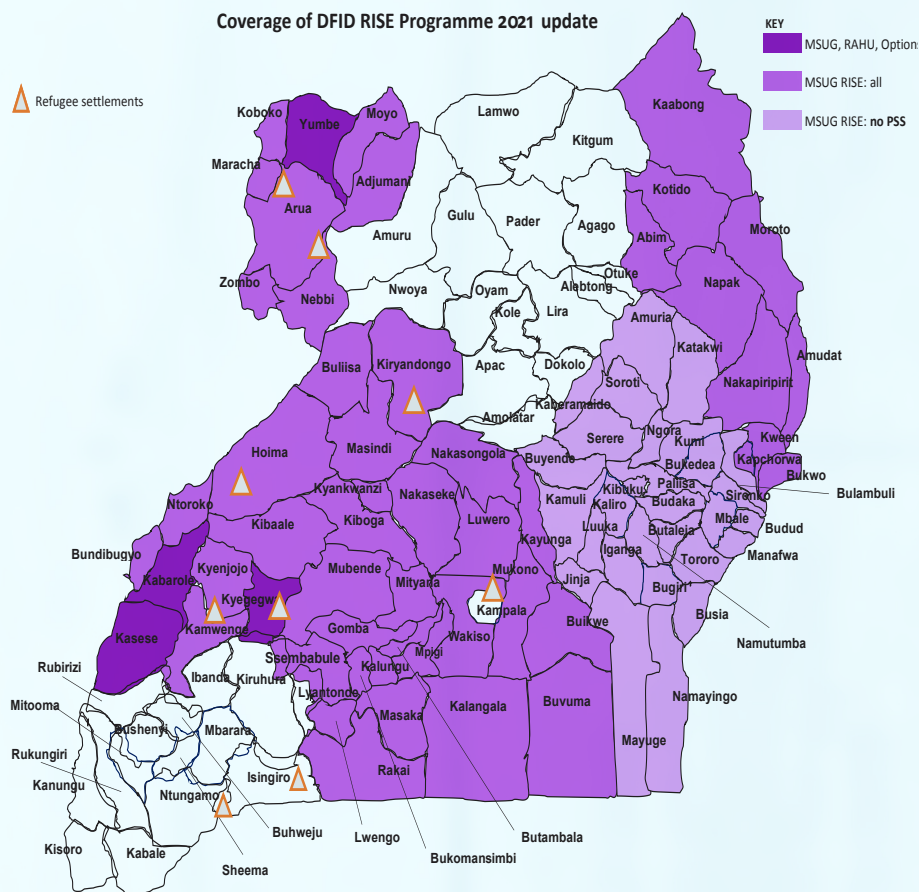
(6 regional SBCC teams)

creating demand and FP messaging to increase knowledge and uptake.

National and Subnational advocacy

support to MoH on policy and District structures through Civil Society Organisations (CSOs) strengthening, District Family Planning Costed Implementation Plan (DCIPs) and accountability mechanisms

Coverage of DFID RISE Programme 2021 update



Total Service Lifespan Impacts from RISE Support

Demographic impacts	2018	2019	2020	2021
Unintended pregnancies averted	84,526	424,994	504,068	516,245
Live births averted	47,223	237,435	281,612	288,416
Abortions averted	24,911	125,253	148,557	152,146
Health impacts				
Maternal deaths averted	159	757	845	810
Child deaths averted*	2,001	10,061	11,933	12,221
Unsafe abortions averted	18,989	95,476	113,240	115,975
LAPM Market Share	6%	32%	56%	73%

The impact figures shown in this document were calculated using Impact 2.

For Impact 2 details, follow this link; <https://www.msichoice.org/what-we-do/our-approach/our-technical-expertise/impact-2/>

b) Advancing Sexual Reproductive Health and Rights Project (ANSWER)

MSUG is implementing the Advancing Sexual Reproductive Health and Rights (ASRHR) Project on behalf of MoH with funding from United Nations Population Fund (UNFPA). The project overall aim is to contribute to the achievement of universal access to SRHR of women, girls, boys, and men, including vulnerable populations. The ANSWER project is implemented in 15 Districts within the West Nile and Acholi sub regions of Uganda. These are the regions closely associated with the highest unmet need at 43% (West Nile) and 39% (Acholi) and majority of the targeted persons vulnerable to poverty.

The project is directly contributing to improving pregnancy outcomes through the following outputs:

1. Increased skilled birth attendance especially for teenage mothers,
2. Increased uptake of modern contraceptives, and
3. Strengthened capacity of health workers to identify and manage Gender-Based Violence (GBV) incidences.

