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 **MARIE STOPES INTERNATIONAL**  
Children by choice, not chance

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**PREVENTING UNPLANNED PREGNANCY**

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**THE FIRST STEP**

**THIS IS HOW WE CHANGE THE WORLD**

# ACCESS TO CONTRACEPTION AND SAFE ABORTION

# IS THE FIRST STEP



We take many things for granted: access to water and food, education, security, healthcare. For many of the world's poorest, these basic requirements are still all too scarce and the global community is rightly focused on establishing sustainable access to these most basic of needs.

Imagine then, having to provide for yourself and your family without any means of preventing an unplanned pregnancy. For millions of women and men in the poorest communities, contraceptives and safe abortion are either not available or of such poor quality that women and girls have little choice but to have a child they don't want or cannot support. All too many resort to dangerous and unsafe methods of abortion. 21.6 million of them. Every year.

When we provide contraception to the women and men who need it most, we are giving them freedom to support their families, to continue with education, to work and grow, and to plan for the future. These are the pillars to lift them out of poverty.

When we choose to help them to access safe abortion services, we don't make a political statement or decide what is right or wrong. We help them to stay safe and to return to their communities. When a woman needs post-abortion care following a backstreet abortion, we know that this is a health emergency, and never turn her away.

Marie Stopes International has the knowledge, the expertise and the capability to provide contraception to every one of the 225 million women worldwide who currently have no access. It is cheap, incredibly effective and unlike many of the toughest global issues, can easily be delivered. Help us to make this happen.



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# A MESSAGE FROM OUR CEO



## A PUBLIC HEALTH EMERGENCY

**Simon Cooke**  
CEO, Marie Stopes International

In every country worldwide, there are women who decide to end an unintended pregnancy. This is an inescapable fact.

Some countries have accepted this fact, ensuring women have the regulated services and high-quality advice and support they need to exercise their right to end a pregnancy safely.

In the UK, the National Health Service has been funding safe abortion for 50 years. Today, around 180,000 women each year have abortions through the NHS, 99.9% of them experiencing no complications.

In countries where safe abortion services are either restricted or not available at all, if a woman is pregnant and decides she doesn't want to be, a lack of safe options rarely changes her decision.

Each year, millions of women risk their lives by using whatever methods are at their disposal, buying counterfeit abortion drugs from a pharmacy or a website, visiting a 'quack doctor' or backstreet abortionist, or attempting any

number of 'home remedies', from an entire packet of painkillers mixed with Coke, to sharpened sticks or bicycle spokes.

Around 21.6 million women annually resort to these kinds of unsafe methods to end a pregnancy. Each day, 22,000 women experience complications related to unsafe abortion, and 130 of them die. This is a public health emergency. It doesn't have to be this way.

### Family planning saves lives

Death and disability from unsafe abortion are entirely preventable. Firstly, ensuring a woman has access to her choice of contraception greatly reduces the chance she will face an unplanned pregnancy in the first place. Long-acting, hormonal methods like the contraceptive implant or IUD offer near total protection, often lasting for several years.

Contraception is part of the solution, but no method of contraception is 100% effective. This is why safe abortion

services are such a vital component of the reproductive healthcare package. Without them, women die.

Abortion is a deeply polarising issue, and sometimes it can be challenging to separate fact from opinion. However, it is a fact that unsafe abortion causes around 13% of the world's maternal deaths. It is also a fact that countries which have both acknowledged the need for safe abortion services and taken proactive steps to introduce them have seen their rate of maternal deaths fall sharply.

In 2005, the Ethiopian government liberalised its abortion law, greatly increasing the number of women who were able to access the procedure through official healthcare services. More than half of abortions in the country now take place in health centres, where women can access safe services, client-centred counselling and post-abortion family planning. From 2005 to 2015, Ethiopia's rate of maternal deaths halved.

### Our commitment to women

For every country like Ethiopia that is benefiting from the introduction of safe abortion, there are many more where abortion is restricted and women continue to die, needlessly and in great pain, as a result of unsafe methods.

Marie Stopes International strongly believes that the right to safe abortion is universal. We are committed to working within national laws and regulations to ensure that any woman who decides to end a pregnancy has what she needs to do so as safely as possible, no matter where she lives or the circumstances of her life.

In 2016, we estimate that our work providing high-quality contraception, safe abortion and post-abortion care services across 37 countries prevented 7.6 million unintended pregnancies, averted 4.8 million unsafe abortions, and averted 21,600 maternal deaths. This saved the countries where we operate £311 million in direct healthcare costs.

These are impressive results - a 20% increase on our impact in 2015 - but there is much more to do. At Marie Stopes International, we believe that every woman has the right to have children by choice, not chance, and we are committed to expanding access to our services to every woman who wants them.

This report highlights the work of our 12,000 team members to meet this commitment, both in terms of preventing unplanned pregnancy, and ensuring any woman who seeks abortion has access to safe services, and is not judged or stigmatised for having done so.

# SECTION 1

# PREVENTING UNPLANNED PREGNANCY



The provision of high-quality contraceptive services and client-centred advice is central to our mission of helping women and girls to have children by choice, not chance. A large number of the women we serve tell us they see contraception as a way of building the life they want, whether that means completing their studies, embarking on a career, or simply being able to plan and space their children.

Currently, around 225 million women worldwide want to access modern contraception but are unable to do so. This may be because they live in a region where services aren't available, because they lack the financial means to pay for contraception, or because of social and cultural beliefs about who should and shouldn't use it.

#### Getting services to the last mile

At Marie Stopes International, we are committed to ensuring that every woman has the means to decide whether and when she has children. Our teams work across 37 countries to make contraception available to women and girls, no matter where they live or what the circumstances of their lives.

> In Madagascar, our outreach teams travel hundreds of miles to bring free contraception to women in remote villages, often staying on the road for more than a week at a time. Marie Stopes Madagascar currently provides 40% of all contraception and 60% of long-acting contraceptive methods in the country.

> In Vietnam and Cambodia, where large numbers of young women move to the cities in search of work, our nurses provide contraceptive services and counselling inside the garment factories that drive the local economy and give women financial autonomy.

> In Yemen, our services have remained open throughout the ongoing civil war and food crisis, providing vital family planning services to women in the most desperate of circumstances.

#### Client-centred care

The women we serve are at the centre of everything we do. Contraception and abortion are highly personal services, and we work hard to ensure our services meet the needs of the women who depend on them.

