

2023
MSUG
ANNUAL REPORT



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List of Abbreviations

ASRHR	Advancing Sexual Reproductive Health and Rights
CBM	Community-Based Mobilisers
CC	Contact Centre
CEO	Chief Executive Officer
CS	Commercial Sales
DCS	Director of Curative Services
DEI	Diversity Equality and Inclusion
DMI	Development Media International
DPO	Data Protection Officer
FP	Family Planning
GESI	Gender Equality and Social Inclusion
GSO	Global Support Office
HF	Health Facilities
HI	Humanity and Inclusion
HIV	Human Immunodeficiency Virus
HP	Healthcare Providers
HSS	Health Systems Strengthening
IP	Implementing Partners
IRC	International Rescue Committee
LARC	Long-Acting Reversible Contraceptives
LG	Local Government
MDT	Medical Development Team
MS.L	MARIE STOPES LADIES
MSI	Marie Stopes International
MSUG	Marie Stopes Uganda
OR	Outreach
PE	Peer Educators
PM	Permanent Methods
PS	Permanent Secretary
PSS	Public Sector Strengthening
QTA	Quality Technical Assistance
RHFRISRH	Reducing High Fertility Rates and Improving Sexual Reproductive Health
RHU	Reproductive Health Uganda
RAHU	Reach a Hand Uganda
SBCC	<i>Social and Behavioral Change Communication</i>
SF	Social Franchise
SRH	Sexual Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SRO	Senior Responsible Owner
STI	Sexually Transmitted Infections
UHA	Uganda Health Activity
UK	United Kingdom
UNFP	United Nations Fund for Population
VCA	Value Clarification and Attitudes
VHT	Village Health Teams
WAY	Women, Adolescents, and Youth
WISH	Women Integrated Sexual Health

WE RECOGNISE THAT ACCESS TO
SEXUAL AND REPRODUCTIVE HEALTH
(SRH) CARE TRANSFORMS LIVES AND
PROVIDES SEVERAL CHANCES FOR
WOMEN'S EMPOWERMENT



MARIE
STOPES
UG

BWEYOGERERE CENTRE



MARIE
STOPES
UG

BWEYOGERERE CENTRE



1. We are Marie Stopes in Uganda

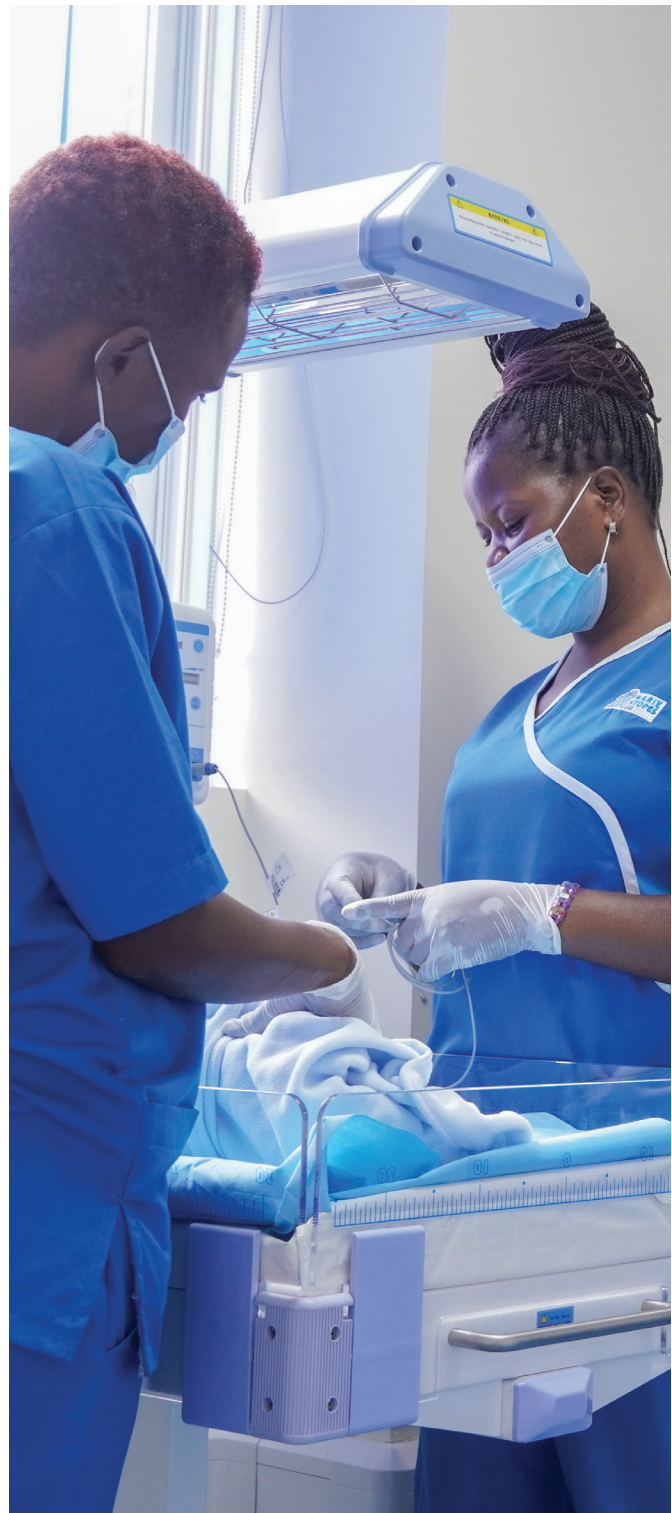
In 2023, Marie Stopes Uganda (MSUG) maintained its dedication to its mission, which is to empower women through choice, and the delivery of Client-centred high-quality healthcare.

As we reflect on the 2023 accomplishments, our commitment to promoting access to reproductive health care is stronger than ever. In addition to offering direct services, we engaged in collaborative efforts with strategic partners to improve service delivery to the most remote communities.

We firmly commit to further empowering women and girls to make informed decisions regarding their reproductive health, thereby positively impacting not only their personal lives but also, the welfare of their families and communities.

