



MARIE
STOPES
UG



2022

Annual Report

Kiwangala HC IV, Lwengo District



WHO DID WE REACH?

**1 MILLION
CLIENTS**

**208,000
ADOLESCENTS**

**528,000
CLIENTS**

through the Public
Sector Strengthening

Over 79%

Delivered to
underserved
communities



WHAT WAS OUR IMPACT?

970,549

Unintended pregnancies averted

2,775

Maternal deaths averted

444,148

Unsafe abortions averted

2,114,152

Total DALYs averted

55,044,792

Direct healthcare costs saved (2018 GBP)

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MARIE STOPES
MSUG
 Children by choice not chance

For more information
 Call: 0800 229 333

ACRONYMS

ADH	Adolescent Health
APPGS	All-Party Parliamentary Groups
ASRHR	The Advancing Sexual Reproductive Health and Rights
BHF	Blue Hills Fund
CEHURD	Center for Health, Human Rights, and Development
CQA	Clinical Quality Assessments
CRM	Customer Relationship Management
CYP	Couple Years of Protection
DEI	Diversity Equity and Inclusion
DHIS2	District Health Information System
DLG	District Local Government
FCDO	Foreign, Commonwealth and Development Office
FP	Family Planning
HC	Health Centres
IUD	Intrauterine device
MDT	Medical Development Team
MEM	Medical Education Mentorships
MoH	Ministry of Health
MPs	Members of Parliament
MS L	Marie Stopes Ladies
MSI	Marie Stopes International
MSUG	Marie Stopes Uganda
NMS	National Medical Stores
NHIB	National Health Insurance Bill
ODA	Overseas Development Assistance
PAC	Post Abortion Care
PMA	Performance Monitoring For Action
PSS	Public Sector Strengthening Support
RISE	Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda
RTO	Regional Training Officers
SBCC	Social and Behavioral Change Communication
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence
SM	Social Marketing
SRH	Sexual and Reproductive Health
UHA	Uganda Health Activity
UK	United Kingdom

MESSAGE FROM THE COUNTRY DIRECTOR

To all our stakeholders, partners and well-wishers,

Marie Stopes Uganda (MSUG) is pleased to share its results for 2022 which were commendable in many aspects. We reached over 1 million clients with contraceptive and post abortion care services. MSUG teams have continued to display commitment and resilience even in the face of the short-lived Ebola virus disease (EVD) outbreak during the year.





We are particularly pleased to note the growth in our partnership with the Government of Uganda. In 2022, MSUG reached 528,000 clients through our public sector support channel implemented in 605 health facilities across 95 districts. Our regional training officers working together with District trainers provided on-job training (mentorship) to 1,102 public health workers in the provision of long-acting reversible contraceptives, proper stock management and data management practices, as well as competencies in the provision of youth friendly services. Our outreach teams continued to reach the most vulnerable (the rural and poor population) with free services by focusing on Health Centre (HCs II) and community level sites. Our Centres and Maternity Hospital continued to expand the range of services provided and are steadily growing towards full self-sustainability. Our Social Marketing products increase the range of contraceptive choice in the private sector and are contributing to the self-care capability of clients. The median Ugandan is a 15-year-old girl and in 2022, 19% of all clients served by MSUG were adolescents (15-19 years) – our contribution to reducing

teenage pregnancy and maternal mortality in the Country. Overall, we estimate (using the Impact 2 model), that in 2022, we prevented 970,549 unintended pregnancies, prevented 444,148 unsafe abortions and prevented 2,775 maternal deaths.

Notwithstanding all the positive progress, we still have significant challenges to contend with. We are situated in a region prone to pandemics and these tend to disrupt operations. We have experienced significant budget reductions in donor funding while global inflation has increased the cost of doing business. Despite these challenges, we are proud of all MSUG teams who continue to rise to the occasion by being adaptive and innovative in the utilization of available resources while maintaining quality standards of care. We will continue to pursue and harness all our human capital through our Diversity, Equity and Inclusiveness initiatives.

Onwards and Upwards.

Dr Carole Sekimpi – Senior Country Director

ABOUT US

Marie Stopes Uganda (MSUG) continued to fulfil its mission in 2022, based on the belief that providing women with high-quality, client-centred care is critical to their pursuit of choice.

We reached out to the most remote communities through partnerships and direct service delivery to provide women and girls with reproductive options that can improve their quality of life as well as the quality of life of their families and communities.

We recognise the transformative power of access to Sexual and Reproductive Health (SRH) care. For some, it may imply the ability to complete education and begin a career. Some, see it as the ability to care for their current family. That means a more just and equal world for everyone.



Making Everyone's Choice a Reality

One of the primary objectives of our 2030 strategy is to provide voluntary, high-quality SRH services to women and girls, with the aim of reaching 80% of those in the highest need.

Our aim for the future is bold: By 2030, everyone who wants access to contraception will have it. To make this a reality, we are focusing on sustainable means of delivery and funding so that the women and girls we currently serve will also have options in the future. We work with the Public and Private sectors to increase access to the entire health system, especially for women. In addition, we collaborate with the Ministry of Health (MoH) and policymakers to address obstacles and inequities.

We share our ideas and field experience with the rest of the industry in order to collectively set the standard higher.

OUR VALUES

Our values shape MSUG's culture and our approach to work. In 2022, two new organisational values were added to our four existing values: resilient and inclusive.

