
Marie Stopes International – A human rights-based approach to reduce preventable maternal mortality and morbidity

Marie Stopes International (MSI) exists to support a woman's right to choose if and when to have children. This organisation was established under the premise that providing access to family planning and safe abortion services can empower women by allowing them to avoid unintended pregnancies and freeing them to make their own decisions about their futures. This in turn can greatly reduce rates of unsafe abortion and preventable maternal mortality and morbidity. MSI has an unwavering commitment to quality and to reaching areas with the greatest unmet need, ensuring equitable access to services and keeping our work aligned with various human rights principles.

The *technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity* (the technical guidance) compiled by the Office of the United Nations High Commissioner for Human Rights (OHCHR)¹ was an important step in clarifying for States and organisations which human rights principles are relevant in the context of reducing preventable maternal mortality and morbidity. This submission aims to demonstrate how MSI has incorporated those principles into its work, where it has faced challenges in doing so, and how it has overcome or is working to overcome some of those challenges.

MSI's Human Rights-Based Approach

While the technical guidance was aimed predominantly at States, many of the principles described within the guidance can be applied to the programming at MSI and other similar organisations which make important contributions to the health system. In particular, MSI has taken steps to meet the principles of empowerment,² of agency and participation,³ of reaching marginalized or vulnerable communities and individuals,⁴ of accountability,⁵ and of availability, accessibility, acceptability and quality.⁶

The technical guidance notes that programmes which prevent maternal mortality and morbidity are not necessarily aligned with human rights principles – a key element of these programmes must be to **empower** women to claim their rights. Marie Stopes International's dedication to empowerment can be found in its mission statement – the organisation exists to empower women and men to have children by choice not chance. MSI explicitly recognises the right to family planning and safe abortion or post-abortion care within many of its policies, guidelines and external communications, and has dedicated advocacy staff and training protocols to ensure a comprehensive understanding of these rights within the legal context of each country that we work in. While MSI strongly believes that every person has a right to quality family planning, safe abortion, and post-abortion care services, restrictive legal and policy contexts often limit the services which can be provided. As such, our advocacy teams work hard to improve access by removing legal and policy barriers within each country context to ensure that women, girls, men and boys will be able to fully realise their sexual and reproductive health and rights.

MSI also empowers our clients by ensuring their **agency** to actively participate in decisions that affect their sexual and reproductive health. To this end, Marie Stopes International has client-centred counselling

¹ Office of the High Commissioner for Human Rights, *Technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity*, UN Doc. A/HRC/21/22, 2 July 2012 (Technical guidance, UN Doc. A/HRC/21/22)

² Technical guidance, UN Doc. A/HRC/21/22, para.12.

³ Technical guidance, UN Doc. A/HRC/21/22, para.17.

⁴ Technical guidance, UN Doc. A/HRC/21/22, para.15.

⁵ Technical guidance, UN Doc. A/HRC/21/22, para.18.

⁶ Technical guidance, UN Doc. A/HRC/21/22, para.20.

policies, guidelines and a training programme. These require that our client counsellors have a discussion with the client about their lifestyle and needs, impart information about methods that fit within the requirements of the client, including the advantages and disadvantages of each method, and then allow the client to make a decision about which method is best for them. Our policies require that counsellors receive *informed consent* from the client before providing any services – even in situations where third-party consent is required; our clients must always provide their own consent. The Client-Centred Counselling and Informed Consent guidelines also ensure that vulnerable clients are offered the opportunity to be seen alone, for example without parental or spousal presence, and follow the UN evolving-capabilities understanding of consent for youth.

To support agency, MSI also partakes in awareness-raising activities to improve legal literacy and challenge structural barriers to sexual and reproductive health and rights. These activities sometimes take the form of media and advertisement campaigns, such as our commercials in Afghanistan informing women that post-abortion care is both legal in Afghanistan and available at Marie Stopes International clinics. In other situations, we or our partner organisations, provide age appropriate comprehensive sexuality education programmes to both in- and out-of-school youth. Finally, Marie Stopes International has contact centres in 28 countries, which provide information about where to access family planning, safe abortion and post-abortion care services, what options are available, and what to do in cases of complications. All of these awareness-raising activities ensure that women, girls, men and boys in the communities we work in have the knowledge required to make choices about their sexual and reproductive health and rights.

Finally, as noted above, MSI works to remove barriers that prevent our clients from being able to make decisions about their sexual and reproductive health. This happens through the work of our advocacy teams in bringing out policy changes and ensuring roll-out and understanding of new guidelines, and through our behaviour change framework, which helps to increase demand and reduce social stigma around these services in the communities that we work in. We work with community leaders and gate keepers to help gain the trust of communities, dispel myths, and promote healthy attitudes towards sexual and reproductive health and rights.