We recognise that access to Sexual and Reproductive Health (SRH) care transforms lives and provides several chances for women's empowerment. It can act as a portal to educational opportunities, allowing students to complete their studies and start promising employment.

In essence, MSUG envisions a fairer, more equal world for everyone, where the transformative impact of sexual and reproductive health care extends beyond individual lives to shape a more just and inclusive society. Through our dedicated efforts in 2023, we remain committed to realising this vision and making a positive difference in the lives of those we serve.



OUR VALUES

Our values shape MSUG's culture and our approach to work.

MISSION DRIVEN

With unwavering commitment, we exist to empower people to have children by choice not chance.

CLIENT CENTRED

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

ACCOUNTABLE

We are accountable for our actions and focus on results, ensuring long-term sustainability

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

RESILIENT

In challenging situations, we work together and support each other, adapting and learning to find solutions, whatever we're up against.

INCLUSIVE

We believe that diversity is a strength. We can all play our part in creating a culture where every team member can thrive, feel valued and contribute meaningfully to our mission, and where all our clients feel welcome and supported.

NOTE FROM THE SENIOR COUNTRY DIRECTOR

As we reflect on 2023, we celebrate yet another year of strong performance on MSI's Access Pillar 1 (leaving no one behind). Through our 23 Outreach teams and Public Sector Strengthening in 815 Health Facilities and 106 Districts, MSUG delivered over 2.5 million CYP, with up to 17.5% of clients served under the age of 20. We are intrigued by how well the Public sector has embraced the delivery of high-quality SRHR services. We see active involvement by Local Governments exemplified by the Resident District Commissioners (RDCs) of Kasese and Rukungiri Districts, and innovations in HCIII & IV, taking information and services beyond their static locations. As a result of this Local Government ownership, we observe that up to 90% of Family Planning productivity is maintained after MSUG has withdrawn or reduced support to Public Health Facilities.

MSUG joins Uganda to celebrate significant movements in health indicators as shown by the Uganda Demographic Health Survey (UDHS) 2022. The maternal mortality ratio fell to 189/100,000. The country registered a three-percentage point increase in mCPR to 38%, and 91% of all deliveries were reportedly at a Health Facility. We note with concern the stagnant, high teenage pregnancy rate at 24%, and outliers with very high fertility rates in Karamoja (6.7), Bukedi (6.5), Busoga (5.7) and Bunyoro (5.5). MSUG will maintain engagement with the Ministry of Health, Local Governments and our Donors to continue contributing to this positive trajectory while prioritising the most needy geographies.

Pillar 2 (Centres) and Pillar 3 (Social marketing) struggled. The challenges we faced were unexpected and tested us in ways we had not anticipated. However, despite the setbacks, I'm proud of the MSUG team's tenacity; a testament to our ability to adapt and persevere in the face of adversity. As evidenced by the fourth quarter results, we are confident that the channels are now on a positive trend towards recovery and growth.

I acknowledge MSI, our Donors, Partners, Ministry of Health, Districts, and community leaders, without whom it would be impossible for MSUG to deliver our mission.

Looking ahead into 2024, we come with renewed vigour, leveraging lessons learned to drive innovation, efficiency, and growth for our organisation.

While maintaining Family Planning as our core intervention, we are evolving to deliver services For Every Stage of a Woman from Menarche to Menopause. This means more diversified and integrated high-quality services from all MSUG outlets. We anticipate that through this evolution, we shall form a lifelong relationship with our clients, thereby providing timely information and services, anticipating and mitigating health risks for better health outcomes.

Onwards, and Upwards.

Dr Carole Sekimpi

Senior Country Director

3. Our Year In Numbers

Who did we reach?

We work to ensure our services reach those often left behind or marginalised from healthcare, and in 2023:



1.1 Million

Clients reached with **sexual and reproductive healthcare** in 2023



243,000

adolescents reached a **61% growth** compared to 2022 (151,000).



44%

of our clients (adopters) were **accessing contraception** for the first time



2.4%

of people we served were living with a **disability**



Over **3,800**

people supported with **reproductive choice** every working day.



11%

people served were living in **multi-dimensional poverty** (severe)

3.1 What was our Impact?



21,000

women's and girls' lives saved



375,000

unsafe abortions averted



1.1 Million

people accessed reproductive healthcare from **over 900**, with **650** Public Health Facilities.



1.1 Million

Unintended pregnancies avoided



2.5 Million

Couple Years of Protection*,
a **6% growth** compared to 2022

Why choice matters

- Reproductive choice helps build a fairer future for all
- With choice, girls can remain in education. Each additional year of school has been shown to increase their earnings by up to 20%*
- Choice supports economic empowerment. For example, studies have shown that when women are denied access to SRH, they are more likely to experience poverty, debt and eviction among others. It allows women, especially those who are young, to delay early pregnancy, a behaviour that substantially contributes to the increased risk of maternal mortality.
- Is critical in preventing maternal death due to complications from high-risk pregnancies and unsafe abortions. It is estimated* that by the end of 2023, MSUG services prevented over 2,000 maternal deaths. *Impact Calculator

**WE ARE
ON TRACK
WITH OUR
COMMITMENTS?**



4. We Are On Track With Our Commitments?

Our 2030 strategy is designed around three 'Access' pillars (the 'what') for sustainable service provision and three 'Enabling' pillars (the 'how') that ensure we have the funding, partnerships, and organisational transformation necessary to deliver our goals and eliminate systemic gaps.



The What in 2023 across each Pillar.

MSUG reaffirmed in 2023 its dedication to achieving universal access to Family Planning (FP) and Post-Abortion Care (PAC) services by 2030, with a particular focus on marginalised communities.

Adolescents, marginalised groups lacking access to public SRH services, and individuals living in extreme poverty are our top priorities.

Through the Outreach (OR) and Public Sector Strengthening (PSS) delivery models, we supported 930,000 women and girls through our Pillar One of which 28%, were from underserved and marginalised communities, and 19% of clients were adolescents – a demographic frequently excluded from comprehensive sexual and reproductive healthcare, but one for whom we have specifically tailored programs demonstrating the efficacy of our targeted approach.

