MARGARET PYKE TRUST

Impact Report 2024/2025

Thriving Together: A healthy future for people and planet

A message from our Chair

We are a unique global non-governmental organisation embedded in the human health, biodiversity and climate sectors. We change biodiversity and climate policy to support reproductive choice.

Women and girls on the frontlines of the climate crisis are among the least served in global health. Between 200 and 300 million in low- and middle-income countries still lack access to voluntary, rights-based family planning — a figure rising sharply in the wake of global aid cuts.

People living and working in last-mile communities understand that biodiversity, human health, and sustainable livelihoods are interdependent. Poor outcomes in one area both reflect and drive declines in others, creating a cycle of compounding challenges – all of which are further intensified by the impacts of climate change.

We exist to challenge this: we support healthcare providers, influence national and global policy, and deliver evidence of how community-informed, multi-sector programming is essential to protect human health, livelihoods and biodiversity in the context of the climate and biodiversity crises.

But there remain barriers to family planning everywhere on earth, including here in the UK. Whilst much of our work is global, we also provide update training to more NHS clinicians in contraceptive and sexual health than anyone else.

In the past year, we have continued to use our status and expertise across the human health, biodiversity and climate sectors to change the narrative, promoting multi-sectoral partnerships. In the following pages, we demonstrate our unique value and impact in changing policy, building partnerships and providing training.

S Copeman

Sophie Copeman

Our vision

A future without barriers to family planning, in a climate resilient world with healthy ecosystems.

Our mission

We accelerate the work of the health sector, to ensure everyone who wants contraception can access it, by changing policy, building partnerships and providing training.

Our impact in numbers

Our work continues to deliver imapct. These are some highlights from the year.

3
new integrated projects initiated

1.2M
patients receiving improved care as a result of our work

A++
score from the UK governement's Darwin Initiative

1
toolkit published, to help others

1
key report published

1,278
clinicians, nursing school students and peer educators trained

£6
saved for every £1 invested in the Ugandan healthcare system

33
organisations received technical advice and training

GLOBAL POLICY

Transforming climate and biodiversity policy to promote reproductive choice

When we assess the challenges faced by communities in low- and middle-income countries, it is always striking how clearly the connections between health, life plans, income, and climate are understood. In rural areas, where people depend on healthy ecosystems for food, water, and livelihoods, the links between health, climate, and biodiversity are articulated with clarity born from daily experience. Yet while this understanding is evident at the community level, it is rarely reflected in global policy.

Our policy work bridges this gap. We advocate for climate policies that recognise reproductive choice as a fundamental cornerstone of climate resilience; for biodiversity policy that supports multisectoral programmes integrating health services with other conservation actions; and for health policy that acknowledges human health and wellbeing depends on the ecosystems and ecosystem services that sustain all life.

We are one of very few organisations advocating in global fora for removal of barriers to family planning as a means of improving resilience to climate change and enhancing biodiversity efforts.

