measurable results 2017
PSI makes it easier for people in the developing world to lead healthier lives and plan the families they desire by marketing affordable products and services.
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GREETINGS from Population Services International Uganda. I am pleased to bring to you our 2017 Annual Report that showcases our achievements from the period.

2017 was an exciting year for PSI Uganda. In August, we re-entered the Ugandan health sector as an international non-government organisation whose mission is to make sure Ugandans lead healthier lives and plan the families they desire. We have been honoured to be received so graciously by the Ministry of Health and our partners who have made any and all successes from 2017 possible.

We supported the Ministry of Health in its overall goal to have a healthy and productive population in the health areas of Reproductive and Maternal Health, HIV prevention, as well as improved access to safe water.

Our work in the health areas above has led to an additional 1,377,094 additional years of healthy life, and 1,363,009 Couple Years of Protection (CYPs) for all Ugandans. In essence, this means that we were able to avert deaths, and years or morbidity due to child illnesses, waterborne diseases, HIV, maternal morbidity and mortality, and underutilisation of contraception through our varied health interventions.

2017 also marked the end of the 5 Year Strategic Plan, and ushered in a new direction for the entire PSI global platform. Due to changes in technology, education levels, and so many other socio-economic factors, we have had to reconsider the way we are reaching the people we seek to assist. We are now seeking to empower Ugandans with the ability to do something about their health—consumer empowered healthcare. This is a more sustainable approach towards health care in the social marketing space, which we will embark upon during the next five years.

PSI Uganda is immensely grateful for the backing we have enjoyed from our various partners in 2017: The Ministry of Health, donor communities, corporate partners, district and community leaders, community mobilisers, health workers, fellow implementing partners, and our beneficiaries. Without you, our achievements would not have been possible.

In 2018, PSI Uganda will continue to support the Ministry of Health in achieving her goal of a healthy and productive population by bringing care closer to Sara through social marketing, social franchising and social behavior change communications, as well as Public Private Partnerships. We will also continue to support our local affiliate Programme for Accessible health Communication and Education-PACE in measurably improving the health of Ugandans.

I thank you,

Hanna Baldwin
Ag. Country Representative
In 2017, PSI Uganda continued to support the ProFam network of clinics that, since 2008, is committed to providing accessible and quality reproductive health services to women of reproductive age. With over 150 clinics privately owned by midwives, nurses and in some cases, medical doctors, the franchise provides family planning services, post abortion care and cancer of the cervix screening and preventive treatment.

PSI Uganda provides support in training health providers to provide these services, quality assurance through quality audits, medical detailing and support supervision, branding and training of community health workers in interpersonal communication to create demand for these services within communities.

**ACCESS TO QUALITY AFFORDABLE FAMILY PLANNING SERVICES**

Cognizant of the current unmet need for family planning that stands at 28% (2016 UDHS), the ProFam franchise, in 2017, continued to provide access through the private sector and reached thousands of women with the contraceptive method of their choice. As a result, we gave over 1.3 million couples in Uganda a year free of unintended pregnancies-couple years of protection (CYPs).

**To achieve this, in 2017, we:**
- Trained 167 ProFam health providers on harm reduction counselling. 66 health providers on health care ethics training, 59 health providers in Misoprostol for PAC and MVA, 23 providers in Family planning with attention to LARCs, 36 health providers Post Abortion Family planning, 20 health providers trained in Post-Partum IUD insertion.
- A force of over 300 IPC agents reached 245,172 with health information, and 172,679 women were referred for a service at a ProFam clinic. 45,162 women received a contraceptive method of their choice due to a referral from an IPC agent.

**Over 75 percent of the women referred by an IPC agent opted for a long acting reversible contraceptive (implant or IUD) due to the effectiveness of the balanced counselling approach.**

**As a result of both walk-ins, clinic family health days and ProFam led events, the franchise saw a total of 49,196 IUDs, and 35,495 implants inserted.**

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**LARC Trends in ProFam facilities**

**As a result, we gave over 1.3 million couples in Uganda a year free of unintended pregnancies - couple years of protection (CYPs).**
We have a team of dedicated medical detailers charged with distributing medicines and commodities to the ProFam clinics to eliminate stock outs. Through their detailing skills on IUDs and Misoprostol, the medical detailers have helped to maintain the interest of network providers in IUD insertion, as well as dispensing the correct dosage of Misoprostol for PAC. The medical detailers also work with pharmacists on correct dispensation of misoprostol to prevent any adverse effects. PSIU has registered a progressive increase on the annual sales for Misoprostol. In 2016, the total sales with distributions to pharmacies and facilities amounted to 2,434,700 tablets, see the figure below.
Cervical cancer remains the most common cancer amongst women aged 15-44. It is deadly, claiming the lives of more than 2,000 women annually in Uganda. Cervical cancer can be prevented, especially if caught early.