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.

By empowering women and girls to make the best decisions for themselves, we can have a huge impact on a broad scale within a generation, promoting gender equality, breaking cycles of poverty, and contributing to a number of critical Sustainable Development Goals (SDGs).

Our commitment to data and evidence

Our commitment to data and evidence

Our strategies heavily rely on evidence. Our research and impact teams collaborate with Central and Local Governments, community people, and other organisations to gather quantitative and qualitative data. 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.

MSUG 2030 STRATEGY

Our vision for the next decade is bold but simple: By 2030, everyone who wants access to contraception will have it. We are committed to ensuring everyone is supported to make decisions about their bodies and their futures: from a choice of contraceptive method to a choice over where, and how to access care.

The 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 not only our goals, but to eliminate systemic gaps.



LEAVE NO ONE BEHIND

We will reach further than ever before, delivering services to communities with no other access via our outreach teams, while tailoring services to ensure high-quality care is accessible to all. We will build a pathway to sustainability, by partnering with the Public sector to increase their SRH provision and support a shift to national ownership of reproductive healthcare.

STRENGTHEN PRIVATE SECTOR PROVISION

We will connect Private sector providers through sustainable, collaborative and integrated women's referral networks, ensuring every client is only one contact away from a safe service. To ensure long-term provision, we will achieve financial sustainability in our centres, diversifying the services we provide and setting the bar for what quality, client-centred care looks like.

CLIENT-POWERED SEXUAL AND REPRODUCTIVE

DELIVERING ON OUR 2030 STRATEGY

2022 was the year where we focused on:

- Sustainability of our centres.
- Technology investments to get us fit for the future.
- Diversification of funding sources, and increased investment in generating a future pipeline.
- The recovery of product sales via our Social Marketing work, following the impact of Covid-19 in 2021

HEALTHCARE AND RIGHTS

For over 40 years, Marie Stopes International (MSI) has been a pioneer in de-medicalising reproductive healthcare – trusting women to make the choices that are right for them. The technology exists to reach persons outside of Health Centres (HCs), via telemedicine or pharmacy provision, and we will ensure these routes are safe at scale.

FUNDING THE MISSION

We will diversify our funding base to amplify our impact, making the case to new partners for why reproductive choice is key to building a better, more equal world for all. We will also focus on increasing our programme service income and stewarding our finances to provide value for money.

PARTNERSHIPS AND ADVOCACY

We will work across community-based, governmental, and global partnerships to be an influential advocate for change, collaborating to remove the unnecessary legal, medical and regulatory restrictions that prevent access to timely reproductive healthcare, and cost lives.

TRANSFORMATIONAL ORGANISATION

We will listen to, design with, and be fully responsive to our clients and providers, transforming our use of digital technologies to deliver world-class, client-centred care. We will invest in our people and put diversity and gender equality at the forefront. And we will shift decision-making away from our London support office, harnessing local and national connections to guide our organisation and create transformational change both for the clients we serve, the team members who power us and the broader environment in which we work.

2022 PROGRESS REPORT

In 2022, MSUG continued to address gaps in Sexual and Reproductive Health, notably through the provision of Family Planning (FP) and Post Abortion Care (PAC) services. This was accomplished by reaching the most vulnerable groups and those with no other access to care

ACCESS PILLAR ONE – LEAVING NO ONE BEHIND

By 2030, we will have supported a game-changing shift in national ownership of SRH while filling gaps in provision, to reach those who have no alternative access to care. We will continue to place a strong focus on reaching adolescents, those living in extreme poverty and marginalised communities who have no effective access to Public SRH services. These activities will be primarily donor-funded and will deliver excellent value for money, serving clients who would otherwise be left behind.



Access to reproductive choice can be life-changing, but for many, choice, and the opportunities that it brings, remain out of reach.

The Performance Monitoring For Action (PMA) data, suggests that the poorest fifth of women are twice as likely to have an unmet need for contraception as the wealthiest fifth of women.

This inequality is increasing, driven by power dynamics within families, communities, and society, as well as a lack of political will to expand access in the poorest communities.

At the core of our 2030 strategy is the resolve to ensure that no one, regardless of who they are or where they reside, is left behind.

To kick start the delivery of this, in 2022 we provided more than a million women and girls with high-quality sexual and reproductive healthcare via our Pillar One.

Over 79% of our contraceptive services were delivered to people from underserved communities and 208,697 of our clients were adolescents – a group often excluded from sexual and reproductive healthcare, but for whom we have tailored programmes, ensuring young people can determine their own futures.

In 2022, we delivered high-quality sexual and reproductive healthcare to over 805,000 clients often left behind by healthcare systems.



Public Sector Support (PSS)

Working directly with the Ministry of Health and District Health Authorities, we were able to train doctors, develop quality assurance procedures, and lobby for a reproductive healthcare-friendly environment.

This innovation offers an exceptional return on investment, allowing our teams to be effective despite external budget restrictions. Because of Public Sector Strengthening Support (PSS), young people have access to the information and resources necessary to avoid unintended pregnancy.

In 2022, there were 605 service delivery sites supported through the PSS channel, up from 491 in 2011.

Key 2022 drivers

- The mentorship network of over 135 FP-trained teams, enhances the network's capacity to serve clients from the local community.
- Training in Adolescent Health (ADH) equipped healthcare professionals with the information and skills necessary to offer youth-friendly care.
- District-level performance review sessions were held to assess District SRH performance and developed action plans addressing deficiencies.
- Collaborated with District biostatisticians to enhance the quality of data reported through the District Health Information System (DHIS2).

