



MARIE STOPES
INTERNATIONAL

Global Impact Report 2010

A summary

Marie Stopes International delivers quality family planning and reproductive healthcare to millions of the world's poorest and most vulnerable women.

Today, approximately 215 million couples around the world have an unmet need for modern family planning. Some 358,000 women die each year as a result of pregnancy and childbirth – and a woman dies every 11 minutes in developing countries from complications arising from unsafe abortion, an entirely preventable cause.

Marie Stopes International (MSI) exists to address these issues, by providing underserved communities with the fullest possible range of reproductive choices. This includes modern contraception, safe abortion services (where permitted), post-abortion care (PAC) and a range of maternal health services.

As an organisation, we are continually expanding our services in order to reach more people. We are also committed to measuring the impact of our services, and using that information to keep improving the quality and scope of our services.

Our Global Impact Report helps us to evaluate the impact we are having on a yearly basis, by bringing together key statistics from all of our country programmes. This document is a summary of the main findings from our 2010 report.

Our findings show that in 2010:

- the number of men and women using a family planning method from MSI exceeded 7 million
- we provided 21 million couple years of protection (CYPs*) globally
- an estimated 1 million or more women accessed MSI services for a safe abortion or for treatment of complications relating to an unsafe abortion
- 99% of our health impact was in developing countries
- the services we provided will save healthcare systems in developing countries £428 million
- the services we provided will prevent over four million unintended pregnancies and over 13,000 maternal deaths.

*One **CYP** is the equivalent of one year of contraceptive protection for one couple.

About Marie Stopes International (MSI)

- set up in 1976, MSI has grown from a single family planning clinic in London, to one of the largest global family planning providers
- we have 629 centres in 40 countries across Africa, Asia, Europe and Latin America
- our clinical outreach teams provide services to hard to reach populations in around 6,000 rural locations and urban slums
- we aim to expand our reach using innovative service delivery models, such as social franchising, demand-side financing, community-based distribution and social marketing
- we aim to strengthen national health systems by working with governments and other aid agencies to provide training, improve health policy and share expertise
- we operate as a social enterprise - surpluses from income-generating parts of our organisation are used to subsidise services for women who can't afford to pay
- our aim is to ensure that women everywhere have children by choice, not chance.

Expanding choice in family planning

We are committed to providing underserved women and men with more family planning choices. Choices about whether they want to use contraception. Choices about what type of contraception they use and which provider they get it from. And choices, regardless of their ability to pay.

Family planning trends

Over the past eight years, the number of couple years of protection (CYPs) provided by MSI each year has increased dramatically. Our family planning services have expanded in all the regions we work in – and our contribution towards meeting the national need for modern family planning in all countries has grown steadily over the past five years.

