



Annual Report 2019

The annual report covers the period 1st January 2019 until 31st December 2019



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

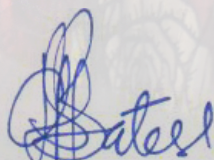
Dear stakeholders, partners and well-wishers,
Thank you for standing with Marie Stopes through 2019. Because of your unwavering support, we soldiered on, transforming the lives of Ugandans by enabling them to choose the number and timing of their births.

In 2019, MSUG service impact grew by 13%, as did our resilience; an increase in service income of 11% year on year.

We especially acknowledge our staff, without whom our mission would be a mere fantasy.

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, refugees and those in geographically hard-to-reach locations.

Onwards, and Upwards.



Dr. Carole Sekimpi
Country Director



Uganda



Our results and impact in 2019

The estimated impact of our work

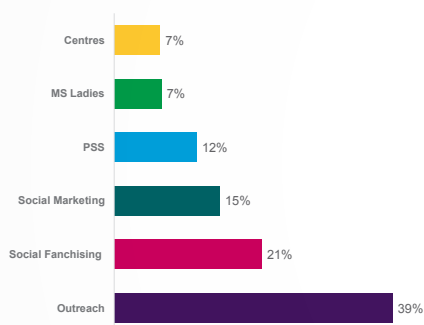
	1.6 Million	people were using a family planning method provided by MSI in 2019		1,900	maternal deaths averted
	1.9 Million	CYPs delivered in 2019		262,000	unsafe abortions averted
	16%	client visits under the age of 20*		663,000	unintended pregnancies averted
	85,000	client visits under the age of 20*		£37.0 Million	direct healthcare costs saved (2018 GBP)

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

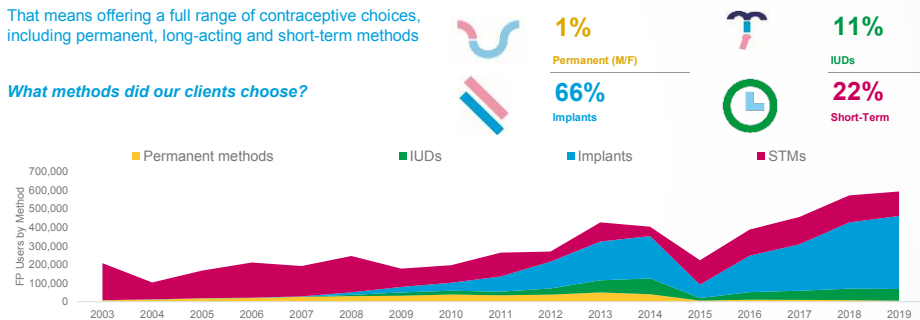
CYPs by Channel



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?



The unique models of service delivery have ensured both scale and high impact



15 Centres

160,600 Total client visits
55,000 FP/PAC client visits
6,000 FP/PAC client visits < 20 years old



31 Outreach Teams

1,860 Outreach Sites
255,000 FP/PAC client visits
37,000 FP/PAC client visits < 20 years old



180 PSS Sites

140,000 FP/PAC client visits
20,000 FP/PAC client visits < 20 years old



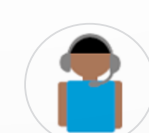
160 Social Franchisees

162,000 FP/PAC client visits
34,000 FP/PAC client visits < 20 years old



80 Number of MS Ladies

46,000 FP/PAC client visits
8,000 FP/PAC client visits < 20 years old
17% FP/PAC client visits < 20 years old



Contact Centre

245,000 Client interactions
47,400 Total client referrals
8,000 Client interactions < 20 years old

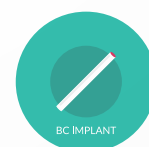
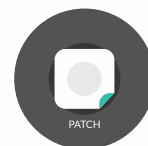
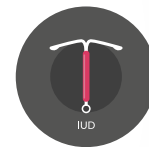
2.

ABOUT US

We deliver the Marie Stopes mission of “Children by choice and not Chance” through the core services of Family Planning and Post Abortion Care.

We aim to provide services that are of high quality, are affordable and accessible to those most in need.

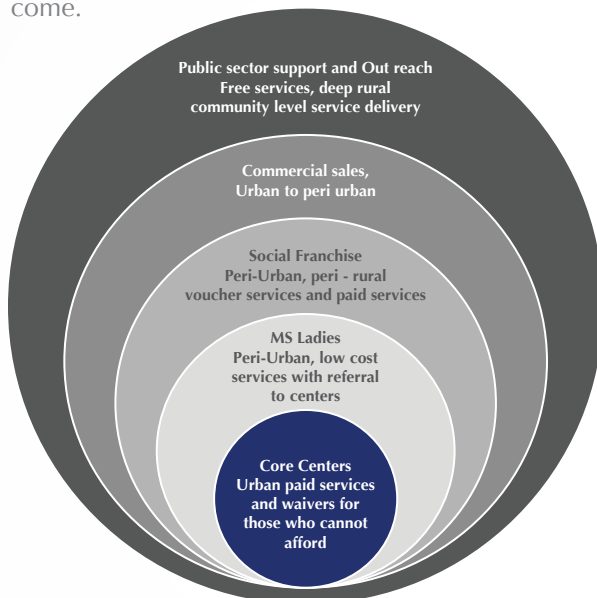
Every woman deserves the opportunity to choose the number and timing of her births; Not only because it is her right, but because when women choose, they are less likely to die due to complications of pregnancy and child birth, their infants have better chances of survival, they are able to contribute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



3.

