

GLOBAL IMPACT REPORT 2018





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A MESSAGE FROM OUR CEO

In 2018 Marie Stopes International (MSI) went further than ever to provide high quality, safe reproductive health services to women and girls, whenever and wherever they need them. We averted 6.4 million unsafe abortions and 32,000 maternal deaths, and by the end of 2018 there were over 30 million women using a contraceptive method provided by us.

What makes our 2018 progress particularly inspiring is that it comes despite the re-enactment of the US Global Gag Rule (GGR) in 2017, removing US government funding to overseas organisations which support a woman's right to safe abortion, even those that don't provide it. We were happy to reject the highly damaging requirements of the 'gag rule', and effectively walked away from £37 million to 2020. We loved working with the dedicated people at USAID and look forward to doing so again in the future. The fact that we have been able to expand our programme impact in 2018, and remove restrictions in the current climate is a testament to the resilience, tenacity, and efficiency of our teams across the world. When you are doing the right thing, it's easier than it sounds!

Whilst the gap is hard to replace, we are humbled by the support from existing and new donors who have stepped up. Especially heartening are the many new donations we have received from individual supporters, women such as Caroline from Idaho who gives us \$25 a month, and who sees her contribution to MSI as an act of defiance against US policy.

In 2018 we saw the chilling effect of the GGR emboldening and legitimising anti-choice opposition and restricting the activities of those organisations who otherwise rely on US funds for their existence. At MSI, we are immensely proud that no one donor dominates our grant income, and that we generate over £100 million of our own income, allowing us much greater freedom, independence and sustainability than other actors in the sector.

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. Our programmes have improved productivity and have stretched limited resources ever further to keep clinics and outreach teams going. 80% of all the clients we see are classified as 'high impact'; those living in extreme poverty, adopters of contraception, those without any other access, and adolescents. There is no organisation in the world that can achieve such great results and such good value for money.

Despite the efforts of a vocal minority that want to limit women's reproductive rights and are often allied to far-right and populist movements, every day we see great public support for our services; we see advocates removing unnecessary policy and medical barriers to access; and we see a new generation of young women inspired to stand stronger than ever to protect reproductive choice. The compassionate and positive campaign in Ireland that led to the repeal of the 8th Amendment illustrated that public opinion is on the side of choice and respect, and when a woman gets to decide, she knows better than anyone else what is right for her.

At MSI, we know that when we leave behind the extremes of opinion, we find millions of ordinary women and men who care passionately about their families and their futures, and just want what's best for them. They don't take contraception for granted: for them it is a necessity. No woman who contemplates ending an unwanted pregnancy does so frivolously: for her it just matters that it is timely, safe and free from stigma and judgement.

As we look towards 2030 and the Sustainable Development Goals, we envisage a world where everyone who wants access to contraception can get it, and any woman that wants to end an unwanted pregnancy can do so safely. MSI's role is to fill the gaps in provision until these goals are achieved and delivered by national governments themselves. We think that is entirely achievable.



Simon Cooke
CEO, Marie Stopes International



OFFERING WOMEN A LIFELINE: MARIE STOPES LADIES

Our 2018 results were made possible by the extraordinary courage and determination of millions of women and girls worldwide who are steadily pushing for change within their communities. Women like Julienne and Arlette from Burkina Faso in West Africa, who through their work as Marie Stopes Ladies are empowering women and girls in their community to make free, informed decisions.

In Burkina Faso, a woman dies from pregnancy related complications every three hours. Yet women are often prohibited by men from making decisions about their healthcare.

In the face of stigma and opposition from community and religious leaders, Julienne and Arlette offer women a lifeline. As qualified midwives and nurses from their local community, each day they ride out on mopeds to visit women in their homes to offer advice and contraceptive options.

Living and working alongside the women in their community, Julienne and Arlette see the suffering that the lack of information and access to family planning cause. Having witnessed first-hand the lengths that women will go to gain control of their bodies and their futures, they are determined to do what they can to make women's lives better.

Arlette recalls: "A 26-year-old mother of four heard about our services on the radio and walked 44km to get to a health centre just to find out when our team would be passing. Fortunately, I was providing services that day and she was able to choose the method that was close to her heart."

Having fought for the women in their community all their lives, Julienne and Arlette remain undeterred.

"I tell myself that the lives of women and children depend on me," says Julienne, "and that motivates me more than anything."



