

Little Blue Book



**MARIE STOPES
INTERNATIONAL**

Children by choice, not chance

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Welcome to the Little Blue Book



The Little Blue Book is a quick reference guide for all of our team members around the world to who we are, what we do and why we do it the particular way we do.

Marie Stopes International exists – above all else – to help women have children by choice, not chance. And we do this specifically by providing high quality contraception and safe abortion services in the countries around the world where we work.

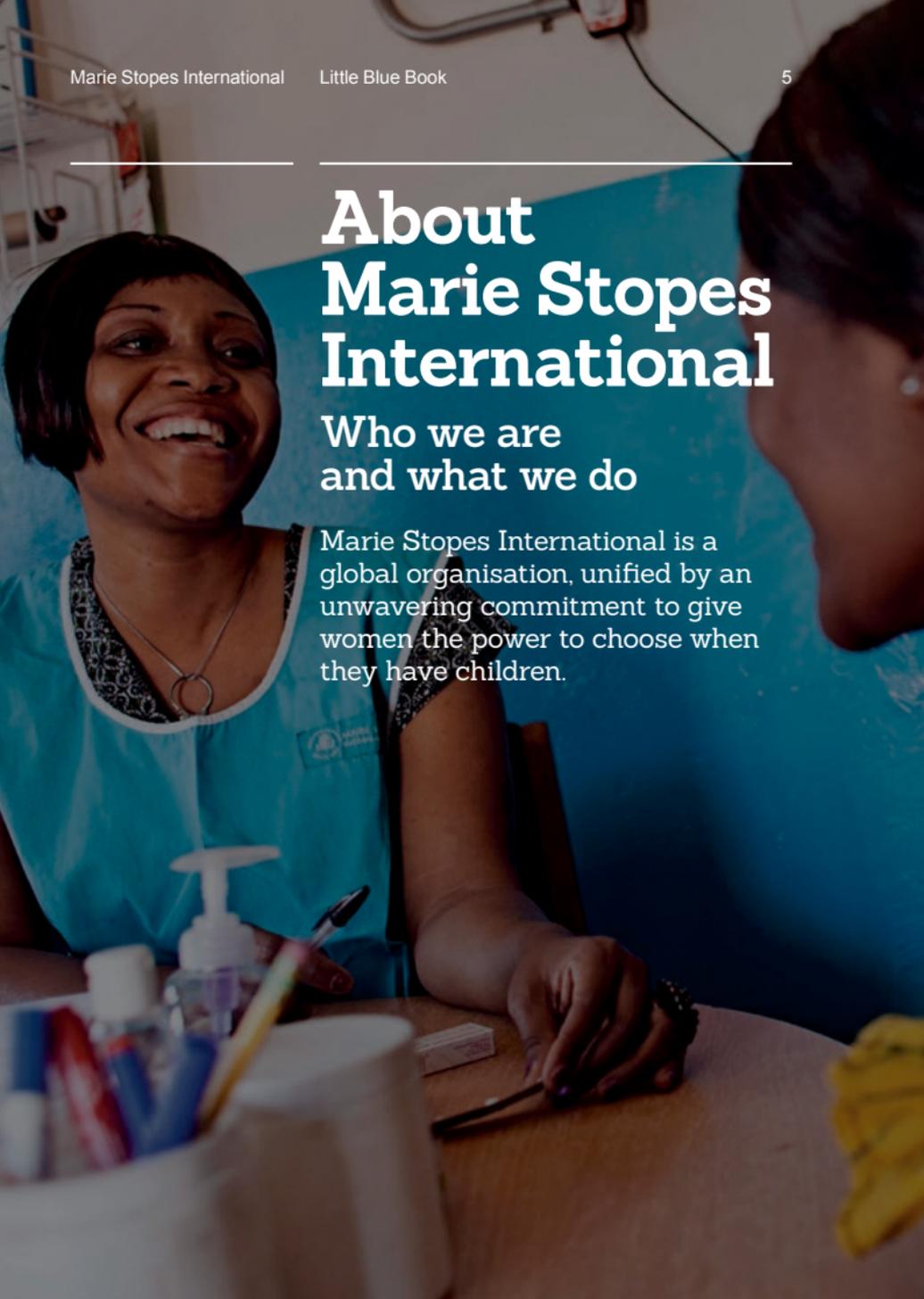
We have developed a uniquely effective approach for doing this work – one that places our clients at the heart of everything, and which has the potential to transform the lives of the individuals we serve, and the communities in which we work.

This book is designed to give you an insight into our work – the services we provide, and the various ways we provide them, as well as some of the things that set us apart.

About Marie Stopes International

Who we are and what we do

Marie Stopes International is a global organisation, unified by an unwavering commitment to give women the power to choose when they have children.



For many women and girls, not being able to choose or control when they have children can throw their plans off course. For others, it can be a matter of life or death.

289,000

women still die each year from pregnancy-related causes, including

47,000

as a result of unsafe abortions.

Each of the countries we work in is different, with its own cultures and customs, but all of our teams take the same highly personalised approach, serving each and every woman who comes to us as an individual.

By helping a woman plan when she has children, we give her the freedom to pursue hopes and dreams that can transform her life. Whether that's gaining an education, raising a family or going to work, having that choice can be genuinely transformative.

Wherever we work, we put the needs of our clients first – and make sure that every woman we see receives the same warm welcome, without judgement. Our skilled local teams care for each woman as if she were one of our own family. And our teams expertly and clearly explain the medical facts and also appreciate the emotional factors that can come into play when women need to make such important life choices.

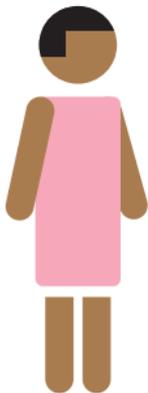
People wishing to choose if and when to have children aren't sick and they're not seeking treatment. So we think of the people we serve as our clients, not as patients – and we always put their needs first.

Wherever we're based in the world, we work primarily with women and girls who are at a stage in their lives when they feel that an unintended pregnancy would be too high a price to pay. By providing them with the contraception and safe abortions they need, we can empower them to choose when or whether they want to have children.

But providing our services is not only about preventing pregnancy. It is also – crucially – about the benefit that this brings: about giving women the freedom to pursue hopes and dreams that can transform their lives. Whether that means pursuing an education, supporting the children they already have, or improving their own health, having that choice can be hugely transformative.

It's why we are committed to ensuring that as many women as possible can access contraception and safe abortions, and why we're working hard to constantly innovate, so that we can make sure our services will continue to save and change lives for as long as they are needed.

We've made huge leaps forward since we set up our first centre in 1976, in terms of increasing access to contraception and safe abortions, but we need to keep doing more, and finding new and better ways of reaching people – so that even greater numbers of women can access services that have the potential to transform their lives.



We change lives, one woman at a time

When a woman has access to contraception, she and her children are usually healthier, better educated and have better economic prospects. This in turn can transform whole societies as women are freed up to participate more fully in their communities, and contribute to the economy.

Our abortion philosophy

Our commitment to providing abortion has been very clearly set out by our Board. We will provide safe, affordable abortions in order to eradicate unsafe procedures and the financial exploitation of women.

- Wherever we provide safe abortion services, we strive to ensure that we offer the best service and quality of care, and respect the confidentiality and dignity of our clients
- It is our duty to ensure that women needing this service come to us as early in their pregnancy as possible and that medical abortion (in addition to surgical abortion) is offered whenever possible
- Post-abortion contraception will be routinely offered to all with a goal of zero repeat abortions
- Our fees are set at affordable levels and costs are managed to ensure country programme sustainability
- Systems are in place to ensure that no one is denied a service because of financial restrictions alone.

We have a unique responsibility for provision of safe and affordable abortion. We can be proud of the contribution we make to the health of women and the harmony of communities through provision of this service.

