STRONGER TOGETHER

GLOBAL IMPACT REPORT 2019

MARIE STOPES INTERNATIONAL

Children by choice, not chance

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Front cover: Damales, an outreach nurse at Marie Stopes Zambia.

This page: CEO Simon Cooke meets with team members during an outreach visit in Bolgatanga, Ghana.

A MESSAGE FROM OUR CEO

2019 was another year of record impact for Marie Stopes International (MSI), with nearly 10 million client visits and over 32 million people across the world now using a method of contraception we have supplied. From our provision in abortion clinics in the UK, to our newest outreach services in the Democratic Republic of Congo, with essentially flat grant income, this was achieved through greater efficiency, focussing on quality and listening to what our clients want.

As always, our team members worked hard to provide essential services throughout our 37 country programmes, with over 70% of all clients served living in communities with the greatest need: adolescents for whom access is invariably heavily restricted; those using a method of contraception for the first time; and those living in extreme poverty, where often neither the public nor private sector provides affordable options.

I am immensely proud of this achievement, especially given our refusal, since 2017, to bid for US Government funding. The US administration remains the biggest single funder of family planning programmes worldwide, but is implacably opposed to any grantee offering advice, support or even counselling for women seeking safe abortion. We will not bid for US funding until the damaging 'Gag Rule' is overturned.

As I write this during the unfolding COVID-19 pandemic, a few things become clear; the resilience of our frontline teams, who continue to keep our doors open, the importance of continued investment in women's and girls' health, the interconnectedness of our world and the solidarity of our community. Like never before, we need our partners to help us sustain lifesaving access at a time when the need is greatest.

2020 is the final year of our 'Scaling Up Excellence' strategy and early last year we embarked on a process of intense consultation and debate about how we should adapt to provide greater impact in the decade to come. By 2030, we want to see a world where no woman or girl has to resort to an unsafe abortion and where all demand for contraception is met.

We began the process by asking those closest to us – our clients, team members and partners, and then went further afield, beyond our sector, to challenge ourselves to think of innovative ways to solve old problems. Many issues emerged – the strength of our service delivery, the trust that our partners have in the choice and quality we offer, the importance of diversifying our impact metrics, the opportunities to integrate our services with others across the health system and the power of our advocacy, when we do speak up.

We also learned that MSI, often perceived as a 'lone wolf' in our approach to delivering services, needs to work better with others, to form stronger, lasting partnerships that will multiply the impact of our collective efforts. I heard again and again that whilst we are very good at what we do, we are less good at doing it in partnership with others, including national governments, who ultimately bear the responsibility for provision of these services to support women's and girls' health and equality.

We are dependent on the partnerships we have established with ministries of health, donors and professional associations around the world. Our success in removing policy restrictions to contraceptive and safe abortion access (over 50 since 2015) could not have been achieved without working alongside advocacy partners and coalitions. And our programmes are forging ever more diverse and meaningful partnerships to deliver jointly for women and girls, such as working with the International Rescue Committee in Tanzania to mitigate and respond to gender-based violence in refugee camps, or working with WaterAid in the Asia Pacific region to integrate menstrual health, water and sanitation and reproductive health services.

As we look forward to 2030, we know that access to safe abortion everywhere is within reach, that universal access to contraception is entirely achievable, but that MSI cannot achieve this vision alone.

To be able to offer the widest and most relevant choices to our clients, to strengthen our connections with the communities with which we work and to play our part in influencing broader change, we need to continue to explore and forge new partnerships – some obvious, some more surprising. We know that we have a long way to go to be the flexible, open and collaborative partner that we aim to be, but we are wholly committed to that journey.

Collaboration is therefore the theme of this report and will be a defining feature of our new strategy. It takes time to build trusted relationships, but I am excited about the many current opportunities that are opening up that will allow us to have greater impact and a meaningful contribution to the lives of women and girls; for example, with the environmental sector, those working on girl's education, with humanitarian partners and women's rights advocates. Universal health coverage offers a convening platform for us all to move forward together and for artificial silos, such as family planning and HIV, to be broken down.

Thank you to you all – our much-valued partners – for making our record-breaking impact possible in 2019 and for joining us on this journey as we evolve to face the challenges ahead.

Simon Cooke
CEO, Marie Stopes International

AN UNFINISHED AGENDA

232M

232 million women between 15-49 in developing regions want to prevent or delay a pregnancy, but aren't using a modern method of contraception[1]

25M

25 million women and girls resort to an unsafe abortion each year[2]

22,800

22,800 women and girls die each year from unsafe abortions – roughly 8% of maternal deaths, and an additional 7 million women and girls suffer serious complications[3]

15-19

Complications from pregnancy and childbirth are the second leading cause of death among girls aged 15–19[4]

1 IN 4

Nearly 1 in 4 women surveyed by MSI reported experiencing some form of stigma, either from their community, from their partner, and in some cases, from their provider – stigma remains a significant barrier to access

1. FP2020, Women and Girls at the Center, 2019.
2. Singh S et al., Abortion Worldwide 2017: Uneven Progress and Unequal Access, New York: Guttmacher Institute, 2018.
3. Singh S et al., Abortion Worldwide 2017: Uneven Progress and Unequal Access, New York: Guttmacher Institute, 2018.
4. Darroch JE et al., Adding it Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents, New York: Guttmacher Institute, 2016.

Woman in Ethiopia, one of the 37 countries where MSI works.

Every day, in every country where we work, we see our services restricted by unnecessary regulation and over-medicalisation. This prevents women and girls from seeking and receiving the care and services they so desperately want.

This year marks 25 years since the Beijing Declaration and Platform for Action was affirmed by 185 countries, laying out 12 critical areas where urgent action was needed to achieve gender equality. One of these areas was women and health, with the understanding that women can never achieve their full potential without the realisation of their right to health.