REACHING THE MOST MARGINALISED

For MSI, who we reach, and how, is just as important as how many people we serve. Therefore in 2018 we were focused on both ensuring every client we interacted with received services of the highest possible quality, based on respect and her human rights; and on reaching more women and girls living in marginalised communities that in many cases would have had no other options available.

This often means travelling to remote communities – our programmes in sub-Saharan Africa alone travelled nearly **12 million kilometres** throughout the year – and it means better tailoring our services. Going to meet young people where they study, work and socialise; spending the time needed to have the difficult conversations with husbands and

religious leaders; making the investment to strengthen our security infrastructure so we can reach more women in fragile areas.

This has allowed us to reach more women like Fatima, whose life was thrown into turmoil when Boko Haram soldiers attacked her village in northern Nigeria, killing two of her children and many of her friends and neighbours.

“I am tired, the suffering is too much. There is peace here, but no money. It is very difficult to support our children. We don’t have much food.”

Fatima and her husband took the decision to start using contraception after a meeting with Marie Stopes Nigeria team members, when they visited the area.

“That’s how I got the information to start. Most people had the implant, but I chose to have the IUD...I am very happy with it. I am tired of giving birth. I don’t want to give birth again.”





REACHING THE HARDEST TO REACH

If women can't make it to our centres, outreach nurses like Faith Pyentim travel far and wide to take information and contraception directly to them.

Faith is part of an outreach team covering the north-east region of Nigeria, an area of the country troubled by war, displacement and extreme poverty. Most people here work in agriculture and many struggle to provide for their often large-sized families.

Faith organises peer-group education sessions, where she provides women with information about contraception, something they have often never had access to before. She told us that many women are interested in avoiding pregnancy, but still feel the need to access contraception secretly.

"At the end of my sessions, the women often go away and pretend to go home and then come back again 30 minutes or an hour later, when the group has gone, to access the methods.

"It's not that they don't want it, but they are shy to disclose they are doing something like this because they feel their religion is against it. They even ask us to come to their house to give it to them secretly."

Faith also works with Nigeria's displaced communities, with women who have had to leave their homes because of prolonged conflict in Nigeria's Yobe region.

"We don't have camps in Gombe as we live in a more peaceful part, but we do have some displaced people in host communities. They come here to find safety and we help those women with family planning, too.

"We sometimes go out into the troubled areas as well. Last year, we went to visit the Jigawa community, and at that time, that place was not peaceful at all. But the women were rushing to come round to collect our services, even when they were being chased from their homes.

"It was very heart wrenching. They were living in the bush or forest, but they were so afraid of becoming pregnant in such an uncertain environment. So when they heard there was family planning, they still rushed to come and get it, and then ran back to where they were hiding again.

"That shows how much these services are wanted by women here."



PERSISTING THROUGH THE GLOBAL GAG RULE

The impact of the GGR is inspiring a generation of women working in reproductive health to stand stronger than ever for those who depend on them.

In Madagascar, where the average income is less than \$500 per year, nurse Annie Ramasy has been grappling with the impact of the GGR. A voucher programme that delivered sexual and reproductive healthcare to thousands of women has already been forced to close, while 20 outreach teams like Annie's have also shut down.

"When I heard that the US Government had withdrawn their funding, I asked my clients how they would feel if we couldn't come anymore. One of them shouted: *De ahoana amin'izany? (So what now?)*."

In Madagascar, where many women struggle to access any method of contraception, the arrival of Annie's team in remote villages is often women's only chance to prevent unwanted pregnancies and manage the size of their families. Annie has worked over many years to build relationships with her clients.

"When I started, we only had 10-15 people coming for services. Progressively I gained their trust by explaining how contraception works, and the number of clients has consistently increased. Today there are up to 40 clients waiting for me when I arrive."

Being the only service provider the women know, Annie understands the vital role she plays in the community. Working under the threat of closure has only made her more committed to ensure women get the services they want and need.

"I am not only a nurse to them; I am a confidante. If I were not able to reach them, I would feel like I abandoned and betrayed them."

"Contraception does not only prevent pregnancies; it gives you the time to define what you want to do with your life. In a country like Madagascar, having a large family when you cannot afford it prevents thousands of people having the chance to get a better life. If you cannot move your family forward, how can you move your country forward?"

In all the 37 countries where Marie Stopes International works, we are seeing women, men and young people become even stronger advocates for choice as they witness the insidious effects of the GGR in their communities. Annie is part of that movement, and is ready to fight on.

WHAT IS THE GLOBAL GAG RULE?