Through our ProFam franchise and using community outreaches, PSI Uganda, in 2017, continued to provide screening, and preventive treatment for cervical cancer through the ProFam network of clinics, and community outreaches. The program supported screening for precancerous lesions by Visual Inspection of the cervix using Acetic Acid (VIA) and subsequent treatment of the lesions using cryotherapy.

Of the total number of ProFam facilities, 100 facilities provide the screening services; and 35 facilities conduct early treatment using cryotherapy machines provided by the project with 5 mobile cryotherapy units to serve hard to reach clients.

The facilities with machines have been distributed in a way that allows for easy access by all clients. The providers also provide referrals for the women with lesions that are beyond the preventive treatment to health institutions where they can receive further care.

### REACHING WOMEN WITH PREVENTIVE TREATMENT FOR CANCER OF THE CERVIX

- Number of Women Screened for Cervical Cancer (2013 - 2017)
THE SUSTAINABLE FRANCHISE

PSI Uganda is piloting the transition to a sustainable franchise: the Tunza business model that does not necessarily rely on donor funding to operate. When fully operational, this model should be able to generate income for all parties involved.

In 2017, there were four clinics signed onto the Tunza sustainable franchise and have been enjoying the benefits that include:

- Electronic clinic management system
- Business advisory services

ENHANCED PUBLIC SECTOR ENGAGEMENT

While PSI Uganda’s interventions in reproductive and maternal health are primarily implemented through the private health sector, we recognize the importance of an inclusive approach that targets women who primarily access health care from the public health sector.

Through Enhanced Public Sector Engagement (EPSE), PSI Uganda in 2017, continued to support 272 public health facilities in 64 districts to increase choice and access to LARCs and PAC services to women of reproductive age. These services are provided free of cost in the Public Sector; so, we are meeting a need in the market for women who need quality services but cannot afford to pay for them.

CAPACITY BUILDING FOR THE PUBLIC HEALTH SECTOR

Within the chosen districts of implementation, PSI Uganda participated in and supported annual district health planning meetings. We also conducted trainings of trainers (TOT) for the identified districts for the health facilities that lacked trained personnel.

We identified and trained district clinical supervisors and supported district clinical supervision to take place. 215 health providers were trained on use of Misoprostol for PAC, while 26 trained in Post-Partum IUD insertion.

We supplied insertion equipment to clinics where needed, as well as IUDs, implants and Misoprostol; and carried out medical detailing at the selected public facilities.

In addition, staff at these public facilities were trained on how to forecast, as well as order for commodities and supplies to reduce stock-outs of IUDs and Misoprostol.

These integrated efforts led to the insertion of 65,949 IUDs, 110,080 implants; providing quality family planning services to women who needed them; and provision of harm reduction services for 8,718 women.
WORKING WITH YOUNG PEOPLE
Despite the increase in contraceptive prevalence rate (CPR) for modern methods among married women, the CPR for modern methods for 15-19 year olds is 20.7% and that of 20-24 year olds is 31.1%, while the overall national average is 35% (2016 UDHS).

In 2016, we began work on a project to increase access to age appropriate SRH information and services amongst sexually active young people in the districts of Kampala, Wakiso, Buikwe and Mukono.

The Youth Friendly Services project, funded by the Pfizer Foundation, was premised on working with young people to identify their issues and priorities regarding SRH, and identifying solutions to these problems through a process called Human Centred Design (HCD).

The project has worked to improve access to YFS by young people through the ProFam network and other private facilities, and used Human Centered Design (HCD) to develop effective youth interventions including a voucher system, one-on-one peer discussions, youth group meetings, parent’s dialogues, social media platform for the youth, edutainment activities for the youth, dance and sports galas, stickers, posters and T-shirts, health education in youth meetings, radio messaging about YFS, development and dissemination of the YFS brand: YoSpace and advocacy to the district and Ministry of Health leadership to prioritize provision of SRH services to the youth.