This agenda remains unfinished. Over the last 40 years, many countries have made excellent progress in improving access to contraception, but the number of women and girls with an unmet need for contraception hasn't changed much since 2008. A fast growing population means that every day there are more women and girls of reproductive age than ever before (1.9 billion in 2020, rising by over 6% in 2030).[5]

Beyond this, the impacts of the climate crisis and ongoing conflicts around the world mean that increasing numbers of people are becoming more vulnerable. By the end of 2018, there were 70.8 million people forcibly displaced worldwide.[6] With increasing numbers of women and girls in need of and lacking access to quality sexual and reproductive health services, we believe our role must be to lead the way to building sustainable access to these services so that every individual can realise their right to self-determination.

Until all women and girls have access to contraception and safe abortion services, we cannot expect to achieve gender equality, nor to be able to deliver on the promises of the Beijing Declaration or the Sustainable Development Goals.

Above: A safe abortion client recovering after a procedure in India, where we provide safe and high-quality abortion services in our centres.

HOW MSI IS STEPPING UP TO MEET WOMEN'S AND GIRLS' DEMANDS

MSI puts women and girls, and their choices, at the centre of our work. That's why we work to provide the full method mix and provide quality, rights-based client-centred counselling so that women and girls can choose the contraceptive and safe abortion/post-abortion care method that is best for them.

Scale and Impact

Doubling our health impact through contraception and safe abortion service delivery at scale.

Quality

Setting the clinical, programmatic, and client care standards that other providers aspire to.

Sustainability

Using our expertise to build sustainable private sector models that go beyond donor support.

SAFEGUARDING AT MSI

At MSI, ensuring quality also means ensuring the safety and well-being of our teams and our clients. Every team member undergoes safeguarding training and signs a declaration which commits them to uphold the principles of the code of conduct and their safeguarding responsibilities throughout their work. This year, our safeguarding team developed and tested a new training programme for Safeguarding Champions and further adapted the training package for managers; both these programmes aim to support cultural change within MSI and are linked to reinforcing the skills and behaviours required to ensure a client-centred approach throughout our service provision. The programme emphasis is on the responsibility to create a conducive environment for fully informed choice: where individuals feel respected, empowered and well cared for.

Team members and clients also have access to information on how to raise a concern, and online safeguarding material has been made available in English and French.

5. United Nations, Department of Economic and Social Affairs, Population Division, World Population Prospects, 2019.
6. UNHCR, Global Trends: Forced Displacement in 2018, June 2019.

ACCESS WITHOUT QUALITY, ISN'T ACCESS

Left: MSI team members delivering a group education session to women in rural DRC.

Below: Team members in Vietnam and Ghana providing counselling to women in their communities.

STRENGTHENING THE PUBLIC AND PRIVATE SECTOR TO DELIVER FOR WOMEN

The public sector is and should always be a key point of access. But it is becoming clear that engaging all parts of national health systems and markets is the quickest, most efficient way to increase access and quality.

Across our programmes we see again and again that a comprehensive approach to public, private and NGO provision shaped by principles of collaboration, trust and equity can be a critical tipping point towards reaching the shared goals of universal access to sexual and reproductive health and rights (SRHR). In pursuit of our mutual aim of building capacity to deliver sustainable services, expand access and ensure quality, we partner with national and local governments to deliver services, striving to innovate to serve more clients cost-effectively. Here's how.

PUBLIC SECTOR STRENGTHENING

In 20 countries across Asia and Africa, our public sector strengthening channel quality assures more than 7,000 non-MSI providers. In 2019 we delivered over 2.7 million health services through this channel and a quarter of a million of clients reached were under 20 years old. These services will prevent an estimated 1 million unsafe abortions and 3 million unplanned pregnancies.

We partner with the public sector to build the capacity of frontline health workers to provide quality and stigma-free services at primary and secondary health centres. For example, we require public sector doctors to be competency assessed independently and the highest standards of clinical governance and safeguarding practices to be followed to protect both providers and clients in every setting. We deliver training, carry out joint supervision and quality assure public sector programming. The relationship is reciprocal – we provide the training, framework and support, and the public facilities through which we operate allow us to scale up access and reach, particularly to remote and marginalised communities. One of our country programmes successfully increasing access to quality adolescent-friendly services is Sierra Leone.

Below: Umah from Sierra Leone decided to start using contraception as a teenager in order to achieve her dream of a higher education. Here she is pictured helping her younger siblings with homework.

HARNESSING INNOVATION TO EXPAND ACCESS

MSI has invested heavily over the last few years to leverage data to improve our service delivery. Geo mapping of service sites in Outreach to ensure maximum coverage and GPS fleet management has meant productivity of our teams is up (meaning we see more clients) while bringing costs down. Country programmes that have rolled out fleet management guidance obtained a 15-20% fuel reduction cost from 2018-2019 and our programmes have saved 10-15% per vehicle through our centralised procurement.

SUPPORTING THE PUBLIC SECTOR TO PROVIDE ADOLESCENT-FRIENDLY SERVICES: THE 'BACK TO SCHOOL' CAMPAIGN

Across Sierra Leone, young people's knowledge of contraception is relatively high, but uptake remains low. In line with the Government's aim to expand access to young people, we rolled out a tailored youth strategy across 70 public sector sites located near schools, working with the local ministry and the NGO Restless Development to deliver their 'Back to School' campaign. The impact has been significant, with high proportions of client visits from adolescents (around 30%) during the campaign.

With clinical and adolescent-focused values clarification and attitudes transformation training, as well as supportive supervision and quality assurance, public sector staff are now able to deliver high-quality destigmatising care. Via community-based events from our Youth Mobilisation Officers and comprehensive sexuality education lessons from Restless Development, the 'Back to School' campaign builds adolescent awareness, while signposting young people to nearby public facilities with adolescent-friendly providers. This partnership has not been without its challenges, for example, in ensuring that the public sector's commodity supply was able to keep up with the increased demand. However, we have now placed District Family Planning Managers in the Government District Health offices, enabling smoother collaboration moving forward.