In 1984, President Reagan invoked the first Mexico City Policy (MCP), whilst attending the International Conference on Population and Development in Mexico City. The MCP states that all foreign NGOs who receive family planning assistance from the US Government have to stop using either other donor funding or their own income to undertake any abortion related work (providing services, referrals, advocacy, etc). The MCP does not apply to multi-lateral agencies or US based NGOs.

The MCP was renamed by civil society as the Global Gag Rule (GGR), after Margaret Sanger, who wore a gag in 1916 after being banned by Boston City authorities from delivering a speech on family planning.

The GGR has been invoked by every Republican President since 1984 and revoked by every Democrat President, often as one of their first acts of office.

THE CURRENT GLOBAL GAG RULE

The 2017 GGR was different from before. Called '*Protecting Life in Global Health Assistance*', it not only applies to all foreign NGOs who receive international family planning assistance, but to all NGOs who receive any funding through USAID's global health budget line.

Non-US based NGOs working on any health issue must now forgo the right to use other donor funds to support safe abortion and defend a woman's right to choose, if they want to retain their US funding. For many NGOs, reliant on US funding, this has been a difficult choice between their principles and survival of their organisation.

Under Obama, from 2009, the sexual and reproductive health and rights sector diversified to both respond to issues such as Zika, cervical cancer and HIV; and as a strategy to build resilience for future withdrawal of US funding. The expansion of the GGR to include all global health assistance threatens these programmes and future diversification efforts.

For the first time, earlier this year, the GGR was expanded to include US domestic services. To retain federal funding for domestic family planning programmes, organisations can no longer refer, provide or advocate for abortion services.

An additional expansion came from Mike Pompeo in March. Non-US based NGOs who are compliant with the policy are now subject to further restrictions in their financial partnerships with non-compliant NGOs, such as Marie Stopes International or IPPF. If they want to enter a financial partnership with us, on **any** project, on **any** issue, funded by **any** donor (government, foundation or individual) they would have to forgo all their US funding.

This is a massive overreach of sovereignty; in effect the Trump Administration is telling citizens and governments of other sovereign nations who they can partner with. The expansion is a violation of the first amendment rights of US Trusts and Foundations and discussions are underway regarding legal action.

American citizens are told that the GGR prevents their taxes being invested in the provision of abortion services. This is disingenuous as the 1973 Helms Amendment already prohibited US Foreign Assistance from being used to support abortion services. What they are not told is that by defunding MSI and IPPF, they are defunding the world's biggest providers of rights based family planning services, which will lead to a higher rate of unintended pregnancies and therefore higher rates of abortion.



WORKING IN PARTNERSHIP TO REMOVE RESTRICTIONS

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

We recognise that providing services alone will not secure universal access to contraception or safe abortion. For real change we must transform the environments in which we operate, so we advocate for policy changes that will have the highest potential for increasing access for women and girls.

In Zambia, after four years of focused advocacy by Marie Stopes Zambia and partners working together in the Safe Abortion Action Group, the Minister of Health approved new Comprehensive Abortion Care Guidelines in April 2018. These guidelines have the potential to dramatically reduce rates of unsafe abortion as they reduce the number of signatures needed to obtain an abortion service down to one from three, when there is a risk of unsafe abortion.

The new guidelines also emphasise the safety of medical abortion for home use and allow medical and surgical abortion to be provided by midwives and nurses with prior approval. Finally, in a progressive step forward for the rights of young people, the guidelines support access to contraception for young people by clarifying that parental consent is not required if the minor indicates that consulting a parent is not possible.

Marie Stopes Zambia served as the first chair of the Safe Abortion Action Group, and provided technical, administrative and secretarial support.



THE IMPORTANCE OF COLLABORATION

As we reflect on, and share our 2018 impact with our partners, what emerges as a key priority that will shape our current and future programming is the importance of partnerships in building resilience against an ever more challenging context.

It has become ever more obvious that we cannot work alone. Our community – as providers, advocates, decision makers and donors – need to come together to stand strong; to form new partnerships to ensure services are available and expanded; to remove the policy barriers that stigmatise women and providers; and to realise the potential of new technologies to increase access safely.

Over the last year, we have witnessed first-hand the importance of collaboration, solidarity and developing new tactics, learning, for example, from the climate change community to counter attacks and tell new stories.

In a fast changing political and development landscape, we have also seen how important it is to reaffirm our principles and commitment to choice, to ensure our programmes are strong and adequately resourced, and to maximise the current opportunities for progress, for example, integrating reproductive health services within universal health coverage and harnessing the potential of the medical abortion revolution.