This was made possible through working with the Ministry of Health (MoH) and Local Government (LG) Districts to strengthen reproductive healthcare and support. As we enter 2024, we remain steadfast in our objective of removing barriers and ensuring that every individual has fair access to the reproductive healthcare they deserve.

4.1.1 Public Sector Strengthening (PSS)

The Public Sector Strengthening (PSS) model has demonstrated a steadfast commitment to Health Systems Strengthening (HSS) by expanding public health support to 753 Public Health Centres (HCs) spread across 74 Districts.

Public HCs provided exceptional FP and PAC services to over 631,000 clients from this strategic initiative. 54% of these clients chose Long-Acting Reversible Contraceptives (LARC) as their preferred FP method, attesting to the effectiveness of the services provided. Above all, vital PAC services that addressed critical reproductive healthcare needs were provided to 17,000 individuals.

The primary aim of the PSS is to enhance the capability of service providers to deliver exceptional quality FP and PAC services.

This involves a comprehensive approach, including:-

- Competency-based mentorship,
- Clinical quality improvement, and
- Robust data management encompassing stock management through quantification, forecasting, timely ordering, and
- Reporting through the National Reporting System (DHIS2).

“Before MarieStopes came in, we would not know how much we would use at the facility. But now they have taught us how to count, how to do stock taking so that we can really know how much we need”

**Health Worker,
HCIV Bunyangabo**



Couple Years of Protection (CYP) growth in 2023 compared to 2022.

Success factors

- Support provided to Districts in conducting quarterly review meetings,
- Data-driven interventions empower District Authorities to make informed decisions,
- Aligning within the MoH priorities.

These serve as the foundation for fostering ownership and ensuring a sustainable contribution to the strengthening of the National Health System.

4.1.2 Mobile Outreach – Going Beyond the Health System to Deliver SHHR to those in need

Reaching populations that face substantial barriers to accessing reproductive healthcare is facilitated through the implementation of the Outreach model.

MSUG teams utilise an all-encompassing approach to determine optimal locations for Mobile Outreach Support. This involves gathering input from LG officials as well as analysis of historical performance data.

In 2023, to maximise productivity, equity, and efficiency, a split-team structure was implemented. This enabled outreach teams to visit two locations daily, which was previously unfeasible; as a result, this contributed to the 8% (298,000) increase in clients reached from 277,000 (2022) leading to a total of 867,000 CYPs (2023).

Success was driven by community awareness efforts, youth-focused activities, and male engagement sessions led by the Social and Behavioral Change Communication (SBCC) team.

Notably, **22%** of the clients were young people under 25, with **20%** below the age of 20.

Community awareness meetings, also known as FP activations, help to dispel any misconceptions regarding the use of contraception by presenting messages over the radio and engaging in one-on-one discussions.

Community-based mobilisers, such as Peer Educators (PE) and Village Health Teams (VHTs), are crucial agents of referral and influencers of behaviour change, ensuring that Outreach information reaches every corner of the communities they serve.

4.1 Pillar Two - Strengthening the Private Sector

A pivotal element of our strategy involves fostering a network of private sector providers through sustainable, collaborative, and integrated women's referral networks. This approach seeks to create an uninterrupted link, guaranteeing that all young women and girls have easy access to reliable, secure providers who can cater to their changing requirements throughout their entire lives, with just one point of contact separating them from such services.

This commitment reflects not only our dedication to individualised care but also our proactive role in shaping a sustainable and interconnected private sector landscape in the realm of Sexual and Reproductive Health and Rights (SRHR).

4.1.1 Our Centres And Maternity Hospitals

The private sector plays a key role in the expansion of access to reproductive healthcare. MSUG is committed to building a sustainable network of private-sector clinics that understand women's healthcare needs.

In 2023, more than 114,000 clients were served by the 14 MSUG static Centres/Clinics, including our specialized Maternity Hospital.

4.1.1.1 How did we do it?

This increase is driven by diversification of our services through our Centre network to care for every woman at every stage.

In our visionary outlook for 2030, we envision a private sector network that prioritises the well-being of women, with our MSUG centres serving as the robust backbone.

"I was terrified because it was my very first time, but the staff's kindness helped to ease my mind. A healthy boy was born in the presence of his father, I am grateful to the team"



Expanding our service mix means we also support clients with a wider range of services including:

- **400+** Antenatal and Post-Pregnancy Family Planning.
- **7,751** HIV (Human Immunodeficiency Virus) Counselling and Treatment
- **157** Cervical Cancer Screening tests done.
- Cervical Cancer Screening and Preventive Treatment

4.1.2 The MSUG Maternity Hospital

The Marie Stopes Hospital and Maternity exemplifies our evolution from a contraceptive-centric organisation to one that is here to care for every Woman at every stage, starting from menarche to menopause. This pledge is translated into action through the strategically located Hospital in Lugogo Forest Mall, Kampala.

The Maternity Hospital offers an extensive range of specialised services designed to meet the varied healthcare needs of women, ensuring their holistic well-being at every stage of life.

These services include:

- Antenatal and maternity care
- Outpatient care
- Specialised obstetrics and gynaecology
- Neonatal care
- Comprehensive laboratory services
- Family planning services
- 3D Ultra-sound scan
- Laparoscopic surgery including the 24-hour standby
- Ambulance services

The extensive array of offerings underscores our dedication to providing top-notch healthcare, emphasising accessibility, convenience, and excellence in addressing the diverse needs of women in our community.

4.1.3 Social Franchise (Private Clinics)

Enhancing access to reproductive healthcare is a critical undertaking supported by the private health sector, which provides half of all health services in Uganda.

In 2023, over 113,000 clients received services from 125 privately owned clinics supported by MSUG. Key support included improving their skill sets, particularly in clinical quality, client care, and business management, among others.

Client Visits: 12,000

“Since the team’s inception (May 2021) until the present day (2023), red/black incidents have remained at an absolute minimum. Keep up, this is no easy endeavour”.....