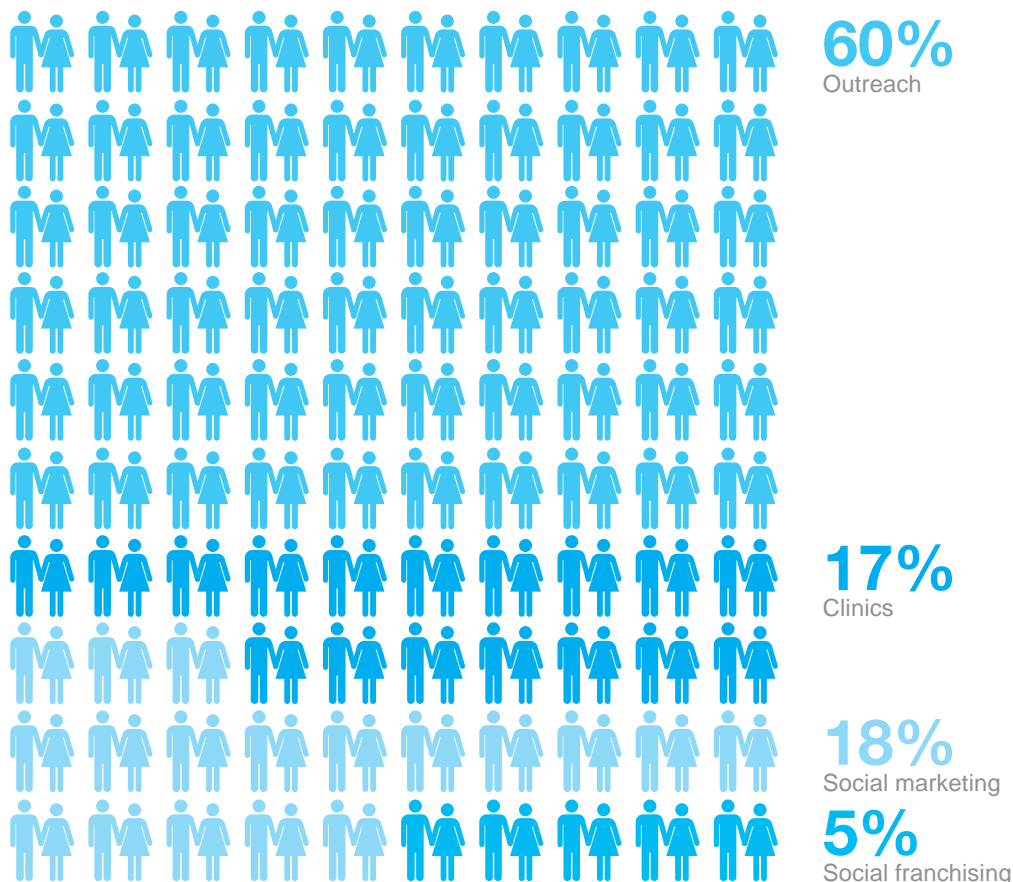
More choice

In 2010, over 7 million couples used long-acting or permanent methods (LAPM) of contraception as a result of MSI services. While expanding access to LAPMs is important, we continue to offer short term methods in parallel, helping clients make informed choices about the most suitable contraception for them.

To ensure people in all areas have convenient geographical access to quality family planning, we use a variety of delivery channels. Of all the CYPs we generated in 2010, 60% were delivered through mobile clinical outreach programmes, 18% through MSI centres, 17% through social marketing sales and 5% through social franchise clinical networks.

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CYPs by delivery channel in 2010.



Zainabu's story

Zainabu lives in Sierra Leone with her husband and nine children. Until recently, they were among the 80% of couples in this country who'd never used a modern method of contraception. All too aware of the dangers of repeated pregnancies (one in eight women in Sierra Leone dies during pregnancy and childbirth), Zainabu decided to find out about family planning through our Sierra Leone programme's outreach team, which visits her village each month.

“By stopping having children, we'll be able to give all our attention to the ones we have.”

After discussing the different options, including condoms, the pill, and long-acting and permanent methods, she made a life-changing decision and chose a sterilisation. The procedure took just 25 minutes and was performed under a local anaesthetic. After the procedure, Zainabu shared her relief: “I'm very happy it's done. By stopping having children, we'll be able to give all our attention to the ones we have.”

Prevention of unsafe abortion

Unsafe abortion remains a major global public health concern and a human rights imperative. Globally, deaths related to unsafe abortion constitute at least 13% of maternal mortality – and it is estimated that 47,000 women died from complications due to unsafe abortion in 2008.

We provided 54% more safe abortions and post-abortion care in 2010 than in 2009.

Abortion and post-abortion care trends

To reduce unsafe abortion and its consequences, we are working to increase access to voluntary family planning, safe abortion and post-abortion care (PAC) around the world. We provided 54% more safe abortions and PAC in 2010 than in 2009, mostly because of increases in the provision of medical abortion services outside of our centres.