ANSWER 2021 OUTPUTS

Increased skilled birth attendance especially for teenage mothers

1

180

HFs providing quality, comprehensive, inclusive, and non-judgmental SRH services

36,838

HFs providing quality, comprehensive, inclusive, and non-judgmental SRH services

42,189

Pregnant mothers mapped

Increased uptake of modern contraceptives

2

6,027

Teenagers provided with FP services through the voucher system

682

VHTs trained on FP methods incl. Sayana Press

204

HFs mentored on a range of contraceptives including method mix

Strengthened capacity of health workers to identify and manage gender-based violence (GBV) incidences.

3

2,394

PWDs received SRHR/GBV services in the targeted districts

491

health facility service providers and District Health Management teams mentored on forecasting, quantification, procurement, storage and distribution to the last mile

43,723

SRHR/GBV services provided to teenagers through the voucher system

Exploring Our Data

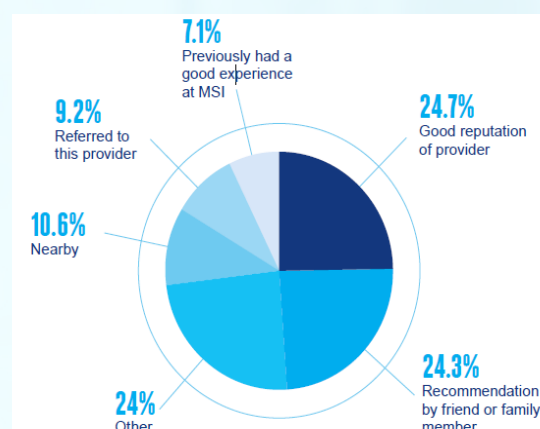


a) Client Exit Interview

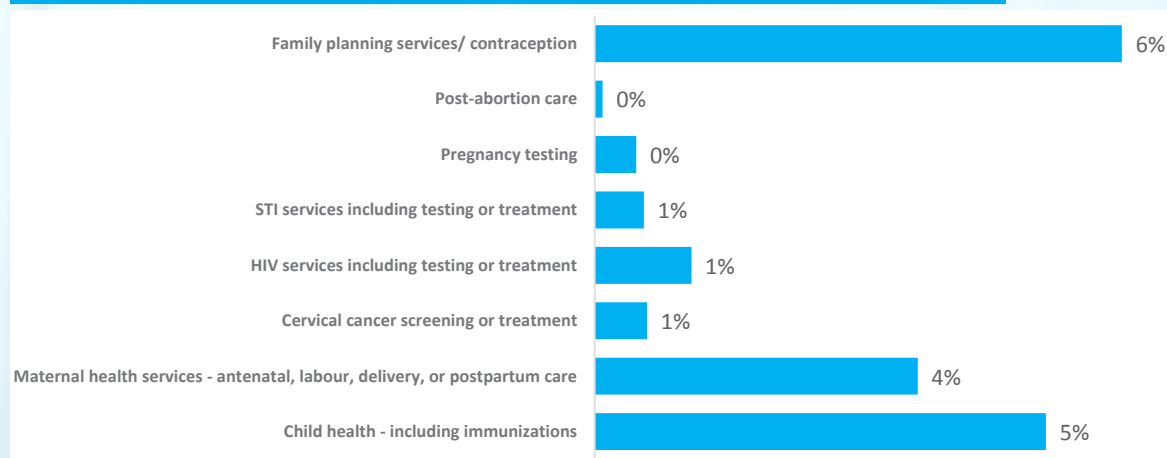
Prior to end of each year, we invite a representative sample of clients that have received a contraceptive service to speak to a trained interviewer, and only clients who give informed consent are interviewed for 15-20 minutes using a standardised questionnaire.

We ask clients about their experience of accessing care, service background characteristics etc. For 2021, we randomly selected and interviewed 1,008 clients and below are highlights of their experience across the entire country

Why clients chose a service with MSUG



Did clients experience difficulties to access the listed services during COVID-19 pandemic?