Private health providers were trained and supported to be nonjudgmental and friendly; health facilities have been made welcoming and appealing; Mass media and Interpersonal Communication activities such as peer to peer communication activities were undertaken to inform and encourage the young people to use SRH services.

Through the project, a market analysis was also done to determine any market inefficiencies that inhibit service access among youth and collect any suggestions on what SRH services should be prioritized and how they should be provided.

<table>
<thead>
<tr>
<th>SRH SERVICES PROVIDED DURING THE DURATION OF THE PROJECT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Family Planning Services</strong></td>
<td></td>
</tr>
<tr>
<td>IUD insertions</td>
<td>9,851</td>
</tr>
<tr>
<td>Implanon insertions</td>
<td>9,117</td>
</tr>
<tr>
<td>Jadelle insertions</td>
<td>2,871</td>
</tr>
<tr>
<td><strong>Long Term Methods</strong></td>
<td></td>
</tr>
<tr>
<td>IUD insertions</td>
<td>9,851</td>
</tr>
<tr>
<td>Implanon insertions</td>
<td>9,117</td>
</tr>
<tr>
<td>Jadelle insertions</td>
<td>2,871</td>
</tr>
<tr>
<td>Injectables</td>
<td>11,053</td>
</tr>
<tr>
<td>Oral Contraceptives</td>
<td>4,567</td>
</tr>
<tr>
<td>Male Condoms</td>
<td>9,533</td>
</tr>
<tr>
<td>Female Condoms</td>
<td>247</td>
</tr>
<tr>
<td><strong>Short Term Methods</strong></td>
<td></td>
</tr>
<tr>
<td>Injectable</td>
<td>11,053</td>
</tr>
<tr>
<td>Oral Contraceptives</td>
<td>4,567</td>
</tr>
<tr>
<td>Male Condoms</td>
<td>9,533</td>
</tr>
<tr>
<td>Female Condoms</td>
<td>247</td>
</tr>
<tr>
<td><strong>Emergency Contraceptives</strong></td>
<td></td>
</tr>
<tr>
<td>Emergency Contraceptives</td>
<td>3,753</td>
</tr>
<tr>
<td><strong>Misporeprostol Services</strong></td>
<td></td>
</tr>
<tr>
<td>PPH Prevention</td>
<td>89</td>
</tr>
<tr>
<td>PPH Treatment</td>
<td>26</td>
</tr>
<tr>
<td>Post Abortion Care</td>
<td>593</td>
</tr>
<tr>
<td><strong>Laboratory &amp; Medical Services</strong></td>
<td></td>
</tr>
<tr>
<td>HIV Counseling &amp; Testing</td>
<td>23,396</td>
</tr>
<tr>
<td>Pregnancy testing</td>
<td>11,374</td>
</tr>
<tr>
<td>STI Screening &amp; Treatment</td>
<td>17,983</td>
</tr>
<tr>
<td><strong>Maternal Health Services</strong></td>
<td></td>
</tr>
<tr>
<td>Total Antenatal Care visits</td>
<td>11,935</td>
</tr>
<tr>
<td>Deliveries at Facilities</td>
<td>4,346</td>
</tr>
<tr>
<td>Post-natal Care</td>
<td>5,455</td>
</tr>
<tr>
<td><strong>SRH Counseling and SGBV Counseling</strong></td>
<td></td>
</tr>
<tr>
<td>Youths reached with SRH messages</td>
<td>88,257</td>
</tr>
<tr>
<td>Youths referred for receiving SGBV counseling and related services</td>
<td>1,088</td>
</tr>
<tr>
<td><strong>Grand Total of people reached with age appropriate information and services</strong></td>
<td>215,534</td>
</tr>
</tbody>
</table>
SOCIAL MARKETING
TRUST CONDOMS: PSI UGANDA’S SOCIALLY MARKETED BRAND TO REDUCE HIV INFECTIONS

Socially marketing TRUST condoms provides yet another link in the Total Market Approach where, as PSI Uganda, we distribute condoms to the people who cannot afford, and can utilize the free condoms, while providing an alternative solution to the population segment with disposable income enough to cater to purchasing a condom brand of their choice. As a result, we are able to provide a wider population with a means with choice, to prevent the contracting and spread of HIV, as well as unplanned pregnancies.

