MARIE STOPES INTERNATIONAL

GLOBAL IMPACT REPORT 2017

THIS IS HOW WE CHANGE THE WORLD

"My advice would be for women to choose a family planning method in order to make their dream to come true."

Happy Cosmos, 18, Tanzania

4 A MESSAGE FROM OUR CEO

6 WHY ADOLESCENTS MATTER

10 A WAY FORWARD

24 OUR IMPACT 2017

Marie Stopes Bajaji in Tanzania

A MESSAGE FROM OUR CEO

At Marie Stopes International (MSI), our mission is what drives us: we believe that women should be able to have children by choice, not chance, wherever they live in the world. In every country I visit, I see the importance of our services to the women and girls who would otherwise have no access to contraception or safe abortion, and what it means when they are given the opportunity to take control of their bodies and to live the lives they deserve.

2017 was a challenging year for MSI, as the impact of the US election and the consequent reinstatement of the 'Mexico City Policy' signalled the end of eight years of programmatic support from USAID. I am immensely proud of the work we achieved during these years, but equally proud of MSI's unequivocal stance in support of comprehensive sexual and reproductive health services that must include access to, and provision of, safe abortion. Simply, we refuse to look away.

The Mexico City Policy, also known as the 'Global Gag Rule' (as it prevents even the discussion of safe abortion) has had the expected chilling effect on limiting women's access to lifesaving health care, and will continue to undermine progress in increasing access not only to safe abortion and post-abortion care but also to contraception and family planning in the world's poorest communities. Whilst the $30 million annual funding gap this represents to MSI will do harm, we are determined to continue to find ways to close this gap and increase the incredible contribution that MSI makes to drive access globally. We congratulate those donors who have come forward, and our teams across the world who have shown resilience and tenacity in keeping life-saving services running.

As we approach the mid-way point of our current five-year strategy, 'Scaling-Up Excellence', this report highlights our results last year. In 2017, our 11,000 team members delivered 31.7 million CYPs (couple years of protection, our key metric) across the 37 countries in which we operate. We maintained our total income levels at £296 million, and by the end of last year 26.9 million women and men around the world were using a method of contraception supplied by MSI. The impact of our services averted an estimated 5.4 million unsafe abortions, 8.2 million unintended pregnancies and 23,900 maternal deaths.

I am particularly proud of how we step-changed our delivery to those least likely to have access to choice: women and girls living in extreme poverty, and adolescents. This report focuses on adolescents in particular because today's young people are most likely to be left behind, to experience exclusion from existing health programmes and to face stigma and judgement from others, including service providers.

For those like myself, who have teenage daughters, it is sometimes tempting to say that, well, maybe they shouldn't be having sex in the first place. But we know that adolescents are having sex, and the reality for many teenage girls in the countries where we work includes marriage and childbirth at an early age. Whether access to contraception and safe abortion is there to help adolescents who are having sex to stay safer, or whether it supports adolescent mothers to delay their first pregnancy or space their children, their needs are as great as any other age group, and it is our duty to listen to them and support them equally.

We recognised that adolescents were critically underserved during our last strategic review, and our focus in 2017 alone has doubled the number of adolescents accessing MSI services. For just £0.02 per day, we can provide protection for an adolescent girl for three years. That is an incredible investment, and a life-changing one, for both her and society.

SIMON COOKE, CEO
MARIE STOPES INTERNATIONAL

"If I couldn't come here, I wouldn't be able to even think about of having an implant. In the other places you have to have money." Aggness Dominick, 17 years old, Tanzania

WHY ADOLESCENTS MATTER

THE CHALLENGE

Roughly one quarter of the world's population – 1.8 billion people – is between 10 and 24 years of age. With the right policies and investments, vibrant, emerging nations can harness the potential of this new generation to bring prosperity; ensuring young people stay healthy, complete their education and pursue their dreams.

If we fail these young people, this historic opportunity will be squandered. There will be more poverty, inequality and unemployment.

Giving adolescents[1] reproductive choice and the means to take control of their future is non-negotiable if we are serious about achieving the Sustainable Development Goals, but time is running out. Many politicians, providers, parents and educators currently treat young people as irresponsible or naïve, withholding the resources they need to prevent or delay unwanted pregnancies.

70% of 15-19 year olds in Sub-Saharan Africa live in rural communities. Many of them are already married with at least one child. Empowering young women to choose when or whether they have children, gives them the chance to fulfill their potential.

At Marie Stopes International we know this must change if we are to see a world in which every girl has the same opportunities as her brothers. As a service provider and advocate, we have a unique role to play in reaching young people, removing barriers and delivering reproductive choice on their terms.

THE IMPORTANCE OF PROVIDING CHOICE

- **Complications from pregnancy are the leading cause of death amongst young women aged 15-19 globally[2], many due to unsafe abortion.**

- **Young people, particularly those who are marginalised or living in poverty, are more likely to turn to unsafe abortion as the impact on their lives of an unwanted pregnancy can be so devastating. Every year an estimated 3.2 million adolescent women in low and middle income countries resort to unsafe abortion and in Africa, adolescents account for almost a quarter (22%) of all unsafe abortions[3].**

- **An estimated 23 million adolescents[4] currently have an unmet need for contraception (estimated at 7.7 million in Sub-Saharan Africa[5]). Evidence tells us young people want access to contraception, but it is often unavailable or inaccessible, surrounded by misinformation, or conflicting and negative messages.**

The barriers to accessing services are numerous and interlinked. We know from our front-line services that some of the most challenging barriers are cultural and social expectations that either stigmatise sex outside marriage or pressure adolescents to have children soon after marrying. We see structural and policy barriers, for example in Bangladesh where unmarried adolescents cannot legally access contraception. Inadequate comprehensive sex education leads to few young people being able to make informed decisions about their sexuality and relationships[6]. Health information is variable and often comes too late. The cost of services, particularly for safe abortion, often excludes adolescents, and provider attitudes towards young people can make accessing services even harder.

