MARIE STOPES UG

2020 Annual Report

The annual report covers the period 1st January 2020 until 31st December 2020

OUR VISION IS

A world in which every birth is wanted

OUR MISSION IS

Children by Choice, not Chance

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LIST OF ABBREVIATIONS

CYPs	Couple Years of Protection
DFID	Department of International Development
FP	Family Planning
HF	Health Facility
HW	Health Worker
IUDs	IntraUterine Devices
LAPM	Long Acting and Permanent Methods
MDT	Medical Development Team
MSLs	Marie Stopes Ladies
PAC	Post Abortion Care
PMC	Population Media Centre
PSS	Public Sector Strengthening
PWDs	Persons with Disabilities
QTA	Quality Technical Assessment
RISE	Reducing High Fertility Rates And Improving Sexual Reproductive Health Outcomes In Uganda
SBCC	Sexual Behaviour Change Communication
SFs	Social Franchise
SRHR	Sexual Reproductive Health and Rights
URHVP	Uganda Reproductive Health Voucher Project

1. LETTER FROM THE COUNTRY DIRECTOR

Dr. Carole Sekimpi

Dear stakeholders, partners and well-wishers,

Thank you for standing with Marie Stopes through 2020. In 2020, as world was brought to a stand-still by the Covid-19 pandemic, SRHR service delivery was no exception. Access to SRHR services was severely curtailed through travel restrictions, interruptions in the supply chain of FP commodities, and loss of income for many. Despite these incredible challenges, we soldiered on, transforming the lives of Ugandans by enabling them to choose the number and timing of their births. We are grateful to partners who stepped in quickly to provide PPE for our teams, and to the Ministry of Health who gazetted FP service delivery as essential during the nationwide lockdown.

We especially acknowledge our staff who braved the risk of infection with Covid-19 to remain on the frontlines to meet the needs of women and girls.

Looking ahead, we maintain our client focus, commitment to the highest standards of clinical quality, and will go out of our way to reach special groups such as the youth, PWDs, displaced populations and those in geographically hard-to-reach locations.
Onwards, and Upwards.

Dr. Carole Sekimpi
Country Director

1. MSUG WORK IN NUMBERS - 2020

Uganda

Our results and impact in 2020

The estimated impact of our work

1.8 Million	people were using a family planning method provided by MSI in 2020		2,100	maternal deaths averted
1.7 Million	FP CYPs delivered in 2020		297,000	unsafe abortions averted
18%	client visits under the age of 20*		759,000	unintended pregnancies averted
91,000	client visits under the age of 20*		£42.3 Million	direct healthcare costs saved (2018 GBP)

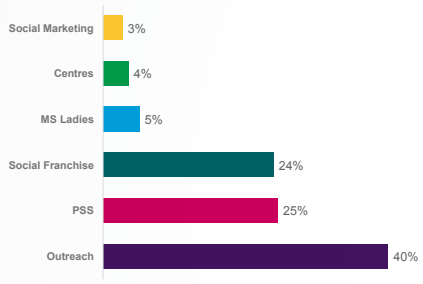
We estimate that more than 30% of the total demand for family planning in 2020 was satisfied by services supported by MS Uganda, contributing to an increas in mCPR

MSI Uganda has supported a number of policy wins over the last 4 years, including: Import license granted for mifepristone in Uganda

**Excluding Public Sector Strengthening*
Estimated Annual Impact based on result from Impact 2 version 5
Total demand satisfied: estimated total family planning users from MSI (Impact 2 Tool) compared to the total number of women with a demand in 2019 (United Nations (2019) Estimates and Projections of Family Planning Indicators 2020)

FP CYPs by Channel

1.7 Million FP CYPs delivered in 2020

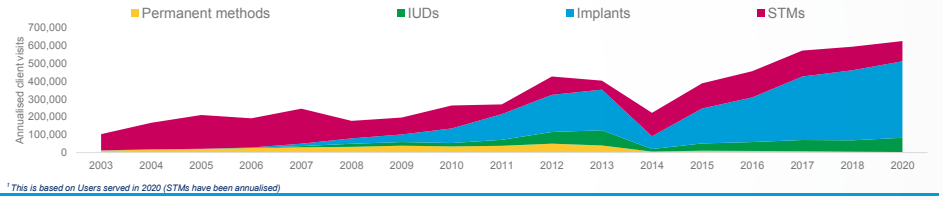


Enabling women to choose the right method for them

That means offering a full range of contraceptive choices, including permanent, long-acting and short-term methods

What methods did our clients choose?

1% Permanent (M/F)
13% IUDs
69% Implants
18% Short-Term



[1] This is based on Users served in 2020 (STMs have been annualised)

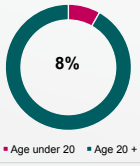
MSI's unique models of service delivery have ensured we reach women and girls at scale

	Number of teams / facilities	FP/PAC client visits	FP/PAC client visits < 20 years old	FP CYPs
Pillar 1				
Outreach Teams	32	242,000	37,900	674,000
PSS Sites	376	271,000	36,900	413,000
MS Ladies	90	39,000	6,600	86,000
Pillar 2				
Centres	15	43,000	4,100	60,000
Social Franchise	161	170,000	42,500	403,000
Pillar 3				
Social Marketing				46,000
Total (including PSS)		765,000	128,000	1,682,000

In 2020, there were 1,682,000 FP CYPs delivered, serving 765,000 clients with comprehensive SRH services

		Client interactions	Total client referrals	Client interactions < 20 years old
Contact Centre		108,000	27,500	7,000