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Where we've come from

Our history

The way we provide contraception and safe abortion services has been shaped, to a large extent, by our history – and the lives of two pioneers of the family planning movement, Dr Marie Stopes and Dr Tim Black. Both built reputations for their client-centred approach and their willingness to push boundaries – qualities that are central to how we work today.

Dr Marie Stopes

Dr Marie Stopes was born in 1880 in Edinburgh in Scotland, and although a pioneer in providing family planning services, she wasn't a medical doctor, something that outraged the medical community at the time.

Her first marriage was annulled after five years on the grounds of non-consummation, and it was this that prompted her interest in female sexuality. She recognised that if she, as a university educated middle-class woman, could lack all knowledge of sexual issues, then poor, less educated women must be even worse off. This realisation prompted her pioneering crusade.



She opened her first family planning clinic, with her second husband Humphrey Roe, in 1921 – and was attacked by the medical establishment for being female, not medically qualified and for employing nurses rather than doctors to consult with most of her clients.

Marie Stopes and her husband set out to prove that a small team in simple, clean surroundings could provide services to poor women – which they duly did.

Her first clinic was based in Holloway in north London, before it moved to its current location at 108 Whitfield Street in Fitzrovia in Central London. She chose to move her clinic to the area because of its relative social deprivation at the time and it continues to be our spiritual home. The London support office is based just two streets from the original centre, now known as Marie Stopes House.

As well as setting up the UK's first static family planning centre, Marie Stopes also pioneered the concept of mobile outreach. She adapted a horse-drawn caravan and took it into the communities she was trying to reach. Her endeavours proved successful and she gradually built up a small network of clinics across the UK.

We remember Marie Stopes for her pioneering work in providing contraception to underserved women, and this lives on today, bearing her name, in our current organisation founded by Dr Tim Black.

Dr Tim Black



In the late 1960s, Tim Black was working as a district health officer in the Sepik district of New Guinea, and it was around that time that he began to reassess his focus on trying to cure or save lives as a matter of course.

After saving the life of a three-month old girl, he was shocked that her widowed mother – who already had five children and no steady income – didn't want her to survive.

“My shock was absolute. My immediate reaction was one of utter indignation. The gulf separating my life experience and that of this poor woman was complete. She had wanted the baby to die – not live – during the operation.

“I suddenly realised that I had presented her, not only with her baby, but with another mouth to feed, another dependent human being to whom she could offer nothing: no father, no education, no future.

“It was at that point that I began to realise that preventing a birth could be as important as saving a life.”

Tim decided then to switch his career from one of 'death control' to 'birth control'.

In 1969, he was awarded fellowships to study for a Masters at the Population Center at the University of North Carolina, USA. While in the States, he met Phil Harvey and in 1970, they co-founded Population Services International (PSI).

Our first centre



After implementing PSI's first USAID-funded condom social marketing programme in Kenya, Tim returned to London. In November 1975, he learnt that the historic Marie Stopes clinic was closing and took on the lease himself, reopening Marie Stopes House in January 1976. He set about rebuilding its finances and reputation as a family planning services provider.

MSI's overseas work began when the Dublin Well Woman Centre was set up in 1977, followed by a Marie Stopes centre in New Delhi in 1978.

Dr Black built the organisation using a commercial business model, and treating each woman who came through our doors as an individual – a client, not a patient. This approach allowed him to open more clinics around Britain within a year, and then across the globe, serving the needs of millions of women. Tim died on 11 December 2014.

You can view a short video about Tim's life on our YouTube channel:
https://youtu.be/aURxgQqc_MM

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Marie Stopes International today

A global provider

Today Marie Stopes International is globally recognised as one of the leading names in the contraception and safe abortion sectors. Since we set up our first centre in 1976, we have helped more than 100 million women choose when to have children. In the countries where we work, just under one in every 10 women using contraception uses a method supplied by us. And we are saving and transforming record numbers of women's lives.

In 2015 our 100 millionth client walked through one of our blue doors, a truly astounding milestone for our organisation. We know that what we do changes lives and each of the 100 million clients represents a different story, like Agathe's from Mali.

Agathe's story

Agathe Dao lives in Vanekuy, a rural village in southern Mali. She is 40 years old and married, and like many women in her community, has had many children – so many, in fact, that she struggles to keep count.

One day Agathe overheard a social marketing agent talking about contraception in the local market. Intrigued by what she heard, she moved closer and listened intently to the explanation of the different contraception methods available. Immediately Agathe knew that this was what she needed, and she headed straight to the compound where Marie Stopes Mali was providing outreach services.

Sitting in front of a health worker, Agathe talked through her background and options. When asked how many children she had, she said: "I have no idea, but help me count". Going through the names of her children one by one, she counted 16 in total, 12 of which are surviving.

In the end, Agathe chose to have an implant that would protect her from pregnancy for the next five years:

"My body is so tired, I am so happy I can rest now. Without Marie Stopes, I would still suffer."



3

Our services

What we offer our clients

We provide contraception and safe abortion services across 37 countries worldwide in some of the world's hardest-to-reach communities.

**Marie Stopes
International Principle**
All clinical services
must be client focused.



Client-focused care

Our network of skilled local teams is based within MSI centres, in outreach and community-based services, and throughout our accredited social franchise network. These teams spend a large part of their time talking to women and men about what they need from contraception, abortion and post-abortion care services, and how MSI can help.

An important part of that process involves gaining people's trust, and to do this our teams maintain the highest standards of care, while also taking all the time that's needed to build a good rapport with each client, and responding to their needs in a thoughtful and sensitive way.

We do this by:

- Treating every woman as if she were one of our own family – politely, considerately and with the utmost respect
- Giving our clients clear, accurate information about our services, so that they can make informed decisions
- Being honest, trustworthy and always protecting people's confidentiality.

Most of all, we want our clients to feel at ease and confident about using our services.

**Marie Stopes
International Principle**

All of our clients must understand the nature and implications of the services they are requesting so that they can make fully informed, voluntary decisions.

“We have an intimate appreciation of women’s needs, and adapt our services to them. We have listened to tens of millions of women over the past 40 years and are guided by what they tell us.”

The principles we run our services by

All of our centres, community-based services and accredited franchises offering our services do so within an agreed framework. They all work to specific quality standards, so that we’re able to provide the same consistently high level of service to each and every woman who comes to us.

A healthcare worker in a bright blue coat is engaged in a conversation with a woman and a young child. The woman is wearing a patterned shawl and a headwrap, and the child is wearing a pink jacket. They are standing in front of a building with a textured wall. The scene is lit with natural light, creating a warm and professional atmosphere.

“We make sure that any woman seeking advice on contraception and safe abortion receives a warm welcome without judgement – and that our team members provide just the right balance of medical facts and emotional support, so that women feel deeply reassured when making important life choices.”

Contraception

The exact types of contraception we provide will vary, depending on the channel and country we're in. But we offer as many different options as we can, so that every woman and man we work with can choose the method that's right for them.



**During our
consultation with
the client we will:**

- Discuss the client's contraceptive needs
- Talk through all the different types of contraception available, and how they can meet his or her needs, including the benefits and risks associated with each
- Check there are no medical contraindications
 - in other words, reasons why the client may not be able to use a particular type of contraception
- Talk about the importance of using barrier contraception for dual-protection to help prevent HIV and other sexually-transmitted infections (STIs)
- Discuss any concerns or misconceptions the client may have, so that they understand, and feel completely comfortable with, the choices they're making
- Ensure that the client makes a well-informed choice, and receives a contraceptive method that best meets their needs.

Creating choice

We create choice for our clients in a number of ways, by:

- Providing training for our teams so that they feel confident about offering the fullest range of contraceptive methods, and can offer clear, informative counselling
- Making sure our providers and referral agents are paid in a way that encourages choice and doesn't lead to provider or product bias
- Finding ways to subsidise services so that cost doesn't narrow people's choices
- Campaigning to change the operating and regulatory environments, so that products can be registered more easily in different countries and more providers are able to offer services.