HOW DID WE ACHIEVE THE 2019 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.

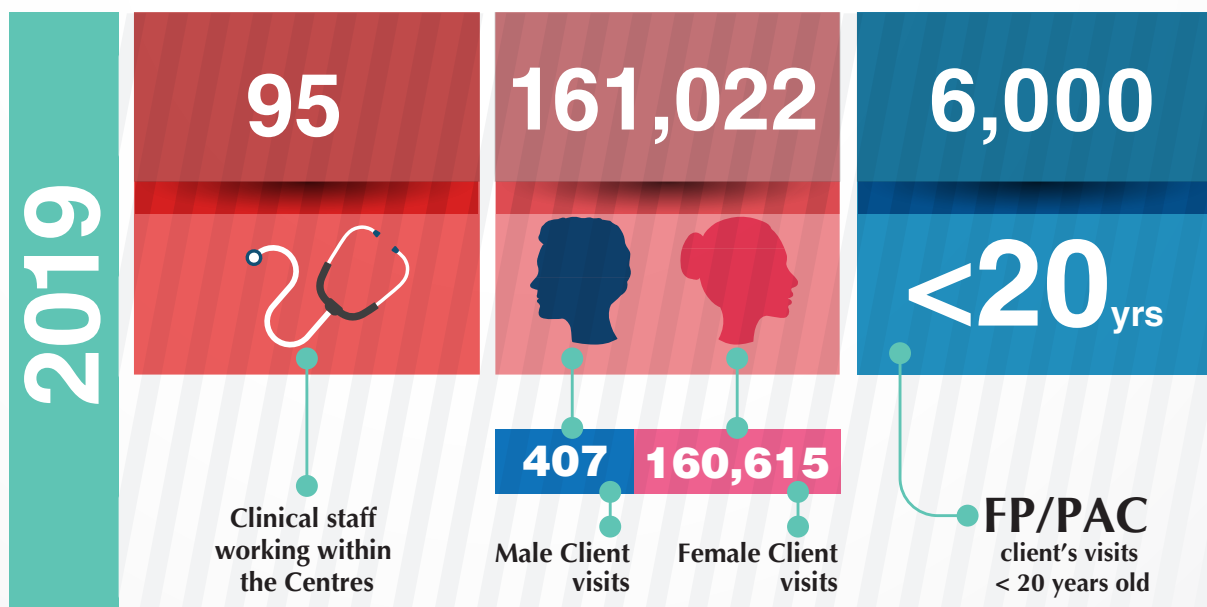


The multi-pronged service delivery approach enables MSUG to provide FP services at scale as illustrated in the performance per service delivery channel further below.



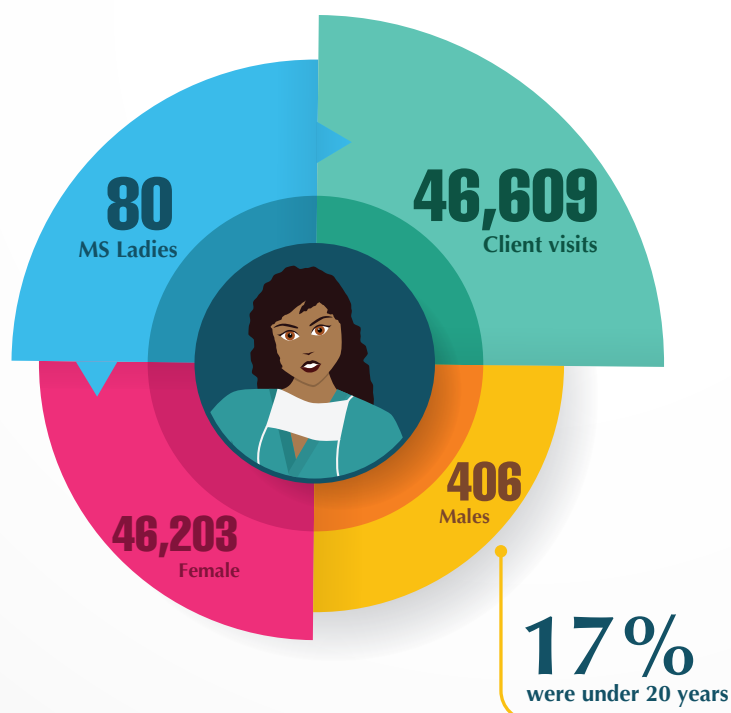


The MarieStopes Centres are the gold standard of our service delivery. Through 15 centers we provide the full range of Family Planning services, and Post Abortion Care (PAC). The Centre service mix is diversified to include other (primary health care) PHC such as antenatal services, immunization, and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





Our 80 MarieStopes ladies (MSLs) are qualified midwives and nurses who are trained and supported 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.