Contact Centre: Age profile of client interactions



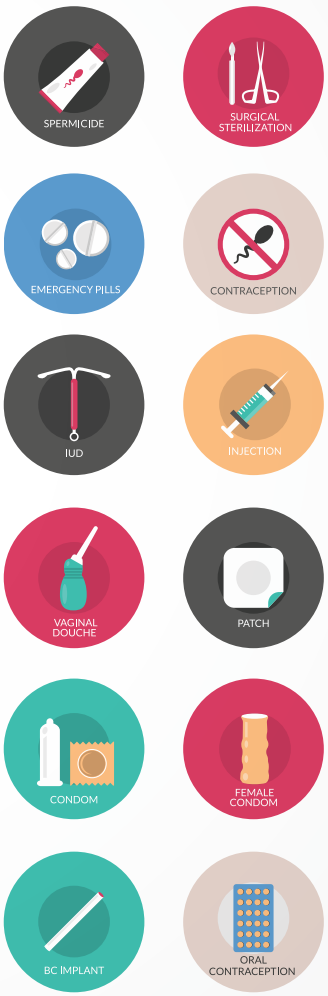
Contact Centre: Type of of client interactions

2. ABOUT US

We deliver the Marie Stopes mission of "Children by choice and not Chance" through the three intervention of:

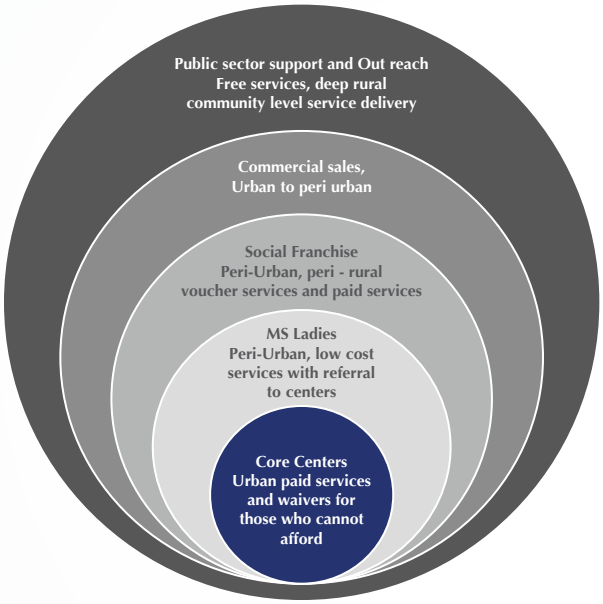
1. Family Planning
2. Post Abortion Care
3. Maternity Services.

We aim to provide services that are of high quality, are affordable and accessible to those most in need.
Every woman deserves the opportunity to choose the number and timing of her births; Not only because it is her right, but because when women choose, they are less likely to die due to complications of pregnancy and child birth, their infants have better chances of survival, they are able to contribute to the economy and overall this results into more stable healthy families.



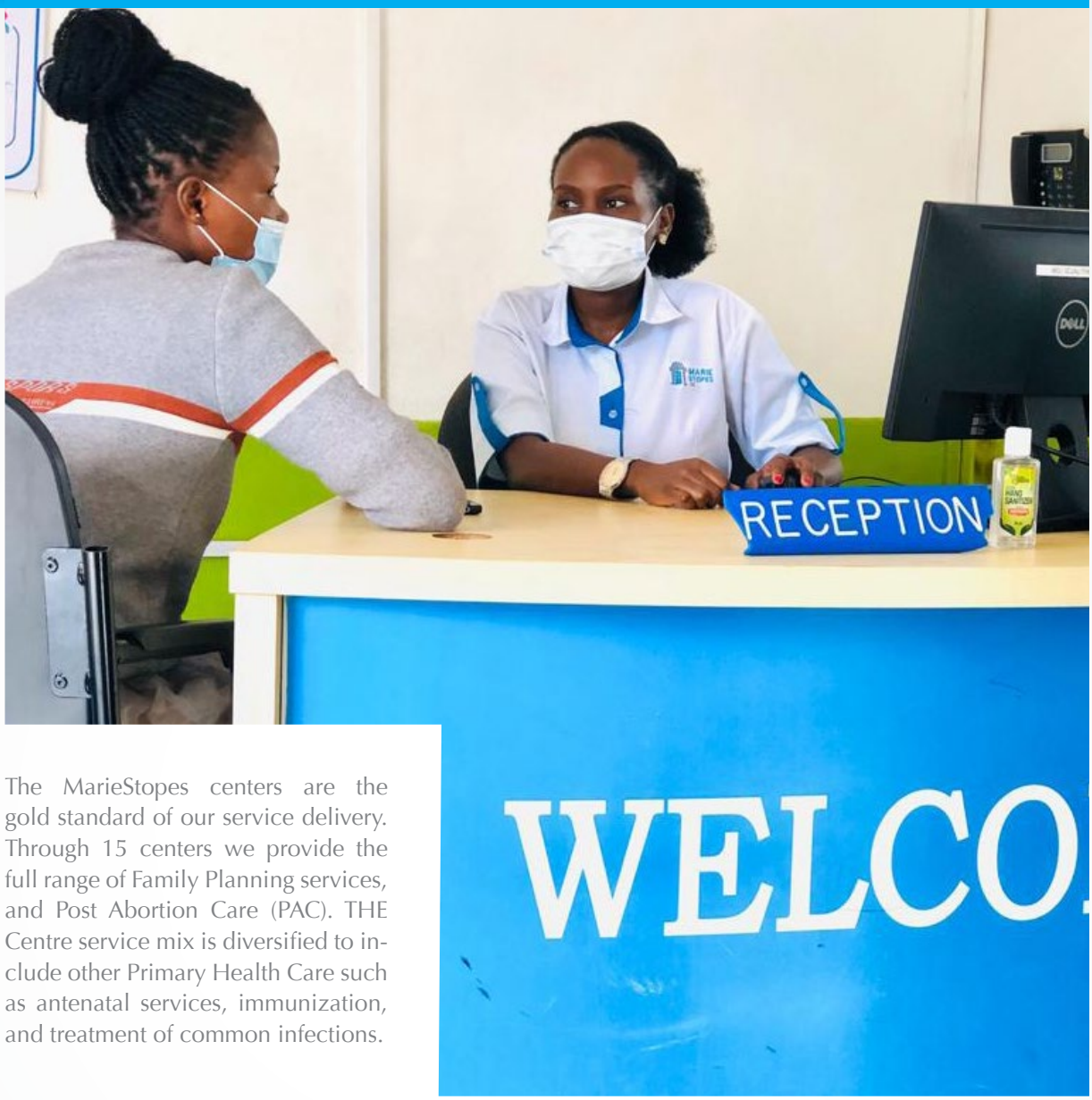
3. HOW DID WE ACHIEVE THE 2020 RESULTS

Our approach to service delivery aims to cover the "total market" with different interventions and service channels targeting different segments of the population. Our service channels are designed to address the needs of the poor, hard to reach, the youth, Persons with disabilities (PWDs), as well as the young and affluent with some income.