The four variants: TRUST Classic, TRUST Scented, TRUST Ribbed and TRUST Studded, are distributed through key accounts as well as a strong distribution system to drug-shops, retailers and pharmacies.

We sold **805,824** TRUST condoms through key accounts like wholesale pharmacies, large retail pharmacies and drug shops, who in turn distributed the condoms to small retail shops and drug shops, clinics, supermarkets, kiosks and other small vendors all over the country.

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**HIV Infection and Reinfection Prevention - Condoms**

<table>
<thead>
<tr>
<th>Year</th>
<th>TRUST Condoms</th>
<th>Female Condoms</th>
<th>Generic Male Condoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>3,457,814</td>
<td>4,173,966</td>
<td>2,043,630</td>
</tr>
<tr>
<td>2014</td>
<td>3,468,090</td>
<td>2,725,369</td>
<td>2,497,914</td>
</tr>
<tr>
<td>2015</td>
<td>2,135,760</td>
<td>1,315,910</td>
<td>1,263,372</td>
</tr>
<tr>
<td>2016</td>
<td>1,315,910</td>
<td>1,571,756</td>
<td>923,472</td>
</tr>
<tr>
<td>2017</td>
<td>1,024,000</td>
<td>805,824</td>
<td>8,000</td>
</tr>
</tbody>
</table>

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We sold **805,824** TRUST condoms through key accounts like wholesale pharmacies, large retail pharmacies and drug shops, who in turn distributed the condoms to small retail shops and drug shops, clinics, supermarkets, kiosks and other small vendors all over the country.
Uganda’s neonatal mortality has remained stagnant at 27 deaths per 1000 live births for the last 15 years. 13% of neo-natal deaths annually are caused by infections including sepsis of the umbilical cord. This is because the newly cut cord provides an entry point for bacteria that can cause neonatal sepsis and death. As such, poor hygiene at birth and in the first week of a baby’s life increases the risk of deadly but preventable infections.

In 2013, World Health Organization (WHO) added chlorhexidine to the list of essential medicines for children, specifically for neonatal cord care. It is now the recommended medicine for cord care by Ministry of Health in Uganda.

Since its launch in 2016 by the State Minister of Health, Dr. Joyce Kikonyogo, PSIU in 2017, continued to socially market Umbi-gel (chlorhexidine di-gluconate gel) for neonatal cord care. Since its launch, we have so far distributed over 12,000 tubes Umbi-gel.

We also distributed over 21,000 Expanded Maama kit with Chlorhexidine to make the medicine more available to expectant mothers, and to health workers to apply to newborns on the day of birth to significantly reduce chances of morbidity and mortality due to life-threatening infections through the umbilical cord.

PSI Uganda continued to distribute Clean Delivery Kits, called Maama kits, containing essential items for a clean and safe delivery by mothers. These items include a plastic sheet, a preparation sheet, cord ties, surgical gloves, cotton wool, surgical blades, soap, and a child health card.

Uganda loses billions of shillings due to poor sanitation, treating illnesses like diarrhoea, cholera and dysentery that can easily be prevented by access to safe water.

PSI Uganda continues to engage in efforts to reduce the prevalence of waterborne diseases such as diarrhoea, typhoid and cholera. We do this through socially marketing water treatment products: P&G Purifier of Water, and WaterGuard.

PSI Uganda distributed 5,594,104 sachets of P&G Purifier of Water, and 12,263,520 tablets of WaterGuard; availing Ugandans with 301,211,440 litres of clean, safe water.

Each tiny sachet of P&G Purifier of Water treats 10 litres of unclean water, making the most unusable water safe for home use.

One tablet of WaterGuard contains sodium hypochlorite that can treat 20 litres of water, with each dispenser of WaterGuard containing 80 tablets.
The Disability-Adjusted Life Year (DALY) is a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. It was developed in the 1990s as a way of comparing the overall health and life expectancy of different countries.

Altogether, PSIU averted 1,377,094 DALYs.

- 67% Reproductive Health
- 23% Harm Reduction
- 10% HIV