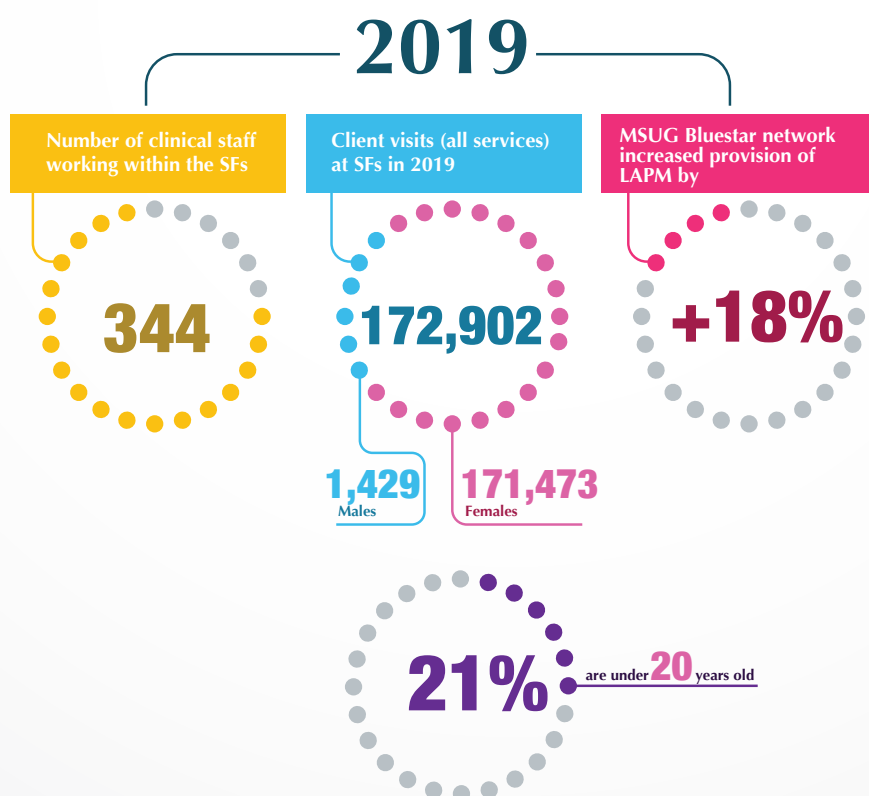
In 2019, MS Ladies served the highest proportion of persons in most need as illustrated below

Adolescents (15-19)	Youth (15_24)	Adopters ¹
17%	44%	42%

Source : MSUG client Exit Interview Survey



Our Social Franchise model partners with private health facilities by building their capacity and supporting them to deliver high quality FP/PAC services. In 2019, MSUG supported 160 franchisees spread across the entire country.

