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

Marie Stopes International (MSI) is one of the world's largest providers of contraception and safe abortion services, supporting a woman's right to reproductive choice. Providing access to contraception and safe abortion services supports the empowerment of women and girls by allowing them to avoid unintended pregnancies, enabling them to make decisions about their futures. This in turn reduces rates of unsafe abortion and preventable maternal mortality and morbidity. MSI has an unwavering commitment to quality, aiming to reach communities with the greatest unmet need, ensuring equitable access to services, and ensuring our work is aligned with a rights-based approach.

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<sup>1</sup> 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 answer the questions posed demonstrating how MSI has incorporated those principles into its work.

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### MSI's Human Rights-Based Approach

While the technical guidance is aimed predominantly at States, many of the principles are applicable to programming at MSI. The technical guidance posits that programmes should **empower** women to claim their rights in order to align with human rights principles. MSI explicitly recognises the right to reproductive health care within its policies, guidelines, and communications, and has dedicated advocacy staff and training protocols to support comprehensive understanding of these rights within the legal context in every country in which we work. We aim to facilitate an enabling social, cultural and political environment helping states to uphold the international and regional conventions to which they are signatories and working in partnerships to operationalise existing policies and guidelines.

Some of the ways we support a human rights-based approach to service delivery include our **Client Centred Care Package, Values Clarification and Attitudes Transformation (VCAT)** workshops, **new guidelines** for supporting survivors of sexual and gender-based violence, and our **public sector strengthening** channel.

Our **Client Centred Care Package** offers tools, guidance, and resources to assess and improve our clients experience. We ensure staff members are equipped with a Client Experience Checklist as an observation tool, which includes questions about the process of service delivery and the client's experience at each stage of their journey. It enables us to gather on-the-spot feedback to make improvements. Our centres are encouraged to share the feedback they received and how they have addressed issues through "You said, we did" boards. This helps to empower our clients to become **active agents** and **participants** who determine decisions that affect their sexual and reproductive health.<sup>2</sup> Accessing services that are client centred and non-discriminatory can play a crucial role in strengthening women's agency, this is particularly true for women who have traditionally faced barriers in accessing health services such as young women, or women living with HIV.

Developed by Ipas, our **VCAT workshops** allow participants to explore, question, clarify and affirm their values and beliefs about abortion and related sexual and reproductive health, so that their awareness and

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<sup>1</sup> 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)

<sup>2</sup> Technical guidance, UN Doc. A/HRC/21/22, para.17.

comfort with the provision of comprehensive, woman-centred abortion care is increased. By raising awareness of reproductive rights, we help women and girls to make informed decisions, and to question and challenge power differentials and gender inequity in society which are reflected in patterns of maternal mortality and morbidity<sup>3</sup>.

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'*.<sup>4</sup> We aim to provide accessible, affordable and quality-assured services to marginalised and excluded women and girls by strengthening the public health system. We ensure that we do not provide overlapping services, but instead fill gaps that the national health systems are currently unable or unwilling to fill.

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## Challenges and Good Practices in Fragile Settings

Highest levels of sexual assault occur when conflict and disorder are at their height - at the same time as providers are evacuating. Despite continuing and intensified need, sexual and reproductive health (SRH) services are often undervalued and de-prioritised in humanitarian settings, leaving refugees, internally displaced people (IDPs), and other affected groups without access to vital services. This makes displacement-affected populations more vulnerable to unintended pregnancies, unsafe abortion and sexually transmitted diseases.

Studies report major barriers to SRH amongst displaced populations. For example, Syrian refugees in informal settlements in Lebanon have a heightened need but a lack of access to modern contraceptives due to discriminatory treatment, high costs, and difficulty keeping track of pills in crowded living conditions. A multi-country study in Cox's Bazar, Ali Addeh, Amman, Eastleigh, Kuala Lumpur, and Nakivale highlighted long distances to service delivery points, high cost of transport, lack of information, religious opposition, language barriers, and provider bias as additional barriers to access.

Humanitarian organisations often have insufficient expertise in reproductive healthcare, particularly around knowledge on the legal indications for abortion, while reproductive health providers are often not present or lack experience of working in humanitarian settings. Thus, despite international agreements such as the Geneva Conventions which entitle women to these services, the delivery of services in these settings face major challenges. Key challenges include:

- A lack of funding or services being overlooked, under resourced or not integrated into the provision of other essential services such as shelter, water, food and vaccinations;
- Low awareness of contraceptive methods due to a lack of demand generation activities;
- Social stigma and discrimination by providers and the wider community;
- Challenges with commodity supply;
- A critical shortage of trained health workers (particularly for safe abortion);
- Accessibility, security, logistical difficulties, and political sensitivities.

In response the Inter-Agency Working Group on Reproductive Health in Crises (IAWG) has developed a core package of minimum interventions that should be put in place in all humanitarian settings, known as the 'Minimum Initial Service Package (MISP).' The MISP aims to:

- Prevent and manage the consequences of sexual violence;
- Reduce transmission of HIV;
- Prevent excess neonatal and maternal morbidity and mortality;
- Identify an organisation to co-ordinate and implement the MISP;
- Plan for the provision of comprehensive RH services, integrated into primary health care, as soon as the situation permits;

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<sup>3</sup> Technical guidance, UN Doc. A/HRC/21/22, para.43.

<sup>4</sup> Technical guidance, UN Doc. A/HRC/21/22, para.65.

- Ensure contraceptives are available to meet demand, treatment of sexually transmitted infections, access to antiretrovirals (ARVs) for people already on ARVs, including for prevention of mother-to-child transmission, and ensuring that culturally appropriate menstrual protection materials are distributed.