The different contraception methods

The methods we offer can be categorised into the following groups:

- Short-term barrier methods
- Short-term hormonal methods
- Emergency contraception
- Long-acting reversible contraception
- Permanent contraception.

In this section the figures for effectiveness of contraceptive methods show the number out of every 100 women who are likely to experience an unintended pregnancy within the first year of typical use of that contraceptive method.

Short-term methods

Many clients prefer the flexibility of using a short-term method of contraception, particularly if they are unsure about when they might want to have a child in the future. Using a short-term method

means that they can stop using it whenever they are ready to start a family or decide they want to have more children. However, short-term methods carry a higher risk of human error, which can lead to unintended pregnancies.

We offer two types of contraception within this category – short-term barrier and short-term hormonal methods.

Short-term barrier methods

We can offer clients the choice of two short-term barrier contraceptives – the male and female condom. Both protect against pregnancy, as well as sexually transmitted infections (STIs).

The male condom

- The male condom is a widely-used contraceptive that is 85% effective at preventing pregnancy
- Acting as a sheath that fits over a man's erect penis, it works by forming a barrier that keeps sperm out of the vagina
- It also acts as a barrier against infections in semen, on the penis, or in mucus membranes of the vagina, anus or mouth.

The female condom

- The female condom is the only type of contraceptive controlled by women that can also protect against STIs
- It is around 80% effective at preventing pregnancy
- Acting as a sheath or lining that fits loosely inside a woman's vagina, the female condom forms a barrier that keeps sperm out, preventing pregnancy, while also reducing the chance of infections being transmitted between partners.

Short-term hormonal methods

We offer four different types of short-term hormonal methods – the combined oral contraceptive, the progestin-only pill, the progestin-only injectable, and the combined patch. These are all known as reversible methods of contraception, as a woman can stop taking them at any time – and if used correctly, they all are highly effective at preventing pregnancy. Studies show, however, that ‘typical use’ of these methods (which takes human error into account) results in approximately a 10% chance of failure.

The combined oral contraceptive

- The combined oral contraceptive – commonly referred to as the pill – is the most widely used of the short-term hormonal contraceptives
- It is 92% effective at preventing pregnancy
- The pill contains low doses of two different hormones – a progestin and an oestrogen – which prevent the body from preparing itself for pregnancy. More specifically, the pill works to prevent ovulation, to thicken the cervix fluid to make it more difficult for sperm to enter, and to prevent the womb lining from thickening enough for an egg to implant.

The progestin-only pill

- The progestin-only pill is 90-97% effective
- This type of pill can be taken by women who are unable to take the combined oral contraceptive, such as women who are breastfeeding
- As its name implies, the progestin-only pill contains just one hormone – progestin. It works by thickening the cervical mucus,

which blocks the sperm from meeting an egg; and by disrupting the menstrual cycle, including preventing the release of eggs from the ovaries.

The progestin-only injectable

- The progestin-only injectable is 97% effective
- This type of injection doesn't contain oestrogen so can also be taken by women who are breastfeeding
- It works by preventing ovulation and thickening the fluid in the neck of the womb to make it more difficult for sperm to enter.

The combined patch

- Although research is limited, the combined patch is thought to be as effective at preventing pregnancy as taking combined oral contraceptives
- A patch which is worn on the body, this method continuously releases two hormones – a progestin and an oestrogen – directly through the skin into the bloodstream
- It works in the same way as the combined pill, although because it delivers the hormones at a constant rate, it avoids the fluctuations and peak dose that can occur with taking a pill orally.

Emergency contraception

If clients have had unprotected sex, and wish to protect themselves against pregnancy, we can offer them emergency contraception. There are two different options that we offer to clients in this situation – the copper intrauterine device (IUD) and the emergency contraceptive pill. We make sure we're able to provide at least one of these methods through all of our centres, outreach services and franchises.

Copper intrauterine device (IUD)

- The copper IUD can be inserted up to five days after unprotected sex and is 99.9% effective, making it the most reliable method of emergency contraception
- It can also be inserted post-coitally and prevents pregnancy in 99% of women who choose this method. Once inserted, it can stay as long as the woman wishes to keep it in place, from a few weeks to up to 10 years.

Emergency contraceptive pill

- The emergency contraceptive pill – also known as the morning after pill – can help to prevent pregnancy when taken up to five days after unprotected sex
- When taken within 24 hours of intercourse, it is over 99% effective. Its efficacy depends on how soon it is taken after sex
- The emergency contraceptive pill contains either a progestin alone, or a progestin and an oestrogen together.

Long-acting reversible contraception (LARC)

Long-acting reversible methods of contraception are methods of contraception which offer protection against pregnancy for a number of years. Despite their long-term nature, they are also suitable for women who wish to delay pregnancy for one to two years. Many women also prefer the convenience of these methods, rather than needing to remember to take a pill every day, or having to get an injection every month. They are also highly effective at preventing pregnancy compared to short-term methods.

We can offer clients three long-acting reversible methods, including a copper IUD, an LNG IUS, or a contraceptive implant.

Copper IUD

- The copper intrauterine device (IUD) is a small copper-coated device that is inserted into a woman's uterus through her vagina and cervix by a specially-trained healthcare provider
- Once in place, it remains over 99% effective at preventing pregnancy for 10 to 12 years
- It works by causing a chemical change that damages sperm before it meets the egg; and by not allowing the womb lining to thicken enough to enable an egg to implant and grow.

Long-acting reversible contraception (LARC)

LNG IUS

- The levonorgestrel intrauterine system (LNG IUS) is a small plastic device inserted into a woman's uterus through her vagina and cervix by a specially-trained healthcare provider
- Once in place, it remains over 99% effective at preventing pregnancy for five years
- By steadily releasing small amounts of the hormone levonorgestrel every day, the LNG IUS prevents the womb lining from thickening enough to enable an egg to implant and grow. It also partially prevents ovulation, as well as thickening the mucus in the neck of the womb, making it more difficult for sperm to enter.

Contraceptive implant

- The implant is a small plastic rod or capsule, about the size of a matchstick, that releases the hormone progestin
- A specially-trained provider performs a minor surgical procedure to place the implant under the skin on the inside of a woman's arm
- Once inserted, it remains over 99% effective at preventing pregnancy for three to five years
- The implant keeps a woman's progestin levels artificially stable. This lack of fluctuation in progestin prevents the body from preparing itself for pregnancy. The steady release of the hormone also thickens the fluid in the neck of the womb, making it more difficult for sperm to enter.

Permanent contraception

Permanent methods involve irreversible surgical procedures, so are suitable for women and men who are certain that they don't want to have any more children, or if they have none, have decided that they wish to remain childless. Of all of the types of contraceptive methods we can offer, this category provides the highest level of protection against pregnancy.

We offer the following two permanent methods in all of our country programmes – the Marie Stopes Ligation for women and the Marie Stopes Vasectomy for men. Both can be successfully and safely performed in our centres, at accredited franchise sites, on an outreach basis at primary health centres, and at non-medical sites such as village halls, schools and offices.

The Marie Stopes Ligation

— The Marie Stopes Ligation is a minor surgical contraceptive procedure for women. It is performed via 'mini-laparotomy' under local anaesthetic using a 3cm incision. On average the procedure lasts less than 15 minutes.

The Marie Stopes Vasectomy

— The Marie Stopes Vasectomy is a safe, simple procedure for men that uses the 'non-scalpel technique' and again is performed under local anaesthetic.

Vocal Local technique for managing pain

Some of the procedures we carry out can cause clients a certain amount of discomfort or pain. To minimise this, we have developed a client-focused technique to manage pain known as 'Vocal Local'. It is designed to reduce clients' anxiety, and therefore their perception of pain, before, during and after a procedure. It also allows the client to interact with the providers during the procedure and minimises the risks that can arise from sedation or deep anaesthesia.