Total Clients

113,000

Clients

Total CYPs

291,000

Private Facilities

125

Key Performance Drivers:

- Community-Driven Mobilisation
- Client-Centric Counselling
- Capacity Building for Community-Based Mobilisers (CBMs): A refresher training for 100 CBMs.
- Provider Share Value Clarification and Attitudes (VCAT) sessions
- Contraceptive Supply Chain Support: Under the Alternative Distribution Strategy, 90% of private clinics were supported to be accredited, a prerequisite mandated by the MoH to access contraception products from the Central warehouse.

The year 2023 brought valuable lessons, emphasising the importance of on-site mentorships, particularly in the face of high staff attrition in the private sector. In addition, the Social Franchise (SF) teams worked with private practitioners to diversify income streams to address the declining donor support for business sustainability.

4.1.4 Marie Stopes Ladies (MS. Ladies)

MS Ladies is a team of qualified midwives and nurses who provide contraception services. These complement the delivery modes by reaching out to more rural areas that do not have other options for reproductive healthcare.

Core activities undertaken included door-to-door services which resulted in reaching a total of 28,000 clients, generating 64,000 CYPs.

Lessons learnt during 2023.

Collaborations and support from SBCC initiatives were instrumental in dispelling myths and misconceptions about FP, thereby enhancing knowledge and awareness and subsequently improving service uptake at MSL sites.

“I was terrified because it was my very first time, but the staff’s kindness helped to ease my mind. A healthy boy was born in the presence of his father, I am grateful to the team” **Satisfied first time Mother.** ”

4.2 Pillar Three – Client-Powered Sexual & Reproductive Health & Rights

Beyond providing contraceptives, MSUG is committed to using innovative social marketing strategies to make essential products widely accessible. The focus is on sustainable and safe access, complemented by follow-up and referral support through the Contact Centre (CC) and digital technologies. This ensures the “gold standard” for quality in social marketing provision.

4.2.1 Social Marketing

The Social Marketing (SM) team-maintained engagement with Healthcare Providers (HCPs) through diverse sales channels, including City Pharmacies, Drug Stores, Clinics, and Hospitals.

HCPs were granted greater access to high-quality, cost-effective contraceptive products by the SM team. As a result, these products are readily available in the majority of medical settings, thereby attaining an 81% customer coverage rate.

As a result, more than 111,200 persons accessed a service through the SM channel, in 2023. To enhance the availability of information for clients utilising contraception products, the CC provided them with essential guidance at no cost.

In 2023, out of all inquiries received via the Contact Centre, a significant portion was all about the use of contraception products delivered through SM.

How was this delivered?

- Effective distribution
- Sales team performance management and tracking using SORT 2 system
- Delivering a continuum of care through the Marie Stopes Contact centre
- Marketing and demand generation
- Product basket expansion

Social Marketing is redefining how reproductive health resources are delivered, ultimately fostering a future where women and girls feel empowered and supported in shaping their reproductive journey.



“MSUG pharmaceutical products are well-received by our consumers, and we see this relationship as beneficial to our business model. Thank you MSUG”
MSUG Stockist

4.2.2 Contact Centre

The Contact Centre (CC) demonstrated exceptional performance and served as a critical hub in assisting clients throughout the whole Country.

It ensures the continuity of care through the execution of follow-up routines with clients, delivery of essential post-service support, timely reminders, and recording of valuable feedback.

In 2023, the CC registered an enormous impact beyond only providing recommendations, It offered a massive 20,000 referrals to various health service delivery channels.

These achievements illustrate the CC's vital role in efficiently connecting individuals with the vast array of services provided not just by MSUG but also by our partner HFs. This collaborative effort reflects our commitment to ensuring comprehensive and accessible Healthcare for all.

Proportion of <20 years

19.7%

Pillar 1 = **82.6%**

Pillar 2 = **17.4%**

Proportion of <25 years

51.7%

Total Interactions
173,000

Inbound Calls
52,000

Referrals
20,000

Adolescents
4,500

“Around **23%** of our conversations over the phone are with adolescents. Social messaging via WhatsApp, Facebook, and other platforms are also a popular way for young people to reach us for advice and information.”

REACHING ADOLESCENTS & YOUNG PEOPLE



5. Reaching Adolescents & Young People

Although comprising a larger proportion of the population, adolescents and youth encounter greater obstacles in accessing sexual and reproductive health (SRH) services.

In light of this, MSUG devised targeted initiatives to engage this demographic, of which more than three-quarters (78%) are under the age of 35.

Our commitment is to guide, support, and optimise service delivery to these key populations. This is guided by the Youth Strategy, underpinned by three pillars:

- Demand generation,
- Youth-friendly centred service provision, and
- Addressing barriers to access. “

In 2023, through collaboration with Peer Educators and other HC staff, we maintained the emphasis on enhancing adolescents' knowledge and encouraging positive attitudes regarding sexual and reproductive health and healthy behaviours.

“In rural Uganda, accessing contraception can be challenging if you're a young person. Adolescents don't always know where to go for services, and healthcare workers aren't always trained to provide them.”

What did we learn,

- In addition to educational activities, it is vital to provide friendly and high-quality medical services (trained personnel, apparatus, medications, etc.).
- To reduce children's diversion from everyday duties and responsibilities “SRH and life education” sessions should be incorporated into school days alongside Peer Education activities.
- Ensuring inclusivity is a consistent priority in all aspects of service delivery.

FUNDING THE MISSION



6. Funding the Mission

Our ambition is that by 2030, sexual and reproductive health and rights services will be sustainably funded, so that no woman who has accessed an SRHR service before, is ever denied it again.

6.1 Partnerships and Advocacy

6.2 Partnership Day

Partnership Day 2023 represented the second edition of our collaborative gathering and nurturing of relationships with our partners and stakeholders.

Themed “Strengthening the Public Sector for Sustainable Investment in Sexual & Reproductive Health in Uganda,”

During the event, the impact on the uptake of contraceptive services, particularly among people living in poor and inaccessible locations, was highlighted through PSS and Mobile Outreach delivery channels.