From designing programmes that are tailored to the lives of women in each country where we work, to using our clients' feedback to understand the communities in which they live and shape our services accordingly, our first question is always: how would I feel as a woman accessing these services and what care would I want to have? It is against this standard that we measure the quality of our interventions.

#### Creating lasting impact

In 2016, 25 million women and men worldwide were using a method of contraception provided by Marie Stopes International. By 2020, we are committed to increasing that figure to 40 million. We estimate that from 2016 – 2020, our services will:

## 58 MILLION

Prevent 58 million unintended pregnancies

## 34 MILLION

Avert 34 million unsafe abortions

## 118,900

Avert 118,900 maternal deaths

## 2.21 BILLION

Save families and governments more than £2.21 billion in health care costs

## THE MEXICO CITY POLICY: A NEW FUNDING GAP

Through our partnership with the United States Agency for International Development (USAID), Marie Stopes International has been able to provide voluntary contraceptive services to millions of poor and disadvantaged women, girls and communities across Africa and Asia.

In January 2017, the incoming US administration re-enacted the Mexico City Policy, an Executive Order that means any international organisation that provides or promotes abortion services – regardless of how those services are funded – is prohibited from receiving US Government funding.

Legislation ensures that USAID does not ever fund abortion services. However, before the Mexico City Policy was re-enacted, USAID was able to fund family planning programmes with organisations like Marie Stopes International, which provide safe abortion services and counselling using funding from other donors and from women themselves.

#### Our position

Marie Stopes International strongly believes that safe abortion is a vital component of women's reproductive healthcare, and that every woman has the right to choose whether and when to have children.

Although we use USAID funding exclusively for voluntary contraception services, agreeing to the conditions of the Mexico City Policy would restrict us from providing abortion services using other funding, in countries where they are permitted. It would even restrict us from talking to women about abortion. This goes against our core principles as an organisation, and therefore we will not agree to the conditions of the Mexico City Policy.



We estimate that, without our USAID funding, each year between 2017 - 2020 approximately 1.6 million fewer women across the developing world will have access to contraception from a trained Marie Stopes International provider. Between 2017 and 2020, without alternative funding, this will lead to:

## 6.5 MILLION

6.5 million unintended pregnancies

## 2.1 MILLION

2.1 million unsafe abortions

## 21,700

21,700 maternal deaths

## 64.2 MILLION

\$64.2 million in direct healthcare costs to governments, families and women

HER STORY

# MARGARET LOUVE



“ I AM NOT EARNING MUCH BUT NOW I CAN SUPPORT MYSELF AND MY CHILDREN WITH THE MONEY I BRING IN. ”

“Having many children was never part of my plan,” says Margaret Louve, laying out another pair of trousers ready for the box-iron.

She is working in the courtyard of her family’s compound, a collection of stone buildings in the Southern Province of Sierra Leone. On a low wall beside her is that evening’s pile of laundry: shirts, tops, a bright blue school uniform. This is a daily ritual for Margaret, and yet every day there is more laundry to get through. The chores mount up quickly in a family with seven children.

“I suffer a lot to make ends meet in my home. Life is so difficult for me today because of the number of children I have to take care of. Even to provide them with the necessities is a major problem.”

Margaret is 39 years old and, unlike many women in Sierra Leone, she has steady work, as a teacher in a local primary school. She is her family’s sole bread-winner, and faces a daily struggle to bring in enough money to support her seven children.

“The teacher’s salary is not sufficient,” she sighs. She gestures to a nearby metal pot, steaming over a brazier of charcoal. Each day, she explains, she supplements her salary by preparing food to sell to the pupils at her school, and takes what little money this brings directly to the market to buy food for her own children.

It is an enterprising scheme, but for many years – as Margaret was trapped in a succession of unplanned pregnancies – she was not able to work at all. It was only when she started using contraception that her life changed course.

**A transformative change**

The Marie Stopes Sierra Leone clinic in Bo City is a bright, airy building with colourful murals on its walls. Margaret has come to replace her IUD; a small metal coil which has protected her from unplanned pregnancy for the past five years.

As the nurse talks her through the different contraceptive options they offer at the clinic, Margaret recollects her first visit there, five years ago, and the transformative change it brought to her life.

“Before, I depended on friends, relatives and my husband purely for survival. Ever since I received the contraceptive, my worries about becoming pregnant stopped and I was able to pursue my career in a teacher’s college. I am not earning much but now I can support myself and my children with the money I bring in.”

At her first visit to Marie Stopes Sierra Leone, when the nurse had asked how many children she had, Margaret hadn’t wanted to answer. She felt embarrassed. “I believe in contraceptives so I felt like I had failed. I wouldn’t have been suffering today had I followed the principles of family planning. That is why I encourage my daughter to embrace family planning so that she does not make the same mistake.”

**Preventing maternal deaths**

As a teacher, Margaret knows only too well the risks of an unplanned pregnancy in Sierra Leone, the country with the worst maternal mortality ratio in the world. An estimated 1 in 17 mothers in the country will die during pregnancy or childbirth, many of them as a result of unsafe abortion.

Margaret lowers her voice. “A few months ago, a pupil in the school where I am teaching got pregnant. The pregnancy went up to three months before she attempted to terminate it herself. Unfortunately, the girl died in the event.” She looks out of the window and falls quiet for a moment. “Since then, I have been spending more time with my daughter.”

Back at the family compound, Margaret sits outside with her eldest daughter Mariama. Despite having very little free time, Margaret tries to spend an hour each evening with her children. Since Mariama became a teenager, she gets extra time with her mother, but instead of nursery rhymes and spellings, they now speak about family planning.

Asked why she does this, Margaret smiles. “Because I want my kids to go through school and university, to be better people for our country tomorrow.”



# CONTRACEPTION: A CORNERSTONE OF DEVELOPMENT

Expanding access to contraception does not just benefit individuals and families. It drives wider social and economic development.

We see this every day through our clients in the 37 countries where we work. Girls who have the means to delay their first pregnancy are more likely to complete their education and become financially independent. Women with the means to plan and space their family are less likely to fall into – or remain trapped in – poverty.

Access to contraception has been linked to a number of development measures, including GDP, foreign aid as a percentage of government revenue, and the Fragile State Index.

### A smart investment

The Copenhagen Consensus, a group of economists which rates development policies, has estimated that every \$1 invested in universal access to contraception saves countries \$120 in reduced need for infrastructure and social spending. After liberalisation of trade, this makes it the second most productive investment in international development.