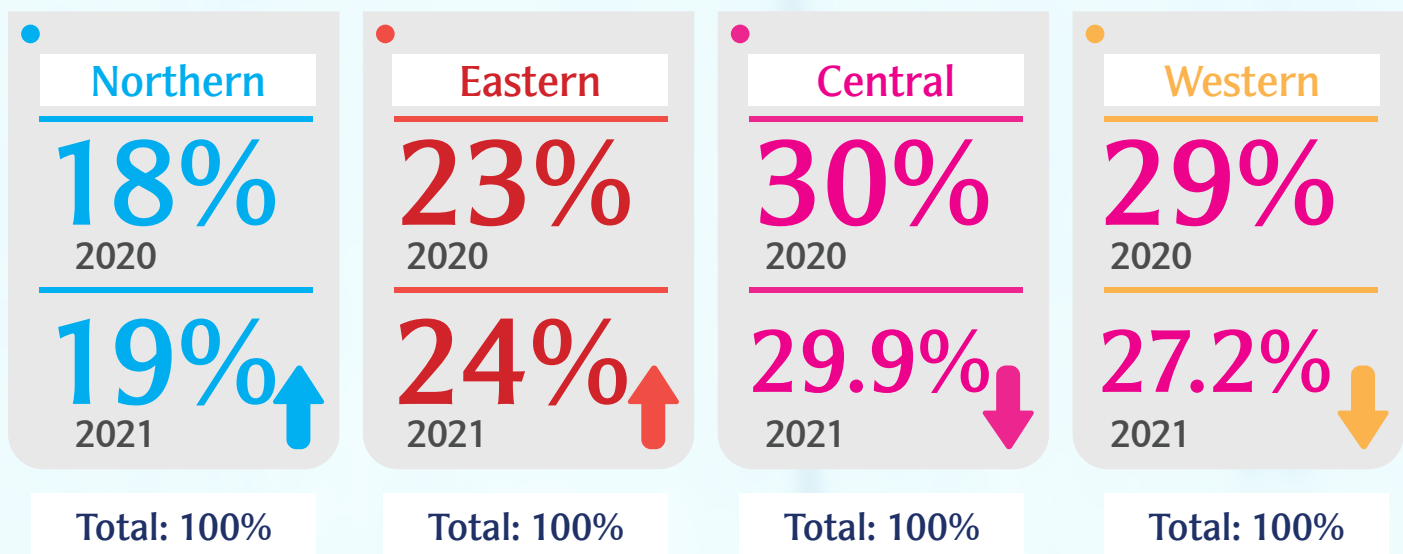


Base: SRH clients

b) MSUG estimated users by region (2020 Vs 2021)

Despite challenges posed by the COVID-19, the number of people that received MSUG supported services steadily increased with over 900,000+ persons spread across the four major regions of the Uganda using a contraception method provided by MSUG.

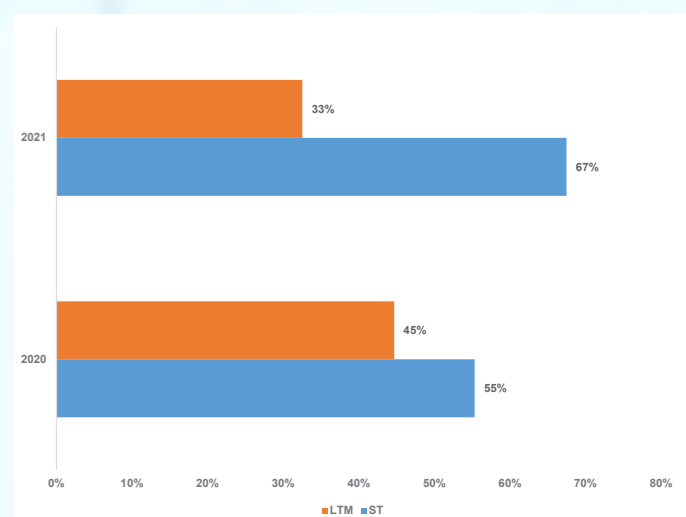
In 2021, the biggest share of client visits were from Central & Western regions with 302,404 (29.9%) and 275,172 (27.2%) respectively, with Eastern at 24.0% (242,609) and Northern 19.0% (192,088) regions. The two (Eastern and Northern) regions registered a 1% (2021) increase when compared to 2020.



c) Contraception methods

By offering the widest range of methods, including short-term, long acting and permanent methods, we can ensure that every woman can choose the type of contraception that is right for her.

In 2021, there was a 12% drop from 45% (2020) to 33% (2021) in clients that took up Long-Acting reversible contraception (LARC)s. The uptake of Short-acting contraceptives had a 12% growth from 55% (2020) to 67% (2021). The shift in the method choice is largely attributed to two factors:- limited choice due to disruption in supply chain and restriction in client movement due to C-19 pandemic restrictions and the associated lock down measures etc.





Quality Assurance Management & Training

What did we do to ensure quality across all service points during the year?