As with all programming, 'quick fixes' – particularly those focused on the easiest-to-reach groups – have not achieved equitable nor effective results in reaching adolescents at scale. Funding particularly from national governments, remains woefully inadequate for the large-scale programmes and investments needed to reach this emerging generation.

Estimated

3.2 MILLION

adolescents resort to unsafe abortion annually

Estimated

23 MILLION

adolescents have unmet need for contraception

"Girls here are really scared. They think they will be cut open or risk their lives by having family planning. But now I can show them my implant so they don't have to be afraid."

Natasha Ishapo,
Late teens,
Papua New Guinea

A WAY FORWARD

"My advice for girls living in Tanzania is to fulfill their dreams as they have the right to choose what they want. If they have an education, they can do anything in this world. It's all about education and this is where family planning decisions can really help them."

Mary Benjamin
Tanzania

MARY BENJAMIN, TANZANIA

Watching nursing officer Mary Benjamin, it's easy to see why she has chosen this vocation. In a small room crowded with young women at the Marie Stopes Bajaj youth club in Dar es Salaam, Tanzania she takes centre-stage.

At just 25 years old, her empathy for her clients is obvious; she listens to them and often touches them on the arm, reassuring them.

"I decided to specialise in family planning because I want to help other youths fulfill their dreams," she says.

"It's all about health education. If you give them health education, they will understand what to do, at what time and at what point.

"I had the dream to be a nurse like my mum, I was so impressed to see her in the family planning service and caring for the women. I said to myself, my mum was helping them, and for me I want to be just like her."

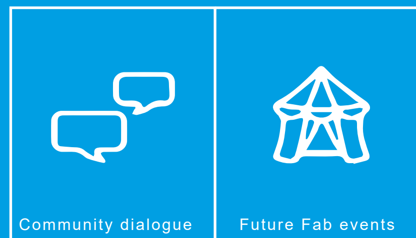
Through her work with young people, Mary is acutely aware of the many challenges they face, from the stigma surrounding sex outside marriage to the logistical challenges of reaching a clinic in rural Tanzania.

"Some of them are too rural to be able to find family planning clinics, so if we can go there and reach them, give them the service there, it helps them."

KEY LEARNINGS

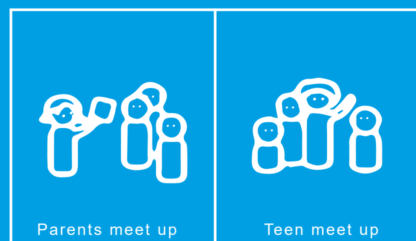
Working with our partners, we have identified some pragmatic insights about how to better serve young people. Our overall conclusion is that there is no silver bullet, and no single approach that can transform access overnight.

However, by listening to adolescents, by being willing to invest, to take risks and to fail, we have developed programmes that are starting to deliver – informing, educating, de-stigmatising and encouraging – to enable young people to access the advice and services they need.



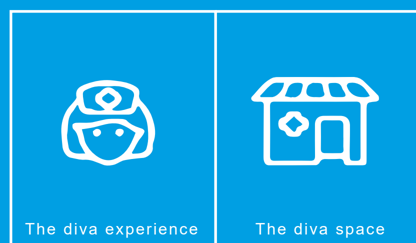
ACTIVATE

Build excitment and acceptance in the community



ENGAGE

Educate about sexual health and contraception choices



DELIVER

Provide access to safe and friendly service

ABSOLUTE NUMBER OF ADOLSCENT FAMILY PLANNING/ STI CLIENT VISITS BY MONTH

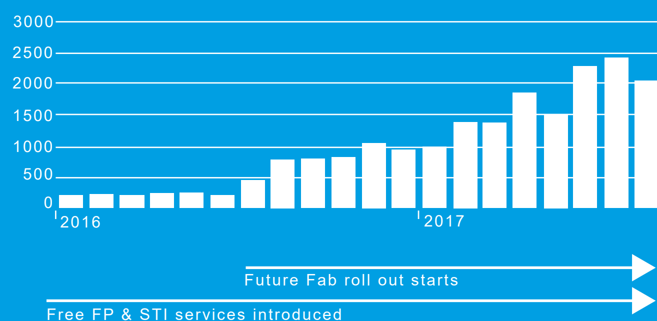


Image Credit IDEO

Case study
I own my future

I OWN MY FUTURE!

Launched in June 2016 by Marie Stopes Kenya and IDEO.org, Future Fab is a three-step model to increase adolescent access to contraception and sexually transmitted infection (STI) services.

Our analysis showed that for girls to be comfortable trying a contraceptive method, several face-to-face interactions were required, both at broader community events and on a one-to-one basis. In response, Future Fab provides girls and their communities multiple opportunities to receive information and engage in conversations at their own pace and on their own terms.

The programme evolves through three stages: Activate, Engage and Deliver. First, adolescents are invited to events that build common ground with messages of bright futures. Next, parents, community leaders and teens are invited to small group sessions to learn about contraception and the positive role it can play in a young person's life and long term relationships are developed with the government and community leaders to build acceptance and shift norms on adolescents using contraception. Only then are services introduced in clinics providing teen-friendly services and through pop up service delivery points.