79,000+
adolescents reached
in partnership with
Government and
Local Community
Structures.

Supporting the contraceptive supplychain

MSUG devoted significant resources to training and mentoring health workers on forecasting and ordering medications and supplies through the national medical supplies system. That is; identifying and correcting errors in the order forms prior to submission to National Medical Stores (NMS). In effect, the supported Districts were able to achieve relatively high order rates (80 to 90 %). Specific District Local Governments (DLG) were supported to redistribute FP supplies and commodities from overstocked HCs to those that were lacking.

Challenge

Despite 2022's strong performance, the Ebola Virus Disease (EVD) outbreak restricted movement and hampered the execution of scheduled service delivery support in some regions.



MOBILE OUTREACH

MSUG's mobile outreach teams travel considerable distances to deliver services to individuals in rural and remote areas who have limited access to reproductive health care. This is accomplished through a combination of community and health facility-led outreaches.

The Social and Behavioral Change Communication (SBCC) team assists mobile outreach teams with demand creation. To optimise the effectiveness of outreach initiatives, significant client demand was supported throughout the year.

The key demand and mobilisation measures included special activities geared at mobilising youth and a special focus on the male gender.

277,036

*clients were reached
via our outreach
providers in 2022*

2022 PROGRESS REPORT

Access Pillar Two – Strengthening Private Sector Provision

By 2030, we will have significantly contributed to strengthening the private sector. Our fee-paying **Centres** and maternity network will be fully sustainable, operating as the quality “backbone” for diversified SRHR service delivery. Private sector providers will be connected through sustainable, collaborative and integrated women’s referral networks, ensuring that every woman and girl is only “one contact away” from quality, safe providers who can meet her needs across her lifetime.



MSUG CENTRES

Our 2030 vision is, “**a private sector network that puts women first**” Our **Centres** are the backbone of this network.

We focused on sustainability in 2022 to ensure that these facilities are available for women in the long term.

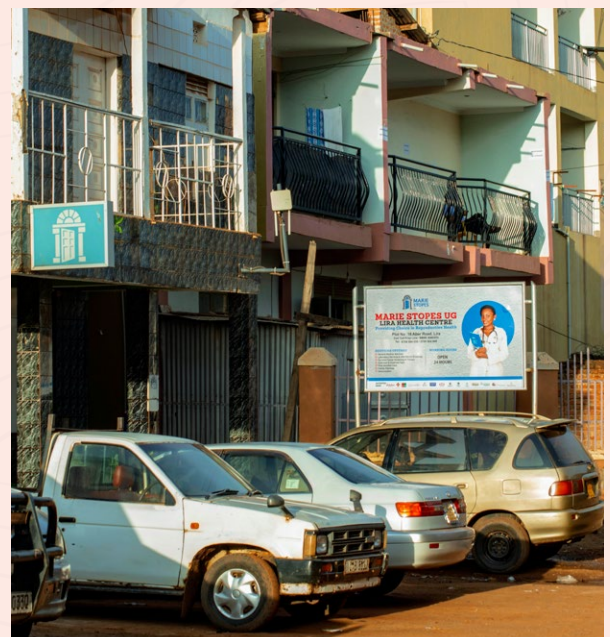
We also focused on diversifying the services we offer in our **Centres** to support women throughout their reproductive lives and all of their reproductive choices, whether that is to prevent pregnancy with access to contraception at one of the 14 static **Centres**, or to deliver safely at the Maternity Hospital, which specialises in obstetric care.

We made crucial strides towards the financial sustainability of the **Centres** network as a whole.

Sustainable services protect women’s access both now and in the future. We are committed to doing everything possible to maintain our services accessible via our centres.

In 2022, within the **Centres**, we used social and mass media to normalise and de-stigmatize women’s health through the dissemination of easily accessible information, assisting women in determining when they should consult a health professional and, answering the most frequently asked questions.

Across the **Centres**, we delivered high-quality care to over **140,000** clients in 2022



Expanding our service mix means we also supported over **140,000** clients with a wider range of services including:
1,000+ Antenatal and postnatal care

STI Management and Treatment
160,000+

400+
Cervical Cancer Screening and Preventive Treatment

The Hospital and Maternity Centre

The Maternity Hospital is a critical step in MSUG's evolution from a contraceptive-only organisation to one that addresses all women's health needs throughout their reproductive lives, from Menarche to Menopause. We are committed to satisfying the ever-changing demands of our clients by making routine and timely adjustments. This will be accomplished by providing a variety of high-quality services at the hospital located in Kampala's Lugogo Forest Mall.

Range of services at the MSUG Hospital:

- Antenatal and maternity care
- Outpatient care
- Specialized obstetrics and gynaecology
- Neonatal care
- Comprehensive laboratory services
- Family planning services
- 3D Ultra-sound scan
- Laparoscopic surgery
- Ambulance services



We saw over **4,000** clients at our maternity centre in 2022.

Social Franchise (Private Clinics)

MSUG engaged and supported a network of 124 privately owned clinics in 2022 to deliver high-quality sexual and reproductive health care to women and men in need. In 2022, the privatised model was fully adopted, replacing the previous Social Franchising approach.