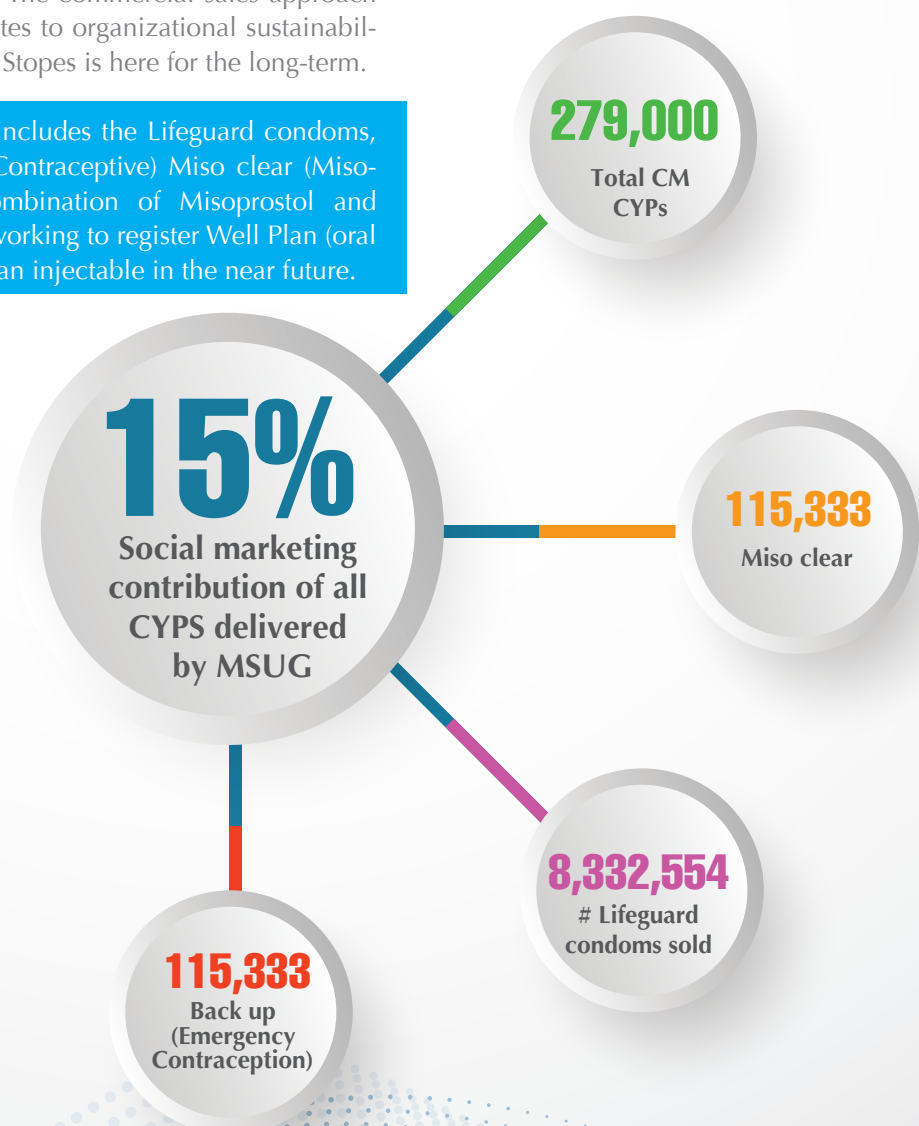


2019 LARC Method mix	IUD	Implants
	20%	80%



Through the commercial sales channel, we extend access to high quality Sexual and Reproductive Health and Rights (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 (Miso-prostol), Mariprist (combination of Misoprostol and Mifepristone). We are working to register Well Plan (oral contraceptive pill) and an injectable in the near future.





In 2019, 39% of all our impact was delivered through Outreach. This channel targets rural and hard to reach populations. Our 31 teams visited 1,860 sites in 2019 of which 74% are in a public health facility and 26% are within communities

2019

97 Clinical staff working with Outreach teams



255,475

Client visits (all services) at Outreaches in 2019

254,502 

973 



15%

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

methods mix



66%

Implants



10%

IUDs

Our outreach model, delivers services to clients within the community and at no cost, hence overcoming the cost and distance barriers to care..



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.

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

PSS achievements during 2019

- 272 Health workers trained (competence assessment).
- 140,000 FP/PAC clients.
- 20,000 FP/PAC client visits <20 years old

4.

COMMUNICATIONS AND ADVOCACY

4.1

Behavioral Change and Communication

Our BCC/IPC teams work all around the country, using different approaches to influence positive behaviors within the community. Key BCC approaches include Household visits, Community Service Announcements, Community Dialogues, Group Education, School Talks, and more. These do amplify MSUG work in the community – and make sure people know where they can get sexual and reproductive health services, training, and a wider selection of contraceptive options when in need.

“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 stay involved and engaged in the sessions.”
Testimony from a participant during the community dialogue sessions conducted by SBCC

Who does the BCC teamwork with? Among the various approaches, on a routine basis, the BCC team works with the CBMs – who are a team of trained persons that provide information about the contraceptive options available including the dangers of unsafe post abortion care and availability of post-abortion care (PAC) services at MS UG



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.

Contact Centre 0800220333 | WhatsApp 0754001503 | SMS 8228.

For you to make the very best decision for YOURSELF, 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.

4.3

Online reach & engagement

Over 200,000 people were reached through different online channels. The highest number of people reached was on Facebook, because 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

WhatsApp

1,510 Chats

Facebook

284 Chats

SMS

1,029

received seeking information, counseling, and referrals on SRH services

E-coupons

6,257

were issued and 3,096 redeemed at the MSUG Centres

5.

PROJECTs WITHIN MSUG

5.1

MATERNITY HEALTH SERVICES PROJECT Uganda Reproductive Health Voucher Project (URHVP)





2019 was the final year of implementation of the URHVP. This very successful intervention was implemented on behalf of Ministry of Health with funding from World Bank. URHVP targeted 25 districts of **Kiruhura, Mbarara, Ibanda, Sheema, Isingiro, Bushenyi, Mitooma, Rubirizi, Buhweju, Ntungamo, Kabale, Kanungu, Jinja, Kamuli, Buyende, Luuka, Kaliro, Iganga, Mayuge, Namayingo, Bugiri, Namutumba, Kibuku, Tororo, Busia**)

Besides, the achievements detailed in the results framework below URHVP made the following additional contributions to health services delivery.