- While the procedure is taking place, the health provider engages the client in conversation, which distracts them from the procedure
- If the client feels any discomfort, they can communicate that to the provider and maintain control over the management of pain
- The provider can describe the steps of the procedure if the client wants to know what's happening, or the client can choose to completely ignore the procedure that is being performed.

By interacting with the client in this way – with warmth and respect – and using gentle medical techniques throughout, Vocal Local has become an effective pain management tool for most of our procedures.

All of our service providers receive training in Vocal Local so that they can use it for every procedure we carry out. For some procedures (such as a vasectomy or tubal ligation), more advanced anaesthetic options are available.

Infection prevention

Marie Stopes International Principle

Marie Stopes International team members must strictly adhere to infection prevention practices at all times to minimise the risk of spreading infections and prevent the transmission of diseases.

Preventing infections is a crucial factor in the high quality care we provide in each of our services. We need to be 100% vigilant to infections and minimise any risk to our clients and team members. Strict infection prevention guidelines, which are regularly updated, are in place for all our teams, whether they are working in a centre or in one of our outreach settings.

Everyone working in our programmes receives training on our infection prevention procedures, including the standard precautions, such as hand washing; the appropriate use of gloves; sterilisation of equipment; protecting ourselves, clients and others from sharp instruments; and the safe disposal of clinical waste. We also use no-touch techniques to minimise the spread of infections, even during simple procedures, like the insertion of an IUD.



**Marie Stopes
International Principle**

We believe every woman has the right to access safe abortion care.

Abortion

Tens of thousands of people die every year as a result of unsafe pregnancy terminations. By expanding access to reliable, safe abortion services, we are helping women who want to terminate their pregnancy to do so safely.





We offer two main types of abortion (where legal): medical and surgical. We talk through these options in detail with women wishing to terminate an unwanted pregnancy, so that they can make a fully informed, voluntary decision. We recognise this can be a very difficult decision and experience for clients, and we must ensure that every woman we see is treated in a non-judgemental way and with the respect and dignity she deserves.



We encourage women wanting an abortion to come to us as early in their pregnancy as possible, so that we can offer them more options, including early medical abortion, which is less invasive than undergoing a surgical procedure.

However, we offer as many options as we can to women we see in the advanced stages of pregnancy, informing them of their options and providing them with full information about each one.

We strongly recommend and offer post-abortion contraception, to reduce the likelihood of a woman needing repeat abortions. Clients who wish to do so can begin using contraception immediately after the procedure.

This section provides details of the abortion services that we provide across the world. However, not all of these services will be provided in every single programme or country where we work.

We always abide by the local laws of the countries where we work, and whether a service is provided or not will depend on the law in that particular country.

Medical abortion

For clients seeking an abortion, we recommend a medical abortion whenever possible.

A medical abortion is defined as terminating a pregnancy of 20 weeks or less using abortion-inducing medications without the need for an invasive procedure.

A medical abortion up to fourteen weeks

— The Marie Stopes Medical Process (MSMP) is the name we use for medical abortions conducted in our centres for clients in early stages of a pregnancy

— We also provide medical abortions (referred to as MA or MPAC – medical post-abortion care) outside our centres through outreach, social marketing and other partners.

The medications we use

We use two medications, either alone or in combination for a medical abortion:

— Misoprostol alone

— Mifepristone and misoprostol in combination.

We recommend the combination of mifepristone and misoprostol, as it has the highest success rate (97%). But in countries where mifepristone isn't available, misoprostol can be used on its own (with a success rate of between 80% and 95%, depending on how advanced the pregnancy is).

Both mifepristone and misoprostol have common, but non-serious side effects.

These should be explained to our clients in detail and our staff are trained in managing these and in minimising any discomfort our clients may feel during the procedure.

Later abortions

- We can also provide medical abortions in our centres for clients whose pregnancy is more advanced, anywhere up to 20 weeks. This is referred to as a Second Trimester Medical Procedure (STMP).
- Here too, we use a combination of mifepristone and misoprostol to aid in expelling the products of conception
- Vocal Local and oral analgesia are routinely provided for pain control and repeated doses of misoprostol are given until complete expulsion under careful observation.

Surgical abortion

A surgical abortion can be performed with a simple non-electric, plastic syringe system to terminate a pregnancy up to 14 weeks.

A surgical abortion up to 14 weeks

- Our manual vacuum aspiration procedure is referred to as the Marie Stopes Procedure (MSP)
- This is a simple, safe, quick and effective procedure that uses gentle manual vacuum aspiration to evacuate the uterus
- An MSP is suitable for clients who have made an informed, voluntary choice, with a foetus of less than 14 weeks gestation, and who have no medical contraindications
- As with all procedures, there are certain risks and benefits to MSP – and we must make sure clients are fully aware of these.

Surgical abortion

A surgical abortion after 14 weeks

- Surgical abortion beyond 14 weeks is called a Second Trimester Procedure (STP)
- It is a client-focused, safe and effective procedure using a surgical technique for pregnancy at gestational ages of 14 - 20 weeks
- The cervix is first softened and prepared using appropriate drugs, followed by the evacuation of the uterus in a demedicalised environment
- Pain is managed using one of several options including Vocal Local, oral analgesia, para-cervical block or conscious sedation.

Why we are committed to offering abortions

Our teams are out working in communities every day, helping to prevent unintended pregnancies. But they still occur, and some women will seek abortions as a way to address the situation they find themselves in.

We want to make sure that any woman wanting to end their pregnancy can do so in a safe, affordable way. Which is why we are committed to offering safe abortion services in the countries where we are legally able to – and we will do so for as long as this service is needed.

Marie Stopes International Principle

Contraceptive counselling must be provided and all appropriate contraceptive options must be offered as part of a comprehensive Marie Stopes Procedure or post-abortion care service.

Post-abortion family planning

If a woman comes to MSI for an abortion, the procedure itself is just one part of the service we provide. We are there to offer emotional support as well as providing post-abortion family planning for all women who have had an abortion or a miscarriage.

We can offer many different contraceptive options for post-abortion family planning including short-term, long-term reversible, and permanent methods, and help each woman choose the best option for her, depending on her fertility intentions and the type of procedure she has had.

Our teams work to the following principles when offering post-abortion family planning. We:

- Empathise with the client
- Are always respectful and non-judgemental
- Ensure the client's privacy and confidentiality
- Offer the client the option to have someone she knows with her during the counselling
- Start talking to her about family planning before the abortion procedure, and never when she is sedated, stressed or in pain.



Non-core services

We offer a number of non-core services on top of our core service range. These are offered primarily as a way to attract clients to our contraception and safe abortion services. They also allow us to generate surplus we can reinvest back into our core services to cover any shortfall and provide greater value for money.

Each country programme must seek approval from their Regional Director before providing any non-core services.

The following are the most widely-offered non-core services within our programmes:

- Maternity services, and maternal and child healthcare
- HIV diagnosis and management services
- Male circumcision for HIV prevention
- Cervical cancer prevention services.



4

How we reach people

Taking our services to where people need them

Marie Stopes International Principle

The client is the most important person in the organisation.

We provide contraception and safe abortion services to people living in urban and rural communities all over the world. We want to reach as many people as we can with these services. Location shouldn't get in the way of people accessing the care and information they need.