The multi-pronged service delivery approach enables MSUG to provide FP services at scale as illustrated in the performance per service delivery channel further below.

3.1 MARIESTOPES CENTRES



The MarieStopes centers are the gold standard of our service delivery. Through 15 centers we provide the full range of Family Planning services, and Post Abortion Care (PAC). THE Centre service mix is diversified to include other Primary Health Care such as antenatal services, immunization, and treatment of common infections.

2020

69
Clinical staff working within the Centres

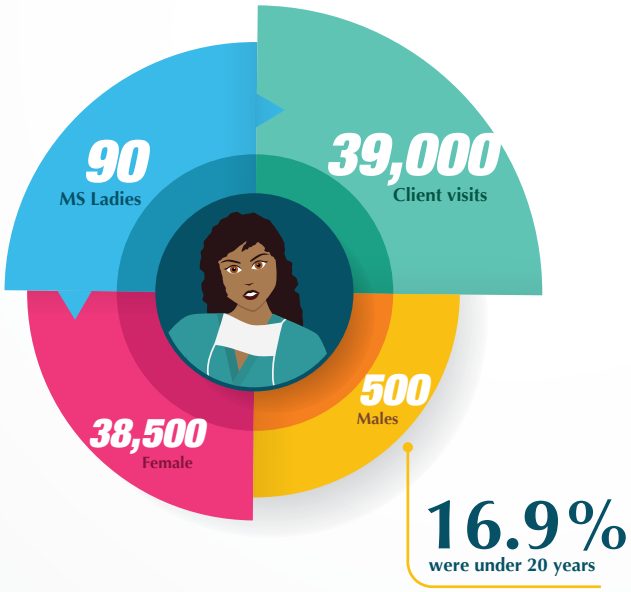
134,000
43,000 PAC/FP
91,000 NON PAC/FP

43,000
1,000 Male Client visits
42,000 Female Client visits

9.5%
<20 yrs
FP/PAC client's visits < 20 years old

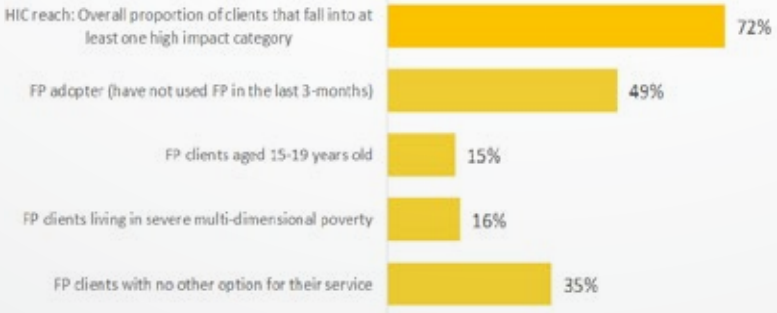
3.2 MARIESTOPES LADIES

The over 90 MarieStopes ladies (MSLs) are qualified midwives and nurses who are trained and supported by to deliver contraceptive services within their local communities. MSLs are well situated in peri-urban areas and linked to our centers for referrals and support.



16.9%
were under 20 years

Proportion of MS Ladies clients that are high impact



3.3 SOCIAL FRANCHISE (SF)

Our social Franchise model partners with private health facilities by building their capacity and supporting them to deliver high quality FP/PAC services. In 2020, MSUG supported more than 150 franchisees spread across the entire country.