Continuously refining the model to make it more sustainable and cost-effective, means that providing an adolescent with contraception that protects her from unintended pregnancy for three years costs no more than £0.02 per day.

By August 2017 the project had seen over 18,000 adolescent clients visits for contraception and STI services. The average number of adolescents visiting our centres each week increased almost seven-fold, from three to 20.

DOUBLING OUR ADOLESCENT CLIENTS IN 2017

In the past, our approaches to reaching adolescents were patchy and often disappointing. Though we had success in reaching the 20-24 age group, the number of 15-19 year olds remained stubbornly low.

In response, our organisational strategy Scaling-Up Excellence (2016-2020) redefined our approach and for the first time included the goal of reaching 15-19 year olds[7].

In a relatively short time the difference has been remarkable:

- We have doubled our global proportion of clients aged 15-19 from an average of 6.3% between 2012-2016 to 11.8% by December 2017[8].
- By March 2018 our programmes had already served over one million adolescents since we began capturing this data in January 2017[9].

Investing in learning what works and what doesn't has been critical across our partnership.

Doubled our global proportion of clients aged:

15-19

1,000,000

Adolescents reached since we began capturing data

"Young people are curious, but sex is still a taboo subject in our society. The only way I see things changing is if we talk about it."

Deepa Pradhan
Team Member
Nepal

WHAT HAVE WE LEARNED

1. RESPECT MATTERS

In all our programmes and data, we see that disrespectful or stigmatising attitudes from health providers is one of the most critical barriers. Most literature and qualitative research indicates that adolescents prefer to receive advice from younger providers of the same sex, but our experience tells us that what matters more is the attitude of the provider. For example, in our Marie Stopes Ladies delivery channel we find that some of our older female and even male providers have the highest proportions of adolescent clients.

Our research indicates that myths and misconceptions about the side effects of contraceptives are another critical barrier, with fear of infertility being one of the biggest concerns for young people. Addressing myths through quality counselling is crucial.

Given how pivotal our providers' attitudes are, our goal is to move away from one-off training, to a more systematic approach to reduce stigma through values clarification and supportive supervision. This gives our providers the confidence and reassurance to better engage with adolescents and provide them with a grounding in what the legal and policy environment allows (including national and international norms and standards). This is combined with regular client feedback via mystery client surveys to ensure provider bias is identified and actions taken where necessary. Our approach is to ensure a safe environment for young people so that their experience is positive and empowering.

We know that adolescents sometimes pretend to be older than they are in order to obtain services. To overcome this we have found that clients and providers find it easier to report in an age bracket e.g. 15-19, rather than a specific age.

2. TAILOR DEMAND GENERATION

Adolescents are not a homogenous group so segmentation of audiences and a tailored approach to demand-generation has proven essential, particularly for reaching marginalised adolescents such as sex workers, displaced communities, or younger adolescents. Our range of channels, from urban static centres to rural community-based outreach teams, can be leveraged to reach different groups but this requires adapting our programmes to better suit different groups needs. For example, our outreach channel reaches more rural adolescents by bringing services into the heart of the community, while our static centres reach more urban, unmarried adolescents when they provide discreet, youth- friendly care.

TAILORING OUR APPROACH: MARIE STOPES MALI

Marie Stopes Mali split their Marie Stopes Ladies model operating in urban and peri-urban areas into two groups. One group focuses on adolescents in schools through discreet service delivery (e.g. in school infirmaries) during term time and in the community during holidays, while the other provides services to young people in the community (e.g. in women's groups, youth groups, community health centres.). School-linked Marie Stopes Ladies work with networks of peer educators and teachers in schools who mobilise before their visits. Community-focused Marie Stopes Ladies work with peer educators, networks of youth leaders, community-based youth groups, youth centres and youth ambassadors.

Since September 2017, the Marie Stopes Ladies channel has consistently been the highest performing in the Mali programme in terms of the proportion of adolescents reached – with over 30% of their clients aged under 20 by the end of 2017.

'DE MAMMY FO WELLBODI' PROMOTIONAL MONTHS IN SIERRA LEONE

In Sierra Leone, our network of nine centres regularly hold 'promotional months' where contraceptive services are provided free to all clients. Our mobilisers and providers conduct significant demand generation around these months, including radio discussions, social media blasts, news conferences, school and college health talks, partnerships with community and faith-based organisations, as well as increasing the networks of mobilisers around the centres. Messaging focuses heavily on addressing myths and misconceptions about long acting and reversible methods.

Promotional months increase awareness of contraception, particularly for adolescents. During these months the proportion of adolescent clients increases by 14% with the majority deciding to take up a long-acting reversible method.

NISHA NAGARKOTI, NEPAL

Nisha Nagarkoti was studying for her exams when she found out she was pregnant. At just 19 years old and unmarried she knew how difficult it would be for her and her family. "Society wouldn't have accepted me," she explained.

Unable to tell her parents, she confided in a friend who took her to an abortion clinic, but they were so 'rude and unfriendly' that Nisha left without being treated.

"I felt really bad the way they talked to me. They tried to interrogate me and asked unnecessary questions. When I came to the Marie Stopes Centre the environment was nice, the staff were friendly. Even though I told them I was not married they treated me well and provided detailed information.