“We refuse to lose ground or stagnate under the GGR. Yes, the political climate is volatile, the opposition is hostile and better funded, but we will continue to move ahead boldly, seeking new allies and new opportunities to push forward access. The wind is with us and our movement is resilient.” Dr Carole Sekimpi, Marie Stopes Uganda

We thank all our partners who are together with us on this journey.



OUR IMPACT IN 2018

We've made a promise to the women we serve, and we are not prepared to let them down – no matter where they are.

2018 saw continued challenges imposed by the re-enactment of the GGR, and rising opposition to a woman's right to safe abortion. Yet despite this, 2018 told a story of resilience and success. Throughout the year, we continued to deliver significant results for the millions of women who rely on our services to build the life they want.

We reached more people with services and went further than ever; over mountains, across rivers, on roads less travelled, to provide high quality, safe services to women and girls, when and where they need them.

IN 2018, THE SERVICES WE PROVIDED RESULTED IN:

30.2 M

Women and men using contraception provided by us

12.3 M

Unintended pregnancies prevented

6.4 M

Unsafe abortions averted

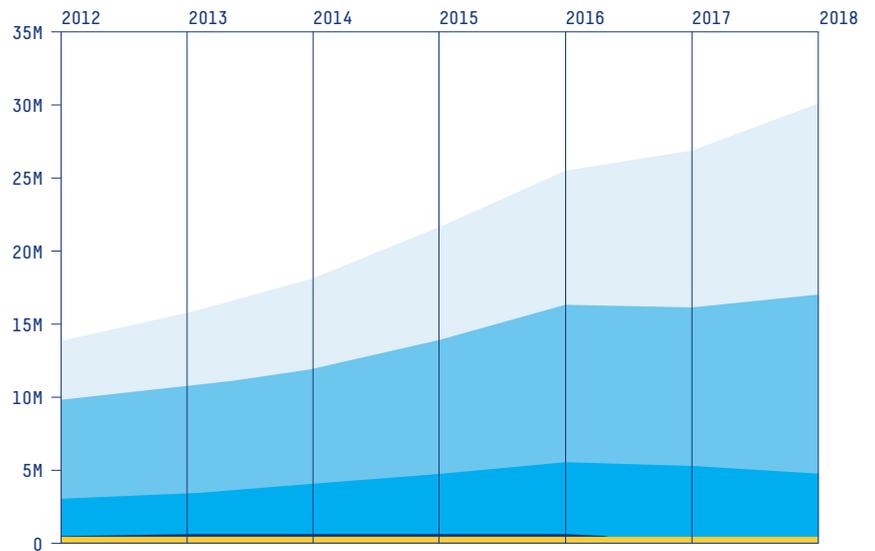
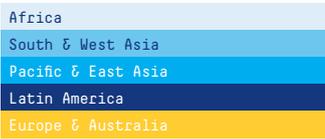
32,000