MSUG is committed to creating outstanding Public-Private healthcare relationships. Throughout the year, notable actions included:

- Supported the accreditation of seventy-five (75) private health facilities by the Districts in order for them to acquire FP materials and goods from the District.
- MSUG assisted in the development and registration of four regional SACCOs in order to foster a saving and investment culture among the supported private clinics.

Achievements in 2022, from private Clinics (Private Sector Engagement)

- 129,816 clients reached with FP/PAC services
- 32% of clients reached were aged below 20 years.
- 363,493 Couple Years of Protection (CYPs) generated



The Uganda Demographic and Health Survey (UDHS 2016) indicates that the private sector overall provides between **60** and **70%** of the frontline health services.

In 2022, 32.1 % of clients served in the private sector (SF Channel) were adolescents compared to 28.1% in 2021.

363,493 CYPs, were generated



Marie Stopes Ladies (MS Ladies)

They are nurses and midwives who have been trained and encouraged to deliver contraception and counselling to women in the privacy of their own homes.

Currently, MSUG works with 121 MS Ladies in providing services in their own communities.

31,000+ were reached by our MS Ladies

2022 PROGRESS REPORT

Access Pillar Three – Client-Powered Sexual And Reproductive Health And Rights

By 2030, women and girls will never feel alone in making their reproductive choices. We will provide contraceptives and through various approaches including social marketing, make essential products available where women need them. This expansion in sustainable safe access will be accompanied by follow-up/referral support through our contact centre and other digital technologies ensuring all social marketing provision is “gold-standard” for quality.



SOCIAL MARKETING

We use our Social Marketing (SM) channel to ensure that clients have convenient access to high-quality sexual and reproductive health products. Our high-quality reproductive healthcare products are distributed through pharmacies, community distributors, and other private providers.

In 2022, we enhanced access to affordable, high-quality medical supplies, including contraceptives, through our social marketing efforts.

This was accomplished by increasing the number of locations where customers could purchase our sexual and reproductive healthcare products, as well as training pharmacists and retailers on product quality and how to properly counsel customers.

As a result, we were able to deliver **13,530,000+** (CYP & Non CYP generating services)



Contact Centre - 0800 220 333

The MUSG Contact Centre offers free information, advice, and referrals to clients via phone, social media, and WhatsApp in order to help them make the best reproductive decisions for themselves.

Every day, the Contact Centre provides free information, advice, and recommendations to around **500+** customers via phone, social media, and WhatsApp, allowing them to make the best reproductive decisions for themselves.

To that end, by the end of 2022, contact centre teams had improved their use and application of the newly rolled out Customer Relationship Management (CRM) platform, as well as providing streamlined support over the phone, WhatsApp, and Facebook Messenger, allowing clients to choose their preferred communication channel.

We reached over **37,777** followers on social media and over **64,000** users who viewed content on our websites, representing a **110%** increase from 2021.

Reaching Out to Adolescents

While Uganda has made strides in maternal, neonatal, child, and adolescent health over the years, the country's performance on key indicators of SRHR remains deplorable.

Teenage pregnancy is responsible for 28% of total maternal mortality, or 336 deaths per 100,000 live births. 43% of women between the ages of 25 and 49 are married before the age of 18, a behaviour that is quite common. (UDHS Report)

Despite the country's target of lowering teen pregnancy to 15% by 2020, the rate has stayed above 25% for the past 15 years. In response, the MSUG Youth and Key Populations team devised strategies to reach out to more teenagers in 2022. Some of the important activities/results delivered in 2022 are listed below.

- Mentoring service provision teams on adolescent counselling and service provision on an ongoing basis, as well as ensuring that service provision sites are equipped to provide adolescent-related SRH services
- Use of the MSUG hotline/Contact Centre/Call as well as the Social Media platforms to connect and engage adolescents with services
- The free SRH youth voucher, which is distributed in 50 private health facilities, facilitated access to SRH services for disadvantaged and marginalised youth

183,000+

client interactions were supported by our contact centre in 2022

“ I have been bleeding for a month, while on implants, I feared to call the MSUG contact Center because I did not know if they could speak my language. I am glad you have helped me in my language.



Indicator	2021	2022	Direction
Adolescents reached	174,427	208,697	Up
% of adolescents reached	18.6%	19.1%	Up

Social and Behaviour Change Communication (SBCC)

In 2022, the SBCC team, whose primary goal is to raise product and service awareness, guided around two (2) million clients to various service locations.

This was made possible through engagement with pre-existing grassroots organisations including other innovative and interactive communication approaches.

Based on anecdotal evidence, we have seen a shift in the understanding, attitude, and practices of clients who interacted with SBCC teams, resulting in an increase in the use of SRH services, notably family planning.

What worked

- Interactions through Village Health Teams,
- Use of satisfied users,
- Family planning activists, and
- Health professionals/workers

SBCC activities and their estimated reach in 2022

Activity	# of sessions/ activities	Estimated people reached
Community drives	5,528	1,835,346
Market activations	481	51,129
Male engagement sessions	1,172	27,509
Youth engagement sessions	1,176	26,669



Enabling Pillar One – Funding the Mission

By 2030, sexual and reproductive health and rights services will be funded, sustainable and available for the long term so that no woman who has accessed contraception, safe abortion, or post-abortion care is ever denied it again.