In 2016, Marie Stopes International's work to prevent unplanned pregnancy, and avert unsafe abortion and maternal deaths saved national governments an estimated £311 million in direct healthcare costs alone.

### Meeting the Sustainable Development Goals

Access to quality family planning is an essential requirement to meeting the Sustainable Development Goals, a set of global goals and targets agreed by the United Nations and its 193 member states to set the agenda for sustainable development to 2030.

The Sustainable Development Goals contain specific targets on increasing contraceptive prevalence rate, decreasing adolescent birth rates, and reducing the unmet need for family planning. Beyond that, increasing access to family planning underpins a large number of the goals, meaning they cannot be achieved without sustained investment in contraception and safe abortion.

The Sustainable Development Goals relating to family planning are:

> **Goal 3: Ensure healthy lives and promote wellbeing for all at all ages.**

> **Goal 5: Achieve gender equality and empower all women and girls.**



### Section 1: The facts

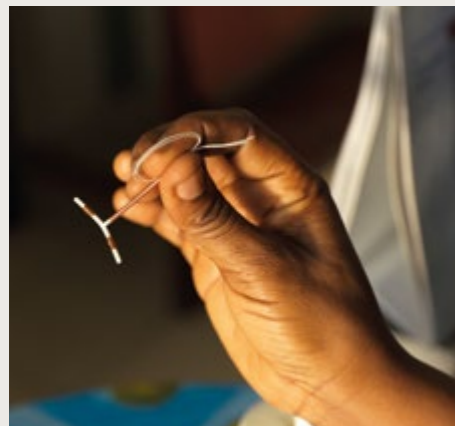
> Contraception changes women's lives. It prevents unplanned pregnancy, and reduces the chance women will risk death or disability through unsafe abortion.

> Women who have contraception are free to pursue their plans and dreams for the future. They are more likely to complete their education, establish a career and have financial freedom, increasing their contribution to society.

> Countries where contraception is widely available have healthier and more productive populations, with less pressure on jobs and resources.

> Every \$1 invested in access to contraception saves countries \$120 in reduced infrastructure and social spending.

> In 2016, around 25 million women and men worldwide were using a method of contraception provided by Marie Stopes International. By 2020, we are committed to increasing this number to 40 million.



**\$1 INVESTED SAVES  
COUNTRIES \$120**



# SECTION 2

# REDUCING UNSAFE ABORTION

## LIFE-SAVING SERVICES

An estimated 40% of pregnancies worldwide are unintended, and half of these result in abortion<sup>1</sup>. Globally, 56 million abortions take place each year, 21.6 million of which are unsafe, due to legal restrictions and other barriers to safe services.

This results in millions of women experiencing serious injuries and tens of thousands of deaths every year.

We work across 37 countries to provide access to safe abortion and post-abortion care for women and girls who have decided to end a pregnancy. In 2016, we provided 3.6 million safe abortion and post-abortion care services worldwide. In the countries where we operate, we provide around 19% of all safe abortions and post-abortion care.

### The legal picture

National laws and regulations governing abortion vary considerably across and within countries.

Only six countries globally have an absolute ban on abortion – Chile, Dominican Republic, El Salvador, Malta, Nicaragua and Vatican City. Abortion is permitted in the rest of the world, but with varying restrictions on its provision.

Even in countries like the UK, where abortion is considered liberalised, women must meet specific legal and regulatory criteria before they can be approved for an abortion.

### Post-abortion care

All of our programmes provide post-abortion care, life-saving aftercare for women who are experiencing complications from an incomplete or unsafe abortion. Women arrive at our centres every day, scared and bleeding as the result of unsafe methods. Our teams are trained to assess and treat any damage that has been caused, often providing the urgent clinical care that will save a woman's life.

### Expanding access

In recent years, we have expanded access to safe abortion and made sure that more women can access our services in places, and ways that best meet their needs. As well as accessing safe abortion within our own centres, in some regions women can now terminate a pregnancy safely through our global social franchising networks, as well as through local pharmacists and community health workers who we have trained to provide medical abortions.

## Post-abortion family planning

For abortion and post-abortion care services to be truly comprehensive, they have to reduce the chance a woman will face another unplanned pregnancy in the future. This includes pre- and post-abortion counselling, and post-abortion family planning, for all women who have had an abortion.

Unplanned pregnancies are almost always caused because a woman either isn't accessing contraception at all, or the contraceptive method she is using isn't right for her.

When a woman uses our abortion and post-abortion care services, a team member will take the time to understand her situation and discuss all the contraceptive options available to her.

We offer many different contraceptive options for women post abortion, including short-term, long-acting, and permanent methods, and support each woman in choosing the best option for her, depending on her fertility intentions and the type of procedure she has had.

## Our continuum of care

To achieve our end goal of eradicating unsafe abortion and ensuring every woman dealing with an unplanned pregnancy has access to comprehensive care and support, we need three things:



**Communities and individual women that are both aware of their rights and empowered to demand them.**



**Comprehensive, quality safe abortion services enabling women to exercise their reproductive rights.**



**Policies that recognise those rights and governments that are held accountable to them.**

At Marie Stopes International, we carefully design our safe abortion and post-abortion care services to meet these aims, so that – no matter what decision a woman makes to end a pregnancy – she has support, information, and access to the best possible care. This continuum of care is designed to support a woman at every step of her journey, and decrease the chance she will risk her health and life by undergoing an unsafe abortion.

<sup>1</sup> Sedgh et al, Intended and Unintended Pregnancies Worldwide in 2012, Guttmacher Institute, 2014

## INSPIRING A KNOWLEDGE REVOLUTION

### The knowledge gap

In many countries, women experiencing an unplanned pregnancy lack even basic information on the options available to them. They may not be aware of whether or not abortion is legal in their country, whether they would meet the criteria for a procedure, or where they can access safe services. This means that they are more likely to risk their health by turning to an unsafe provider.

Even in countries where abortion has been liberalised, it can take time for women's awareness of changes to laws and regulations to catch up. Studies of countries that have seen recent liberalisation of their abortion laws report as few as one-third of women were aware of the law change<sup>2</sup>.

Women who live in cities, who are wealthier and more educated, are more likely to know the safest options for ending a pregnancy. Women who live in rural areas, who tend to be poorer with lower levels of education, are more likely to consider a wide range of people to go to for abortion, including traditional birth attendants, pharmacists, teachers, and family members. For many, regardless of where they live, their access to healthcare is often controlled by men. All of this places them at increased risk of unsafe abortion.

