

ADVOCACY AT MSI

2016-2020



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UNDER SCALING-UP EXCELLENCE – 2016-2020

Every day, in every country where we work, we see our services restricted by unnecessary regulation and over medicalisation. This prevents people from seeking and receiving the services they desperately want.

Our 2016-2020 strategy, Scaling-Up Excellence, recognised that providing services alone would not secure universal access to contraception or safe abortion, and that to catalyse real change we need to transform the environments in which we operate. Our strategy included an advocacy target – to contribute to the removal of 40 policy and legal restrictions. Working with partners, MSI achieved and surpassed this goal – with 56 policy changes over the five year period of our Scaling Up Excellence Strategy. We would like to thank our donors and partners who have supported MSI's advocacy work, helping us to more effectively contribute to an enabling environment for sexual and reproductive health and rights (SRHR).

CHALLENGES

This has not been an easy period for protecting and promoting reproductive choice. With the re-enactment of the Global Gag Rule in 2017 and its subsequent expansion, the increasing mobilisation, funding, and coordination of anti-choice movements, and the COVID-19 pandemic – we've been fighting fires to protect and hold the line on SRHR at all levels. In spite of the challenges, rather than retreating, our clients, providers, and teams have shown resilience, resistance and a refusal to let this difficult environment be a barrier access. Despite the efforts of a vocal minority that want to limit women's reproductive rights, every day we see great public support for our services, we see advocates removing unnecessary policy and medical barriers to access, and we see a new generation of young women inspired to stand stronger than ever to protect reproductive choice.

OUR CLIENTS, PROVIDERS, AND TEAMS HAVE SHOWN RESILIENCE, RESISTANCE AND A REFUSAL TO LET THIS DIFFICULT ENVIRONMENT BE A BARRIER TO THEIR RIGHTS



Above: Naomi Mwansa in Zambia was in jail for 16 months for having an abortion using traditional herbs, forcibly separated from her young son. We helped to shape new national guidelines for safe abortion which have removed some of the barriers to care such as the need for three doctors signatures for women at risk of unsafe abortion.

Front cover: Nancy Kenah is a Community Health Extension Worker who is now able to administer long-acting methods of contraception due to a policy change that we contributed to in Nigeria.

MSI'S APPROACH TO ADVOCACY

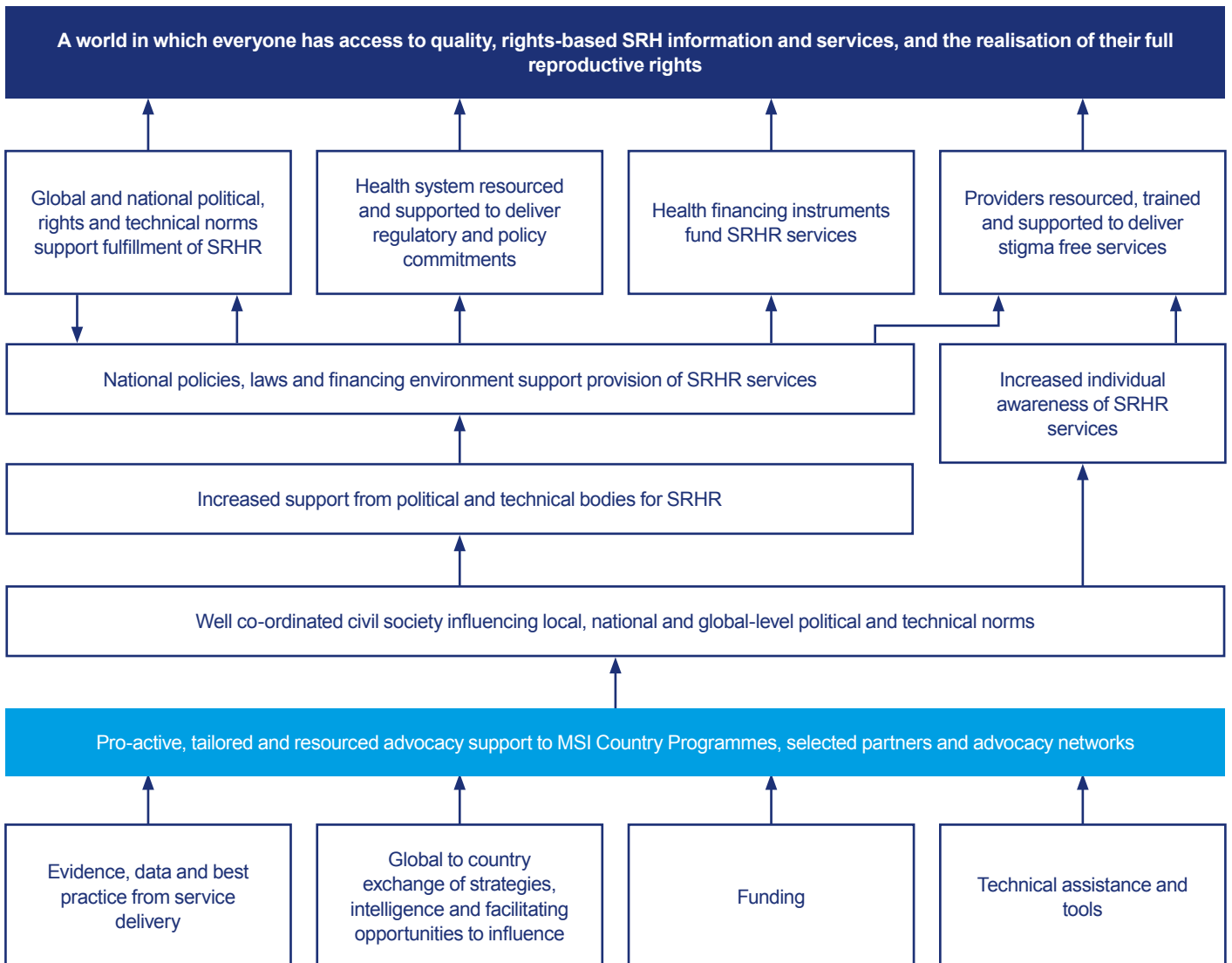
As a service provider we play a niche role within the SRHR advocacy community. We aim for our advocacy to be pragmatic, technical and results focused. Through the experience, data and evidence from our service provision we bring the voice and solutions of the provider into policy discussions. We aim to ensure that SRHR policy, regulation and legislation is grounded in the realities of women's lives, is fit for purpose and is implemented.