2020

Client visits (all services) at SFs in 2020

170,000

3,500 Males

166,500 Females

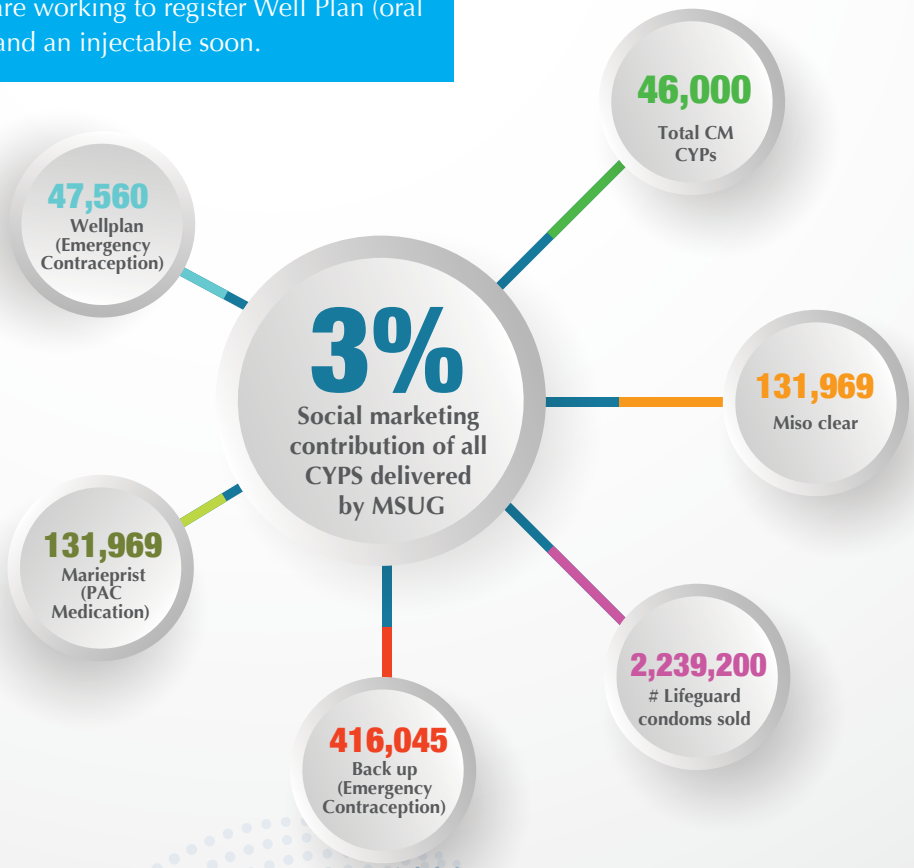
25% are under **20** years old

Proportion of Social Franchise clients that are high impact

3.4 COMMERCIAL SALES

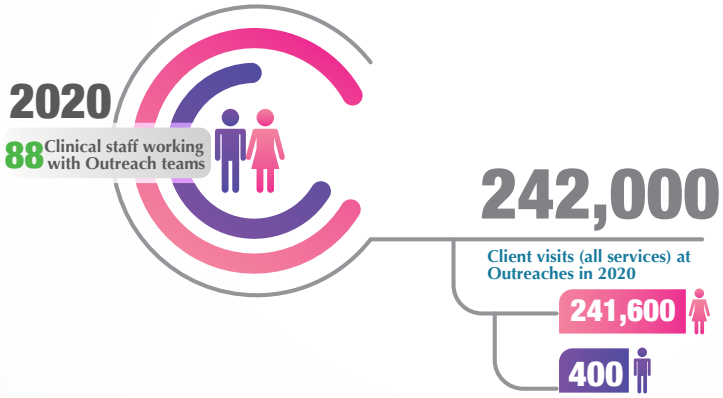
Through the commercial sales channel, we extend access to high quality SRHR commodities at affordable prices and convenient, safe locations. The commercial sales approach is critical as it contributes to organizational sustainability, ensuring that Marie Stopes is here for the long-term.

Our product portfolio includes the Lifeguard condoms, Back UP (emergency contraceptive) Miso clear (misoprostol), Mariprist (combination of misoprostol and Mifepristone). We are working to register Well Plan (oral contraceptive pill) and an injectable soon.

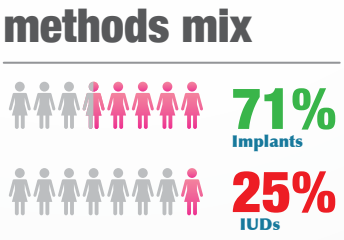


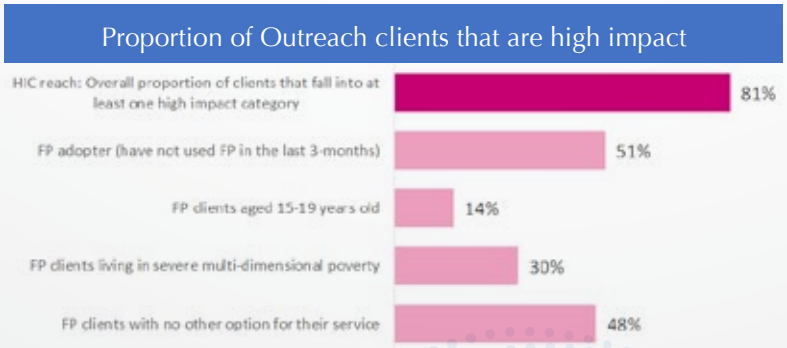
3.5 OUTREACH

In 2020, 37% of all our impact was delivered through Outreach. This channel targets rural and hard to reach populations. Our 32 teams visited 1,860 sites in 2020 of which 74% were at public health facilities and 26% were from within communities.



16% were aged 15-24 a group less likely to use contraception than older women





3.6 Public Sector Strengthening (PSS)

Public sector strengthening (PSS) is one out of the several approaches in place to improve access to **quality FP and PAC services** in the public sector specifically at the Health Facility level.

From the available evidence, the PSS approach plays a significant role in Increasing service provision at a very minimal cost. Through PSS, MSUG was able to reach High Impact groups, in particular 'poor' clients and youth

This was achieved by leveraging our **transferrable expertise in service delivery, training and supervising frontline health workers** combined with clinical quality assurance and support with routine management of Data

Four key dimensions, focus the MSUG PSS model and these include

- **Training & Supervision of Frontline Health workers**
- **Transferable expertise in Service Delivery**
- **Clinical Quality Assurance and**
- **Provision of Family Planning services**

MSUG is committed to strengthening the public sector through working closely with the local government District leadership by supporting its structures to promote and provide FP services

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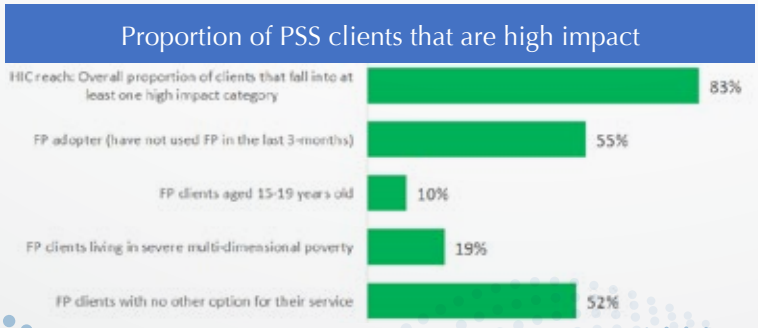
PSS achievements during 2020

- 272 Health workers trained (competence assessment) in FP service provision.
- 270,842 clients served (All Female) 30% contribution towards MSUG impact.
- 550,807 CYPs generated.
- 86% Implants are the most popular, 9% IUDs plus 4% (others)

During 2020, PSS scaled up to over 360 public health facilities from 209 of 2019 and a total of 732 PHWs were trained and supported with competence assessment in FP service provision, data, and stock management from 75 districts in West Nile, North, Karamoja, Eastern, East central, Central 1 & 2, Western and South Western region.