<sup>2</sup> Assifi et al, Women's Awareness and Knowledge of Abortion Laws, 2016  
<sup>3</sup> Ibid



### Tackling the challenge

As one of the world's leading providers of family planning information, our teams are talking directly to tens of thousands of women each week. As part of our commitment to increasing women's awareness and understanding of family planning, our team members provide clients with accurate information and advice on the legal status of abortion in their country, ensuring women are aware of the safest local options.

Many of our programmes also operate free helplines, providing women and men with information and advice on abortion and post-abortion care, and linking them with either our own services or alternative quality-assured providers.

Studies show that women who are experiencing an unplanned pregnancy frequently turn to others for advice, including friends and family, teachers, healthcare providers, and the media<sup>3</sup>. By working to promote accurate information about abortion within the communities where they work, our teams are increasing the chance that a woman seeking to terminate a pregnancy will be referred to the safest provider possible.

In an analysis of safe abortion/post-abortion care clients across eight of our programmes, more than half of clients had been referred to Marie Stopes International by someone who had previously used our services, including our contraceptive services.

### HER STORY

# CHRISTIANA KPOSOWA

2012 was the year that Christiana Kposowa was supposed to enter university. "I had already bought my application form when I realised I was pregnant," she says.

Now aged 28, Christiana has managed to juggle a career as a primary school teacher with raising two young children. Back in 2012, her children were still babies, and falling pregnant a third time was the last thing she needed.

"This was the time when pregnant women were not allowed into universities and colleges. With so much ambition to pursue my career, I was not ready to give up on my studies for anything. I realised that abortion was the only way out for my situation, and so I went for it."

### A dangerous choice

With two young children to support, Christiana had very little money to spare. Because of this, she decided to visit one of her neighbourhood's 'pepe doctors', men with no medical training who offer abortions for a low price. The man told her he would end her pregnancy if she paid 80,000 Leones, the equivalent of £8.

"The fellow who carried out the abortion was popular among young girls for his work of abortion. When I arrived at his house, I was taken into a room where he performed the procedure using metal instruments I can't describe. The room was ok, but there was no talk before or after the abortion of what would happen."

Although the procedure at first appeared to have been a success, it was only after she returned home that Christiana realised something was wrong. She was bleeding, and was also experiencing crippling pains in her lower abdomen. To make matters worse, with abortion a stigmatised issue in Sierra Leone, she was determined to keep her abortion a secret from her family.

"Because I did not tell anyone and did not want anyone to know, all night I suffered with the pain in silence. It reached a point when I could no longer bear the pains. That was when I thought I was going to die."

“IT REACHED A POINT WHERE I COULD NO LONGER BEAR THE PAINS. THAT’S WHEN I THOUGHT I WAS GOING TO DIE.”

### Life-saving care

Shakily, Christiana climbed on to the family's motor bike and drove herself to her nearest Marie Stopes Sierra Leone clinic. She had heard from adverts on the radio that they could help women in her situation. These services, called post-abortion care, treat the complications caused by unsafe abortion. A Marie Stopes Sierra Leone doctor discovered that Christina had a perforated uterus that – left untreated – would have killed her.

Following the treatment, a Marie Stopes Sierra Leone nurse talked to Christiana about the different types of contraception available, so that she could choose the best method for her circumstances and greatly reduce the chance she would risk another unsafe abortion in the future. After considering her options, Christiana chose a contraceptive injection that would protect her from further unplanned pregnancy for up to 14 weeks at a time – a method she continues to use today.

Despite coming close to death, Christiana describes what happened to her as a life changing experience. "It was during this time that I realised contraceptives are the only way for a lady to pursue her dream without the interruption of an unplanned pregnancy. Since then I have taken contraception very seriously. I am always protected."





## HER STORY

# REKHA ROKHAYA

Across much of Nepal, attitudes towards sex are so conservative that even holding hands in public is considered taboo. For many young women experiencing issues related to sexual and reproductive health – including unplanned pregnancy – trusted advice can be hard to find.

Marie Stopes Nepal's free helpline Meri Sathi ('My Friend' in Nepali) supports around 3,000 callers a month, 70% of them under the age of 25. Call handler Rekha Rokhaya describes the work of the helpline as "breaking down barriers", increasing awareness of women's reproductive rights and putting callers directly in touch with the services that can help them.

"Many times our Sathi ('friends') are confused and scared," she says. "Some think their sexual desires are symptoms caused by a disease, or that they have an illness. They are panicking. Our counselling helps them to calm down so they can openly share their problems."

Rekha grew up in rural Jumla, so knows all too well the challenges that women and girls in remote areas face in accessing services. "In remote areas, people often have to travel long distances to visit a hospital or clinic to get medical counselling. We receive many calls from women. They are excluded [in society] and don't have access to basic services. When I put myself in the shoes of these women, I realise this service is necessary and important."

#### Life-changing support

Rekha speaks with an average of 40 callers a day, but there is one caller – a woman from Surkhet, a remote district in the foothills of the Himalayas – who stands out in her memory.

"One day I received a call from a Bahini ('younger sister'), who was unmarried. While talking to me she sounded tense and panicked, and then she started crying and shared that she was pregnant by her

“  
**THEY SHARE THEIR PROBLEMS WITH US WHEN THEY CAN'T SHARE THEM WITH ANYONE ELSE.**  
 ”

secret lover who was a close relative. Once she knew that she was pregnant, she had bought medicines from the medical store for an abortion. She tried that twice but the medicine didn't give her any results. She was scared and said she did not know what to try next."

After calming the young woman down, Rekha was able to reassure her that abortion is permitted in Nepal up to 18 weeks if the pregnancy has resulted from incest. She put the woman in contact with her nearest Marie Stopes Nepal clinic, who after a thorough consultation, were able to end the pregnancy safely.

That night, the woman called back to thank Rekha. She said that, because of her, she was now able to move on with her life. "Girl callers tell me they like our service a lot. They tell me they can share the entire problem like a close friend. They share with us when they can't share it with anyone else."

## INCREASING SAFE 'POINTS OF ACCESS'

#### A lack of safe options

In countries where abortion is highly restricted, women are far more likely to risk their health by undergoing an unsafe abortion. In such cases, women may make several attempts at inducing abortion, trying a number of different methods – some self-induced, others using unsafe providers. They may be required to travel to seek an unsafe abortion, and the further they have to travel, the more expensive it is.

This means that there are often delays between becoming aware of an unintended pregnancy and using an effective abortion method. Delays can increase the gestational age of the pregnancy, increasing the risk of complications for the women and sometimes reducing access to any safe services on offer.