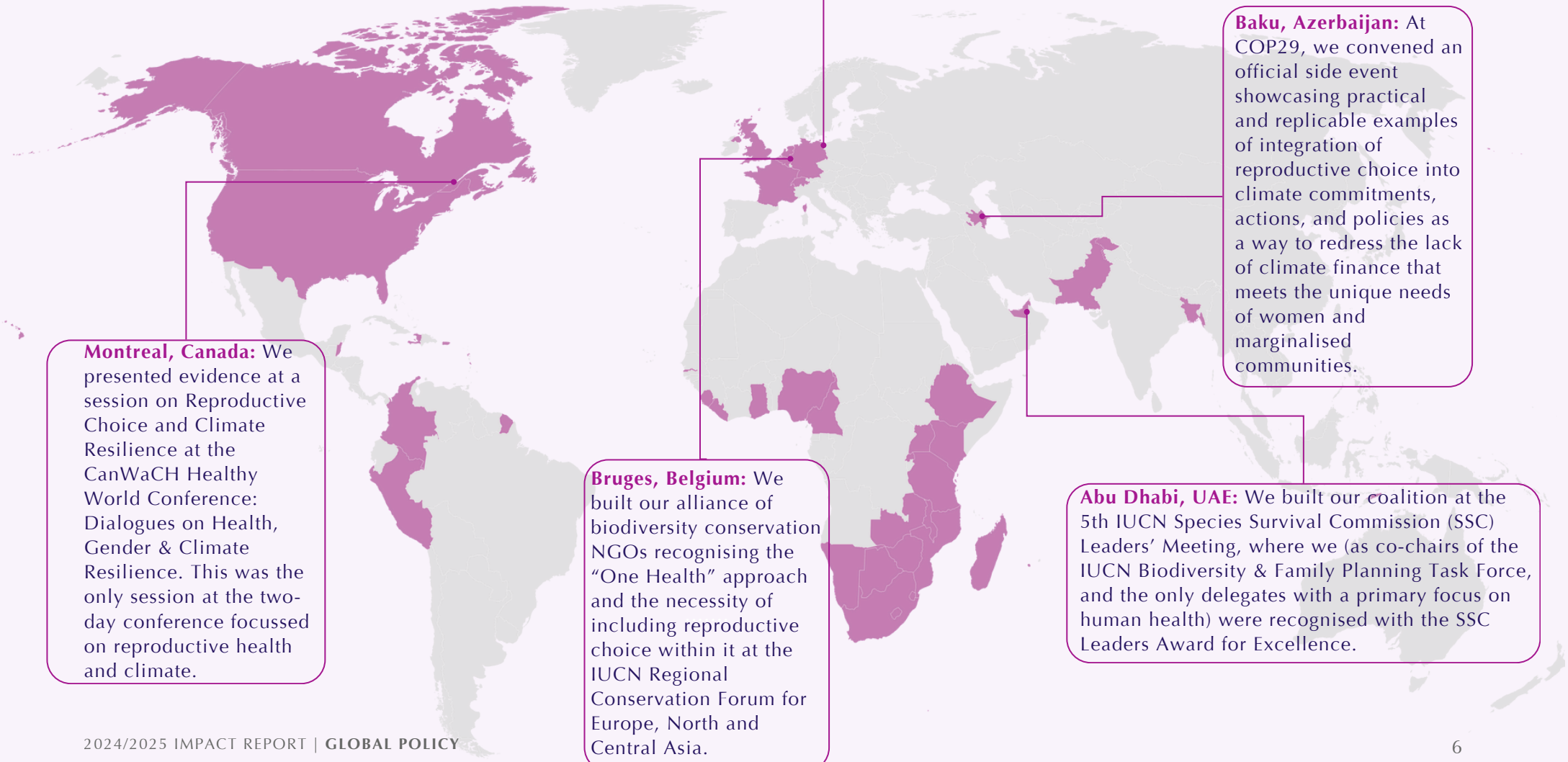
This year we brought together policymakers, donors, and practitioners to advocate for integration of Sexual and Reproductive Health and Rights (SRHR) in biodiversity and climate action to deliver stronger and more sustainable outcomes for people and nature alike. Without us, these discussions would be almost entirely absent.

MSI has partnered with the Margaret Pyke Trust for many years. Our work in Zambia was catalysed by insights and relationships formed at COP29, including exchanges with our Ugandan counterparts from Regenerate Africa, which directly inspired our push to integrate SRHR into Zambia's Nationally Determined Contribution (NDC) and the Health National Adaptation Plan.

Namakando Simamuna
Policy, Partnerships & Projects Technical Advisor
MSI Zambia

Our global reach

Our movement is truly global. Partners from 38 countries (highlighted below) have co-sponsored our IUCN motions, sought our input on climate policy, and joined us in championing reproductive choice for climate-resilient development. Five major conferences where we advanced this agenda are also shown below.



Berlin, Germany: In the lead-up to COP29, we explored the inter-related climate and health crises and identified opportunities for multi-sectoral investments to ensure women and girls are not left behind in the climate response at our first participation at the World Health Summit.