The support provided was focused on focus on training selected government providers in provision SRH services, data, and stock management. We have engaged several stakeholders both at the district and facility level to support project activities for ownership and sustainability. Regional training officers have built capacity of District trainers in all supported Districts to support continuity of on-the-job mentorship and supervision.



4. COMMUNICATIONS AND ADVOCACY

4.1 Behavioral Change and Communication

"I found the training highly informative; I particularly liked the pictographs designed to increase understanding in our community. The trainer was highly motivating and interesting, so it was easy to stayinvolved and engaged in the sessions." Testimony from a participant during the community dialogue sessions conducted by SBCC

SBCC activities continued in 2020 despite the challenges of resulting from the COVID-19 pandemic which among others included a burn on social gatherings.

To mitigate these challenges, community drives limiting crowd size were intensified, complimented with vehicles mounted megaphones to reach potential clients in remote areas. Community based mobilizers (CBM) were also used to reach individual. clients through household visits, one-on-one and small group sessions.

The MSUGs social and behavioral change communication (SBCC) teams leveraged on the immunization and ART days at Health Facilities to conduct Community Health Talks among other approaches.

SBCC teams distributed Information, education, and communication (IEC) materials.

produced with support from FHI. These played a big role in disseminating Family Planning information to targeted audiences.

As part of the commemoration of World vasectomy day, the SBCC team conducted a campaign particularly targeting an increase in men taking up vasectomy one of FP methods. This was implemented from November to December with a total of 23 men taking up the service.

Partnerships with other SBCC led organization like RAHU, DMI, among others all under the guidance of MoH were utilized among several avenues that contribute to client referral at the different MSUG service delivery points.

An SBCC coordinator mentoring a CBM on how to fill a CBM Daily activity tool

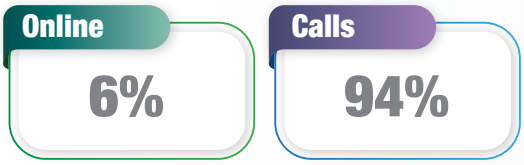
4.2 Contact Centre

MSUG Contact Centre supports all service delivery channels by providing quality, client friendly information and referral solutions to people seeking SRHR services and products.
For you to make the very best decision for YOUSELF, we invite you to call now to make an appointment to explore your options with our compassionate and well-trained staff.

The Contact center operates 7 days a week (Monday -Friday 7:00AM-10:00PM,
Saturday, Sunday and Public holidays 8:00AM-6:00PM) and is managed by a team of 6 multilingual counselors and 4 nurses.

Contact Centre 0800220333 | WhatsApp 0754001503 | SMS 8228.

Total client interactions: **108,000**



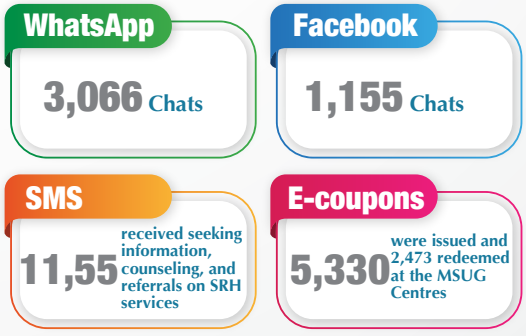
Under 20years client interactions: **7,000**

4.3 Online reach & engagement

Over 6,000 people were reached through different online channels. The highest number of people reached was on WhatsApp followed by Facebook. Facebook also counts the people reached by shared posts in contrast to other media.

Although we are not able to put an exact figure on it, our reach on other media is probably higher than these figures show because of people who shared the campaigns/promotions on their own channels (which we can't measure).

Summary of key Contact Centre results



5. PROJECTs WITHIN MSUG

5.1 RISE PROJECT

Reducing High Fertility Rates & Improving Sexual Reproductive Health Outcomes in Uganda

Continued Delivery of the RISE Programme amidst Covid-19 pandemic

The RISE programme implemented on behalf of the Ministry of Health by a Marie Stopes led consortium has successfully completed Year 2 amidst a fast-evolving landscape shaped by the Covid-19 pandemic. The consortium's courage, innovation, and resilience has resulted in a stellar RISE performance, delivering services to the most in need, to meet the increased demand for contraceptive services.

- To date, RISE has delivered **1,906,379 Couple Years of Protection (CYPs);** through Marie Stopes mobile outreach clinics, vouchers at social franchise clinics and through on-the-job mentorship at public health facilities (PSS).
- **21 Mobile** teams have provided 729,878 outreach FP services since Nov 2018.
- 118 Social franchise clinics redeemed **176,991 vouchers** and collectively offered 411,113 FP services.
- 220 public health facilities with **466 public health workers enrolled** for comprehensive FP mentorship have offered 335,162 FP services including long-acting methods.

Key challenges as we deliver RISE:

- Difficulty in accessing FP commodities by outreach teams through districts and facilities; stockouts of commodities at SFs and public facilities, primarily due to non-fulfilment of FP stock orders and or quantities by the National Medical Stores. Marie Stopes field teams will continue to support districts to submit comprehensive FP stock orders for redistribution to HC II-HC IIIs facilities that maintain the PUSH system.
- High staff attrition rate (9%) when comprehensive mentorship has not been successfully completed affects service continuity at the supported public health facilities.

I get that some people like your parents can disturb you in your home and bring you to have domestic violence with your wife which is bad. I know that when I get a problem with my wife, I can talk to her just, not beating her. ***Jw- 20 Male Pakwach, West Nile***

…they have taught me that in your family as a woman you have to manage your family through child spacing. As you space your children, you will get time to take your children to school, do what, to eat well also in your family. ***Ch- 39 Female Kapchorwa, Eastern.***

Equity across RISE programming:
Karamoja: Increasing service reach with 10 public facilities benefitting from PSS mentorship- 24 staff enrolled. 2 social franchise clinics continue to provide quality FP services on the RISE voucher.