The Medical Development Team (MDT) sets and monitors the clinical standards for all MSUG's core services as well as the quality of medical products and pharmaceuticals. MDT's oversight covers all MSUG's service delivery approaches. To ensure the safety of clients and staff members as COVID-19 took hold, mini- clinical audio-visual assessments (CAVAs) focusing on infection prevention was carried out in twelve (12) private clinics supported through the PSE. The CAVAs process allowed the MDT's pool of remote assessors unobtrusively to observe clinical services via video link. In addition

to saving time and money, CAVA allowed the external assessors to triangulate the findings alongside other data systems such as the Q-Trak system for recording products used in service provision, and to continually improve the quality of the assessments themselves. The other service delivery channels (OR, PSS, Centers and SM) which were assessed in person. Areas of assessment included, Clinical Governance, Product Quality, Core services, Supply Management, Storage, Infection Prevention and MEM -Medical Emergency Management.

MSUG Service Delivery Channels Quality Assurance Results (2021)

Channel	Outreach	Centre	PSS	MS Lady	Private Clinics (PSE)
# Sites assessed	5	6	12	11	10
# areas assessed	21	23	18	22	5
# model areas	21	18	8	7	5
% of model areas	100%	78%	44%	32%	100%
# Model sites	5	4	0	0	8
% of Model sites	100%	67%	0%	0%	80%

From the results, Outreach channel attained a model channel status in Uganda as the best channel.

Our People

Throughout 2021, regular MSUG operations were severely affected by the COVID-19 pandemic and the lock down measures put in place to curb the C-19 spread. Several disruptions that included majority of staff working from home, rapid provision of Personal Protective Equipment (PPE) to all staff, change in staff engagement activities etc. were experienced in 2021. To cope with the changing times, management set up a COVID-19 response team under the leadership of Country Director and supported by the Director Technical Services. This team was tasked with coming up with a business continuity guideline, management of information flow, deliberating actions and ensuring staff safety during service provision.

Key measures put in place to prevent the spread of COVID-19 are summarised below.

- Scaled down operations especially at support office.
- Developed working from home guidelines to comply with COVID 19 SOPs.
- Supported staff with the necessary tools and gadgets to facilitate virtual engagement, meetings etc.
- Put in place an Emergency Medical Cover to support any staff severely affected by COVID-19
- Set up hand washing/hand sanitizing stations across all MSUG offices including the field service delivery points
- Clear communication lines for all COVID -19 related issues, staff updates plus all development/communication from MoH

Staffing at MSUG

We ended 2021 with a headcount of 366 SMUG employees. With 49% Females and 51.4% Males.

A growth in staff retention was registered from 83.9% (2020) to 84.3% (2021).



Safe-guarding

The year 2021 saw MSUG take on Safeguarding as one of its priorities. The need to protect our employees, clients and most importantly the MSI reputation is central in everything that we do especially service provision. This has been extended to third parties that we work with. Everyone is encouraged to speak up if anything doesn't seem right

We care about you: our clients

MARIE STOPES INTERNATIONAL
Children by choice not chance

Speak Up!

If something doesn't seem right, let us know.

If you have any concerns about any misconduct or inappropriate behaviour including sexual harassment, fraud and/or bribery, you can Speak Up by:

- Contacting SafeCall, our anonymous and confidential service line via:
Email: speakingup@safecall.co.uk
Online: www.safecall.co.uk/report
Telephone: 0754001503
- Getting in touch with our call centre staff on: 0800220333
- Letting us know in person, by speaking to an MSUG Staff Member

Staffing at MSUG

Staff composition by Gender – Out of 366. 49% Females & 51.4% Males.

Registered improvement in staff retention rate from **83.9% (2020), to 84.3% (2021).**

Staff Engagement – MSUG

MSUG scored 89% at global level and 85 % in our in the country annual engagement survey. Slightly above **84.5%** the score of 2020.compared to **82.1%**

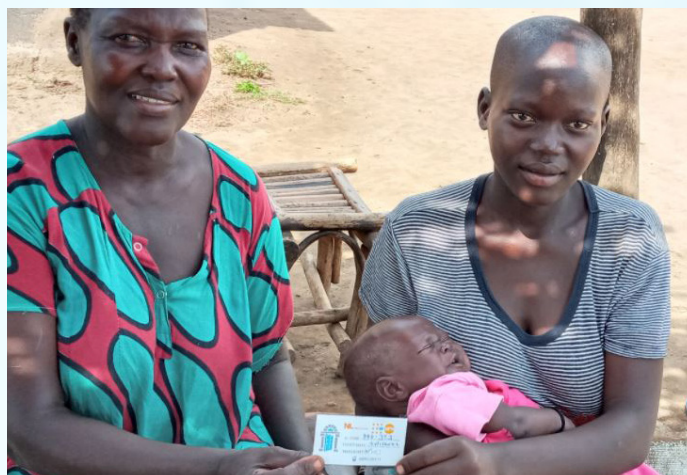
Staff Training & Development

KAYA - MSI Learning Management System with excellent courses and learning opportunities was launched in 2021



2021 in Pictures







Financial Performance



INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF MARIE STOPES UGANDA LIMITED REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

Opinion

We have audited the financial statements of Marie Stopes Uganda Limited (the Company), which comprise: the statement of financial position as at December 31, 2021; and the statement of profit or loss and other comprehensive income, statement of changes in general fund, and statement of cash flows for the year then ended; and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Company as at December 31, 2021 and of its financial performance and its cash flows for the year then ended in accordance with the International Financial Reporting Standards and the requirements of the Companies Act, 2012 of Uganda.