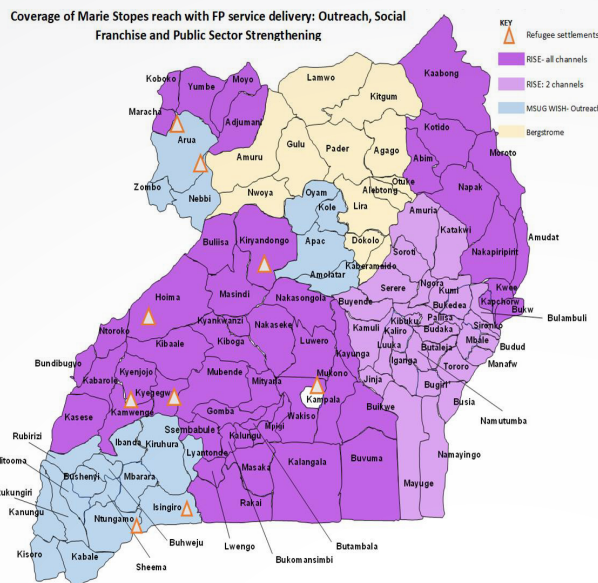


- Improved quality of maternity services through; strengthening technical competence of service providers, more coordinated referral systems and more active management of service data including recording, reporting and utilization.
- 23 health facilities, of which 19 (82%) are public health facilities were enabled to deliver CEmOc services. This contributed decongestion of referral hospitals, and reduced the distances that women had to trek to access skilled care.
- Strengthened the supply chain for essential medicines and supplies by establishing a complimentary supply chain system through the Joint Medical Stores.

Intervention area		Key Indicators (Numbers)	Achievements (# of Individuals served)							% of end of Project Life Target achieved
			PY1 (Jan 16 -Jun 16)	PY2 (Jul 16 -Jun 17)	PY3 (Jul 17 -Jun 18)	PY4 (Jul 18 -Jun 19)	PY5, QTR1 (JUL 19- NOV 19)	PY1,2,3,4&5 Cum.to date	Project Life Target (Revised)	
Increase access to skilled care during pregnancy and delivery	1	Number of deliveries attended by skilled health personnel	1,546	55,999	57,832	52,211	10,825	178,413	156,400	114.1%
	2	Number and percentage of vouchers distributed and re-deemed for deliveries under the project;	1,546	55,999	57,832	52,211	10,825	178,413 (75%)	70%	72.0%
	3	Number of women attending at least one ANC visits under the project.	7,086	65,299	75,563	43,850	1,860	193,658	200,000	96.8%
Package of safe delivery services to poor pregnant women.	4	Number of vouchers distributed and re-deemed for postnatal care	37	20,418	22,420	23,210	1,917	68,002	78,000	87.2%
	5	Number of pregnant women tested for HIV	6,612	54,302	62,034	32,851	1,448	157,247	200,000	78.6%
	6	Number of mothers referred	153	3,489	4,228	3,745	997	12,612	19,900	63.4%
	7	Number of fresh still births	8	161	187	78	24	458		
	8	Number of pregnant women with HIV who receive EMTCT	92	1,502	1,551	692	40	3,877	7,100	54.6%
	INTERMEDIATE RESULTS (Component Two): Capacity Building and Project Management.									
	9	Percentage of claims reimbursed timely	50%	75%	60%			75%	80%	60%

Source: URHVP Records Q3, HIV test revised to reflect HCT at ANC1 other than ANC at all visits (1,2,3&4)

REDUCING HIGH FERTILITY RATES AND IMPROVING SEXUAL REPRODUCTIVE HEALTH OUTCOMES IN UGANDA (RISE)



RISE is a five-year National FP programme aimed at increasing access to modern contraception in Uganda. It is implemented by a MarieStopes led consortium, including FH1360; Population Media Center (PMC), Makerere University School of Public Health (MakSPH) and Reach a Hand Uganda (RAHU). Currently the key regions covered by RISE include: - **Central 1, Central 2, Eastern, Karamoja, West Nile and Western Uganda shown in the RISE areas of implementation.**