OUTREACH

Our outreach model has transformed access for millions of women that no other providers can reach. Increasingly we deliver services to remote communities not just in partnership with governments but with a view to transferring the services to local providers, with MSI quality assurance standards. Our outreach model has reached some of the poorest, most marginalised communities in the world, with each outreach team visiting between 60 and 100 rural sites per year. The care we delivered through this channel in 2019 will prevent an estimated 1.4 million unsafe abortions and 5.2 million unplanned pregnancies.

CENTRES

Throughout our history, our centres have served as the touchstone for many of our programmes. Before medical abortion, it was a safe non-judgemental space where women knew they could go to discuss their options and to receive high quality services. Today it remains the same, whether as a beacon of quality or as a place where choice is absolute. Centres also act as the hub for our multi-channel continuum of care and support referrals. The services we provided through centres in 2019 will prevent an estimated 560,000 unsafe abortions and 1 million unplanned pregnancies.

SOCIAL FRANCHISING

MSI currently has a total of 2,400 social franchise providers within our network. In 2019, these providers received over 2.3 million client visits, reaching almost 400,000 clients under 20 years old. We use our social franchise model to strengthen both the public and private health system by increasing access points for quality services while reducing the burden on the public sector. These services, quality assured by MSI teams, will prevent an estimated 745,000 unsafe abortions and 1.7 million unplanned pregnancies.

PARTNERING WITH LOCAL BUSINESSES TO BUILD SAFE PATHWAYS TO ABORTION

Many women make multiple attempts to end a pregnancy, often trying unsafe providers or methods, before eventually finding safe care. It is therefore critical that safe providers work in partnership with the facilities or individuals that women go to first. Recent client exit interviews, which spoke with around 2,000 women who received a safe abortion service from us, found that 31.2% of clients found out about our services from either a government or private facility. We work with other health providers to make sure they know that if a woman needs a service, they can refer her to us. But often women don't go to other health providers when seeking advice – depending instead on community members or friends. Nearly half – 47.6% – of our safe abortion/post-abortion care clients found out about our services from someone they knew.

In Bin Duong province, Vietnam, one of our centres has established an extensive referral network of around 100 businesses, providers and individuals who refer women for services. These include health providers who don't offer abortion services, such as general practitioners and ultrasound clinics, and other businesses who provide non-medical services but are well connected in their community, such as hairdressers and motorbike taxi drivers. By partnering with people who women trust and providing them with information about our services we can help women and girls find safer pathways to care, reducing the likelihood of them approaching an unsafe provider.

Above: Marie Stopes Lady in Vietnam sharing family planning advice in her community.

Malcolm Mutwiri, Safe Care Quality Advisor at Marie Stopes International (centre) with Community Health Mobilisers outside Jamii Vipawa Hospital in Kariobangi North, Nairobi. The hospital provides services by AMUA, a social franchise implemented on behalf of the Government of Kenya by Marie Stopes, launched to provide family planning to under-served communities in three provinces in Kenya. AMUA consists of over 270 privately owned and operated clinics focussing primarily on providing reproductive health & family planning programmes, and maternal & child health services as part of the African Health Markets for Equity (AHME) project.

HER CHOICE, HER MOMENT, HER FUTURE

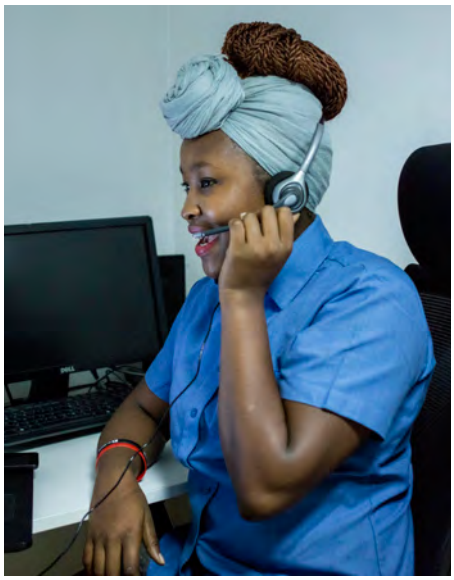
PARTNERSHIPS TO FULFIL THE POTENTIAL OF SELF-CARE

Enabling people to take greater control of their sexual and reproductive health care and decisions through self-administered products, such as medical abortion pills, emergency contraception and making injectable contraceptives self-injectable (as with Sayana Press), is a critical strategy to increase access, achieve universal health coverage and support reproductive rights. But true impact needs true quality and expanding access through self-care hinges on making sure women and girls have access to high quality products, the correct information and additional care if needed.

In 2019, we provided a network of distributers with high-quality products and information in 24 countries. Our contact centres, staffed with 300 agents globally, work to provide access to information and advice in 28 countries. Last year our agents had 2.3 million interactions with clients and pharmacists, providing information over the phone and on WhatsApp, SMS and Facebook.

We partner with pharmacies – often the first port-of-call for many women seeking abortions in low- and middle-income countries – as well as community-based providers and other health workers to ensure that women have correct information about how to use self-administered products and what to do if complications occur. Our aim is to get quality products into the places where women want them and to make sure these access points have details of our contact centres – whether or not the product they buy is one of ours.

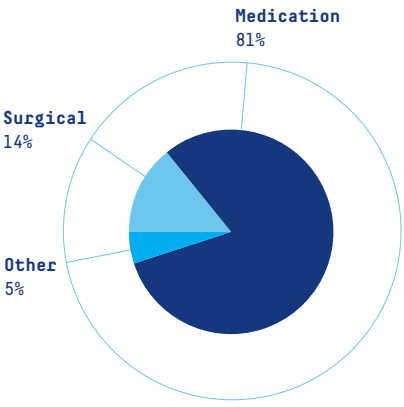
Expanding access through self-care methods can be transformative because it can address multiple barriers, for example, stigma, confidentiality, the need to travel and cost. It also enables women to take medication at a time and place that works for them.