The objective is to strengthen MSUG's financial stability so that we can continue to have an effect. MSUG has extended its sexual and reproductive health services with support from both existing and new sources. MSUG receives funding from a variety of sources, including:-

- Foreign Commonwealth and Development Office (FCDO) - Funding the "Reducing High Fertility Rates and Improving Sexual Reproductive Health Outcomes in Uganda" (RISE).
- The Advancing Sexual Reproductive Health and Rights (AS-RHR) Project in the West Nile and Acholi subregions - Funded by UNFPA
- Supporting the provision of SRH services in rural Uganda, primarily for adolescents and the vulnerable groups -
- The Norwegian Project. In partnership with Care International and UNFPA.
- The USAID Uganda Health Activity (UHA), MSUG as a member of the strong, locally embedded team of consortium partners – Communication for Development Foundation Uganda, Elizabeth Glaser Pediatric AIDS Foundation, FHI 360, Marie Stopes Uganda, Panagora Group, and Youth Alive – with URC serving as the USAID lead implementer.
- The Bergstrom Foundation Funding Outreach and MS.
- Blue Hills Fund (BHF), funding 3 Outreach teams and Selected Health Centres through Public Sector Strengthening in Kigezi and Ankole



USAID
FROM THE AMERICAN PEOPLE

ROCKLAND
TRUST

Blue Hills Charitable Foundation

CIF CHILDREN'S
INVESTMENT FUND
FOUNDATION

Wellspring
Philanthropic Fund

Enabling Pillar Two – Partnerships And Advocacy

By 2030, MSI will have an outstanding reputation for being an influential and trusted partner to any individual, business, government or organisation that shares our vision and complements our mission. We will share our quality measures, insights, models and learnings openly, working with and learning from grassroots, local, national and global partners to shape sexual and reproductive health and rights policy and remove barriers to access.

Notable accomplishments for 2022 include

- Several consultations were held with MPs and Partners and as a result MoH amended and altered the NHIB to focus on contiguous areas, such as lowering the necessary employer contribution among others.
- Met with the MoH team to review FP budget updates and future goals. In response, commitments were made by MoH to increase funding for reproductive health commodities.
- In partnership with MSUG, the Legal Assistance Network Center for Health, Human Rights, and Development (CE-HURD) trained seventy (70) dispensers and pharmacies about the legal basis for PAC, drug distribution laws, and distribution practices.
- We supported the publication of five articles on the NHIS bill, and as a result of this and other advocacy efforts, we are starting to observe changes on this issue

Health insurance

The Health Insurance Bill in Uganda

Carol Natukunda reports on civil society engagement towards the enactment of this important legislation

Health insurance is a contract that requires an insurer to pay some or all of a person's healthcare costs in exchange for a premium. More specifically, health insurance typically pays for medical, surgical, prescription drug, and sometimes dental expenses incurred by the insured. Health insurance can reimburse the insured for expenses incurred from illness or injury, or pay the care provider directly.¹

Health insurance is intended to reduce the financial burden of purchasing health care by pooling funds

previous attempts, the bottlenecks in passing the Bill include varied stakeholder interests with little or no compromise, political economy of the NHIS (majority with less voice vs few powerful ones), unwillingness and ability to pay or contribute, subsidies needed and/or lack of innovations in resource mobilisation, and low level of awareness on the benefits of NHIS. These concerns were reported at a civil society engagement meeting held on 22 February 2022 to discuss the National Health Insurance Bill in Uganda. The event



MSUG hosts UK Parliament delegation

Members of the Parliament of the United Kingdom (UK) visited MSUG as part of their regular global health initiatives. They reviewed sexual and reproductive health services, including family planning, and visited the Kawempe Maternity Hospital, Jokasy Medical (Private Clinic) and Pakanya HC II in Masindi District.

This was another opportunity to highlight the benefits of collaboration and the FCDO's contribution to improving SRHR in Uganda. The Members of Parliament, same time All-Party Parliamentary Groups (APPGs) delegates learned about a variety of subjects, including

- The accessibility of donated contraceptives and the significance of engaging in humanitarian programmes in Uganda.
- Raised their awareness and comprehension of the significance of SRHR.
- Received a foundation of evidence to strengthen legislative advocacy for Overseas Development Assistance (ODA) and SRHR.

Yes, Uganda has one of the highest birth rates in Africa but UK taxpayers are helping women increasingly make informed reproductive choices and we should be incredibly proud of that” Steve Brine Member of Parliament (MP) for Winchester UK



ENABLING PILLAR THREE – TRANSFORMA- TIONAL ORGANISATION

By 2030, we shall have created transformational change for both the clients we serve and the team members who power us. Taking advantage of digital technologies, we will become a more agile, empowered organisation, with an emphasis on people skill development, ensuring everyone has an equal opportunity to thrive.

Investing In Our People

At the heart of our “transformational organisation pillar” is a commitment to our people: attracting, retaining, and developing talent across our organisation.

We have provided many training and development opportunities for team members through the learning and development programme, including the Women in Leadership programme, which aims to support the strategic objective of at least 50% female representation at the senior management level.

- By end of 2022, staffing was at 383, with 24% (n=92) at Support Office, 74% (n=284) field based and 2% (n=6) international assignees (MSI staff).
- Gender – Out of 383, **49.6%** Females & **50.3%** Males.
- As part of talent management, **twenty-one (21)** staff were promoted to different senior positions.