Medical abortion

The advent of mifepristone and misoprostol over the past decade has revolutionised both safe abortion and PAC. These drugs provide an alternative to surgical interventions and they improve access, giving women greater choice over the location in which they receive care. Scaling up the availability of medical abortion is a key priority for us. In all countries where legally permitted, our centres now offer clients the choice of medical or surgical abortion, and we are also making medical abortion available through our social franchise network and other providers.

Making an impact globally

As part of our work to measure the impact of our programmes, we have developed the Impact Estimator. This mathematical model allows us to convert our service figures into estimates of their health, demographic and economic impacts.

As a result of MSI's work in 2010, over 4 million unintended pregnancies and over 13,000 maternal deaths will be prevented.

Health and demographic impacts

Using the Impact Estimator, we estimate that the services we provided in 2010 will prevent approximately 4.8 million unintended pregnancies, 13,600 maternal deaths, 1.3 million unsafe abortions, and 3.1 million disability adjusted life-years (DALYs).

Economic impact

We know that family planning is one of the most cost effective preventative healthcare interventions available – when compared to almost every other health intervention. Our figures for 2010 bear this out. The total cost to donors of MSI's programming in developing countries was £61 million, while the savings to healthcare systems will be approximately £428 million, through reductions in maternal and infant morbidity and mortality, and unsafe abortion. In other words, for every £1 of donor money spent on our programmes, £7 will be saved by health systems in developing countries.



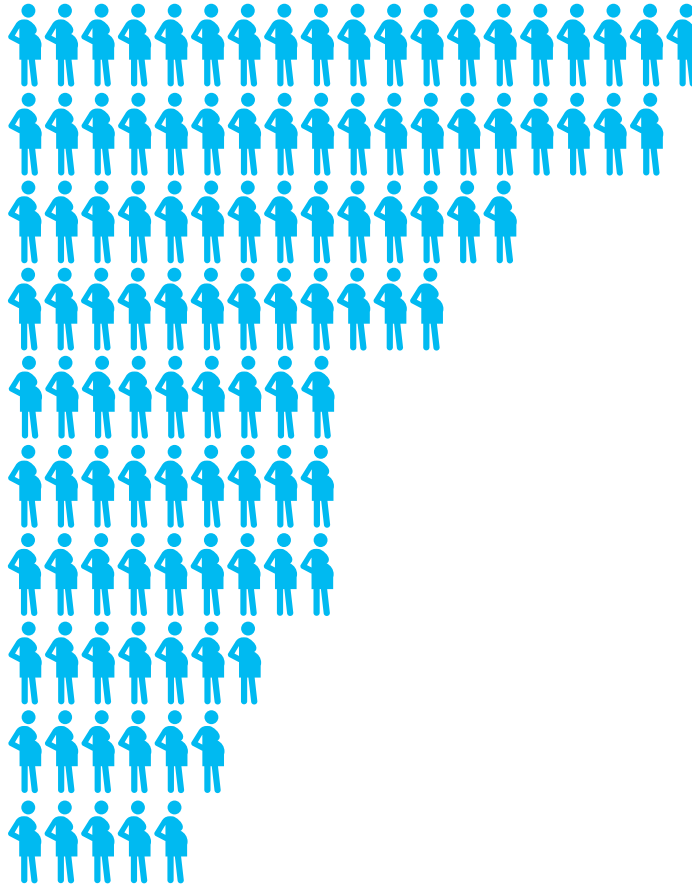
Marciana's story

Marciana is 38 and has eight children. She lives in a remote mountain village in Timor Leste, about six hours' drive from the nearest hospital. After miscarrying her ninth child, she was worried about falling pregnant again, so when she heard an MSI outreach team was coming to a nearby village she decided to find out about her options. Marciana had never had access to family planning before, but after discussing the different types of contraception available to her, she decided to have an IUD inserted.

Every day MSI teams around the world are providing life saving services to women like Marciana.