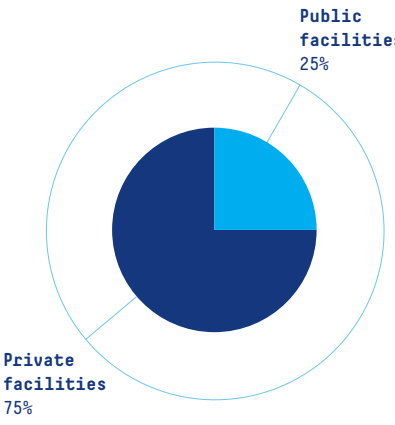
Above: Mercy responds to a call at Marie Stopes Kenya's call centre in Nairobi.

WHY PARTNER WITH PHARMACIES? THEY ARE ALREADY A CRITICAL SOURCE OF INFORMATION AND SERVICES

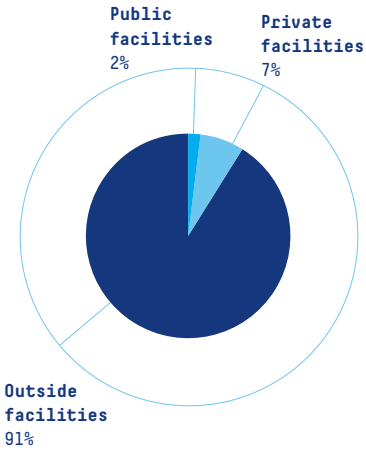
PROVISION OF MEDICAL ABORTION OUTSIDE FACILITIES DOMINATES IN INDIA[7]



15.6M
induced abortions



2.2M
surgical abortions



12M
medical abortions

7. Singh, S, et al., The incidence of abortion and unintended pregnancy in India, 2015, The Lancet Global Health, 2018.

PHARMACY PROVISION TO EXPAND SAFE ACCESS TO QUALITY MEDICAL ABORTION IN ZAMBIA

In Zambia, abortion is permitted on health and socioeconomic grounds, but knowledge of the law and access to services remains severely limited. In response Marie Stopes Zambia are partnering with a network of over 100 pharmacies, like Chisekwa's, to increase safe access.

Chisekwa, a qualified pharmacist, has been in the pharmaceutical business for 10 years, working first for a government institution and later starting her own pharmacy, where she has sold quality medical abortion drugs supplied by us for the past three years. Chisekwa says that because of her strong ties with her local community, women feel confident to discuss sexual and reproductive health issues with her, such as the need for an abortion. This allows Chisekwa to challenge common misconceptions, to build community awareness and to support women on safe self-administration, when presented with a doctor's prescription.

'I have always been keen to help women in my community and I learnt from my experience that the biggest needs are around sexual and reproductive health issues. Pharmacy is the field I chose to study because I wanted to work close to the community. Running my own pharmacy has allowed me to be my own boss and contribute to my household. Marie Stopes Zambia's products have been of consistently good quality over the years. They support my work through the provision of detailed, relevant materials and a toll-free help line that is available to me and my clients. If a woman is unable to purchase the drugs due to money constraints, I refer her to the nearest health facility where I know she will be assisted with no judgement.'

The owner and administrator of a hospital pharmacy in Kenya re-stocks supplies.

INCREASING CONTRACEPTIVE CHOICE THROUGH SELF-ADMINISTERED INJECTABLES IN MADAGASCAR

In Madagascar, around 75% of the population lives below the national poverty line. While the Government has made enormous strides to increase access, there remains high unmet need for contraception, particularly in rural communities. To address this, Marie Stopes Madagascar wanted to explore ways for women to access contraception conveniently, even when difficult to regularly visit a provider. In collaboration with the Ministry of Public Health and the Children's Investment Fund Foundation, Marie Stopes Madagascar evaluated how Sayana Press, a self-injectable form of contraception, could be safely used. The pilot included training activities and consultations with over 200 clients on how to self-inject across our own and public facilities.

After the first self-injection dosage at 3-months, most women (66%) shared that they felt at ease and confident in their ability to self-inject, with 91.7% of clients able to self-administer their second self-injection dosage.

Women interviewed shared that quality training on how to self-administer and positive provider attitudes were central to them feeling comfortable to self-inject. Following the successful pilot, the Ministry approved the use of self-injectables and, in partnership with Marie Stopes Madagascar, developed best practice guidelines for self-injecting.

Above: Bakoly, a young woman in rural Madagascar who walked for two hours with her husband and child to receive contraceptive services from our teams.

Above: Sujjan has worked as a counsellor with Marie Stopes International in India for over ten years.

OUR ABORTION STANDARDS QUALITY INDEX

The Marie Stopes Abortion Quality Index (MS AQI) was developed in 2019 as a new organisational metric to measure the safety and quality of our safe abortion and post-abortion care. Millions of women experience an unsafe abortion every year and our courageous teams work hard to improve access to safe abortion and post-abortion care. However, our goal to eliminate unsafe abortion requires that we not only expand access and remove restrictions, but that we offer the highest standard of quality care, build awareness of the availability of services through word of mouth and reduce abortion stigma for our clients in the communities and countries in which we work.

To date we have lacked one clear, simple metric that can measure and track the quality of safe abortion and post-abortion care. This index aims to support MSI and the wider health sector to better understand the different components of quality and to unify standards, including competent providers, quality products, client-centred services, accurate information and providing a continuum of care. The MS AQI generates a score that recognises 'gold standard' provision and allows us to monitor areas for improvement in relation to safety, quality and the client experience.

Marie Stopes Ethiopia team member sharing information and advice to women and men in her community.

CHANGING THE RULES

PARTNERSHIPS THAT REMOVE BARRIERS TO CHOICE

Despite the efforts of a vocal minority that want to limit women's reproductive choices, every day we see strong public support for our services, advocates successfully removing unnecessary policy restrictions and a new generation of young women inspired to stand stronger than ever to protect reproductive rights.

At the global level, we share our solutions from frontline delivery and champion choice and access working as part of numerous coalitions, for example the FP2020 Reference Group, UNFPA Supplies Steering Committee and FIGO working groups on safe abortion and family planning. We also use our evidence to advocate for effective ways of increasing access through universal health coverage, working with alliances such as the Alliance for Gender Equality and UHC.