Rt. Hon. Speaker; Rebecca Kadaga

Lauinching RISE Project 2019



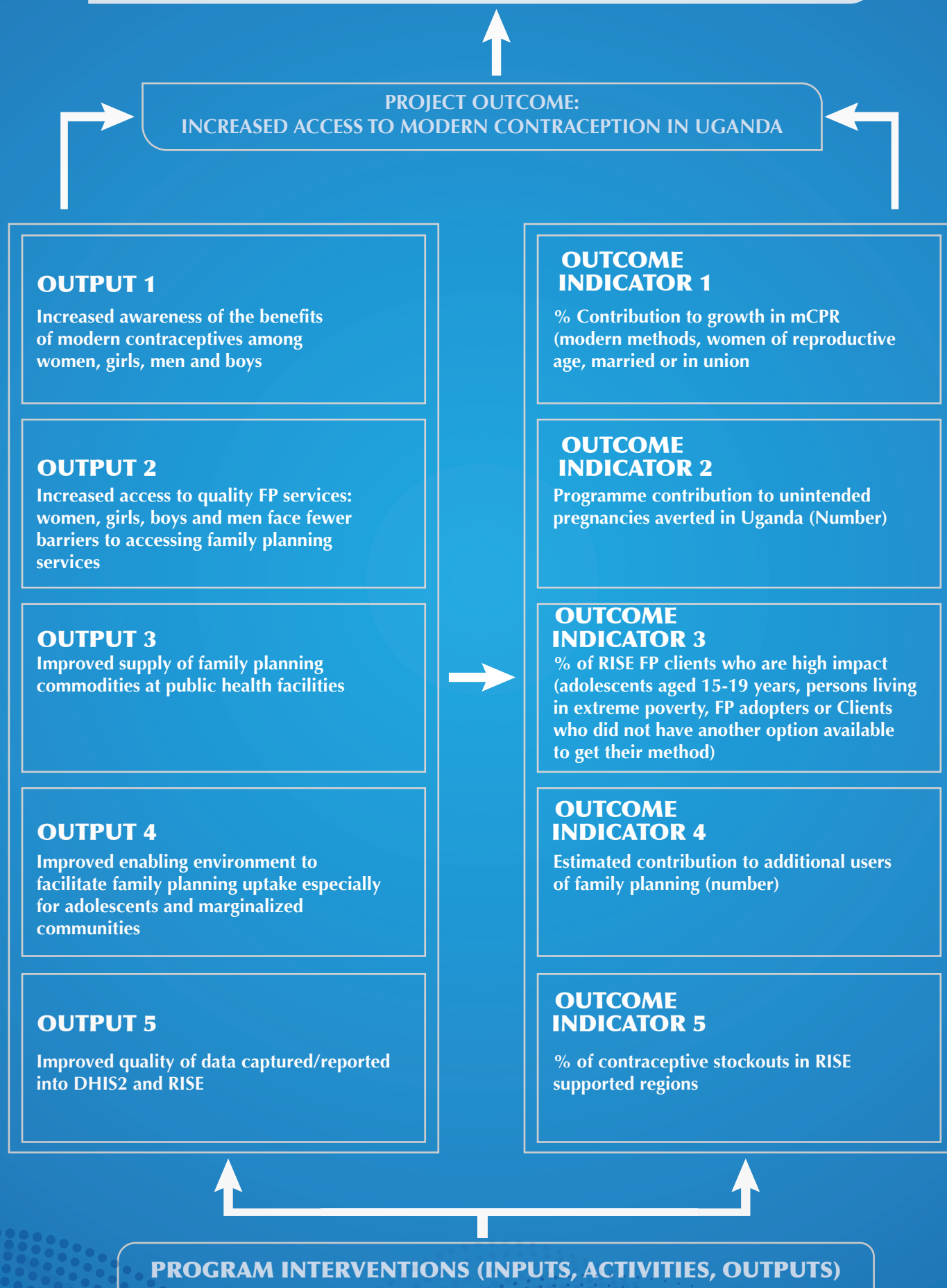
RISE was launched by the Rt. Hon. Speaker of Parliament in March 2019. In her remarks she reiterated the commitment of GoU to empowering the girl child as a foundation to a healthy and productive society.

RISE implementation is overseen by a Steering committee with representation from the following agencies: DFID, USAID, SIDA, UNFPA, MOH, NPC. This partnership promotes collaboration for efficiency in implementation of FP programs across agencies.

November 2019 RISE completed the 1st year of implementation.

SUMMARY RESULTS DIAGRAM FOR THE RISE PROGRAMME

OVERALL GOAL: REDUCED MATERNAL MORTALITY



6.

CROSS CUTTING AREAS

6.1.1

What do clients say about MSUG?

From the 2019 Client Exit Interview Survey (CEI), 97% out of the 1,548 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 clients that participated in the survey, 15% respondents were aged 15-19 years, and 81% identified as high impact clients.

See 2019 CEI summary results

Total CEI 2019 respondents	1,548
% of clients who were satisfied with our services	97.20%
Parameter with the highest % score as to why clients choose MSUG	Good reputation (51%)
% of clients who would return to MSUG? (scale of 6-10)	94.8%
% score of clients who would recommend MSUG to others (scale of 6-10)	93.3%
% of respondents under 20 out of total respondents	15%
High Impact clients	Adolescents (15-19) = 15%
	% persons living in extreme poverty (< \$1.9 per day) = 21%
	FP adopters = 55%



Quality is one of the central pillars to the work of MSUG. MSUG plays an active role in the delivery of safe clinical services, by ensuring all service delivery channels strive to provide clinical services that are client centered, safe, 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 complemented with the annual external Technical Quality Assessments conducted by MSI Global Medical Development Team (MDT) at randomly selected service delivery points out of all MSUG service delivery points. This one way to ensure service delivery channels are compliant with MOH and MSI Global service delivery standards.

In 2019 all channels with were assessed and the assessed areas included

- (1) Clinical governance,
- (2) Technical competences and
- (3) Facilities supplies management (See results from the 2019, external QTA exercise)

KEY AREAS ASSESSED AT RANDOMLY SELECTED HEALTH FACILITIES INCLUDED

MSUG Service Delivery Channels						
Quality Parameters	PSS	MS Ladies	Social Franchise	Outreach	Centres	Voucher Obstetrics
# Sites assessed	12	11	12	5	6	12
# Areas assessed	20	19	20	21	22	22
# Model sites	6	6	5	0	0	1
% Model sites	50%	55%	42%	0%	0%	8%
# Model areas	5	14	10	10	10	3
% Model areas	50%	74%	50%	48%	45%	14%

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 2019, MSUG has 410 staff members as summarized.