Marie Stopes International pays particular attention to groups that are **vulnerable** to violations of their sexual and reproductive health and rights. Our commitment to marginalised and vulnerable groups focuses on four categories of 'High-Impact Clients' (HIC). The four groups include adopters (people who were not using modern contraception when they came to MSI), adolescents (women aged 15-19), women living in extreme poverty, and women who would have no other option of receiving their service had it not been for MSI. Our Scaling Up Excellence strategy commits to 80% of our clients coming from these groups by 2020, including proportionate youth, adopters and the poor. Focusing on these groups, which are the groups with the greatest barriers to realise their sexual and reproductive health and rights, ensures that MSI scales not only in size, but in impact.

Accountability is one of MSI's core values – we ensure accountability by collecting both quantitative and qualitative data about our programmes. **Participation** of our clients is a key element in our accountability mechanisms to ensure that we are addressing the problems that matter to them in ways that are acceptable to them. At the clinic or service provider level, we have policies in place to ensure regular feedback is taken and used to improve performance based on a client-centred approach. Monthly action plans are developed to address the issues flagged in client feedback and to evaluate the effectiveness of the previous month's actions. Our centres are then encouraged to share the feedback they received and how they have addressed stated issues through "You said, we did" boards posted for all clients to see within the clinics themselves.

At the strategy and programme design level, MSI uses our data on client demographics to monitor whether we are successfully reaching our scale, quality and sustainability targets, and to discover any gaps in our

services. An important tool that we use to collect information about our services is our Client-Exit Interviews. These interviews assess the profile of our sexual and reproductive health clients, their satisfaction with MSI services and the quality of care experienced. We then use this information to adapt our programming to increase levels of satisfaction among our clients and access to marginalised client groups.

A good example of our adaptive programming comes from our recently developed adolescent strategy. MSI found that we were not effectively reaching adolescents, a group with high unmet need for contraception that often faces discrimination in access to family planning and safe abortion services, and that is more likely to turn to unsafe abortions. We used our data and human centred design to find what works and what does not work in reaching adolescents. Our newly developed adolescent strategy, focused on providing adolescent relevant services and products, removing barriers for adolescents, and evidence-based demand generation, has successfully helped us to increase our reach to this typically marginalized group. Our research has identified what works within local contexts – ensuring acceptability of our service and information provision for varying adolescent groups. We are continuously evaluating our adolescent programming and adapting it to ensure it remains effective and acceptable for each context in which we work. The new strategy has been a success. In 2016, the first year of implementing our new adolescent strategy, MSI increased its percentage of adolescent clients from the historical 6 percent to 8 percent. Similar strategies are being developed and tested to reach a greater proportion of clients living in poverty.

Another priority for MSI is ensuring we meet the right to health requirements of **availability, accessibility, acceptability, and quality** with regard to health facilities, goods and services. In terms of **availability**, MSI conducts market analyses to identify gaps and goes to underserved areas using the most appropriate of our five service-delivery channels to increase availability in every country we work in. We also provide continuous training to our providers, work to strengthen the public sector, and advocate for task-sharing in order to increase the number of quality providers of family planning and safe abortion or post-abortion care services available within each of our country programmes. Finally, we work with various global partners to ensure the commodities necessary for sexual and reproductive health are available and regulated in the countries we work in.

Accessibility within the right to health has four dimensions: physical, economic, non-discrimination, and access to information. MSI uses our outreach services in hard-to-reach areas where other providers are unable or unwilling to reach. This aims to address geographical barriers for our clients. Our Marie Stopes Ladies channel, made up of qualified midwives, nurses and community health workers from local communities, provide discrete family planning services and follow-up care in community centres and homes. In terms of economic accessibility, or affordability, MSI sets its service fees at affordable levels for each of the different countries in which we work and we have waiver and voucher systems for clients who need our services but cannot afford them. Further, our outreach services are free of charge, as this channel prioritises areas with high levels of poverty. Our abortion philosophy clearly states that no woman should be denied service because of financial restrictions alone, and in 2016, 53% of our services were provided free of charge.

In terms of non-discrimination, our client-centred policies require our staff to be free from judgement and bias, and provide the same high quality standard of service and client-centred approach for each of our clients, regardless of age, marital status, economic status, parity or any other factor. Our Client-Centred training programme specifically covers potential issues with provider bias and judgment when dealing with specific groups, like unmarried or adolescent girls. Issues regarding discriminatory practices can be flagged through our regularly collected data, and addressed through further training to our staff. In reference to access to information, as mentioned above, MSI has various methods of informing the communities we work in about their sexual and reproductive health and rights.

MSI has taken great efforts to ensure the **acceptability** of its services. It is a client-centred organisation, and as such, adapts to meet the needs and concerns of its clients. Furthermore, MSI's country programmes are led by local staff that understand the cultural contexts and can make the necessary adaptations to ensure acceptability of our services. We also have high clinical standards and **quality** assurance policies and guidelines, combined with regular auditing and performance management, to ensure that our services, facilities and tools are of the highest quality and in line with international standards and recommendations. Our Medical Development Team supports country programmes to develop and maintain the in-country clinical capacity needed to maintain clinical quality in the form of client safety, effectiveness of services and best client experience across all service delivery channels. Our commitment for this is clearly stated in our Scaling Up Excellence Strategy which aims to increase client satisfaction with our services and to meet clinical quality standards 100% of the time.