“According to Uganda’s Family Planning Costed Implementation Plan 2020/21-2024/25, the Director of Health Services stated that while the country has made modest progress, with some improvement in nearly all key FP indicators over time, much work remains to be done, particularly in terms of increasing the contraceptive prevalence rate for modern methods to 46.6% (2025) and lowering the unmet need for family planning to less than 10%.”

Dr. Olaro Charles
“Director of Health Services - MoH



Key meeting learnings and takeaway

- Coordination between the MoH, Implementing Partners (IPs), District officials, and Development Partners. Addressing FP gaps and enhancing reproductive health care requires collaboration.
- Despite the United Kingdom's (UK) significant investment in Uganda's SRH programmes, there is still a need for ongoing financing and resources to improve public health and reproductive health services.

Ms Rebecca Bell -Team Leader, Humanitarian and Human Development at the British High Commission and Senior Responsible Owner (SRO) of the RISE Programme

- The MoH was Lauded for allocating 5 billion Ugandan Shillings for FP commodities.

The partnership day allowed for reflection and learning i.e., Continuous reproductive health programme improvement involves assessing prior efforts, finding gaps, and adapting strategies based on lessons learnt.

6.3 2023 - Safe Motherhood Conference

Marie Stopes Uganda was honoured to have partnered with the MoH in orchestrating the 3rd National Safe Motherhood Conference. Serving as a crucial platform for National contemplation, the conference facilitated discussions on Uganda's strides in various facets of safe motherhood. Importantly, it sparked dialogues among health workers, communities, and policymakers, fostering a collective exploration of ways to enhance service delivery and overcome barriers to ensuring quality care and respectful maternity practices.

6.4 Hosting MSI CEO – Simon Cooke and MoH Delegation

In October, MSUG had the distinct honour of hosting Simon Cooke, the Chief Executive Officer (CEO) of MSI Reproductive Choices UK. Throughout his stay, Mr. Cooke actively engaged with various channels, immersing himself in gaining insights into the intricacies of our operations.

During his visit, Mr. Cook spent some time engaging with the HWs, notably Habiba a service provider from Nsangi HC III, and his overall experience is summarised below.

In alignment with our robust advocacy initiatives, we also extended a warm welcome to a delegation of key policymakers from the MoH including Dr. Diana Atwiine, the Permanent Secretary (PS); Dr. Charles Olaro, the Director of Curative Services (DCS); and Dr. Richard Mugahi, the Assistant Commissioner for Reproductive and Infant Health.

Together, we held critical discussions aimed at fortifying healthcare systems and advancing access to high-quality reproductive health services across Uganda. This collaborative exchange exemplifies our commitment to continuous improvement and the shared goal of enhancing reproductive healthcare nationwide.

“Before MSUG’s mentorship, the Health Centre served an average of 20 FP clients per month, which has since increased to 270 clients per month. This is no simple feat in a small facility with a single room for FP, shared by around 50,000 people across 21 villages”

**Increase in Health
Centre clients
after MSUG’s
mentorship**

270
20 ↑



6.5 Summary of the Running Projects

6.5.1 Foreign, Commonwealth and Development Office (Funded Projects)

6.5.1.1 RISE Programme

The £27.57 million Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda (RISE) programme, which commenced on November 1, 2018, is in its sixth year of operation.

The program is implemented by Marie Stopes Uganda (MSUG) in consortium with Makerere University School of Public Health, Population Media Center, Reach A Hand Uganda and FHI360.

The program focuses on reducing high fertility rates and enhancing sexual reproductive health outcomes in Uganda, operating on behalf of the MoH.

Key implementation partners are involved in various output areas:

During its five years of implementation, the RISE programme has significantly contributed to the reduction of barriers to FP access in seven regions (86 districts) of Uganda.

The primary emphasis is on populations residing in remote regions, including adolescents, the indigent, and people with disabilities.

Increased awareness of modern contraceptives	Led by Family Health International -360, collaborating with Marie Stopes, Reach a Hand Uganda, and Population Media Centre.
Increased access to quality family planning services at public facilities	Executed by Marie Stopes Uganda
Improved enabling environment for family planning/ sexual reproductive health services	Coordinated by Partners in Population and Development-African Regional Office (PPD ARO) at the national level and Otions Consultancy Services at the district level.
Improved quality of district family planning data	Marie Stopes Uganda oversees district data quality, while Makerere University School of Public Health is responsible for RISE research and learning.

Summary of RISE outcome level results

S/N	Impact and Outcome Indicators	End of Project Milestone	Progress as of 31 st Dec 2023
1.1	RISE contribution to increase in mCPR	5.7%	5.4%
1.2	Contribution to Unintended Pregnancies Averted in Uganda	2,678,339	2,744,645
1.3	RISE clients (%) who are High Impact Clients (adolescents, Poverty, Adopters)	82%	70%
1.4	Estimated contribution to additional users of FP	704,117	1,074,627

6.5.1.2 WISH2ACTION Project (1st October 2018 to 31st Jan 2024)

MSUG participated in the Women Integrated Sexual Health (WISH) program from November 2018 to October 2023, funded by the UK's FCDO with an extension that spun up to January 2024. This service delivery project was implemented in collaboration with Reproductive Health Uganda (RHU), Humanity and Inclusion (HI), International Rescue Committee (IRC), Development Media International (DMI), and International Rescue Committee (IRC) in Southwestern Uganda, Eastern Uganda, and Lango Sub-regions.



6.5.2 The United Nations Fund for Population – (Supported Projects)

6.5.2.1 The Sexual and Reproductive Health and Rights project-Expanding Empowerment and Access to SRHR Services

The EYE Universal SRHR project, running under the theme “My Body, My Life, My World” was launched at Kamuli Youth Center ground in Kamuli District in March 2023. The project is geared towards empowering girls and women to decide over their bodies and ensure access to comprehensive adolescent and youth-friendly sexual reproductive health information and services. The launch in March 2023, was officiated by the Kyabazinga of Busoga, who appreciated the Norwegian Government that is funding the project for joining the Busoga Kingdom to reduce teenage pregnancies in Busoga specifically in Mayuge and Kamuli Districts.