#### Tackling the challenge

Women tell us that they want to have services close to them in the community, and they want to have a wide variety of places they can access them. Marie Stopes International is committed to increasing the options available to women by bringing quality services into the community across the entire health sector. This includes:

>More than 600 standalone healthcare centres, the backbone of our operations. Our centres provide safe and welcoming spaces where our clients can access high quality, affordable contraception, safe abortion (where permitted) and post-abortion care services.

>Leveraging private providers through our BlueStar network of affiliated private clinics, and our work with pharmacies.

>Reaching deep into the poorest, most underserved communities with our Marie Stopes Ladies, midwives and nurses who go door to door with contraceptive methods and advice.

>Bringing our services to remote and rural areas through our mobile outreach programmes.

>Supporting services provided by the public sector to provide a full range of contraception, safe abortion and post-abortion care services.



#### Medical abortion: A new frontier in abortion care

Medical abortion is a safe, non-invasive alternative to surgical abortion, which women can access outside of a healthcare centre environment. This means women can have more control over when and where their treatment takes place.

Women seeking abortion in low and middle income countries often turn to pharmacies for medical abortion, buying the drugs involved without prescription, as these are accessible and offer anonymity.

Pharmacy provision of medical abortion has enormous potential to reduce maternal deaths from unsafe abortion as it is far safer than other, traditional methods. However, although the treatments themselves are safe and effective, pharmacy workers who lack training on medical abortion may provide incorrect doses or incomplete information, increasing the

possibility that something will go wrong.

The risk of complications is greatly reduced when women have clear directions on their use, assurance of their quality, and guidance on what to do if she has concerns during the process or experiences complications.

#### Tackling the challenge

To address this emerging trend, Marie Stopes International has worked with national regulatory bodies to register our own branded versions of medical abortion drugs in some of the countries where we work, to ensure that women seeking medical abortion through pharmacies have a quality-assured option they can trust.

Alongside this, we provide training and support to pharmacists in these countries, increasing their awareness and understanding of medical abortion to ensure they are able to provide women with appropriate information and advice.



## CASE STUDY

# SISTER LAETICIA DLOVO

“  
**WOULD I RATHER  
 LET WOMEN GO  
 AND SUFFER AND  
 DIE THAN GIVE THEM  
 THE NURSING CARE  
 THEY NEED AND  
 HELP THEM?**  
 ”



In 2016, one of our longest-serving team members retired after many years of service. Sister Laetitia Dlovo – known to colleagues as Ma Letty – joined Marie Stopes South Africa in 1998, two years after the country liberalised its abortion law in a bid to decrease maternal deaths. Since then, South Africa has seen tremendous improvements in maternal health, and Laetitia played an active role in this change, supporting women receiving safe abortion services.

“You know in the olden days you were not allowed to fall pregnant,” says Sister Laetitia, speaking from the small back office of Marie Stopes South Africa’s Port Elizabeth centre. “It was like a crime to fall pregnant. If you were working, you would lose your job. If you were at school, you were going to be expelled from school. And your family would also reject you because you had ‘disgraced them’. So it was like a crime.”

### Encountering unsafe abortion

When Sister Laetitia left school, South Africa was a very different country. Strict apartheid laws meant that black women who wanted a career had only two options: teaching or nursing. Laetitia, who had always loved taking care of people, chose the latter. After gaining qualifications in nursing and midwifery, she found herself working on the gynaecology ward at the Livingstone Hospital. This was where she first encountered women suffering the after-effects of unsafe abortion.

“In the mornings, when you would walk on the ward, there would be a string of trolleys going to theatre [for complications from unsafe abortion]. Some of them were lucky enough to be helped, but some of them would end up in the intensive care unit and they would die because of abortion.”

With no safe abortion services available at that time, the women Laetitia encountered on the ward might have tried any number of unsafe methods to end an unplanned pregnancy, from drinking bleach or Jeyes Fluid, to inserting objects like knitting needles into their vaginas. “Very dangerous stuff,” nods Laetitia. These attempts frequently resulted in severe internal injuries, compounded by the fact that – with abortion at that time carrying the risk of a prison sentence – women would rarely seek medical help until they were already dangerously ill.

### Joining Marie Stopes International

When a position was advertised at Marie Stopes South Africa in 1998, Laetitia knew that – now that safe abortion was permitted in the country – supporting women receiving terminations would be part of the role. She remembers hesitating before applying, not because of her own Christian faith, but because she was concerned how her loved ones would react.

“I was having these mixed thoughts. Should I go? What is my family going to say? What are my children going to say? What about the community? What about the church? What about my mother? My mother is a Bible woman.” Laetitia’s eyes widen and she laughs. “What’s she going to say?”

The response from Laetitia’s family was overwhelmingly supportive. Only her mother challenged her decision. “When I told her, oh she preached at me. Then I looked at her and asked her one question: would I rather let women go and suffer and die than give them the nursing care they need and help them? She listened to that question and said ‘Whatever you think is right.’”

On the question of how she balances her personal faith with the moral debate that continues to surround abortion, Laetitia has a straightforward answer. “God doesn’t allow us to be judgmental. Who are we to



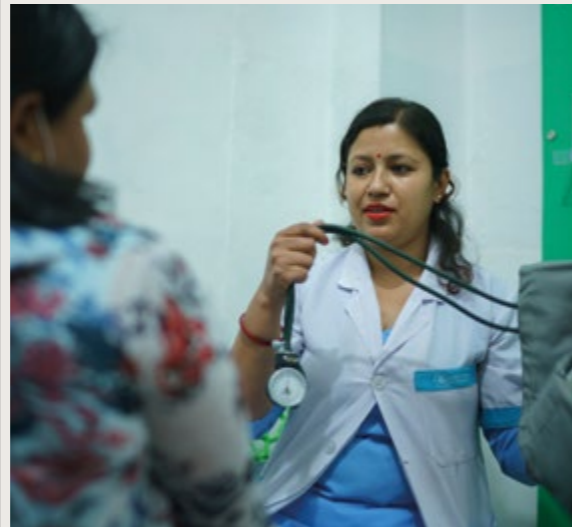
judge other people? If you are a nurse, you are a nurse. I knew that I was doing the right thing for women.”

### Putting the client first

Since abortion law was liberalised in South Africa, deaths relating to abortion have fallen by more than 90%. Sister Laetitia and her colleagues have played a vital role in this transformative change, treating every woman who walks through the doors of our Port Elizabeth centre as if she were a member of their own family.