However, when Fernanda, one of the team, examined her, she immediately realised Marciana's miscarriage wasn't complete. The foetus was stuck in her cervix and she was bleeding heavily. Marciana hadn't realised this because the blood had been blocked from escaping by the stuck foetus. If this hadn't been treated immediately, infection would have set in and Marciana would almost certainly have died. Fernanda gave Marciana an injection to help stop her bleeding and delivered the foetus. She then safely inserted the IUD, gave Marciana antibiotics, and when she was ready, the team drove her home.

The number of maternal deaths averted in 10 of the countries where MSI works.



1,897
Bangladesh
1,856
India (Hyderabad)
1,409
Kenya
1,226
Tanzania
948
Malawi
922
Uganda
863
Ethiopia
656
Pakistan
583
Nepal
509
Afghanistan

Reaching the underserved

99% of our health impact is in developing countries.

Central to expanding choices is our strategy of reaching underserved groups – the poor, the young, the displaced and those with an unmet need for family planning. Consequently, 99% of our health impact is in developing countries, and 60% of our couple years of protection (CYPs) are delivered for free or at heavily subsidised prices through mobile outreach in rural areas and urban slums. All MSI delivery channels served people that hadn't used family planning before, with outreach being the most successful in reaching the underserved.

Reaching the poor

We will never turn a client away because she or he can't pay. We have centres in urban slums; social franchises in slums, smaller towns and villages; and outreach teams in slums and rural areas – all offering free or heavily subsidised services. And, our pilot voucher schemes and social insurance schemes are enabling poor women to access free or subsidised services through any of these outlets and other non-MSI providers. Client exit interviews in seven countries found that our outreach services are the most effective way of reaching the poor, with 40% of all outreach clients living in extreme poverty (less than \$1.25 per day).

Reaching the young

The consequences of unmet need for contraception are disproportionately devastating for the health of young women. Our data shows that most MSI programmes are performing better than the national average in reaching women under 25, particularly through our centres and social franchises.

Achieving excellence in clinical quality

Over 90% of clients were satisfied with our services.

While we are serving large numbers of people in need, it is crucial we ensure our programmes deliver consistently high quality and client-focused services. So we are continually monitoring our service quality.

Assessment and feedback

Our quality technical assessments carried out in 2010 show that 82% of our country programmes satisfied our global clinical standards. Client exit interview data suggests that over 90% of clients, across all our delivery channels, were satisfied with our services, reporting they would recommend MSI services to a friend or would return to MSI for future services.

Post-abortion family planning

We know that providing abortion and post-abortion care (PAC) clients with family planning services can help to reduce future unintended pregnancies and the rate of repeat or unsafe abortions. In 2010, over two thirds of our abortion and PAC clients in the majority of MSI programmes chose to receive a method of family planning from us after counselling. This is an area where MSI seeks continuous improvement.

If you want to find out any more about our impact visit www.mariestopes.org/impact

What next?

Our findings show that MSI made significant progress in 2010. However, we know there is still much to be done to address the huge unmet need for family planning and eradicate unsafe abortion in developing countries.

Our 2011-2015 strategic plan sets out how we intend to contribute to finally completing the family planning revolution which started 40 years ago, so that every woman in every country can choose:

- **the number of children she desires**
- **the spacing of their births**
- **her preferred contraceptive method, if any**
- **from her preferred provider.**

Our strategy calls for the acceleration of family planning services closest to the client and ongoing innovation to increase quality and choice within MSI and across the sector.

For our part, we intend to maintain our focus on clinical quality and operational excellence. We will continue forging lasting connections with governments and other key organisations, to influence policy, funding and practice for family planning and safe abortion. And we will also continue refining our data collection tools, to enable us to better assess impact and improve our services.

By doing so, we are confident we can continue increasing the impact MSI is having globally – to enable ever-growing numbers of women to have ‘children by choice, not chance’.

If you want to find out any more about our strategy visit www.mariestopes.org/strategy

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