Young people: 22% of FP services were to adolescents; and nearly half of clients served being young people below 24 years.

6.5% of public health workers under mentorship have a disability.

Highlight activities in RISE Year 2.

- **FCDO Virtual Field Visit of RISE:** On 5th-6th August 2020, MSUG hosted the FCDO team to a virtual field visit via Zoom video conferencing to experience RISE supported work in Outreach, PSS, Social Franchise and SBCC. Learnings: RISE support continues to positively impact at district, facility and health worker or VHT level, equipping teams with skills and resources to improve FP service access and provision.
- **RISE Y2 stakeholder engagement:** As part of the World Contraception Day celebrations Marie Stopes supported district and cultural leaders' engagement events in Busoga region focused on the rising teenage pregnancy rates amidst Covid-19 restrictions. DHOs and local leaders in the 9 Busoga districts pledged to advocate and work with partners to sensitize the population on FP and with heath workers to provide FP services.
- **SBCC through RISE radio dramas:** We continue to run the Sotakai (English) and Akakunizo (Luganda) serial radio dramas across the country on 13 radio stations.

SUMMARY RESULTS DIAGRAM FOR THE RISE PROGRAMME

OVERALL GOAL: REDUCED MATERNAL MORTALITY

PROJECT OUTCOME:
INCREASED ACCESS TO MODERN CONTRACEPTION IN UGANDA

OUTPUT 1
Increased awareness of the benefits of modern contraceptives among women, girls, men and boys

OUTPUT 2
Increased access to quality FP services: women, girls, boys and men face fewer barriers to accessing family planning services

OUTPUT 3
Improved supply of family planning commodities at public health facilities

OUTPUT 4
Improved enabling environment to facilitate family planning uptake especially for adolescents and marginalized communities

OUTPUT 5
Improved quality of data captured/reported into DHIS2 and RISE

OUTCOME INDICATOR 1
% Contribution to growth in mCPR (modern methods, women of reproductive age, married or in union

OUTCOME INDICATOR 2
Programme contribution to unintended pregnancies averted in Uganda (Number)

OUTCOME INDICATOR 3
% of RISE FP clients who are high impact (adolescents aged 15-19 years, persons living in extreme poverty, FP adopters or Clients who did not have another option available to get their method)

OUTCOME INDICATOR 4
Estimated contribution to additional users of family planning (number)

OUTCOME INDICATOR 5
% of contraceptive stockouts in RISE supported regions

PROGRAM INTERVENTIONS (INPUTS, ACTIVITIES, OUTPUTS)

5.1 Advancing Sexual Reproductive Health and Rights (ANSWER) Project.

Background

Starting in May 2020, Marie Stopes UG (MSUG) implemented the project funded by UNFPA. The project titled: Advancing Sexual Reproductive Health and Rights (ANSWER). The Project was implemented in West Nile, Acholi, Karamoja and Teso subregions in Uganda.

The overall goal of the project is to contribute to the achievement of universal access to Sexual and Reproductive Health and Rights (SRHR) of women, girls, boys, and men, including vulnerable populations, in Uganda. The project is expected directly contribute to improving pregnancy outcomes by increasing skilled birth attendance especially for teenage mothers, increasing uptake of modern contraceptives, and strengthening the capacity of health workers to identify and manage gender-based violence (GBV) incidences.

Marie Stopes worked with different stakeholders including the district technical health teams, the district leadership, other implementing partners (Save the Children, JPHIEGO, MSH, UFPC), and Ministry of Health to implement the health systems strengthening model. This aimed increasing access to quality sexual Reproductive Health and Rights in the targeted districts.

Results

During the year 2020, Marie Stopes Ug conducted a training of trainers in BEMONC targeting district-based trainers for increased sustainability of the proposed intervention

Opening of the training for BemoNc TOT

27 district training of trainers benefited in this.

Through partnership with UNFPA and MoH, we launched the adolescent contraceptive map application. This is to help adolescent access contraceptive with ease within Kampala.

Service reach in BemoNc

Total Number of districts that benefited	14
Health workers trained	421
Number of health facilities reached	210

As end of December 2020, a total of 1,670 teenage mothers were provided with maternal health services through the voucher. These included 20 refugees and 1,650 Nationals.

Challenges:

- COVID'19 was a huge blow to the project kick start. It disrupted a number of planned interventional meeting due to restrictions on gathering

6. CROSS CUTTING AREAS

6.1.1 Empowering adolescent girls as peer advocates for family planning: The design of a peer referral program in Uganda

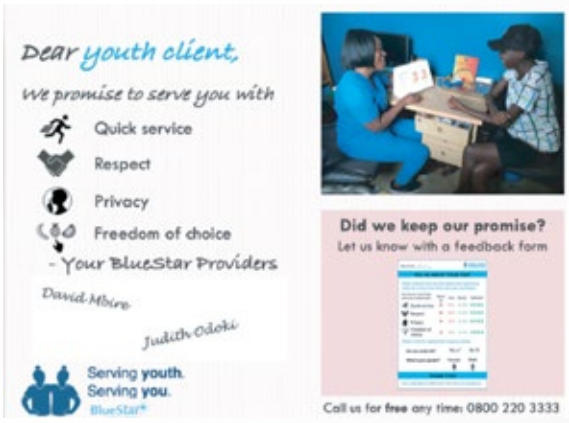
The brief

There is a high unmet need for family planning services among Ugandan adolescents. Social norms, stigma, and limited agency in decisions about sex limiting access to services.
Ideas42, MSI Reproductive Choices, and Marie Stopes Uganda (MSUG) partnered to design and test a behavioral science intervention to support uptake of modern contraceptive methods among adolescents aged 15-19.

This project leveraged MSUG supported providers and community mobilisers, who introduced a refer-a-friend program to girls who had received FP methods or counseling, coupled with youth-friendly materials and training to create a welcoming environment at the participating clinics.
The intervention resulted in positive impacts, with an average 45% increase in monthly number of adolescent clients (about 5.4 more per clinic), and an average increase in the monthly adolescent proportion of clients by 5.3%. This suggests that nearly 2,000 adolescents became new FP users as a result of the intervention, with many more being empowered and counselled, during the six months of implementation.