MSI aims to provide high-quality, inclusive, non-judgemental, and comprehensive services to women and girls, irrespective of displacement status, wealth, disability, age, gender, location, caste, religion, or sexual identity in humanitarian settings. We are already doing this in some of our existing country programmes such as Afghanistan, Bangladesh, Burkina Faso, Ethiopia, Myanmar, Nigeria, Tanzania, and Yemen, guided by our human rights-based commitment to empower our clients and serve vulnerable communities. You can find more details about our human rights-based approaches in three fragile contexts below: Yemen, Afghanistan and Uganda.

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## Yemen

Yemen has been devastated by conflict that has killed nearly 10,000 people and pushed millions to the brink of starvation. Many people, including our team members, have lost or been displaced from their homes and suffer severe water, food and energy shortages. More than half of all health facilities in Yemen are closed due to damage, destruction, or lack of funds and only 9% are capable of providing family planning (FP) services.

In response, 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 wider needs of displaced communities.

We have 11 clinics that provide comprehensive SRH services and a social franchise network of 300 midwives (Rayaheen) who provide services to peri-urban and rural areas. The toll-free helpline, Shababline, allows young people to access information and referrals to service delivery points. In 2018, we delivered contraceptive and integrated health services in collaboration with the public and private sector in six Governorates including Sanaa, Ibb and Aden, where there is a large concentration of IDPs and a shortage of functioning public health facilities. By the end of 2018, almost 500,000 people across Yemen were using contraceptive methods provided by MSI.

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 safe motherhood and contraceptive services.

Maintaining MSI's high quality standards in a conflict setting also presents challenges. Due to restrictions on movement, our quality auditors can have difficulty reaching sites. To fill the gaps, we have trained government health officers to support us in quality assurance. This has ensured we are able to maintain high quality standards while also helping to strengthen the health system. In order to continue collecting client and service data from our front-line staff the team created a mobile application that functions via SMS so that the crucial data we need to monitor and evaluate our services continues to be available.

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## Afghanistan

In Afghanistan, a multi-pronged approach has been used to increase access to SRH services working closely with male and female religious leaders, community leaders, the Ministry of Public Health and the Ministry of Women's Affairs. The team focuses on behaviour change communication and provides SRH

services in areas with very limited or no access. Local staff are hired to build trust and gain access to communities.

MSI is providing **psychosocial counselling** to our staff and clients to help them cope. This has been particularly successful through our partnership with the University of Herat in Afghanistan where Marie Stopes Afghanistan (MSI-A) staff interactions with clients who are displacement- or conflict-affected can lead to these frontline providers developing post-traumatic stress disorder, depression, and/or anxiety. To improve staff wellbeing and ensure providers can continue to deliver services to clients, MSI-A and the University of Herat developed and delivered a five-day psychological counselling course for providers, followed by remote supervision sessions once a month for six months.

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## Uganda

**Geo-spatial mapping** of refugee and IDP settlements and camps in MSI country programmes in Ethiopia and Uganda has enabled us to identify and deploy mobile outreach teams to reach these communities.

In 2019, we successfully piloted displacement status questions in our annual client exit interviews in Uganda, which enabled MSI to identify what percentage of our clients are displacement-affected.

With the support of UK Aid Connect, MSI is leading a multi-sectoral consortium that will test innovative, sustainable and scalable approaches to reaching some of the world's most marginalised groups with comprehensive SRHR. The consortium will work with key stakeholders in settlement areas in West Nile, Uganda to develop and implement multi-faceted approaches to strengthening availability of SRH products and services in refugee settings, leveraging existing community resources such as community health workers (CHWs) and the nascent private sector.

The consortium will work with partners in settlement communities to address immediate SRH needs, particularly for long-acting contraception, through developing a rapid, replicable, gap-filling service delivery model for newly arrived refugees and post-shock contexts. The model will be based on MSI's 'light outreach' approach and delivered from partner health facilities or community locations. Teams will test a range of SRH services, including discreet access for adolescents through tailored services, and will refer to specialist services, for example through gender-based violence screening. MSI will replicate this approach in other Ugandan settlements, and potentially adapt for climate-change affected country contexts.

The consortium will also explore how private sector-inspired approaches can transform the way humanitarian and development partners plan and grow service delivery in resource poor, displacement-affected contexts by leveraging entrepreneurs and burgeoning small businesses found in more established refugee communities, as well as women's groups, CHWs and other networks supported by CARE and other partners that could be leveraged for information and product distribution. We will also support unregistered drug shops to engage in commercial sales of products such as emergency contraception, condoms and menstrual cups.

Lastly, building on Marie Stopes Uganda's contact centre expertise, we will develop and test a replicable hotline model, that can support or augment existing United Nations, national government or NGO hotlines globally, enabling CHWs to call for SRH and FP information, advice and referral links, strengthening CHW knowledge and confidence to communicate on SRH.

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## Conclusion

The technical guidance has been useful in helping MSI to frame its policies and programmes through a human rights lens and ensure we better adhere to the full range of principles. 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 to better serve its clients and support the realisation of their rights.

Our plans for 2020 include:

- Building partnerships with other rights-based organisations to increase access to SRHR for people affected by displacement, through service delivery and advocacy.
- Investing in humanitarian partners' ability to provide high quality contraceptives and safe abortion care, even in the most challenging environments through training, advocacy and quality assurance.
- Using service data to better generate insights on how services can meet the complex needs of people affected by displacement.