A multi-channel approach



We started out providing services predominantly from static centres within towns and cities. But as the years have gone by, we have expanded our delivery model so that we now offer our services in lots of different places and ways:

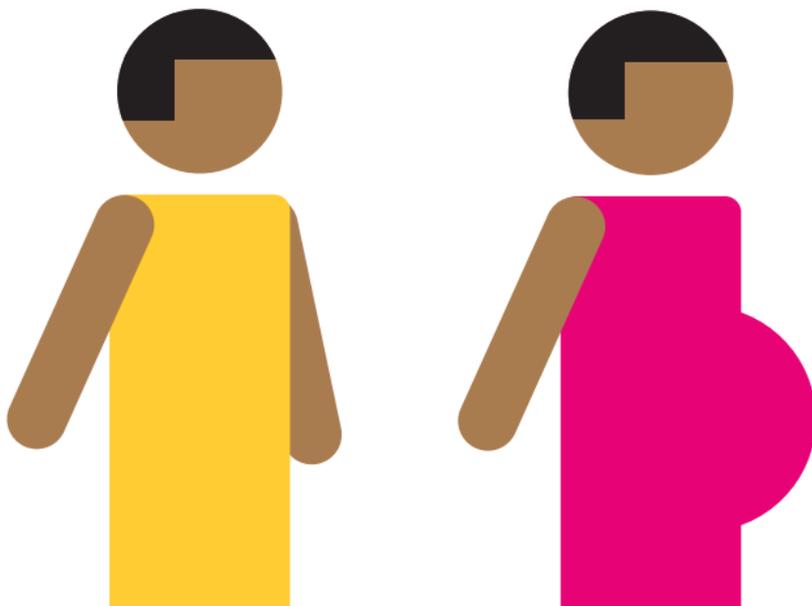
- Serving key catchment areas and setting the high standards in clinical quality that we're well known for, our centres still form the backbone of our operations in many countries
- Our social franchise networks of private providers extend our reach further, mainly within urban and surrounding areas
- Outreach teams scale up our services across wide geographical regions and in the poorest communities
- Our community-based channels – Marie Stopes Ladies, community health workers and social marketing – bring our services and products even closer to our clients, increasing our coverage and impact further.

In each country we work in, our programme team uses data to get a really good understanding of local reproductive health needs, and then decides on the optimum mix of channels for reaching the most people in that country. They take into account things like:

- Market dynamics, client requirements and barriers to client use (in other words, reasons that may prevent clients from accessing our services)
- The funding we need to support different channels.

A multi-channel approach

- The impact and reach of different channels, for example subsidised 'high impact' services such as outreach, are often a good way for us to reach first-time contraception users, young people and those living in extreme poverty, which are all groups of people we want to reach as a priority
- Using certain services to subsidise others – for instance, services that serve a growing number of middle income and working poor clients, whose changing fertility preferences are increasing the demand for high quality contraception and safe abortion services. Some of these services can generate surplus, which can then be reinvested back into our core services to make them more affordable for more people, including people living in extreme poverty.

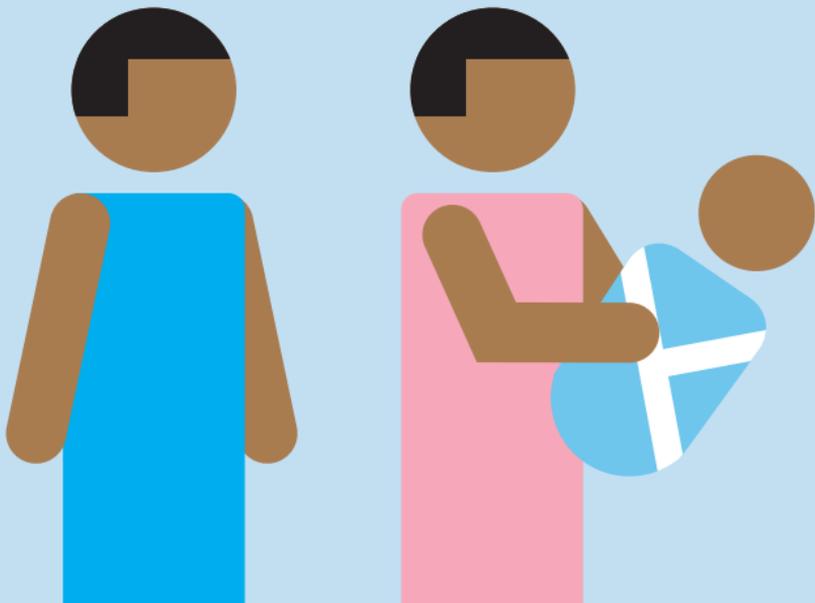


Six channels. The same high level of service

We provide our services through six different channels:

- MSI centres
- Outreach
- Product social marketing
- Social franchises
- Marie Stopes Ladies
- Community health workers.

Each channel follows the same set of standards for providing services under the Marie Stopes International brand. This means that however, and wherever, a woman chooses to access our services, she will receive the same high level of care and client-focused service.



Marie Stopes International Principle

Clients form a lasting impression of service providers within a minute or so of first contact. So it is vital that the reception area is clean and welcoming and that team members are friendly, professional and welcoming to reflect the client-oriented nature of Marie Stopes International.

Centres

Our centres set the standard for our services in each programme. So we put a lot of thought into their location, design and the way they are run. Above all, we want to be sure that the women who visit our centres feel at ease, and as comfortable as possible, from the moment they walk through our blue door.

Location is everything

Where we locate our centres is critical. We look for locations that are safe, convenient, easy to find and well served by public transport. And we make sure they are open at times that work best for people living locally, not the service provider.

First impressions count

The first thing a person sees when they visit a centre are the signposts and signs advertising the facility, as well as the exterior of the building. So we must make sure our signs are prominent, and we set the same rigorous standards for cleanliness, décor and repair for the outside of our buildings as we do inside.

The right atmosphere

Once a client steps inside, the atmosphere of a centre has as much of an impact on them as the clinical standards of our services. Creating warm, welcoming environments also leads to quicker recovery times.

Marie Stopes International Principle

The client is an honoured guest in a Marie Stopes International centre. Examination rooms must be as friendly and non-medical as possible to ensure that clients feel comfortable, at home and not subservient or intimidated.

So we try to 'demedicalise' our centres as much as we can by:

- Keeping any equipment we're not using out of sight
- Avoiding using strong-smelling cleaning fluids
- Making sure our furniture and décor are non-clinical in feel
- Putting up pictures, putting out plants, and putting a television or radio in client areas
- Using reclining chairs in recovery areas rather than beds.

It's also important that we're completely open and transparent with our clients about pricing, so a list of all the prices of all services should be prominently displayed in all centres.

Cleanliness matters

The cleanliness of our centres really matters – not just for medical safety reasons but because it shows our clients just how important they are to us. We must keep our centres spotlessly clean – both inside and out. Everywhere from reception, to the toilets, to the examination and recovery rooms. This attention to detail makes us stand out from our competitors and it is an important part of our client-centred approach.

**Marie Stopes
International Principle**

We take services
closest to the client.

**“By bringing our
services closer to
our clients, we can
reach more people
and have more
of an impact.”**

Outreach

We have hundreds of outreach teams taking our services out into some of the world's most hard to reach communities. These teams travel out to remote rural communities in 4x4 or other vehicles to provide our services, usually from public health facilities within rural areas. We also have nurse-led outreach teams reaching out to clients in urban and surrounding areas.

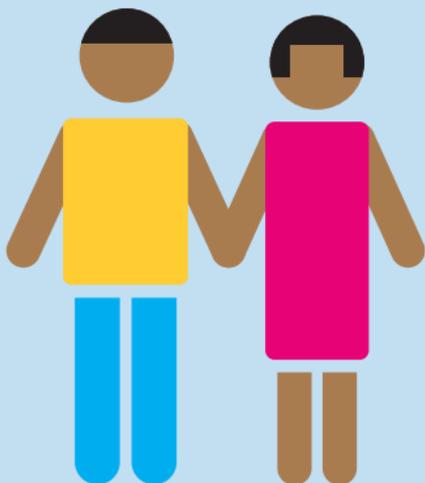
Nearly all of our outreach teams provide contraception services and aim, in particular, to reach people who would benefit from access to long-acting and permanent methods. Some country programmes also use outreach to provide non-core services such as cervical cancer services, and HIV counselling and testing.

If clients need services that can't be provided by outreach teams, such as the removal of long-acting contraceptive methods, or safe abortion care, we refer them back to one of our centres or social franchise clinics.