Staff Engagement



- MSUG had an all staff meeting in April to set the pace for 2020
- The Staff Engagement Survey Score was at 82.1%



2019 Marie Star Awards (Celebrating our own)



Talent Attraction



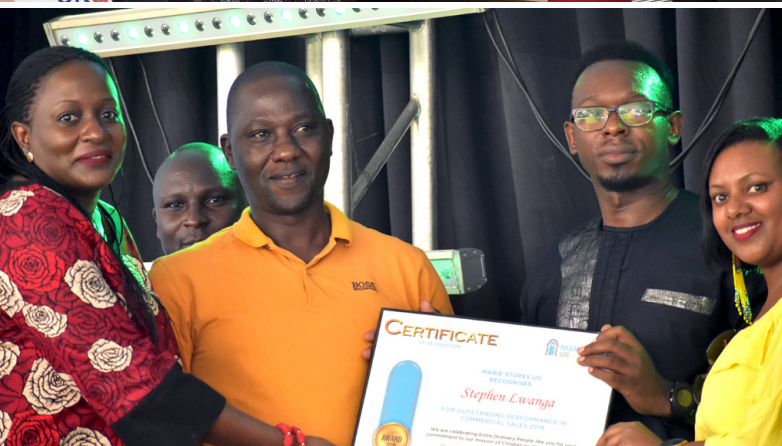
MSUG attracted 50 highly competent employees who underwent a comprehensive induction and orientation and are now driven by our Mission, Vision and Core Values in their different roles

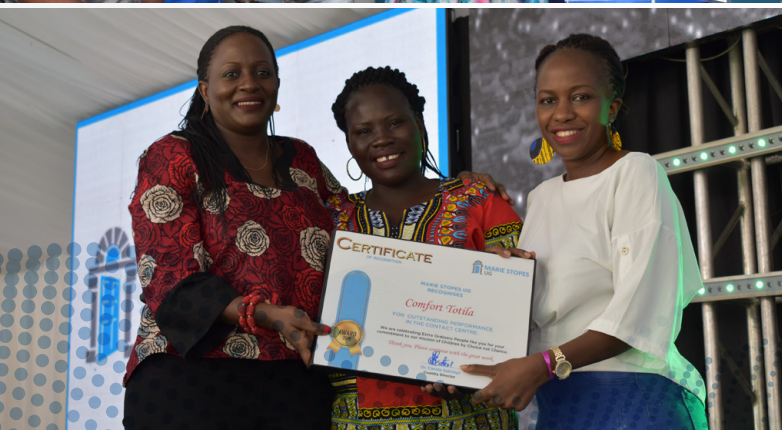
"At MSUG, everything is performance driven" MSUG staff



8.

PHOTO GALLERY







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 Limited (the "Organisation"), which comprise: the statement of financial position as at 31 December 2019; 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 2019 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

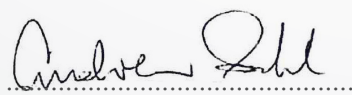
We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organisation in accordance 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.

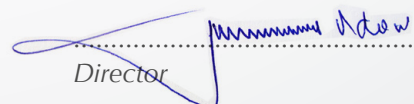
Responsibilities of Management and Directors for the Financial Statements

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.


Director


Director

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Notes	12 months to 31 December 2019 US\$ '000	6 months to 31 December 2018 US\$ '000
INCOME			
Grant income	5	52,930,801	28,365,305
Service income	6	12,285,532	4,782,853
Other income	7	570,486	112,189
Total Income		65,786,819	33,260,347
EXPENSES			
Human Resource costs	8	(20,789,354)	(10,745,980)
Travel costs	9	(7,220,274)	(3,750,545)
Equipment, supplies and operating costs	10	(27,874,303)	(17,036,535)
Other activity costs		(1,844,863)	(486,057)
Monitoring and evaluation costs		(60,941)	(405)
Office costs	11	(4,171,028)	(1,885,271)
Marketing and communication	12	(996,954)	(587,015)
Financial, professional and governance costs	13	(2,345,431)	(1,167,689)
One off costs (Exceptional items)	14	(120,959)	-
Total Expenses		(65,424,107)	(35,659,497)
Surplus/(deficit) before taxation		362,712	(2,399,150)