At the national level, using WHO guidelines as our framework, we work with governments and civil society to influence policy, remove restrictions and support implementation, ensuring people have sustainable access to services – even if we aren't the ones delivering them.

In 2019, our collaboration with ministries of health, professional medical associations and civil society organisations led to 13 policy changes, including new post-abortion care guidelines in Kenya.

Above: Team members from Marie Stopes Ghana carry equipment to the vehicle after a day of delivering services on an outreach visit.

Top right: Festus Kisamwa, Marie Stopes Kenya's External Relations Advisor.

WORKING WITH GOVERNMENT AND CIVIL SOCIETY TO DEVELOP NEW GUIDELINES

While in Kenya, women and girls have the right to access abortion under a range of indications – they continue to die or suffer severe complications from unsafe abortion. Extreme stigma and a lack of knowledge, among both clients and providers, results in Kenya having a disproportionately high rate of complications and fatalities compared to other East African countries, leading to its persistently high maternal mortality ratio – 362 deaths per 100,000 live births.[8]

The stigma around abortion extends to post-abortion care. To improve the quality and accessibility of live-saving care, Marie Stopes Kenya worked with the government and other civil society partners throughout 2018 and 2019 to draft new guidelines.

With leadership from the Director of Medical Services and the Kenyan Ministry of Health, a multi-sectoral group developed new Post-Abortion Care guidelines which were signed off in January 2019. Marie Stopes Kenya convened civil society inputs through the Reproductive Health Consortium Kenya and contributed our clinical expertise as part of the Technical Working Group.

The guidelines include approval for task sharing of these services to nurses and midwives. We are now working closely with the Ministry to ensure they are launched and distributed across all 47 counties in Kenya together with the Reproductive Health Consortium Kenya. Kenya's estimate of 266 deaths per 100,000 unsafe abortions[9] indicates high maternal mortality due to unsafe abortion, all of which are preventable deaths. Therefore, if even half of women in the country could have access to lifesaving post-abortion care over the next few years hundreds of lives could be saved.

Our External Relation's Advisor in Kenya, Festus Kisamwa (pictured) said, *'The leadership by the Ministry of Health sets a positive tone in recognising and supporting a woman's right to access post-abortion care services and equipping service providers with the skills to effectively offer lifesaving services.'*

8. National Bureau of Statistics - Kenya and ICF International, 2014 KDHS Key Findings, Rockville, Maryland, USA, 2015.
9. Republic of Kenya - Ministry of Health, Incidence and Complications of Unsafe Abortion in Kenya: Key Findings of a National Study, August 2013.

SUPPORTING GOVERNMENT TRANSITIONS TO UNIVERSAL HEALTH COVERAGE

In most countries, the primary source of paying for health is 'out of pocket', which means reproductive health services are directly paid for by women, their families or friends. This can be catastrophic for many women and their families, especially those seeking safe abortion services.

A recent client exit interview from abortion clients found that 31.1% of women found it difficult to gather funds for an abortion, compared with half of that (14.2%) for our contraceptive clients. Abortion care is highly time-sensitive and this urgency can make it even harder to raise funds, exacerbated by stigma.

So, it is vitally important for reproductive health services to be resourced and available through government-funded schemes. With the often-limited capabilities and reach of the public sector – the success of such schemes hinges on partnerships between government and the private sector. We support governments in directly delivering services where the public sector continues to lack capacity, will or reach to do so.

Above: A woman in Ghana proudly presents her new National Health Insurance card.

Above: Pabitra accessed contraceptive services with Marie Stopes Nepal in Kathmandu.

LESSONS FROM NEPAL

Marie Stopes Nepal is proud to be a key partner in working to implement the Nepalese Government's 'free safe abortion initiative.' As part of that partnership, our programme ran a pilot where four of our centres provided free safe abortion services in line with this policy and found that in the first three months the number of clients seeking services increased by over 20%, with a greater proportion of young and low income clients.

While we are still learning how to make this type of partnership work, in particular where governments are not able or willing to cover the full costs of providing services, this pilot has provided us with an opportunity to learn and develop our evidence-base for the benefits of a total market approach. We know that free-at-the-point-of-service isn't enough – unless the quality is also there and mandated by national governments, then we haven't delivered on our promise to women.

'We envisage a world where everyone who wants access to contraception can get it and any woman that wants to end a pregnancy can do so safely. Our role is to fill the gaps in provision until these goals are achieved and delivered by national governments themselves. By advocating for services, including safe abortion, to be resourced and available through government-funded schemes we aim to increase access and affordability of high-quality services.'
KP, Nepal

BUILDING COMMUNITY RESILIENCE

OUR MULTI-SECTORAL APPROACH

Climate change is rolling back development progress and putting the most vulnerable people and communities under huge strain. At the same time, more and more people are becoming forcibly displaced each year. Despite continuing and intensified need and the transformative impact that access to SRHR can have during a crisis, these services are often not prioritised, leaving communities without access. Beyond a violation of women's and girls' rights, this is also a missed opportunity to increase resilience.

To address this, we've been working with partners – through for example the Inter-Agency Working Group on Reproductive Health in Crises and the Population and Sustainability Network – to build evidence that it can and should be done. Our own experience in Yemen, Madagascar, Afghanistan and Mali for example are a testament to the need for the increased integration, co-ordination and prioritisation of SRHR within humanitarian and climate responses.

HOW DO WE GET THERE? MULTI-SECTORAL PARTNERSHIPS TO BUILD RESILIENCE

In Madagascar, one of the world's most vulnerable countries to climate change, we have been working since 2011 with partners in the Population Health Environment (PHE) Network to provide services in rural and vulnerable communities, alongside their natural resource management and alternative livelihoods programming. However, in a recent project evaluation, we found that while women felt they had more time to work and higher incomes, they were often still expected to be the sole caretakers at home – resulting in an unfair distribution of labour between women and men.

This was a stark reminder that simply adding reproductive health services to ongoing programming is not enough to increase women's and girls' resilience and that greater multi-sectoral collaboration is needed throughout the design and implementation phases. We know the connection between women's empowerment and the benefits that accrue to the communities that realise it. As we look to the world's response to climate change, we will fight to ensure that addressing gender inequality and provision of SRHR is an essential part of the comprehensive response to the climate crisis.