Baku, Azerbaijan: At COP29, we convened an official side event showcasing practical and replicable examples of integration of reproductive choice into climate commitments, actions, and policies as a way to redress the lack of climate finance that meets the unique needs of women and marginalised communities.

Montreal, Canada: We presented evidence at a session on Reproductive Choice and Climate Resilience at the CanWaCH Healthy World Conference: Dialogues on Health, Gender & Climate Resilience. This was the only session at the two-day conference focussed on reproductive health and climate.

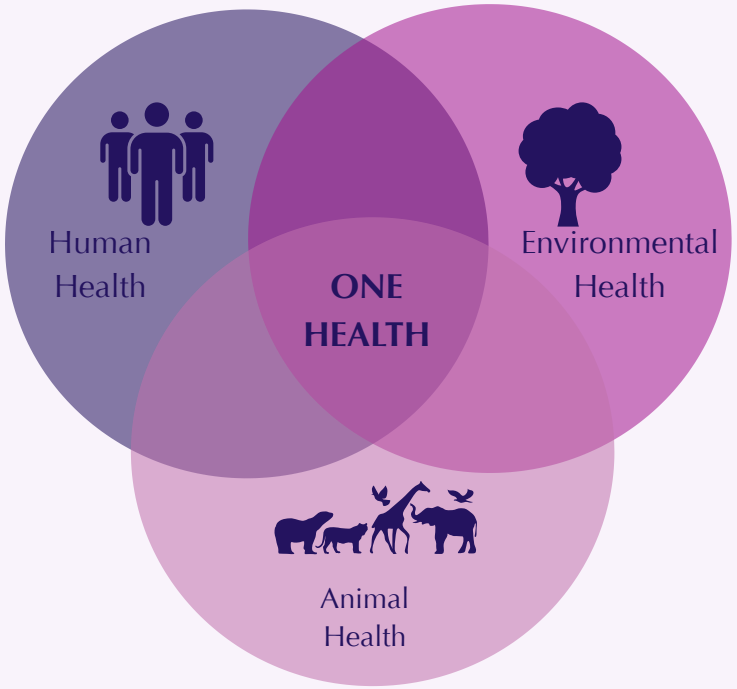
Bruges, Belgium: We built our alliance of biodiversity conservation NGOs recognising the "One Health" approach and the necessity of including reproductive choice within it at the IUCN Regional Conservation Forum for Europe, North and Central Asia.

Abu Dhabi, UAE: We built our coalition at the 5th IUCN Species Survival Commission (SSC) Leaders' Meeting, where we (as co-chairs of the IUCN Biodiversity & Family Planning Task Force, and the only delegates with a primary focus on human health) were recognised with the SSC Leaders Award for Excellence.

SPOTLIGHT

IUCN

When we became the only member of IUCN with a primary focus on reproductive health, we did so for one simple reason: we wanted to change biodiversity conservation policy from within. That has led to many years' work building relationships, learning how biodiversity policy and procedures can be influenced and developing strategies to highlight how and why sexual and reproductive health and rights can be relevant to a sector which, generally speaking, other health organisations do not engage.



This year:

- the IUCN published the Amphibian conservation action plan. This was the second conservation action plan that, as a result of our work, includes links between human health and biodiversity.
- we launched new guidance on integrating reproductive health into national biodiversity plans (NBSAPs), leading to strong international interest and translation into French and Spanish.
- we led the coordination of an IUCN motion promoting health sector partnerships to advance biodiversity. After a complex merger process, two final "One Health" motions emerged, both supporting reproductive choice.

These action plans and policies matter to people working in biodiversity conservation. And they matter to us, because the health sector needs additional allies, diverse partners, new funding sources and extra programmatic ways to ensure everyone can exercise their right to choose if, when and with whom to have children. Ultimately, we know that integrating actions improving reproductive health with conservation and livelihood actions leads to greater human and environmental health outcomes.