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 Company in accordance with the International Ethics Standards Board of Accountants' Code of Ethics for Professional Accountants (IESBA Code) together with the ethical requirements that are relevant to our audit of the financial statements in Uganda, and we have fulfilled our other ethical responsibilities in accordance with these requirements and the IESBA Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Directors for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with IFRSs, and for such internal control as management 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, management is responsible for assessing the Company'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 management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the Company'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 judgment 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 Company's 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 management'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 Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our 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 Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

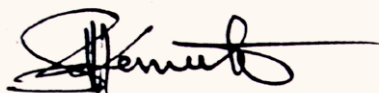
We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

REPORT ON OTHER LEGAL AND REGULATORY REQUIREMENTS

As required by the Companies Act, 2021 of Uganda we report to you, based on our audit, that:

- (i) We have obtained all the information and explanations which to the best of our knowledge and belief were necessary for the purposes of our audit;
- (ii) In our opinion, proper books of account have been kept by the Company, so far as appears from our examination of those books; and
- (iii) The Company's statement of financial position (balance sheet) and statement of profit or loss and other comprehensive income (income statement) are in agreement with the books of account.

The engagement partner on the audit resulting in this independent auditor's report is CPA Kenneth Makanga - P0324.



Kenneth Makanga

Certified Public Accountant - P0324



BDO East Africa

Certified Public Accountants of Uganda P.O Box 9113 Kampala, Uganda

Date 31 March 2022



STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

INCOME	Note	2021 Ushs '000	2020 Ushs '000
Grant income	5	44,522,901	40,925,289
Service income	6	15,958,194	11,670,114
Other income		778,275	461,656
Total Income		61,259,370	53,057,059
EXPENSES			
Human resource costs	8	(20,580,745)	(18,998,354)
Travel costs	9	(8,798,516)	(7,038,182)
Equipment, supplies and operating costs	10	(17,895,510)	(16,608,415)
Other activity costs		(1,589,437)	(1,117,041)
Monitoring and evaluation costs		(55,894)	(407,584)
Office costs	11	(4,404,131)	(3,463,770)
Marketing and communication	12	(1,753,918)	(1,199,795)
Professional and governance costs	13	(4,703,934)	(3,442,443)
Finance costs	24(b)	(284,646)	(607,906)
Total Expenses		(60,066,731)	(52,883,489)
Surplus before taxation		1,192,639	173,570
Taxation	15	-	-
Surplus after taxation		1,192,639	173,570
OTHER COMPREHENSIVE INCOME			
Other comprehensive income		-	-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		1,192,639	173,570

STATEMENT OF FINANCIAL POSITION

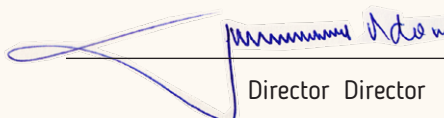
STATEMENT OF FINANCIAL POSITION	Note	2021 Ushs '000	2020 Ushs '000
ASSETS			
Non-current assets			
Property and equipment	18	3,654,944	3,367,871
Current assets			
Inventories	16	6,008,824	3,560,221
Trade and other receivables	17	5,664,465	3,389,517
Cash and cash equivalents	19	4,735,218	3,807,545
Advances recoverable from donors	23(b)		177,074
		16,408,507	10,934,357
Total assets		24,769,892	17,814,728
GENERAL FUND AND LIABILITIES			
General fund			
Accumulated loss		(2,235,615)	(3,428,254)
Non-current liabilities			
Deferred income	23(c)	3,569,746	4,776,127
Current liabilities			
Trade and other payables	22	8,860,289	7,180,949
Due to related parties	20(b)	9,735,161	5,672,228
		20,145,935	14,070,333
Total general fund and liabilities		24,769,892	17,814,728

The financial statements were approved for issue by the board of directors on

.....^{30th} March, 2022 and were signed on its behalf by:



Director Director



Director Director





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Web: www.mariestopes.or.ug

Children by choice not chance