STATEMENT OF FINANCIAL POSITION

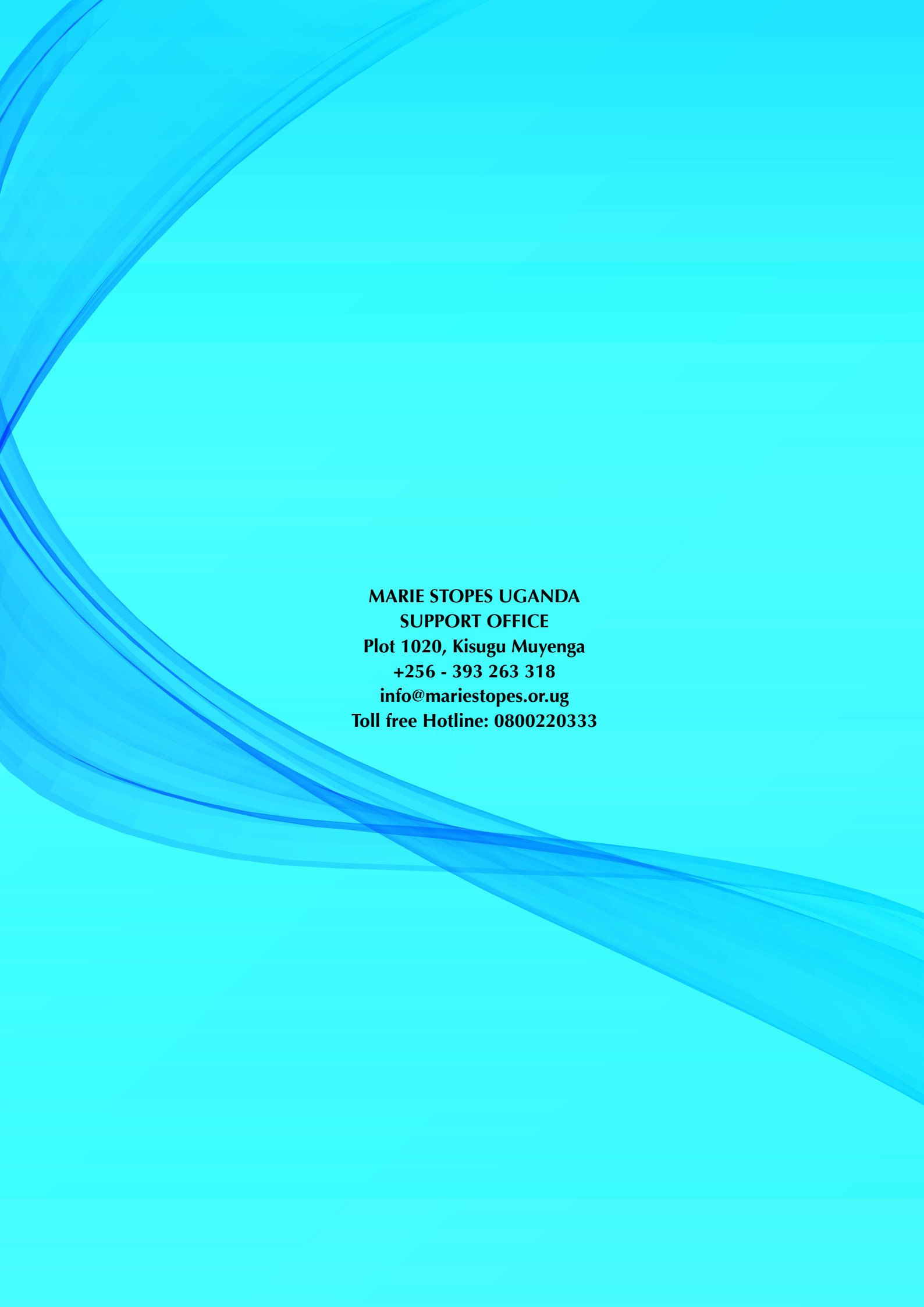
	Notes	At 31 December 2019 US\$ '000	At 31 December 2018 US\$ '000
ASSETS			
Non-Current Assets			
Equipment	19	3,642,163	1,796,473
Right-of-use assets	24 (a)	2,592,841	-
		6,235,004	1,796,473
Current assets			
Inventories	17	5,229,660	3,547,947
Trade and Other Receivables	18	2,442,763	2,545,139
Cash and Cash Equivalents	21	2,093,869	5,370,904
Advances Recoverable from donors	23 (b)	2,711,613	734,008
		12,477,905	12,197,998
Total assets		18,712,909	13,994,470
GENERAL FUNDS AND LIABILITIES			
General Funds			
Accumulated Loss	Page 11	(3,601,824)	(3,964,535)
Non-Current Liabilities			
Deferred Income	23 (c)	6,751,378	4,887,741
Lease liabilities	24 (b)	2,022,329	-
		8,773,707	4,887,741
Current Liabilities			
Trade and Other Payables	22	8,348,237	7,972,012
Due to Related Parties	20 (b)	4,775,732	5,099,252
Lease liabilities	24 (b)	417,056	-
		13,541,025	13,071,264
Total General Funds and Liabilities		18,712,909	13,994,470

The financial statements on pages 9 to 34 were approved for issue by the board of directors on

.....March 2020 and were signed on its behalf by:


Director


Director



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