MSUG is delivering the EYE project with CARE International with Naguru Teenage Center all under the guidance of MoH.

6.5.2.2 Advancing Sexual Reproductive Health and Rights (ANSWER) Programme

The United Nations Population Fund (UNFPA), with funding from the Netherlands Embassy, supported MSUG in implementing the four-year program dubbed Advancing Sexual Reproductive Health and Rights (ANSWER) with the main aim of contributing to the achievement of universal access to SRHR.

This was implemented for 4 years (2020 to 2023) in the 14 districts of the West Nile and Acholi Sub-region benefiting both the host and South Sudan refugee population.

According to UNFPA, by the end of 2022, the ANSWER project had reached out to about 1.5 million populations in the Acholi and West Nile region with information on sexual and reproductive health rights and benefited some 959,000 people in 210 supported HCs facilities.

“I do believe that if we work as a team, we shall be in position to fight the vices which are taking a toll on youth, yet we need ensure that they have a bright future” said **Majesty Nadiope IV**

“While the project registered key achievements in strengthening the health system in the region, attention to curbing teenage pregnancy needs to be heightened. There is a need to have honest discussions about sex, though it's a sensitive subject in the country and particularly this region in a bid to find out why the vice is persisting so that it's addressed” **Deputy Head of Mission at the Netherlands Embassy**

The project registered several key successes citing the ability to hold engagements with cultural leaders in addressing challenges young people face especially early child marriages, teen pregnancies, and female genital mutilation in the region.

6.5.2.3 Women, Adolescents, and Youth (WAY) PROJECT

In 2023, MSUG secured funding from The Danish Government through UNFPA for the implementation of the Women, Adolescents, and Youth (WAY) programme.

This project is working in eleven districts in the West Nile and Acholi sub-regions—Adjumani, Moyo, Obongi, Yumbe, Arua, Madi Okollo, Amuru, Kitgum, Lamwo, Terego, and Agago—to address the needs of young people aged 10 to 24. Reach a Hand Uganda (RAHU) and MSUG joined to implement the project, with RAHU concentrates on community engagement and mobilisation, and MSUG on service provision through comprehensive outreach campaigns. By working together, we can address the distinct challenges faced by women, adolescents, and youth in the specified regions comprehensively and effectively for the duration of the project.

6.5.3 Uganda Health Activity (UHA)

The Uganda Health Activity (UHA) is a five-year USAID-funded project with Marie Stopes Uganda as part of the consortium members spearheaded by University Research Co., LLC (URC). Other consortium members include FHI360, Panagora Group, EGPAF, Youth Alive Uganda, and CDFU.

The project aims to strengthen the Ugandan health system and increase the survival and well-being of vulnerable populations. This is delivered through multiple technical areas, including increasing access to and use of quality health services at the community and health facility levels, enhancing local ownership and leadership to improve health outcomes over time, and strengthening health systems at the regional, District, Facility, and community levels.

MSUG's primary objective is to enhance the capacity of public health workers in 30 priority Districts to offer high-quality and accessible voluntary FP/RH services. This involves comprehensive training, guidance, and mentoring, specifically in the administration of LARCs and Permanent Methods (PMs).

Overview of the progress made thus far is provided below

Level of Health facility enrolled /No of HFs		Male	Female	Total
Regional Referral Hospitals	7	8	44	52
District Hospitals	17	3	33	36
Health Centre IV	35	2	77	79
Health Centre III	184	7	221	228
Health Centre II	9	1	3	4
Total	252	21	378	399
Service Providers trained (2023)	399	(F=378, M=21)		
Out of this, 22 are Medical Doctors	22	(F=5, M=17)		

Trained healthcare workers, under the UHA, have delivered 561,177 FP services to 114,962 clients, resulting in the generation of 131,687 CYPs.

TRANSFORMATIONAL ORGANISATION



7. Transformational Organisation

7.1 Investing In Our People

In 2023, our team members remained committed to MSUG and focused on fulfilling our purpose and vision for 2030.

7.2 Diversity and Equality and Inclusion (DEI) Programme

MSUG's vision for 2030 is nothing short of global transformation. We strive to create an organisation that not only provides exceptional service to its clients but also empowers its diverse team members and has a positive impact on the larger environments in which it operates.

Based on the 2030 Vision, we acknowledge that diversity and gender equality are critical to realising the aim of 'One Marie Stopes.

Our organisation is experiencing a genuine global transformation due to our strategic focus on Diversity, Equality, and Inclusion (DEI).

Significant progress has been made, specifically regarding the expansion of female representation on our senior leadership teams and the diversification of leadership in national and regional countries. With the implementation of our DEI plan, we hope to sustain this journey of transformation.

Our commitment to DEI, with a specific focus on Gender Equality and Social Inclusion (GESI), is designed to:

- Enhance Engagement:- Encourage the development of a culture in which all members feel appreciated, heard, and cognizant of the significance of their input.
- Amplify Internal Talent:- Leverage the potential of diverse perspectives and abilities present within our institution to optimise our internal pool of talent.
- Boost Competitiveness:- By embracing diversity of thought, we can prevent "groupthink" and strengthen our competitive advantage.
- Promote Inclusive Client-Centered Care:- Ensure that marginalised communities receive high-quality, client-centred care by incorporating the perspectives of minority groups.

By adopting these guiding principles, we establish a trajectory towards a future that is more comprehensive, fair, and empowering for 'One Marie Stopes.'

We further pledge our commitment to developing the necessary capabilities within our programmes to achieve gender transformation by 2030. This entails confronting the fundamental factors that contribute to gender inequality, reforming societal expectations regarding gender, and re-establishing a healthy balance of power, all in alignment with our 2030 vision.

We strive to create an organisation that not only provides exceptional service to its clients but also **empowers its diverse team members** and has a **positive impact on the larger environments** in which it operates.

OUR OBLIGATIONS



8. Our Obligations

At MSUG, we believe that how we conduct ourselves is equally as important as the actions we take. You can learn more about our organisational commitments and why “the how” is significant to us in this section.