Above: Annie, a nurse with Marie Stopes Madagascar, collects inexpensive notebooks that are often used in rural areas of the country to record medical information.

LEAVING NO ONE BEHIND

We have always aimed to reach women and girls in the poorest and most excluded communities. Our current strategy prioritised investments that would scale up access for clients that face the greatest barriers – adolescents, those living in poverty, adopters of contraception and those that have no other option for receiving care. With the help of partners, we have strengthened our reach, for example working with IDEO.org to develop bespoke adolescent friendly services using human centred design. The result in 2019: we provided services to 1.1 million adolescents.

While we have invested in reaching these groups, we know that there are many other communities that continue to be left behind and where we lack specific expertise. We know that reaching the most marginalised women and girls does not happen by accident – it means tailoring every aspect of service delivery in a way that recognises and aims to disrupt inequality and discrimination. This is particularly important for women and girls who face multiple barriers to care, such as women from minority groups, sex workers, or those living in humanitarian contexts.

Above: Maria Lopez is showing two community midwives how to administer a pregnancy test as part of the Midwives Project from Marie Stopes Mexico.

Above: A young woman discusses her healthcare needs with a team member from Marie Stopes Uganda.

LEARNING LESSONS IN COLLABORATION THROUGH WISH – A FLAGSHIP PROGRAMME

Women's Integrated Sexual Health, or WISH, is a flagship programme of the UK Government's Department for International Development. The partners in this consortium include MSI, IPPF, Ipas, Thinkplace Kenya, DKT International, Leonard Cheshire Disability, Options Consultancy, International Rescue Committee, HI and Development Media International, as well as a third-party monitor responsible for verification of results and learnings.

The varied expertise brought by these partners, alongside the truly comprehensive package of services - including family planning, testing and treatment for sexually transmitted infections, cervical cancer screening and preventive therapy, and first-line response for gender-based violence, has already strengthened service delivery. 24% of clients reached to date are aged under 20 and 39% are living under $1.90 a day. Collaborative advocacy successes include the registration of Mifepack in DRC and progress towards public financing of reproductive health service in Jigawa State, Nigeria.

WISH is a complex programme and each country has developed tailored co-ordination mechanisms and governance structures to allow partners to jointly plan, review, identify trends and mitigate risks. While establishing this architecture has sometimes been a challenge, the benefits of sharing and collaboration are already being felt across both the WISH programme and our organisation more broadly as we learn from other sectors and how to better work in consortiums. Through a deeply collaborative approach at both global and national level this programme provides a model for the delivery of impactful and sustainable programming, that leaves no one behind in its provision.

Above: Team members from Marie Stopes Senegal greet each other before a day providing outreach services.

DELIVERING INCLUSIVE SERVICES TO WOMEN WITH DISABILITIES: A PARTNERSHIP WITH LEONARD CHESHIRE

People with disabilities are one of the world's largest minority groups – making up 15% of the world's population. Women with disabilities face stigma from their family, community and health workers, particularly when trying to access sexual and reproductive health services. With the hope of better understanding and removing these barriers and ensuring our services better meet the diverse needs of women and girls, we are partnering with international pan-disability charity Leonard Cheshire, to provide us with support and guidance at both global and national level.

In Sierra Leone, an expert seconded from Leonard Cheshire provided our programme with technical assistance and facilitated a partnership with local disabled people's organisations through the Sierra Leone Union on Disabled Issues. Through this partnership we have designed more inclusive services that reach women with disabilities on their terms and in their own communities. Our partners have run disability inclusion training for our team, we have developed communication materials that make women with disabilities more visible and we've partnered with local women with disabilities to build community awareness around the inclusive services offered and to deconstruct harmful assumptions.

One of these women is Zainab. After attending an awareness raising session in Freetown on contraceptive options, Zainab decided that she wanted to help build awareness with her local community. Two months after attending her first session, Zainab decided to join our mobilisers network, to support her community to access accurate information and to challenge harmful social norms. She told us, *'I wanted to give opportunities to women with disabilities in this part of the country. People with disabilities in my community now have the confidence to inquire and I can talk to them about our services.'*

The Sierra Leone team shared, *'As the saying goes, 'nothing about us without us', Zainab's presence in our team is a great opportunity to remove stigma and expand access.'*

PARTNERSHIPS FOR SAFE DELIVERIES

Over the past years, in keeping with our mission 'Children by Choice Not Chance' we have providing obstetric services in several countries. The last three years have seen MSI obstetric services being standardised and quality assured and moving forward, obstetrics will continue to be a key service for MSI. 2019 saw five MSI programmes (Ethiopia, Bangladesh, Madagascar, Kenya and Tanzania) conduct 17,890 deliveries and 2020 will see two more programmes (Pakistan and Yemen) start to offer obstetric services. In Uganda and Yemen, we also implement voucher programmes, where thousands of marginalised women can access obstetric care vouchers for a nominal fee which then allows them to have a delivery at a health facility whose service quality we oversee. Last year these vouchers made a facility delivery a reality for around 50,000 women. In many countries, professional associations of providers are key partners and this programme in Yemen is implemented in partnership with the Yemeni Midwives Association.

OUR GLOBAL IMPACT

Every day, our teams around the world see thousands of women. Our mission is to ensure every one of them has the knowledge, services and power to build the life they want.

Around the world today, **32 million** women are using contraception provided by us. In 2019 we went further than ever to provide high quality health services to women and girls. We continued to push boundaries and travelled further than ever, across mountains, over rivers, on roads less travelled, to provide safe services to women and girls, when and where they need them. This year alone, **14 million** women were seen by our teams and chose a contraceptive method to fit their individual needs. That is over 38,000 women – every single day – who can continue on their chosen path knowing they are being protected by a contraceptive method provided by us.