“You must love those that come to seek help here,” Laetitia says. “You are everything to them. You are an advisor, an educator, a psychologist. When they walk in here, they must offload their burden. The most rewarding part is when I’ve been able to help somebody who came in here crying. You must be able to comfort her. You must reassure her. You must say ‘Listen, young lady, there is still life after this. This is not the end of the world. Your goals are still there. You must accomplish them!’”

## CHANGING ATTITUDES TO ABORTION



### Unnecessary and harmful restrictions

Abortion is a deeply divisive issue, and attitudes towards it vary significantly across countries and communities. While the majority of countries make some provision for abortion services, too many place unnecessary restrictions on the procedure. Women suffer as a result.

In Zambia, for example, a woman who meets the legal criteria for abortion, must still obtain the signatures of three doctors before the procedure is permitted. With only 1,500 doctors in a country of 16.2 million people, it is almost impossible for Zambian women to access the safe services they deserve.

Even in the UK, abortions require two doctors' signatures, while any woman who

seeks to procure medical abortion pills herself is criminalised.

In many countries, even healthcare providers who can see first-hand the benefits of abortion have negative attitudes towards it. They may have moral and personal reservations about providing abortions, and can also find themselves stigmatised by the negative attitudes of friends and family. This can have a detrimental effect on the quality of care provided to women.

### Tackling the challenge

Our commitment to every woman's right to decide the timing of her children is unshakeable. In countries where safe abortion services are restricted by excessive regulation, we are working in partnership with governments, donors and other civil society organisations to reduce and remove the restrictions that drive women towards unsafe providers.

Thanks to the commitment and courage of our country programmes, we are playing an ever more active role in successfully advocating for change – even in some of the most difficult political environments. In 2016, our successes included:

>Approval for 'task sharing' in the Philippines, permitting midwives to provide women with contraceptive implants for the first time.

>Registration of medical abortion drugs in Sri Lanka, Uganda and Niger.

>A new sexual and reproductive healthcare policy approved by the Ministry of Women's Affairs in Afghanistan, and authorisation of Jadelle contraceptive implants on the country's Essential Drug List.

>Approval for a pilot for MSI to provide family planning services in high schools in Mali.

Alongside our advocacy work with national governments, our army of 10,000 frontline healthcare workers reaches thousands of women every day, not just providing services, but also increasing people's awareness and knowledge, and challenging ingrained stigma relating to contraception and abortion.

As part of our commitment to providing the highest level of client-centred care, we expect all team members to show sensitivity to the client at every stage of the process. This includes providing training to team members who provide safe abortion and post-abortion care services, ensuring they are supported to cope with stigma and professional stress.



### Section 2: Our commitment

Each year, 21.6 million women resort to an unsafe abortion to end an unplanned pregnancy, risking their health and lives. This is a public health emergency.

To eradicate unsafe abortion, we need:

>**Every woman to know what services are available to her and where she can access them.** Marie Stopes International is bringing this information directly to women through our frontline services, our call centres, and raising awareness of abortion at a community level.

>**Comprehensive safe abortion services enabling women to exercise their reproductive rights.** We are increasing safe points of access for women, both through our own services, and by ensuring the increasing numbers of women using pharmacies for medical abortion have the information and support they need to do so as safely as possible.

>**Policies that recognise women's reproductive rights and governments that are held accountable to them.** We are changing attitudes to abortion, both by advocating for change at a government level, and tackling stigma around abortion among communities and healthcare providers.

# SECTION 3

## OUR IMPACT IN 2016

**7.6 million unintended pregnancies prevented**  
 (20% INCREASE ON 2015)

**4.8 million unsafe abortions averted**  
 (20% INCREASE ON 2015)

**21,600 maternal deaths averted**  
 (19% INCREASE ON 2015)

**£311 million in direct healthcare costs saved**  
 (20% INCREASE ON 2015)

**7.6 MILLION**

**4.8 MILLION**

**21,600**

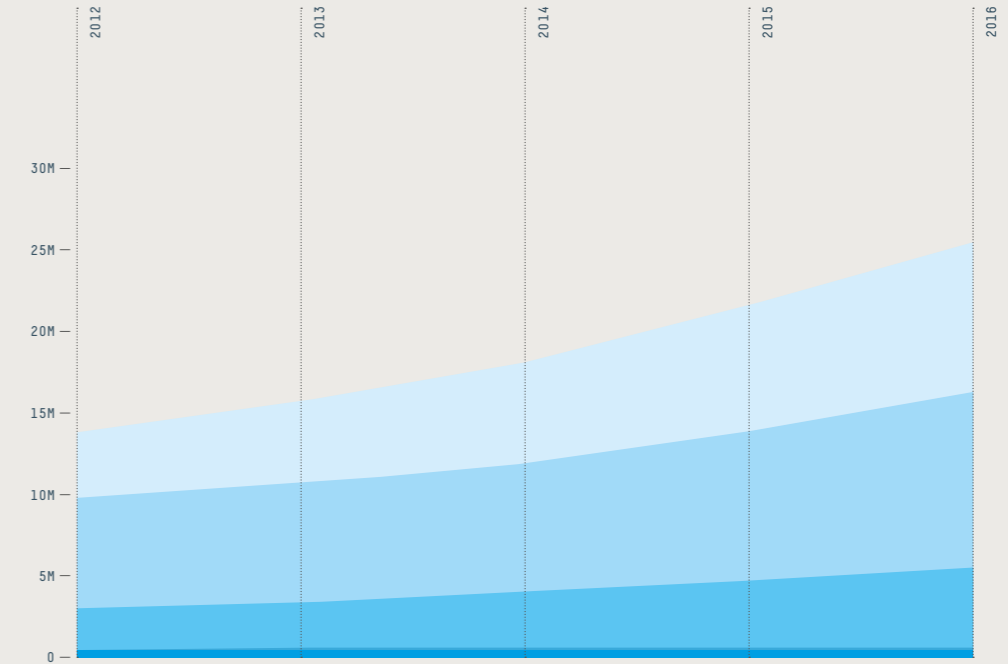
**£311 MILLION**

In 2016, more than 25.4 million women and their partners were using a method of contraception provided by us, an increase of more than 20% on the previous year. We provided 3.6 million safe abortion and post-abortion care services.