Maternal deaths averted

£451 M

In additional healthcare costs saved

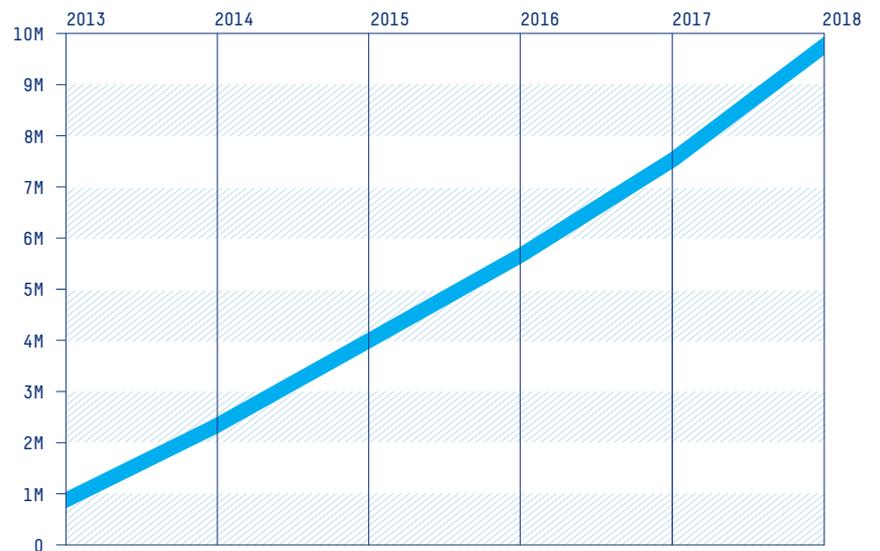
MSI ESTIMATED USERS BY REGION



ADDITIONAL USERS

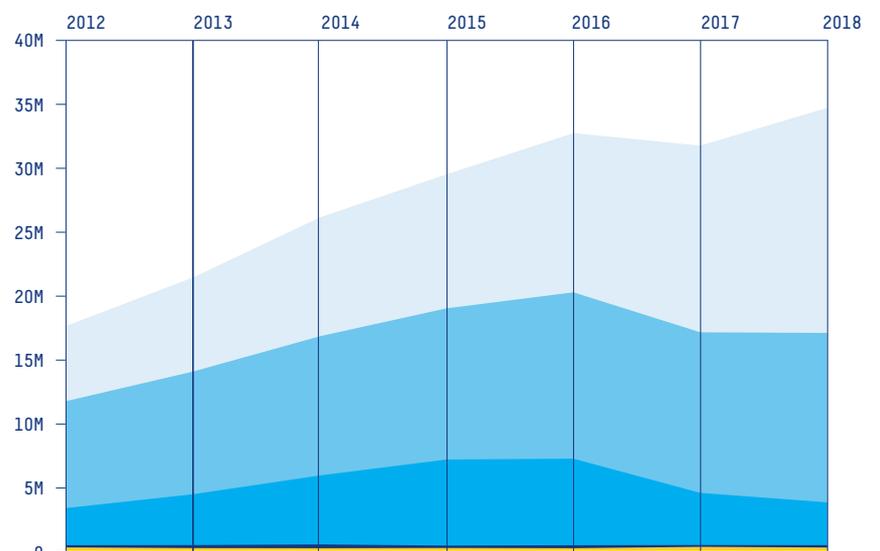
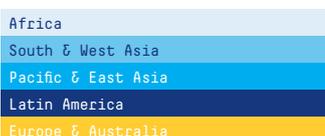
In 2012, the international community came together at the London Summit on Family Planning and pledged to reach 120 million additional users of contraception in 69 of the world's poorest communities by 2020. Based on strong performance against our initial pledge of 6 million additional users, MSI doubled our commitment, making our pledge of 12 million additional users a tenth of the international community's total pledge.

We estimate that, by the end of 2018, we had contributed 9.5 million additional users in FP2020 countries since 2012.



CYP GROWTH

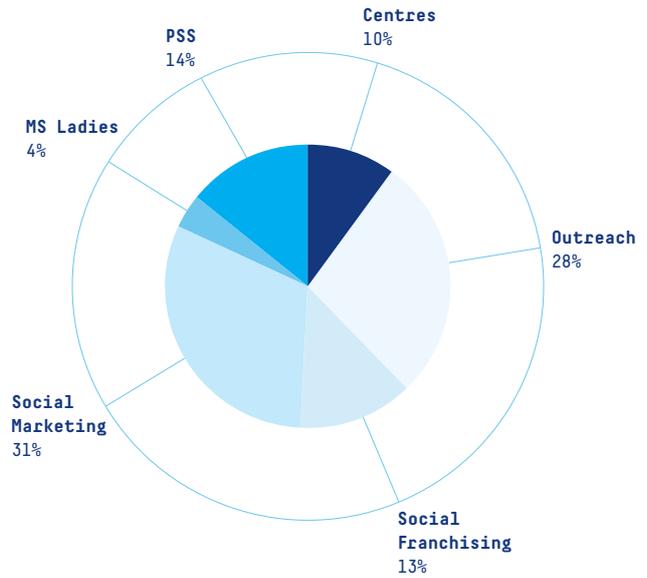
Like many in our field, we measure the output of our services using 'couple years of protection' (CYPs) to measure the scale of our services, and to compare progress over time. In 2018, we delivered 34.7 million CYPs across the partnership, making significant progress towards our goal of 40 million CYPs by 2020 as set out in our strategy.



DELIVERY CHANNELS

We keep our clients at the centre, striving to understand their unique challenges, and tailoring our services and approach accordingly. Therefore, we use a number of channels to ensure that our services reach the women who need them most.