*Challenge_* Reaching adolescents in-need

Adolescents bear a disproportionate burden of sexual and reproductive health risks compared to any other age group in Uganda. In Uganda, 25% of girls aged 15-19 have begun childbearing, with nearly half reporting these pregnancies as mistimed or unwanted. Adolescents also have the highest rate of abortion, which are frequently unsafe. Of the 2.5 million adolescent girls in Uganda, 26% are sexually active and do not want a child for at least two years. However, only 39% use modern FP, leaving 61% with an unmet need.
Through interviews with adolescents, mobilisers, and providers, a number of behavioral barriers for adolescent FP-uptake were identified, even when affordable services are available, including: Lack of prompts to make decisions about FP; Overweighing FP health risks compared to unplanned pregnancy risks; Intangibility of losses from unintended pregnancy; Focusing on condoms as the primary method of FP; and failing to follow through with taking up a method even if intending to



What was done?

Removing behavioral bottlenecks

To address these complex behavioural bottlenecks, a peer-referral intervention was designed. Adolescents who had used FP or had received counseling were invited by a mobiliser or MSUG BlueStar provider to give a "Refer-a-Friend" (RAF) card to a friend that was not using FP. The card creates space for adolescents to discuss FP - sharing information, advice, aspirations, and prompting the recipient to visit a Bluestar clinic that had been outfitted with youth-friendly materials and training. The peer-endorsements encouraged those who might have felt uncomfortable speaking to a mobiliser or provider to seek services, and, when a girl endorsed FP to a friend as an "expert", it built her confidence and intention to

use FP. When a girl redeems a RAF card, she is given two friendship wristbands – one for her, and one for the friend who referred her. These wristbands were a small token to motivate girls to make referrals and to follow through on visiting the clinic. If the girl receives FP counseling or services after redeeming her RAF card, she receives a new card to give to another friend, becoming an advice-giver herself. In addition to providing an incentive, the wristbands signal that MSUG is a place where adolescents belong and that using FP is a desirable and accepted behaviour

What we found

Empowered peer-experts provide effective pathways to care

Using a randomized controlled field trial (RCT), MSUG BlueStar clinics were randomly assigned to a control group (offering standard services), a Core group (implementing the RAF program and clinic materials), or a Core+ group (RAF program, clinic materials, and youth-friendly service training). The clinics implemented the intervention for 6 full months in 2020, interrupted mid-way for 3 months due to COVID-19.

The impact of the intervention was measured on 1) the number of adolescents aged 15-19 receiving FP services and 2) the proportion of FP clients who were adolescents. Both were measured on a monthly basis at the BlueStar clinic level.

Results showed statistically significant ($p<.01$) positive impacts of the intervention on both of these outcomes – an average 45% increase in monthly number of adolescent clients (about 5.4 more per clinic), and an average increase in the monthly adolescent proportion of clients by 5.3 percentage points – compared to baseline and relative to control clinics. Nearly 2,000 adolescents became new FP users as a result of the intervention during the six months of implementation.

The effects were marginally stronger with the more intensive Core+ package: a 62% relative increase in monthly clients (7.4 more per clinic) compared to a 26% increase (3.2 adolescents per clinic) when the intervention was implemented without the YFS training. The average increase in adolescent proportion of clients (5.4 and 5.3 percentage points, respectively) was more consistent between intervention groups. This underscores the importance of addressing barriers across touchpoints, demonstrated by the programme being most effective when it included the YFS training component that built providers' skills, knowledge, and intention to offer youth-friendly care, in addition to the adolescent-friendly clinic materials and RAF cards

6.1.2 What do the clients say about MSG services?

From the 2020 Client Exit Interview Survey (CEI), 97% out of the 1,690 respondents were satisfied with their experience. While we're pleased so many clients are happy with our services, we're aware that other aspects of care such as waiting time, 46% on average thought that this could be improved

Out of the 1,690 clients that participated in the survey, 11% respondents were aged 15-19 years, and 80% identified as high impact clients.

See 2020 CEI summary results

Total CEI 2020 respondents	1,690
% of clients who were agreed experience exceeded expectations	97%
Parameter with the highest % score as to why clients choose MSUG	Good experience of service quality (94%)
% of clients who would return to MSUG? (scale of 6-10)	95.6%
Impact of Covid19 Reported difficulties accessing FP services due to Covid19	6% FP services / contraception
% of respondents under 20 out of total respondents	42%
High Impact clients	Adolescents (15-19) = 11%
	% persons living in extreme poverty (< $1.9 per day) =21%
	FP adopters = 51%

6.1.2 Quality Assurance Management & Training

Quality is a key pillar in MSUG's work as it plays a central role in the delivery of safe clinical services, by ensuring all service delivery channels strive to provide clinical services that are safe client centered, effective and with excellent client experience.

This is achieved through systematic approach to providing quality products that meet international standards, assessing and meeting training needs based on the tracking of provider competencies for services provided, clinical support supervision and mentorships.

MSUG conducts Clinical Internal Audits (CQIA -internal QTA) for all service delivery channels at least once a year. The Internal CQIAs are complimented with the annual external Technical Quality Assessments conducted by MSI Global Medical Development Team (MDT) at randomly selected service delivery points. This is one way to ensure service delivery channels are compliant with MOH and MSI Global service delivery standards.

In 2020 the External Quality Technical Assessment (All MSUG Channels) was not conducted due to COVID- 19 pandemic and the ban on cross border movement for MSI staffs.

However, MSUG made use of the Internal Clinical Quality Audit (Internal QTA) to access the overall Country Performance on Quality. The table below shows 100% sites coverage for internal QTA.

In year 2020 External Quality Technical Assessment (All MSUG Channels) were not conducted due to COVID- 19 pandemic and ban on cross border movement for MSI staffs. 2020 Clinical Quality Internal Audit (Internal QTA) was used to access Uganda country programme performance on Quality, the table below shows 100% sites coverage for internal QTA.