**317 (87%)
Persons
trained
through KAYA (MSI
training platform)**

In 2022, the Global Learning Management System Kaya was used to give specialised training to approximately 317 (87%) personnel. Safeguarding, MSI code of conduct, and Anti-Fraud and Bribery were among the courses offered.

- MSUG received 87% of staff who completed the annual engagement survey by the end of 2022, which is slightly higher than the 85% received in 2021. This information will be used as a benchmark to track our progress towards our people-related goals in 2023 and beyond.



Diversity & Gender Equality

- We had a successful woman in leadership Training for our Female Managers and Team Leads as part of our Diversity Equity and Inclusion (DEI) Initiatives.
- Held continuous mentorship for our medical staff & Held Leadership training for our junior and mid-level managers for capacity building

“*We are building capacity in our SRHR programmes to become gender transformative by 2030”*

Putting Our Clients First

Putting our clients at the centre of what we do means holding ourselves to account not just for what we deliver, but for how we deliver it.

In support of commitments made in our 2030 strategy, we continue implementing the Client-Centred Care framework that is designed to help our teams provide care that puts the client's interests first, and ensures we are listening to and are responsive to their needs.



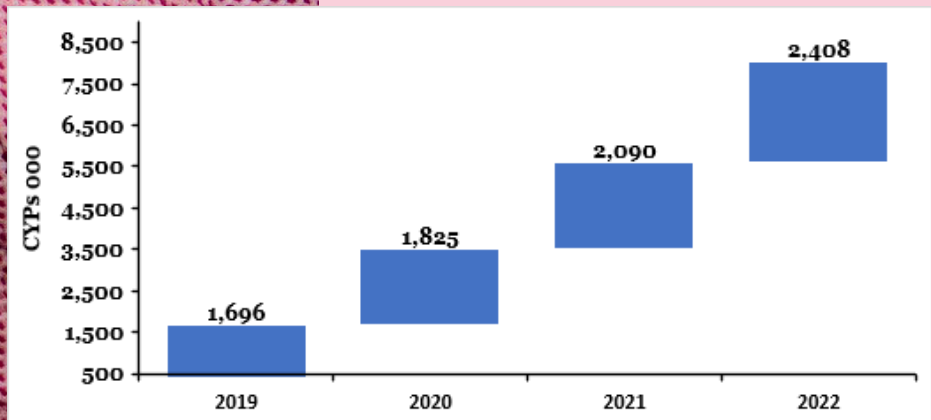
The DATA

GROWTH

Couple of Years of Protection (CYP) is one of the measures that we, along with many others in our industry, use to track the impact of our services and the partnerships that we have formed. This measure allows us to compare progress over time.

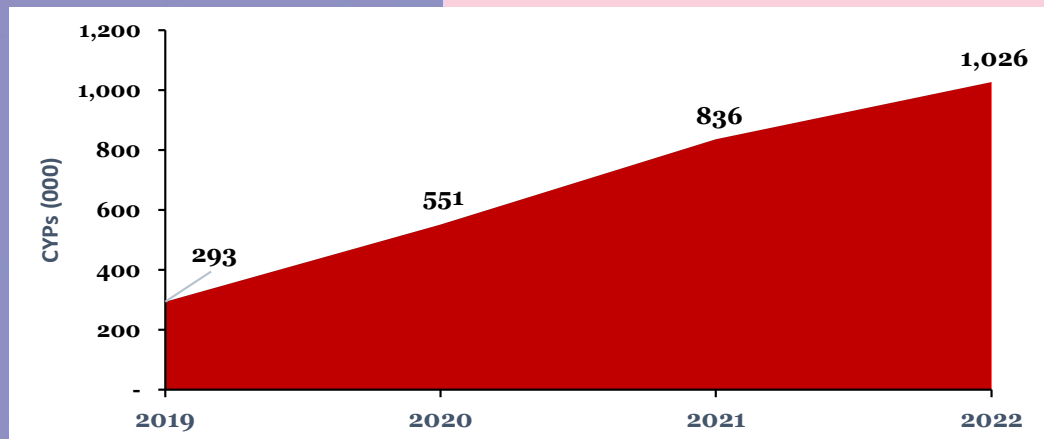
The team was able to scale back in 2022 and provided **2.4 Million** contraceptive CYPs in collaboration with health workers around the Country. This is encouraging in light of the Covid-19 spillover consequences experienced in 2021 and the EVD in 2022.

CYPS for the past 4 years



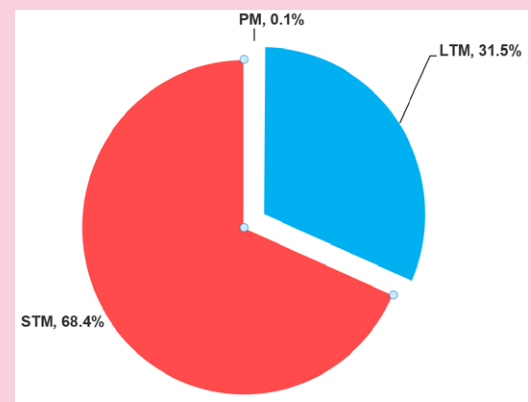
The total number of CYPs that have been distributed as a result of our Public Sector Support has been steadily climbing, going from 293,000 in 2019 to 1.6 million in 2022.