Download reports here

Partnerships

Establish new partnerships with health, conservation and climate organisations to integrate reproductive health, livelihood and environmental action

Through our programmatic work, we have proven that when we work together, integrating action across the human health and conservation sectors, we have greater outcomes for people and nature than when we work separately.

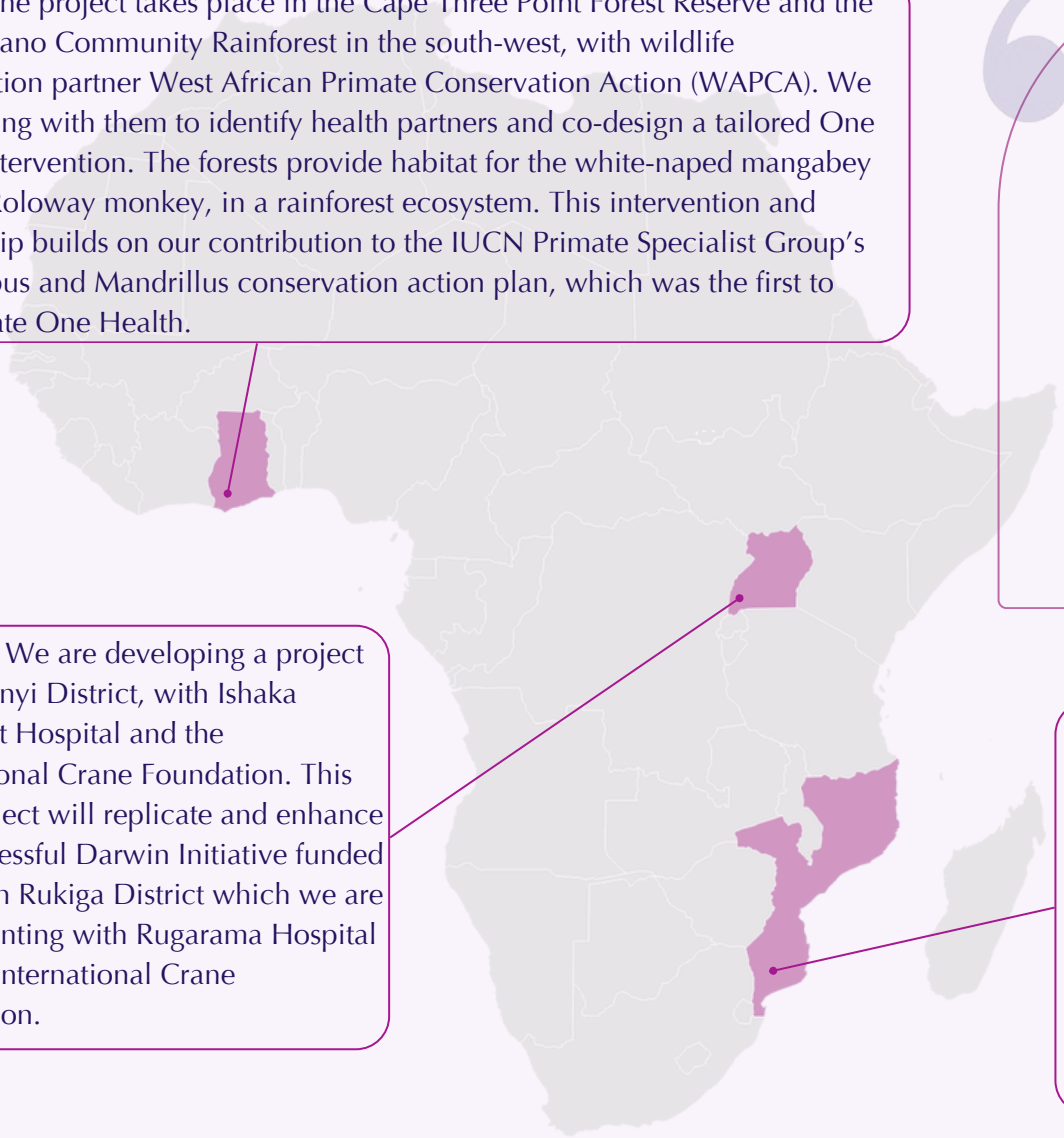
All too often, however, health and conservation organisations face barriers when working together; holistic programmes are frequently blocked by siloed policymaking, fragmented funding, and a lack of collaboration across sectors. We are working to change this.