We partner with governments, operating as part of national health systems while also challenging and advocating for the removal of restrictions and to implement existing policies to their fullest extent. We are active in civil society advocacy spaces while also working as part of government policy processes through, for example, participation in technical working groups and government policy committees – acting as a link between civil society and policy processes. We advocate at national and sub-national level for changes in health system programming priorities, financing, and provider training and behaviour to ensure that policies and guidelines are understood and implemented.



Above: Hon. Dr Ruth Labode MP, Chair of the Health Select Committee, Zimbabwe, addresses an event on ending unsafe abortion at the ICPD+25 Summit in Nairobi, 2019.

MSI'S ADVOCACY THEORY OF CHANGE



MSI-SUPPORTED ADVOCACY CHANGES

Over the past five years our programmes have worked tirelessly to improve access to SRHR for women and girls. Working with local partners, we have contributed to the following policy wins:

1. Approval for midwives to provide implants in the **Philippines**
2. Long-Acting Reversible Contraception (LARC) Manual and Training Curriculum for Community Health Extension Workers in **Nigeria**
3. New Post-Abortion Care (PAC) guidelines in the **Philippines**
4. Revised Comprehensive Abortion Care (CAC) guidelines in **Vietnam**
5. Minimum package of family planning services for young people in **Niger**
6. New Adolescent SRH Guidelines in **Kenya**
7. Creation of line in the national budget for adolescent SRHR in **Zambia**
8. Registration of misoprostol in **Sri Lanka**
9. Authorisation of Jadelle implants on the Essential Drugs List in **Afghanistan**
10. Approval of misoprostol for postpartum haemorrhage in **Niger**
11. Import license granted for mifepristone in **Uganda**
12. Approval for making condoms available in entertainment venues in **Mongolia**
13. Emergency contraception registered on Essential Drugs List in **Afghanistan**
14. Approval of national training package on second trimester safe abortion in **Ethiopia**
15. Revised National Family Planning Guidelines which include recommendations on post-abortion family planning for the first time in **Kenya**
16. New Family Planning law which removes requirement for parental consent for under 18s to use contraception passed by Parliament and Senate in **Madagascar**
17. New Safe Abortion Services Implementation Guidelines, permits staff nurses and auxiliary nurse midwives to provide CAC services in **Nepal**
18. Adolescent and Youth Strategic Health Plan validated and disseminated in **Niger**
19. Standards and Guidelines for manual vacuum aspiration in **Punjab, Pakistan**
20. Resolution passed by **West African Health Ministers** (WAHO / ECOWAS) which encourages governments to mainstream task sharing into their national plans
21. Government resource allocation to SRH budget line for adolescent activities increases (totalling 569,723 ZMW) in district budgets in Ndola, Luanshya and Masaiti in **Zambia**
22. Guidelines for integrating SRH, HIV, and gender-based violence services include CAC for the first time in **Zambia**
23. Approval of National Adolescent Guidelines by Ministry of Health include recommendations on PAC in **Zimbabwe**
24. Harare Magistrates Court adopts use of rape survivor checklist in **Zimbabwe**, improving judicial approval process for access to legal and safe abortion
25. Guidelines to prohibit virginity testing approved by Ministry of Health in **Afghanistan**
26. Government approval of revised intra-uterine device (IUD) curriculum with linked funding for training in **Bangladesh**
27. Revised language in penal code to increase access to abortion in **Burkina Faso**
28. National Health Mission recognises Clinical Outreach Teams as distinct service delivery model and increases its reimbursement rate in **India**
29. New national Family Planning Guidelines for Service Providers in **Myanmar**
30. New national Guidelines on Health Care Response for Gender Based Violence Survivors in **Myanmar**
31. Safe Motherhood and Reproductive Health Rights Act 2018 passed by Parliament in **Nepal**
32. Provision of free safe abortion care included in national health insurance benefits package in **Nepal**
33. Government approval of new Safe Abortion Care Guidelines in **Nigeria**
34. Government approval of updated CAC Guidelines in **Zambia**
35. Sayana Press Registration (DMPA SC – self inject) in **Senegal**
36. Introduction of safe access zones around abortion clinics via local council Public Spaces Protection Orders in the UK (Ealing Council, 2017; followed by Manchester City Council, 2020)
37. Tubal hook authorised for tubal ligations in **Bangladesh**
38. Misoprostol and mifepristone registered on the Essential Drugs List in **Nigeria**
39. New PAC Guidelines secured in **Kenya**
40. Increased resource allocation for family planning secured in Mombasa County and Nakuru County in **Kenya**
44. Civil Society Proclamation (Charity Law) passed in **Ethiopia**
45. Presidential Decree secured to implement Reproductive Health Law ensuring this is now binding and to enhance community-based distribution of family planning services in **Niger**
46. Revised National Safe Abortion Care Guidelines approved (eligible private providers can now provide medical abortion up to 9 weeks) in **Mongolia**
47. Mariprist registered in **Uganda**
48. Removal of import tax on contraceptives in Finance Act passed in **Madagascar**
49. Inclusion of misoprostol in CPAC in HMS tool in **Tanzania**
50. Mariprist registered in **Mali**
51. Authorisation letter and national guidelines for DMPA-SC for self-injection approved and published by the Ministry of Health in **Madagascar**
52. Increase in the family planning budget line from 800 million in 2019 to 900 million CFA in **Burkina Faso**
53. PAC Package (guidelines, training and supportive supervision curriculums for task sharing of PAC) approved by the Ministry of Health in **Kenya**
54. Reproductive Health Strategic Plan 2020-2024 (SRMNIA-NUT) includes a strategic objective and indicators on Adolescent SRHR for the first time in **Mali**
55. New CAC Guidelines approved in **Malawi**
56. New Sayana Press Guidelines approved in **Kenya**