CYP Growth in PSS - 2019 to 2022



Contraceptive Choice

Choice is at the heart of everything we do, and across all of our services, we provide counselling in addition to a full range of contraceptive options. We can ensure that every woman has access to the method of contraception that best meets her needs by offering the widest choices possible, which include temporary, long acting, and permanent methods.



Quality Of Care

Within MSUG, quality is inherent to all that we do: whether a client is receiving a service from any channel, their experience will be quality assured by our teams to the same MSI global standards.

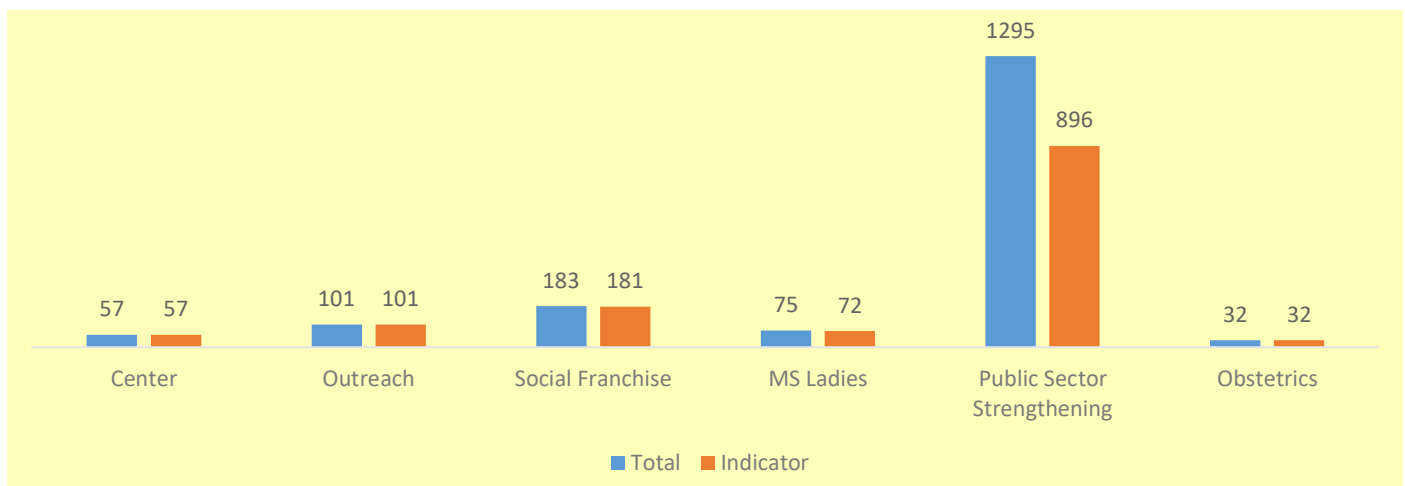
The Global Medical Development Team (MDT) sets and monitors the clinical standards for our services as well as the quality of medical products and pharmaceuticals. MDT's oversight covers all our interventions, under the guidance of the regional medical advisors, supported by a senior clinician with international experience.

Forty-six (46) sites and six (6) teams/channels including the Maternity Centre underwent clinical quality assessments in 2022.

Performance in quality assessments - Ten (10) sites qualified as “**model sites**,” a phrase we use to characterize sites obtaining benchmark ratings across all assessed areas. Other Clinical Quality initiatives include, Clinical Quality Assessments (CQA) Competency evaluations, mentorships, Medical Education Mentorships (MEM) mock exercises, and MEM refresher training (in outreach and centre channels). Also, twelve (12) MS. Ladies were trained in PAC surgical procedures in order to expand access to comprehensive PAC services.

Regional Training Officers (RTO), PSE cluster coordinators, and Outreach cluster leads collaborated with Quality Assurance Management and Training Officers to provide clinical support in the year 2022.

Results of clinical staff competency assessments in 2022



In 2022, more than 1,700 of all clinical practitioners were assessed for each service (tubal ligation, Intrauterine device (IUD) insertion, and medical emergency readiness) they offer. These measures enhance the reduction of clinical risk across all service delivery channels. Clinical quality will continue to be a key aspect of our operations and 2030 strategy moving ahead.

BEING ACCOUNTABLE

Our Commitment to Gender Equality

MSUG is dedicated to increasing gender equality while also expanding and prioritising existing activities in diversity, equity, and inclusion. This is driven by the Human Resources team, who are supported by a panel of staff, with a focus on women's equality, ethnic diversity, and gender and sexual diversity.

In addition, MSUG continues to build staff capacity in preparation for implementing its basic care approach to assisting survivors of Sexual and Gender-Based Violence (SGBV) as part of an integrated programme within SRH. Basic care includes the provision of basic emotional support, SRH therapies, prophylaxis, and referrals to professional and thorough therapy.

In 2023, providers, programme staff, and MSUG contact centre agents will receive extra training in SGBV.

Safeguarding & Dignity in a Workplace

We are committed to protecting our clients and employees across all of our delivery channels. We have a system in place to prevent and address sexual exploitation, abuse, and harassment.

Where incidents do happen, these are quickly identified and responded to in a way which maintains survivor and/or whistle-blower safety and welfare.

MSUG is constantly seeking to learn lessons from past incident reviews, developments in the larger safeguarding sector, and the experiences of our team members to improve our organisational approach to safeguarding and preventing future incidents.