We are building strong partnerships that directly respond to community-identified health, livelihood and conservation challenges and solutions. We follow an evidence-based approach to support conservation and health organisations to work together towards shared goals, supporting the design and implementation of One Health programmes that are developed inclusively and equitably in response to local situations and the expressed needs of the people most closely linked to biodiversity conservation. We work to improve human health, particularly reproductive health, while empowering communities to achieve sustainable livelihoods, manage natural resources, conserve biodiversity, and maintain ecosystem services.

Building the evidence base

We are working with partners in three countries to develop new programmes integrating reproductive health services, conservation action and livelihood generation.

Ghana: The project takes place in the Cape Three Point Forest Reserve and the Ankasa-Tano Community Rainforest in the south-west, with wildlife conservation partner West African Primate Conservation Action (WAPCA). We are working with them to identify health partners and co-design a tailored One Health intervention. The forests provide habitat for the white-naped mangabey and the Roloway monkey, in a rainforest ecosystem. This intervention and partnership builds on our contribution to the IUCN Primate Specialist Group's Cercocebus and Mandrillus conservation action plan, which was the first to incorporate One Health.



Working with the Margaret Pyke Trust has opened up a new way of thinking for us, showing how health, livelihoods, and conservation can be integrated to strengthen forest conservation and primate protection. Their policy expertise and successful advocacy created the space for family planning and the One Health approach to be recognised as vital conservation actions, and we are excited to be designing a new project together in Ghana. This partnership is already shaping how we work, and we look forward to the positive impact it will bring for people and nature.
Andrea Dempsey - **Director, WAPCA**

Uganda: We are developing a project in Bushenyi District, with Ishaka Adventist Hospital and the International Crane Foundation. This new project will replicate and enhance our successful Darwin Initiative funded project in Rukiga District which we are implementing with Rugarama Hospital and the International Crane Foundation.

Mozambique: We are working in the Mwai Community Conservation Area and the wider Matutuíne District, with partners Conserve Global, Maputo Conservation Company Limitada, and PSI. The area is home to elephants and other iconic species, within a landscape of savannas, forests, and lakes. It will be the first One Health project to include a 20-year commercial sustainability plan, centred on opening a community lodge that depends on conserving ecosystems and supporting community health.

In communities where our work was integrated across sectors, we saw:

- Higher contraceptive use and greater decision-making autonomy
- Fewer wetland fires and improved environmental behaviours
- More men and women attending talks and accessing health services
- 5 times more people reached by peer educators
- Greater food security and social cohesion
- 20% growth in community conservation group membership

SPOTLIGHT

Our partnership in Rukiga District, Uganda

Our Rukiga project is a powerful example of what is possible when organisations and sectors work together towards shared goals. We partner with the International Crane Foundation, Rugarama Hospital and the London School of Hygiene & Tropical Medicine, to deliver our flagship programme in the wetlands of Southwest Uganda.

The work strengthens community and ecosystem resilience by addressing the root causes of pressures on wetlands and families through a community-led programme that includes climate-smart agricultural livelihoods, healthcare training and service provision, wetland and crane conservation, and public education.

We have now scaled this approach to cover 21 parishes in Rukiga District. We published a toolkit to support others when designing and implementing programmes integrating health, livelihoods, and conservation action.

Rukiga impact at a glance (2021–2025)

Over the past four years, our approach has achieved measurable improvements in conservation, livelihood and health outcomes.