"I was so worried and scared, but the Marie Stopes' staff were so friendly and supportive. One of them was talking to me and another nurse was doing the procedure. I just felt a cramp in my stomach. The nurse said the abortion was done. I didn't [believe it] at first, it was quick and less painful than I assumed.

"After it was a big relief to me. Though I love children, I was not in that position to keep it. At the time my focus was on my studies to achieve better in life. After the procedure we were free of tension, we both were happy. We could focus on our studies and got good results as well."

Case study
Nisha Nagarkoti

19

3. COMBINE FREE SERVICES WITH DEMAND GENERATION

Cost can be a major barrier, particularly to long acting and reversible contraceptive methods, and understandably in programmes where services have been made free or highly subsidised they become more accessible. However, our experience is that removing fees without conducting demand generation has a negligible impact on uptake. While fees for contraceptive and STI services for adolescents were removed from January 2016 in Marie Stopes Kenya's centres, the programme saw no significant increase on their adolescent numbers and proportions until intensive demand generation efforts were implemented from mid 2016.

4. ENSURE SERVICE PROVISION IS IMMEDIATE AND CONVENIENT OR ACCOMPANY YOUNG CLIENTS

Our country programmes that are most effectively reaching adolescents have models that combine discreet, out-of-facility services with high quality, adolescent-focused mobilisation and community engagement to gain buy-in from those that influence adolescents' decisions. If out-of-facility services aren't practical, we have also seen success in using 'connectors' who accompany girls to static sites in Kenya and Zambia. Accompanying girls can make attendance at clinics less intimidating due to the trust that has been built between connectors and adolescent clients.

For example, since 2016 our team in Zambia have been refining their centres, outreach and public-sector channels to more cost-effectively reach adolescents, and have identified three vital elements. 1) Providing services in a range of non-facility spaces – in sports' clubs, near to schools, in separate spaces near public health facilities.
2) Continuously engaging with local communities and influencers – parents, sports coaches, community leaders, teachers etc. 3) Using a network of dedicated adolescent mobilisers – teen connectors – to mobilise and accompany girls to service delivery points.

5. DEDICATED RESOURCES ARE NEEDED TO BUILD A YOUTH-FRIENDLY ENVIRONMENT

We know that the decision is not solely in the hands of adolescents. We need to invest in engagement with gatekeepers, mediators and policy makers. Lessons from our programmes in Kenya, Zambia and Sierra Leone show that gatekeepers can facilitate demand generation but can also be a barrier to implementation if not engaged up front. Community leaders and influencers can often act as mediators between adolescents and parents on many issues particularly in rural areas. In Afghanistan we have found that though an adolescent girl may be open to trialling contraception after her first birth she will not seek a service unless consent has been given by her husband.

In almost every country across the world adolescent services are over regulated and over medicalised. We therefore work with partners to remove legal constraints (e.g. the need for parental consent for under 18 year olds to access contraception in Zambia) which can dramatically increase access, reduce stigma and reassure providers about serving young people.

BUILDING BLOCKS TO OUR SUCCESS SO FAR

"We have set ourselves a target to ensure that 15-19 year olds are proportionately represented amongst our client base. This focus alone is making a difference."

Simon Cooke, CEO,
Marie Stopes International

Diversification and integration of our service channels to deliver the services that adolescents want right to them – wherever they live, work or socialise.

Organisational oversight and governance enables us to deliver measurable success with high quality clinical and client care. Allocating dedicated central and in-country resources such as national youth leads helps drive the work forward.

Measurement and accountability of providers has proved transformational. When we systematically measured our programmes' performance in reaching adolescents, defined expectations based on the context and adapted our global data systems to track and monitor monthly performance, we saw immediate increases in the number of adolescent clients served.

Flexibility and iteration of our programmes as they constantly need to adapt to local, national and regional realities particularly to reach the poorest and most marginalised young people. We are continuously strengthening our external and internal evidence base on what works to better inform our adolescent strategy, best practice guidance, and programming decisions.

We are not adolescent experts so partnering with youth led groups and coalitions has been essential. (e.g. Restless Development and Deaf Kidz). Partnering with groups already working with young people has proven vital to ensure information on reproductive health and services is incorporated into wider youth programmes, increasing reach and reducing stigma.

Partnering with governments to build their confidence and capacity to contract service provision to providers such as Marie Stopes International has been a successful model to reach adolescents and communities that the public sector is not willing or able to serve.

IN SUMMARY

- If the Sustainable Development Goals are to be realised by 2030, prioritising the reproductive health and rights of young people is critical. Failure to invest in tackling the systematic discrimination faced by young people in realising their reproductive rights undermined progress on the Millennium Development Goals.

- Reaching adolescents requires significant up-front investment. However the long-term benefits far outweigh this initial outlay, enabling girls to finish school and contribute to their family, community and society.

- Our experience shows that workable plans exist to transition and institutionalise adolescent interventions within national health systems so that adolescent programmes can have staying power, and reach adolescents on a mass scale.

- Adolescent programming must be iterative and flexible to increase uptake and drive costs down.

Umah Dumbuya, Sierra Leone

"When girls are able to fulfil their potential, this drives equality and progress for everyone. If girls are able to stay in school they are better able to fulfil their potential and usually have fewer and healthier children. This drives equality and progress for everyone."