This resulted in:

## MSI ESTIMATED USERS - BY REGION

- Africa
- South & West Asia
- Pacific & East Asia
- Latin America
- Europe & Australia



### Users of contraception

In 2016, an estimated 25.4 million women and men worldwide were using contraception provided by Marie Stopes International. This included 9.9 million people who received a method of contraception from us in 2016, and 15.5 million people who remained protected from unplanned pregnancy by a long-acting or permanent method they had received from us previously.

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, Marie Stopes International is the only provider of these methods. In 2016, around 80% of those using contraception provided by us were using a long-acting or permanent method.

### High Impact Clients

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: women not currently using contraception ('adopters'), women aged 15 – 19 ('adolescents'), women living in extreme poverty, and women who would have no other option of receiving their service if it had not been for Marie Stopes International ('no availability'). In 2016, 75% of our clients worldwide were 'high impact clients'.



43% of our clients were adopters, meaning they were not using modern contraception when they came to us.



48% of the clients we served had no other option available to them to get the service that Marie Stopes International provided.



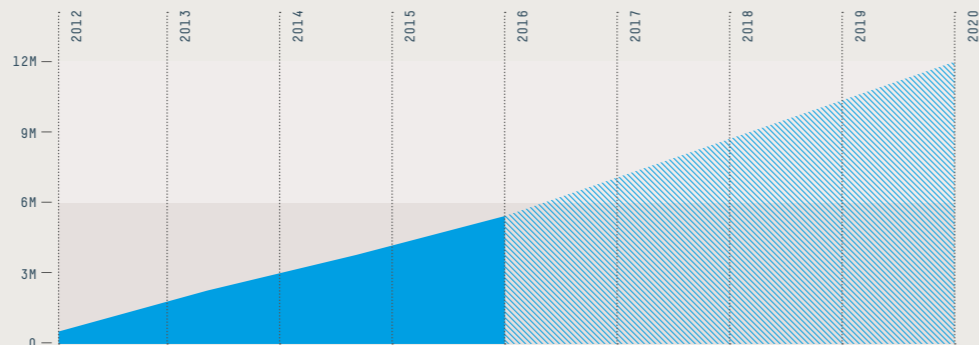
28% of our clients were living in extreme poverty, defined as living on less than \$1.25 a day.



8% of the clients we served were aged 15 – 19, a group that is underserved by contraceptive services and therefore at greater risk of unintended pregnancy.

## ADDITIONAL USERS

- Additional users contributed
- Revised target for 2020
- Initial target for 2020



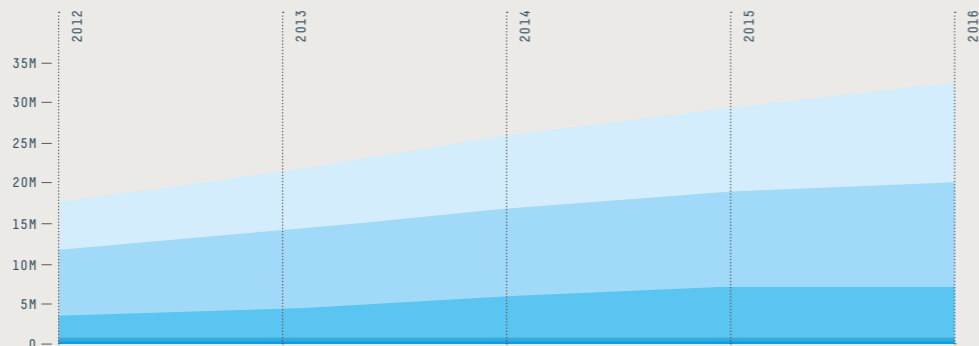
At the 2012 London Summit on Family Planning, the international community pledged to reach 120 million additional users of contraception in 69 of the world's poorest countries by 2020. Marie Stopes International's share of this pledge was to reach six million additional users of contraception across the countries where we work.

In 2015, based on our strong progress against this pledge, we doubled our commitment to 12 million additional users of contraception, compared with 2012, by the end of 2020.

We estimate that, by the end of 2016, we had contributed 5.6 million additional users in FP2020 countries since 2012, almost half of our total pledge.

## MSI CYP GROWTH 2012-16\*

- Africa
- South & West Asia
- Pacific & East Asia
- Latin America
- Europe & Australia



### Couple years of protection (CYPs)

In addition to measuring the impact of our services, we also measure their output. Like many in our field, we use 'couple years of protection' (CYPs) to measure the scale of our services, and compare progress over time. A CYP is the contraception needed for a couple to prevent pregnancy for one year. In 2016, we delivered 32.7 million CYPs, a 11% increase on the previous year.

## MSI 2016 CYPs – BY DELIVERY CHANNEL

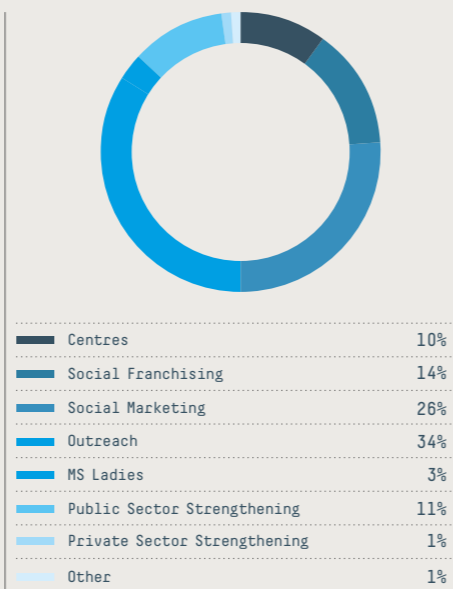
### Delivery channels

More than a third of our CYPs came from our outreach services, small teams of doctors, nurses and auxiliary healthcare workers who bring contraception to remote and rural communities, many of which lack access to even basic healthcare services.

Just over a quarter were delivered through our social marketing work, the provision of quality, affordable contraceptive methods through pharmacies and other community-based distributors.

Around 14% came through social franchising, our BlueStar network of private healthcare providers, clinics and midwives, affiliated to MSI.

The remaining quarter of CYPs were delivered between our centres, community-based distribution schemes, and our partnerships with public sector organisations.