Finally, as noted in the technical guidelines, 'a rights-based approach requires simultaneous attention to immediate health interventions and the longer-term social transformation required to reduce maternal mortality and morbidity'.⁷ MSI works to strengthen the health systems in the countries that we work in, and ensures that we do not provide overlapping services, but instead fill gaps that the national health systems are currently unable or unwilling to fill. Through this, we can ensure we are augmenting and not undermining the national health systems' ability to provide these services to their populations in the long-term.

As noted above, MSI also works to remove national or regional policy barriers and support guidelines that are in line with WHO recommendations in order to increase women's access to family planning and safe abortion services in the long-term. In 2017, as a result of the combined effort of our advocacy teams and their partners, we saw improved national guidance on abortion and contraceptive services in Zambia, Nepal, Pakistan, Kenya, and Ethiopia; a new national adolescent policy in Zimbabwe and Niger; a resolution on task-sharing from the West Africa Health organisation; and emergency contraception added to the essential medicines list in Afghanistan, among other successes. These are a result of long-term advocacy efforts and have added to the social transformation required to eradicate unsafe abortion and reduce preventable maternal mortality and morbidity.

Challenges and Good Practices in Fragile Settings

Despite the many challenges involved in working in fragile or humanitarian settings, Marie Stopes International adapts as necessary to meet these challenges and continue to serve the women, girls, men and boys who rely on our services. We are guided by our commitment to empower our clients and serve vulnerable communities. In Yemen, for example, we have combined our traditional services with humanitarian work – providing food packages and clean water in IDP communities. This has allowed us to ensure sexual and reproductive health services remain available and accessible, while also meeting the more immediate needs of the displaced populations we are working with. We also use a voucher programme, through our partners, the Yamaan Foundation. These vouchers for safe motherhood and contraceptive services can be purchased from local community workers for a nominal fee, then redeemed at select quality assured private and public facilities. The Yamaan Foundation and Marie Stopes International then reimburse a pre-agreed fee to the facility which provided the service. This voucher programme allows MSI to support the local health system, providing it with a cash injection that can allow it to survive and to continue providing other health services throughout the conflict, while also ensuring that women and girls have access to much-needed and affordable safe motherhood and contraceptive services.

Maintaining MSI's high quality standards in a conflict setting also presents some challenges. Due to restrictions on movement, our quality auditors can have difficulty reaching all of their sites. To fill the gaps, we have trained government health officers to support us in quality assurance to ensure we continue to

⁷ Technical guidance, UN Doc. A/HRC/21/22, para.65.

provide high-quality care to our clients. This has ensured we are able to maintain high quality standards while also helping to strengthen the health system in the longer term. In order to continue collecting client and service data from our front-line staff despite restricted movement and communication, the team in Yemen also created a mobile application that functions via SMS so that the crucial data we need to monitor and evaluate our services continue to be available.

Furthermore, in both Yemen and other fragile settings that we work in, such as Afghanistan, we have strong security policies in place to ensure the safety of our clients and staff members. This means that sometimes we have had to put our clinics into hibernation when it becomes too dangerous to operate them. When this happens, we continue to monitor the security situation and re-open hibernated clinics when possible. If we cannot re-open a hibernated site, we re-locate our services – choosing our new locations based on where there is greatest unmet need and where we can make the biggest impact.

The key to MSI's work in fragile settings is our strong partnership with the local community. Our leadership team in-country is made of well-respected local community members, which allows them to build strong networks and relationships with religious and community leaders. Through these relationships, MSI can gain the trust of local communities and access to areas with the greatest need despite the fragile context. The local knowledge of our team members also allows us to adapt our services and methods of work to ensure cultural acceptability, while continuing to provide our essential services and information.

Conclusion

The technical guidance published by the OHCHR has been useful in helping MSI to view its policies and programmes through a human rights lens and ensure we adhere to the full range of principles. MSI is committed to a client-centred approach, high quality of services, and accountability to our clients. The guidance has helped us to understand and articulate how these commitments link to human rights principles. Focusing on human rights within our practices has improved the quality of our services, tightened our emphasis on being client-led, and developed our ability to reach marginalized groups. The technical guidance is also valuable in that it clarifies the responsibilities of States and can guide MSI in our relationships with governments, what we can expect from them, and how we can support them to fulfil a rights-based approach and reach quality standards. As best practices in human-rights based approaches to reduce preventable maternal mortality and morbidity continue to develop, MSI will also continue to adjust its programming, policies and guidelines in order to better serve its clients and support the realisation of their rights.