Outreach is a crucial element of our delivery model, as it gives us a way to reach out to many more people who need our services, particularly young and very poor clients, and those who've never used contraception before – all key target groups for us in terms of increasing our impact.

We push boundaries

We will do whatever it takes to deliver contraception and safe abortions (where legal) to women, even in the remotest areas of the globe. Our teams will travel using whatever means they need to reach people – from planes in Papua New Guinea, to tuk-tuks in Tanzania, to boats in Bangladesh. And we also have teams working through periods of political instability, for example in Yemen, Afghanistan and Mali and through Sierra Leone's Ebola crisis and civil war. Whatever it takes to get services to people – whether that means working in hostile and fragile states, or travelling very long distances – our teams are motivated by our mission to serve the women who need us.



**Marie Stopes
International Principle**

We harness the private sector to increase choice and access.

Social franchising

We can't reach all the women who need our services on our own. It's just not financially possible or practical for us to do so. So we have established a social franchising network, where we partner with existing private health providers to deliver high quality contraception and safe abortion services on our behalf.

- We set up our social franchising network in 2004 and now have over 3,600 franchisees working with us across 18 countries
- Private healthcare providers deliver services for us under our BlueStar social franchise brand
- We take responsibility for the quality of the services they provide, by assessing and ensuring they meet our required standards, and also work with them to provide training and other support.

Social franchising is a way for us to quickly scale up access to services within a particular country, so that we can reach poor and underserved women and provide greater choice to our clients in a sustainable way. It works best in countries where private healthcare facilities are already serving poor people, which means they can reach those people more easily than if we were to start working in that area on our own.

**Marie Stopes
International Principle**

We work with micro-entrepreneurs to extend our reach.

Marie Stopes Ladies

We also train up individuals within communities to provide services on our behalf and extend our reach further. These might be midwives or nurses, or just committed women from other walks of life, who we train and incentivise to provide services and follow-up care for us.

Known as Marie Stopes Ladies, these women are united by an entrepreneurial spirit and a strong desire to help people within their communities get hold of the contraception and abortion information and services that can change their lives.

They cover specific catchment areas for us and visit clients in their homes and at community centres. They counsel, refer, and provide services and follow-up care on our behalf. And, as with our social franchise network, we assess and ensure the quality of the services they provide.

As urbanisation increases in many countries, Marie Stopes Ladies help us to reach more people in underserved, densely-populated areas, as well as in areas surrounding towns or cities not located near a Marie Stopes International centre. Marie Stopes Ladies also help us to get services to clients who don't have the means or funds to travel outside of their neighbourhoods.

**Marie Stopes
International Principle**

We are part of the communities in which we work.

Community health workers

We build links with health workers already based in the communities we work in – people who are already known and trusted in their local areas for providing health information and services. We train them up to become MSI representatives, so that they can provide information, counselling and services for us.

Community health workers (CHWs) – who are also known in some locations as community-based distributors, community-based motivators, village health workers, community health aides and lay health advisors – show the same commitment to empowering women with more choices as the rest of our team.

By tapping into existing networks – and building on the relationships CHWs already have with people locally – we can deliver reliable contraception information and services to clients faster and more cost effectively than if we set up services in those communities from scratch.

As well as providing services on our behalf, CHWs refer clients to our centres, outreach services, social franchising clinics or Marie Stopes Ladies – depending on what service a woman needs and which option is most convenient for her.

A photograph of two women in conversation. The woman on the left is wearing a dark, patterned headscarf and a matching face veil. The woman on the right is wearing a light blue shirt and a matching shawl. She is holding a blue pen in her right hand and gesturing with her fingers as if explaining something. They are both looking at each other. The background is a brick wall.

“We are pioneering efforts to deliver contraception and safe abortion services via a range of competent health workers, not just doctors, spreading our teams’ reach to more women.”

5

How we operate as a business

Our social business model to where people need them.

As a social business we care most of all about outcomes, and how we are transforming the lives of women around the world. But we also keep a keen eye on our financial performance, and on how our programmes are performing – not because we want to make a profit for shareholders, but because we need to ensure we are running our programmes as efficiently as possible. By doing so, we can get maximum value from the funding available to us, and reach more women who want to use our services.

“MSI is a social business with a double bottom line – financial performance and social impact. It’s why we focus so strongly on measuring positive outcomes for the women we serve, as well as our financial performance.”



We are constantly looking for ways to be more efficient and do more with our financial resources. In particular, we do that by:

- Cutting out unnecessary waste at all levels – and building lean, effective teams with small support office operations in each country
- Simplifying every aspect of the way we run our services
- Questioning medical traditions that have no foundation and removing ‘barriers to access’ – in other words, things that are getting in the way of people accessing services
- Focusing on outcomes using data, to measure the impact our services are having on people’s lives
- Placing a strong emphasis on financial efficiency and cost-recovery.

Our sustainability framework

Getting the most from
the resources we have

We want to make sure we can continue to deliver services for our clients for as long as they need us. That's why we have developed our Sustainability Framework. It helps us to plan our services and interventions for the greatest, longest-lasting health impact in contraception and safe abortion.



There are two parts to the Sustainability Framework.

The first is about creating a sustainable organisation, which we do by:

- Effectively managing our resources, through strong systems, people and strategies, in a way that guarantees value for money and organisational strength
- Having diversified financing, which responds to country opportunities, including donor income, our own discretionary funds, contracting and insurance, client service income and franchise fees, and country-level commercial income

The second part of the Framework focuses on creating a sustainable health market:

- On the demand-side, by addressing the barriers to people accessing contraception and safe abortion
- On the supply-side, by delivering our services through the most sustainable and efficient channels to reach our clients
- In policy and environment, by influencing policies, regulations and approaches that affect the demand and supply of contraception and safe abortion.

By using this model, we believe that we can achieve the most for our clients with the resources that we have.

Our people

A global network of passionate professionals

We recruit people with the passion and skills to deliver on our mission. People with the courage to push boundaries, to make tough decisions and to challenge others – and who are willing to go the extra mile to improve services, and help us reach more women.

We have a global network of skilled local teams working within each of our country programmes. As the front line of our business, these are people that we choose specifically for their clinical skills and experience, but also for their caring attitude and innate ability to listen to women and understand their needs.

We have support and management teams working within each country as well, and many other individuals working in our central teams in our support offices.

Although each team member has their own role and responsibility, we are all united by our values and behaviours, and by our mission and vision, which underpin everything we do. Taken together, these are the things that define the culture we aim to live by at Marie Stopes International.

Our mission, our vision and our values

Our mission

Children by choice, not chance.

Our vision

A world in which every birth is wanted.

Our values

Mission driven: With unwavering commitment, we exist to empower women and men to have children by choice, not chance.

Client centred: We are dedicated to our clients and work tirelessly to deliver high-quality, high-impact services that meet their individual needs.

Accountable: We are accountable for our actions and focus on results, ensuring long-term sustainability and increasing the impact of the Partnership.

Courageous: We recruit and nurture talented, passionate and brave people who have the courage to push boundaries, make tough decisions and challenge others in line with our mission.

Our behaviours

Work as One MSI:

- We contribute, share, and utilise accurate data and evidence to improve understanding, insight and decision-making
- We share relevant knowledge, coordinating expertise and resources to strengthen teamwork and prevent duplication of effort
- We actively work as part of a team, providing support and flexibility to colleagues, demonstrating fairness, understanding and respect for all people and cultures.

Our behaviours

Show courage, authenticity and integrity

- We hold ourselves accountable for the decisions we make and the behaviours we demonstrate
- We are courageous in challenging others and taking appropriate managed risks.

Develop and grow

- We seek feedback to enable greater self-awareness and provide the same to others in a way which inspires them to be even more effective
- We manage our career development including keeping our knowledge and skills up to date.

Deliver excellence, always

- We strive to consistently meet and exceed expectations, putting clients at the centre of everything
- We implement smarter, more efficient ways of performing our roles
- We build and maintain long-term working relationships with stakeholders, and serve as a true ambassador for MSI.