1,400

hectares of land brought under Community Conservation Agreements (400 hectares wetland, 1,000 hectares upland farm)

4,320

additional people provided with elephant grass stems, trained in their use and supported through coordinated community action to stabilise hillslopes

292

healthcare workers trained across the region

16,311

health consultations provided (including 3,780 for family planning)

21

previously unused or underused clinics now providing healthcare services

1,392

households trained on sustainable agriculture practices and market access (and supplied with tools, seeds, and elephant grass stems)

9,588

people reached with interactive education on human health, environmental health, sustainable livelihoods, and the links between them

96

farmers trained and supported to establish oyster mushroom farming as part of climate-smart 'backyard' agricultural practices

Training

Improve and expand sexual and reproductive health services by training healthcare professionals

Whether in the UK or globally, many of the barriers associated with access to reproductive and sexual health services – for instance negative past experiences, concerns about side effects, healthcare professionals not providing sufficient information, and concerns about methods or fitting procedures – relate to the quality of advice, healthcare and support provided by clinicians and the healthcare system.

Our training empowers healthcare professionals to understand the range of contraceptive options available and sexual health concerns as well as how to have informed consent conversations so that patients feel empowered to make sexual health and contraception choices that are right for them. Creating a sexual health service that ensures that service users feel able to access care, means we are removing barriers to accessing contraception and sexual healthcare and reducing unmet needs.

Our training in the UK

This year we trained **783 clinicians** in sexual and reproductive health, through **42 online courses**, totalling **2,883 delegate hours**. Highlights included:

- An estimated 263,083 patients benefitting from improved care due to our training.
- We were the leading provider of the Faculty of Sexual and Reproductive Healthcare's SRH Essentials training course.
- We delivered 26 bespoke courses designed for NHS Trusts, Integrated Care Boards, pharmacy chains and others on topics including menopause, STIs, LGBTQI+ health, epidemiological trends in sexual health, and more.
- 84% of surveyed clinicians reported applying their training in practice 6–12 months later.
- 92% said it improved the care they provide.

All of our training is underpinned by our framework **Everything**, **Everywhere**, **Everyone**, which seeks to ensure that service users have informed choice about their sexual and reproductive health. Our training works to ensure these conversations are happening in all spaces where clients might seek or access services, not just in specialised sexual health clinics, and our training supports healthcare professionals to identify health inequalities in sexual health and work to address them, both in individual practice and across systems.

"The training the team at Margaret Pyke have provided have been nothing short of exceptional, consistently receiving rave reviews from our North Central London nursing and allied health professional workforce. The dedication to advancing skills and knowledge has been invaluable, and we eagerly anticipate the opportunity to continue this fruitful partnership, further enhancing the professional development of our healthcare professionals."

Barbara Bryden
Project Officer (Nursing)
North Central London Training Hub

Our training in Uganda

This year we worked with Rugarama Hospital, Ishaka Hospital, and 21 outreach health centres. We trained **495 healthcare professionals and peer educators across these 23 facilities**, resulting in:

- 5,596 unintended pregnancies averted
- 1,314 unsafe abortions averted
- 9 maternal and 133 child lives saved

Highlights from Rugarama Hospital:

- 149 members of staff undertook around 2,670 hours of training
- 2,858 users of family planning receiving improved services
- 468 women were reached with postpartum family planning information
- 430 women accessed cervical cancer screening and follow-up care

Highlights from Ishaka Hospital:

- 309 members of staff undertook around 5,725 hours of training
- 5,347 users of family planning receiving improved services
- 1,390 women were reached with postpartum family planning information

Everyone working in a healthcare facility has their own role to play in combatting family planning myths and misconceptions and removing physical, structural and other barriers to family planning services. We train all staff because it increases awareness of, support for, and delivery of family planning services. We also train and mentor clinicians to lead USHAPE training and service improvements in-house. This means that the benefits of USHAPE are embedded at the institutional level on a long-term basis, which reduces long- term reliance on external support and increases opportunities to reach women and girls with the high-quality reproductive information and services they need.