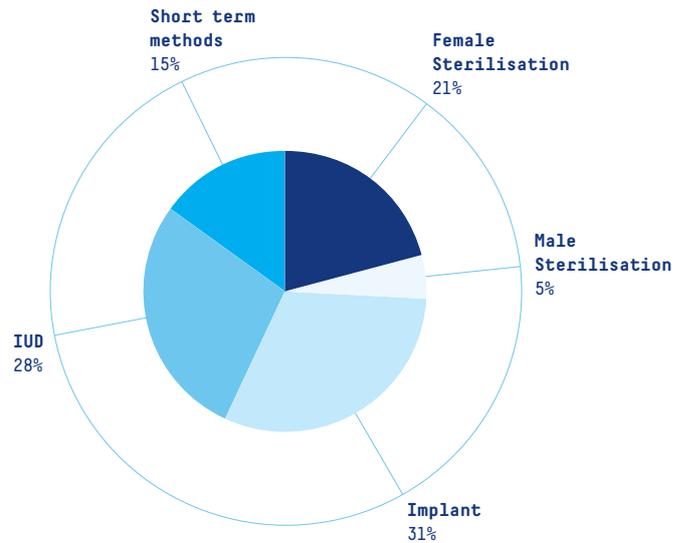
In 2018, our fastest growing channel was Public Sector Strengthening (PSS), which partners with governments to capacity build Ministry of Health providers to deliver high quality contraception and safe abortion care services at public facilities in rural and remote communities.



CONTRACEPTIVE METHODS

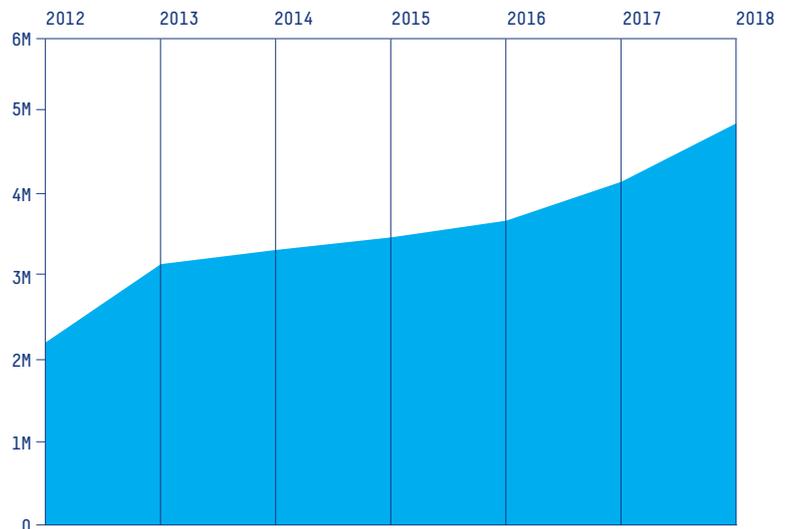
Choice is at the heart of everything we do, and we provide a full range of contraceptive methods so that every woman who walks through our doors can choose the method that is right for her. By offering the widest range of methods – including short-term, long-acting and permanent methods – we can ensure that women can choose the type of contraception that best suits their particular situation and their plans for the future.

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 2018, 85% of those using contraception provided by us were using a long-acting or permanent method.



SA/PAC

Providing access to safe abortion and post-abortion care is at the core of our mission. Marie Stopes International provided more than 4.8 million safe abortion and post-abortion care services in 2018.



HIGH IMPACT CLIENTS

We are committed to reaching women, wherever they are, and we provide services to some of the world's most marginalised and underserved communities. 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:

- » **Adopters:** Women not currently using contraception
- » **Adolescents:** Women aged 15 – 19, a group that is underserved by contraceptive services and therefore at greater risk of unintended pregnancy
- » **Women living in extreme poverty:** Defined as living on less than \$1.25 a day, and
- » **No availability:** women who would have no other option of receiving their service if it had not been for MSI.

IN 2018, A TOTAL OF 81% OF OUR CLIENTS WORLDWIDE WERE 'HIGH IMPACT CLIENTS'.

52%

Of our clients were adopters

24%

Of our clients were living in extreme poverty

55%

Of our clients had no other availability

8%

Of our clients were adolescents

WORKING WITH OTHERS

In 2017, MSI and IPPF came together to formalise our first-ever Memorandum of Understanding (MoU) between our organisations. The MoU agreed coordination, rationalisation and streamlining of efforts in three key areas: operations, advocacy and data strengthening.

In 2018, we were delighted to have the opportunity to put this into practice, in partnership with other SRHR organisations via the "Women's Integrated Sexual Health" (WISH) programme, funded by the UK Department for International Development (DFID).

The programme will transform the lives of millions of women and girls across Africa and South Asia by delivering access to life-saving contraception for three million more women and men. By drawing on the strengths of each organisation across the consortia, the programme will ensure previously unreached people, especially young and poorer women, are able to access contraception and have the choice on whether and when to have children.



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