What makes our 2019 progress particularly inspiring is that it comes despite the re-enactment of the US Global Gag Rule in 2017 and its expansion in 2019 removing US Government funding to overseas organisations which support a woman's right to safe abortion, even those that don't provide it. Despite the challenges faced, rather than retreating, our clients, providers and teams are showing resilience, resistance and a refusal to let this difficult funding environment be a barrier to access.

As a result of the services we've provided, in 2019 we estimate we:

averted

13.1M **unintended pregnancies**

averted

6.5M **unsafe abortions**

averted

34,600 **maternal deaths**

>145M

We estimate that more than 145 million women have been reached with our services since MSI was established.

NDEYE'S CHOICE

Numbers are important. But the numbers don't tell the full story. Every single one represents a woman with her own unique wants and needs, for example:

Ndeye lives in Louga in Senegal with her sister and three of her five children. She works as a cleaner and housekeeper. She told us,

'I want my children to grow up heathy and to have some success. I want them to know about the sacrifices I have made and that I made them on my own. I'm married but my husband lives in Dakar and doesn't help me at all. My sister helps as much as she can, but she's sick and can only help me with the younger ones.'

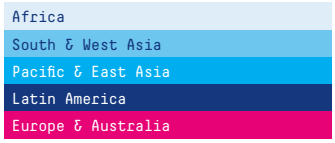
Ndeye had her first child at the age of 15, a daughter who is now 20 with her own child. *'She is the one who told me to get contraception to help me rest and take care of myself. She is using it too. At first, I was scared to use family planning because there were a lot of rumours. But now that I understand it, I wish I had used it before.'*

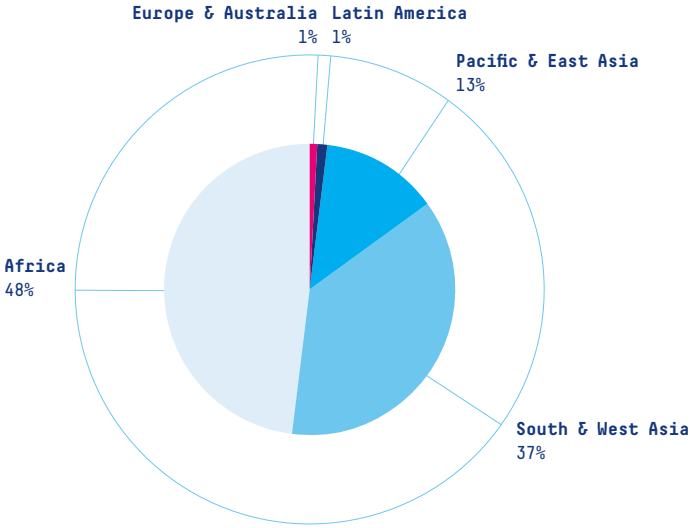
'My last two pregnancies were really difficult. When I found out I was pregnant the last time, I was really angry with myself. I spent three months crying. I decided it would be my last child. I don't want more children, I've had enough. Thank you, but no. I want to be more independent and focus on my future.'

We would like to thank our partners across the globe for working with us to support Ndeye to make the reproductive choice that is right for her.

MSI ESTIMATED USERS BY REGION

Since 2012 the number of women using our services has steadily increased, with over 32 million people around the world currently using a method of contraception provided by MSI.





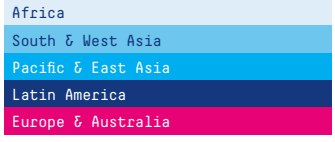
ADDITIONAL USERS

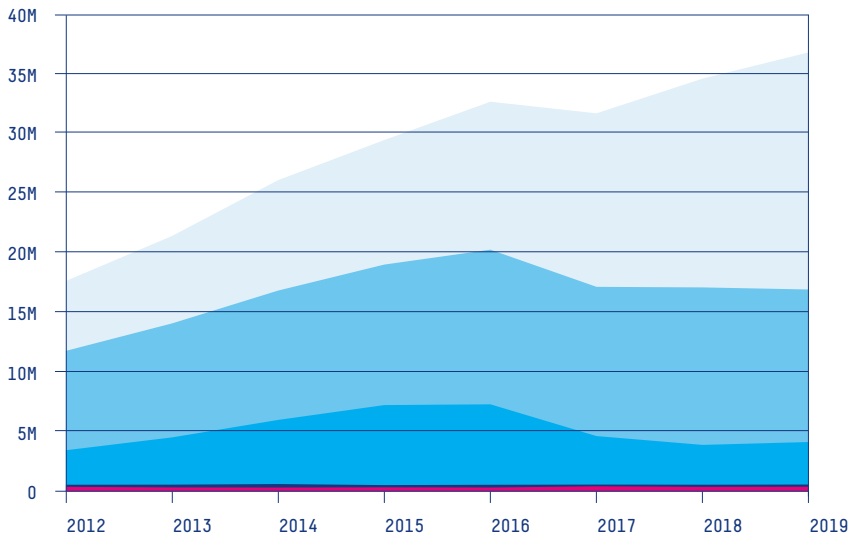
In 2012, the international community came together at the London Summit on Family Planning and pledged to reach 120 million additional users of contraception in 69 of the world's poorest countries by 2020. Based on strong performance against our initial pledge of 6 million additional users, MSI doubled our commitment, making a pledge of 12 million additional users – a tenth of the international community's total pledge. We estimate that, by the end of 2019, we had contributed 11 million additional users in FP2020 counries since 2012 – 9% of the FP2020 goal.

11M

CYP GROWTH

Like many in our field, we measure the output of our services using 'couple years of protection' (CYPs), which allows us to assess the scale of our services and to compare progress over time. In 2019, we delivered 36.8 million CYPs across the partnership, over 2.2 million additional CYPs compared to 2018.