Anne Parker, Senior Advisor on Adolescents and Poverty
Marie Stopes International

Marie Stopes clients, Zambia

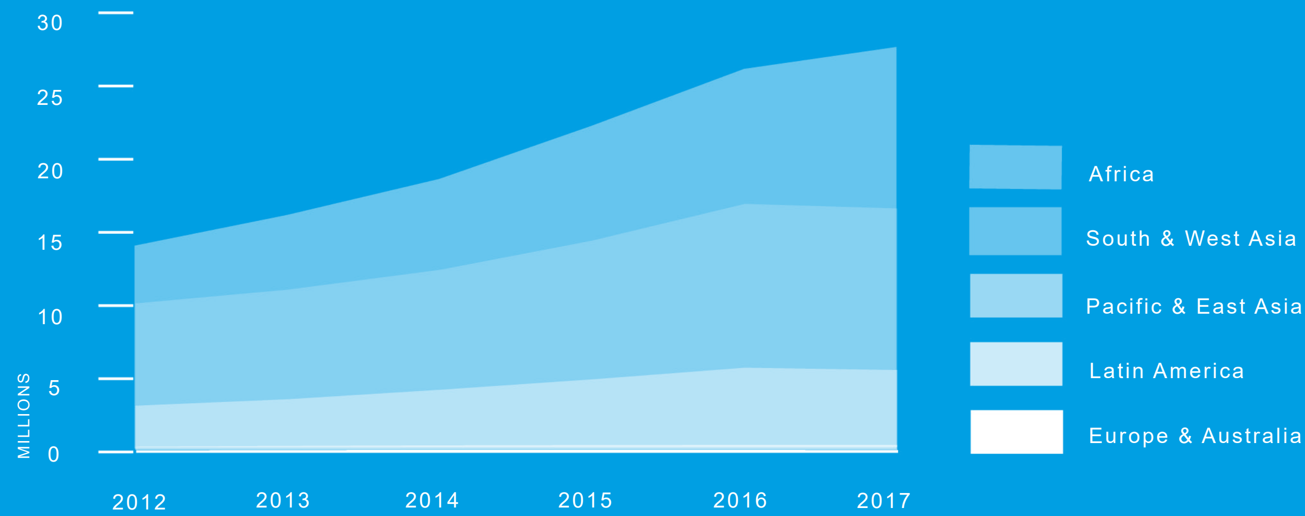
OUR IMPACT 2017

In 2017 we continued to deliver high-quality services, reaching millions of women and girls in some of the world's most hard-to-reach communities.

Today there are 26.9 million women and men around the world, who are using contraception provided by us.

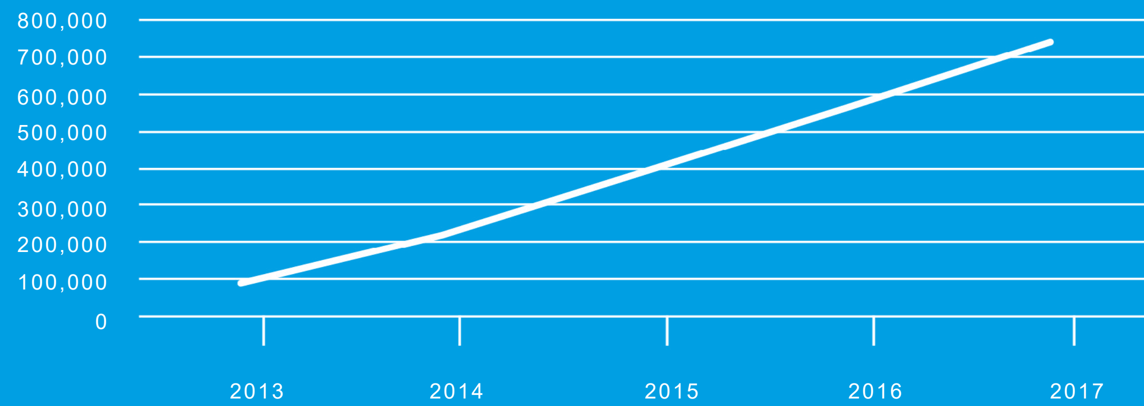
Our services in 2017 resulted in:

- 8.2 million unintended pregnancies prevented
- 5.4 million unsafe abortions averted
- 23,900 maternal deaths averted
- £337 million in direct healthcare costs saved



ESTIMATED USERS – BY REGION

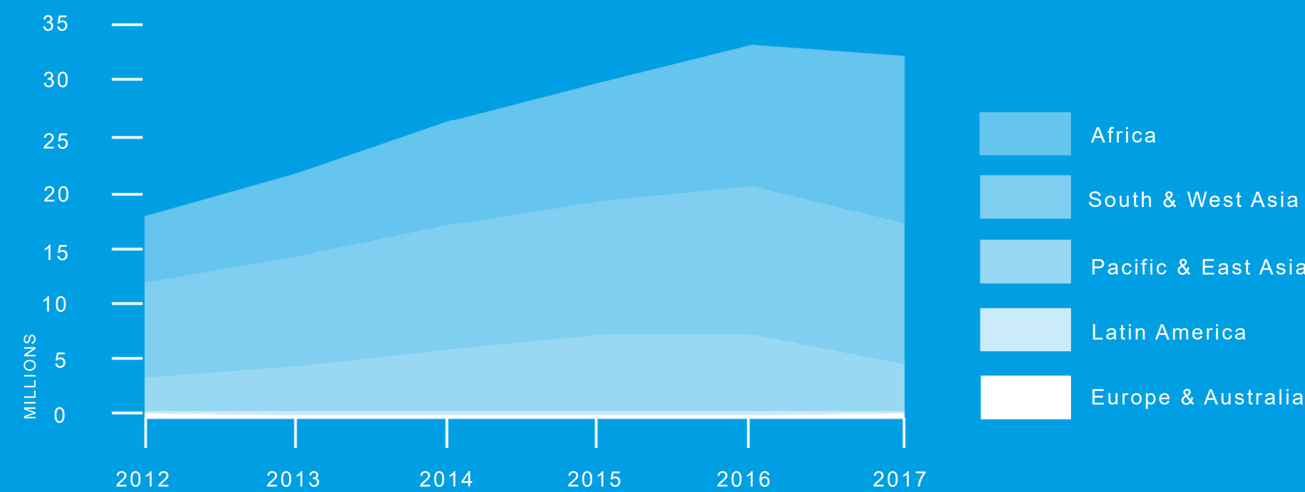
Out of the estimated 26.9 million women and men worldwide using contraception provided by us, 9.1 million people received their contraception in 2017. The other 17.8 million users remained protected from unintended pregnancy by a long-acting or permanent method they had received from us in preceding years.