SPOTLIGHT

Rugarama Hospital, Uganda

Rugarama Hospital is a 250-bed facility in Kabale, south-west Uganda, serving a population of about 140,000. It runs around 50 outreach centres in rural and remote areas, where we work with them to reach communities that would otherwise have little or no access to healthcare. We also support the implementation of USHAPE within the hospital itself.

> *Being trained under the USHAPE model has been a transformative experience in both my professional work and personal growth. USHAPE has changed how I view reproductive rights and access. I've become an advocate for informed choice and respectful care, and this has improved how I interact with clients, especially adolescents and vulnerable women. I am truly grateful for the opportunity, and I believe that with continued support and mentorship, I can continue to grow and make a difference as far as sexual and reproductive health is concerned.*
>
> Komujuni Michelle
> **Head of Paediatrics and USHAPE trainer**

Our finances at a glance

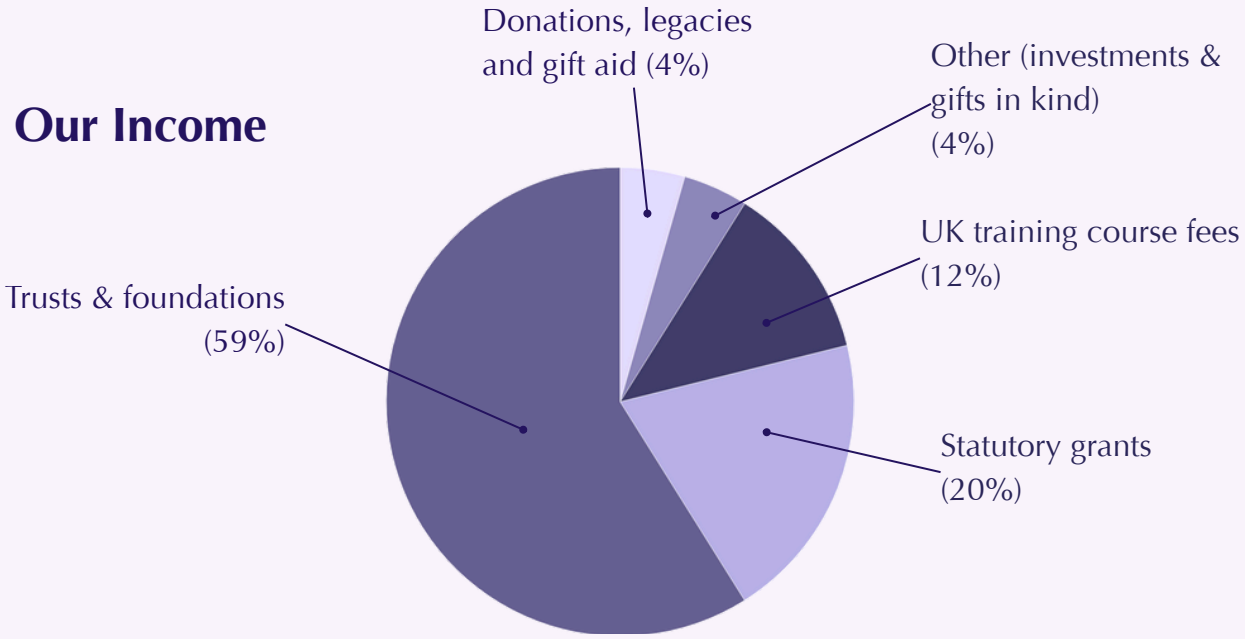
In the year ending 31 March 2025, our total income was £640,388 and our expenditure was £670,847, resulting in a planned deficit of £30,459. Despite this, our reserves remain healthy and within our reserves policy at £247,388.

Our income is diverse, with 59% from charitable trusts and foundations, 20% from a statutory grant (from the (UK government Department for Environment, Food & Rural Affairs' flagship biodiversity funding mechanism, the Darwin Initiative), 12% is earned income from delivering our training courses, and 5% is from individual donations, alongside smaller amounts from investments and gifts in kind.