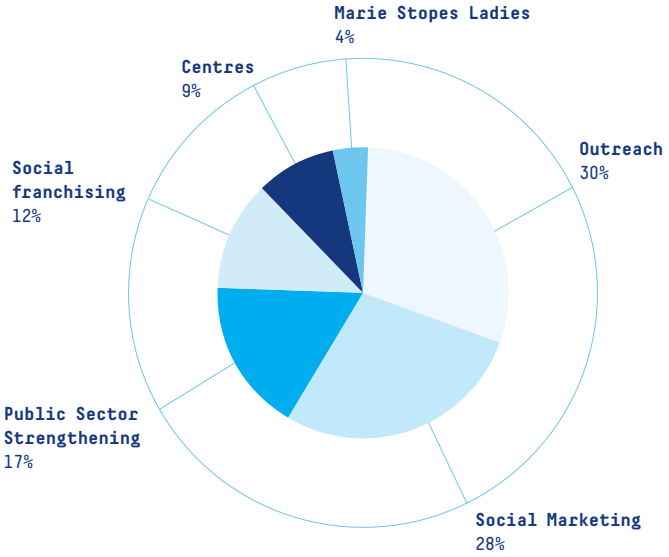




DELIVERY CHANNELS

We put our clients at the centre of everything we do and strive to understand their unique challenges. We use a number of channels to ensure that our services reach the clients who need us and tailor our approaches to best meet their needs. In 2019, our largest channel was outreach, where our teams travel long distances to deliver services to people in rural and remote communities who often have no other means of accessing reproductive health services.

Our fastest growing channel continued to be Public Sector Strengthening, which partners with governments to build the capacity of Ministry of Health providers to deliver high quality, stigma-free contraception and safe abortion care services at public facilities.

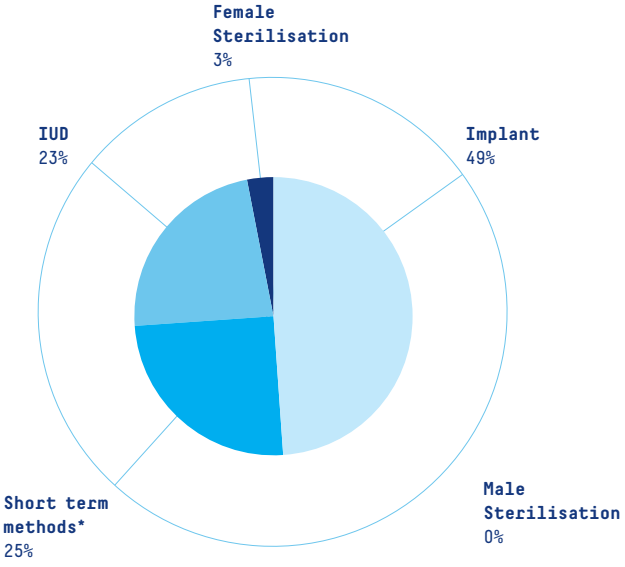


CONTRACEPTIVE METHODS

Choice is at the heart of everything we do and we provide counselling and a full range of contraceptive methods across our services. By offering the widest range of methods, including short-term, long-acting and permanent methods, we can ensure that every woman can choose the type of contraception that is right for her.

The majority of our clients choose long-acting or permanent methods of contraception that will protect them from unintended pregnancy for long periods of time. In many of the countries where we work, we are the only provider of these methods. In 2019, 75% of those using contraception provided by us were using a long-acting or permanent method.

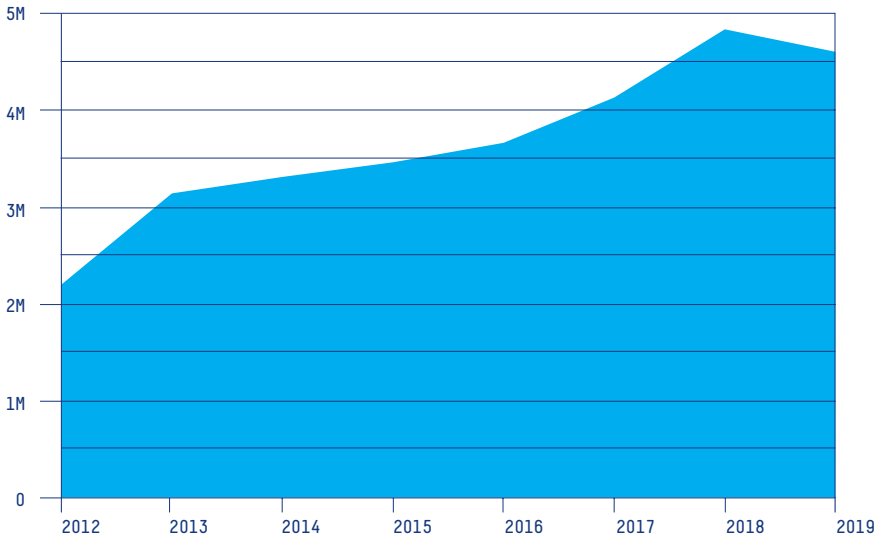
*Excluding condoms



SAFE ABORTION AND POST-ABORTION CARE

Providing access to safe abortion and post-abortion care is at the core of our mission. While removing restrictions to abortion access does not increase total number of abortions, it does mean that more of these abortions can be done safely. Wherever we can, we provide these services for people who have decided to end a pregnancy.

In 2019, we provided more than 4.6 million safe abortion and post-abortion care services to women and girls who turned to us for support.



HIGH IMPACT CLIENTS

We are committed to reaching our clients – wherever they are – and are providing services to some of the world's most marginalised and underserved communities on their terms.

One of the ways we ensure our services are reaching those in greatest need is by measuring the proportion of clients that we define as 'high impact'. High impact clients are those that fall into at least one of four groups:

- **Adolescents:** Women aged 15 – 19, a group for whom contraceptive access is invariably heavily restricted
- **Adopters:** Women not currently using contraception
- **Women living in extreme poverty:** Defined as living on less than $1.90 a day
- **No availability:** Women who would have no other option of receiving their service if it had not been for MSI

73%

In our international programmes, 73% of all clients served in 2019 were identified as clients with the greatest need.

Above: Marie Stopes Zambia began providing youth-friendly services in mobile clinics to make them more accessible to adolescents.

Team member from Marie Stopes Senegal waves goodbye to Ndeye and her family after a visit to her home village.

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