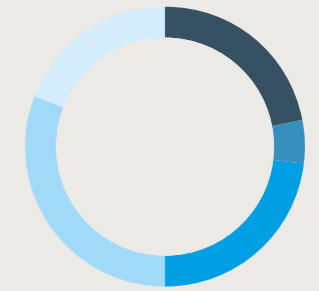


## METHOD MIX OF ALL USERS - 2016

### 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 her particular situation and her plans for the future.

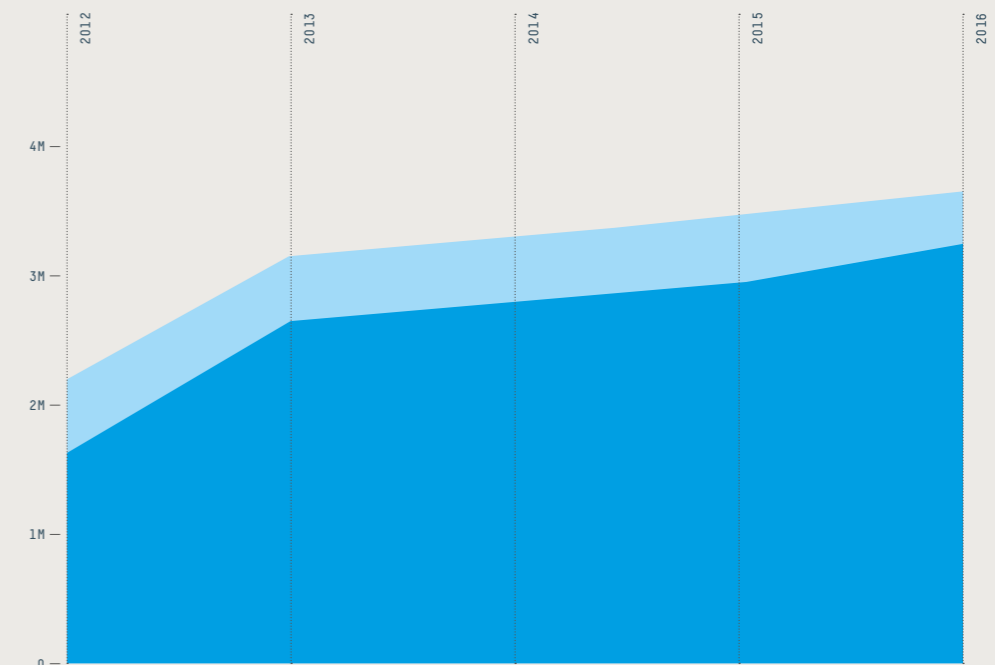
The breakdown of users of MSI contraception by method in 2016 was:



Female Sterilisation	22%
Male Sterilisation	5%
Implant	23%
IUD	31%
Short term methods	19%

## MSI SAFE ABORTION/ POST ABORTION CARE SERVICES 2012-16

- Surgical abortion/PAC
- Medical abortion/MPAC



### Safe abortion and post-abortion care

Marie Stopes International provided more than 3.6 million safe abortion and post-abortion care services in 2016, a 6% increase on the previous year.

The majority of these services were medical abortion and medical post-abortion care, where a woman uses medication to safely end a pregnancy or as part of her aftercare following an unsafe procedure.

Globally, around 80% of all clients who received safe abortion or post-abortion care services in our centres also received a method of family planning from Marie Stopes International.

## OUR SUPPORTERS

Our work serving women across the globe, including those most underserved, is only possible thanks to the continued support of those who believe in our mission: our team members, governments we work with, and the foundations, institutions, national governments and many generous individuals who fund us – including those who choose to remain anonymous.

Marie Stopes International would like to express our sincere thanks to all of our supporters for their gifts, grants, funding and technical assistance, but most importantly of all we want to thank the women and men we serve for trusting us with one of the most precious resources they have: their health.

### Bilateral and multilateral funders:

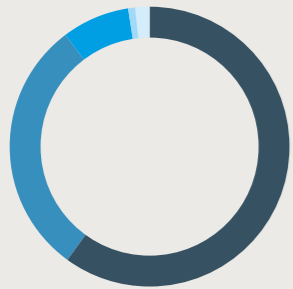
- > DEPARTMENT FOR FOREIGN AFFAIRS AND TRADE (DFAT)/AUSAID
- > DEPARTMENT FOR INTERNATIONAL DEVELOPMENT (DFID)/UKAID
- > EUROPEAN COMMISSION, ON BEHALF OF EUROPEAN UNION
- > KFW
- > MINISTRY FOR FOREIGN AFFAIRS OF FINLAND
- > MINISTRY OF FOREIGN AFFAIRS OF DENMARK
- > MINISTRY OF FOREIGN AFFAIRS, THE NETHERLANDS
- > NORWEGIAN AGENCY FOR DEVELOPMENT COOPERATION (NORAD)
- > SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY (SIDA)
- > UNITED NATIONS POPULATION FUND (UNFPA)
- > UNITED STATES AGENCY FOR INTERNATIONAL DEVELOPMENT (USAID)

### Private foundations:

- > BILL AND MELINDA GATES FOUNDATION
- > CHILDREN'S INVESTMENT FUND FOUNDATION (CIFF)
- > DAVID AND LUCILE PACKARD FOUNDATION
- > DIRECT RELIEF INTERNATIONAL
- > ERIK E. & EDITH H. BERGSTROM FOUNDATION
- > FONDATION CHANEL
- > FP2020 RAPID RESPONSE FUND (UNITED NATIONS FOUNDATION)
- > NEUKOM FAMILY FOUNDATION
- > STEWART R. MOTT FOUNDATION
- > THE JOHN TEMPLETON FOUNDATION
- > UNIVERSAL ACCESS PROJECT (UNITED NATIONS FOUNDATION)
- > WESTWIND FOUNDATION
- > WILLIAM AND FLORA HEWLETT FOUNDATION

## WHERE OUR FUNDING CAME FROM IN 2016

As a social business, the majority of our funding (97%) comes from donor governments, private philanthropy, and income raised directly through our services. We do not solicit donations from the general public.



Grant Income	£174.3m
Service Income	£85.7m
Consultancy Income	£22.7m
Public Donations	£2.1m
Other Income	£5.2m

# JOIN OUR MISSION

For 40 years, Marie Stopes International has been pursuing our vision of a world where every birth is wanted and our mission of children by choice, not chance.

We do this because the power to plan and space family size is every woman's right. We do it because giving women access to modern contraception and safe abortion limits the spread of unsafe abortion, preventing debilitating injury and untimely death. And we do it because empowering women to have agency over their own futures is the first step towards reducing poverty and creating safer, more prosperous societies.

We are committed to being there for women no matter what, but we need others to join us: team members, government and sector partners, healthcare professionals, and of course organisations and individuals with the funding to make it happen.

Too many women continue to die, needlessly, simply because they fell pregnant at the wrong time. Our work keeps women, and their dreams, alive. Please help us to do this.