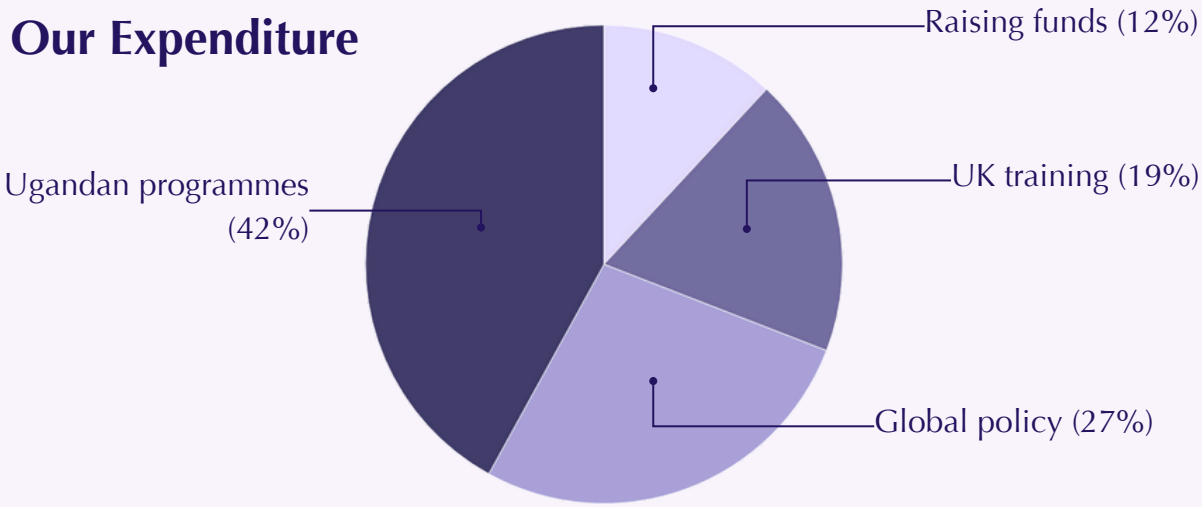
88% of our spending enables training of healthcare professionals, development of new programmes and global policy change. Only 12p in every pound goes into securing future income.

The pie charts show our sources of income and how it is invested back into our charitable activities.

Our Income



Our Expenditure



For every £1 we spend, just 12p goes into raising the next pound — 88p goes directly to our programmes.

Thank you from our Chief Executive

This year's achievements were made possible by the support of our donors and the power of our partnerships. We are deeply grateful to them all.

The next 12 months are pivotal. The upcoming IUCN World Conservation Congress will be a watershed moment, with key votes on our motions on One Health and reproductive choice and the launch of the new Centre for Species Survival, focused on the "Human Dimensions" of conservation, a permanent IUCN body supporting our work. Equally, we will continue our collaboration with health partners to showcase the importance of integrating sexual and reproductive health in climate adaptation strategies.

In a time of significant overseas aid cuts, our multi-sectoral model is a necessity. It is the most resilient, cost-effective way to build strong, healthy communities and conserve the ecosystems on which we all rely. We will continue to work on new projects that integrate a focus on improving health in last-mile communities, conservation and climate resilience in Mozambique, Ghana, Zambia and elsewhere, whilst continuing to engage new donor partners to ensure the launch of these ground-breaking initiatives.

We are also undertaking a complete refresh of our work in the UK, following our framework Everything, Everywhere, Everyone. We will continue to develop courses reflecting the realities healthcare professionals and their communities, with a renewed emphasis on reaching underserved groups.

The impact of our work is a testament to the fact that when we break down silos, we create solutions that are greater than the sum of their parts. We are improving lives, conserving biodiversity and showing what true collaboration can achieve. We look forward to working with more organisations to demonstrate that a holistic approach is essential to achieving lasting impact.

David Johnson

david@margaretpyke.org

www.margaretpyke.org

Registered charity number 1064672

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