Leadership behaviour (for those in management and leadership roles)

Inspire, motivate and develop

- We inspire individuals and teams, through situational leadership, providing clear direction
- We seek and provide opportunities which motivate team members, helping to develop skills and potential whilst strengthening our talent and succession pipeline
- We demonstrate strategic insight about emerging developments in our sector, our clients and business and encourage this in your team
- We articulate a vision of the future which inspires and excites others.

Looking after our people

We have teams working all over the world providing our services to women. Some of our teams have to travel very long distances and cross difficult terrain. Others are based in hostile and fragile states, and put their lives on the line every day by working through wars and revolutions, to help us reach people who need our services.

Like all organisations, we have a duty of care to the people who work with us. But as an organisation that's working in such varied, and sometimes unpredictable, environments, we take that responsibility even more seriously.

We have a rigorous global security framework that applies to all our countries, as well as all our subsidiaries and affiliates, to ensure the safety of our team members, clients, donors and anyone working alongside us. The exact security measures we take in each country will vary, depending on the scale of threat or risk, but we make sure that each programme assesses and mitigates risk by meeting our minimum safety and security standards, building on that framework as needs dictate.

**Marie Stopes
International Principle**

We are honest, ethical and professional in the conduct of our business.

Financial management and audit

Making the most of our resources

Strong financial management allows us to make the most of our funding resources and have the greatest impact at the lowest cost.

We have a limited amount of funding to do our work – and we need to make sure that money is used efficiently and effectively, so that we can reach as many people as possible.

Internal audit

We have strong internal audit controls in place and each year a planned programme of internal audits is prepared by the Director of Internal Audit and a sub-group of MSI's Board. Each internal audit generally lasts for two weeks and is followed by a written report to MSI's Board.

Some country programmes also work with a local internal audit team, who will conduct their work in a similar way to the global internal auditor. They will focus on areas identified as risk, investigate incidents raised by whistle-blowers and issues raised by the global internal audit report.

Integrity Programme

We must conduct our operations in an ethical and honest manner. And for this reason, we have a zero tolerance approach to fraud and bribery. Any money that is lost to fraud or bribery is money that is directed away from essential services to our clients.

Our approach is formalised in four specific policies, which all team members should be aware of: the Anti-Fraud and Bribery Policy; the Gifts and Entertainment Policy; the Speaking Up Policy; and the Conflicts of Interest Policy. These policies are designed to ensure that we have strong internal systems and controls in place to prevent fraud and bribery from occurring and to detect it if it does occur.

All team members must adopt the highest standards of conduct and comply with all of the policies and procedures within our Integrity Programme. In particular, we encourage team members to speak up about any issues they are concerned about, such as fraud or other malpractice that might put an individual or our organisation at risk.

Reporting malpractice helps us to protect the wellbeing of all our team members, as well as our clients and our organisation as a whole, so it's important that team members feel confident about raising any concerns.

That's why we have strong systems in place to allow team members to report any suspected fraud, including confidential phone line and email address within each of the regions where we work. Full details of how to report suspected fraud should be prominently displayed in all offices and centres, and are also contained in the Team Member Handbook. Team members won't be risking their job, or suffer any form of retribution, by speaking up, provided they are acting in good faith.

Integrity Programme

If we suspect that fraud or bribery has taken place we will investigate the matter and, if it is proved, we will take disciplinary measures, which may include the dismissal of those involved.

Gifts and entertainment and conflicts of interest

Team members must be open about any gifts or entertainment that they wish to offer or accept in accordance with the Gifts and Entertainment Policy.

Team members must also avoid situations where their personal interests conflict or may conflict with the interests of their employer or MSI. Directors and trustees, procurement staff, senior managers and other key personnel are expected to register any conflicts of interest that they have or may have, and take steps to ensure that they do not participate in any decision-making that may be affected by such conflicts.

For example, if an MSI procurement manager is a director of a pharmaceutical company, the procurement manager should declare their directorship in the conflicts of interest register and should not participate in any decision that MSI may make to enter into a supply contract with the pharmaceutical company.



**Marie Stopes
International Principle**
Quality is everything.

The quality of what we do

Why it's important and how we ensure it

As a global provider of contraception and safe abortion services, the quality of what we do has to be rigorously scrutinised. Setting, and maintaining, consistently high standards across our services reassures our clients about the quality of care they can expect from us. It also influences how people perceive us as a brand, and whether they want to work with us as a partner or donor.

Guaranteeing high quality is fundamental to our clients' safety and to the experience they have when using our services. We want to be able to say, with confidence, that any woman who wants to can access the high quality contraceptive and safe abortion services she needs, wherever she lives in the world.

With this in mind, we set rigorous standards that all our programmes need to adhere to when delivering our services, as well as checking that all the medications we use meet minimum quality standards.

Marie Stopes International Principle

We regularly test our systems and controls.

What do we mean by quality?

When we are talking about clinical quality, we're referring to three things in particular, represented by the letters ESE. We want to make sure our services:

- Are clinically Effective – and not just from our perspective but from the point of view of our clients. We need to check our services are working well for every single person who uses them
- Are Safe – we need to ensure our clients' safety at all times. That means doing the right thing in the right way, every time – and this is as much about our behaviour and attitude, as our facilities and contraceptive product range
- Provide as positive an Experience for clients as possible – the client's experience is a crucial factor in determining the quality of our services.

“As well as being important for our clients, being able to guarantee quality across our programmes enables us to gain support from donors, ministries of health and individuals who are happy to spread the word about our services.”

The systems we have in place

We have a number of systems in place to check and maintain quality across our programmes and these are explained below.

Internal clinical audit

Our country programmes carry out internal audits for all services in their country at least once a year. Using an internal audit checklist, they assess a number of areas, including:

- The quality of clinical services and whether each service meets the agreed MSI standards
- How well our centres are being run
- How well we're managing our teams
- How we're doing on procurement (of medical supplies and equipment) and stock control
- The client experience
- The way we report complications and deal with emergencies.

Quality Technical Assistance audit

Once a year we also arrange for an audit of our services to be carried out, either by our global Medical Development Team, by approved consultants or a peer programme. It gives us an independent overview of a sample of services within each of our country programmes, as well as advice and support on how to improve where necessary. We use this process to share best practice across our programmes at the same time.

**Marie Stopes
International Principle**

Accurate data
enables strategic
decision-making.

Gathering evidence

The information we need to make the right decisions

We continually record, measure and evaluate our performance, so that we can keep a sharp eye on how we are doing, and where we can do better.

By integrating evidence into the planning, design and implementation of our work we can make the most of resources and generate the greatest impact possible. We use a range of tools to help collect and analyse the evidence we need, these include management reporting packs, exit interviews, the Cost Calculator, Impact 2 and the Client Information Centre (CLIC).

**Couple years
of protection**

We evaluate the impact of our services using evidence-based statistics. The main measure we use is called 'couple years of protection' (CYPs). One CYP is the contraception that is needed for a couple to prevent pregnancy over the course of a year. We also measure what we call High Impact CYPs (HICs), which are a way to assess our performance in expanding access and providing equitable services.

The evidence we need

“With accurate data, we can make informed decisions on how to make the most of our resources to reach more clients and have a greater impact.”



Having access to accurate data on the impact of our services gives us the evidence we need to improve our programmes, better target our services and make sure we are reaching the women who need us most.

We use this data in three areas in particular:

- To help us understand how our work is contributing towards helping women have children by choice, not chance
- To make sure our work is carried out as efficiently as possible and that our services are sustainable from a financial viewpoint
- To increase public awareness of our services and help us react quickly to market and funding opportunities.

**Marie Stopes
International Principle**

Every team member
is a marketer.

Marketing

Reaching people in the right way

The way we market our contraception and safe abortion services is essential to expanding our reach. Good marketing is about showing that we understand the reality of our clients' lives, so that we can deliver the products and services that will most benefit them.