ADDITIONAL USERS

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 long-term and permanent methods of contraception across the countries where we work. In 2015, based on our 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 2017, we had contributed 7.4 million additional users in FP2020 countries since 2012, already exceeding our original pledge.



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 2017, we delivered 31.7 million CYPs, a 3% decrease on the previous year.

The drop in our CYPs in 2017 was a direct result of the 'Mexico City Policy' – a disastrous ruling that prevent overseas organisations that advocate or deliver safe abortion services from receiving US government funding.

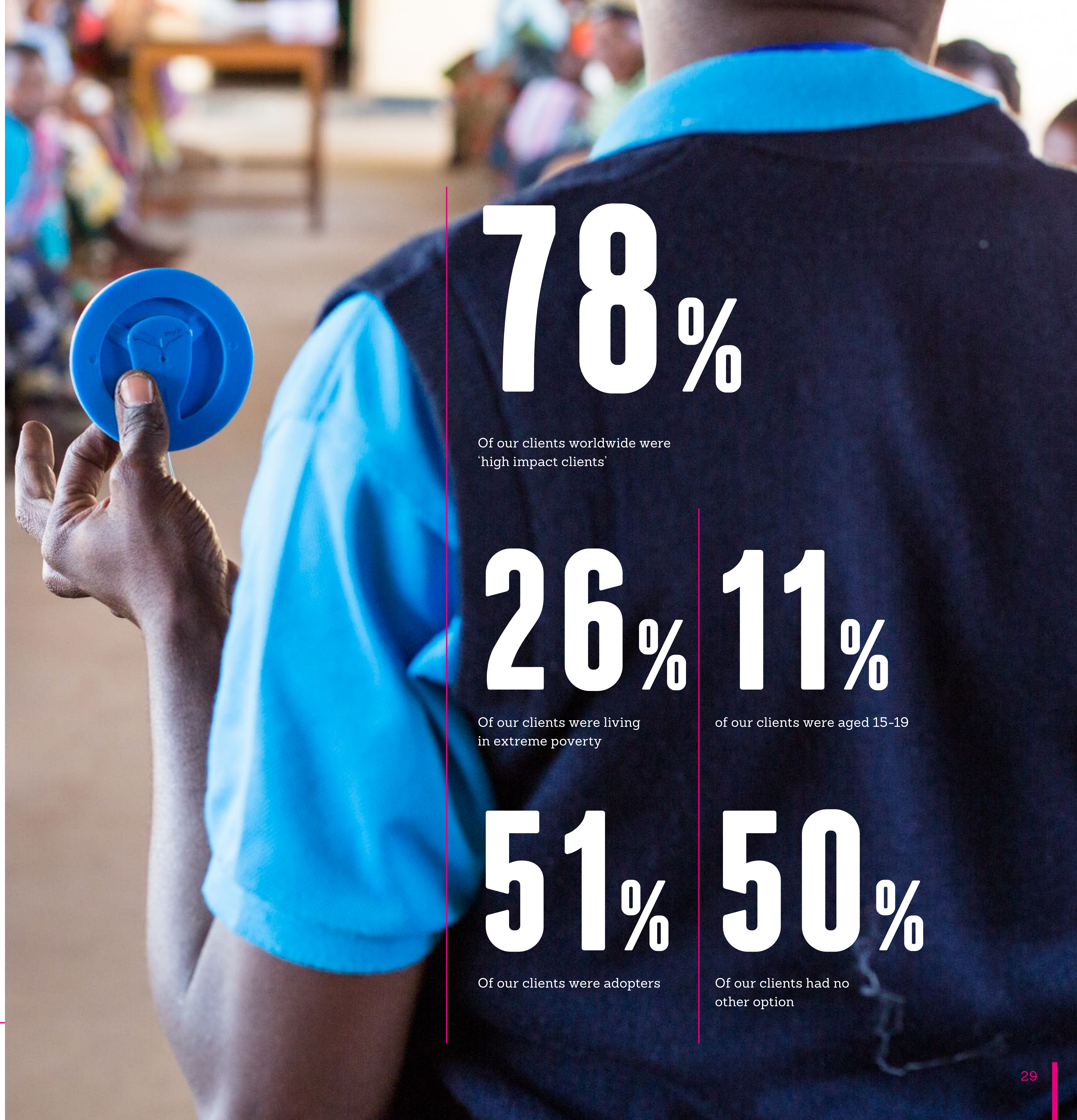
HIGH IMPACT CLIENTS

We are committed to reaching women, wherever they are, and provide services to those in greatest need, clients that we define as 'high impact':

- 26% of our clients were living in extreme poverty, defined as living on less than $1.25 a day.
- 11% of our clients were aged 15-19.
- 51% of our clients were adopters, meaning they were not using modern contraception when they came to us.
- 50% of our clients had no other option available to them to get the service that Marie Stopes International provided.