8.1 Clinical Quality

Within MSUG, we believe that no matter where clients visit, they should receive the same level of quality and care. A client visiting a rural outreach team will receive the same standard of service as one attending a city Centre clinic. To support this, the Medical Development Team (MDT) sets and monitors the clinical standards for all services as well as the quality of medical products and pharmaceuticals.

MDT’s oversight covers all the technical programmes using a quality assurance system based on key clinical policies and guidelines. Several mechanisms, including clinical audits, an incident management system, mandatory self-reporting systems, a quality-enforcement notice system, and a

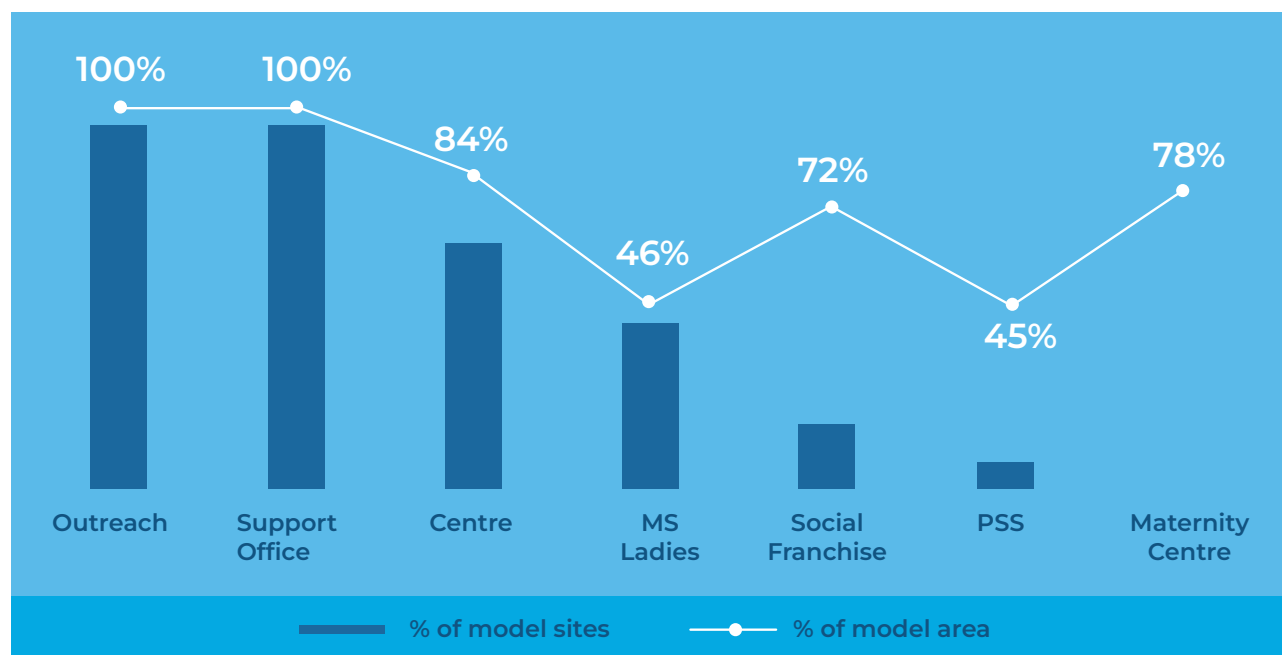
clinical competency management system with a competency-based training approach, ensure that all supported services comply with these policies and guidelines.

The Outreach, Support Office, and Centre channels demonstrated outstanding performance from the 2023 Quality Technical Assistance (QTA) results, with every outreach and support office service delivery point satisfying the model criteria.*

MSUG 2023 QTA Summary Results by Channel

The Centre Channel achieved an impressive 84% in model areas. Other channels, including PSS, MS Lady, Social Franchise, and Maternity Hospital, also demonstrated very good performance across assessed areas.

For the Commercial Sales (CS) channel, the MDT makes use of separate systems to oversee the quality of medical products and pharmaceuticals.



Model Site - a site which scored 90% or above in every area assessed, and where no safety flags were assigned

Model Area - where every site scored 90% or above

9. Being Accountable

9.1 Our Data and Evidence

The utilisation of evidence remains fundamental to MSUG. Our research and impact teams compile quantitative and qualitative data in collaboration with Local and Central Governments, community members, and other organisations.

We make use of these data to:

- Evaluate and improve how we deliver our services.
- Understand who our clients are and what they need
- Assess how we can reach the most marginalised and underserved communities
- Support advocacy for increasing access to contraception
- Identify and understand the factors influencing client choices around contraception.
- Demonstrate our impact and ensure accountability and transparency for our donors and partners.

We are committed to sharing our evidence and learnings to reduce stigma, remove barriers and drive equitable access at scale.



Constant updates, training, and the provision of appropriate tools are components of our continuous endeavour to equip staff with the knowledge and abilities necessary to maintain the utmost safety standards in their daily responsibilities.

9.2 Data Protection

MSUG employs a Data Protection Officer (DPO), who oversees compliance with Ugandan data protection laws. MSUG is a member of the Marie Stopes International (MSI) Global Data Privacy Programme, which is overseen by the Global Support Office (GSO) and includes policies, tools, and standards, as well as training, assistance, and implementation monitoring.

As part of the Data Privacy Programme, an internal data privacy champion, also known as an information lead, is trained and supported to detect data privacy issues as they arise, train frontline employees, and mitigate data privacy risks whenever possible.

The Data Privacy Programme sets MSI standards for data privacy and implements organisational procedures and protections to guarantee that privacy is built in. This ensures that the MSUG processes and protects personal data in an accountable, transparent, and equitable manner.

9.3 Safeguarding & Dignity in a Workplace

At MSUG, we are committed to creating a safe and respected work environment. We are committed to respecting the safeguarding values to preserve the well-being and dignity of both our employees and clients. In 2023, to underscore this commitment, we trained our entire staff in safeguarding procedures through in-depth training sessions.

We provide ongoing guidance and reinforcement of the Safeguarding principles, beyond the initial training.