“ ALL MSUG SFATT AND THIRD-PARTY PROVIDERS RECEIVE TRAINING AT LEAST EVERY TWO YEARS ON SAFEGUARDING OUTLINING THE ETHICAL CONDUCT EXPECTED OF REPRESENTATIVES OF MSUG, AND HOW TO SPEAK UP ABOUT AND RESPOND TO SAFEGUARDING CONCERNS.

‘SPEAKING UP’

One of our basic values is accountability and speaking up is embedded in our business culture. The key to maintaining a safe and ethical workplace is ensuring that our employees, clients, and partners have an appropriate means of addressing concerns.

Complaints about workplace safety, fraud, bribery, corruption, legal transgressions, or other situations that offend our clients or team members can be reported confidentially, by phone, or online. We utilise Safe call, an independent hotline for whistle-blowers, to provide a toll-free, 24-hour service wherever it is available.

“ All staff receive training in “speaking up,” and all MSUG sites promote these channels of communication.

Modern Slavery

As an organisation that promotes the rights of women and girls, we are absolutely opposed to modern slavery and human trafficking in all its forms. In addition to our modern slavery policy, accompanying training and global due diligence programmes, we are committed to reviewing approaches to managing modern slavery risk throughout the procurement and supply chains. For further information, MSUG's Modern Slavery Statement can be viewed on our website.

Data Protection

MSUG employs a Data Protection Officer who is responsible for ensuring compliance with Ugandan Data Protection laws. MSUG participates in the Global Data Privacy Program managed by MSI. This consists of policies, tools, and standards as well as training, help, and implementation monitoring.

The MSUG Data Protection Officer, also known as the information lead, is trained and supported as part of the Data Privacy Programme to detect data privacy issues as they develop, train employees in frontline roles, and reduce data privacy risks whenever possible. The Data Privacy Programme sets our data privacy standards and puts in place organisational procedures and safeguards to ensure that privacy is incorporated by design. As a result of this, MSUG is held accountable, transparent, and fair in how it processes and protects personal data



Opinion

We have audited the financial statements of Marie Stopes Limited (the “Organisation”), which comprise: the statement of financial position as at 31 December 2022; 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 2022 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

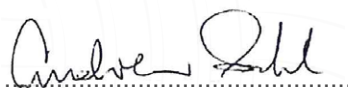
We conducted our audit in accordance with International Standards on Auditing (ISAs). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organisation in accordance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

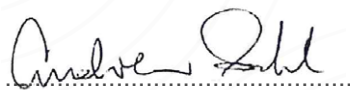
STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	Notes	2022 UShs '000	2021 UShs '000
INCOME			
Grant income	5	45,709,160	44,522,901
Service income	6	19,110,912	15,958,194
Other income	7	2,175,871	778,275
Total Income		66,995,944	61,259,370
EXPENSES			
Human Resource costs	8	(22,764,022)	(20,580,745)
Travel costs	9	(12,726,676)	(8,798,516)
Equipment, supplies and operating costs	10	(18,994,359)	(17,895,510)
Other activity costs		(1,659,246)	(1,589,437)
Monitoring and evaluation costs		(84,193)	(55,894)
Office costs	11	(3,934,233)	(4,404,131)
Marketing and communication	12	(934,733)	(1,753,918)
Professional and governance costs	13	(5,163,977)	(4,703,934)
Finance costs	25(b)	(450,940)	(284,646)
Total Expenses		(66,712,379)	(60,066,731)
Surplus before taxation		283,565	1,192,639
Taxation	16(a)	(304,766)	-
Surplus after taxation		(21,201)	1,192,639
OTHER COMPREHENSIVE INCOME			
Other comprehensive income		-	-
Total comprehensive income for the period		(21,201)	1,192,639

STATEMENT OF FINANCIAL POSITION

	Notes	2022 Ushs `000	2021 Ushs `000
ASSETS			
Non-Current Assets			
Equipment	19	2,347,754	3,654,944
Right -of use assets	25(a)	4,090,781	4,549,493
Deferred Tax	16(d)	467,421	-
Intangible Asset	20	280,794	156,948
		<u>7,186,750</u>	<u>8,361,385</u>
Current assets			
Inventories	17	5,262,696	6,008,824
Trade and Other Receivables	18	9,167,798	5,664,465
Cash and Cash Equivalents	22	2,623,727	4,735,218
Advances Recoverable from donors	24(b)	100,050	-
		<u>17,154,271</u>	<u>16,408,507</u>
Total assets		<u>24,341,021</u>	<u>24,769,892</u>
GENERAL FUNDS AND LIABILITIES			
General Funds			
Accumulated Loss		(2,256,816)	(2,235,615)
Non-Current Liabilities			
Deferred Income	24(c)	3,405,232	3,569,746
Lease Liabilities	25(c)	2,935,199	3,289,826
		<u>6,340,431</u>	<u>6,859,572</u>
Current Liabilities			
Trade and Other Payables	23	9,466,010	8,860,289
Tax Payable	16(c)	131,865	-
Due to Related Parties	21(b)	9,114,390	9,735,161
Provisions	29	370,569	443,569
Lease Liabilities	25(c)	1,174,572	1,106,916
		<u>20,257,406</u>	<u>20,145,935</u>
Total General Funds and Liabilities		<u>24,341,021</u>	<u>24,769,892</u>

The financial statements were approved for issue by the board of directors on 11th March 2023 and were signed on its behalf by:


Director


Director



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