REMOVING RESTRICTIONS

In every country where we operate, our services are restricted by unnecessary regulation. In response we are playing an ever more active role in helping to remove these restrictions and to ensure that the progressive policies that do exist are understood and implemented. 2017 was a record breaking year for our advocacy efforts, with our country programmes contributing to the removal of 17 restrictions at national level. This included law reform in Madagascar, new and improved guidelines on provision of abortion and contraceptive services in Zambia, Nepal, Pakistan and Kenya, and new national adolescent policies in Zimbabwe and Niger.



Team member, Tanzania

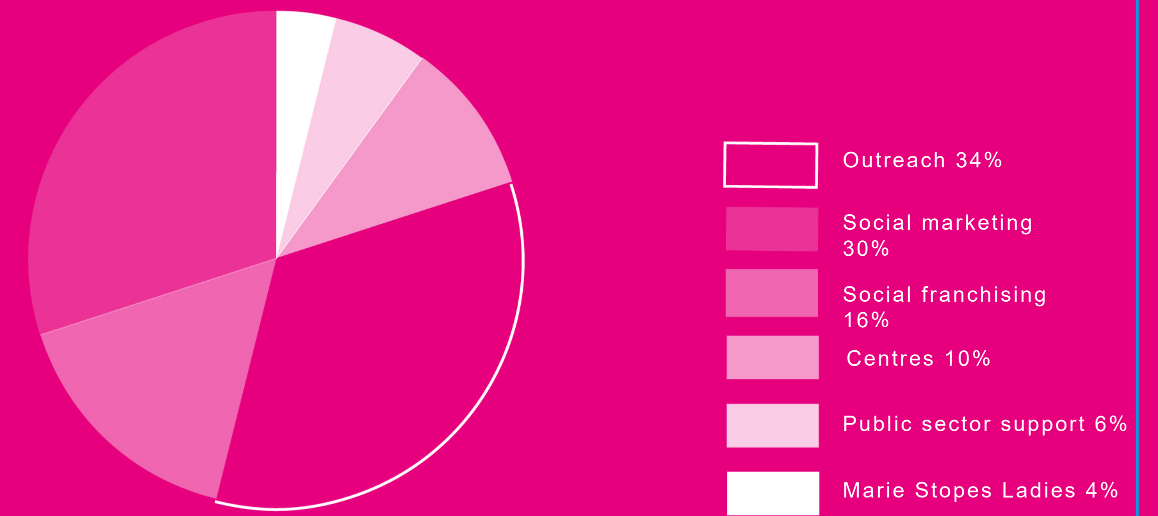
DELIVERY CHANNELS

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 channel, the provision of quality, affordable contraceptive methods through pharmacies and other community-based distributors.

Around 16% came through social franchising, our BlueStar network of private health-care providers, clinics and midwives, affiliated to MSI.

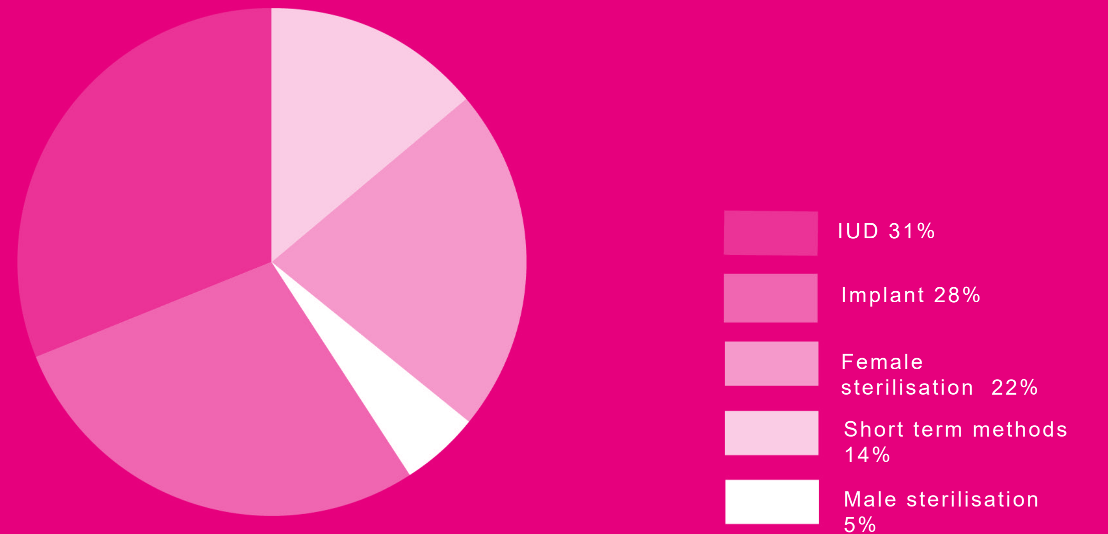
The remaining quarter of CYPs were delivered between our centres, community-based distribution schemes, and our partnerships with the public sector.



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 aim to ensure that women can choose the type of contraception that best suits her particular situation and her plans for the future.