We work with our programmes to develop effective marketing strategies that are tailored to the needs of each market – and base them on evidence about what clients in that country want and need from us.

We set clear guidelines on how to promote our services in a clear, professional, client-friendly way. That means having good marketing materials to hand out and display – as well as making sure our centres are approachable, welcoming places to come to.



Alongside this, we focus on good product distribution and getting our contraceptive products into as many outlets as possible – not just in venues staffed by doctors, but places manned by contraceptive counsellors and pharmacists, and in supermarkets and village stores as well.

By marketing our products and services well – before, during and after they're used – we can bring in new clients, and encourage people using our services to tell their friends and family about us.

Working with the media

We want to build good relationships with the media in every country in which we operate. The press can help us to build a positive profile with our external audiences and help us get good coverage when we're opening a new centre or developing new services in a region.

Having good media relationships also helps when we need to respond to any negative press coverage we might come up against. Occasionally media issues occur, and we need to manage these incidents sensitively and in a timely manner, so that inaccurate information or propaganda isn't spread, which could prevent people from getting the care and support they need.

We make sure our media contacts have access to clear and accurate information about our services, and identify a media spokesperson in each country, who acts as our main contact for talking to the media and communicating our views. We want to make sure that people understand that we are there because we believe in choice, and that we are committed to providing the information and services that will empower women to choose when they have children.

Our brand

A promise to women

Our brand is much more than our logo or the colours we use on our marketing materials – it sums up the attributes that differentiate us from other providers and it is our promise to women.

The promise

What we offer to a woman is unique – we can help empower her to choose when she has children. The impact of this choice is life-changing. It means she is free to pursue her plans and dreams for herself and her family.

We deliver on this promise by focusing on a woman's individual needs. And we're the only global contraception and safe abortion service provider to do that. Our global network of local teams delivers personalised care to each woman in their community as if they were part of their own family.

Bringing the brand to life



We know that our promise is aspirational but achievable and in order to deliver we need to be:

- Deeply reassuring: we will show clinical expertise and genuine empathy in equal measure
- Approachable: we will always give a warm, open welcome without judgement
- Defiantly courageous: we will push the boundaries and we'll help women to do that too.

Underpinning that is a set of principles that we fundamentally believe in:

- Unwavering commitment: we will do whatever it takes to deliver choice to women
- Changing the world one person at a time: it's through thoughtful care of the individual that we care for communities
- The right to choose: every woman should be able to choose when to have children.

The essence of our brand can be easily summed up in five words and one comma: children by choice, not chance.

When we talk about our brand we focus on our clients; they are the reason why our organisation and our brand exists. Our donors and other stakeholders are important, because they help us to deliver on our promise to women but our main commitment is to individual women who need our services.

6

Our wider influence

As a global provider of contraception and safe abortion, we need to do much more than just deliver high quality services. We have an important role to play in influencing donors and governments, too.

Fundraising and donor management

Donors are fundamental to the delivery of our mission. We need their support to be able to deliver and expand our services, and to have the biggest impact we can. So we place a big emphasis on nurturing our relationships with them and making sure we give them plenty of reasons to want to support us. Our donors include government aid agencies, private foundations, multilateral organisations such as the United Nations and the World Bank, private sector partners and wealthy individuals.

We work closely with these organisations, to build relationships with them and encourage them to fund much-needed services. We go after a variety of different sized awards – both large and small scale – to give us a diversified, and therefore more stable, funding portfolio.

Earning the support of donors

“We fund our programmes in innovative ways, blending donor grants, insurance schemes and country-level commercial income to build sustainable business models for the future, so we can serve women for as long as they need us.”

The sexual and reproductive health sector is relatively small, and donors share information between them, so we need to make sure we stand out for them in a positive way, ensuring that Marie Stopes International is front of mind when it comes to allocating funds.

We earn the support of donors in a number of different ways:

- By building and maintaining our good reputation – donors are more likely to fund organisations that others have funded, and who have a good reputation for delivery
- By reporting accurate and timely information, sharing data and encouraging open communication. Donors can promote successes for us and also help us address the challenges we face
- By keeping up to date with donor developments, development policy, new initiatives and changes within our sector. Donors expect us to be experts in our field, so we need to stay ahead of others in our thinking and our service delivery
- By demonstrating that we offer value for money and they will receive a good return on their investment. We need to show that we can offer the greatest impact at the lowest possible cost, without compromising our own values and belief in the rights of our clients.

While we believe in being donor-funded, we are never donor-driven. We won't allow the desires of any single donor to divert us from our focus of providing women with contraception and safe abortion services that can benefit and transform their lives.

Policy and advocacy

Our credibility as a global leader in our field also gives us a unique voice to shape and influence the policies of donors, national governments and others, and we have a strong track record of ‘advocating by doing’.

We want to see sexual and reproductive health issues moving higher up the policy agenda, and we use our frontline experience to provide thought leadership at global, regional and local levels.

We try to bring about positive, lasting policy change, in particular:

- By pushing for increased funding for sexual and reproductive health and rights
- By advocating for policies, practices and legal frameworks that enable greater access to services
- By working to ensure progressive policies are understood and implemented
- By demonstrating that the services we offer have a positive impact on the health of women.

Removing barriers to access

Contraception and safe abortion services can suffer disproportionately from over-regulation. Policy makers and providers can sometimes place unnecessary legal restrictions on services, which can make it harder for people to access them.

At a policy level, we're trying to find ways to remove those restrictions, so that we can expand our programmes, make them more stable and increase our impact.

We try to be as constructive and discreet as possible, and we rarely engage in public or high profile campaigning. Instead, our approach could be described as 'inside out'. We work behind the scenes, and 'advocate by doing' – drawing on our reputation as experts; our close relationships with governments and medical organisations; our role in bridging the public and private sectors; and our strong research and evidence base.

Getting the right messages across

As an organisation, we provide services that promote gender equality and give women and girls more choice and autonomy over their sexual and reproductive lives. Promoting choice and rights is, therefore, an important message for us to get across when we are talking to policy makers.

Alongside this, we need to make sure that governments understand the impact of our services. Not just in terms of the difference our programmes are making every day to the lives of individual women but also in terms of the wider benefits our services can bring – in addressing areas such as poverty alleviation and building the capacity of health systems, for example.

In other words, by changing the lives of individual women, we can help to effect change at a bigger level.

7

Where we're heading

While there are still people out there who don't have access to contraception and safe abortions, we need to keep doing much more to try and reach them.

We've come a long way since we set up our first centre in 1976:

- In 2015 we served our 100 millionth client
- In the countries in which we work, one in every 10 women using contraception received her method from us
- We are saving and transforming record numbers of women's lives
- Our global impact in 2014 was our greatest yet: more than 18 million women were using a contraception method supplied by us; and we averted more than 16,000 maternal deaths, more than 5 million unintended pregnancies and nearly 4 million unsafe abortions.

“To have even greater impact in the future, we know that there are key areas we need to focus on: insight, integrity, income, influence and investment.”



As a globally respected provider, we have an important part to play in trying to address this, and we are working closely with governments and donors to explore the best ways to fund and deliver the services that are so needed.

Building on our reputation for ‘advocacy by doing’, we are working to shape policy and deliver practical solutions. And we are constantly innovating to expand our impact, and to make sure our services will continue to save and change lives for as long as they are needed.

We have also committed to ambitious goals to reach millions more new contraceptive users by 2020. We need to take strong action to achieve this goal but we are ready, and willing, to do what needs to be done.

Defiantly courageous

We know that the work we do matters. And not just to the women who come to us for services. But to their families and communities as well. So we won't shy away from advocating for services like safe abortion, because we know that they save lives. And we will continue to work tirelessly to confront taboos, defy stigma and increase access to services.

We know the difference our services can make to women's lives. We now need to take strong steps – working alongside others in our sector – to help many more women access the services that have the potential to transform their lives.