By instilling a profound understanding of Safeguarding principles among our staff, we aim to foster an atmosphere of mutual respect, empathy, and accountability. This not only ensures the protection of vulnerable individuals within our care but also contributes to the overall integrity and ethical standards of our workplace.

This commitment demonstrates our steadfast determination to ensure that every person affiliated with MSUG is accommodated in a safe, supportive, and respectful setting.



10. Financials

Directors' Report

The Board of Directors presents its report and an extract of the audited consolidated financial statements for the year ended 31 December 2023 under the Ugandan Companies Act. These are also in conformity with IFRS Accounting Standards (IFRS).

Statement of comprehensive income

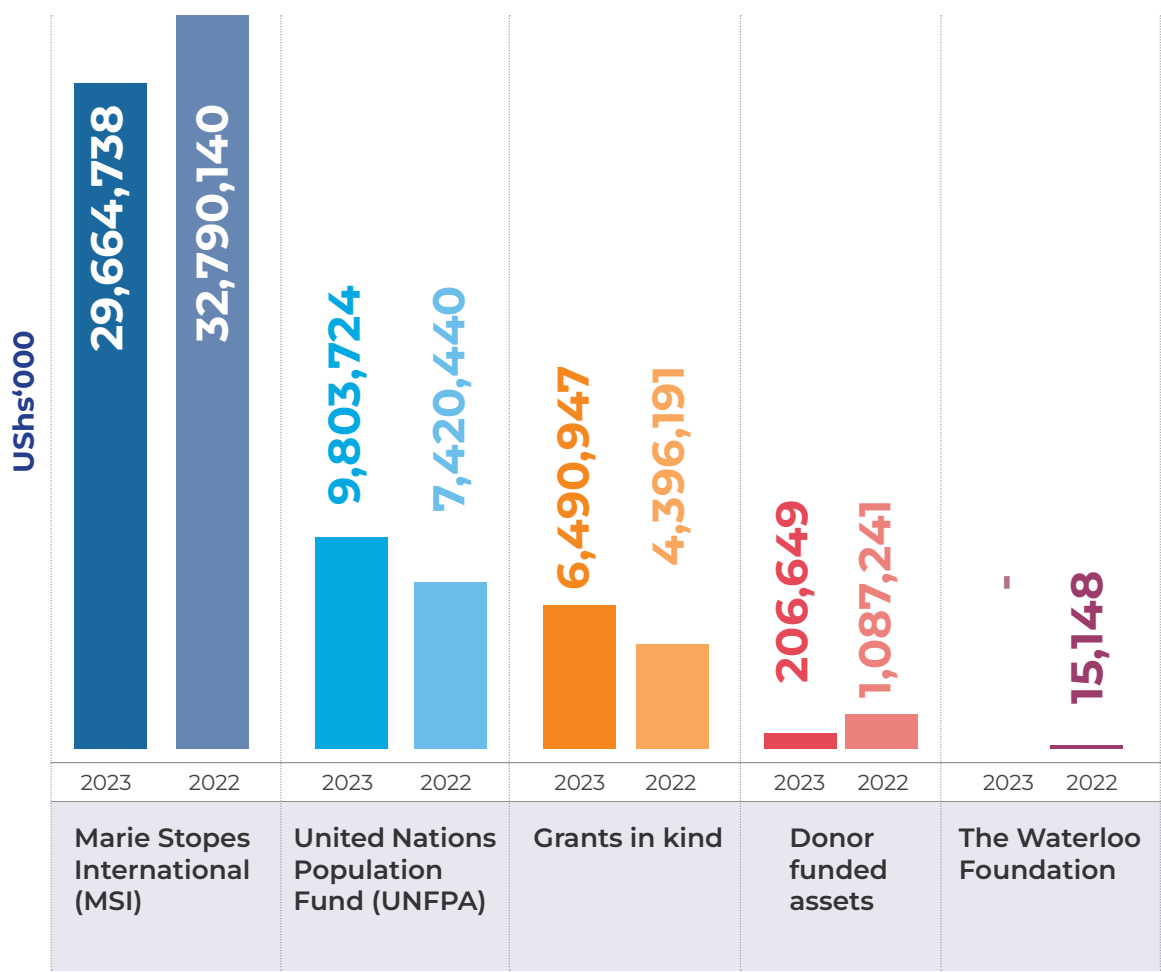
	Notes	2023 UShs' 000	2022 UShs' 000
Income			
Grant income	4	46,166,058	45,709,160
Service income	5	14,320,057	19,110,912
Other income	6	1,472,798	2,175,872
Total income		61,958,913	66,995,944
Expenditure			
Employee benefits expense	7	(23,756,745)	(22,764,022)
Travel costs	8	(13,112,728)	(12,726,676)
Equipment, supplies and operating costs	9	(15,753,824)	(18,994,359)
Other activity costs	10	(1,356,697)	(1,659,246)
Monitoring and evaluation costs		(104,820)	(84,193)
Office costs	11	(4,185,162)	(3,934,233)
Marketing and communication	12	(1,114,915)	(934,733)
Net impairment losses and write off of financial assets		(1,440,445)	(1,154,210)
Professional and governance costs	13	(1,318,040)	(1,301,421)
Finance costs	24	(658,700)	(450,940)
Depreciation of property and equipment and right-of-use assets	18 & 24	(2,131,075)	(2,634,587)
Amortisation of intangible assets	19	(122,806)	(73,759)
Total expenditure		(65,055,957)	(66,712,379)
(Deficit)/ surplus before tax		(3,097,044)	283,565
Income tax expense	15	(491,424)	(304,766)
Deficit for the year		(3,588,468)	(21,201)
Other comprehensive income		-	-
Total comprehensive deficit for the year		(3,588,468)	(21,201)

Auditor

The Company’s auditor, PricewaterhouseCoopers Certified Public Accountants has expressed their willingness to continue in office in accordance with Section 167 (2) of the Ugandan Companies Act.

Approval of financial statements

The financial statements were approved at a meeting of the Board of directors held on 28 March 2024.





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