The majority of our clients choose long-acting or permanent methods of contraception that will protect them from unintended pregnancy for longer periods of time. In many of the countries where we work, Marie Stopes International is the only provider of these methods. In 2017, around 85% of those using contraception provided by us were using a long-acting or permanent method.

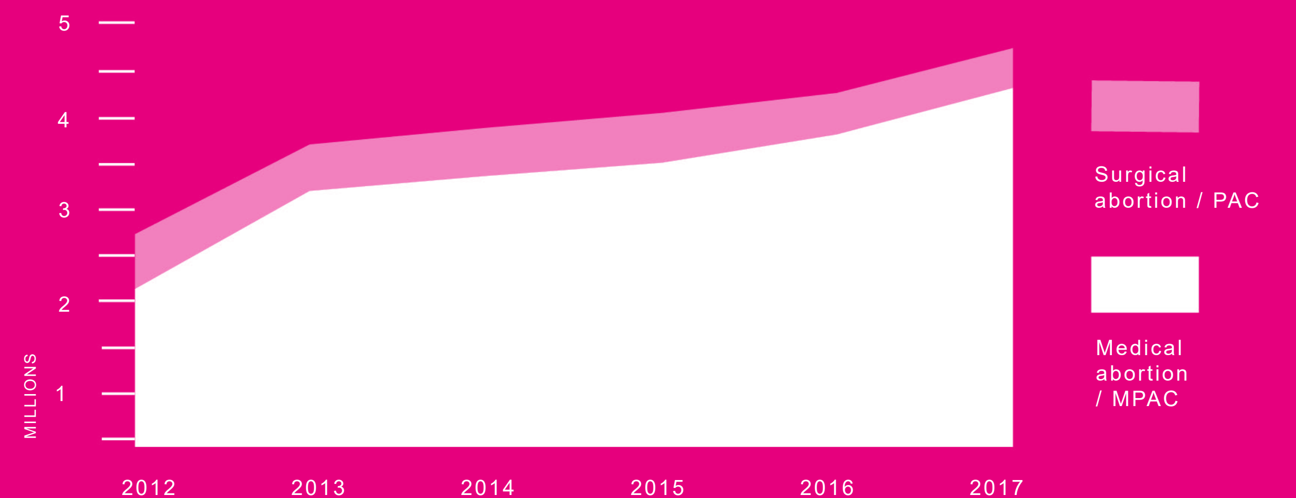


SAFE ABORTION/ POST ABORTION CARE SERVICES 2012-2017

We provided more than 4.1 million safe abortion and post-abortion care services in 2017, a 12% 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 85% 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.



Copyright Marie Stopes International 2018

For citation purposes:
Global Impact Report 2017:
London: Marie Stopes
International, 2018.

Marie Stopes International
1 Conway Street
Fitzroy Square
London W1T 6LP
United Kingdom
Telephone: +44 (0)20 7636 6200
Email: info@mariestopes.org

www.mariestopes.org
facebook.com/mariestopes
twitter.com/mariestopes
youtube.com/user/mariestopesint

Registered charity
number: 265543
Company number: 1102208

1. The World Health Organization (WHO) defines adolescents as people between 10 and 19 years of age. The great majority of adolescents are, therefore, included in the age-based definition of “child”, adopted by the Convention on the Rights of the Child, as a person under the age of 18 years. Other overlapping terms used in this report are youth (defined by the United Nations as 15–24 years) and young people (10–24 years), a term used by WHO and others to combine adolescents and youth.
2. World Health Organization. 2018. Adolescent Pregnancy Fact Sheet. Accessible here: http://www.who.int/mediacentre/factsheets/fs364/en/
3. Shah, I.H. & Ahman, E. 2012. Unsafe abortion differentials in 2008 by age and developing country region: high burden among young women. Reproductive Health Matters, 20(39):169-173. Accessible here: https://www.tandfonline.com/doi/full/10.1016/S0968-8080%2812%2939598-0
4. Darroch et al. 2016. Adding It Up: Costs and Benefits of Meeting the Contraceptive Needs of Adolescents. Guttmacher Institute. Accessible here: https://www.guttmacher.org/sites/default/files/report_pdf/adding-it-up-adolescents-report.pdf
5. Guttmacher Institute. 2016. Adding it Up: Sub-Saharan Africa factsheet. Accessible here: https://www.guttmacher.org/sites/default/files/infographic_attachment/aiu_ssa-adolescents_eng.pdf
6. World Health Organization. 2018. International technical guidance on sexuality education: An evidence-informed approach (Revised edition). Accessible here: http://unesdoc.unesco.org/images/0026/002607/260770e.pdf
7. Scaling up Excellence goal: an overall target of 80% of our clients being high impact, with proportionate access to 15-19 year olds and 12 million additional users by 2020. 8. Based on our data from centres (including youth, maternity and laboratories), social franchises and private sector strengthening, outreach, and MS ladies channels. This figure does not include public sector strengthening channel nor social marketing channel data, and excludes data for under 15s, to be comparable to historical CEI proportions.
8. Based on our data from centres (including youth, maternity and laboratories), social franchises and private sector strengthening, outreach, and MS ladies channels. This figure does not include public sector strengthening channel nor social marketing channel data, and excludes data for under 15s, to be comparable to historical CEI proportions.
9. Based on our data for clients aged under 20 from centres (including youth, maternity and laboratories), social franchises and private sector strengthening, outreach, and Marie Stopes ladies channels. This figure does not include public sector strengthening channel nor social marketing channel data.