INSTITUTIONALISING ADVOCACY AT MSI

With support from our donors, we have transformed our capacity and confidence to advocate. Efforts to mainstream and strengthen advocacy across the organisation include:

- Increasing the number of dedicated advocacy staff in our country programmes
- Supporting programmes through tailored technical support and funding for advocacy
- Establishment of an MSI **Advocacy Community of Practice**, where resources, best practice and lessons learned from across our programmes are shared through webinars and regular updates
- Training on developing effective advocacy strategies using the SMART approach, holding multiple national-level trainings, three regional trainings and one master training
- Development of the MSI Advocacy Success Model, a best practice guide and toolkit, developed with inputs from our advocacy focal points to guide the development and implementation of effective advocacy strategies.

We would like to provide a special thank you to one of our partners – Advance Family Planning – who have supported MSI extensively in strengthening our advocacy capacity and have allowed MSI to borrow heavily from their own **AFP SMART Advocacy Model** in developing our Advocacy Success Model and trainings.

We have increased our ambition and targets for partnerships and advocacy in our next strategy – **MSI 2030**. Enabling Pillar 2 of our new strategy will be focused on strengthening local partnerships and connections, partnering more proactively to influence the enabling environment, and investing and sharing our data, insights and models.

ADVOCACY DURING COVID-19

With new challenges from COVID-19, our teams on the ground had to shift their advocacy priorities in order to ensure access to services was maintained during COVID-related lockdowns and restrictions. This was focused on advocating for SRH services to be classified as essential and to ensure clear guidance on safe ways to deliver these services, including increasing access to telemedicine, home-use of medical abortion, and pharmacy provision of SRH services.

Some of the COVID-related advocacy wins we helped to secure:

- Medical abortion for home-use and telemedicine temporarily approved in **the United Kingdom**
- New SRHR Guidance, including opening opportunities for telemedicine, approved by the Ministry of Health in **Kenya**
- New Interim Reproductive, Maternal, Newborn and Child Health Guidelines for COVID-19 approved by the Ministry of Health, allowing for medical abortion to be provided in homes and to be stored and distributed by trained chemists, and for health education to be provided via digital and call centre channels in **Nepal**
- New Government Guidelines for SRH interventions during the COVID-19 pandemic in the **DRC**

Programmes where we successfully advocated for the classification of SRHR as essential services, or where we were classified as part of the national response include Burkina Faso, DRC, India, Mali, Nepal, Tanzania and Uganda.



Left: MSI colleagues and facilitators from Advance Family Planning at the AFP SMART Advocacy Training of Facilitators Workshop, UK, March 2019

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For citation purposes: Advocacy at MSI – 2016-2020. London, MSI Reproductive Choices, 2021.

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