KEY AREAS ASSESSED AT RANDOMLY SELECTED HEALTH FACILITIES INCLUDED

MSUG Service Delivery Channels					
Quality Parameters	PSS	MS Ladies	Social Franchise	Outreach	Centres
# Sites assessed	358	95	154	31	15
# Areas assessed	20	19	20	21	22
# Model sites	17	4	11	2	6
% Model sites	5%	4%	7%	6%	40%
% Model areas	0%	0%	10%	5%	48%
% Model areas	50%	74%	50%	48%	45%

Furthermore, in areas of product quality 2020 MSUG subjected Mariprist through the WHO international recognized laboratory in Malaysia, this was. The product tested had already been in field for 8 months since date of manufacture. The results released below.

Sample number	#1	#2	#3
Product	Mariprist (ACME) Mifepristone 200mg tabs	Mariprist (ACME) Misoprostol 200mcg tabs	Misoclear (ACME) Misoprostol 200mcg tabs
Batch number / Manufactured date	**Batch ACMAJ9009** 8/2019	**Batch ACMAK9129** 8/2019	**Batch No.: MCL1909067** 8/2019
Sampled from	Field	Field	Field
Age (since manufacture)	8 months	8 months	8 months
CoA assay result	106.7%	103.3%	107.6%
Field sample assay test result (acceptable limits 90-110%)	**106.7%**	**103.3%**	**107.6%**

As above, the assay results (showing content of misoprostol or mifepristone in the samples) is very acceptable at 97.9% for mifepristone and 99.7% for misoprostol in the combi pack, and 102.3% in the miso-only sample. From the results, this demonstrates that the drug samples have maintained stability since date of manufacturing meaning they are of good quality for use. MSUG is committed to continue serving her clients with best quality products.

7. OUR PEOPLE

MSUG work couldn't happen without the ambitious professionals that are responsible for the daily management of the organization, coordination and quality of service delivery, mobilisation of resources and external communication.

As at end of 2020, MSUG has 369 staff members as summarized. MUSG staff retention improved from 81.2% to 83.9%.

Staff Engagement

Our 2020 staff engagement survey score was at 84.5% compared to 82.1% in 2019.
We successfully virtually engage our staff across the country amidst C-19 pandemic.

Staff Recognitions

We celebrated staff that had outstanding achievements in the year 2020.
Two of our long serving staff and other staff that left Marie Stopes for their outstanding contributions were celebrated.

"At MSUG, everything is performance driven" MSUG staff

8. PHOTO GALLERY





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INDEPENDENT AUDITOR'S 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 Limited (the "Organisation"), which comprise: the statement of financial position as at 31 December 2020; 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 Organisation as at 31 December 2020 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 Organisation 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.

Other Information

Management is responsible for the other information. The other information comprises the corporate information and information included in the directors' report 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 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 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 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 management either intends to liquidate the Organisation or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the Organisation's financial reporting process.

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF MARIE STOPES UGANDA LIMITED (CONTINUED)

Auditor's Responsibilities for the Audit of the Financial Statements

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

As part of an audit in accordance with ISAs, we exercise professional 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 Organisation'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 Organisation'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 Organisation 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.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Notes	2020 UShs '000	2019 UShs '000
INCOME			
Grant income	5	40,925,289	52,930,801
Service income	6	11,670,114	12,285,532
Other income	7	461,656	544,144
Total Income		53,057,059	65,760,477
EXPENSES			
Human Resource costs	8	(18,998,354)	(20,789,354)
Travel costs	9	(7,038,182)	(7,220,274)
Equipment, supplies and operating costs	10	(16,608,415)	(27,874,303)
Other activity costs		(1,117,041)	(1,844,863)
Monitoring and evaluation costs		(407,584)	(60,941)
Office costs	11	(3,463,770)	(4,171,028)
Marketing and communication	12	(1,199,795)	(996,954)
Professional and governance costs	13	(3,442,443)	(2,270,880)
One off costs (exceptional items)	14	-	(120,959)
Finance costs	24	(607,906)	(48,209)
Total Expenses		(52,883,489)	(65,397,765)
Surplus before taxation		173,570	362,712
Taxation	16	-	-
Surplus after taxation		173,570	362,712
OTHER COMPREHENSIVE INCOME			
Other comprehensive income		-	-
Total comprehensive income for the period		173,570	362,712

STATEMENT OF FINANCIAL POSITION

	Notes	2020 UShs '000	2019 UShs '000
ASSETS			
Non-Current Assets			
Property and Equipment	19(a)	**3,367,871**	3,642,163
Right-of -use assets	24 (a)	**3,347,126**	2,592,841
Intangible assets	19(b)	**165,374**	-
		6,880,371	6,235,004
Current assets			
Inventories	17	**3,560,221**	5,229,660
Trade and Other Receivables	18	**3,389,517**	2,299,107
Cash and Bank balances	21	**3,807,545**	2,093,869
Advances Recoverable from donors	23 (b)	**177,074**	2,711,613
		10,934,357	12,334,249
Total assets		**17,814,728**	**18,569,253**
GENERAL FUNDS AND LIABILITIES			
General Funds			
Accumulated Loss	Page 10	**(3,428,254)**	(3,601,824)
Non-Current Liabilities			
Deferred Income	23 (c)	**4,776,127**	6,751,378
Lease liabilities: Non-current portion	24 (b)	**2,396,522**	2,022,329
		7,172,649	8,773,707
Current Liabilities			
Trade and Other Payables	22	**7,180,949**	8,193,030
Due to Related Parties	20 (b)	**5,672,228**	4,775,732
Provisions	28	**385,569**	11,552
Lease liabilities: Current portion	24 (b)	**831,587**	417,056
		14,070,333	13,397,370
Total General Funds and Liabilities		**17,814,728**	**18,569,253**

The financial statements on pages 8 to 31 were approved for issue by the board of directors on

24th March 2021 and were signed on its behalf by:

Director

Director

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